FINAL DRAFT

GOVERNMENT OF SIERRA LEONE

MINISTRY OF HEALTH AND SANITATION

HUMAN RESOURCE FOR HEALTH STRATEGIC PLAN

2012-2016

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FOREWORD

Human Resource is critical in the provision of quality health care and to address the current crisis it is essential that there is an adequate and equitable distribution of appropriately skilled and motivated health workers.

The Health Sector in Sierra Leone is facing a major human resource crisis with shortages of health workers at every service delivery level. The health system almost collapsed during the 10 year civil war and this resulted in critical shortages of health workers to deliver health care services to the population.

The health workforce is being under-paid due to years of underinvestment in Human Resource for Health and the Health Sector at large. Other factors that also contribute to demotivation of health workers are poor working conditions and poor HH management systems.

It is in view of these challenges that the MoHS embarked on a process to produce a HRH Policy and HRH Strategic Plan to come up with a clear road map towards resolving the key HRH issues. The HRH Strategic Plan was developed in an effort to create an enabling environment to promote participation of stakeholders in addressing the HR challenges.

The broad objectives and strategies outlined in the Plan are meant to provide a framework to guide and direct interventions. Focus will be given to key HRH areas which are planning, management and financing, production and professional regulation, retention, information and research as well as partnerships and advocacy.

The Strategic Plan will also be a tool for resource mobilization for the Ministry and Partners. The successful implementation of the Plan will depend largely on the commitment of all stakeholders in HRH.A lot will also depend on the availability of adequately trained staff, the right retention strategies and adequate funding. Monitoring and evaluation mechanisms are also critical so periodic review will need to be carried out to assess progress in the implementation of the Plan.

It is my belief that with commitment from government, Partners, Civil society, Private Sector, Professional Councils and Health Workers the HRH challenges can be resolved and the health needs of the population of Sierra Leone addressed.

Minister of Health and Sanitation
Sierra Leone

6 December 2016

EXECUTIVE SUMMARY

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CHASL	Christian Health Association of Sierra Leone
CHC	Community Health Centre
CHP	Community Health Post
CMO	Chief Medical Officer
COMAHS	College of Medicine and Allied Health Sciences
CSO	Civil Society Organization
DFID	Department for International Development, UK
DHIS	District Health Management Information System
DHMT	District Health Management Team
DLGAs	District Local Government Authorities
DMO	District Medical Officer
DPI	Directorate of Planning and Information
ECOWAS	Economic Community of West Africa States
EHO	Environmental Health Officer
FBOs	Faith Based Organizations
GDP	Gross Domestic Product
GoSL	Government of Sierra Leone
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resources
HRD	Human Resources Development
HRH	Human Resource for Health
HRIS	Human Resources Information System
HSCC	Health Sector Coordinating Committee
HSSP	Health Sector Strategic Plan
ICT	Information Communication Technology
IHP	International Health Partnerships
LGA	Local Government Authorities
M &E	Monitoring & Evaluation
MDGs	Millennium Development Goals
MoHS	Ministry of Health and Sanitation
NGO	Non-Governmental Organization
NHSSC	National Health Sector Steering Committee
PHC	Primary Health Care
PHU	Peripheral Health Units
SWOT	Strength, Weaknesses Opportunities and Threats
WHO	World Health Organization

1. INTRODUCTION

1.1. COUNTRY CONTEXT

The population of Sierra Leone from the last census is estimated to be around 6,000,000 with an annual growth rate of 2.1%.The population is predominantly rural with 63% of the population in the rural areas. Freetown is the national capital.

According to the Economy Watch Web of June 2011 the proportion of people living under extreme poverty in 2010 was 70%, while the proportion of those with malnutrition was 20%..

1.2. DISEASE BURDEN

Indicators such as under-five mortality, remain significantly high at 286 per 1,000 live births together with maternal mortality which is at a high of 1,600 per 100,000. Life expectancy at birth has been calculated on the average of 47.5 years for both sexes. A lot of work still needs to be done to improve the very high national indicators which are among the worst in the world.

Most of the diseases are preventable and most deaths are attributed to malaria, diarrhea, acute respiratory infections and neonatal conditions.60% of the population has access to safe water and 30% have access to adequate sanitation. The HIV prevalence is low at 1.5% which is close to the 2015 target of 1.2%.

1.3. HEALTH SYSTEM

1.3.1. Structure of MoHS

The MOHS, Sierra Leone is headed by the Minister of Health and Sanitation, and two Deputy Ministers. The organizational structure has two divisions, – the Professional and Administrative divisions. , the Professional wing is headed by a Chief Medical Officer (CMO) who coordinates eight (8) directorates, namely : Disease Prevention and Control (DPC), Reproductive and Child Heath (RCH), Primary Health Care (PHC), Hospital and Laboratory services, Nursing, Planning and Information (DPI), Drugs and Medical Supplies, and Training. Each directorate is headed by a Director who coordinates health programmes and activities under their respective responsibilities.

The Administrative wing is headed by a Permanent Secretary (PS) who coordinates three (3) directorates and a unit which include: Support Services (e.g. stores, transport, facilities etc), Financial Resources (the Accounting Officer), Human Resource for Health (HRH) and Donor and NGO Coordination. The Directorate of Internal Audit reports directly to the Minister of Health and Sanitation.

1.3.2. Service Provision

There are various Health care providers in Sierra Leone who include the central government, faith based organizations, local and international NGOs, voluntary organizations, and the private

sector. Traditional healers and Traditional Birth Attendants provide a significant amount of health care with TBAs attending to almost 90% of the deliveries at community level.

Health Service provision in Sierra Leone is based on the Primary Health Care concept. The Health care delivery system comprised 4 levels: the primary care, the secondary, the tertiary and the quaternary levels.

1.3.3. Health Care Financing

Government health services are the major sources of health care for the majority of the population estimated at 70%. The proportion of the budget spent on Health was 13.1% in 2010 according to the Economy Watch Web June 2010, which is below the 15% agreed to in the Abuja Declaration. GDP Per Capita has seen an increase from around 600 in 2008 to 808 in 2010. Private health financing agents in Sierra Leone include private insurance, household out-of-pocket payments and households with 2, 62% coming from NGOs and 0, and 36% from private insurance. (Revise)

1.3.4. Health Information System

A district health based electronic data management system, known as the "District Health Information System " (DHIS) has been developed to integrate and improve the quality and efficiency of data capture, data storage, transfer, analysis and dissemination. This system does not however collect HRH data. HRIS was still paper based is now being transformed into an electronic information system

1.4. HEALTH WORKER SITUATION

1.4.1. HRH Availability

The Sierra Leone National Health Sector Strategy 2011-2015 states that attracting and retaining health workers is a challenge due to low remuneration, lack of incentives especially for hard to reach areas, poor career development, cumbersome and bureaucratic recruitment processes that cause unnecessary delays.

The MoHS has a workforce of slightly over 8000. There are high vacancy rates across all disciplines with some as high as 100%.The staff establishment for health professionals only is 5036 yet as of October 2011 there were only 1828 in post which gives a 64% vacancy rate. Community Health workers have lower vacancy rates

The HRH Directorate in the MoHS is staffed by 5 HRH staff. The rest of the HR staff are clerical staff and are based in the districts. The structure of the HR unit needs to be revisited. Their grades are similar to those in the rest of the civil service and they are rotated regularly to other ministries as a result any institutional memory is lost. These still have a vacancy rate of 48%.

The table below shows the high vacancy rates in the MoHS for both Health Professionals and Administrative Staff. Corrective measures will need to be put in place to address this worrisome situation.

Table 1.4.1. MoHS Vacancy Levels

Staff Category	Establishment	No. In Post	Vacancy	
			In #	Rate
Specialists(Medical)	73	41	32	44%
Radiographers	16	0	16	100%
Physiotherapists	13	1	12	92%
Medical Equipment Technicians	96	17	79	82%
Nutrition/Catering	318	54	264	83%
Medical and Electronic Engineer	26	0	26	100%
M&E	248	14	234	94%
Pharmacy	412	197	215	52%
Medical Laboratory	685	183	502	73%
Epidemiology	29	1	28	97%
Health Education	284	5	279	98%
Environmental Health	1029	200	829	81%
Nurses and Midwives	5036	1826	3210	64%
Hospital Managers	8	0	8	100%
Clerical Staff	425	220	205	48%
Cleaner	1320	64	1256	95%
Laboratory/Aide attendant	221	78	143	65%

Source: Personnel Unit MoHS October, 2011

1.4.2. HRH Distribution

The majority of Health professionals are in the urban areas and this is not supportive of the Primary Health Care approach. The distribution of community health workers also favors the urban area with 84% of Community Health Officers in the urban areas.68% of MCH Aides are also in the urban area. There is a critical need for the MoHS to revisit its staffing policies as well as come up with rural retention strategies.

1.4.3. HRH Production

The government owns 7 out of the 12 pre-service training schools, CHASL owns 4 while the private sector owns one. Midwifery is the only nurses post basic programme offered while there is no specialist training programme for Doctors offered locally. Other programmes like Radiotherapy and Physiotherapy are also not offered at the local universities hence the very high vacancy rates. There is no coordination and monitoring mechanism to assess the operations of training schools.

2. PURPOSE OF HRH STRATEGIC PLAN

The HRH Strategic Plan guided by the Health Sector Strategic Plan (HSSP) 2010-2015 is formulated to make operational the HRH Policy. The strategic plan sets a clear road map for the next five years clearly spelling out the goals, objectives and measurable targets as well as monitoring mechanisms.

3. VISION

A functional health workforce that is delivering efficient, high quality health care services that is equitable and accessible for everybody in Sierra Leone.

4. MISSION

The Government of Sierra Leone is committed to providing an enabling environment that will ensure that appropriately skilled and motivated health workers are in place at all levels to achieve the targeted Health Outcomes.

5. PRINCIPLES and VALUES

The Human Resource for Health Policy upholds the following principles and values:

1. Professional conduct and performance standards oriented towards the client;
2. Maintaining ethical standards and patient / client rights
3. Efficiency and effectiveness in delivery of quality health care services;
4. Transparency and fairness in all principles and practices of human resources management and development;
5. Equality of access to managerial and leadership positions based on merit and relevant qualifications;
6. Recognizing the importance of personal incentives for retention and equitable distribution of health workers;
7. Decentralized implementation of the HR policy and strategy in accordance with the national decentralization strategy;
8. Promoting continuing professional development to boost quality of services;

9. Recognizing the importance of team work and contributions made by different cadres in the sector;
10. Multidisciplinary and multi-sectorial approach to the development of human resources

6. GOAL

To plan, produce and maintain a highly motivated health workforce that can contribute to national socioeconomic development by ensuring equitable access to quality health care services by the population of Sierra Leone.

7. OBJECTIVES

The objectives of the Human Resource for Health Policy are, to ensure, within the context of international commitments and national macro-policies, that:

1. Appropriate governance for Human Resource for Health development is strengthened
2. Production (Education and Training) of Human Resource for Health which addresses the national health needs and meets health personnel requirements of Sierra Leone is improved
3. Management of Human Resource for Health is improved at all levels
4. Information and Research on Human Resource for Health are strengthened
5. Partnership among Public, Private not for Profit and Private stakeholders in Human Resource for Health is promoted
6. Advocacy and mobilization of resources to support implementation of HRH Policy and Strategic Plan is pursued

8. METHOLOGY

The MoHS, with technical assistance fromWHO, facilitated the drafting of the HRH Strategic Plan. Guided by the National Health Sector Strategic Plan and the Draft HRH Policy Stakeholders were consulted in the development of the draft Strategic Plan. The HRH Taskforce played a major role.

Interviews of key stakeholders were conducted to solicit their views. A one day Stakeholders workshop was then held to brain storm and come up with key issues to be included in the Strategic Plan. The list of attendees is annexed to this report as well as the workshop presentations

The first draft was discussed with the HRH Taskforce before it was circulated to stakeholders for comments. The HRH Taskforce continued to review and give comments to the draft.

9. POLICY CONTEXT

The Strategic Plan has been guided by a number of policies both nationally and internationally.

National Health Sector Strategic Plan (NHSSP) 2011-2015

The GoSL in consultation with Partners developed a 6 year National Health Sector Strategic Plan which provides the framework for improving the health of the nation. The NHSSP Strategic objectives under Human Resources include the development of an HR Policy and Strategic Plan to guide HR planning and management, enhancing training and management capacity, staff motivation, defined career paths and continuous education as well as the promotion of HRH Research.

HRH Policy, November 2011
The HRH Policy gives clear policy direction which guides the formulation of strategic interventions. The Policy spells out the key HRH Areas to be focused on as well as the vision, goal and objectives of the policy.

Sierra Leone Health Service Act April 2011
The Act establishes the Health Service Commission which is expected to assist the MoHS in formulating and implementing policies for the delivery of services to the people. These policies include HR Policies to do with recruitment of staff, their training and conditions of service.

Sierra Leone Health Compact May 2011
The COMPACT sets out understanding s reached between the Government of Sierra Leone and health Partners who are signatories to it. It is intended to guide all Health Partners working in Sierra Leone

Kampala Declaration and Agenda for Global Action March 2008
The Kampala Declaration and Agenda for Global Action adopted by the Global Health Workforce Alliance in 2008 gives countries a roadmap to guide work on HRH over the next decade, translating political will, commitments, leadership and partnership into effective and immediate and sustained actions.

Ouagadougou Declaration April 2008
The Ouagadougou Declaration is a declaration by the Member States of the WHO African Region on Primary Health Care and Health Systems in Africa. The Declaration among other issues urges countries to implement strategies to address the HRH needs aimed at better planning, strengthening capacity of health training institutions, management, motivation and retention of health Workers.

WHO Code of Practice on International Recruitment of Health Workers May 2010
The Code of Practice encourages Member States of the WHO to establish and promote voluntary principles and practices for the ethical recruitment of health workers.

Abuja Declaration
The Abuja Declaration recommends that Governments allocate a minimum of 15% of the National Budget to the Health Sector. This is an acknowledgement of the critical role the health sector plays in the development of each nation.

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10. SITUATION ANALYSIS

A situation analysis of the Health Sector was conducted and produced in November 2011.The situation analysis presented a picture of the Health workforce in Sierra Leone and identified major players in the Health sector as well as their mandates. It also provided a base for the development of the HRH Policy and Strategic Plan.

10.1. GOVERNANCE FOR HUMAN RESORCES FOR HEALTH

10.1.1. Planning and Management for HRH

The MoHS is guided by the Sierra Leone NHSSP 2010-2015.The The NHSSP was formulated to give general direction to the health sector as a whole. A MoHS HRH Policy is now in place to give policy direction. At this stage of Strategic Plan development most HRH policies come from the HRMO and the MoHS HR Department implements the policies. I t functions as a personnel administration unit taking instructions from the HRMO and PSC.

The unit has significant limitations in both the technical capacity to manage effectively a professional HRH unit and the size of the unit. The majority of the staff are general clerks who are into records management with very few exposed to HRH management systems. The HRH unit is currently not replicated at District and local level as the function of personnel administration is left to the general clerks that do other tasks over and above human resources.

In May, 2011, the Government of Sierra Leone gazette the forming of the Sierra Leone Health Service Commission, whose functions include the appointment of the professional staff of Government healthcare facilities and the determination of remuneration and other conditions of service of the staff. It will also set standards for the training of healthcare providers and ensure compliance with the standards.

These provisions put the responsibility for the training, appointment and management of HRH in the public sector directly in the mandate of the Health Services Commission. The Commission is expected to be operational at the beginning of 2012.

10.1.2. HEALTH FINANCING

At the time of the Strategic Plan formulation Sierra Leone had not attained the funding levels of 15% of the National Budget advocated by the Abuja Declaration. Funding from Government of Sierra Leone grew from 15% of the Total Health Expenditures in 2004, to 19% in 2006. Private health financing agents in Sierra Leone include private insurance, household out-of-pocket payments and households with 2, 62% coming from NGOs and 0,36% from private insurance

10.1.3. PROFFESSIONAL REGULATION

There are only three Regulatory bodies in Sierra Leon to regulate and support professional standards of their members namely the Medical and Dental Council, the Pharmacy Board and the Nurses and Midwifery Board. The Nurses and Midwifery Council sets examinations for nursing schools.

10.2. PRODUCTION OF HUMAN RESOURCE FOR HEALTH

The majority of Training schools are under the Ministry of Education although there are other players. The Government owns 7 out of the 12 training schools. These include COHMAHS and Njala universities. CHASL owns 4 training institutions and the private sector has one and these 5 produce State Enrolled Community Nurses. At the moment midwifery is the only post basic nurse programme offered although there are advanced plans to increase the programmes. There are also no MMed programmes offered at the local universities.

Training is currently not well planned and coordinated to reflect the country workforce needs. Each training institution decides its own output targets without any input from the MoHS.There is no projected MoHS training plan..

The training Curricula for the various health training programme with the exception of nursing vary from institution to institution and this compromises quality and standards. The nurses Council now has standardized examinations for nursing schools.

Accreditation is mandatory for Health training institutions but there are also many that are not accredited. It is the Health Professions Councils that give Practicing licenses to their members.

Training institutions are faced with challenges such as shortage of tutors, demonstration materials and infrastructure etc

10.3. MANAGEMENT OF HUMAN RESOURCE FOR HEALTH

10.3.1. Recruitment:

MoHS needs approval from the HRMO and the PSC before they can recruit. The unavailability of adequate funding to allow employment of additional staff is a major challenge and this has resulted in a growing number of unemployed graduates despite the high vacancy rates.

There is no deployment policy i. and deployment is done centrally by the MoHS. .. There is no Induction training of new staff at the MoHs. However. career progression for staff is defined by what is called Scheme–of Service.

10.3.2. Retention

The Health professionals have their own salary scales (technical) different from those of the support staff which is dissimilar to those of the rest of the civil service which is much lower. There is very little incentive package in the MoHS. As from March 2010 allowances were

absorbed into the basic pay. Basic necessities and amenities in the form of transportation and accommodation remained inadequate especially in Primary Health Units which is compounded by low remuneration.

There is no objective performance appraisal system in at the moment

10.4. INFORMATION AND RESEARCH FOR HUMAN RESOURCES FOR HEALTH

The MoHS has a computer based HIS from the CHCs to the national level .The HRIS has not yet been linked to the HIS and it is still paper based. There plans are currently underway to computerize it. There is limited internet access.

There is no HRH Research Agenda at the moment although there are HRH areas that need to be researched on in order to guide policy.

10.5. PARTNERSHIPS FOR HRH

Currently, interaction is through the Health Sector Steering Committee Chaired by the Minister of Health and Sanitation and the HRH Subcommittee. However, in terms of the COMPACT agreement the HRHWG will drive the HRH Agenda.

Stakeholders in HRH include government Ministries, Partners, Universities, Faith Based Organizations, Regulatory Bodies and Civil Society.

SWOT ANALYSIS

It is important at this stage to explore the strengths andweaknesses the country has in terms of HRH as well as the opportunities and threats before coming up with strategies to address the issues highlighted in the situation analysis.

WEAKNESSESS	**STRENGTHS**
• Low budget allocation to MoHS • Poor Management Structures • Limited management and leadership skills • Poor remuneration packages • Poor working environment • Inadequate skilled staff • Poor infrastructure	• Established HRH Directorate • Availability of qualified health workers • Availability of training institutions • Collaboration of MOH and Stakeholders
THREATS	**OPPORTUNITIES**
• Competition for limited resources • Inadequate Government allocation to MoHS • Higher salaries offered by countries in the	• High priority given to MoHS • Availability of trainable personnel • Political will to support HRH agenda

region • Global Economic Recession • Unpredictability of Donor funding • Inadequate electricity supply	• Availability of Partners who support HRH • Peace and stability

11. STRATEGIC OBJECTIVES, ACTVITIES AND TARGETS

Strategic Objective One- Appropriate Leadership and Governance for HRH development strengthened

There is need for the MoHS to provide strong leadership to effectively address the HRH crisis. This will require strengthening the leadership capacity in the process of developing, implementing, monitoring and evaluating Human Resource for Health (HRH) policies and plans, norms and standards.

Strengthening of HR Management Systems and structures is required at all levels. Trained, competent and experienced HR managers shall play a vital role in translating HR policies into action. Leadership skills also need to be developed in managers so as to increase their capacity to coordinate stakeholders and mobilize resources for the HRH Agenda.

The Ministry of Health and Sanitation and its partners need to perform continuous evidence-based dialogue on the human resource policy, development, and management. All stakeholders including private for-profit and non-profit should be active role players in the dialogue.

This plan advocates good governance through development of a shared vision, and ensuring accountability with respect to planning, implementation, and monitoring of HRH policy and strategic plan. In addition, it addresses aid-effectiveness and partnerships with development partners and its implication on successful and sustained implementation of the plan.

Policy directions:

1. Top political leaders and partners shall be involved and engaged in the HRH policy processes at National, District and Community levels;
2. Structural and technical capacities shall be strengthened for HRH leadership and governance at National and District levels for effective planning, development and management of HRH;
3. Appropriate coordinating mechanisms for relevant stakeholders shall be established/strengthened to ensure harmonized Human Resource for Health planning and budgeting;
4. Formal collaborative and partnership mechanisms shall be established between MoH&S and health workers' training institution (e.g. the Ministry of Education; public and private training institutions and FBOs) to make sure that training outputs match the health sector requirements and quality;
5. Rational and evidence-based health workforce planning guided by workload-based staffing norms;
6. Affirmative action is taken with relation to training and deployment of health workers from and to disadvantaged areas and vulnerable groups.
7. Regulation is strengthened through the establishment and maintaining of standards and rights of health professional and clients;

a. Roles, mandates and responsibilities of various bodies dealing with regulation, standards and maintenance of ethical conduct shall be clearly defined, and regularly communicated to health workers and the public.
b. Effective legal and monitoring mechanisms for dealing with patients/clients grievances shall be in place including deploying appropriate advocacy to educate patients /clients on their rights.
c. Relevant regulatory bodies shall ensure adherence and enforcement of ethical professional conduct among health workers through appropriate measures
d. Empowering and capacitating disciplinary committees and professional councils to handle cases and take appropriate action for misconduct and malpractices
e. Ensure mandatory re-registration at feasible intervals on the basis of set criteria including Continuing Professional Development.

Strategies

- ✓ Strengthening and using sector coordination mechanism for policy dialogue, and monitoring and evaluation of HRH policies and guidelines;
- ✓ Up-to-date information and effective communication (information sharing) to all relevant stakeholders;
- ✓ Continual leadership capacity building at all levels based on need assessment
- ✓ Identifying and enhancing opportunities to collaborate with organizations involved in HR production, management and service provision (line ministries/agencies/institutions)
- ✓ Affirmative action in relation to training and deployment of health workers from and to disadvantaged areas and vulnerable groups

Outputs:

1. HRH working group at national level strengthened and similar structure at district level established and functional by the year 2012
2. Structural and technical capacity of HRH leadership and governance at National and district levels strengthened for effective planning, development and management of HRH
3. Professional conduct and ethics of all health professionals developed, implemented, strengthened and regularly monitored
4. Advocacy and mobilization of resource to support implementation of HRH policy and strategic plan