COUNTRY COOPERATION STRATEGY 2022–2025

SIERRA LEONE

World Health Organization

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Country Cooperation Strategy 2022–2025, Sierra Leone

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MESSAGE FROM THE MINISTER OF HEALTH AND SANITATION

The Government of Sierra Leone is committed to ensuring access to affordable quality health care services to all populations in Sierra Leone as stated in the country's Medium-term National Development Plan (MTNDP) 2019–2023, the National Health and Sanitation Policy and the National Health Sector Strategic Plan 20221–2025. The ambitious vision for the health sector will be achieved through strong collaboration with, and support from all stakeholders including WHO.

Over the last five years, significant progress has been achieved with the support and guidance of WHO as the leading agency in the health sector. Reductions have been recorded in maternal, infant and child mortality rates, with an increase in the utilization of health services. The country's capacity to prepare for and respond to public health threats has significantly improved. The Government of Sierra Leone recognizes the strong leadership of WHO in the response to COVID-19 and other public health emergencies that the country has faced. Among other examples, the timely support of WHO during the fuel tanker explosion in November 2021, which claimed the lives of more than one hundred people and injured several others, was highly appreciated.

With the new Country Cooperation Strategy 2022–2025, I am happy that WHO has adopted the current country priorities, including the approach of providing integrated, patient-centred universal health coverage services across the life course. The new strategy reaffirms the strong relationship and close collaboration between Sierra Leone and WHO, and the Organization's contribution in moving forward the health sector agenda and improving the health outcomes of the Sierra Leone population. As clearly defined in this strategy, WHO will support the commitment of the Government of Sierra Leone to reducing maternal mortality by strengthening the maternal and child mortality surveillance and response system. In the same framework for achieving universal health coverage through the life-course approach, WHO will support the Ministry of Health and Sanitation to move from disease-based interventions to people-centred services through integrated, quality health services, appropriate to all stages of life at all health facility levels. WHO will also continue to strengthen the country's capacity for preparedness and response to health emergencies and reducing risk factors that affect the well-being of the

population. This strategy must strengthen the health information system to generate reliable data that will support evidence-based planning as well as track and measure results.

I congratulate WHO on developing this Country Cooperation Strategy through an extensive consultative process that ensured its alignment with country priorities and harmonization with other stakeholders.

By co-signing this Country Cooperation Strategy, the Government of Sierra Leone is committed to working closely with WHO in achieving the health sector vision of ensuring that “All people in Sierra Leone have access to affordable, quality health care services and health security without suffering undue financial hardship”. I call upon all stakeholders in the health sector to join WHO in supporting Government efforts to improve health in Sierra Leone.

Austin Demby

Dr Austin Demby,
Minister of Health and Sanitation
Government of Sierra Leone

FOREWORD BY THE WHO REGIONAL DIRECTOR FOR AFRICA

The World Health Organization's (WHO) revised Third Generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity and ensure that its delivery is adapted to the needs of Member States. It reflects the Transformation Agenda of the WHO Secretariat in the African Region as well as the key principles of the Thirteenth General Programme of Work, 2019–2025 (GPW 13) at the country level. It aims to increase the relevance of WHO's technical cooperation with Member States and focuses on identifying priorities and effectiveness measures in the implementation of WHO's programme budget. It further highlights the role of different partners, including non-State actors, in supporting governments and communities.

The objective of the Country Cooperation Strategy is to make WHO more effective in its support to countries, through the provision of responses tailored to the needs of each country.

The revised third generation CCS builds on lessons learnt from the implementation of the earlier generations of the country cooperation strategies, including countries' priorities as reflected in national policies, plans, and priorities, and the United Nations Sustainable Development Cooperation Framework (UNSDCF). These CCSs must also align with the global, continental, and regional health context and facilitate the acceleration of investments toward universal health coverage (UHC). They incorporate the fundamental principles of alignment, harmonization, and effectiveness, as formulated in the Rome (2003), Paris (2005), Accra (2008) and Busan (2011) Declarations on Aid Effectiveness. Their implementation will be measured using the regional key performance indicators, which reflect the country focus policy and the strengthening of the decision-making capacity of Governments to improve the quality and equity of public health programmes.

The evaluation of the Third Country Cooperation Strategy (CCS 3) highlighted the progress made, the constraints and obstacles encountered as well as the lessons learnt, and provided recommendations to improve the current Fourth Country Cooperation Strategy 2022–2025.

Progress toward universal health coverage requires an approach that improves the quality of services, ensures integration of interventions, is people-centred and inclusive, and provides affordable health services. I commend the Government of Sierra Leone and its partners for the significant achievements in improving health and well-being since the 2014 Ebola outbreak. I particularly note the 40% reduction in the maternal mortality ratio from 1165 to 717 deaths per 100 000 live births between 2013 and 2019. I recognize that increased efforts will be needed in the coming years, but I remain convinced that with the strong leadership demonstrated by the Government during the implementation of the previous Country Cooperation Strategies, and more resolute collaboration among all the stakeholders, together we can work towards the achievement of national, regional, and continental health objectives.

I call on all WHO staff to redouble their efforts to ensure the effective implementation of the programmes described in this document to improve the population's health and well-being, which are essential elements for Africa's economic development. For my part, I would like to reassure you of the full commitment of the WHO Regional Office for Africa in providing the necessary technical and strategic support for the achievement of the objectives of CCS 4 in respect of the "triple billion" targets and the health-related Sustainable

Dr Matshidiso Moeti
WHO Regional Director for Africa

PREFACE BY THE WHO REPRESENTATIVE IN SIERRA LEONE

The WHO–Sierra Leone Country Cooperation Strategy 2022–2025 has been developed to provide strategic guidance on WHO's support to the Government of Sierra Leone in the health sector over the next four years. The present Country Cooperation Strategy was informed by the results of the end-term evaluation of the previous CCS (2017–2021) and an extensive consultative process with different stakeholders in the health sector and beyond.

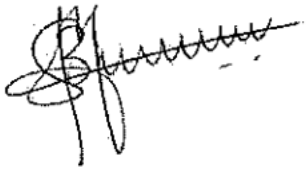
The Strategic Priorities and envisioned outcomes of this CCS have been drawn from the work that WHO has done over the past five years, and they support country priorities and needs, as defined in the Medium-term Development Plan, the National Health and Sanitation Policy and National Health Sector Strategic Plan 2021–2025, and the UN Sustainable Development Cooperation Framework.

The CCS 2022–2025 is fully aligned with global and regional directions and will contribute to the achievement of the "triple billion" targets set out in the WHO Thirteenth General Programme of Work, 2019–2025 and the attainment of the SDG targets for Sierra Leone. To define its priority interventions, the CSS also considered the current health challenges and will contribute to reducing preventable maternal and child deaths, improving the quality of care, and reducing the double burden of communicable and noncommunicable diseases. The following four strategic priorities have been identified to guide WHO's interventions in this new generation CCS:

1. scale up priority interventions on integrated patient-centred UHC services through the life-course approach
2. strengthen the resilience of the health system to address public health emergencies
3. reduce/control exposure to risk factors that undermine population health and well-being
4. improve country capacity in data, research and innovation for evidence-based leadership.

With the above strategic priorities, WHO across its three levels will continue to provide strategic leadership in the health sector through policy formulation and advocacy, technical support, and capacity building for a strong and resilient health system. WHO and the Ministry of Health and Sanitation will jointly implement and monitor this CCS through regular review meetings, including a mid-term review and an end-term evaluation.

The development of this CCS was fully supported by stakeholders, and its successful implementation requires the contribution of everyone. I take this opportunity to express my appreciation to the MoHS, all stakeholders, and the multisectoral Technical Working Group for leading the whole process. I pledge the full commitment of WHO Sierra Leone to support the Government in improving the health of the population in Sierra Leone through this CCS. We look forward to a strong partnership for this CCS period and beyond.



Dr Innocent B. Nuwagira
WHO Representative a.i
Sierra Leone

ABBREVIATIONS

AfDB	African Development Bank
AIDS	acquired immunodeficiency syndrome
AMR	antimicrobial resistance
ANC	antenatal care
CCS	Country Cooperation Strategy
CDC	United States Centers for Disease Control and Prevention
CHE	current health expenditure
CHP	community health post
CHW	community health worker
COMAHS	College of Medicine & Allied Health Sciences
CPR	contraceptive prevalence rate
CSO	civil society organization
EmONC	emergency obstetric and newborn care
EPI	Expanded Programme on Immunization
EVD	Ebola virus disease
FAO	Food and Agriculture Organization of the United Nations
FCDO	Foreign, Commonwealth & Development Office
FHCI	Free Health Care Initiative
GBV	gender-based violence
GDP	gross domestic product
GHSA	Global Health Security Agenda
GPW	General Programme of Work
GoSL	Government of Sierra Leone
HIV	human immunodeficiency virus
HMIS	health management information system
HRH	human resources for health
ICT	information and communications technology

IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IMNCI	integrated management of newborn and childhood illness
IPC	infection prevention and control
ITN	insecticide-treated mosquito net
IYCF	infant and young child feeding
JEE	Joint External Evaluation
MDA	Ministries, Departments and Agencies
MoF	Ministry of Finance
MMR	maternal mortality ratio
MPDSR	maternal and perinatal death surveillance and response
MTNDP	Medium-term National Development Plan
NACP	National AIDS Control Programme
NAPHS	National Action Plan for Health Security
NCDI	noncommunicable diseases and injuries
NCDP	National Commission for Persons with Disability
NGO	nongovernmental organization
NHSSP	National Health Sector Strategic Plan
NMSA	National Medical Supply Agency
NPHEOC	National Public Health Emergency Operations Centre
NTDs	neglected tropical diseases
OOPS	out-of-pocket spending
OPV	oral polio virus
PHC	primary health care
PHE	public health emergency
PHU	peripheral health units
PoE	point of entry
QoC	quality of care
RCCE	risk communication and community engagement

RMNCAH	reproductive, maternal, newborn, child, and adolescent health
SARA	Service Availability and Readiness Assessment
SBA	skilled birth attendant
SLDHS	Sierra Leone Demographic and Health Survey
SLeSHI	Sierra Leone Social Health Insurance
STEPS	WHO STEPwise approach to NCD risk factor surveillance
TB	tuberculosis
TFR	total fertility rate
TWG	Technical Working Group
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WCO	WHO Country Office
WFP	World Food Programme
WHO	World Health Organization
WHO PEN	WHO Package of Essential Noncommunicable disease interventions for primary health care in low-resource settings

EXECUTIVE SUMMARY

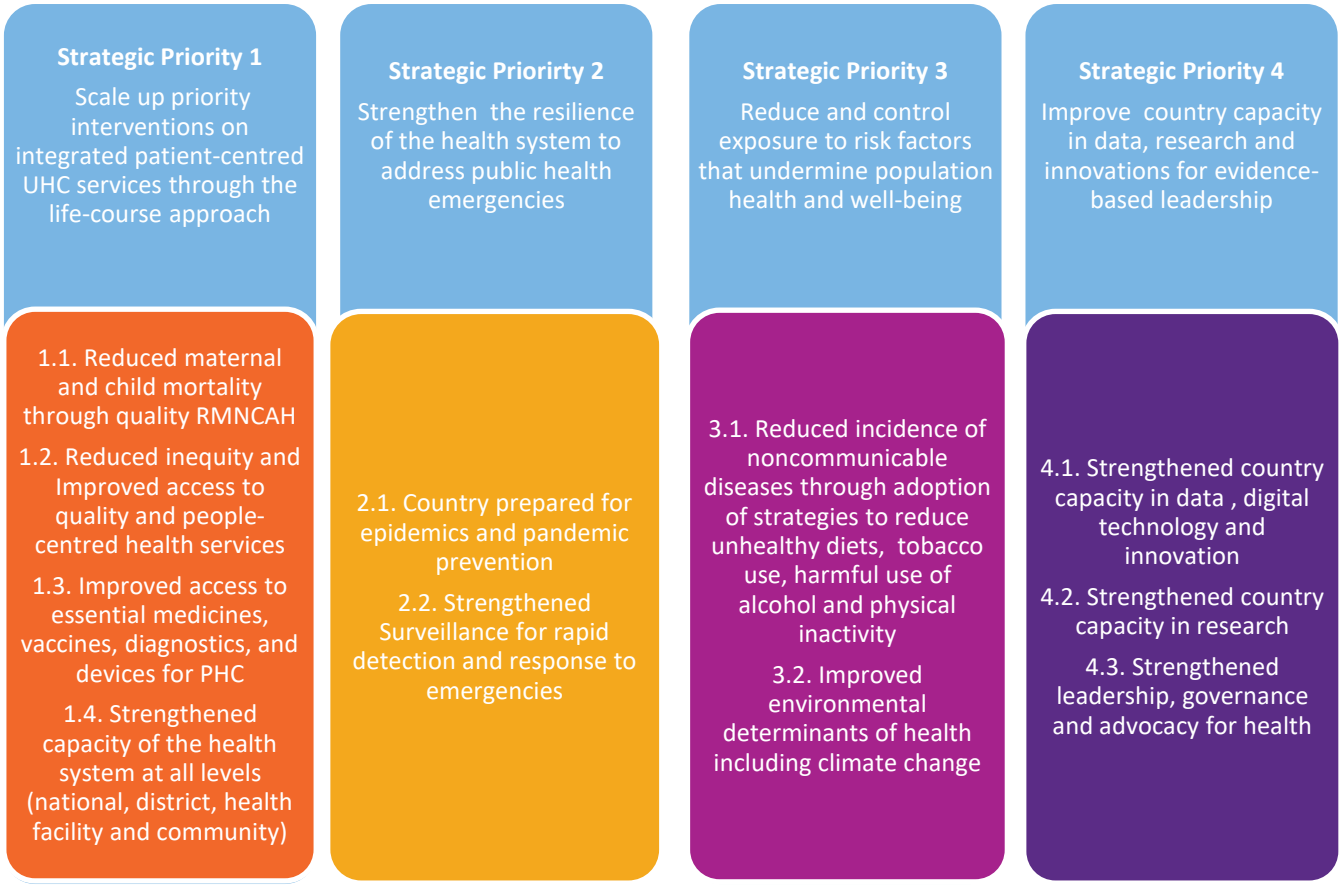
The Country Cooperation Strategy is the World Health Organization's corporate framework developed in response to a country's needs and priorities. The 2022–2025 CCS is the fourth for WHO in Sierra Leone. It is a medium-term strategic document that defines a broad framework for WHO's work, at all levels, with the Government of Sierra Leone and all health partners for the next four years. This document is guided by the country's major policy and strategy documents including the 2020 National Health and Sanitation Policy (NHSP); the 2021–2025 National Health Sector Strategic Plan (NHSSP); and the 2019–2023 National Medium-term Development Plan (NMTDP). The current CCS also reflects the broad priorities of WHO as outlined in its Thirteenth General Programme of Work (2019–2023, extended to 2025) with a focus on improving access to universal health coverage, protecting people from health emergencies, and improving people's health and well-being. The CCS priorities are also in alignment with the United Nations Sustainable Development Cooperation Framework (UNSDCF) in Sierra Leone and will contribute to attaining the country's SDG targets.

The development of the current CCS was informed by the results of the end-term evaluation of the previous CCS (2017–2021). Based on the evaluation results and national population surveys, remarkable achievements have been recorded in the past five years, after the deadly 2014 Ebola outbreak. There is a reduction in infant, child, and maternal mortality rates. Under-five mortality decreased from 140 deaths per 1000 live births in 2008 to 122 deaths per 1000 live births in 2019, and infant mortality decreased from 89 deaths per 1000 live births in 2008 to 75 deaths per 1000 live births in 2019. The maternal mortality ratio has significantly reduced from 1682 in 2000 to 443 in 2020, according to the 2000–2020 UN trend analysis. The percentage of deliveries at health facilities has increased over time, from 25% of total deliveries in 2008 to 83% in 2019.

Reductions have also been recorded in morbidity and mortality caused by infectious diseases such as malaria and tuberculosis, among others. For example, the TB mortality rate dropped from 57 per 100 000 population in 2015 to 35 per 100 000 population in 2021 and the HIV/AIDS prevalence rate has stabilized at 1.5% since 2005. The country's capacity for preparedness and response to public health threats has significantly improved. Despite the gains highlighted, several challenges remain. The current infant mortality rate and maternal mortality ratio are still very high. In addition, noncommunicable diseases and injuries (NCDIs), including mental health problems are becoming a double burden and major causes of morbidity and mortality. These challenges are overwhelming the country's weak health system, characterized by limited human resources for health and chronic underfunding.

The COVID-19 pandemic has also posed a serious challenge to the country and its health system due to the consequent disruption of the economy and the well-being of the population. The likely re-emergence of outbreaks of concern and the impact of climate change are also challenges to the health system. The diversion of resources from routine health services to address public health emergencies often results in limited access to essential health services for vulnerable populations. The implementation of the current CCS will support the GoSL's effort to address these challenges and improve population health outcomes.

The 2022–2025 CCS will focus on four strategic priorities that seek to achieve 11 outcomes as follows:



The principles of cooperation with the Government of Sierra Leone will guide the implementation, monitoring, and evaluation of this CCS. This is to ensure that WHO plays a key role in implementing the national health agenda under the leadership of the WHO Representative. The WCO biennial programme and budget plans will be used to operationalize the CCS priorities in line with WHO core functions. A monitoring and evaluation framework will

be used to monitor the CCS every year and evaluate it at the mid-term and end-term points. A mid-term review of the CCS will be conducted in 2024 and a final evaluation at the end of 2025.

To help the Country Office to deliver the expected results, the WHO Regional Office for Africa (AFRO) and WHO headquarters will provide strategic and technical assistance. Specific interventions requiring assistance include adapting strategies and guidelines tailored to the Sierra Leonean context, implementing global and regional priority initiatives, supporting intercountry collaboration, and sharing experiences and information.

SECTION 1: INTRODUCTION

Map of the Republic of Sierra Leone

The Country Cooperation Strategy is the World Health Organization's corporate strategic framework developed in response to a country's needs and priorities. The 2022–2025 CCS is the fourth for WHO in Sierra Leone. It is a medium-term strategic document that defines a broad framework for WHO's work, at all levels, with the Government of Sierra Leone and all health partners for the next four years.

The CCS is aligned with the National Health Sector Strategic Plan (year), the 2021 National Health and Sanitation Policy, and the Sierra Leone National Medium-term Development Plan (2019–2023) among others. It is developed based on global health priorities including GPW 13 (2019–2025), the UNSDAF, and the SDGs.

Following the expiry of the third CCS (2017–2021), an independent end-term evaluation of the implementation of the strategic priorities was conducted to inform the development of the current CCS. The evaluation examined WHO's contribution to the gains of the health sector in

the past five years. The assessment targeted stakeholders within the MoHS and other Government ministries, departments and agencies (MDAs) at national and district levels; and development partners including other UN agencies. The development of the CCS, therefore, leverages the lessons learnt from the implementation of the 2017–2021 CCS. The findings from the evaluation revealed that WHO was efficient in guiding the health sector through the development of policies, strategies and guidelines and building the capacity of health worker systems at national, district, and facility levels. Additionally, the evaluation identified the areas of WHO focus including preventable maternal and child deaths, the burden of communicable and noncommunicable diseases, the country's capacity for preparedness and response to public health threats, and addressing risk factors for disease and their root causes to promote well-being and make people healthier.

The current CCS focuses on four strategic priorities through which WHO will support the Government of Sierra Leone in improving the health of its population over the next four years. These are:

The CCS will focus on working with the MoHS and its partners towards addressing health system gaps and bottlenecks including the social determinants of health to improve health outcomes. The current CCS will inform the development of the biennial programme and budget plans over the next four years.

The CCS time frame is aligned with the National Health Sector Strategic Plan (2021–20250). It also coincides with the extended period for GPW 13 (2019–2025).

SECTION 2: FINDINGS FROM THE EVALUATION OF THE 2017–2021 COUNTRY COOPERATION STRATEGY

2.1 External review of the 2017–2021 CCS

To inform the development of the current CCS, WHO in Sierra Leone commissioned an independent evaluation of the 2017–2021 CCS to assess the relevance, effectiveness, efficiency, impact, and sustainability of WHO interventions and contributions to Sierra Leone's health system over the five years of the strategy implementation. The evaluation was done through documents/reports review and key informant interviews of MoHS national and district officials, development partners as well as staff of the WHO Country Office in Sierra Leone. The interviews focused on assessing partners' knowledge of the work of WHO in Sierra Leone, perceptions of what went well and what did not, as well as expectations of what WHO should focus on.

According to the findings of the 2017–2021 CCS evaluation, the wider MoHS and health development partners viewed WHO as a leader in the health sector. WHO's technical guidance on health, especially during the country's recent EVD outbreaks and the current COVID-19 pandemic, have positioned the Organization as a respected partner in the country.

In line with its normative mandate, WHO's work in Sierra Leone focuses on sharing and contextualizing the latest global strategies, guidelines, norms, and standards and helping the country to adapt them to the local context. The Organization provides evidence-based technical advice on policy options in the health sector, and this includes building the capacity of both

national and decentralized health systems and programmes through training and technical support.

WHO has provided guidance and contributed to many of the country's key health sector policies and plans, including the NHSSP (2021–2025), and the 2021 National Health and Sanitation Policy, among others. WHO has also contributed to the development of many programme-specific national strategies, guidelines and action plans, including those related to RMNCAH, nutrition, HIV, TB, NCDs, health security and emergencies, health information, food safety, and WASH.

Summary of key findings of the CCS 2017–2021 evaluation:

- Overall, significant improvements were observed during the five years of the CCS across all four strategic priorities.
- Regarding the relevance of the CCS, the priorities are aligned with the national health agenda, and they contributed enormously to the current status of the health sector.
- For effectiveness, the respective strategic priorities were lauded by stakeholders for having contributed to both impact and outcome indicators as in the case of RMNCAH, for example. The country's capacity to respond to health security threats and emergencies has also significantly improved.
- In terms of efficiency in the implementation of the CCS priorities, harmonization, a means of reducing duplication and maximizing impact, was identified as a key success of the CCS. The role of WHO in fostering collaboration, synergy, and complementarity with sister UN agencies and other development partners was well appreciated. Whereas it was difficult to quantify and monetize the technical support of WHO to the MoHS, almost all the evaluation respondents within the MoHS and WHO acknowledged that value for money was achieved in all areas supported during the implementation of the 2017–2021 CCS.
- Regarding the impact area of the evaluation, significant changes have been observed in some outcome indicators including maternal mortality, under-five mortality, and infant mortality rates.
- In respect of sustainability, stakeholders were unanimous in their desire to see the Government improve its efforts to invest more in the health sector, through sustainable health financing mechanisms, without overly relying on development partners. Collaborating with national universities and NGOs is also considered a means of promoting the sustainability agenda in the health sector through institutional capacity development.
- Gender and human rights: The work of WHO has promoted gender and human rights in Sierra Leone. The strategic priority of RMNCAH is an indicator of the importance WHO attaches to gender and equity in accessing health services.

2.2 WHO support during the 2017–2021 CCS

Below are a few illustrative examples of WHO's support for specific programmes and initiatives that highlight the different types of assistance that the Organization provided during the lifetime of the 2017–2021 CCS:

2.2.1 Strengthening the health system to achieve universal health coverage

With WHO support, access to quality essential health services improved significantly. National health sector policies and strategic technical documents were developed, including the National Health and Sanitation Policy, the National Health Sector Strategic Plan 2021–2025, the National Quality of Care (QoC) Policy; the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Strategic Roadmap, among others. Implementation of these documents is being supported to improve health outcomes in Sierra Leone.

Substantial efforts have been made to eradicate polio through routine immunization and safe and secure retention of polioviruses. WHO supported nationwide circulating vaccine-derived poliovirus (cVDPVs) outbreak response campaigns, which resulted in the interruption of transmission in Sierra Leone.

In addition to supporting routine vaccination services, WHO also supported the delivery and implementation of emergency vaccinations including COVID-19. WHO supported the MoHS in planning and implementing different COVID-19 campaigns nationwide, which resulted in the achievement of the African Regional COVID-19 target for vaccination of the target population, at 73.2 % by the end of December 2022.

Antimicrobial resistance (AMR) and infection prevention and control (IPC) are among the key priorities for improving the quality of health care services. WHO provided technical support in the development and validation of a comprehensive five-year AMR surveillance strategic plan which included a two-year costed implementation plan. WHO also supported the local production and promotion of alcohol-based hand rub solutions which improved hand hygiene practices and health worker and patient safety in health facilities.

To advance the universal health coverage (UHC) target for reducing the number of people suffering financial hardship from catastrophic expenditure on health services, WHO is supporting the establishment of the Sierra Leone Social Health Insurance Scheme (SLeSHI), as an innovative prepayment health financing scheme. In the same framework, WHO supported the development of the Health Financing Strategy.

2.2.2 Strengthening country preparedness and response to public health emergencies

WHO leverages its comparative advantage as the leading technical organization in the health sector to strengthen the country's capacity to prevent, detect and respond to emergencies. Guidelines, protocols, and standard operating procedures were developed and followed during the COVID-19 pandemic. WHO technical officers supported their national counterparts, which improved the quality of COVID-19 case identification and investigation, contact tracing, and capacity building of the health workforce.

Country capacity for emergency preparedness improved during the biennium. The 2021 International Health Regulations (IHR) State Party Annual Report (SPAR) was compiled and the IHR capacity score for the country improved from 49% in 2020 to 51% in 2021. National technical personnel with responsibilities for disaster and emergency management have been capacitated in their roles as technical area leads for the National Action Plan for Health Security and the Joint External Evaluation (NAPHS/JEE). These improved capacities have led to better country ownership, leadership, and coordination in the implementation of NAPHS. As a result, the annual operational plans (AOPs) for NAPHS were developed and implemented in 2020 and 2021, and an online tracking tool to monitor implementation was introduced.

National capacity for rapid detection and response to public health emergencies was strengthened through investment and improvements in the national Integrated Disease Surveillance and Response (IDSR) system. This is seen in the consistently high completeness and timeliness of public health surveillance reporting. On average, over 95% of health facilities submitted their weekly reports and the quality of the weekly epidemiological data reported and relayed via the electronic IDSR (eIDSR) platform improved from 67% to 89%.

Knowledge transfer through national and institutional capacity development is a fundamental part of WHO support. WHO demonstrated this commitment by supporting a long-term IDSR sustainability plan for Sierra Leone through institutionalizing the IDSR/IHR curriculum in public health training institutions.

2.2.3 Improving the health and well-being of the population

Noncommunicable diseases and injuries (NCDIs) remain major public health challenges in Sierra Leone. In addressing these challenges and garnering support to reduce the health risks, WHO supported high-level advocacy with Members of Parliament, resulting in the enactment of the Breastmilk Substitute Act 2021, and the Tobacco Control Bill which was also gazetted in 2022.

Improvements in breastfeeding practices in the country have been observed, including an increase in the rate of early initiation of breastfeeding by almost 14%, from 75.3% in 2019 to 89.4% in 2021. The exclusive breastfeeding rate of infants aged 0–6 months stands at 52.7% and continued breastfeeding up to 23 months is at 53.1%. Technical and financial support was provided for the revision of the National Nutrition Policy 2022–2026, development of the National Infant and Young Child Feeding Policy, and the development of the National Food Safety and Quality Control Guidelines, among others.

The Ministry of Health and Sanitation continues to prioritize efforts to protect, promote, support, and sustain breastfeeding practices in hospitals towards attaining the national target of 75% of

exclusive breastfeeding by 2025. To foster the achievement of this target, 1296 maternity staff at regional hospitals were trained in the baby-friendly hospital initiative (BFHI) with the technical and financial support of WHO. Another key priority for the Ministry of Health is the reduction of all forms of malnutrition. To achieve this, a Multisectoral Strategic Plan to reduce malnutrition in Sierra Leone (2019–2025) was developed with indicators aligned with the global nutrition targets. Health workers' capacity has been built on the management of severe acute malnutrition with medical complications in all 21 in-patient care facilities across the country as a child survival strategy.

SECTION 3: COUNTRY CONTEXT

3.1 Demographic, political, social and economic situation

Figure 1: Population of Sierra Leone

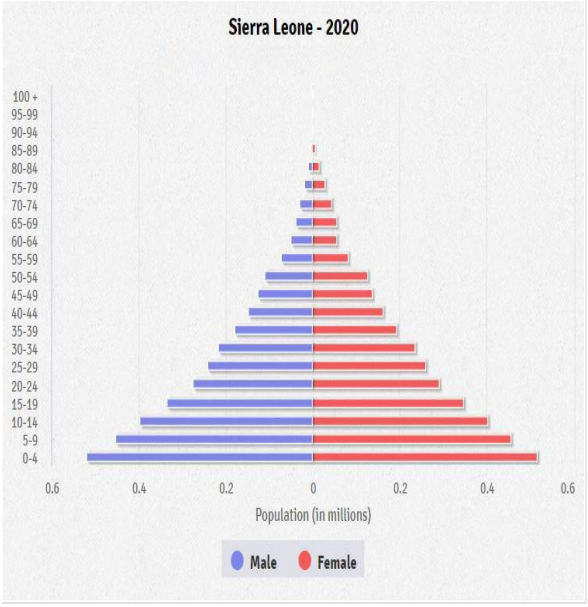


Figure 2: Pyramid of the population, Sierra Leone

Sierra Leone has a total population of 7 534 883, with males making up 48% and females 52%.[1] High fertility, including among adolescents, and low contraceptive prevalence have driven up population growth in Sierra Leone. Although the majority (57.5%) of the population resides in rural areas, there has been a progressive increase in urban populations due to rural-to-urban migration, with an annual growth rate of around 3.1%. This population shift poses health challenges due to overcrowding and poor environmental sanitation among other health and social issues that may undermine healthy living and will be addressed through the current CCS interventions.

In terms of its **economic situation**, Sierra Leone depends on agriculture and mining. The economy has been steadily recovering from the economic impact of the EVD outbreak in 2014–2015. Its GDP was US$ 3.94 billion in 2019, higher than the US$ 3.74 billion in 2017 and US$ 2.58 billion in 2011. GDP per capita was US$ 515.9 in 2021, a 2.26% increase from 2019 (US$ 504.5).[2] According to official statistics[3], 57% of people living in Sierra Leone were poor in 2018 (population living below the updated national poverty line of Le 3.921 million (US$ 494) per adult equivalent). In 2018, thirteen per cent of the population was estimated to be extremely poor or unable to meet their minimum food needs, estimated to cost Le 2.125 million (US$ 268).

1 Sierra Leone Housing & Population Census-2015
2 World Bank 2021 National Accounts Data https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=SL
3 Sierra Leone Poverty Assessment 2022

3.2 Health situation in Sierra Leone

3.2.1 Health system

Sierra Leone's health system is served by a network of over 1300 public and private health facilities, including 51 secondary and tertiary hospitals. The health system is organized into three tiers of care: peripheral health units (PHU) with the extended community health worker (CHW) programme; district hospitals; and referral hospitals. Geographical access to health services has improved in the past 10 years, as the country has been investing in infrastructure development and the re-activation of the National CHW Programme to bring these services closer to communities. Although the accessibility of health care improved from 2008 to 2019, seven in 10 women still reported at least one difficulty in accessing care in 2019, including getting money for treatment (67%) and distance from a health facility (44%)[4].

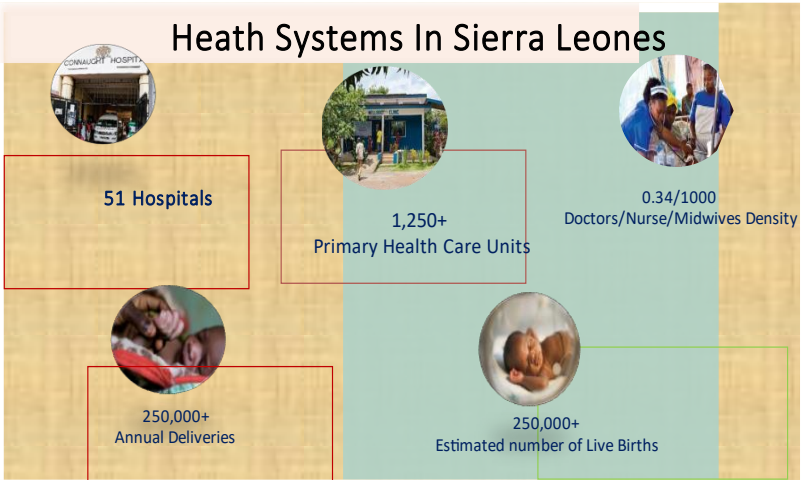


Figure 2: The health system in Sierra Leone

In additional, health ***service delivery*** is hampered by limited access to health services due to socioeconomic barriers, weak referral systems, limited availability of basic medical commodities (drugs and equipment) and amenities needed for quality health service delivery, frequent stock-outs of essential medicines and medical supplies in public health facilities, weak supply chain management system for medical commodities and inability to implement the basic packages of essential health services.

Financing for the health sector is dominated by out-of-pocket spending (OOPS) by households, which contributes to over 50% of health expenditure, followed by external donors and the Government of Sierra Leone. Current health expenditure (CHE) fell by 64% to approximately US$ 43.2 per person in Sierra Leone in 2020, from US$ 118.6 in 2015. CHE as a percentage of gross domestic product (GDP) for Sierra Leone has also been declining since 2015 from 20.4% to 8.8% in 2020 in the same manner as health capital expenditure as a percentage of gross domestic product (GDP) fell from 118% to 43.2% during the same period. Out-of-pocket spending as a

[4] Sierra Leone Demographic Health Survey 2019

percentage of CHE has increased from 36.7% in 2015 to the current 55.7%, although OOPS per person has fallen by 45% from US$ 43.5 to US$24.1 over the same period.

Health financing in Sierra Leone faces numerous challenges, including inadequate health expenditure per capita, high out-of-pocket spending, limited fiscal space, with heavy dependency on donors. The situation is further compounded by inefficient allocation and utilization of available funds, limited innovative health prepayment financing mechanisms and weak coordination of donor funding.

Regarding ***human resources for health***, the country faces severe challenges in terms of the right numbers and skill mix of the required health professionals. There are 7.4 medical doctors per 100 000 population[5] and 3.4 nurses/midwives per 10 000 population.

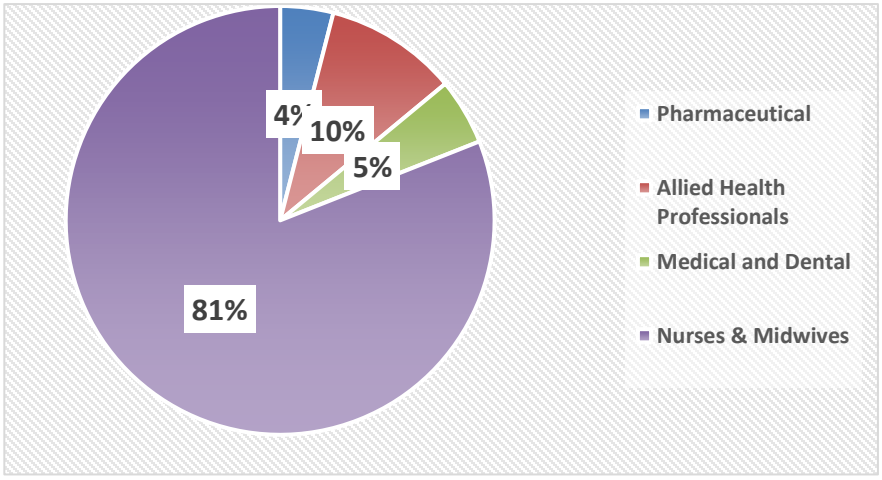


Figure 3: Distribution of HRH workforce (health labour market analysis, 2019)

The health workforce is largely composed of nurses and midwives with the smallest cadre being medical and dental professionals as shown by the recent health labour market analysis.[6]

These insufficient staffing levels have long been recognized as a key barrier to a resilient and responsive health system. The health sector has over 9000 of its 24 000-strong workforce who are not on the government payroll and are labelled “volunteers”. In addition, there is poor distribution in favour of urban and large communities.

To address the challenges pertaining to human resources for health, WHO will continue to support the Government through the development of the necessary tools for increasing the number and skill mix of the required health workers, their appropriate distribution and their retention.

Health information system: Currently, the country’s data collection and reporting systems are weak. This is due to incomplete coverage, late reporting, uncoordinated vertical reporting systems and inadequate data collection tools that are not standardized. There are also inadequate HMIS officers and lack of required equipment and processes, leading to weak data

[5] WHO 2018 https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population)

[6] 2019 Health Labour Market Analysis for Sierra Leone

availability, analysis and use. Strengthening the HMIS is a key government priority which WHO will continue to support.

3.2.2 Achieving universal health coverage

Since 2000, Sierra Leone has made progress in improving important health indicators, including life expectancy at birth, which increased to 54.3 years. Recent Sierra Leone Demographic and Health Surveys (SLDHS) indicate a reduction in the rate of child mortality (under-five, infant and neonatal mortality) as shown in the figure below.

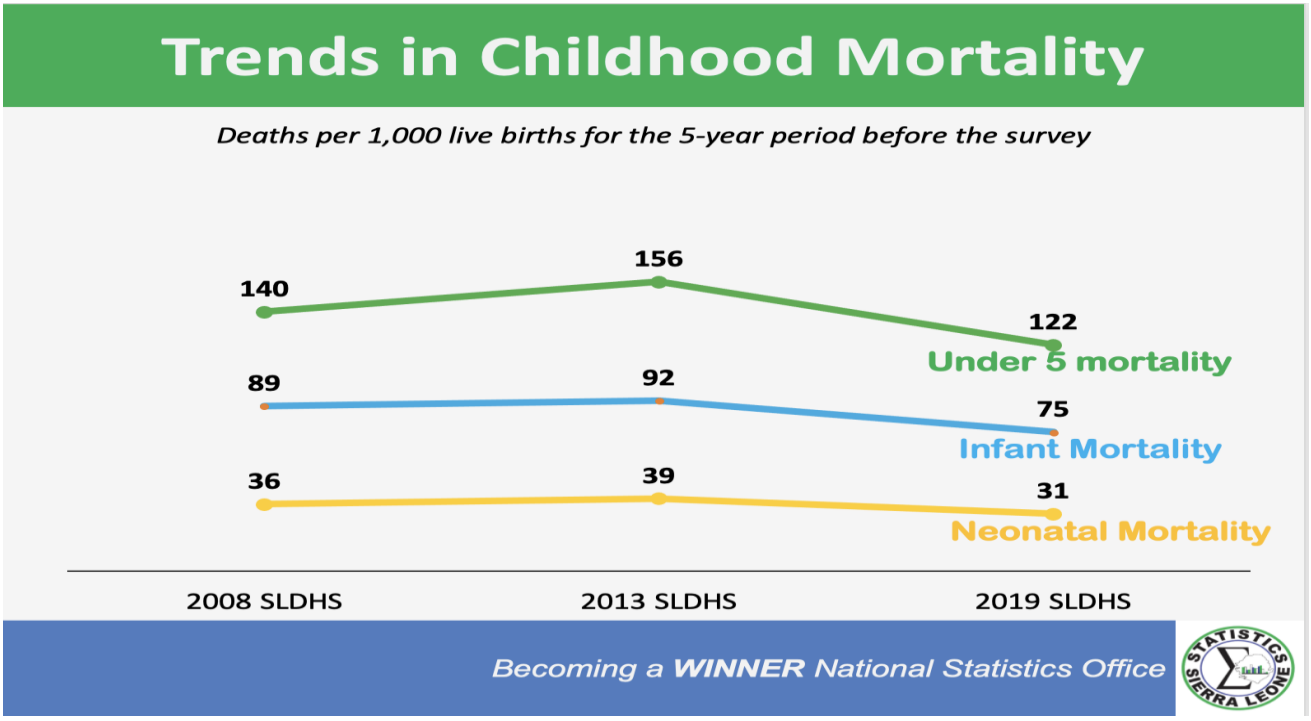


Figure 4: Trends in infant, under-five and maternal mortality rates (2008–2019)

Likewise, the 2000–2020 UN trend analysis on maternal mortality showed that Sierra Leone had significantly reduced its maternal mortality ratio from 1682 in 2000 to 443 in 2020.[7]

[7] Trends in maternal mortality, 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division

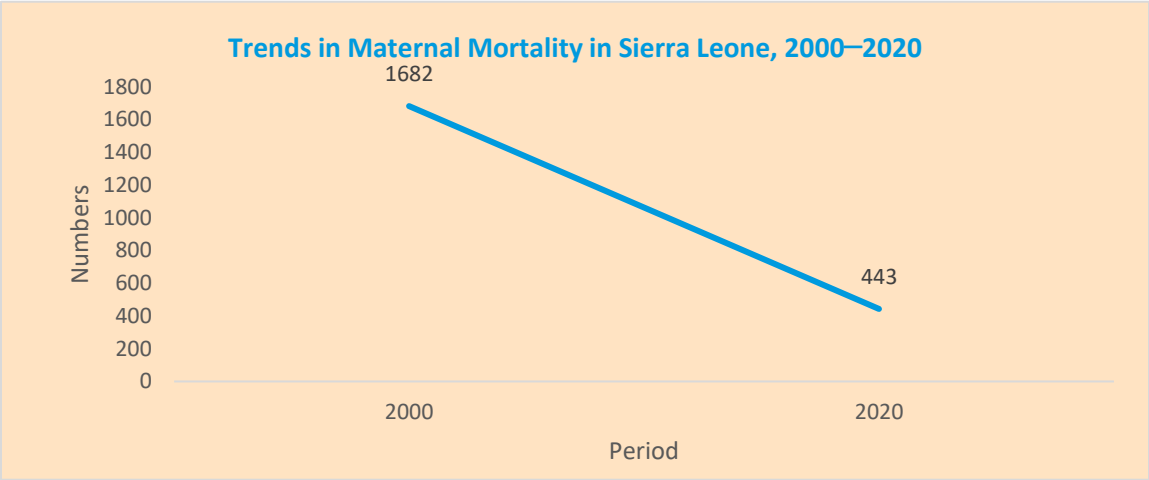


Figure 5: Trends in maternal mortality (2000–2020)

The decline in the maternal mortality ratio in the last two decades is attributed to modest improvements in the health system and other socioeconomic indicators. There has been a massive expansion of primary and secondary health care infrastructures, production, deployment and retention of skilled health care workers including community health workers, as well as the introduction and implementation of free health care initiatives since 2010. Improvement in access to EmONC services, availability of evidence-based normative guidelines and tools, institutionalizing of the MPDSR system, establishment of the Quality Management Programme, and a suitable policy environment, among other factors, also contributed to an increase in coverage of high-impact interventions for maternal and child survival that include ANC 1 and 4 coverage (98% and 76%), institutional deliveries (83%) and births assisted by skilled birth attendants (87%).

The considerable reduction recorded in maternal deaths in Sierra Leone did not prevent the country from joining the group of countries with the highest maternal mortality ratios in the world. According to successive MDSR reports, the main factors contributing to maternal death include socioeconomic and health system challenges, notably financial constraints, lack of awareness of danger signs, cultural norms and beliefs. Others relate to delays in referral from lower-level facilities, delays in providing care, poor adherence to EmONC guidelines, shortage of equipment or supplies and the health workforce. Through the new CCS, WHO will continue to support the Government to address the above challenges and contribute to reducing the high maternal and child death rates.

Communicable diseases (CDs) remain the major health conditions affecting the population of Sierra Leone, with malaria, lower respiratory infections, and diarrhoeal diseases being the most prevalent, especially among children. Sierra Leone has also done a remarkable job of reducing its disease burden. In 2015, the TB mortality rate was 57 per 100 000 population, but in 2021 the mortality rate dropped to 35 per 100 000 population. The HIV/AIDS prevalence rate has stabilized at 1.5% since 2005.[8]

[8] (World Bank, 2018).

Financial access to health services remains a serious challenge for the majority of the population. With high out-of-pocket health expenditure, the possibility of most vulnerable people crossing over into poverty is high. To address this problem, the country has been designing a major health financing reform through the introduction of the Sierra Leone Health Insurance Scheme (SLeSHI). Once the scheme is operationalized, it is expected to provide financial protection against catastrophic health expenditures and high out-of-pocket spending.

3.2.3 Emergency preparedness and response

Sierra Leone has a long record of serious health emergencies, mainly due to recurrent disease outbreaks and natural disasters. During the unprecedented West Africa Ebola virus disease (EVD) outbreak in 2014–2016, Sierra Leone recorded 14 124 cases and 3956 deaths. The Ebola epidemic also took a heavy toll on the health workforce with 221 deaths of health care workers in the professional cadres. With the EVD outbreak, the country's fragile health system suffered a severe shock and the country faced devastating socioeconomic consequences. The flooding and mudslide disaster in Freetown in 2017 killed over 500 people and rendered many more homeless. The country is ranked among the top countries most vulnerable to the negative impacts of

climate change. The Global Adaptation Index on vulnerability to climate change ranks Sierra Leone 158/182. With 13% of its area and more than 35% of its population at risk, the country has a relatively high mortality risk from multiple hazards.

Transboundary animal diseases are prevalent in Sierra Leone. Diseases such as foot-and-mouth disease, rinderpest, *peste des petits ruminants*, Rift Valley fever, Newcastle disease, African and classical swine fever, rabies, and brucellosis undermine animal husbandry in the country. Outbreaks recorded in the animal sector have caused devastating con sequences on animal stocks, agricultural food production, and food security. The interaction between the populations and wild animals has also resulted in zoonotic spillover of Ebola, Lassa fever, and mpox.

Efforts have been made towards accelerating the implementation of the "One Health Approach". According to the International Health Regulations (SPAR) report, the overall health security capacity of the country improved from 38% in 2018 to 51% in 2021. The country now also has a robust surveillance system that has sustained consistently high reporting rates (above 95%), attained the quality of IDSR data at 89.3% accuracy, and introduced electronic notification of cases of priority diseases. There is also an ongoing institutionalization of a curriculum on disease surveillance in public health training institutions as part of a plan for the long-term sustainability of addressing health security.

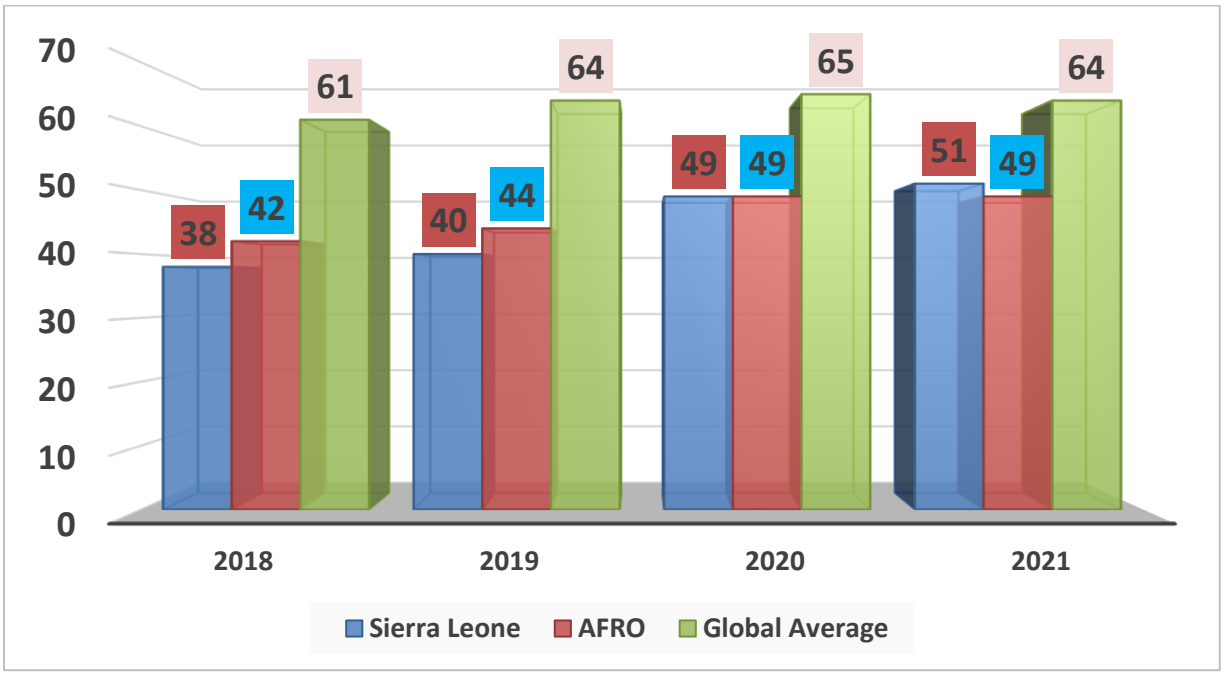


Figure 6: Trends in IHR capacity 2018–2021

3.2.4 Making people healthier

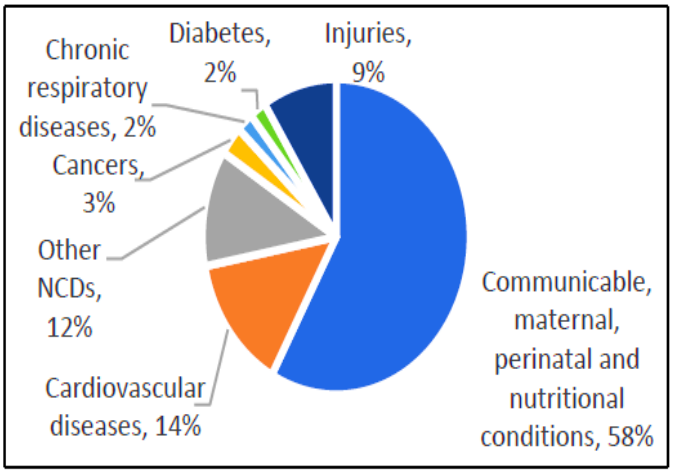


Figure 7: Estimated Sierra Leone mortality distribution

Sierra Leone is grappling with the burden of communicable diseases such as malaria, tuberculosis, and vaccine-preventable diseases, among others. At the same time, there has been an increased prevalence of noncommunicable diseases and injuries (NCDIs) such as hypertension, stroke, cancers, diabetes, eye disorders, oral health conditions, injuries (including increased road traffic accidents), substance/medicine abuse and related conditions, while malnutrition remains an issue of public health importance. This is posing a serious challenge for an already weakened health system. Noncommunicable diseases (NCDs) including injuries account for 41% of mortality in Sierra Leone.[9] Anaemia is widespread and alarmingly affecting 68% of children aged below five years of age. Among women of reproductive age, 47% are anaemic, increasing their risk of complications during pregnancy and delivery. NCDs account for an estimated 29 700 deaths every year in Sierra Leone (males 14 000; females 15 700).

In addressing the burden of NCDs and injuries, several initiatives are being pursued, notably the passing into law of the 2021 Breastmilk Substitute Act and the 2022 Tobacco Control Bill. These are important frameworks for promoting healthy lifestyles across the life course and reducing the burden of NCDs and injuries in Sierra Leone. There has been a steady rise in the incidence of substance abuse, addiction, and mental illness. It is now urgent for efforts and resources for mental health to be stepped up.

[9] Noncommunicable diseases country profiles 2018 ISBN 978-92-4-151462-0, World Health Organization 2018 https://www.who.int/nmh/publications/ncd-profiles-2018/en/

3.3 Development cooperation, partnerships

Main health and development partners in Sierra Leone

The WHO Country Office works with the Government, development partners, civil society, nongovernmental organizations, academia, and research institutions in the implementation of the health and development agenda. WHO's work with the Government and health development partners ensures that all partner activities and interventions are well coordinated and aligned with the National Health Sector Strategic Plan (NHSSP) and global health priorities and commitments. The key development partners providing technical and financial support to the health sector in Sierra Leone include bilateral donors and multilateral agencies, UN agencies (UNICEF, UNFPA UNAIDS, FAO UNDP, WFP, IOM, UN Women, UNODC, etc.), USAID, FCDO, the World Bank, Islamic Development Bank, African Development Bank (AfDB), Gavi, the Global Fund, US CDC, GIZ, Irish Aid, among others. Other notable partners include health-implementing nongovernmental and civil society organizations.

Partner interventions are coordinated through the Health Development Partners Group (HDP), a platform that brings together multilateral, bilateral, and international nongovernmental partners to coordinate efforts around strategic and priority issues affecting the health sector. WHO serves as its secretariat, while the positions of chair and vice-chair of the Health Development Partners Group are held on an annual, rotational basis. Most of the HDP members, including WHO, serve on several technical working groups (TWG) within the health sector.

Beyond the health sector, WHO interacts with other sectors to address the social and environmental determinants of health within the current Medium-term National Development Plan and the National Health Sector Strategic Plan. While much of WHO's support involves working at the national level with the MoHS and other development partners, WHO also collaborates with district health management teams (DHMTs), local councils, and communities on activities requiring decentralized system support, ranging from disease surveillance and immunization activities to preparedness and response activities. The WHO Country Office also collaborates with other ministries and agencies on programmes and technical areas that require a multisectoral approach as seen in the case of the "One Health" agenda.

Collaboration with the United Nations system at the country level

The WHO Country Office works closely with its sister UN agencies. This was evident from the 2017–2021 CCS evaluation where other UN agencies overwhelmingly acknowledged their strong collaboration with WCO. WHO is a member of the United Nations Country Team (UNCT) in Sierra Leone and participates actively in the development and implementation of the 2020–2023 United Nations Sustainable Development Cooperation Framework (UNSDCF). The UNSDCF Joint Workplans are also a platform for collaboration among UN agencies, where WHO is leading and co-leading the key interventions through the thematic and outcomes groups.

The WHO Country Office has played a leadership and coordination role among UN agencies and other development partners in response to the COVID-19 pandemic and other public health threats. WHO has worked with UNICEF and UNFPA in supporting the Government to develop evidence-based strategic plans, adopt guidelines, tools, standards, and build capacity for their use to improve the quality of RMNCAH interventions. WHO has also collaborated with UNICEF, FAO, WFP, and Irish Aid to address different forms of malnutrition in the country.

To support the country's HIV/AIDS programme, WHO has worked with UNAIDS, UNFPA, UNICEF, and the Global Fund in reviewing and developing HIV-related strategic plans and treatment guidelines. In the area of vaccine-preventable disease surveillance and immunization, WHO has partnered with UNICEF and Gavi in supporting vaccination campaigns and new vaccine introductions in the country.

SECTION 4: STRATEGIC AGENDA OF THE WHO CCS (2022–2025)

Setting the strategic priorities

The strategic priorities of the current CCS should contribute to the attainment of the goal of the national health agenda, and WHO global and regional mandates, including the UHC road map and the SDGs. Several factors informed the process of setting the strategic priorities of the 2022–2025 CCS. The analysis of the current health situation as well as a careful study of the factors that determine health outcomes were used to shape the strategic priorities of the CCS. The strategic priorities are aligned with the National Health Sector Strategic Plan 2021–2025 as well as the Medium-term National Development Plan (2019–2023), and global strategies.

The 2023–2025 Country Cooperation Strategy has the following four (4) Strategic Priorities, whose aim is to achieve 11 outcomes.

Figure 8: CCS Strategic Priorities and their focused outcomes

Description of the CCS results and strategic interventions

Each of the four strategic priority areas has strategic intervention areas that articulate specific activities for WHO, to guide its contribution towards achieving the national health agenda. Below is a detailed description of the interventions that will be implemented during the lifespan of the CCS.

4.1 Strategic Priority 1: Scale up priority interventions on integrated patient-centred UHC services through the life-course approach

Sierra Leone has been making relative progress towards universal health coverage since 2010 following the introduction of the FHCI, despite the fact that it is focused only on a few segments of the population. This strategic priority will reinforce such efforts to address preventable maternal and child deaths, improving access to quality health services; reducing the number of people suffering from financial hardship, and improving access to essential medicines, vaccines, diagnostics, and devices for primary health care.

4.1.1 Reduced maternal and child mortality through quality RMNCAH

Access to quality RMNCAH services is limited and this is linked to the high maternal, neonatal, infant, and child mortality rates. Some of the factors contributing to maternal and child deaths include delays in referral from lower-level facilities, poor adherence to EmONC guidelines, lack of equipment or supplies, lack of personnel or existence of personnel who lack the requisite skills, delays in providing care, etc. WHO will therefore support a range of high-impact interventions that will ensure universal access to RMNCAH. Key among the potential interventions will be improvement of the quality of care at all levels of health service delivery and providing support for need-based training to reskill and upskill health workers on RMNCAH service delivery. WHO will also support the establishment and functioning of an Incident Management System to enhance accountability for every single maternal death, reduce deaths occurring at health facilities, and reinforce the risk management system. In addition, WHO will support the MoHS in conducting integrated supportive supervision and mentorship programmes as part of efforts to strengthen the capacity of front-line health service providers.

WHO will support efforts to improve the integration of more child health interventions including nutrition support and IMNCI. WHO will also support measures to strengthen the national immunization programme to achieve a vaccination rate of 100% for all childhood antigens in accordance with the infant immunization schedule. WHO support will focus on assisting the MoHS in microplanning, monitoring and evaluation, and capacity building. Strengthening the ongoing MPDSR and child mortality audit will also be a focus for WHO, to ensure the underlying

causes of maternal and neonatal deaths are examined to inform preventive interventions at the community, facility, district, and national levels as appropriate.

Promoting adolescent and youth-friendly services will also be supported by the WHO Country Office. This is critical in ensuring comprehensive health services are targeted at these vulnerable young people. Further, WHO will support the MoHS in the coordination of collaborative efforts with other sectors such as the Ministry of Basic Secondary School Education (MBSSE), Ministry of Social Welfare, Ministry of Gender as well as other development partners in addressing the health and social challenges faced by young people in and out of school. This will contribute to a reduction in adolescent pregnancies, unsafe abortions, and other risky behaviours and thus also lead to further reductions in maternal and newborn deaths.

4.1.2 Reduced inequities and improved access to quality essential health services

Reduced number of people suffering financial hardship

About half of Sierra Leone's population is classified below the poverty level, thereby negatively affecting their financial accessibility to health services in the absence of any financial protection mechanisms. Also worthy of note is the high household out-of-pocket expenditure, which often leads to catastrophic health expenditure and perpetuates household poverty. The capacity to generate and analyse information on financial risk protection, equity, and health expenditures and to use this information to track progress and inform decision-making is weak, thereby impeding the ability to use evidence for decision-making as far as health financing is concerned. There is a need to improve the ability of the Ministry of Health and Sanitation to make transparent and effective decisions in terms of priority-setting and resource allocation, as well as analysing the impact of health on the national economy.

WHO will continue to work with the Government and other stakeholders to address challenges identified through policy dialogue and advocacy, while providing strategic support and technical assistance. WHO will continue to support the MoHS, other Government MDAs, and key health sector stakeholders to adduce evidence to advocate for Government to gradually increase its contribution to the health sector in accordance with global and regional declarations. WHO will continue to support the strengthening of health economics and health financing capacity in the MoHS to enable it to deliver on its mandate. WHO will support the strengthening of public financial management (PFM) through the development of health sector-specific PFM mechanisms, as well as capacity for developing a public financial management policy, and also support its implementation across all levels of the sector, especially the peripheral areas through dialogue and the provision of technical assistance. The country's effort to introduce the SLeSHI scheme will be supported by WHO in addition to the operationalization of related innovative health financing mechanisms.

High priority disease prevention and control programmes

Communicable diseases are a burden on the country's health system. The increased incidence of noncommunicable diseases and injuries (NCDIs) is compounding the challenges faced by the system. WHO will therefore support the MoHS in intensifying efforts to control infectious diseases, notably malaria, TB, HIV and NTDs. To accelerate the reduction of the malaria incidence in Sierra Leone, WHO will provide support to intensify prevention measures, support the supply chain for anti-malaria drugs and programme planning at national and district levels. WHO will also support the country in its effort to eliminate tuberculosis as a public health problem. This will include support for capacity building of health workers to improve the quality of TB treatment, including adherence support to maintain the country's high treatment success rates. On the control of HIV in the country, WHO will support efforts to increase access to HIV testing, especially for adolescent girls and young women and key populations. Further, WHO will support

other strategies including training and guideline development, and also provide technical support.

In tackling the growing incidence of NCDs, WHO will support the MoHS to increase the availability and quality of NCD services. This will include technical and financial support in a bid to enhance the preventive effort to reduce the burden of NCD in the country. Strengthening the capacity of health workers in NCD management will also be supported. To improve the quality of, and expand NCD diagnostic and treatment services in Sierra Leone, WHO will support the implementation of the National NCD Strategic Plan. WHO will also support the roll-out of PEN interventions into all health service delivery points by assessing their progress and monitoring the use of guidelines and protocols to ensure the quality of NCD care services. One key focus of WHO support will focus on assessing and monitoring the integration of NCD screening, treatment, and care into other health services. During the lifetime of the current CCS, WHO will support the conduct of at least one nationwide STEPS survey to generate updated information on the NCD burden in Sierra Leone.

Human resources for health planning

Sierra Leone's health system faces the problem of inadequate numbers of HRH with the right skill mix at all levels. WHO will assist the MoHS in developing strategies for addressing HRH challenges. This support will include strengthening collaboration between health training institutions and the MoHS. WHO will also help to enhance the country's HRH information system to provide more robust data on the current location, distribution, skills levels and qualifications of health professionals working in the MoHS. Having a reliable system to generate data for HRH is critical for planning and performance management. In addition, WHO will support the monitoring, analysis, and use of health labour market data, as well as implementation and reporting on national health workforce accounts.

4.1.3 Improved access to essential medicines, vaccines, diagnostics, and devices for PHC

The population of Sierra Leone has limited access to quality essential medicines and health technologies. Stock-outs of lifesaving medicines and commodities are common in all public health facilities, with a few laboratory diagnostic tools available largely at secondary hospitals. WHO will support the MoHS in providing guidance and standards on the quality, safety and efficacy of health products, including through prequalification services and essential medicines and diagnostics lists. WHO will support the MoHS and other health sector players in the commodity market to have improved and more equitable access to health products through global market shaping and supporting the MoHS to monitor and ensure efficient and transparent procurement and supply systems. WHO's support will also be extended to the MoHS and stakeholders to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity,

infection prevention and control, awareness-raising and evidence-based policies and practices. Overall, WHO in collaboration with other partners will support the development of a comprehensive system to ensure the accessibility of essential medicines, vaccines, diagnostics, and devices; as well as strengthen pharmaceutical regulation and enforcement.

4.1.4 Strengthened capacity of the health system at all levels (national, district, health facility and community)

One of the key priorities of the Government is to increase access to quality health services for all populations at all levels of the health system. One way of doing so is to strengthen the life-course approach at all levels of health service provision towards the attainment of UHC. WHO will continue to collaborate with the MoHS in conjunction with other health development partners to strengthen its capacity at national, district, and community levels to implement the essential health services package. WHO will strengthen the capacity of the MoHS in adapting and developing evidence-based policies, strategies, norms, guidelines, and standards for health services targeting all ages at all levels (national, district and community). WHO will continue to support the MoHS to strengthen district health systems (DHS) through the assessment of DHS functionality and performance and the development of evidence-based district-wide health strategic plans. WHO will continue to support the Government to strengthen primary health care and the community health system through the implementation of the PHC handbook to ensure accessibility and people-centred services through health promotion, disease prevention, and curative services designed for each life stage. WHO will continue its support for improving the coordination of health services, including referral systems across all levels (community, PHUs, secondary and tertiary) of health care. WHO will support efforts towards integrating health service delivery to reduce duplication and maximize impact through the joint sector review at all levels.

4.2 Strategic Priority 2: Strengthen the resilience of the health system to address public health emergencies

4.2.1 Country prepared for epidemics and pandemic prevention

Sierra Leone's capacity for health emergency preparedness is inadequate, and usually results in serious public health consequences whenever disease outbreaks or public health events occur. There is a need to strengthen the country's health emergency preparedness to mitigate the public health consequences of disease outbreaks and other public health emergencies. WHO will cooperate with the MoHS and stakeholders to maintain and sustain the gains made for all hazards emergency preparedness in Sierra Leone through multisectoral coordination of preparedness and response to public health emergencies and disasters. National capacity for public health emergency preparedness will further be strengthened through the training and deployment of

multidisciplinary rapid response teams (RRTs) and logistical support to enable the timely roll-out of appropriate public health interventions, including mechanisms for engaging the health workforce and deployment of medical countermeasures. Support for operational readiness to respond to public health emergencies (including disasters) through regular and periodic risk assessments and contingency planning will help to maintain a high level of preparedness.

Health security is a global concern and a national priority in Sierra Leone. The frequent occurrence of public health events (PHEs) in Sierra Leone including the 2014–2016 EVD outbreak, the 2021 fire disaster, and the protracted COVID-19 pandemic among others have been costly to the health care system as well as the population. These PHEs continue to highlight the gaps in the preparedness and response capacities of the country.

During the lifespan of the current CCS (2022–2025), WHO will further support the strengthening of country preparedness for health emergencies through several approaches, as well as the sustainability of gains made so far. Financing is key to the advancement of any agenda and WHO will mobilize funds from local and international donors to support the implementation of priorities in emergency preparedness and response. WHO will continue to provide the MoHS with technical and operational support in the development of plans, implementation of priorities and testing, among other key areas of work that are needed for optimal health emergency preparedness. Owing to the documented persistent gaps in the quantity and capacities of human resources for health in Sierra Leone, WHO will continue to support capacity building efforts for health care personnel, to improve competencies in PHE preparedness and response. Furthermore, WHO will support health systems strengthening through the implementation of priority activities including strengthening diagnostic networks to support public health surveillance, continuous upgrading of disease surveillance systems, monitoring the implementation of strategic plans such as NAPHS, and JEE, as well as supporting annual IHR assessments and reporting.

WHO will collaborate with the MoHS to coordinate emergency preparedness and response, including regular engagements with One Health stakeholders, departments, and agencies involved in the prevention of the international spread of diseases.

4.2.2 Strengthened surveillance for rapid detection and response to health emergencies

Based upon experiences in the last decade, Sierra Leone remains prone to frequent disease outbreaks due to emerging and re-emerging infections, natural disasters, and consequences of climate change and uncontrolled human settlement.

Responses to previous public health events in Sierra Leone have highlighted inadequacies in the capacity and capabilities required to detect and promptly respond to these PHEs. These inadequacies are attributed to gaps in early warning systems, information management across the One Health platform, diagnostic capacities, infrastructure, governance, and human resources. These gaps are further exacerbated during responses to health emergencies, often leading to disruptions in essential health service delivery and ultimately poor health outcomes and indicators.

A strong and resilient health system is a priority for Sierra Leone. An effective surveillance system that allows for timely detection, confirmation and response to public health events will therefore go a long way in enabling Sierra Leone to build the strength and resilience of its health system. There has been tremendous progress made in improving the capacities and capabilities of the surveillance system to support efficient response. However, pertinent gaps persist in governance (leadership and coordination); local resource allocation and access for prompt and efficient operationalization of the response; biosafety and biosecurity; implementation of proven preventive measures like vaccination; as well as diagnostic networks and systems. WHO will therefore, continue to support efforts to sustain already realized capacities, strengthen weakly capacitated areas, and better position Sierra Leone to promptly respond to current and future public health events, while maintaining the provision of essential health services and sustainable recovery from all events.

4.3 Strategic Priority 3: Reduce and control exposure to risk factors that undermine population health and well-being

There is prevalent exposure to risk factors in Sierra Leone, in particular with respect to the four main behavioural risk factors (tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol), which underlie the main noncommunicable diseases, (cardiovascular diseases,

cancers, chronic obstructive respiratory disease and diabetes) and affect the nutritional status of the population. Through this focus area, WHO will support the MoHS in its efforts to reduce NCDI risk factors and the burden of malnutrition by providing technical guidance for policies and regulations, technical assistance for public awareness and promotional activities, and support for training in health promotion and education on NCDIs and nutrition.

4.3.1 Reduced incidence of noncommunicable diseases through the adoption of strategies to reduce unhealthy diets, tobacco use, harmful use of alcohol, and physical inactivity

In promoting a safe and equitable society, WHO will strengthen mechanisms for developing and effectively implementing a Health in All Policies approach to address social determinants of health and attain national, regional, and global health and nutrition targets. WHO will support multisectoral coordination on health and nutrition governance to promote coherence towards achieving maximum impact on population health outcomes. This will include prevention and response to foodborne risks and strengthening public-private partnerships in the health sector.

In fostering an empowered society to address risk factors, WHO will support the development and implementation of policies, strategies, and regulations to combat tobacco use, harmful use of alcohol and other substances, unhealthy diets, physical inactivity, violence, and injuries and other risk factors for the main noncommunicable diseases in order to decrease morbidity and mortality. WHO will also support efforts towards generating evidence for multisectoral policies and actions by developing and implementing evidence-based technical packages to address NCD risk factors. Further, WHO will also build capacities and infrastructure for health promotion through the primary health care system, communities, workplaces and school settings.

4.3.2 Improved environmental determinants of health including climate

Promoting a healthy environment and sustainable society is also a focus of WHO interventions in Sierra Leone. WHO will strengthen the implementation of policies, strategies or regulations for the prevention, mitigation, and management of health impacts of environmental and occupational risks and climate change. WHO will strengthen the resilience of the health system to climate risks, support efforts to adapt to climate change, and promote measures to mitigate its effects so as to ensure a sustainable future for the most vulnerable. Further, WHO will provide support in responding to environmental health emergencies and delivery of environmental health services as an integral part of universal health coverage. Such services include the provision of safe drinking water, safely managed sanitation services, clean energy and technologies, and workforce protection, both within health care facilities and communities.

4.4 Strategic Priority 4: Improve country capacity in data, research, and innovations for evidence-based leadership

4.4.1 Strengthened country capacity in data, digital technology, and innovation

The country has limited skilled manpower in the health management and information systems (HMIS) spectrum. The HMIS is devoid of appropriate technology and innovations to collect, manage, analyse and use health data to provide timely, quality information which is key in strengthening the country's health system. These key challenges undermine the effective use of health information, which is paramount in strengthening the health system. There is also a need to harmonize multiple uncoordinated HMIS tools and platforms for improved data quality. New innovations including digital technology are needed to ease the collection, management, analysis and use of health data to provide timely and quality information, which is key in strengthening the country's health system. Through this focus area, WHO will provide financial and technical support in the delivery of quality, accessible, affordable, equitable and timely health care services through an efficient, digitized and information and communications technology-enabled system during the lifespan of the CCS. WHO will support capacity building in HMIS (for instance, training health workers in the use of HMIS tools) as well as strengthening HMIS infrastructure at both national and district levels. Additionally, WHO will provide technical support in the implementation of monitoring and evaluation activities.

Further, WHO will work with the MoHS to improve the availability and use of routine health information systems and ensure integration and interoperability among the different information platforms, including the human resource information system, eIDSR, maternal and perinatal death surveillance, nutrition surveillance, antimicrobial resistance surveillance, and cancer surveillance, among others. It will work with all MoHS programmes to establish revised indicator frameworks for their strategies and ensure consistent demand for data and their effective use for programme implementation. Continuous efforts will be made to ensure timely and regular dissemination of information on the health situation and health trends through existing bulletins and the WHO website.

4.4.2 Strengthened country capacity in research

There is a need for a strengthened evidence base, prioritization, and uptake of WHO-generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations and evidence-based strategic interventions. WHO will provide technical assistance in evidence gathering for instance, through the harmonized health facility assessment (HHFA,) national health accounts (NHA), multi-cluster indicator survey (MICS) and demographic and health survey (DHS) in collaboration with other development partners. WHO will also support the strengthening of Sierra Leone's Ethics and Scientific Review Committee to improve the quality of surveys and operational research for health.

4.4.3 Strengthened leadership, governance and advocacy for health

There are challenges in intra- and intersectoral collaboration and engagement among key Government MDAs and stakeholders in health, thereby leading to weak implementation of policies and strategies as well as weak coordination of interventions. WHO will support the strengthening of health sector coordination by the MoHS through advocacy to adopt and adapt global principles signed by Sierra Leone. These include the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action which propose country ownership, alignment, harmonization, managing for results and mutual accountability. There is also the Busan Partnership for effective development cooperation, which stipulates country ownership of development priorities, a focus on results to achieve a sustainable impact, and partnerships for development, transparency and shared responsibility.

WHO will support the Government of Sierra Leone to mobilize resources for health sector priorities and coordinate partner interventions to ensure equity and maximize health outcomes in Sierra Leone. Over the lifespan of the CCS, WHO will collaborate with the MoHS in all planning, monitoring and evaluation processes to ensure accountability, transparency and the efficient use of resources.

SECTION 5: IMPLEMENTATION OF THE STRATEGIC PRIORITIES

5.1 Principles of cooperation

WHO's work in Sierra Leone contributes to the national health and development agenda. The principle of cooperation for delivering the 2022–2025 CCS includes alignment with the country's priorities as well as relevance, effectiveness, efficiency, equity, and sustainability. This will be done through the following:

Table 1: WHO's actions in promoting cooperation during the implementation of the CCS

Principles	WHO's actions
Strategic policy dialogue	WHO will continue to play a key role and engage in policy dialogue and policy agenda setting, through the existing dialogue structures such as the Health Partners Development Forum and the Health Sector Steering Committee.
Agenda shaping	WHO will continue to provide technical support for shaping research and generating evidence to inform decision-making. This will also involve the facilitation of country experiences and knowledge sharing for the development of regional and global guidance and policy documents where required. WHO will facilitate the participation of Sierra Leone in meetings for the setting and implementation of regional and global priorities and commitments.
Technical contribution	WHO will provide technical support towards building a resilient and responsive health system. WHO will, in collaboration with other UN agencies and development partners and academic institutions, support the development of evidenced-based policies, strategic plans, guidelines, protocols, standard operating procedures (SOPs) and relevant tools to support the implementation of the CCS priorities and interventions.
Multisectoral approach	The roles of sectors other than health is key in addressing the social determinants of health and advancing the national and global health agenda. Therefore, the implementation of the CCS strategic priorities will use a multisectoral approach.
Information sharing	Regular exchange of information through direct engagement between WHO and the Ministry of Health and partners will be enhanced to ensure the implementation of the CCS strategic priorities. WHO will share outcomes of routine monitoring and evaluation of the CCS implementation with the MoHS, other Government MDAs and health development partners.
Gender, equality and human rights	The implementation of the CCS priorities will ensure that gender equality and human rights are promoted. The implementation will also take into consideration vulnerable groups including persons with disabilities to ensure everyone in society has access to health services.

5.2 Alignment of strategic priorities with global and national priorities

Table 2 shows the alignment of the four Strategic Priorities of this CCS with strategic objectives, outcomes, or priorities of four key national and global guiding documents, namely the National Health Sector Strategic Plan (NHSSP 2021–2025) the WHO GPW 13, the United Nations Sustainable Development Cooperation Framework (UNSDCF) and the Sustainable Development Goals (SDG).

Table 2: Alignment of the recommended CCS Priorities with the NHSSP, GPW 13, UNSDCF and SDG targets

Strategic Priorities	NHSSP (2021–2025)	GPW 13 (2019–2025)	UNSDCF (2020–2023)	SDGs (2015–2030)
Strategic Priority 1: Scale up priority interventions on integrated patient-centred UHC services through the life-course approach	Service coverage is expanded, and equitable access increased with improved uptake in quality health care services at all levels • Stunting in children aged below 5 years reduced (30–25%) • Out-of-pocket spending reduced by 2025 • An effective, efficient and sustainable pharmaceutical management system fostered	**Outcome 1.1:** Improved access to quality health services **Outcome 1.2:** Reduced number of people suffering financial hardship **Outcome 1.3:** Improved access to essential medicines, vaccines and diagnostics and devices for primary health care	Outcome Area 1: Sustainable agriculture, food and nutrition security By 2023, Sierra Leone benefits from a more productive, commercialized, and sustainable agriculture, improved food and nutrition security, and increased resilience to climate change and other shocks. **Outcome area 3: Access to basic services** By 2023, the population of Sierra Leone, particularly the most disadvantaged and vulnerable, will benefit from increased and more equitable access to, and utilization of quality education, health care, energy and WASH services, including during emergencies.	SDG target 2.2: End all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children aged below 5 years, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons. 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births 3.3: By 2030, end epidemics of AIDS, TB, malaria and neglected tropical diseases and other communicable diseases 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all By 2030, achieve universal and equitable access to safe and affordable drinking water for all
Strategic Priority 2: Strengthen the resilience of the health system to address public health emergencies	A health system that is able to prevent, detect and respond to public health threats through cross-sector collaboration	**Outcome 2.1:** Countries prepared for health emergencies **Outcome 2.2**: Epidemics and pandemics prevented **Outcome 2.3:** Health emergencies rapidly detected and responded to	**Outcome area 3: Access to basic services** By 2023, the population of Sierra Leone, particularly the most disadvantaged and vulnerable, will benefit from increased and more equitable access to, and utilization of quality education, health care, energy, and WASH services, including during emergencies.	3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks

Strategic Priorities	NHSSP (2021–2025)	GPW 13 (2019–2025)	UNSDCF (2020–2023)	SDGs (2015–2030)
Strategic Priority 3: Reduce/control exposure to risk factors that undermine population health and well-being	• Prevalence of raised blood glucose/diabetes among adults reduced by 50%	**Outcome 3.1:** Determinants of health addressed **Outcome 3.2:** Risk factors reduced through multisectoral action **Outcome 3.3:** Healthy settings and Health in All Policies	**Outcome 1: Sustainable agriculture, food and nutrition security, and climate resilience** **Outcome area 3: Access to basic services** By 2023, the population of Sierra Leone, particularly the most disadvantaged and vulnerable, will benefit from increased and more equitable access to and utilization of quality education, health care, energy and WASH services, including during emergencies.	SDG 6.1.By 2030, achieve universal and equitable access to safe and affordable drinking water for all 3. a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate SDG 3.4. By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being. SDG3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.
Strategic Priority 4: Improve country capacity in data, research, and innovations for evidence-based leadership	• Governance mechanism is strengthened, and leadership capacity is built across all levels to improve health outcomes by 2030. • HRH governance and leadership strengthened • A robust HMIS which is comprehensive, fully integrated, harmonized, and well-coordinated is established and is generating quality information	**Outcome 4.1:** Strengthened country capacity in data and innovation **Outcome 4.2:** Strengthened leadership, governance, and advocacy for health	**Outcome area 3: Access to basic services** By 2023, the population of Sierra Leone, particularly the most disadvantaged and vulnerable, will benefit from increased and more equitable access to, and utilization of quality education, health care, energy, and WASH services, including during emergencies.	3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries

5.3 WHO Support for the implementation of the CCS priorities.

The successful implementation of the CCS requires the support of WHO within the country, from the Regional Office and WHO headquarters.

Table 3 details WHO implementation support to the country.

Table 3: WHO's contribution to the country

WHO's key contribution		
WHO Country Office	**WHO African Region**	**WHO Headquarters**
• Provide technical assistance to strengthen the capacity of the national and decentralized health system to deliver quality, integrated health services, emergency preparedness and response, and effective health system leadership and management • Ensure the required policies, guidelines and protocols for effective health system governance are in place. WHO will support the operationalization of these documents. • Support the roll-out of the National Health Insurance Scheme (SLeSHI) to promote UHC • Ensure partnership coordination across Government MDAs and development partners to address social determinants of health for the promotion of health and well-being of all Sierra Leoneans.	• Support the WHO Country Office in adapting WHO technical products (norms and standards and protocols) to the country context • Assist the WCO in the mobilization of resources for the effective implementation of the CCS • Support the WCO with critical technical staff where needed for the implementation of the CCS strategic priorities	• Develop guidance and support for improving equitable access to basic technologies and boosting local production of essential medicines and commodities. • Mobilize resources and ensure engagement of global health stakeholders in the development and implementation of intersectoral actions through the Health in All Policies approach

5.4 Results framework

The 2022–2025 results framework as presented in the table below shows the alignment of the CCS strategic priorities and focus areas with the WHO GPW 13, SDG targets and national health sector targets. Most of the baselines and targets are aligned with the National Health Sector Strategic Plan (2020–2025)

WHO will jointly monitor and measure the progress of the targets with the Government of Sierra Leone and the UN Country Team (UNCT).

Table 4: Results framework for WHO Sierra Leone Country Cooperation Strategy

Outcomes	Indicators	Baseline (year)	Milestone/ (2024)	Target 2025(%)	Source of baseline	Alignment with GPW 13
Strategic Priority 1: Scale up priority interventions on integrated patient-centred UHC services through the life-course approach						
Reduced maternal and child mortality through quality RMNCAH	% of the target children who received a third dose of DTP containing vaccine (DTPCV3)	89 2021	90	95	DHIS 2	AFR KPI 1.1.3.a.a
	% of the target children who received the first dose of measles-containing vaccine (MCV1)	84 2021	87	90	DHIS 2	AFR KPI 1.1.3.a.b
	% of the target children who received the second dose of measles-containing vaccine (MCV2)	65	70	80	DHIS 2	AFR KPI 1.1.3.a.c
	% of target young girls vaccinated with human papillomavirus (HPV) vaccine by age of 15 years	0 2021	80	85	DHIS 2	AFR KPI 1.1.3.a.d
	Percentage of under-five children who have received diarrhoeal treatment	75% (2019)		≥95	DHS	AFR KPI 1.1.3.b
	% of postpartum women who give birth in health facilities initiating a contraceptive method before discharge					AFR KPI 1.1.3.c
	% of postpartum women who give birth in health facilities initiating a contraceptive method within 6 months	5 (2021)	10	21	DHS MICS	
	% of antenatal clients who had a fourth ANC visit or more	79 (2019)	86	91	DHS	AFR KPI 1.1.3 d DHS, MICS, HMIS

Outcomes	Indicators	Baseline (year)	Milestone/ (2024)	Target 2025(%)	Source of baseline	Alignment with GPW 13
	% of newborns receiving postnatal care (PNC) within 2 days of birth – newborn (%)	83% (2019)	89	94	DHS /DHIS2	AFR KPI 1.1.3 e DHS, MICS, HMIS
	% of births attended by skilled health personnel	87	90	93	DHIS 2	
	Modern contraceptive prevalence rate	21 2019	26	32	DHS	
Reduced inequities and improved access to quality and people-centred health services	Coverage of essential health services	39	42	45	UHC Global Report	
	% of population requiring interventions who received or are receiving interventions at least for one neglected tropical disease (NTD).	60 2021	85	90	Malaria & NTD routine data	AFR KPI 1.1.2.a
	% of new and relapsed tuberculosis (TB) cases that were notified and treated in the same year.	74 2021	88	90	HMIS	AFR KPI 1.1.2.b
	% of malaria cases (presumed and confirmed) that received first-line anti-malarial treatment	79 2021	100	100	DHIS 2	AFR KPI 1.1.2.C
	% of people living with human immunodeficiency virus (HIV) receiving antiretroviral therapy (ART)	53 2021	81	90	HMIS	AFR KPI 1.1.2.e
	% of target population who received or are receiving treatment for at least one noncommunicable disease (NCD) (*Prevention of cardiovascular disease was used as a proxy indicator)*	40.61	48	55	Global Health Statistics	AFR KPI 1.1.2.f
	% of health workers newly recruited and deployed in the past year in primary health care facilities and in communities	40	45	50	HRH annual report Country Profile	AFR KPI 1.1.5
	Out-of-pocket health spending as a percentage of total health expenditure, NHA	64.6 2019	55	45	DHS	
	Coverage of health care insurance	4 2019	5	7	DHS	

Outcomes	Indicators	Baseline (year)	Milestone/ (2024)	Target 2025(%)	Source of baseline	Alignment with GPW 13
Improved access to essential medicines, vaccines, diagnostics, and devices for primary health care	Number of days with stock-outs of essential medicines in the pharmacies of targeted health facilities during the last six months					1.3.2.a
	Access to a core set of relevant essential medicines (%) (tracer drugs available in all facilities)	32.5 2018	40	50	DHIS 2 SL SDI HFA	AFR KPI SDG 3.b.3
	% of targeted health facilities that have a core set of relevant essential diagnostics available	10 2022	30	50	Annual Reports	AFR KPI 13 1.3.2.b
	% of targeted monitoring centres reporting regularly on antimicrobial resistance.	0 (2022)	42	85	GLASS	AFR KPI 1.3.5.a SDG
	% of targeted primary health care facilities reporting on antibiotic consumption annually	0 (2022)	42	85	GLASS	AFR KPI 1.3.5 b
Strategic Priority 2: Strengthen the resilience of the health system to address public health emergencies						
Country prepared for health emergencies	The country has reported its annual IHR progress implementation to the WHA through State Party Self-Assessment Annual Reporting (SPAR)	Yes	Yes	Yes	SPAR /IHR Annual Reports	AFR KPI 2.1.1
	# of IHR core capacities that are at least at level 3 (developing capacity) based on the IHR annual reporting (Party Self-Assessment Annual Reporting)	5 (2021)	7	10	SPAR /IHR Annual Reports	AFR KPI 2.1.2 a
	% of districts that are implementing Integrated Disease Surveillance and Response with at least 90% coverage of health facilities and communities	90 2022	92	95	IDSR	AFR KPI 2.1.2 b
Epidemics and pandemics prevented	% of target population vaccinated against high-threat health hazards (e.g., cholera, yellow fever, meningococcal meningitis, pandemic influenza); use COVID-19 as a proxy	89 2021	90	95	DHIS 2	AFR KPI 2.2.2 a

Outcomes	Indicators	Baseline (year)	Milestone/ (2024)	Target 2025(%)	Source of baseline	Alignment with GPW 13
	% of districts implementing proven preventive strategies for priority pandemic- and epidemic-prone diseases with a coverage of at least 90% of health facilities and communities	50 2021	60	70	DHIS 2	AFR KPI 2.2.2.b
	% of targeted subnational areas were risk mitigation is carried out against high-risk health hazards (e.g. cholera, meningococcal meningitis, pandemic influenza)	0 2022	75	100	IDSR	AFR KPI 2.2.3
Health emergencies rapidly detected and responded to	% of potential public health emergencies with risks assessed and communicated	95 2021	95	95	NPHEOC	AFR KPI 13 2.2.3 NAPHS
	% of acute health events responded to in accordance with the Emergency Response Framework performance standards	85 2021	90	95	NPHEOC	AFR KPI 3 2.3.1 NAPHS
Strategic Priority 3: Reduce/control exposure to risk factors that undermine population health and well-being						
Reduced incidence of noncommunicable diseases through the adoption of strategies to reduce unhealthy diets, tobacco use, harmful use of alcohol, and physical inactivity	Proportion of under-five children who are stunted	30	29	28	DHS 2019	(SDG indicators 2.2, 2.2.1)
	Prevalence of acute malnutrition (wasting)	5	45	40	DHS 2019	SDG indicator 2.2.2
	Incidence of low birth weight among newborns (%)	5	4	3	MICS	
	Increase in exclusive breastfeeding rate among infants aged 0–6 months	54	57	60	DHS 2019	
	Road traffic mortality rate (per 100 000 population)	33.04			(2021) Global health Report	SDG 3.6.1
	Prevalence of tobacco use in adults aged 15 years or more (age-standardized) (%)	13.0 (2021)			Global health Report	SDG3.a.1
	Total alcohol per capita consumption in adults aged 15+ (litres of pure alcohol)	5.31 (2021)			Global Health Report	
Improved environmental determinants of	% of health facilities with available hand washing facility with soap for use at critical points and times	86	88	90	WHO/UNICEF Joint monitoring report	AFR KPI 3.3.1 a 4

Outcomes	Indicators	Baseline (year)	Milestone/ (2024)	Target 2025(%)	Source of baseline	Alignment with GPW 13
health including climate change	% of health facilities with waste management systems according to WHO standards	19.6	20	22	WHO/UNICEF Joint monitoring report	AFR KPI 3.3.1 b
Strategic Priority 4: Improve country capacity in data, research and innovations for evidence-based leadership						
Strengthened country capacity in data and innovation	Existence of functional health research and ethics committees in the country					AFR KPI 4.1.3 a

5.5 Financing the strategic priorities

A total of **US$ 59 368 851.20** is required to implement the CCS strategic priorities.

Table 7: Budget for the CCS Strategic Priorities

Strategic Priority	Outcome	Amount required (US$) for 2022–2025
Scale up priority interventions on integrated patient-centred UHC services through the life-course approach	Reduced maternal and child mortality through quality RMNCAH	6 548 659
	Reduced inequity and improved access to quality essential health services	7 320 000
	Improved access to essential medicines, vaccines, diagnostics and devices for PHC	8 600 258
	Strengthened capacity of health system at all levels (national, district, health facility and community)	432 000
Subtotal		**22 900 918**
Strengthen the resilience of the health system to address public health emergencies	The country prepared for epidemics and pandemic prevention	6 491 541
	Strengthened surveillance for rapid detection and response	15 098 230
Subtotal		**21 589 771**
Reduce and control exposure to risk factors that undermine population health and well-being	Reduced incidence of noncommunicable diseases through the adoption of strategies to reduce unhealthy diets, tobacco use, harmful use of alcohol, and physical inactivity	1 181 516
	Improved environmental determinants of health including climate change	371 580
Subtotal		**1 553 095**
Strengthen health sector governance, leadership, and accountability	Strengthened country capacity for data and innovation	9 520 448
	Strengthened country capacity in research	1 526 496
	Strengthened leadership, governance, and advocacy for health	2 278 123
Subtotal		**13 325 067**
Total		**59 368 851.20**

SECTION 6: MONITORING AND EVALUATION OF THE CCS

6.1 Monitoring

The implementation of the CCS will be monitored periodically. Monitoring of implementation will provide an opportunity to examine the progress made against the targets set, and the various interventions. This will involve the reviewing of workplans and budgets; this activity will be jointly conducted with MoHS as a key stakeholder.

The objectives of the monitoring exercise are to provide information on the status of implementation of the strategic priorities; re-evaluate, update and adjust any aspect of the strategy; identify gaps in a timely manner and guide the implementation of activities to achieve the targets of the strategic priorities.

6.2 Evaluation

Evaluation of the CCS is a key component in its implementation. The goal of the CCS evaluation is to determine WHO's contribution to, and influence on the national health and development agenda as expressed in the strategic priorities and intervention areas. The evaluation will involve the three levels of WHO, namely the Country Office, the Regional Office, and headquarters. It will also include the MoHS and its development partners, including other UN agencies.

The objective of the evaluation is principally to assess the relevance, effectiveness, efficiency, impact, and potential sustainability and quality of WHO's work toward improving the health outcomes of the people of Sierra Leone. Furthermore, harmonizing the priorities of the CCS with the UNSDCF will be examined. It is expected that the evaluation will generate insightful information, including best practices, success stories, and lessons learnt, all of which are critical in informing the development of future CCSs. The evaluation of the CCS will involve a mid-term review and a final evaluation.

Mid-term evaluation

The 2022–2025 CCS mid-term evaluation will take place in early 2024 to assess progress toward health outcomes. The mid-term evaluation will determine the progress achieved in implementing the strategic priorities (whether the expected achievements are on track) by using the CCS Result Framework. It also helps in identifying impediments and potential risks that may require changes to the strategic priorities, while it also determines actions required to improve progress during the second half of the CCS cycle. The mid-term review is also an opportunity to incorporate the

health sector priorities which will be defined in the new Medium-term National Development Plan.

Final evaluation

The final evaluation is a more comprehensive assessment than the mid-term review and it will take place at the end of the CCS to guide the development of a new strategy. The final evaluation will describe the achievements, gaps, challenges, and lessons learnt, and make recommendations for future collaboration between WHO and Sierra Leone. The evaluation will be conducted in partnership with the MoHS and health development partners.

6.3 Monitoring and evaluation plan

Below is the monitoring and evaluation plan for the CCS:

Table 8: Monitoring and evaluation plan for the 2022–2025 CCS

Description of Activities	Frequency	Timeline																Responsible person(s)
		2022				2023				2024				2025				
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Monitoring																		
Monitoring of the CCS priorities	Quarterly	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	WHO Country Office
Evaluation																		
Mid-term evaluation	Mid-implementation									x								Independent Evaluator+ WCO Team
End-term evaluation	End of implementation																x	Independent Evaluator + WCO Team