



# NATIONAL HEALTH AND SANITATION POLICY

## 2021

### ABRIDGED VERSION



Towards Universal Health Coverage and Health Security

## INTRODUCTION

The National Health and Sanitation Policy (NHSP) is the central policy instrument of the Ministry of Health and Sanitation (MoHS). It is aimed at translating the political vision of the country in to health programmes and interventions; giving direction to the health sector for the delivery of desired population health outcomes; and developing and changing the state of healthcare in Sierra Leone. MoHS has identified the need for the development and implementation of a comprehensive and overarching NHSP to provide an appropriate and evidence-based policy framework that will guide the health sector towards the attainment of Universal Health Coverage (UHC) and towards achievement of the SDGs through sustainable healthcare financing mechanisms.

### Rational and Purpose of the Policy

The first National Health Policy was developed in 2002, which was subsequently revised in 2009. In absence of an updated national health and sanitation policy, the health sector was guided by isolated sub-sectoral policy frameworks and strategic plans for over a decade, resulting in uncoordinated approach in addressing the challenges facing the health sector in Sierra Leone.

The GoSL needed to develop an up-to-date NHSP that can address the emerging health systems challenges and to provide policy guidance on how to improve the population health outcomes and wellbeing of its citizens.

The policy shall be implemented through the Essential Health Services Package (EHSP), which comprises the Free Health Care Initiative (FHCI) services and SLeSHI benefit package.

### General Policy Content

**Vision:** All people in Sierra Leone have equitable access to affordable quality healthcare services and health security without suffering undue financial hardship.

**Mission:** Building a resilient and responsive healthcare system to provide and regulate comprehensive healthcare services in an equitable manner through innovative technology and collaborative partnerships, while guaranteeing social and financial protections.

**Goal:** The goal of the policy is to strengthen the health and sanitation systems performance to ensure equitable access to quality and affordable essential health and sanitation services for all in Sierra Leone.

### Key Guiding Principles

- Transparency and Accountability
- Efficiency and Effectiveness
- Multi-sectoral Collaboration and Partnership
- Decentralization
- Community Participation
- Equity

## POLICY TRUST

### Ensuring Sustainable Investment in Health

The policy proposes a time-bound progressive increase in public health expenditure to 15% of total Government annual budget, in line with the Abuja Declaration. It envisages that the resource allocation to the public health sector will be linked with national development indicators, absorptive capacity and financial indicators. General taxation will remain the predominant means for financing healthcare.

### Fostering Disease Prevention and Health Promotion

The policy recognizes and builds upon preventive and promotive care as an under-recognized reality that has a two-way continuity with curative care by health agencies at same or at higher levels. The policy articulates the need to institutionalize inter-sectoral coordination at national, subnational and community levels to optimize health outcomes by effectively addressing the social and environmental determinants of health and enforcing regulatory provisions.

### Effective Organisation of Public Health Care Delivery

The policy proposes key policy shifts in the delivery of healthcare services:

- a) Comprehensive primary care with linkages to referral hospitals in output-based secondary and tertiary health care;
- b) Strategic purchasing through a single-payer national health insurance for essential health services package in accredited public and private facilities;
- c) Integration of national health programmes with health systems for programme effectiveness and in turn contributing to strengthening of health systems for efficiency;
- d) Comprehensive sanitation and hygiene services in healthcare and educational institutions.

## Policy Objectives

The overarching objective of the National Health Policy is to achieve universal health coverage of essential health services and health security. To achieve the policy goal, the following four specific objectives shall be pursued:

1. Foster good health to prevent diseases and promote healthy lifestyles;
2. Improve the physical environment, sanitation and hygiene.
3. Build and strengthen a resilient healthcare delivery system;
4. Strengthen health security and emergency preparedness

## Universal Health Coverage

The Government of Sierra Leone is committed to achieving Universal Health Coverage (UHC) by 2030. The goal of UHC is to ensure that every individual, irrespective of their circumstances, should have timely access to high quality health services they need without risking financial hardship. The core principles of UHC are under score:

## Equitable Access

Although there are a significant number of facilities in Sierra Leone (about 1,404 operational facilities as of 2021 based on the DHSI2 database), inadequate and

unequal distribution of health infrastructure across the country is still a major challenge to the health sector in Sierra Leone.

## **Policy Statements**

### ***Government shall:***

- a) *Expand service coverage and increase equitable access to improve uptake in quality healthcare services (preventive, promotive, curative, rehabilitative and palliative using the life-course approach) at all levels of service delivery, with a special focus on community participation and ownership in service delivery;*
- b) *Identify and directly address sociocultural barriers hindering access to health services to ensure all persons requiring health and related services are able to access them; and*
- c) *Enforce adherence to statutory documents for the establishment of health facilities by all parties (Community Stakeholders, DHMTs, Local Councils, Politicians, etc.)*

### **Quality of Care**

Government has committed to ensuring that all services meet basic standards of quality and safety, and that these are tailored to the health needs and priorities of patients. Improving quality of health care services requires a focus on the performance across the entire health system.

## **Policy Statements**

### ***Government shall:***

- a) *Provide healthcare and related services at all levels of care in a manner that is safe, effective, efficient, timely, respectful, responsive and people-centered using evidence-based interventions that result in the best possible health outcomes;*
- b) *Formulate and disseminate a quality management policy that will act as a guide for quality management implementation and coordination;*
- c) *Establish a national accreditation framework for the health sector through a recognized legal body to accredit health provider institutions to comply with standards;*
- d) *Establish and implement mechanisms for a regular review of standards of care.*

### **Financial Risk Protection**

The cost of care is still considered to be out of the financial reach of the majority of the population, posing financial risk to them. It is estimated that households out of pocket expenditures contribute 61% of total health expenditure in Sierra Leone (NHA 2018 study) one of the highest in sub-Saharan Africa. Currently, the Government is in the process of implementing a Social Health Insurance Scheme (SLESHI) with the goal of reducing households' out pocket expenditure on health.

## **Policy Statement**

### **Government shall:**

- a) Ensure innovative and sustainable health financing for quality health services that provide financial risk protection for the population with special focus on vulnerable and disadvantaged groups in the population;
- b) Ensure regular health donor mapping and align funding with government policies and priorities;
- c) Minimize or eliminate financial barriers hindering access to services for all persons requiring health and related services;
- d) Establish a health industry that will be PPP focused to strengthen health systems in diverse ways.

## **Human Resources for Health**

An adequate, productive, and equitably distributed pool of health workers who are accessible is necessary for the effective delivery of healthcare. Due to the lack of the application of appropriate health personnel deployment norms and standards, the distribution of workforce has tended to favour urban areas perceived to have high socioeconomic development, leaving marginalised and hard-to-reach areas at a disadvantage.

## **Policy Statement**

### **Government shall:**

- a) Ensure implementation of rural retention strategy for health workers in Sierra Leone;
- b) Support career pathway and specialist training for critical level of health staff;
- c) Strengthen the decentralization of human resources for health activities

## **Health Delivery System**

Overcoming existing health inequalities requires a sustained multi-pronged strategy to address both demand and supply side barriers and to build the capacity of MoHS. The UHC concept emphasizes the importance of the equitable provision of healthcare and related services for all as the backbone strategy for the health sector. The government is committed to ensuring that health systems and services are tailored to the needs of citizens taking into account their socio-cultural, economic, and demographic characteristics, and consequently to improve the overall population-based health outcomes.

In order to ensure effective service delivery leading to Universal Health Coverage, the following shall be institutionalised:

## **Improved Leadership and Governance**

The health system has a governance structure across national and district levels with the Ministry of Health and Sanitation determining and shaping health policies in the areas of service delivery, regulation, resource mobilization and allocation.

The weak leadership and management of the health sector at all levels is mainly due to: inadequate capacity, weak coordination and reinforcement of policies and

regulations; weak risk management; centralised recruitment of health personnel, centralized decision making; and inadequate community participation in healthcare delivery and management.

## **Policy Statements**

### **Government shall:**

- a) Through MoHS, ensure alignment between the ministry policy priorities and government priorities;
- b) Develop appropriate legislations on governance, and where appropriate, revise existing ones to strengthen governance mechanisms and build technical capacity;
- c) Advocate and support the decentralization process of fiscal and human resources to strengthen the primary health care delivery model;
- d) Strengthen collaboration and coordination with development partners to harmonize and align aid agenda with national health policies and plans;
- e) Strengthen or reinforce healthcare regulation policies including importation and management of drugs.

## **Primary Care Services and the Continuum of Care**

This policy proposes a paradigm shift from providing very selective to comprehensive primary health care package, which includes geriatric health care, palliative care and rehabilitative care services. This would also necessitate upgrading and reorienting existing PHUs to provide comprehensive set of preventive, promotive, curative, palliative and rehabilitative services.

## **Policy Statement**

### **Government shall:**

- a) Ensure primary health care is the entry point for health service delivery.
- b) Upgrade and reorient existing Peripheral Health Unit (PHUs), particularly Community Health Centres (CHCs) and provide matching resources (human and financial, effective logistics support system and referral backup) for the provision of high-quality comprehensive sets of preventive, promotive, curative, palliative and rehabilitative services at chiefdom level in order to bring quality health services closer to communities.

## **Secondary Care Services**

**The policy aspires to provide secondary care services**

## **Policy Statements**

### **Government shall:**

- a) Provide the categories of specialist skills for tertiary services, and additionally at least four (4) of these specialist skills categories (Physician, General Surgeon, Paediatrician and Obstetrician/Gynaecologist) be available for secondary services at district level;
- b) Provide at least two beds per thousand population distributed in such a way that it is accessible within golden hour rule;

- c) Purchase care, after due diligence, from non-Governmental hospitals as a short-term public private partnership strategy till public systems are strengthened.

### **Tertiary Care Services**

The policy affirms that the tertiary care services are best recognized along lines of national and regional health facilities as enacted by the Amended Decentralization Act

#### **Policy Statement**

##### **Government shall:**

*Ensure that all tertiary care hospitals meet the minimum WHO standards for hospitals.*

### **Public Hospitals**

Public hospitals are viewed as part of tax financed single payer health care system, where the care is pre-paid and cost efficient. This outlook implies that quality of care would be imperative and the public hospitals would undergo periodic measurements and certification of level of quality.

#### **Policy Statement**

##### **Government shall:**

*Ensure that all public hospitals meet the minimum WHO standards for hospitals.*

### **Private Hospitals**

There are many critical gaps in public health services which would be filled by “strategic purchasing” that would direct private investment towards those areas and services for which currently there are no providers or few providers. The main mechanism for strategic purchasing would be through insurance schemes.

#### **Policy Statements**

##### **Government shall:**

- a) Ensure that all private hospitals meet the minimum WHO standards for hospitals;
- b) Establish mechanisms to regulate private hospitals in accordance with national and WHO clinical standards;
- c) Ensure all health facilities including private, faith-based hospitals and Clinics are in line with MoHS reporting norms.

### **Health Security and Emergency Preparedness**

Sierra Leone is prone to disasters and has been ranked 92/195 on the Global Health Security Index (GHSI), a better overall ranking than most comparable countries in the West African sub-region.

Despite these efforts and progress made thus far, there is still much to be done. The 2016 Joint External Evaluation (JEE) found a number of gaps in Sierra Leone’s public health landscape and compliance with International Health Regulations

(MoHS, 2018). A weak surveillance system coupled with weak cross border disease surveillance and security constitute some of the bottlenecks that deserve attention.

### **Policy Statements**

#### ***Government shall:***

- a) *Strengthen rapid response capacity to adequately respond to public health threats and emergencies;*
- b) *Ensure that the public healthcare system shall retain a certain excess capacity in terms of health infrastructure, human resources, and technology, which can be mobilized in times of crises;*
- c) *Establish and maintain technologically appropriate disease surveillance mechanisms, robust epidemic outbreak warning systems capable to prevent, detect, protect against and adequately respond to the spread of diseases resulting from epidemics and disasters;*
- d) *Strengthen the Social Mobilization/Media systems at national and district levels.*

## **Health Research Coordination and Regulation**

Health research to provide evidence is paramount to the continuous learning and development of any health system. Therefore, the need to take research to evidence and policy critical for better health service delivery.

### **Policy Statement:**

#### ***Government shall:***

- a) *Institute measures to coordinate and regulate health and health related research;*
- b) *Ensure all institutions and individuals conducting health and health related research obtain clearance from the research ethics committee;*
- c) *Ensure the development of an integrated, functional and sustainable national health research agenda that provides evidence for policy options, new knowledge and technologies relevant to solving health and health development challenges of the country.*

## **Disease Prevention and Control**

Individual behaviour plays a key role in health promotion, disease prevention and control. It is well established that adopting and maintaining healthy behaviours or lifestyles and modifying unhealthy behaviours reduce risks of major chronic diseases.

### **Promote good Nutrition and healthy eating**

The importance of food and good nutrition is widely recognized as essential for development and human health. All forms of malnutrition pose a heavy burden on the facets of human development including physiological, mental, cultural, social and economic as well as attainment of human potential.

### **Policy Statements:**

#### ***Government shall:***

- a) Enact a legislation for the regulation of the marketing of breastmilk substitutes which will support, protect and promote safe breastfeeding practices in children and regulate the use of breastmilk substitutes (milk formula) for babies from birth to six months of age;
- b) Scale up delivery of high-impact evidence-based package of nutrition-specific and nutrition-sensitive services to prevent and reduce the incidence and prevalence of nutritional disorders affecting people across various stages of the lifecycle, by strengthening multi-sector collaboration with other ministries (e.g., Ministry of Agriculture, ministry of Basic and Senior Education etc);
- c) Promote a healthy food environment and improved nutritional knowledge, and intensity efforts to foster social and behavioural change to enable people, especially children and women, adopt and maintain healthy dietary practices throughout their lifespan;
- d) Enact and enforce food and hygiene safety policy.

### **Promote regular physical activity and active living**

Evidence shows that regular physical activity lowers the risk of early death, coronary heart disease, stroke, high blood pressure and breast cancer (FAO, 2019). In Sierra Leone 28% of adults being overweight (WHO, 2017), physical activity is one of the most important steps that Sierra Leoneans, of all ages, can take to improve their health and reduce the incidence of non-communicable diseases.

#### **Policy Statements**

##### **Government shall:**

- a) Support local governments to encourage residents and learning institutions to be more physically active by establishing recreational and physical programs that increase safety, provide education, and otherwise facilitate walking and cycling towards the achievement of long-term individual and population health benefits;
- b) Support the delivery of life-skills curriculum in schools which includes physical activities and improving school physical environment to enable physical activities;
- c) Advocate and partner with Ministry of Transport and urban planning to gear their activities towards promoting walking/cycling.

### **Reduce the use and mitigate the negative impacts of substance abuse**

Sierra Leone, like many other countries, is facing a growing substance (tobacco, drugs and alcohol) abuse problems mostly among the youth (about 60%). Substance abuse impacts everyone's family and life at one time or another.

#### **Policy Statements**

##### **Government shall:**

- a) Implement the provisions of existing legislations and International Conventions on narcotics, psychotropic substances and precursor chemicals;
- b) Ensure education and preventive measures, as well as treatment and rehabilitation of persons suffering from drug addiction;
- c) Accelerate the development and implementation of the Alcohol Policy, which will strengthen regulations on the production, marketing and sale of alcoholic

*beverages; and promote and encourage abstinence from alcohol or moderation in alcohol consumption.*

### Promote safe and responsible sexual behaviour

Unsafe sexual behaviours are common among the youth making them vulnerable to the risk of unplanned pregnancy or sexually transmitted infections including HIV. In Sierra Leone, it is estimated that 21% of adolescents aged 15-19 are already mothers or pregnant with their first child (SLDHS, 2019).

#### Policy Statements

##### **Government shall:**

- a) *Empower the population to make informed choices towards the adoption of sexual activities and behaviours that do not lead to ill-health and disease;*
- b) *Provide high-quality services for family planning, including infertility services and aggressively fight sexually transmitted infections, cervical and breast cancers, prostate cancer and other gynaecological morbidities;*
- c) *Support and facilitate the implementation of comprehensive sexuality education in the school curriculum as provided for in the school health policy;*
- d) *Enforce provisions of existing legislations on sexual abuse and preventive measures, as well as treatment and rehabilitation of persons suffering from sexual abuse.*

### Physical Health Environment

Many aspects of the physical environment can affect peoples' health. These include water, sanitation and hygiene, air, noise and hazardous waste pollution, housing and human settlements, and the safety of transport systems.

### Increase access to improved water, sanitation and hygiene

About 75% of the health conditions attributed to under-five mortality are closely linked to poor situation of water, sanitation and hygiene (GLAAS, 2014). However, the recent 2019 DHS Report shows improvements in WASH indicators. For example, about 67% of the households are reported to have access to improved and safe drinking water in 2019 compared to 60% in 2013.

#### Policy Statements

##### **Government shall:**

- a) *Ensure universal access to safe drinking water, improved sanitation and hygiene facilities;*
- b) *Improve coordination with other key actors (Ministry of Local Government and Community Development, Ministry Water Resources);*
- c) *Expedite actions for institutionalizing WASH in all health facilities and schools*
- d) *Collaborate and engage communities on WASH and promote Hand Hygiene.*

### Environmental Pollution Control and Climate Change

Current environmental risks to public health include rising levels of ambient and indoor air pollution, increasing use of high impact noise, growing burden of solid waste, hazardous waste from health settings, and toxic discharges from industries and production facilities.

## **Policy Statements**

### **Government shall:**

- a) Reduce exposure to harmful noise levels as well as hazardous substances in the environment;
- b) Strengthen systems for healthcare waste management at health care delivery settings as well as in communities;
- c) Improve systems and capacities to adopt and mitigate public health risks from climate change;
- d) Establish and strengthen multi-sectoral actions on safer transportation.
- e) Ensure elimination of open defecation in communities.

### **Promote Occupational Health and Safety**

Occupational health and safety are crucial for the full protection and performance of workers for which employers (both public and private) should take full responsibility.

## **Policy Statements**

### **Government shall:**

- a) Strengthen enforcement of laws and regulations to improve occupational health and safety;
- b) Ensure integration of occupational health services in the primary health care and health workforce emergency preparedness and responses;
- c) Enhance public private partnership for provision of occupational health and safety services;
- d) Promote worker's awareness on health and safety at workplace;
- e) Ensure the development of guidelines to improve health worker safety.

## **Policy Implementation Framework**

### **Legal and Regulatory Framework**

The Policy is grounded in the Constitution of Sierra Leone which guarantees the right to life and right to health. The health sector operates using the health service delivery legal framework described in the Public Health Ordinance of 1960 (No. 23 of 1960,) revised in 2020.

### **Institutional Framework**

Inter-sectoral consultations and collaborations are essential in the implementation of major health strategies towards the achievement of the policy goal. Other MDAs, are therefore needed to contribute to the promotion and maintenance of public health within their mandates.

### **Role of MoHS and other MDAs**

The MoHS through its existing organisational and management structures will lead all stakeholders in supervising and coordinating the implementation of this Policy. The Ministry shall therefore establish mechanisms that ensure the effective supervision and monitoring of the implementation of the Policy.

## **Roles of Local Non-Governmental, Civil Society and Faith-Based Organizations**

The Government will work towards promoting stronger partnerships and coordination of the civil society in the health sector. The MoHS should facilitate partnerships between the NGOs/CSOs/FBOs with their respective lead ministries responsible for their areas of interests.

### **Role of Health Development**

Government will strengthen partnerships with all development partners interested in and committed to supporting the achievement of the national health policy goal and objectives. The MoHS will facilitate the identification of lead Ministries to partner with the development partners in their areas of interest and develop mechanisms for implementation.

### **Policy Implementation Committee**

A Policy Implementation Committee (PIC) shall be set up to ensure that there is effective coordination, collaboration and harmonization of the various stakeholders. Having a PIC will help reduce duplication, avoid role ambiguities and improve the overall efficiency in the implementation of the policy.

### **Sector Health Policy Focal Persons (Inter-sectoral Collaboration Desks)**

A NHSP focal person shall be appointed from each sector whose role shall be to coordinate that sector's responsibilities as per the policy directives. The focal person preferably shall be a senior member at management level.

### **Planning and Budgeting**

All implementing partners are to have their activities in the comprehensive AWP, that will be in line with NHSSP, UHC Roadmap 2021-2030 with the technical support of the DPPI. This 5-year national plan will be costed and have an M&E framework with yearly targets.

### **Communication**

The MoHS shall develop a communication strategy to ensure widespread dissemination and raise public awareness of this Policy. The communication strategy will be activated within the existing national structures of mass communication.

### **Monitoring and Evaluation**

Monitoring and evaluation of the progress and achievement of the health outcomes will be routine and continuous (quarterly, half-yearly and annually). The agreed sets of indicators and reporting formats shall be spelt out in the implementation framework (NHSSP for UHC) and M&E framework.