Sierra Leone
Country Team Presentation

Team Members: Alie Wurie, Alhji S. Turay, Francis Smart, Hailemariam Lessege, Harriet Napier, Alistair Robb
Pillar 1: Political Will

Situational analysis:
• Commitment of president to reduce maternal, infant, and child mortality and commitment to delivery of health care at community level
• Translation of political will = Free Healthcare Initiative
  – Bi-partisan political support
  – Increasing government contribution: 10% in 2018, 30% 2019, 50% for 2020
• Priority evidenced by government creation of budget line for community health program within national health budget
• Creation of National Medicines Supply Agency as an act of parliament

Recommendations:
• **Domestic**: Government to absorb CHWs into health workforce
  – Background: Evidence generation ongoing (external evaluation of CHW program on cost efficiency, quality of care, etc.,; labor market analysis) to support advocacy efforts
• **Domestic & Global**: All national malaria programs to ensure inclusion of elimination objectives within national malaria strategic plans
• **Global**: Recommendation for extension of resources and technical support from HBHI to countries outside the HBHI list, especially those that have commenced similar processes
Pillar 2: Strategic Use of Information

Situational analysis:
- Strong collation and reporting: Integration of community health information system (CHIS) into DHIS2
- Analysis of data: Strong analysis of data at central and district level with access to DHIS2
  - DHMT data review
  - PHU in charges monthly meeting
  - CHW monthly meeting with PHU in charges
- Pilot of digitization of community health data in one district
- Integration of formal private sector data (limited) into DHIS2
- Ministry has prioritized integration of DHIS2 and LMIS to address duplication

Recommendations:
- **Global:** Need for technical support with microstratification for optimal targeting of resources
- Strengthen regular supervision at PHU and community levels (cascade supervision)
- Partners to support the strengthening of and align with national health information system including CHIS
- Government stewardship of digitalization of CHIS and HF data, with linkage to DHIS2; including roadmap
- Recommend support for consolidation and scaling of best practices through CHW monthly meeting
- Strengthen data use at lower levels
Pillar 3: Better Guidance

Situational analysis:
• Policies in place that are coherent and talk to one another
• National Medium Term Development Plan (2019-2023)
• National Health Policy
• National Strategic Plan
• RMNCH Plan
• Malaria Control Strategic Plan (2016-2020)
• National CHW Policy & Strategy (2016-2020)
• Primary Healthcare Operational Handbook
• Strategies are costed!

Recommendations:
• Ensure alignment of National Health Policy Plan (10 years) with National Medium Term Development Plan
• Pending revision of many policies, with incorporation of most up to date evidence
• Call on ministries of health to put emphasis on the dissemination and popularization of policies
• Need to strengthen guidance and policy for effective referral down to CHW level
• Global: Support to countries for alignment of global vs. national policies with emphasis on operationalization
Pillar 4: Leadership & Coordination

Situational analysis:
• Strong linkages within and across directorates and programs at central and district level
• Permanent CHW Hub situated within Directorate of Primary Healthcare
  – Mirrored at district level with dedicated iCCM/CHW focal persons
• Steering committee in place at leadership level
• Discussions and assessments ongoing to improve joint planning for the various community health activities (CHW Hub, HIV, TB, malaria), linked to One Budget, One Plan, One M&E Framework
• Development Coordination Framework established

Recommendations:
• Recommendation for integration of IMCI and iCCM focal person at district point to support overall systems strengthening
• Recommend improved coordination of partners within CHW program, as well as coordination at directorate level
• Need for development of policy that addresses referral system holistically (including from community level)
• Link Development Cooperation Framework with service level agreements to pool resources together