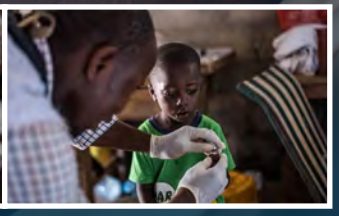
World Health Organization

SIERRA LEONE

ANNUAL REPORT



A YEAR IN FOCUS 2017

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A YEAR IN FOCUS 2017

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INTRODUCTION

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Executive Summary

WHO Sierra Leone's 'Annual Report: A Year in Review' documents major milestones, lessons and challenges from our work in the health sector in 2017, achieved following two years of intensive post-Ebola support to the Ministry of Health and Sanitation. Together with our government counterparts, colleagues and our valued partners, we have aimed to help restore and strengthen essential health services, rebuild people's trust and confidence in the public health system, and better protect the population against health emergencies – be this Ebola, or any other critical health threat. Such efforts are bearing dividends. The health needs of the population are changing, but through sustained commitment and investments, the sector promises to be better placed to meet these challenges, today and in times to come.

Any report covering the events of this last year cannot neglect to mention the devastating floods and landslides that occurred in Freetown and its surrounds in August 2017. Our sympathies go out to all those who were affected by this disaster. We also recognize the valiant efforts and commitment of the Ministry, our colleagues, and health and community partners, who worked tirelessly to mitigate health risks for the surviving populations. Within 24 hours of the landslides occurring, the national Emergency Operations Centre had been activated to provide immediate leadership and coordination within the health sector; surveillance was quickly enhanced for priority infectious diseases; support was provided for the case management of trauma cases and for continuation of vital health services; and a range of preventive interventions were successfully delivered to protect the health of the most vulnerable, including notably, the rapid deployment of more than 1 million doses of the Gavi-funded Oral Cholera Vaccine.

Such timely interventions were crucial to reduce the likelihood of this national tragedy becoming a public health crisis, with severe flooding and damage to water and sanitation systems increasing risks of the spread of diarrhoeal and vector-borne diseases. Beyond this, however, the rapid implementation of these activities are also testament to improved capacity within the public health sector to recognize such threats, to lead, and to respond. Over recent years, WHO has worked hand in hand with the Ministry at all levels, the US Centers for Disease Control (CDC), the UK Government and other partners to strengthen the core foundations and functionality of routine systems for surveillance, preparedness and emergency response. These are necessary bulwarks for delivering the global and national health security agenda, and on which we must continue to build moving forward.

Further to this, a number of flagship programmes in maternal and child health, mental health and communicable diseases are also now delivering tangible impacts. Key activities include the roll-out of new initiatives to strengthen emergency care during childbirth and for sick children at the major hospitals. Delivered through on-the-job trainings and clinical assessments, the UK Aid-funded Emergency Triage Assessment and Treatment Programme (ETAT+) for emergency paediatric care is already demonstrating highly promising results. Alongside reductions in time to treatment, case fatality rates at the first of the ETAT-participating hospitals have fallen from 15 to 5 percent of admissions. These are major achievements from a programme that promises to save many more lives to come.

Of course, progress on maternal and child health will also depend on addressing the underlying causes of death and morbidity, which include communicable diseases such as malaria, HIV and tuberculosis, malnutrition, and various social determinants of ill health. Supported by the Global Fund, UNICEF and WHO, the Ministry's national 2017 bednet campaign saw over 4 million insecticide-treated bednets distributed to households across the country. For the first time, the country is now able to effectively diagnose and manage cases of drug-resistant tuberculosis, which promises to be an immensely significant milestone in reducing deaths and disability from this devastating disease. On nutrition, important work has been done to raise awareness on healthy feeding practices and to screen children for stunting and wasting, while the new Baby-Friendly Hospital Initiative, launched this year, aims to support and promote breastfeeding in maternity hospitals across the country.

Despite notable funding constraints, progress was also achieved in the area of noncommunicable diseases (NCDs) and mental health. Developed with support from a WHO-supported Human Rights Consultant, a draft Mental Health Bill is now under review, which

will replace the country's ancient Lunacy Act of 1902. Meanwhile on NCD prevention, Sierra Leone was selected from among many countries to participate in the new UN-led Framework Convention on Tobacco Control 2030 Project, which will provide access to funds and technical support for implementing effective tobacco control interventions. With tobacco being one of the leading preventable risk factors for cancer and other NCDs, such measures are essential to address the longer-term health needs of the population.

The chapters of this report reveal one further priority for WHO: fairness in access to care. That principle is profoundly demonstrated in WHO's work on universal health coverage (UHC), which in the past decade has expanded from a focus on primary health care to the inclusion of UHC as a core element of the 2030 Agenda for Sustainable Development. Within our Health Systems portfolio, we have supported important work on a new Human Resources for Health Policy and Strategic Plan, which aims to support the country to meet its short, mid and long-term health workforce needs, and completion of the Service Availability and Readiness Assessment, that provides valuable information on the availability of essential health services. These are all steps towards strengthening planning and policy for achieving greater access and quality of care: both important components of the UHC agenda. With the African Development Bank, additional support was also provided to the College of Medicine and Allied Health Sciences (COMAHS) to strengthen teaching and education for tomorrow's clinicians, in areas such as paediatrics, obstetrics and gynaecology, surgery, pharmaceutics and nursing.

Across all of these accomplishments, our work would not have been possible without the strong collaboration and support from other United Nations agencies and many other partners. Particular acknowledgement must go to the Government of the United Kingdom through UK Aid, CDC, the European Union, USAID, the World Bank Group, the African Development Bank Group, the Bill and Melinda Gates Foundation, Gavi, the Vaccine Alliance, the Global Fund and others, who have trusted WHO and provided us with the necessary resources to carry out our work. Meanwhile, guidance from the WHO African regional office and headquarters has enabled the implementation of new innovations and best practices, and we express our appreciation for their sustained support. Finally and most importantly, we must credit and thank our esteemed counterparts at the Ministry of Health and Sanitation who continuously drive these efforts forward, nationally and in the districts. We know that good health underlies all aspects of development. Together, we look forward to shaping a healthier, vibrant and more prosperous future for Sierra Leone.

Photo: UN/Acland O

Photo: UN/Acland O

ESSENTIAL HEALTH SERVICES

Photo: WHO/Gborie S

Immunization

Globally, WHO's immunization programme aims to reduce the burden of vaccine preventable diseases (VPDs), by increasing and sustaining childhood immunization coverage rates of 90% and above. In Sierra Leone, reported coverage shows that EVD-related declines have now been reversed, with national Penta 3 coverage increasing from 86% in 2015 to 97% in 2016.

In 2017, WHO provided support to the development of Sierra Leone's third-generation comprehensive multiyear plan for immunization, covering the period 2017 - 2021. This plan outlines the following objectives: i) sustaining certification standard indicators for polio eradication; ii) attaining Penta 3 coverage of at least 95% in all districts; iii) extending

the benefits of immunization through the introduction of new vaccines; iv) strengthening the immunization supply chain; v) advocacy and social mobilization for immunization as a right to be demanded by all citizens; vi) effective and improved VPD surveillance systems and vii) improved vaccine programme management.

Polio eradication remains a major priority in Sierra Leone, and WHO continues to provide technical and financial resources to address sub-national gaps in polio immunization coverage, and strengthen surveillance for acute flaccid paralysis (AFP), which is considered the gold standard for detecting cases of poliomyelitis. In particular, three rounds of National Polio Immunisation Days (NIDs) were conducted in 2017, as well as one sub-national round that targeted 50% of the population. For these events, WHO provided specific support for planning, supervision, independent monitoring and lot quality assurance to guarantee high and equitable coverage in all districts. Independent monitoring data shows that all NIDs in 2017 attained more than 90% coverage, while the campaigns were also used to support additional child health and survival interventions including defaulter tracing for routine vaccinations, and bi-annual Vitamin A supplementation and deworming.

Despite significant progress made in increasing coverage and reducing the incidence of VPDs, a significant number of children remain under-immunized, and an estimated 18 072 children below 1 year of age in the country did not complete three doses of pentavalent vaccinations in 2017. Disaggregation of immunization performance by district showed that only 8 out of 14 districts (57%) met the 90% target for district-level Penta 3 coverage, as set out in the 2011-2020 Global Vaccine Action Plan. To help address these gaps, additional and targeted support was provided to the districts with the greatest gaps in coverage or known geographical complexities: namely Bo, Bombali, Kono, Kailahun, Port Loko and Western Area Urban.

Over the course of the year, WHO provided technical support to the Ministry to support the planned introduction of some key new vaccines within the national immunization programme. First, the long-awaited inactivated polio vaccine (IPV) was received in the country, and WHO assisted with updating the immunization policy to integrate IPV in the national schedule, and adapt appropriate training materials. Secondly, support was provided for two new vaccine introduction plans, for the Measles and Rubella (MR) and Human Papilloma Virus (HPV) vaccines. Funded through Gavi, the Vaccine Alliance, the MR vaccine introduction aims to align Sierra Leone with the African region and global aspirations for elimination of measles and rubella/congenital rubella syndrome, with HPV introduction to reduce the risk of cervical cancer. The HPV and MR vaccines are currently slated for introduction in 2019.

Support was provided for the implementation of the Gavi-funded cold chain equipment optimization and operational deployment plans, which aim to see the expansion of effective cold chains in Sierra Leone. WHO provides technical assistance for planning of replacements and expansion of the equipment; quality assurance; and support for targeted deployments.

Finally, in order to ensure that there is a sensitive surveillance system in place for VPDs, WHO has supported the Ministry in:- i) conducting active case-search for suspected AFP, measles, neonatal tetanus and adverse events following immunization (AEFI); ii) the sensitization and training of clinicians in AFP and VPD detection, reporting and investigation; iii) introduction and roll-out of the Auto-Visual AFP Detection and Reporting system (AVADAR) in four districts; iv) monthly supervision for VPD and routine immunization in all 14 districts; v) accreditation of the national measles and yellow fever laboratory; vi) quarterly surveillance review meetings; vii) sentinel surveillance for paediatric bacterial meningitis and rotavirus; and viii) routine VPD surveillance operations across the country.

Working with the National Immunization Programme of the Ministry of Health and Sanitation, these activities have been generously funded by a range of partners including Gavi, the Vaccine Alliance, in partnership with UNICEF and other health agencies.

Maternal & Reproductive Health

According to the most recent UN data, Sierra Leone has one of the world's highest maternal mortality ratios at 1360 deaths per 100 000 babies born (UN, 2015). Based on these figures, it is estimated that up to 6% of women in Sierra Leone will die as a result of maternal causes during their reproductive life. Over recent years, the Ministry of Health and Sanitation has sought to drastically accelerate reductions in maternal mortality across the country, in line with the country's Post-Ebola Recovery Priorities and the Sustainable Development Goal (SDG) agenda.

To provide a framework for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) interventions, this year the Government launched a comprehensive five-year national RMNCAH Strategy (2017-2012), for which WHO was the lead agency providing technical support. Developed with funding from UK Aid, the strategy aims to oversee a reduction in the rate of maternal and child deaths by 45 and 55 percent respectively by 2021, through interventions that increase access and utilization of high-impact, evidence based services and activities.

"[The] unacceptably high level of maternal deaths in Sierra Leone… is a true tragedy for our nation. The Government, partners and I personally have committed to saving women's lives through substantive investments in health services and quality of care…. Together we kicked out Ebola—we can end maternal mortality together too."

H.E. Dr. Ernest Bai Koroma, President of the Republic of Sierra Leone.

WHO is providing technical support for the implementation of the Maternal Death Surveillance and Response (MDSR) programme, which aims for all maternal deaths to be identified, reported and reviewed by district and facility-level MDSR Committees. In 2017, WHO assisted the Ministry to conduct supportive supervision for MDSR implementation across all 14 districts, using newly developed tools and guidelines. Clinicians were also trained in the ICD-10 standard classifications for maternal and perinatal mortality so as to support the accurate categorization of cause of death within the national system.

Further to this, 2017 saw the production of Sierra Leone's inaugural MDSR Annual Report, which reviewed and analysed the maternal deaths reported during 2016. At a high-level advocacy meeting in June, the report was launched by H.E. the President of Sierra Leone, Dr. Ernest Bai Koroma who appealed to Paramount Chiefs, local councils, District Health Management Teams (DHMTs), health workers and community leadership to step up collective actions to tackle maternal mortality as "a national emergency". The launch was followed by intensive action planning by the Ministry and partners, with a particular focus on designing and implementing interventions to strengthen quality of care, and improve community-based reporting of maternal deaths.

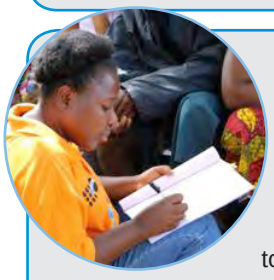
Over the course of the year, a revised Emergency Obstetric and Newborn Care (EmONC) training programme was rolled out in Freetown and three regional hospitals (Makeni, Bo and Kenema), making use of a new harmonized EmONC curriculum, guidelines and protocols. Supported by UK Aid, this important intervention aims to ensure that nurses, midwives and doctors have the essential clinical skills and knowledge needed to manage common childbirth-related complications. Using lectures, seminars, and practical exercises, WHO helped to train 50 facilitators and 120 clinicians in EmONC best practices, which will be followed by intensive on-the-job mentorship and clinical training. Through 2018, the Ministry will roll out EmONC to the remaining districts with additional support from UNFPA.

Finally, WHO has provided significant support to the Ministry to strengthen nursing and midwifery education, accreditation and regulation. Nine seminal documents were launched in September 2017, which include a new national nursing and midwifery policy, a standardized nursing and midwifery curriculum, and a curriculum for preceptorship. Over 200 nurses, midwives, development partners and government officials attended the national launch event for these documents, with sensitization meetings then held with heads of midwifery schools, regulators and DHMTs. Related to this work, WHO is further supporting the Ministry to upgrade the national Midwifery Board to a Midwifery Council, which would help strengthen assessments and accreditation of the country's various midwifery schools and programmes.

Supporting the Reproductive and Child Health Directorate, these activities have been generously funded by the UK Government (UK Aid) as well as the African Development Bank, and delivered in partnership with the other H6 agencies - UNAIDS, UNICEF, UNFPA, UN Women, and the World Bank Group.

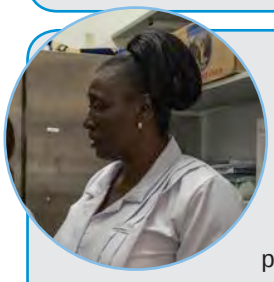
Helen Finda Ganda,
Midwife Investigator, Pujehun

'We have built strong relationships with communities to prevent maternal deaths. Firstly, we engage them as partners and sensitize them on family planning, early referral for health services and support for women during pregnancy and delivery. And secondly, we engage them through the MDSR investigations whenever a maternal death occurs, to help them identify actions they can take to prevent future deaths."



Sister Hannah B. Palmer,
Midwife Investigator, Koinadugu

"The MDSR process has been very useful for us, as we want to make sure maternal deaths do not recur, and that communities know there are things they can do to prevent women from dying. At the same time, the process also provides opportunities to identify the causes of delays within the healthcare system, and make concrete recommendations for safer pregnancies and deliveries."

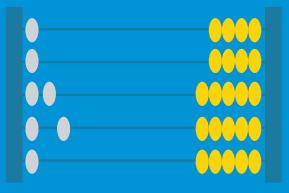


Sister Margaret T. Sesay,
Midwife and Mentor, Princess Christian Maternity Hospital

"It is very important to ensure clinicians know what to do when faced with common life-threatening conditions. Through EmONC, there is a strong emphasis on practical trainings, mentorship and also clinical assessments. As well as improving skills, the practical elements of the programme familiarize the team with their respective roles and responsibilities in an emergency, which helps everyone to respond quickly and act together during those critical moments when a life can very quickly be lost."

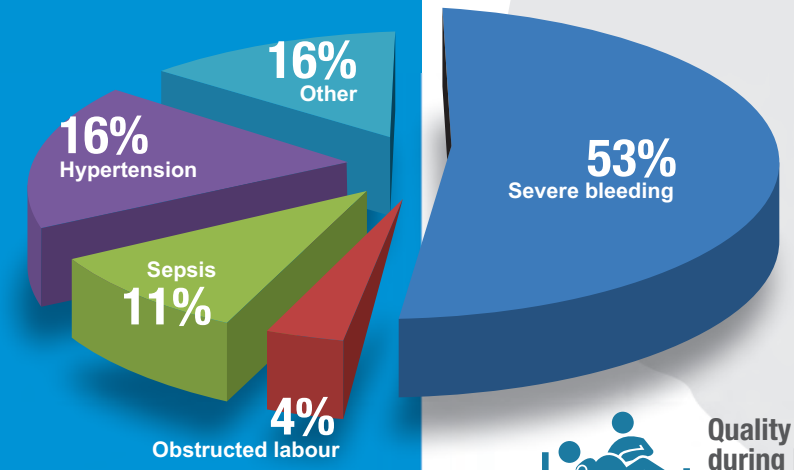
MAKING EVERY MOTHER'S LIFE COUNT

MATERNAL DEATHS
Reported through MDSR in 2016
706



MISSING DEATHS (not reported)***
2235

REPORTED CAUSES OF MATERNAL DEATHS*** ARE:



*Source: UN, 2015
**Source: DHS, 2013
*** Source: MDSR Annual Report (MoHS, 2017)

Sierra Leone has one of the highest maternal mortality rates in the world

MATERNAL MORTALITY

1360 deaths / 100 000 live births*

Equivalent to eight maternal deaths every day

76%
of mothers received 4 antenatal care visits during their pregnancy**

54%
delivered their baby in a health facility**

Most maternal deaths are preventable or treatable with the right care at the right time...

with

Quality care during labour and after delivery

Quality antenatal care

Good health and nutrition

Family planning

Child & Adolescent Health

Sierra Leone continues to have high child mortality rates, with the UN estimating that for every 1000 babies born in the country, 114 will die before their fifth birthday (UN, 2016). Tackling the underlying causes of child deaths is therefore a major priority for the country, with WHO providing particular support to the prevention and treatment of common childhood illnesses, and strengthening the quality of paediatric care.

Highlights over the course of the year include the roll out of the Emergency Triage Assessment and Treatment programme (ETAT+), which aims to strengthen and streamline emergency care for children in the regional and district hospitals. Supported by UK AID, WHO and the Royal College of Paediatrics and Child Health UK, this flagship programme is implemented by a dedicated national ETAT faculty that has overseen the development of clear case management guidelines, extensive training of clinicians. In total, 523 district hospital staff have now been trained through ETAT+, mostly nurses and Community Health Officers, with 15 international clinicians and nurse mentors providing structured mentorship and on-the-job trainings to these teams over a six-month period.

As a result of ETAT+ implementation, hospitals have reported significant improvements in health workers' clinical skills and time to treatment, with corresponding reductions in mortality rates. In the hospitals where ETAT+ has been established longest, time to treatment fell from 2-3 hours to 30-40 minutes over a six-month period, while overall mortality for admitted children reduced from 15% to 5%. There were also marked improvements in the quality of care provided. The proportion of accurate antibiotic prescriptions increased from 30% to 85%; oxygen was given to almost all children when indicated, and the proportion of inappropriate or unnecessary blood transfusions was virtually eliminated (previously, half of all transfusions were not indicated by protocol).

At the level of primary health care, WHO continued to support the Ministry in delivering the Integrated Management of Newborn and Childhood Illnesses (IMNCI) programme, together with UNICEF and UK Aid. IMNCI aims to ensure clinicians have the requisite skills to manage common childhood illnesses and deliver essential interventions in preventive health. For all health facilities, WHO supported the

Photo: WHO/Gborie S

printing and dissemination of chart booklets and wallcharts, and provided assistance to a national IMNCI supervision exercise across all districts. Findings from this exercise will be used to further strengthen and target related trainings through 2018.

Finally, 150 clinicians from five districts were trained to provide tailored, youth-specific healthcare services through the Adolescent Friendly Health Centres. As a result of these trainings, Community Health Centres should all now have a health worker capable of providing tailored, adolescent-friendly services. In addition, technical assistance was provided for the development and validation of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage, which is expected to be launched in early 2018.

Fatmah Swarray,
Senior Nurse, Kenema Government Hospital

"Since March 2017 when the ETAT programme was initiated and the trainings conducted for staff, the number of deaths of children in this hospital has reduced considerably. I am happy that our capacity has improved to prevent unnecessary deaths. Every time we save a critically sick child, discharge them and send them home, alive and well, I feel joy in my heart."

Mariama Kamara,
Mother, Makeni

"My husband brought my son to the health facility because he was severely sick with malaria. He was treated very quickly and I'm extremely happy with the treatment he got. We were discharged from the facility the day before yesterday. Yesterday he started running around with the other children, and I was so thankful to see that. I am grateful to all the nurses for the care they gave him while he was in the hospital."

Photo: WHO/Keenan L

Nutrition

Sierra Leone continues to experience high prevalence of anaemia and stunting, and malnutrition is a major underlying factor behind many maternal and child deaths. The trajectory of progress on reducing childhood stunting has stalled, with stunting rates among under-5's standing at 31.3% in 2017. Meanwhile, anaemia among non-pregnant women, pregnant women, and children under-5 stands at 45%, 70% and 76.3% respectively. Addressing malnutrition is a core priority in Sierra Leone's national development agenda, hence the strategic positioning of the Scaling Up Nutrition (SUN) Secretariat within the Vice Presidential office.

Increasing uptake of recommended breastfeeding practices is recognized as one of the most critical and cost-effective interventions to improve childhood nutrition and survival. To such effect, the Ministry with support from WHO and UK Aid has now initiated a phased roll-out of a major new programme, the Baby Friendly Hospital Initiative (BFHI), which aims for maternity facilities to become active centres of breastfeeding promotion and mother-to-baby bonding support. Following the training of 17 'Master Trainers' from the three regional hospitals (Bo, Bombali and Kenema) and the Princess Christian Maternity Hospital in Freetown, 80 staff have been trained on the BFHI approach. The Ministry plans to expand the BFHI to reach more staff within the existing sites through 2018, and to other districts in the coming years.

Over the course of 2017, WHO assisted with the production and dissemination of a number of important awareness raising materials on breastfeeding and infant nutrition, including a booklet for health workers to use with pregnant women and mothers, and counselling cards on infant and young child feeding. These cards have since been distributed to Mothers' Groups to support community engagement on nutrition.

For nutritional surveillance, an additional 350 health workers from within the Peripheral Health Units (PHUs) were trained to oversee childhood growth monitoring and promotion, which means all PHUs should now have a trained health worker to undertake screenings and conduct counselling sessions on maternal, infant and young child nutrition. With WHO support, 300 infant beam scales, 200 length/height boards and 50 salter scales were procured, while copies of the Child Growth Reference Chart and the Child Health Card User Chart were distributed to all PHUs. Working through Mothers' Groups, community-based screening for childhood stunting also continued in Western Area Rural,

Photo: WHO/Gborie S

expanding from five to ten communities over the course of the year. To date, the screening exercise has indicated relatively high rates of stunting in the targeted communities. Out of 3596 children under-5 screened, 33% were found to be stunted, 13% severely so. Community engagement, counselling, follow up and referrals are ongoing, and will continue in 2018.

Through 2017, the SUN Network supported the Ministry in hosting several major advocacy and awareness activities on nutrition. These included the second National Nutrition Fair in November 2017. The following month, a new Parliamentary Network for Food and Nutrition Security was launched, which made a public declaration to furthering a hunger-free and well-nourished society in Sierra Leone. Further to this, parliamentarians were sensitized on the importance of a National Code for Marketing of Breastmilk Substitute, with a concept note presented to the Minister of Health and Sanitation earlier in the year and concurrence sought from five ministries for its subsequent presentation to Cabinet.

With funding from Irish Aid, the Ministry together with the UN SUN Network commenced preparations for developing the new Food and Nutrition Security Implementation Plan (2018-2022), including the development of a nutrition situation and policy overview, and updates to the nutrition indicator dashboard. A National Multisectoral Strategy for the Prevention and Control of Anaemia (2018-2025) and the National Nutrition Survey were also finalized, and formally launched in January 2018. These two documents were produced by the Food and Nutrition Directorate with support from the SUN Networks, USAID through the Spring Project, Irish Aid and leadership from Helen Keller International and Action against Hunger.

In support of the Directorate of Food and Nutrition, the programmes described above were delivered in close partnership with the national SUN network, which brings together government agencies, civil society, UN and donor partners to provide a platform for collaborative, multi-disciplinary action on nutrition in Sierra Leone.

Sarah Kamara,
Clinical Nutritionist, Bo Government Hospital

"Advocacy for exclusive breastfeeding is one of the major lifesaving nutritional services that we are providing to mothers and caregivers. Come next year, we want to ensure that all our staff members, from the administrators to clinical and support staff in the hospital can speak with one voice on breastfeeding. In this way, we will be able to correct misconceptions and myths that up till now, existed even among our hospital staff. Our aim is to make sure that the atmosphere in the hospital is truly breastfeeding-friendly and that communities understand the importance of breastfeeding for healthy lives."

Fatmata Roger,
Mother, Bo

"I have just given birth to my first child; and for me, when it comes to the health of my baby, I will listen to what the health workers say and I will exclusively breastfeed my child for the first six months and possibly beyond. I know that it will save me money from buying baby food and also help him to grow strong and healthy."

BREASTFEEDING | THE GLOBAL TARGET

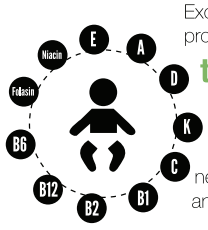
By 2025, increase to at least 50% the rate of exclusive breastfeeding in the first six months

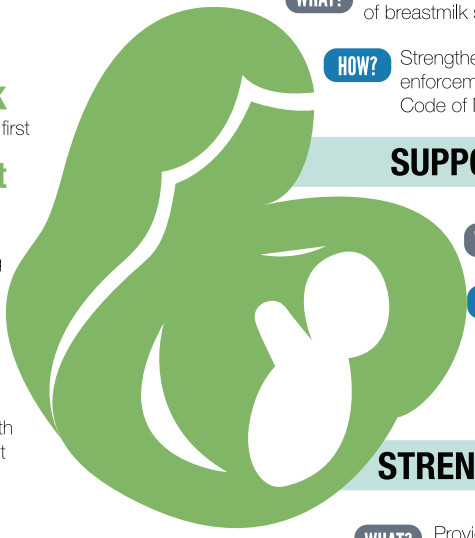
WHY IT MATTERS

BENEFITS OF BREASTFEEDING

Babies who are fed **nothing but breastmilk** from birth through their first 6 months of life get the **best start**

Exclusive breastfeeding provides babies: **the perfect nutrition** & everything they need for healthy growth and brain development





Protection from respiratory infections, diarrhoeal disease, and other **life-threatening ailments**

Protection against **obesity & non-communicable diseases** such as asthma and diabetes

RECOMMENDED ACTIONS

LIMIT FORMULA MARKETING

WHAT? Significantly limit the marketing of breastmilk substitutes

HOW? Strengthen the monitoring, enforcement and legislation related to the International Code of Marketing of Breastmilk Substitutes

SUPPORT PAID LEAVE

WHAT? Empower women to exclusively breastfeed

HOW? Enact six-months mandatory paid maternity leave and policies that encourage women to breastfeed in the workplace and in public

STRENGTHEN HEALTH SYSTEMS

WHAT? Provide hospital and health facilities-based capacity to support exclusive breastfeeding

HOW? Expand and institutionalize the baby-friendly hospital initiative in health systems

SUPPORT MOTHERS

WHAT? Provide community-based strategies to support exclusive breastfeeding counselling for pregnant and lactating women

HOW? Peer-to-peer and group counselling to improve exclusive breastfeeding rates, including the implementation of communication campaigns tailored to the local context

SCOPE OF THE PROBLEM

In Sierra Leone, only **32%** of infants are exclusively breastfed

Suboptimal breastfeeding contributes to **800 000** infant deaths globally

GLOBAL TARGETS 2025 — To improve maternal, infant and young child nutrition

World Health Organization

1,000 DAYS

Communicable Diseases

Malaria

Sierra Leone is one of the most severely malaria-burdened nations in Africa, with its entire population of over 7 million people at risk of the disease. As well as increasing risks of complications during pregnancy, WHO estimates that the disease contributes to 20% of all under-5 deaths in the country. For these reasons, efforts to reduce mortality rates in Sierra Leone will depend to a large extent on effective malaria prevention and control.

In June 2017, the National Malaria Control Programme (NMCP) with support from the Global Fund, UK Aid, UNICEF and WHO conducted a major nationwide bed-net distribution campaign. Integrated with the mid-year Mother and Child Health Week, the campaign distributed 4 138 000 insecticide-treated nets to families across the country, achieving a national target of 95% household coverage. The distributions were complemented by extensive mass media and community engagement to promote routine use of the nets, and engage people on the continued importance of early treatment.

Further to this, intermittent preventive treatment in infants (IPTi) was piloted for the first time in 2017, in Kambia, Pujehun, Kenema and Western Area Rural districts. Given alongside other routine immunizations, WHO recommends IPTi during the first year of a child's life in countries with moderate to high rates of malaria transmission. With UK Aid support, WHO assisted with the roll-out of IPTi, helping to develop implementation guidelines and training manuals, supporting the training of health facility staff and conducting joint supervision to monitor and support programme delivery. Following the successful performance of the pilot, the NMCP plans to expand IPTi to all districts through 2018.

Further to this, the national Malaria in Pregnancy guidelines and strategies were also revised this year, to incorporate WHO recommendations for delivery of an essential package of interventions for malaria prevention during pregnancy. These guidelines aim to ensure that all pregnant women receive three doses or more of intermittent preventive treatment in pregnancy (IPTp), which should be administered during their routinely scheduled antenatal care.


Photo: WHO/Gborie S

To assess the effectiveness and safety of the current recommended treatment regimes for malaria, the NMCP in collaboration with WHO finalized an important drug efficacy study in four sentinel sites. The study assessed the performance of fixed-dose Artesunate-Amodiaquine (AS-AQ) and Artemether-Lumefantrine (AL) in the treatment of uncomplicated P. falciparum malaria among children under-5 years. The study found a 100% (95% CI) Adequate Clinical and Parasitological Response in all four sites, indicating that both Artesunate-Amodiaquine and Artemether-Lumefantrine combinations remain highly efficacious in Sierra Leone, with no presently observed emergence of resistant strains to these drugs.

Finally, over the course of the year, WHO assisted with the training of sixteen M&E Officers

from all districts to facilitate improved data capture and use on malaria, which will help inform programme performance monitoring, surveillance and response.

HIV&AIDS

With support from partners, Sierra Leone is currently implementing the HIV/AIDS National Strategic Plan 2016-2020 and the 2017 catch-up plan, which aim to help end HIV/AIDS as a public health and development problem in the country. Sierra Leone has a generalised HIV/AIDS epidemic with a national prevalence of 1.5%; in 2017 there were an estimated 2812 new HIV infections and 2390 AIDS-related deaths. Together with UNAIDS, the Global Fund and other partners, WHO supports the National AIDS Secretariat (NAS) to implement, accelerate and expand interventions for HIV/AIDS prevention, treatment and care.

Over this reporting period, WHO provided particular support for strengthening prevention of mother-to-child transmission (PMTCT) services, which are a critical intervention for controlling new HIV infections. In line with WHO global standards, this support helped to fully integrate PMTCT into routine maternal, newborn and child health services. In 2017, this included a training of trainers for all 14 DHMTs, which has to date been cascaded to PHU staff in four districts. The national Antiretroviral Treatment (ART) and National HIV Testing Services Guidelines were also revised to incorporate updated WHO recommendations in these important areas.

Finally, to promote voluntary testing, availability of treatment services and challenge stigma, various awareness raising activities were undertaken in 2017 together with NAS, UNAIDS and other partners. These included the commemoration of World AIDS Day in December on the theme “MY RIGHT! MY LIFE! – STOP HIV STIGMA”. During the commemorations, 96,081 people received voluntarily testing and counselling; a three-day HIV fair was held at the Miata Conference Centre in Freetown; and a national rally was organized on 1st December.

Tuberculosis

Sierra Leone has one of the highest tuberculosis (TB) burdens per capita in the world, with an

Photo: WHO/Gborie S

estimated 22 000 cases per year. Despite availability of free treatment, WHO estimates that only 6 in 10 cases in the country are identified, meaning that many of those affected by the disease are not accessing the treatment and care that they need. Low case detection also increases risks of continued TB transmission in the population, and can exacerbate complications for those affected. Drug-resistance is a growing public health problem, and Sierra Leone is estimated to have multi-drug and Rifampicin-resistance rates among new and previously treated cases of 2.6% and 18% respectively.

For such reasons, one of the most significant milestones achieved by the National TB and Leprosy Programme in 2017 was the establishment of the first ever Drug-Resistant TB (DR-TB) management centre in Sierra Leone, based at the Lakka Government Hospital. Using the new WHO-recommended 9-12 month DR-TB treatment regimen, the centre commenced DR-TB-specific case management services in March 2017. This followed extensive training of Ministry staff in DR-TB diagnostics using GeneXpert technology, development of DR-TB specific systems, guidelines and processes, and a study-

tour to the well-functioning DR-TB treatment programme in Cameroon. As of November 2017, with ongoing support from WHO, the Global Fund and Partners in Health (PIH), around 90 DR-TB patients had been enrolled to care and received treatment.

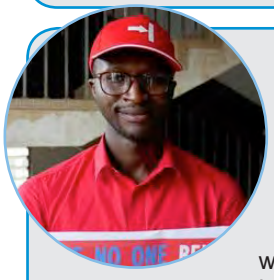
To further support the new programme and increase understanding of the DR-TB situation in the country, WHO facilitated sample referrals to the Supra-National Reference Laboratory in Borstel, Germany. With USAID support, a full profile was determined for all 90 diagnosed Rifampacin-resistant TB cases, with results communicated to the managing clinicians to guide treatment decisions.

To commemorate World TB Day in March 2017, WHO participated in national efforts to raise awareness on TB, working together with the Government, civil society and media to promote recognition of the signs and symptoms, challenge stigmatization of TB patients, and encourage early-treatment seeking behaviour. At an ongoing level, technical support was provided to quarterly reviews and supervision exercises, as well as the revision of the National TB Treatment Guidelines to ensure alignment with the post-2015 Global Strategy.

WHO's support to the Ministry of Health in the areas of TB, HIV/AIDS and malaria control have been supported by a range of partners including the Global Fund and USAID, together with UN and civil society partners.

Dr Rashida Fouad Kamara,
Clinical Lead, DR-TB, Ministry of Health and Sanitation

"Commencing the treatment for Drug-Resistant TB patients has been one of our most significant milestones in the prevention and control of TB. The next step is to decentralize the DR-TB treatment facilities to all the districts. This will help reduce the number of drug-resistant patients in the communities, and reduce the challenges patients face currently of having to travel all the way to Freetown for services. With a total of 10 GeneXpert diagnostic machines in country and trained personnel in the districts, this decentralization process is expected to be smooth and will make a huge difference for those living outside of the capital."



Mr Abdul Sesay,
Executive Director, Civil Society Movement Against Tuberculosis (CISMAT)

"We have seen good progress in tuberculosis prevention and control over the past two years. Before now, the patient would only know their laboratory results two weeks or even longer after the tests had been conducted. But now, with the GeneXpert technology, they can get their results in less than 24 hours. We have also seen real opportunities in TB response including better diagnosis in young children, establishment of community-based monitoring and support groups, increased awareness and most importantly the treatment of drug-resistant patients. Such developments are encouraging because they not only address treatment issues, but also address other social dynamics associated with the disease. But if we are to build on the gains that we have achieved so far, one area where we need to seriously do more is to address the profound issues of stigma that continue to exist in our communities."

Neglected Tropical Diseases

The goal of the national Neglected Tropical Disease (NTD) Programme is to control and eliminate NTDs and significantly reduce suffering due to their chronic manifestations by 2020. Those NTDs considered endemic in Sierra Leone include: onchocerciasis ('river blindness'); schistosomiasis ('snail fever' or 'bilharzias'); lymphatic filariasis ('elephantiasis'); soil-transmitted helimithiasis (including hookworm, ascariasis, trichuriasis); buruli ulcers and leprosy. Dracunculiasis ('guinea-worm disease') has been eradicated but surveillance is ongoing.

To help tackle the endemic NTDs, Mass Drug Administration (MDA) rounds were conducted this year for onchocerciasis in twelve districts; for lymphatic filariasis in six districts; for soil-transmitted helminthiasis in fourteen districts, and for schistosomiasis, in seven districts. Through the NTD Programme, these drug administrations were delivered in collaboration with Helen Keller International, Sight Savers, Family Health International and WHO. Coverage of 80% was achieved for schistosomiasis and 96.5% for the others. To ensure availability and access to quality-assured NTD medicines, WHO facilitated the provision of various medicines to support these respective administrations including praziquantel, ivermectin and albendazole.

In December 2017, Sierra Leone's NTD Technical Advisory Committee held its second annual meeting where committee members were inaugurated, and the National NTD Master Plan 2016-2020 was officially launched by the Deputy Chief Medical Officer. This Plan aims to guide integrated interventions to prevent and control NTDS, including preventive chemotherapy, case management, vector control, WASH and surveillance.

Finally, to follow up on the WHO recommendations of a 2011 assessment, the Nippon Foundation funded the updating of the country's leprosy registers combined with a rapid assessment of Buruli ulcer and yaws in 12 districts. On leprosy, all districts were found to have prevalence rates of less than 1 case per 10 000 people since 2014. However the team recommended enhanced leprosy surveillance and patient follow-up at the district level. Buruli ulcer was clinically confirmed endemic in all districts, with need for the development of a strong related component within the integrated NTDs programme. No case of yaws was found in the districts visited, though ongoing surveillance is recommended.

NTDs are a diverse group of communicable diseases that prevail in tropical and subtropical conditions in 149 countries. Together, these diseases affect more than one billion people and cost developing economies billions of dollars every year. Populations living in poverty, without adequate sanitation and in close contact with infectious vectors and domestic animals and livestock are those worst affected.

Effective control can be achieved when selected public health approaches are combined and delivered locally, including through MDAs for preventive chemotherapy and transmission control. High coverage for such interventions aims to contribute to achieving the targets of the WHO NTD Roadmap, resulting in the elimination of many and the eradication of at least two NTDs by 2020.

The global NTD portfolio currently includes:

- Buruli ulcer
- Chagas disease
- Dengue and Chikungunya
- Dracunculiasis (guinea-worm disease)
- Echinococcosis
- Foodborne trematodiases
- Human African trypanosomiasis (sleeping sickness)
- Leishmaniasis
- Leprosy
- Lymphatic filariasis
- Mycetoma, chromoblastomycosis and other deep mycoses
- Onchocerciasis (river blindness)
- Rabies
- Scabies and other ectoparasites
- Schistosomiasis
- Soil-transmitted helminthiases
- Snakebite envenoming
- Taeniasis/Cysticercosis
- Trachoma
- Yaws (Endemic treponematoses)

Noncommunicable Diseases

During the year, Sierra Leone, a signatory to the Framework Convention for Tobacco Control (FCTC) treaty, attained significant milestones towards tobacco control.

Firstly the Government, with support from WHO and UNDP, successfully applied for and became a party to the FCTC 2030 project, becoming one of just 15 countries globally, and one in four in the WHO African region to benefit from the initiative. Supported by the Governments of the UK and Australia, FCTC 2030 aims to provide intensive support to low and middle-income countries for the implementation of effective, evidence-based tobacco control measures in line with the terms of the Convention.

During the early part of the year, WHO together with the Ministry facilitated a number of advocacy, sensitization and capacity building workshops for Parliamentarians, key governmental and some non-governmental stakeholders who committed to domesticate the FCTC by speeding up adoption of tobacco control legislation, and strengthening multi-sectoral coordination. The Parliamentary workshop was attended by the Leader and Deputy Leader of the Majority Party in Parliament, the Leader of the Minority Party and the Chairpersons of the Health and Social Welfare, Finance and Legislation Committees.

On the back of such engagement, a decision reached by the Sierra Leonean Cabinet in March 2017 gave a directive for the Ministry of Justice to draft a new tobacco bill, which would help protect the health of the public from the effects of exposure to tobacco smoke. The 2017 Financial Bill also included for the first time a 30% excise tax on tobacco products, which, alongside other preventive and control measures, aims to reduce the consumption of tobacco products and their related health hazards. The Ministry of Health and Sanitation also initiated drafting an FCTC national strategy to guide implementation of the WHO FCTC. This strategy is due to be finalized in early 2018.

During the year, WHO in partnership with the Ministry of Health and Sanitation and the Ministry of Education, Science and Technology, the US CDC, UNICEF and other partners, facilitated two important studies on health behaviours among youth: the Global Youth Tobacco Survey (GYTS) and the Global School-Based-Student Health Survey (GSHS), which gathers systematic information among students aged between 13 and 17 years on alcohol and drug use, diet, hygiene, mental health, physical activity, sexual behaviours, and tobacco consumption. Findings will be used to inform implementation and evaluation of school health, youth and tobacco prevention and control programmes and policies. The GSHS followed the two respective Ministries' participation in a training workshop on School-Based Student Health in Cape Town, South Africa, which was facilitated by WHO and CDC.

Finally, Sierra Leone joined the global community to commemorate World No Tobacco Day on the theme "Tobacco a threat to development," with several mass media engagements; World Cancer Day on the theme ''I Can You Can''; and Global Road Safety Week. The Directorate of Noncommunicable Diseases and Mental Health and the Health Education Programme have implemented these activities, with support from WHO, UN and civil society partners.

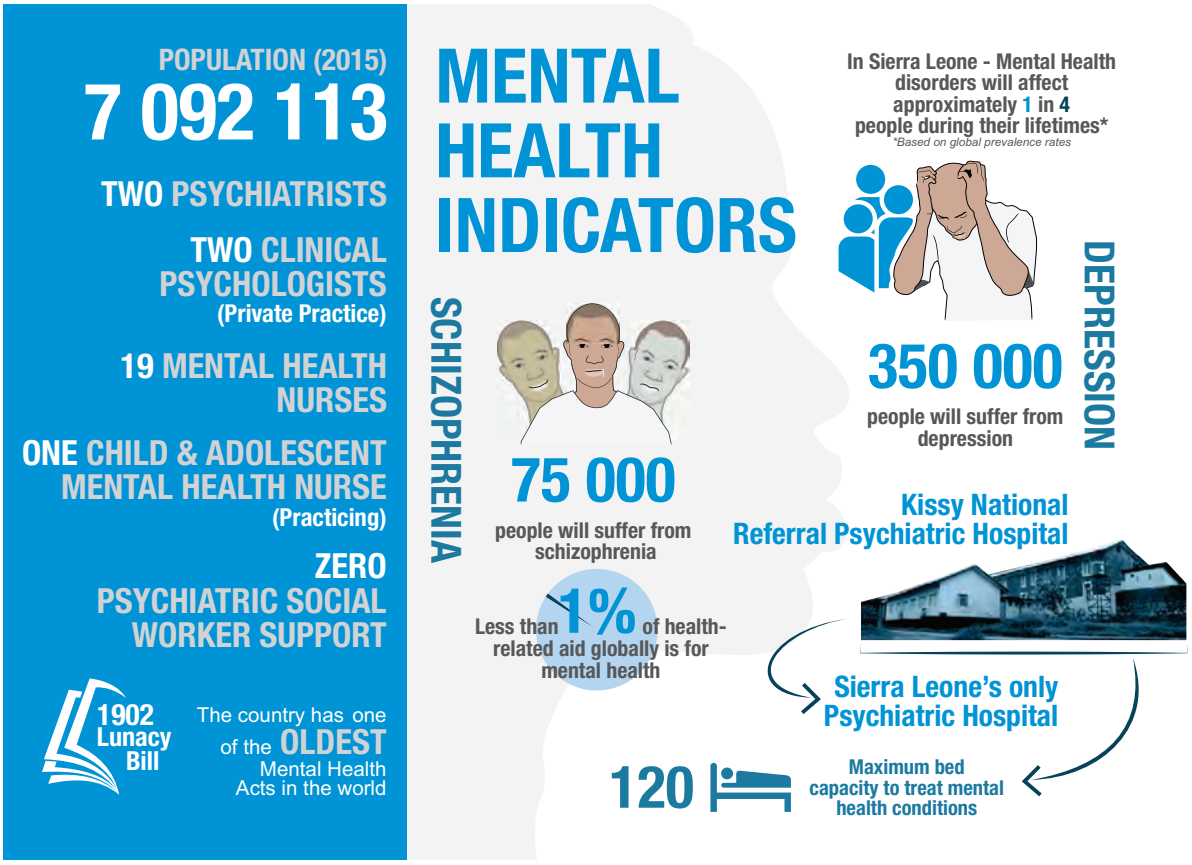
Photo: WHO/Keenan L

Dr. Alie Wurie,
Director of Noncommunicable Diseases and Mental Health

"Tobacco use is projected to increase rapidly in Sierra Leone, and will need all hands on deck, from government ministries to policy makers, the private sector and civil society to urgently protect the population from this growing threat. The Government of Sierra Leone has just passed a law for a 30 percent excise tax on tobacco products, which is a major win for pubic health. It is also establishing a dedicated task force to support finalization and implementation of a new national strategy for tobacco control."

Photo: WHO/Keenan L

Mental Health



Sierra Leone faces severe shortages of mental health clinicians, drugs and infrastructure, despite an estimated burden of 75 000 people with severe mental disorders and 350 000 people with depression (based on global prevalence rates). With a population of over 7 million people, Sierra Leone has only two practicing Psychiatrists, two Clinical Psychologists, and 19 Mental Health Nurses. Stigma is also a pressing issue. People with mental health disorders are commonly chained, in the psychiatric hospital, in the homes, at traditional healing homes and at churches. The country's current Mental Health Act (the Lunacy Act of 1902) is woefully outdated, with no provision for human rights protection.

In order to bridge this gap, WHO is supporting the Ministry to strengthen delivery of mental health services, and develop systems and policies that will better serve the needs of people affected by mental and neurological disorders. Within the Ministry, a new Directorate of Noncommunicable Diseases and Mental Health has now been created and a dedicated Programme Manager for Mental Health employed from May 2017. Together, this is helping to create a stronger foundation and greater coordination for mental health service delivery in the country. At the policy level, significant progress has been made in advancing the formulation of the country's vital new Mental Health Bill. With legal support from WHO, a new Bill has been drafted and early consultations on its content were carried out in December 2017, drawing together key stakeholders from civil society, media, government, health workers, community leaders, traditional healers, students, police, the military and other groups. Discussions focused extensively on human rights issues in relation to mental health. In the course of the year, reviews of the Draft Mental Health Policy and Mental Health Strategic Plan also continued, and are due to be finalized in 2018.

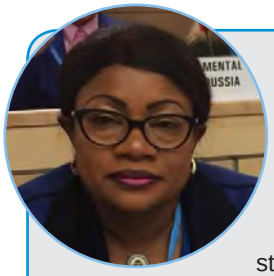
As these strategies and policies were advanced, efforts were made to strengthen the mental health skillsets of a core group of practicing

health workers. This was done through continued training in the WHO Mental Health Gap Action Programme (mhGAP), which has been specifically designed to expand access to essential mental health care in low-income settings. Over the year, five mhGAP training workshops were carried out to train a total of 96 Community Health Officers (CHOs) as well as 22 medical doctors in the essentials of mental health care. In addition to this, 806 health care workers received an orientation in Psychological First Aid (PFA). This more basic training aims to provide healthcare workers with fundamental skills and capacities to recognize mental health disorders; strengthen listening and communication abilities, and familiarize them with mental health referral processes.

In April 2017, WHO supported commemorations of World Health Day which focused on the theme: "Depression: Let's talk" (in Krio, 'leh wi tok bot Pwelhart'). Together with partners, extensive public awareness activities continued throughout April, including production and distribution of flyers, jingles, radio and television talk shows, an essay and drawing competition through School Health Clubs in several districts, and community forums. Such outreach aimed to challenge stigma and raise awareness on common signs and symptoms of mental disorders and available services, thereby encouraging people affected by mental disorders to reach out for help.

Finally, the WHO mental health team provided support to the process evaluation of the Ebola Viral Persistence Study, which was conducted through 2016-17 (see pg. 43). This process evaluation aimed to explore perceptions of study participants and staff involved in the research around the methodology, sample collections and counselling. The final results of the evaluation were presented on 28th August 2017 at a dissemination workshop, and will aim to inform in-country capacity building for delivery of psychosocial activities in the context of medical research.

Significant support was received from the African Development Bank for these activities, which were implemented by the Ministry of Health and Sanitation's Directorate of Noncommunicable Diseases and Mental Health. Implementing partners within the mental health sector include the Mental Health Coalition of Sierra Leone, the Kings Sierra Leone Partnership, JSI/USAID and the Sierra Leone Association of Ebola Survivors.



Kadiatu Savage,
Programme Manager for Mental Health, Ministry of Health and Sanitation

"I've seen things moving so much more quickly now that we have a new Directorate with specific responsibility for Mental Health, with greater coordination, stronger strategic planning and improved quality in mental health service delivery. Once enacted, I believe the new Mental Health Bill will make a profound difference in terms of protecting the rights of patients with mental disorders to access quality care, and prevent their exclusion. Even the process of doing the consultations on the Bill is helping to challenge stigmatization, with communities feeding back that they are now more aware of mental health issues; that they will now eat together with people with mental disorders, sleep in the same house as them – things that weren't happening before. I am very grateful to WHO for all the support they have provided and believe with these continued efforts and partnerships, we can really move the country forward on mental health."

Photo: WHO/Keenan L

Community Engagement

With support from UK Aid and the African Development Bank, 14 Community Engagement Officers were stationed within the various DHMTs through 2017, working alongside District Social Mobilization Officers to ensure that community engagement was integrated across health programmes. Together, these teams endevoured to strengthen community-led structures for health promotion, with the aim of increasing public trust in health services; building community knowledge on healthy behaviours, and promoting uptake of essential health services.

With funding from the African Development Bank, all DHMTs were supported to identify their targeted structures for community health engagement, with trainings subsequently provided to members of 72 Mothers Support Groups (in Kailahun, Pujehun, Kambia, Western Area Rural and Western Area Urban); 53 Health Development Committees (Tonkolili, Bombali, Port Loko, Kono and Kenema), and 39 School Health Clubs (Moyamba, Bonthe, Koinadugu and Bo).

Within the Facility Management Committees, 955 members were trained and mentored through the programme. Through the School Health Club structures, 495 adolescents were trained as change agents within their schools. This aimed not only to benefit the young people directly, but also to see them act as Health Ambassadors with their peers and their communities. Finally Mothers' Support Clubs, which are forums

Photo: UN/Acland O

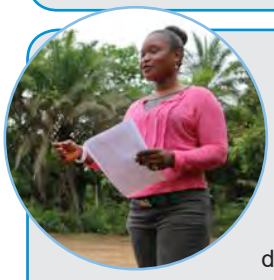
spearheaded by 'Lead Mothers,' saw 820 women trained to share information on health and nutrition, and provide peer support for healthy pregnancies, healthy motherhood and healthy children.

A number of specific awareness campaigns were also supported through the Community Engagement portfolio. In the buildup to World Blood Donor Day in June 2017, 800 community members were engaged on the importance of regular voluntary blood donations. In total, 419 units of blood were donated nationally as a direct result of these activities. For World Health Day, the teams supported the district-level Mental Health Nurses in raising awareness on mental health, and tackling common myths and beliefs surrounding mental disorders. Key community influencers representing various community platforms, students, health partners and health professionals were all engaged to discuss depression and mental health from a Sierra Leonean perspective, creating space for in-depth dialogue, engagement with mental health service providers, and local action planning.

Over the last three years, WHO-supported community engagement interventions have aimed to strengthen coordination among partners in the districts, and ensure communities are at the fore of health service delivery efforts. Alongside the network of Community Health Workers, strong structures now exist to support sustained education and engagement on health at a meaningful level. This will remain crucial as Sierra Leone continues to take steps to strengthen its health system, protect against public health emergencies, and enhance quality of care.

Agnes Sam,
Lead Mother, Bo

"Women in the community look up to us 'Lead Mothers' for guidance. And because of the respect and trust they have in us, we know we must serve as advocates by promoting the health messages that we get from health workers such as exclusive breastfeeding, going to the clinic, good nutrition and family planning to help save the lives of our daughters and their children, our grandchildren, in our communities. Now there are more community level engagements, more information, more education and more precautions being taken."



Aziza A. Sahid,
Community Engagement Officer, Kambia

"We are seeing that women are really willing to share information and have embraced this responsibility. There is ownership. In one of the communities, the club is even making small contributions that they use for transport to the facility for deliveries. Small things like this can be the difference between life and death for a pregnant woman."

Isatu Sumah,
'Mamie Queene" (woman's leader), Kambia

"We focus on reaching the girls as well as the women and making sure they understand what services are available. Many times they do not have this knowledge, particularly the youth. We tell them about the services that are here and that they are free. After women have had two or three children or if they have just had a baby, we tell them to consider family planning. They are listening to us; things are changing, slowly. We are seeing fewer young girls getting pregnant in our communities now and more women coming to the clinic for care."

Photo: WHO/Acland O

HEALTH SECURITY & EMERGENCIES

Photo: WHO/Acland O

Emergency Preparedness & Response

Since the major Ebola virus disease (EVD) outbreak, WHO has provided extensive support to Sierra Leone's Ministry of Health and Sanitation for emergency preparedness and response, including ensuring structures, systems and processes are in place nationally and within each DHMT to mitigate and control public health risks. These include the frontline Rapid Response Teams, which were initially established and trained in 2016, Public Health Emergency Management Committees for coordination, and Emergency Operations Centres (EOCs).

During the course of 2017, these structures were mobilized to respond to several events of public health concern, including a monkeypox case in April in Pujehun, the third known occurrence of the disease in the country; a number of suspected measles, yellow fever and acute viral haemorrhagic fever cases; and several natural disasters and extreme weather occurrences. These included the August floods and landslides around Freetown (see pg. 32-3), which increased risks of diarrhoeal and vector-borne diseases, but also fires in Susan's Bay in Freetown in April and windstorms at Mile 91 in Tonkolili in May 2017.

As well as supporting emergency response operations, WHO works with the Ministry to strengthen preparedness activities and planning, so as to minimize the severity of health emergency events should they occur. To such effect, a national Risk Profile was validated by the Ministry in June 2017. Developed over two days with participation from various ministries, departments and agencies, this profile ranks priority health threats for Sierra Leone, including outbreaks of infectious diseases and natural and man-made disasters. The rankings will support the Government to target programme activities, resource mobilization and expenditure planning at the national level. The exercise will subsequently be expanded to the districts over the course of 2018. Other important strategic documents developed over this calendar year include a three-month costed Cholera Preparedness Plan; a national Public Health Emergency and Incident Response Plan, and the Concept of Operations for the country's Public Health National Emergency Operations Centre (PHNEOC). This latter document covers the PHNEOC sub-structures, activation levels, command and control procedures and risk communication processes, which would be called into effect during any health emergency event.

Finally, support has continued at national and district level for the multi-disciplinary Rapid Response Teams. An assessment of the functionality of these vital response structures together with the Emergency Management Committees was conducted in all districts this year. Since their inception in 2016, this assessment showed significant improvements against various event detection and response performance indicators, with 10 out of 14 districts now having effective coordination mechanisms in place for emergency response, and all 14 districts having established EOCs.

Musa D. Sheriff,
District Surveillance Officer, Pujehun

"The establishment of the Rapid Response Teams with their composition of different players is a major push in disease surveillance. Before the Ebola outbreak, our surveillance systems were grossly challenged and limited to the domain of health workers, particularly the District Surveillance Officers. But now immediately when an event is reported, it automatically becomes an issue for the Rapid Response Team. In this way we are able to garner the required resources, whether human or logistical, to respond to the event, and minimize delays. In our district, this collaboration enabled the immediate investigation and response to the monkeypox outbreak, which reduced risks of the spread of the disease, as well as a number of suspected measles cases."

Flooding & Landslides Response

On August 14th 2017, several areas around Freetown were affected by severe floods and landslides, with a six-kilometre-long mudslide in Regent extending through Kaningo, Pentagon and Kamayama, down to the ocean at Lumley. Classified by WHO as a Grade 1 emergency, this event caused immense suffering and loss of life. Over 1100 people were reported dead or missing in the wake of the disaster, many were injured and some severely psychologically traumatized, and around 6000 people were displaced from their homes. Risk assessments conducted in the aftermath of the disaster also showed significant damage to water and sanitation systems, which increased risks of outbreaks of diarrhoeal and vector-borne diseases.

The Government of Sierra Leone quickly declared the event a national emergency, and assigned the Office of National Security (ONS) to provide overall humanitarian coordination and leadership for the response. As the UN's lead agency for health, WHO provided support within the Health and Safe Burials pillar, while providing guidance on health issues to the UN Interagency Response Team. Within the Ministry of Health and Sanitation, the PHNEOC was immediately activated, and WHO technical teams supported coordination, planning and implementation of activities within a number of technical areas including: Case Management and Psychosocial Support, Surveillance and Laboratory Services, Infection Prevention and Control (IPC), Safe Burials, Risk Communications and Community Engagement.

Preventing outbreaks of infectious diseases

Search and rescue efforts commenced immediately, and WHO IPC experts worked with Ministry teams to provide guidance to frontline responders and the Connaught Hospital mortuary staff, providing trainings on appropriate decontamination procedures, use of Personal Protective Equipment (PPEs), handling of bodies, and hand hygiene. At the community level, 400 Community Health Workers (CHWs) were trained to support uptake and monitoring of hygiene and sanitation practices, while 40 dedicated IPC focal persons were deployed among the camps and the clinics in the affected areas to supervise and support IPC uptake and compliance.

With increased reporting, trainings, networking and supervision of health facilities across the two affected districts (Western Urban and Rural), surveillance was quickly enhanced for six key epidemic-prone diseases: cholera, malaria, measles, dysentery, typhoid, and diarrhoea with dehydration in children under-5 years. To increase preparedness against cholera, specific hands-on trainings on timely detection, reporting and case management were provided to 400 healthcare workers; additional rapid cholera detection kits were distributed among the health facilities; a three-month emergency Cholera Preparedness Plan was developed; readiness assessments were conducted at designated treatment units; tools were developed and staff trained in cholera case management, and cholera response kits were prepositioned so that they could be ready for use in the event of an outbreak.

Together with the Health Education Programme within the Ministry, WHO further supported the training and deployment of 150 CHWs to engage affected communities on preventive health messages, through house visits and community forums. Various community influencers were also engaged to support these health promotion efforts, including school authorities; market women; ward councillors; women's leaders, and water-well owners.

Providing essential health services to survivors

To help the country replenish emergency medical commodities, WHO shipped four trauma kits to the country, while technical assistance was provided for monitoring and distributing stocks

of essential medicines and supplies. Additional medical personnel including volunteer doctors and Community Health Officers were also redeployed to the affected areas, to support routine health service delivery as well as necessary trauma care.

Impressively, mental health services were fully integrated with the emergency response from the outset, with Mental Health Nurses immediately assigned to the affected areas. Over the course of the response, they would counsel over 2000 survivors. Additional psychosocial support was provided to over 100 frontline responders while 86b health workers were oriented in the basics of 'Psychological First Aid' and compassionate communications approaches, while social workers and Community Health Officers were trained to facilitate 96 Community Healing Dialogues in the affected sites. Finally, WHO supported the deployment of a specialized Child and Adolescent Clinical Psychologist, who helped facilitate one-on-one care for affected children and run peer support groups for adolescents and parents.

Vaccinating against Cholera

Following the floods and landslides disaster, the country quickly submitted a request to the International Coordinating Group on Vaccine Provision to receive emergency provision of the Oral Cholera Vaccine (OCV). Assessments conducted following the disaster showed an elevated risk of cholera outbreaks in disaster-affected areas, given extensive damage to water and sanitation facilities; major displacement resulting from the landslides; ongoing heavy rains and flooding, and a history of devastating cholera outbreaks in the country. The above criteria therefore fulfilled the current WHO recommendation to target high-risk population groups with pre-emptive use of OCV, which can increase protection against cholera during humanitarian emergencies.

With support from Gavi, UK Aid, WHO, UNICEF, MSF and other partners, 1 036 300 doses of the WHO-prequalified Euvichol vaccine were received from the global stockpile within two weeks of submitting the ICG application, targeting 518 104 individuals over 1 year of age. The campaign kicked off on 15th – 20th September within 25 high-risk communities, with a second dose made available from 5th - 10th October 2017. The vaccination campaign used a mixed strategy made up of static vaccination posts at health facilities and schools, semi-mobile vaccination units and door-to-door vaccination teams.

"People here are very keen to get the vaccine. They know how bad cholera can be and want that protection for their families. We have seen a lot of demand and very few refusals."

Mary M. Sesay, Nurse and Vaccinator

As a core part of the strategy, extensive community engagement and public awareness activities also took place to create awareness on OCV and promote hygiene and sanitation practices. 260 Social Mobilizers (CHWs) were trained and deployed to the targeted sites, doing house to house visits and engaging community leaders. According to post-coverage survey data, there was high acceptance of the OCV by community members (more than 90% expressed a positive opinion regarding the vaccine), and wide public awareness about cholera risks. 47% of people received their primary information about the vaccine from the mass media; 30% from Social Mobilizers and 11% from health workers.

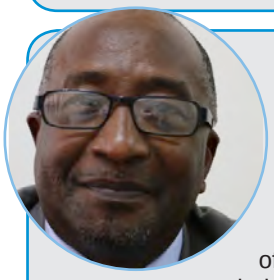
The Independent Monitor's Report found that Round 1 and Round 2 of the OCV campaign achieved coverage of 96% and 93% respectively. One dose of the vaccine provides at least 2 to 6 months protection against the disease, with two doses providing up to three years.

In all, the floods and landslides response demonstrated high levels of coordination within the Ministry, as well as the readiness of the PHNEOC to respond to an emergency event. Psychosocial support, risk communications and community engagement were fully integrated within the health sector response efforts from the outset, while the country's rapid scale-up of surveillance and IPC activities and the deployment of OCV were in many ways best practice for timely mitigation of health risks.

Working in close partnership with the Ministry and other UN partners, WHO's response to the floods and landslides event was generously supported by by UK Aid, Gavi, the US CDC and the Swiss Government.

Hawanata Foday,
Mental Health Nurse

"We were called to come and respond to the mudslide that took place on August 14th, as there were many people who were extremely traumatized. Imagine, people had lost their loved ones within a day, had lost everything they had laboured for throughout their lifetime. Our people were there in the communities to listen to survivors, help them with their psychological problems, link them with services that are available in the response centres and also coordinate with their local authorities. I was very happy we were able to be part of that important response work."



Dr. Alie Wurie,
Director of Noncommunicable Diseases and Mental Health

"As a way of addressing the mental health needs of people affected, the Ministry with the very strong support of WHO immediately redeployed mental health nurses from other parts of the country to provide timely counselling services and other forms of psychosocial assistance. Mental health is too often a silent area which is neglected during emergencies, but we recognized the critical importance of such an intervention and as such, were able to reach a high number of people in urgent need of emotional and psychological support."

Dr. Dennis Marke,
Immunization Programme Manager, Ministry of Health and Sanitation

"An achievement of tremendous significance in 2017 was the administration of the Oral Cholera Vaccine, which would help to prevent any imminent cholera outbreak following the mudslides and flooding disaster. Drawing from the 2012 cholera experience, we knew that any outbreak in 2017 could have derailed all progress in the health sector. This vaccination campaign was timely and critically important, and provides many learnings which we and other countries can now apply for future emergency response."

Solomon Collier,
Community Health Worker, Juba Camp

"We sensitized people so that they could know exactly what all these diseases are and how to prevent them. We showed them the awareness cards so that they could understand the risks, telling them about the [cholera] vaccine but also the other precautionary measures. Washing hands is a very good example, alongside keeping the place clean, and using the aquatabs to treat water for drinking. People here were very willing to get the cholera vaccine. I put myself on the line by taking it first, so that they knew it was safe for them too."

Photo: WHO/Acland O

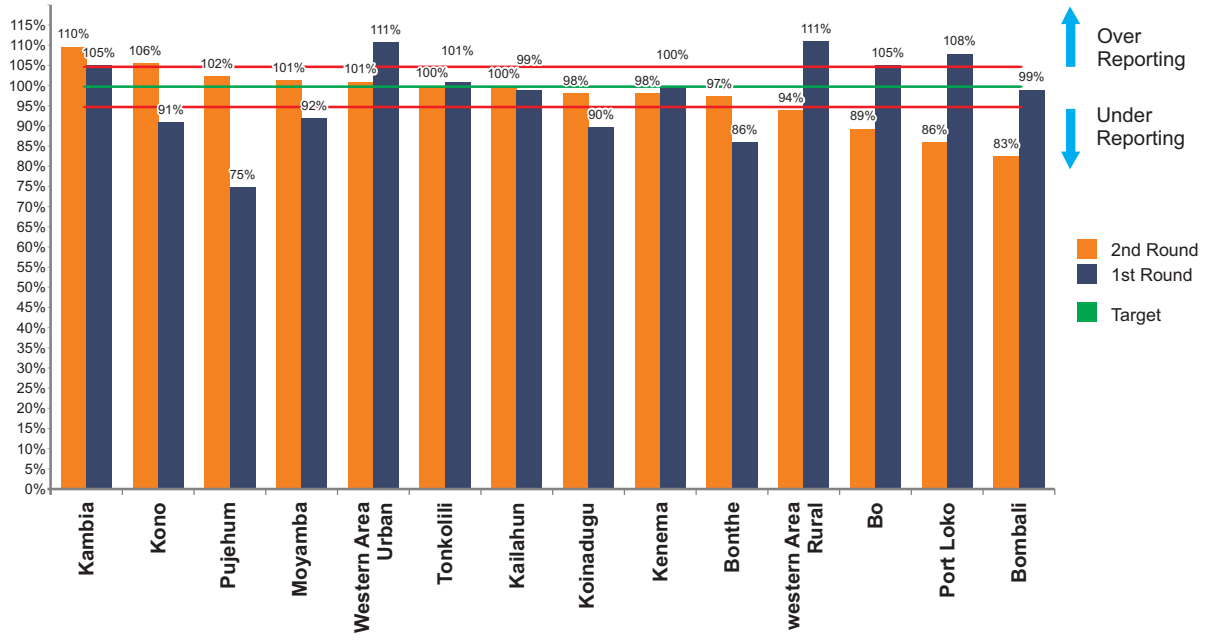
Integrated Disease Surveillance & Response

Since the Ebola outbreak, WHO and partners have provided extensive support to Sierra Leone's Ministry of Health and Sanitation to help revitalize its national Integrated Disease Surveillance and Response (IDSR) system. As a result, the Ministry is now routinely monitoring 26 priority diseases and health conditions, with weekly data submitted by DHMTs and health facilities and used for compilation of national and district-level epidemiological bulletins. In addition, priority events such as suspected infectious disease outbreaks are to be reported to health management teams within 24 hours, and rapid response initiated within a critical 48-hour window.

In 2017, WHO helped train 96 hospital focal persons and 418 clinicians from high-volume health facilities, aiming to increase the index of suspicion for cases of notifiable diseases. Combined with ongoing mentorship and supportive supervision, this has helped to improve detection, notification and response to suspected outbreaks and other public health events, with key performance indicators remaining above the WHO target of 80% in 2017.

Throughout the year, WHO provided financial and technical assistance to three national surveillance review meetings, while support was provided for two integrated supervision rounds across all 14 districts, covering 102 (Round 1) and 133 (Round 2) health facilities respectively. The supervision was conducted in collaboration with CDC and the Sierra Leonean Red Cross.

A key component of an effective IDSR system is data quality and timeliness. To such effect, WHO teams helped familiarize health workers with the new electronic reporting system (eIDSR), with the second phase of roll-out commencing in the first quarter of 2017 in Port Loko. With support from WHO, CDC and eHealth Africa, 112 health facility staff were trained in mobile phone-based reporting. IDSR weekly reporting from health facilities also improved, with the completeness rate rising from 83% in the first quarter of 2016 to 97% at the end of 2017. WHO supported one Data Quality Audit round in June and July, reaching 97 health facilities. This found that data accuracy (+ or - 5%) improved from 95.3% in 2016 to 97% in 2017, indicating that data generated through the national IDSR system can



Comparison of IDSR data accuracy by district

reliably be used to estimate burdens and monitor trends of notifiable diseases.

To provide logistical support to Surveillance Officers and Rapid Response Teams, WHO with funding from the African Development Bank procured a total of 18 cars and 57 motorbikes, which were distributed to each district and to the national EOC to support routine surveillance, investigations and response to public health events. Efforts were also made to enhance the sensitivity of the IDSR system through the phased introduction of Community Based Surveillance (CBS). A total of 8,449 Community Health Workers have now been trained in the use of CBS for reporting health events, using simplified case definitions for 10 priority diseases. Through these investments, the sensitivity of the surveillance system has improved, with 7% of suspected outbreaks and other public health events detected through CBS over the course of the year.

Following the publication of the country's Joint External Evaluation (JEE) in February 2017, the Ministry commenced activities towards developing a comprehensive National Action Plan for Health Security, covering the period 2018-2022. A workshop to identify priorities for the Plan was held in October, with a review and costing workshop undertaken the following month with support from WHO and CDC. The plan is expected to be finalized and launched in 2018. Together with IOM and CDC, WHO supported the Ministry to conduct assessments of port health services in Sierra Leone's seven border districts and the Water Quay seaport in Freetown. Gaps identified such as lack of trained personnel at points of entry were subsequently addressed by the Ministry, with technical and financial support from WHO. Further to this, an induction on cross-border collaboration and various coordination meetings also took place in the border districts, involving relevant counterparts from Guinea and Liberia.

Finally, to strengthen influenza surveillance, the National Influenza Surveillance Protocols were adapted for Sierra Leone, and four dedicated influenza sentinel surveillance sites were newly established for tracking and identifying circulating strains of the virus. In 2017, the Influenza Laboratory demonstrated capacity to isolate seasonal influenza type B. Data generated from the sentinel influenza will be incorporated into the weekly epidemiological bulletin in 2018.

In recognition of progress made within IDSR, the WHO Sierra Leone team was awarded the WHO Regional Director's Award for Outstanding Team Leadership during the 67th Regional Committee meeting (RC67) held in Victoria Falls, Zimbabwe in August 2017.

Photo: WHO/Keenan L

Photo: WHO/Acland O

Laboratory

An effective laboratory network is an essential component of a functional healthcare system, facilitating the early detection of high-risk pathogens and antimicrobial resistance (AMR), effective treatment of patients, and the prevention of epidemics. In Sierra Leone, the national laboratory network consists of community-based and hospital diagnostic laboratories; three regional laboratories at Bo, Kenema and Makeni, and a central public health laboratory hub, which encompasses the laboratory at Connaught Hospital as well as specialized services for tuberculosis, Lassa fever and, through China CDC, some other epidemic-prone diseases. With partners, WHO support has focused primarily on supporting the training and supervision of laboratory technicians working at these various levels, strengthening biosafety and information management, and improving the referral and transportation systems for specimens.

Following earlier training of lab technicians to perform microbiological culture and antibiotic sensitivity testing, equipment and reagents were procured to support the roll-out of these tests in Connaught Hospital and the three regional laboratories. Specialized Standard Operating Procedures (SOPs) and reference publications were developed to support this process, while quality assurance visits provided participating lab technicians with ongoing guidance and hands-on support. In 2017, 59 microbial culture tests have been conducted across the four laboratories, with results subsequently fed back to clinicians to guide treatment decisions.

WHO has warned that AMR is one of the greatest threats to public health today, jeopardizing the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. Through a newly-established multi-sectoral Working Group, a National AMR Strategic Action Plan was developed for the period 2018-22, which is expected to be finalized and launched in 2018. To increase public dialogue and awareness on AMR, WHO further supported the Pharmacy Board to conduct a number of public-facing campaign activities on the dangers of overuse and misuse of antibiotics, including extensive media engagements and outreach in schools,

Photo: WHO/Gborie S

Photo: WHO/Gborie S

hospitals and communities for World Antibiotic Awareness Week in November 2017.

With support from WHO, 17 district-level Biosafety Officers were trained in biosafety procedures during the course of the year, while a safety audit of nine district laboratories was conducted by the Directorate of Hospitals and Laboratory Services. Findings from the audit informed the procurement and distribution of crucial fire protection equipment, first aid kits, pedal bins, laboratory coats, biological spill kits and biohazard bags for the regional laboratories in Bo, Kenema, Makeni and the Connaught Hospital lab. To support effective referrals, 60 health workers were trained on the safe collection, packaging and transportation of stool specimens for the diagnosis of epidemic-prone diarrhoeal diseases. SOPs were also developed for the collection, handling and storage of specimens for acute flaccid paralysis, measles, yellow fever, influenza, meningitis, monkeypox, cholera, and typhoid.

Finally, important work continued towards strengthening the Laboratory Information System as the country transitions from paper-based to electronic reporting. Hands-on-training in data management was provided for 30 Laboratory Data Officers; data quality checks were conducted, and registers, request and summary forms supplied. An inventory management system was also introduced in the district and regional laboratories, with 18 Inventory Officers trained to use the tool.

WHO's work with the laboratory network has been generously supported by several donors and implementing partners, including CDC, USAID and the Swiss Government.

James LB Massally,
Clinical Lab Director, Kenema Government Hospital

"Over the years, laboratory capacity has continued to improve and the unit has been strategically positioned and merged with the disease surveillance programme. This upskilling of our staff with hands-on trainings and resourcing of our labs is critical for all aspects of progress in the health sector. But in the future, I would love to see us expand to biochemistry testing, so that we can support those with cardiovascular and liver disorders and provide laboratory assistance for a wider range of clinical services."

Infection Prevention & Control

Strong Infection Prevention and Control (IPC) systems and procedures are critical to reduce risks of the spread of infections; tackling the emerging threat of AMR, and helping ensure healthcare is safe for both patients and health workers. For effective IPC performance, WHO provides technical support to Sierra Leone's IPC Unit, which was created during the major Ebola outbreak in 2015 to strengthen essential IPC standards and performance at all levels of the healthcare system. The National Unit oversees implementation of the country's National IPC Action Plan and SOPs, monitors IPC compliance, and provides training, mentorship and supervision to a dedicated network of focal persons and supervisors. These focal persons are stationed at the national level, within each District Health Management Team, and across all health facilities countrywide.

During the course of the year, WHO provided intensive support to quarterly IPC supervision assessments, which visited a total of 12 district hospitals and 126 PHUs during each quarter. These assessments revealed that IPC compliance increased from 77% in 2016 to 85.6% in 2017 at the hospital level, and from 25.6% to 57.6% within the PHUs. Where gaps have been reported, these are largely related to inadequate WASH infrastructure at the PHU level (see pg. 42), as well as insufficient availability of IPC supplies and commodities. Where feasible, the IPC Unit is helping to address some of these issues through the redistribution of supplies, as well as engagement of partners, communities and other departments to support essential WASH interventions. From 2016-17, Hand Hygiene Audits were also rolled out across 21 government hospitals, showing that adherence to hand hygiene standards increased from 52% in 2016 to 74% as at the end of 2017.

With funding from CDC, WHO supported the Ministry to conduct the country's first ever point prevalence survey of healthcare associated infections (HAIs) and antibiotic consumption in four regional hospitals. This important inaugural study found a prevalence of antibiotic consumption at 73.7% within the facilities (95% CI: 69.3-77.7), with the highest prevalence in neonatal units, followed by intensive care and paediatric wards. Data regarding the appropriateness of the individual antibiotics prescribed was not evaluated, though could be considered in future audits. Based on clinical parameters, the prevalence of patients with HAIs was estimated at 7.7% (95% CI: 5.1-11.1), with surgical site infections (40%) the most common form, mainly among women who had undergone a caesarean section. The findings from these surveys are being used to inform the development of a national action plan to combat HAIs and AMR, which is due to be finalized in 2018.

To help ensure the country has comprehensive protocols and standards in place for IPC, WHO supported the Ministry to develop and validate the Post-Exposure Prophylaxis (PEP) guidelines, SOPs and reporting tools for HIV and hepatitis B. 164 health workers from across the four regions of the country were subsequently trained on their use, while 248 healthcare workers were trained on the proper decontamination of medical equipment, proper linen management and SOPs for performing aseptic procedures.

On 5th May 2017, Sierra Leone joined the rest of the world in celebrating Global Hand Hygiene Day. As directed by the National IPC Unit and with technical support from WHO, all health facilities countrywide participated in the celebration to reinforce the message that hand hygiene is paramount to disease prevention. Finally, with support from UK Aid, WHO helped the Ministry strengthen monitoring of IPC performance with the training of 77 healthcare workers on the use of DHIS2 software for data entry and management, including district IPC Supervisors, hospital IPC focal persons and Monitoring and Evaluation Officers.

Through 2018, WHO will continue working with the Ministry to more fully integrate IPC within all healthcare programmes at the national and district level, and build the skills of its health workers in essential hygiene standards. WHO also plans to help expand surveillance of healthcare associated infections, AMR, and antibiotic consumption, to support effective planning and response on these crucial issues.

Health & the Environment

Healthy environments require effective policy and legislation that protects people's right to health and wellbeing, as well as actions to improve access to safe water and sanitation, tackle pollution, and address other environmental and social threats to health. WHO Sierra Leone provides support to the Ministry in drafting effective policy and legislation to provide such protection, as well as efforts to strengthen water quality and improve WASH systems within health facilities.

To this end, work has commenced towards developing a new Public Health Ordinance in Sierra Leone, which will replace the country's 1960 Public Health Act. Efforts are being made to align this Act with public health best practice and the requirements of the International Health Regulations (2005), while promoting increased inter-agency coordination across health, agriculture, environmental and other sectors. Commencing in the second quarter of 2017, WHO Sierra Leone provided technical assistance in the internal consultations within the Ministry of Health and Sanitation on the draft ordinance, with next steps including: wider external consultations and engagement of the Law Reform Commission; enactment by parliament; and finally, launching and dissemination of the Act.

Access to safe water is one of the most effective instruments in reducing poverty and improving health outcomes, with diarrhoeal disease a leading cause of child death and morbidity in Sierra Leone. In 2017, WHO supported efforts to strengthen water quality monitoring through the procurement of three portable testing kits, which will be prepositioned in Freetown and cholera-prone districts to enable physical, bacteriological and chemical assessments at water points. Preparations have been made for the training of Ministry staff on the use of these kits, which will be carried out in 2018.

Further to this, the WHO and UNICEF Water and Sanitation Health Facility Improvement Tool (WASH FIT) approach has been employed to help reduce WASH challenges in health facilities, by engaging hospital staff to develop risk-based plans and interventions that improve WASH services for staff and patients. Accordingly, WHO Sierra Leone supported the Ministry to train 120 healthcare workers on WASH FIT from three districts (Western Area Urban, Bo and Bombali) over the course of the year, and the scheme is due to be expanded to all district health teams in 2018.

Photo: WHO/Acland O

Survivors

Sierra Leone has a registered population of 3466 Ebola virus disease (EVD) survivors who have reported a range of health issues, including neurological, eye and ear complaints, and mental health disorders. For this reason, WHO in Sierra Leone supported the initial roll-out of the Comprehensive Programme for EVD Survivors (CPES) following the major Ebola outbreak, incorporating training of clinicians and development of Clinical Guidelines for Survivor Care (2016). Since this time, WHO has provided ongoing support to ensure these clinical guidelines remain up to date, to develop the evidence base on survivors, and increase access to more specialized medical services.

In particular, the Ministry has been supported to conduct awareness campaigns to address stigma against EVD survivors, to train EVD survivors who are involved in commercial sex work on the dual risk of HIV and EVD transmission, and to promote safe condom use. Two consultants were further engaged to provide specialized training for 26 clinicians in rheumatology (joint disorders) and otorhinolaryngology (ear, nose and throat disorders), which are commonly experienced conditions among the survivor population. This was achieved through seminars, tutorials and patient-centred mentorship.

Together with the Ministry and the Sierra Leone Association of Ebola Survivors, data analysis was also conducted for Project Shield, which assessed viral shedding in the body fluids of male and female EVD survivors. Outcomes of these studies and their implications on risk communication were disseminated within the three most affected countries (Liberia, Guinea and Sierra Leone). Agreed outcomes from these viral persistence studies included:

i) Revisions to be made to the current scientific advice on the sexual transmission of Ebola virus in view of findings of the studies (about 12 months).
ii) Communication and advocacy documents for and to survivors to communicate findings of these recent research studies.
iii) Need for standardized protocols for specimen collection and storage.

Photo: WHO/Gborie S

HEALTH SYSTEMS

Photo: WHO/Keenan L

Health Systems Strengthening

WHO Sierra Leone provides technical support to the Ministry to help strengthen its national health system, through strategic technical guidance in the areas of healthcare financing and financial reporting; human resources for health (HRH); management and leadership strengthening, and health information management. These efforts aim to strengthen the building blocks of the health system against which other programmes can deliver, and advance the goal of Universal Health Coverage (UHC) in Sierra Leone.

This year, the country carried out a nationwide Service Availability and Readiness Assessment (SARA+), which will provide comprehensive information on service quality and availability in health facilities across Sierra Leone. Supported by WHO, the Jon Snow Institute, the Global Fund and UK Aid, an advance draft of the SARA report was circulated for final inputs in December 2017, and is expected to be launched in the first quarter of 2018. In total, the SARA assessed all of the country's 1350 registered health facilities, looking at availability of staff, infrastructure, equipment and amenities, essential medicines and diagnostic capacities, data quality, and the overall readiness of health facilities to provide essential healthcare services to the population.

A new national Policy and Strategy for Human Resources for Health (2017-2021) was launched in May 2017. Developed by the Human Resources for Health Directorate from WHO and the Clinton Health Access Initiative, these strategic documents aim to guide planning and investments at the appropriate levels of the health workforce. The strategy draws on a comprehensive profile of Sierra Leone's HRH situation that was conducted in 2016, which identified a number of challenges currently facing the health workforce in Sierra Leone including: skills gaps and staffing shortages (particularly at mid-level clinical tiers), inequitable rural/urban distribution of staff, and high levels of volunteerism within the health workforce.

Within the area of HRH, WHO also provided significant support to Sierra Leone's College of Medicine and Allied Health Sciences

Photo: WHO/Acland A

(COMAHS), which is Sierra Leone's principal training institution for medics and pharmacists. With funding from the African Development Bank, vehicles, medical and office supplies were procured for COMAHS, while an additional seventeen staff were recruited for management, teaching and lecturing. These include teaching staff in paediatrics, obstetrics and gynaecology, surgery, internal medicine, clinical pharmacy, pharmaceutics, anatomy, physiology, pathology, microbiology, chemistry, mathematics and nursing, as well as a deputy principal.

With support from WHO, the Ministry established a working group to draft a new National Surgical, Obstetric and Anaesthesia Plan. Following consultations at all major hospitals and with key stakeholders, a costed plan is currently being finalized. The aim of the plan is to increase access to safe, affordable surgical care to the people of Sierra Leone, crucial for decreasing maternal and child mortality and mitigating the disability burden caused by injuries and cancer.

On healthcare financing, WHO supported the development and dissemination of a joint position paper with partners on the proposed Social Health Insurance scheme, which was subsequently shared with the Government to help inform the development of this scheme. WHO participated actively in the inception dialogue on the National Health Financing Strategic Plan 2018-2022, supporting the drafting of a roadmap and formation of technical working groups to advance its development, while the Health Information Strategic Plan and investment framework is also under review. Finally, the Ministry has embarked on a participatory process to develop the next National Health Sector Strategic Plan (NHSSP) 2017-2021. WHO supported the Ministry in the development process with the relevant analyses, reviews and consultations on the draft NHSSP which is due for printing and dissemination during the first quarter of 2018.

Through 2018, WHO plans to provide additional support to the Ministry in implementing and evaluating the Human Resources for Health Strategy; rolling out Leadership and Management Training for DHMTs, as well as undertaking review and revision of the national policies and guidelines for essential medicines, Standard Treatment Guidelines, and Drug Formularies. Work will continue to support human resource development for health in Sierra Leone, including through the drafting of a comprehensive training policy, strategies and plan. With UHC and the SDGs now a core component of health policy and planning, WHO will also actively extend its support to tracking performance against both the national health priorities, and against these crucial regional and global commitments for health.

Photo: WHO/Keenan L

District Support & Management

From 2015 to 2017, WHO established an active presence in each district of Sierra Leone to support the Ebola response and subsequently, the recovery. Supported by UK Aid, the African Development Bank and the US CDC, these teams provided invaluable assistance in the restoration of essential health services, while supporting critical efforts for emergency preparedness and response. 2017 was a transitional year. Support was provided to each district through a smaller cohort of dedicated WHO staff (reducing from an average of 8 staff members per district in 2016 to 4 in 2017), alongside continued disbursements of operational funds directly to the District Health Management Teams (DHMTs). The WHO staffing presence consisted of a combination of: epidemiologists, maternal and child health specialists, community engagement officers, district coordinators and support personnel.

At the coordination level, all districts are now conducting regular management meetings for strategic planning, decision-making, and data sharing and review; most DHMTs are holding regular monthly coordination meeting with external partners, and regular performance review meetings are being held with health centre In-Charges. In the area of maternal and child health, teams supported the roll-out of a number of flagship programmes as well as on-the-job training of frontline health staff. Particular achievements include the establishment and institutionalization of maternal death investigations and response on the back of IDSR investments and support; the Emergency Triage Assessment and Treatment programme was instituted in the regional and district hospitals, and technical assistance for the planning and implementation of various immunization campaigns and routine immunization functions.

Building on lessons from the Ebola outbreak, DHMTs have significantly scaled up their social mobilization and health promotion activities. This was achieved with support from 14 WHO Community Engagement Officers, who were stationed alongside the district Social Mobilization Officers to reactivate locally acceptable structures, including school health clubs; village health committees; village development committees; facility management committees and mothers' groups (see pg. 27-8). Through these groups, communities were proactively engaged in commemoration of health days and various campaigns, from blood

Photo: WHO/Keenan L

donations to malaria prevention, efforts to build trust and use of clinics, engagement on vaccines, and distribution of bednets.

Given the context of the recent Ebola outbreak as well as a high burden of infectious diseases, health security has been a major focus for WHO district-level support. Accordingly, all districts benefitted from the guidance of a WHO epidemiologist to support effective investigations of health events, surveillance and emergency response. Together with the establishment and on-the-job training and supervision of Rapid Response Teams and Public Health Emergency Management Committees in all of the districts, the consolidation of IDSR is a critical achievement. Timely weekly reporting has been at 99% - well over the 80% and 90% targets set by the WHO Regional Office for Africa and the Ministry respectively – and all districts are currently submitting weekly inputs to the national epidemiological bulletin. Many are also developing their own district-level reports. District preparedness plans and risk mapping are under development, while IPC has been institutionalized in the districts through regular monitoring and reviews, trainings and grading of performance.

Over the last two years, the WHO district teams have provided essential support for post-crisis recovery of the health system in Sierra Leone, facilitating programme implementation, consolidating coordination functions subnationally, and improving the localized adaptation of tools, programmes and policies at this critical level of implementation. While WHO will no longer have staff placed directly in the DHMTs from 2018, technical teams will continue to work closely with district and national management teams within the Ministry to support implementation and planning in the districts, with continued attention to regular supervision, mentorship and programmatic partnerships.

Allieu Sesay,
Surveillance Officer, Moyamba District

"The good relationship and support we enjoyed with the WHO district team in 2017 helped us a lot with our disease surveillance activities. We had access to their resources inclusive of vehicles which eased the challenge of transportation. More importantly, we worked closely with their epidemiologists and technical personnel in the investigation of suspected cases such as measles, yellow fever and acute flaccid paralysis, and conducted joint field supervision and mentorship to our field staff within the health facilities. They also facilitated the training of some 1000 Community Health Workers that are deployed in our 14 chiefdoms to help with reporting priority diseases and unusual events. The WHO presence in the district was a huge boost for us. But even though they have now ended their field presence, they leave us with improved skills and in a much better position to build on the capacity that they left behind."

Dr A.S. Turay,
District Medical Officer, Bo

"The WHO field presence helped my team grow their skills and my surveillance unit's capacity is vastly improved, mainly due to the hands-on trainings and mentorship delivered by their WHO counterparts. Planning and coordination was also a major challenge in the past, but the WHO team helped us to strengthen that in a big way. They worked with us to introduce a weekly coordination meeting where critical issues such as the surveillance reports, data management and any emerging issues would be discussed among partners, and this is yielding very positive results. We would have welcomed the continued presence of the teams in the DHMTs, but the fact that WHO has returned back to the pre-Ebola days and resumed operations from the central level is a positive sign of stability in the health sector. Their valuable contribution and the systems they helped to build and strengthen are solid foundations on which we will now continue to improve."

The Health Workforce in Sierra Leone

A Snapshot from the Human Resources for Health Country Profile (2016)

THE HEALTH WORKFORCE

HEALTH WORKERS*
19 030

SALARIED (52%)
9910

UNSALARIED (48%)
9120

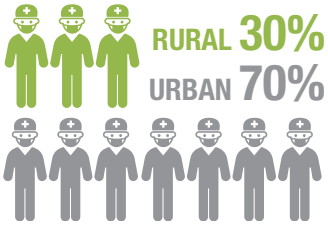
FEMALE HEALTH WORKERS
62%

37%
MALE HEALTH WORKERS**

Sierra Leone experiences shortages of skilled healthcare providers (doctors, nurses and midwives), with the most critical staffing shortages in the mid and higher-level clinical tiers.

FOR A POPULATION OF
7 092 113
PEOPLE*** THERE ARE:

DISTRIBUTION OF THE HEALTH WORKFORCE



RURAL **30%**
URBAN **70%**

DISTRIBUTION OF THE TOTAL POPULATION

RURAL **62%**
URBAN **38%**

Approximately **42%** of the workforce is active in Western Area and nearly three quarters of the total health workforce is distributed across **10%** of facilities**

*Excluding Community Health Workers and TBAs
**Data from 2016 Human Resources for Health Country Profile (MoHS, 2016)
*** 2016 Census Data

OPERATIONAL SUPPORT

Photo: WHO/Gborie S

About Us

A strategic agenda for recovery

After the devastating Ebola outbreak of 2014-15, WHO's support to the Government of Sierra Leone shifted from a model of emergency response, towards robust technical advice and capacity building for a sustainable recovery. Through 2017, the Country Office worked with the Ministry of Health and Sanitation to implement its interim Biennium Plan 'From Ebola to Health' (2016-17), which closely aligned with the country's 24-month Post-Ebola Presidential Recovery Priorities. Launched in 2015, these Priorities included three key results areas for the health sector, namely: i) Saving the lives of 600 women and 5000 children; ii) Preventing, detecting and responding to epidemics and ensuring zero cases of Ebola virus disease; and iii) Delivering continuous care for Ebola survivors.

Following extensive consultations with the Government and UN, donor and civil society partners, WHO Sierra Leone has now launched its new five-year Country Cooperation Strategy (CCS) for 2017-2021, which outlines a medium-term vision for the Organization's support to the health sector. In particular, it details the following strategic priorities:

1) Improve Reproductive, Maternal, Newborn, Child and Adolescent Health;
2) Strengthen capacities for public health security and emergencies;
3) Reduce the morbidity and mortality from major communicable and non-communicable diseases; and
4) Support health systems strengthening.

The CCS intends to strengthen strategic cooperation between WHO and the Government of Sierra Leone after the extraordinary Ebola response period, and the subsequent recovery phase. It aligns with the country's commitments under the SDG Agenda for the implementation of SDG 3 ('ensure healthy lives and promote wellbeing for all at all ages'); reflects national priorities, and aims to enhance government capacity to improve the outcomes of public health programmes.

How we work

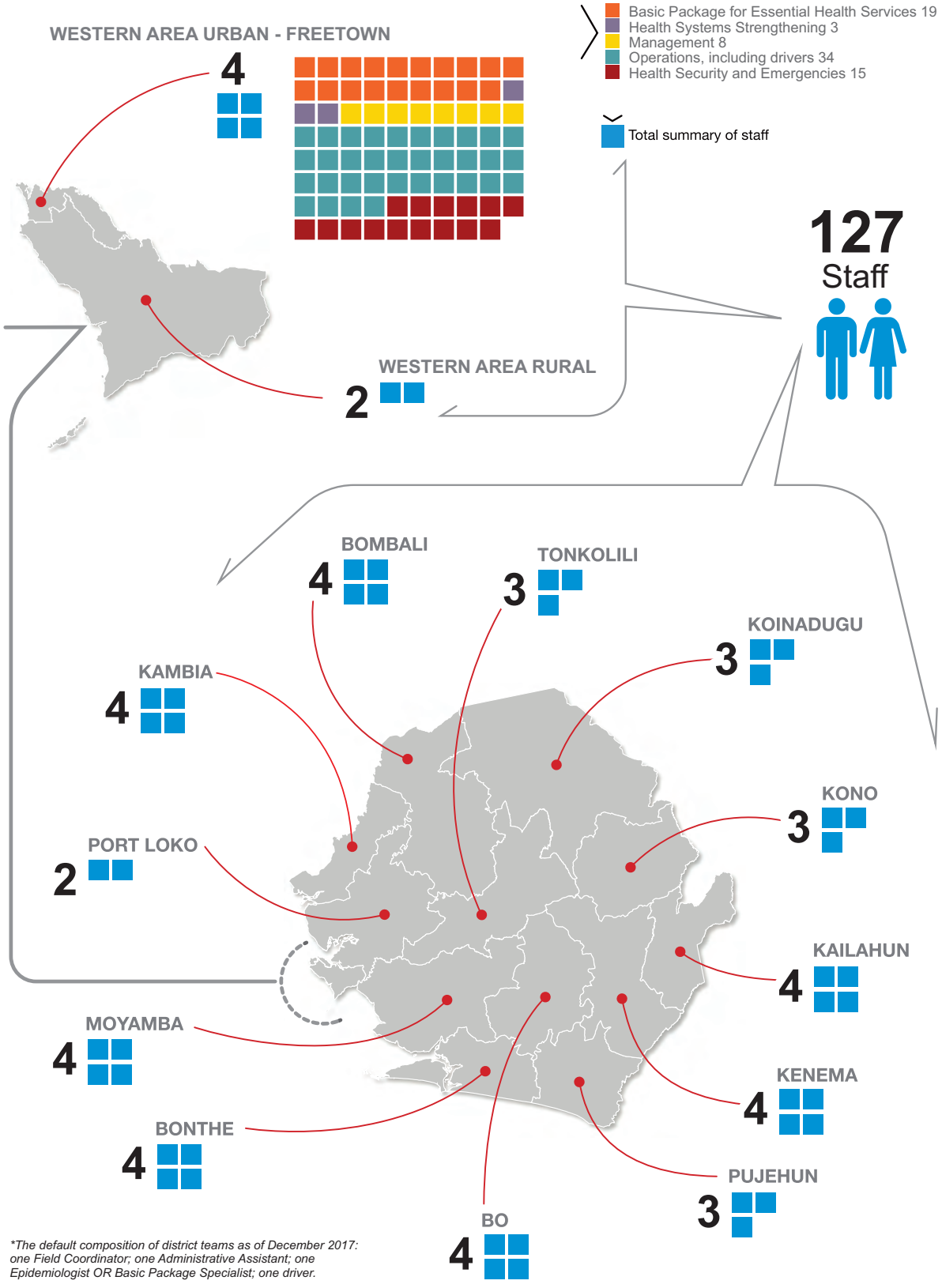
Throughout 2017, the office has retained its presence both at the district and national level, working through three technical clusters: i) Health Systems Strengthening, ii) Health Security and Emergencies, and iii) Basic Package of Essential Health Services. Operations, Districts Coordination and Management Teams provided additional planning, coordination and functional support to the technical clusters. Within the districts, teams of on average five district personnel have been stationed throughout the DHMTs through 2017 to ensure sustained emergency preparedness and rapid response capacities, and support the reactivation of essential healthcare services (see pg. 47-8). This was part of a transitional Ebola recovery arrangement, which will return to a more centralized model of support from 2018.

The office uses WHO's integrated Enterprise Resource Planning System and its Global Management System, a highly robust IT system to gather, collate, produce data, monitor implementation and produce reports. With the exception of small transactions that are overseen by the regional office, payments are managed and expenditures monitored through the WHO Global Service Centre, providing consistent and assured accountability and oversight throughout the Organization. Mechanisms and control frameworks are maintained to ensure that reporting and accountability requirements are met on a timely basis. In 2017, an Internal Audit was also conducted within WHO Sierra Leone by an international team to ensure compliance and effectiveness of processes for risk management and governance, in line with global standards and controls.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1:	
Improve Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)	• Strengthen national and decentralized capacity to improve access to and utilization of quality RMNCAH interventions. • Support policy dialogue to advance adolescent health programming and improved access to sexual and reproductive health in particular for adolescents. • Strengthen national nutrition surveillance systems and management of nutrition disorders among mothers, infants and young children, towards the global nutrition targets. • Strengthen immunization systems to provide and sustain universal immunization coverage; undertake acute flaccid paralysis and other VPD surveillance; and introduce new vaccines.
STRATEGIC PRIORITY 2:	
Strengthen capacities for public health security and emergencies	• Support achievement of the IHR core capacities, including the nation-wide establishment of the Integrated Disease Surveillance and Response system for infectious diseases and other disease threats. • Support the development and implementation of preparedness and response measures for public health risks associated with disasters. • Strengthen national capacities to develop and implement plans and policies to reduce environmental risks to health, including waste management and vector control.
STRATEGIC PRIORITY 3:	
Reduce the morbidity and mortality from major communicable and non-communicable diseases	• Support the prevention, management and control of HIV & AIDS, malaria, tuberculosis, neglected tropical diseases and other communicable diseases. • Support the prevention and management of noncommunicable diseases and mental health problems.
STRATEGIC PRIORITY 4:	
Support health systems strengthening	• Strengthen health system capacity and management at national, district and community levels to deliver and increase access to effective and high quality health services. • Strengthen capacity to develop strategies and mechanisms to improve the supply and management of human resources for health. • Improve health information system and ensure their overall integration. • Provide support for increasing the accessibility and the quality and safety of medicines. • Support sustainable healthcare financing.

WHO Presence in Sierra Leone 2017



**The default composition of district teams as of December 2017: one Field Coordinator; one Administrative Assistant; one Epidemiologist OR Basic Package Specialist; one driver.*

LESSONS LEARNED & WAY FORWARD

Photo: WHO/Keenan L

Lessons Learned & Way Forward

Throughout 2017, WHO supported the Government to implement a number of flagship programmes across its health security, health systems and essential health services portfolios. Within the area of maternal and child health, these include EmONC and ETAT+ (see pg. 10-14), which aim to strengthen the quality of emergency care services in the national and district hospitals. Both EmONC and ETAT are delivered through a standardized, highly practical curriculum making use of expert on-the-job mentorship and clinical assessments. Significantly, these two programmes have demonstrated the clear enthusiasm of mid-level clinicians for acquiring new skills, expanding their learning and being able to take greater responsibility in their respective areas of work. Early analysis of the longer-established ETAT programme have shown that such investments in the existing workforce are likely to deliver substantive dividends in improving quality of care.

Meanwhile, the MDSR programme is also now showing promising results (see pg. 10). The multi-tier approach used for MDSR investigations is creating opportunities for locally-driven improvements in the health sector to strengthen service quality, as well as collaborative community decision-making on maternal health. Through 2018, the next step is to strengthen community-based reporting of maternal deaths, using trusted local structures such as Mothers' Groups to increase ownership and engagement over the MDSR process. This will be important for enhancing the sensitivity of the MDSR system and tackling the large number of estimated 'missing deaths,' thereby enabling a more comprehensive national, district and community-level response.

On health security, the country's emergency response systems were heavily tested during 2017. As has been earlier documented (see pg. 32-34), the Western Area floods and landslides disaster highlighted significantly improved capacity within the national EOC for overall coordination and for delivering a well-integrated health sector response. The timely request for the deployment of Oral Cholera Vaccine was also in many ways best-practice for risk mitigation, and provides important national and global learnings on the preventive use of OCV during an emergency event. Overall, independent monitoring data found that there was high uptake of the vaccine in the affected areas, which was likely to incur valuable herd immunity for the population. There was also robust public support for its use, and high levels of awareness about cholera risks. However, survey findings have also indicated the need for stronger, targeted reminder systems for administration of the second dose, particularly given the mobility of some of the population groups, and a more-mixed vaccination strategy, that includes fixed or semi-mobile vaccination sites that specifically target workplaces, markets and other public gathering sites.

Importantly, 2017 was the final year of WHO's direct operational and technical support to the DHMTs, as envisaged in the Country Office's post-Ebola recovery framework. As has been shown in earlier chapters, this model of district-level support allowed for ongoing operational assistance during the Ebola recovery; for technical assistance for management and coordination, and intensive, on-the-ground capacity building in critical functional areas such as surveillance, IPC, emergency preparedness, community engagement and essential health services delivery. Such a model is in line with proposed plans outlined in the new draft General Programme of Work for WHO, which aims to ensure greater operational capacity for the Organization in fragile or emergency settings. In this context, the Sierra Leone experience provides a promising test case for how this could work in practice, not only during a major emergency but also in the crucial transition and recovery period.

Finally, very many significant milestones have been met in the prevention and control of communicable diseases over these last few years, but with the burden of NCDs projected to rise in Sierra Leone, increased global and national attention and resources are urgently

needed for NCD and mental health response. This includes support for diagnostics, case management as well as prevention and awareness efforts. Within the area of mental health, the country is in a stronger position than ever before for meeting the psychosocial needs of the population, with important advancements in policy and strategy, and improving quality of service provision through extensive capacity building of health workers at the appropriate tiers. However, despite such progress, funding gaps remain a significant challenge, and there is a substantive need for greater investment, commitment and attention within these critical areas to cement the gains that have been made thus far.

Looking forward, WHO Sierra Leone will look to apply and embed these lessons as a core aspect of the technical support it provides within the health sector, while aiming to maximize and demonstrate clear impact across all of its programmes. This includes work within the districts, where Freetown-based technical teams will continue to engage DHMTs to consolidate recent progress in management and service delivery. Such efforts will be imperative as the country looks to continuously strengthen its health system at the various levels, and deliver lasting, tangible health gains for the people of Sierra Leone.

Photo: WHO/Acland O

RESULTS & FINANCIAL CONTRIBUTIONS

Photo: WHO/Keenan L

Achievements Against Workplan

CATEGORY 1: Communicable Diseases						
Programme Area	Top Task	Indicator	Targets			Status 2017
			Baseline	2016	2017	
1.1 HIV	**1.1.1** Develop and disseminate updated guidelines and strategies for HIV prevention, care and treatment in Sierra Leone	*Updated HIV guidelines by 2016 and 2017*	0	1	1	2
	1.1.1 Conduct periodic HIV/AIDS surveillance monitoring, evaluation and research reports across all districts	*HIV surveillance reports*	0	4	4	8
1.2 Tuberculosis	**1.2.1** Develop updated tuberculosis guidelines in line with the post-2015 global strategy, and current Sierra Leone national strategic plan	*Updated TB guidelines*	0	1	1	2
	1.2.1 Conduct periodic tuberculosis surveillance monitoring and evaluation reports across all districts	*TB surveillance reports*	0	4	4	8
1.3 Malaria	**1.3.1** Support the review of national malaria prevention, control and elimination strategies in Sierra Leone	*Revised malaria guidelines*	0	1	1	1
	1.3.1 Conduct periodic malaria surveillance monitoring and evaluation reports across all districts	*Malaria surveillance reports*	0	4	4	8
1.4 Neglected tropical diseases	**1.4.1** Support the update of policies, strategies and integrated action plans for control of NTDs in Sierra Leone	*Updated NTD plan*	0	1	1	1
1.5 Vaccine preventable diseases	**1.5.1** Support the development and implementation of national multi-year vaccination plans and annual vaccination implementation plans in Sierra Leone	Updated strategic plan	0	1	1	1
	1.5.2 Support the development and implementation of national strategies for measles and rubella elimination in Sierra Leone	*Percentage of districts introduced MR*	0	0	100%	0
	1.5.3 Support the introduction of new vaccines in Sierra Leone	*Percentage MR SIA national coverage*	0	0	90%	0

CATEGORY 2: Non-Communicable Diseases						
Programme Area	Top Task	Indicator	Targets			Status 2017
			Baseline	2016	2017	
2.1 Noncommunicable diseases	**2.1.1** Support the implementation of the national strategic plan for prevention and control of NCDs in Sierra Leone	*Tobacco control legislation in place by 2017*	0	0	1	0
		Multi sectorial policy and strategic plan on NCDs	2	2	2	2
2.2 Mental health	**2.2.1** Support MoHS to revise the Mental Health Act and the Mental Health Policy and Strategic Plan	*Mental Health Act is available; Mental Health Policy and Strategic Plan available*	0	1	2	1

Non-Communicable Diseases						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status 2017**
			Baseline	**2016**	**2017**	
2.2 Mental health	**2.2.1** Support MoHS to revise the Mental Health Act and the Mental Health Policy and Strategic Plan	*Mental Health Act is available; Mental Health Policy and Strategic Plan available*	**0**	**1**	**2**	**1**
	2.2.2 Support the integration of mental health services at the primary care level through capacity building, training, and research in collaboration with mental health partners including NGOs working in Sierra Leone	*Number of clinicans trained in mhGAP, number of patients with mental disorders reported in the HMIS*	**4%**	**36%**	**100%**	**83%**
2.5 Nutrition	**2.5.1** Strengthen the national nutrition surveillance system	*Proportion of PHUs with trained staff on growth monitoring and promotion*	**50%**	**50%**	**100%**	**100%**
	2.5.2 Support the development, implementation and monitoring of nutrition action plans in Sierra Leone	*Nutrition guidelines and plans*	**1**	**2**	**3**	**2**

CATEGORY 3: Reducing Child and Maternal Mortality & Restoring Essential Health Services						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status 2017**
			Baseline	**2016**	**2017**	
3.1 Reproductive, maternal, newborn, child and adolescent health	**3.1.1** Review, adapt and build capacity in maternal, perinatal and newborn policies, guidelines and treatment protocols, and conduct assessments of treatment facilities in Sierra Leone	*# of guidelines and treatment protocols developed, reviewed or adapted,*	**N/A**	**2**	**1**	**4**
	3.1.1 Capacity for RMNCAH monitoring, MDSR and civil registration and vital statistics (CRVS) strengthened at district level	*# of districts strengthened to monitor RMNCAH, MDSR and CRVS*	**N/A**	**13**	**14**	**14**
	3.1.1 Provide support to the MoHS and national partners for conducting policy dialogue on national RMNCAH strategies and policies, its implementation and monitoring.	*RMNCAH Policy and Strategy Developed*	**N/A**	**1**	**1**	**1**
	3.1.1 Support the improvement of quality of care of postnatal maternal and newborn care	*Developed and/or adaptation of Post-natal Care Guidelines*	**0**	**1**	**1**	**0**
	3.1.2 Child and newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation	*District having 60% coverage of IMNCI training*	**4**	**10**	**14**	**11**
	3.1.2 Improved RMNCAH coordination and joint planning	*# of RMNCAH Coordination meetings/ month*	**1**	**1**	**1**	**1**
	3.1.2 Child and newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation	*Guidelines on child and newborn health care developed*	**0**	**1**	**1**	**1**
	3.1.3 Integrated Sexual and Reproductive health guidelines and treatment protocols adapted and capacity built	*# trained in long term family planning methods*	**0**	**80**	**100**	**100**
	3.1.4 Pilot best-practice activities in RMNCAH and ensure local evidence generated to support improved health outcomes	*Evidence documented and disseminated from at least 2 pilot activities*	**0**	**1**	**1**	**3**

Reducing Child and Maternal Mortality & Restoring Essential Health Services						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status 2017**
			Baseline	**2016**	**2017**	
3.1 Reproductive, maternal, newborn, child and adolescent health	**3.1.5** Support the adaptation and development of adolescent health protocol and guidelines; and the scale up of comprehensive adolescent-friendly health services(AFHS)	*# of healthcare workers and peer educators trained in AFHS*	**160**	**160**	**150**	**150**
3.5 Health and the environment	**3.5.1** Support the implementation of the Libreville Declaration on health and the environment in Sierra Leone	*Number of health & environment interventions implemented*	**1**	**5**	**10**	**5**
	3.5.1 Develop and implement plans to manage insect-borne diseases, including chemical control, in Sierra Leone	*Reports of implementation of activities*	**0**	**5**	**10**	**5**
	3.5.1 Support the development of National Plan of Joint Action in health and environment (NPJA) in Sierra Leone	*National Plan of Action in health and environment available*	**0**	**1**	**1**	**1**

CATEGORY 4: Health Systems						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status 2017**
			Baseline	**2016**	**2017**	
4.2 Integrated people-centred health services	**4.1.1** Provide support to the MoHS at central level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review	*1) National health sector strategic plan and sub-sector strategies/operational plans updated* *(2) Percentage of districts that submit timely, complete and accurate reports to national level*	**0** **20**	**1** **70**	**3** **90**	**1** **80%**
	4.1.2 Provide support to the MoHS at district level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review	*(1) % or Number of District Plans reflective of the National policy* *(2) % or Number of Districts holding quarterly, bi annual and annual M&E reviews*	**20%**	**50%**	**70%**	**100%** **80%**
	4.1.3 Strengthen human resources for health in Sierra Leone through development of a human resources for health policy and strategy, training, improved HRIS and payroll management	*(1) Data collection for head count of all health care workers completed (Y/N)* *(2) Analytics support for mapping, distribution of health workers provided in (Y/N)* *(3) Capacity gaps and training needs of health workers finalized (Y/N)*	**0%**	**70%**	**90%**	**Y** **Y** **Y**
	4.2.1 Promote best practice by supporting the implemenation of the basic standards in IPC based on the national guidelines and monitoring of compliance	*(1) % of facilities with dedicated IPC and/or WASH focal person* *(2) % of facilities with functional hand hygiene stations at all points of care* *(3) Number and % of facilities undertaking screening of patients according to MoHs mandated protocols*	**50%** **40%** **50%**	**85%** **70%** **80%**	**93%** **80%** **90%**	**93%** **76%** **30%**

Health Systems						
Programme Area	Top Task	Indicator	Targets			Status 2017
			Baseline	2016	2017	
4.2 Integrated people-centred health services	**4.2.2** Technical Support for the improvement of EVD Survivor access to the health component of the CPES	*(1) No. of survivor advocates trained on basic case coordination / No. of SHAs from catchment areas* *(2) No. of CHOs from selected PHUs trained in basic health services to EVD Survivors* *(3) No. of EVD Survivors receiving specialized eye evaluation and referral for specialized care when needed* *(4) No. of EVD Survivors receiving free healthcare at MoHS facilities* *(5) Project Implementation Unit setup Y/N*	**0%**	**70%**	**100%**	**152** **226 CHO / 12 CTO** **18** **2386** **Y**
	4.2.3 Enhance community engagement in Sierra Leone through Community Engagement Taskforces, community-level Health Clubs, and ensure that communities are fully involved in all high prioritity health programmes	*Percentage of districts that have effectively embedded community engagement in the implementation of their health system within two years.*	**20%**	**100%**	**100%**	**100%**
4.3 Access to medicines and other health technologies and strengthening regulatory capacity	**4.3.1** Support the development of information management systems and research activities as part of the Sierra Leone public health laboratory network	*Proportion of districts capturing lab data electronically*	**0%**	**20%**	**20%**	**90%**
	4.3.1 Provide technical support to the MoHS in the development of the national public health network in Sierra Leone	*Updated Policy and SOPs on integrated laboratory specimen referral*	**0**	**1**	**1**	**1**
	4.3.1 Support the institutionalization of the national public health laboratory network in Sierra Leone by enabling good governance and assuring adequate human resources for health	*Percentage of districts with lab personnel trained and part of Rapid Response Team*	**0%**	**100%**	**100%**	**100%**

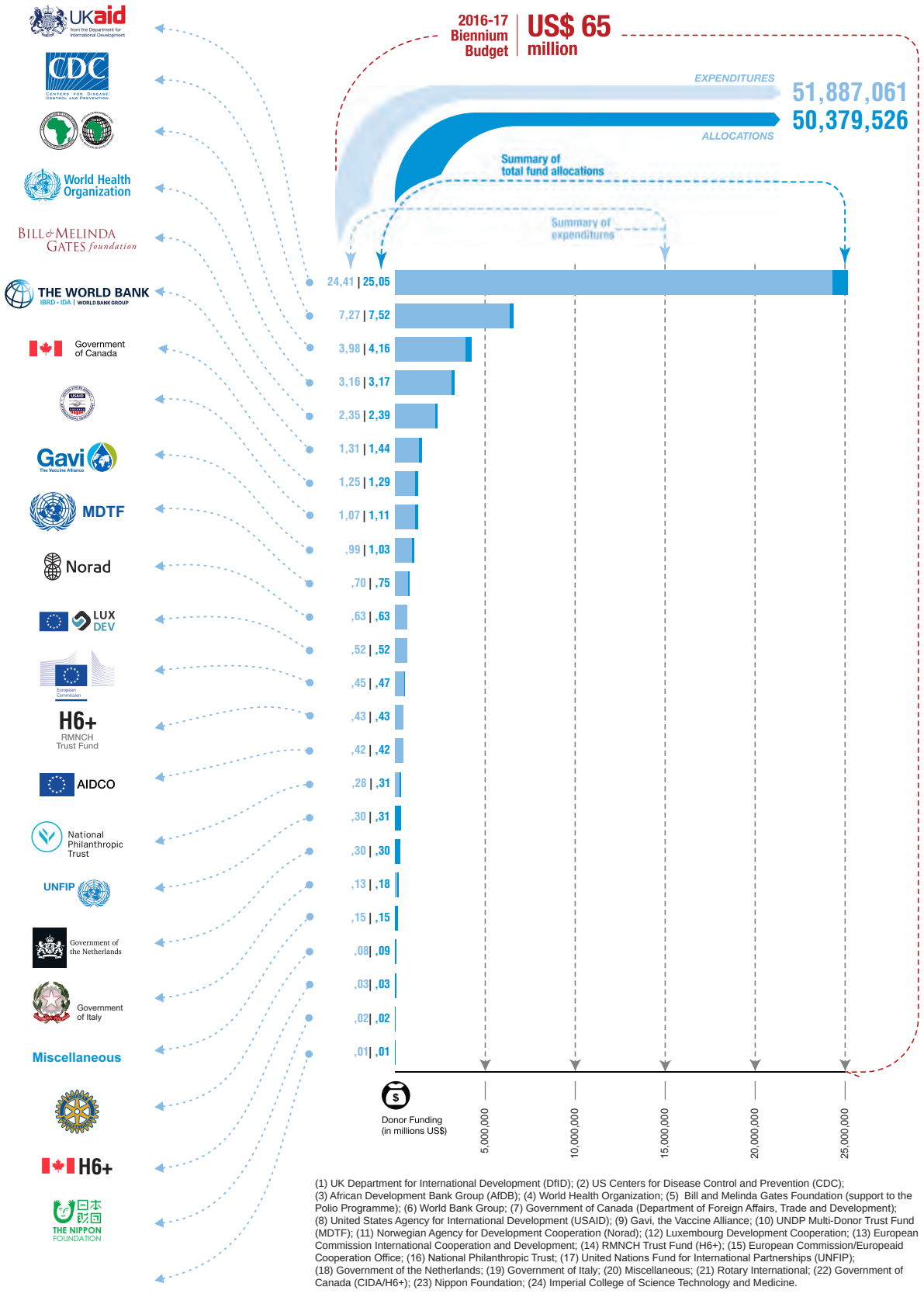
CATEGORY 5: Preparedness, Surveillance and Response						
Programme Area	Top Task	Indicator	Targets			Status 2017
			Baseline	2016	2017	
5.1 Preparedness, Surveillance And Response	**5.1.1** Provide advocacy, assessment, and development of the Sierra Leone national plan for International Health Regulations (2005) implementation	*Developed IHR plan of action for Sierra Leone*	**0**	**1**	**1**	**1**
	5.1.2 Develop national capacity for surveillance and response based on the Integrated Disease Surveillance and Response strategy in Sierra Leone	*Proportion of districts with 80% timeliness and completeness rates*	**0%**	**60%**	**100%**	**100%**
	5.1.3 Establish an all-hazards approach to epidemic response in Sierra Leone, including cross border surveillance of communicable diseases	*Proportion of suspected outbreaks of epidemic prone diseases notified to the national level and with district response within 2 days of surpassing the epidemic threshold*	**0**	**60%**	**80%**	**87%**

Preparedness, Surveillance and Response						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status 2017**
			Baseline	**2016**	**2017**	
5.1 Preparedness, Surveillance And Response	**5.1.4** Develop and implement plans for event based surveillance and risk assessment for all public health events	*Proportion of districts with an updated (3 months) rumour log that includes community notifications*	**0%**	**60%**	**80%**	**69%**
	5.1.5 Facilitate and lead the development of a national public health laboratory system in Sierra Leone	*Proportion of district laboratories that receive at least one supervisory visit with written feedback from provincial /national level*	**20%**	**30%**	**50%**	**80%**
5.2 Preparedness, Surveillance And Response	**5.2.1** Support the Sierra Leone MoHS in developing and strengthening surveillance systems for priority epidemic-prone diseases	*Proportion of districts submitting weekly surveillance reports on electronic platform*	**0%**	**60%**	**80%**	**100%**
5.3 Emergency risk and crisis management	**5.3.1** Support development of all disaster risk management capacity	*Functional national EOC*	**0**	**50%**	**100%**	**80%**
	5.3.2 Develop national capacity for disaster risk management for health in Sierra Leone	*Proportion of nationally declared hazards with DRR contingency plan*	**40%**	**75%**	**90%**	**80%**
	5.3.3 Develop capacity for coordinated response to acute/ unforeseen public health emergencies					
5.4 Food Safety	**5.4.1** Strengthen multi-sectoral collaboration to control risk and reduce the burden of foodborne diseases	*Number of advocacy materials developed*	**0**	**2**	**3**	**0**
		Number of food safety laws in place	**0**	**1**	**1**	**1**
5.5 Polio eradication	**5.5.1** Provide direct in-country support for polio vaccination campaigns and surveillance in all polio-outbreaks, polio-affected and high-risk countries	*Percentage of districts attain >95% SIA coverage*	**80%**	**93%**	**95%**	**100%**
	5.5.1 Prepare weekly reports of case-based data on acute flaccid paralysis, polio cases, and supplementary oral poliovirus vaccination activities	*Percentage of districts attain a NPAFP rate of > 2*	**80%**	**85%**	**95%**	**62%**
	5.5.3 Support national authorities in the development, implementation and monitoring of the national polio virus containment and emergency response plan in line with the global containment guidelines and action plan	*Percentage timely reports/ databases sent to IST West*	**80%**	**85%**	**90%**	**100%**
		National polio response and containment plans	**0**	**1**	**1**	**1**

CATEGORY 6: Corporate Services & Enabling Functions						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status 2017**
			Baseline	**2016**	**2017**	
6.1 Leadership and governance	Ensure effective leadership of the WHO Country Office	*Conduct weekly and monthly management meetings*	**90%**	**100%**	**100%**	**100%**
	Update, monitor and evaluate Country Cooperation Strategy	*Establish and update country cooperation strategy*	**0**	**100%**	**100%**	**100%**
	Facilitate coordinated partnerships at country level	*Chair health developmental partnership meetings*	**80%**	**100%**	**100%**	**100%**
	Support effective functioning of the UN Country Team	*Attend and contribute to all UNCT meetings*	**75%**	**100%**	**100%**	**100%**

Corporate Services & Enabling Functions						
Programme Area	**Top Task**	**Indicator**	**Targets**			**Status 2017**
			Baseline	**2016**	**2017**	
6.2 Transparency, accountability and risk management	Update, monitor and evaluate the WHO risk register and internal control framework at national and district levels on an ongoing basis	*Comply with WHO internal compliance framework*	**50%**	**90%**	**100%**	**100%**
6.3 Strategic planning, resource coordination and reporting	Ensure updated country office biennium and operational plans duly aligned with Government priorities are in place	*Align with the President's Recovery Priorities and ongoing initiatives*	**85%**	**95%**	**95%**	**95%**
	Updated resource mobilization plans	*Engage with all targeted developmental partners*	**85%**	**95%**	**95%**	**95%**
	Ensure compliance with donor reporting requirements	*Complete all donors reports*	**80%**	**95%**	**95%**	**100%**
6.4 Management and administration	Implement a robust budget monitoring and reporting mechanism	*Host and chair weekly finance meeting*	**90%**	**95%**	**95%**	**100%**
	Update human resource plan in line with operational realities	*Maintain and update HR database*	**90%**	**95%**	**95%**	**100%**
	Prepare and implement a comprehensive staff development plan	*Host quarterly SMT and staff workshop*	**100%**	**100%**	**100%**	**100%**
	Ensure updated ICT infrastructure in place to support country and field offices	*Ensure the proper and effective functioning of all districts ICT capacity*	70%	90%	90%	90%
	Ensure conducive working environment for all staff	*Percentage of staff rating the working environment as 'Good'*	60%	90%	90%	82%
	Ensure effective logistic support for technical operations	*Ensure the proper and effective functioning of all districts logistics capacity*	70%	90%	100%	95%
	Ensure MOSS compliance of WHO premises	*Ensure safety all staff and asset.*	90%	100%	100%	90%
6.5 WHO-AFRO Transformation Agenda	Improve the communication of health information and messaging by supporting WHO staff	*Published bi-annual and annual reports*	90%	95%	95%	100%
	Develop capacity within the Sierra Leone WHO country office for internal and external communications	*Ensure bi-weekly internal and external communications are up to date*	65%	100%	100%	100%

Expenditures & Allocations



(1) UK Department for International Development (DfID); (2) US Centers for Disease Control and Prevention (CDC); (3) African Development Bank Group (AfDB); (4) World Health Organization; (5) Bill and Melinda Gates Foundation (support to the Polio Programme); (6) World Bank Group; (7) Government of Canada (Department of Foreign Affairs, Trade and Development); (8) United States Agency for International Development (USAID); (9) Gavi, the Vaccine Alliance; (10) UNDP Multi-Donor Trust Fund (MDTF); (11) Norwegian Agency for Development Cooperation (Norad); (12) Luxembourg Development Cooperation; (13) European Commission International Cooperation and Development; (14) RMNCH Trust Fund (H6+); (15) European Commission/Europeaid Cooperation Office; (16) National Philanthropic Trust; (17) United Nations Fund for International Partnerships (UNFIP); (18) Government of the Netherlands; (19) Government of Italy; (20) Miscellaneous; (21) Rotary International; (22) Government of Canada (CIDA/H6+); (23) Nippon Foundation; (24) Imperial College of Science Technology and Medicine.

Funds enumerated above represent 2016-17 allocations

Photo: WHO/Acland O

ANNEXES

Photo: WHO/Keenan L

Acronyms

AFP	Acute flaccid paralysis
AIDS	Acquired immune deficiency syndrome
AMR	Antimicrobial resistance
ART	Antiretroviral therapy
BFHI	Baby-Friendly Hospital Initiative
CBS	Community-based surveillance
CCS	Country Cooperation Strategy
CDC	United States Centers for Disease Control and Prevention
CHO	Community Health Officer
CHW	Community Health Worker
CI	Confidence interval
COMAHS	College of Medicine and Allied Health Sciences
CPES	Comprehensive Programme for EVD Survivors
CRVS	Civil registration and vital statistics
DHIS	District Health Information System
DHMT	District Health Management Team
DR-TB	Drug-resistant tuberculosis
EmONC	Emergency Obstetric and Newborn Care
EOC	Emergency Operations Centre
ETAT	Emergency Triage Assessment and Treatment
FCTC	Framework Convention on Tobacco Control
Gavi	Gavi, the Vaccine Alliance
GSHS	Global School-Based Health Survey
GYTS	Global Youth Tobacco Survey
HAI	Healthcare associated infection
HIS	Health information system
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
HPV	Human papilloma virus
HRIS	Human Resources Information System
HRH	Human Resources for Health
ICD	International Classification of Diseases
IDSR	Integrated Disease Surveillance and Response
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IHR	International Health Regulations
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IPTi	Intermittent preventive treatment in infants
IPTp	Intermittent preventive treatment in pregnancy
IPV	Inactivated polio vaccine
IST	Inter-country Support Team
JEE	Joint External Evaluation
JSI	Jon Snow Institute
M&E	Monitoring and evaluation
MDSR	Maternal Death Surveillance and Response
e-IDSR	Electronic Integrated Disease Surveillance and Response
MDA	Mass Drug Administration
mhGAP	Mental Health Gap Action Programme
MoHS	Ministry of Health and Sanitation
MR	Measles rubella
NCDs	Noncommunicable diseases
NGO	Non-governmental organization

NID	National Immunization Day
NMCP	National Malaria Control Programme
NTDs	Neglected tropical diseases
OCV	Oral Cholera Vaccine
ONS	Office of National Security
PFA	Psychological first aid
PHEMC	Public Health Emergency Management Committee
PHNEOC	Public Health National Emergency Operations Centre
PHU	Peripheral Health Unit
PIU	Programme Implementation Unit
PMTCT	Prevention of mother-to-child transmission
PPE	Personal Protective Equipment
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SARA	Service Availability and Readiness Assessment
SDGs	Sustainable Development Goals
SECHN	State-Enrolled Community Health Nurse
SIA	Supplementary Immunization Activity
SOP	Standard Operating Procedure
SUN	Scaling Up Nutrition
TB	Tuberculosis
UHC	Universal Health Coverage
UK	United Kingdom
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VPD	Vaccine preventable disease
WASH	Water and Sanitation for Health
WHO	World Health Organization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GROUPS

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