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SIERRA LEONE

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FOREWORD

The first quarter of 2026 marked a period of progress and commitment to improving health outcomes in Sierra Leone. I am encouraged by the continued leadership of the Government and the collective efforts of partners working together to strengthen the health system and protect communities.

A key milestone during the quarter was the Government's continued efforts to strengthen financial protection and equitable access to health services. In January, a joint WHO and World Bank mission supported progress on the country's health financing reform agenda. High-level consultations with the Office of the Vice President, the Ministry of Finance, and other institutions helped reinforce political commitment and align technical priorities.

Progress in health security was also notable. A multisectoral workshop brought together 70 participants from government institutions and partner organizations to advance Sierra Leone's 2025 International Health Regulations State Party Annual Report. The process helped identify gaps and define priority actions to strengthen preparedness and response systems.

At the same time, WHO and partners launched Japan-funded support to sustain Mpox preparedness beginning in March 2026. Following the 5,442 confirmed cases and 60 deaths reported in 2025, the project will strengthen surveillance, improve case management, build the capacity of the health workforce, and expand risk communication efforts to reach approximately 1.6 million people.

DR. George Ameh, WHO Country Representative, Sierra Leone

Efforts by the Ministry of Health to improve maternal and child health were further reinforced through the launch of the 300 Days of Activism toward the Triple Zeros initiative on 2 March 2026. The initiative focuses on ending preventable maternal and child deaths and reaching zero-dose children, with a strong emphasis on district leadership, primary health care, and community engagement.

Collaboration continues to be a key driver of progress. The Health Development Partners' strategic retreat reinforced the importance of aligning support behind national priorities, guided by the principle of one plan, one budget, and one report.

WHO also intensified support to the response to a cutaneous ulcer outbreak in Bombali and Tonkolili districts. Between January and March 2026, 105 cases were investigated, with 30 patients currently receiving treatment. A total of 191 contacts remain under follow-up, and laboratory testing confirmed *Haemophilus ducreyi* in 96 samples. WHO supported the response through the provision of 30,000 capsules of azithromycin and 340 rapid diagnostic test kits. Community engagement and active case finding have remained central to controlling the outbreak.

These achievements reflect the continued commitment of the Government and partners to strengthening health systems, improving service delivery, and protecting communities. WHO remains committed to supporting the Government of Sierra Leone in sustaining progress toward universal health coverage and ensuring that no one is left behind.

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WHO and World Bank senior officials Join Sierra Leone to advance health financing reforms



Freetown - From 18 to 24 January, senior officials from the World Health Organization and the World Bank conducted a joint mission to Sierra Leone, marking a critical step in advancing the country's health financing reform agenda and accelerating progress toward Universal Health Coverage and Sustainable Development Goal 3 by 2030.

The mission built on the momentum of the Health Financing Reform Acceleration Program (HFRAP), launched by the Ministry of Health in November 2025 to respond to declining external funding and the need for more sustainable domestic financing. Over the course of the visit, high-level consultations with the Office of the Vice President, the Ministry of Finance, and other key institutions helped consolidate political commitment and align technical priorities, while broad engagement with development partners, civil society, and health providers ensured that the reform process remains grounded in national realities.

His Excellency the Vice President of the Republic of Sierra Leone, Dr. Juldeh Jalloh, welcomed the mission as a timely opportunity to strengthen the country's health financing agenda, stating: "This mission comes at a critical moment for Sierra Leone as we seek to move forward in a more sustainable way. The Government is committed to strengthening our health system for the long term, ensuring more efficient use of resources, and building resilience so that every Sierra Leonean can access quality healthcare without financial hardship."

At the centre of discussions was the urgent need to strengthen financial protection and equity in access to health services.

The Government is advancing reforms to reinforce the Free Health Care Initiative, establish a Social Health Insurance Scheme under a proposed UHC Agency, and introduce balanced cost-recovery mechanisms. These efforts are expected to significantly reduce out-of-pocket health expenditure and place the country on a more sustainable and equitable financing path.

Speaking on the significance of the mission, the Minister of Health, Dr. Austin Demby underscored the Government's commitment to reform, stating: "This joint mission marks an important step in our journey toward Universal Health Coverage. We are determined to build a health financing system that is fair, sustainable, and responsive to the needs of all Sierra Leoneans, especially the most vulnerable."



The mission also achieved greater clarity on priority reform actions, including domestic resource mobilisation, the development of a national benefits package across the life course, and strengthened coordination across institutions. These outcomes provide a clearer, nationally owned pathway for implementation and reinforce accountability for results.

Dr George Ameh, WHO Representative to Sierra Leone, highlighted the shift from dialogue to delivery: "This mission has moved us from commitment to clarity and action. With stronger alignment across government and partners, Sierra Leone is now better positioned to implement health financing reforms that expand access, improve equity, and protect families from financial hardship. WHO remains committed to supporting the country to translate these priorities into measurable results."

The joint World Health Organization–World Bank mission reflects a shared commitment to advancing practical, results-oriented reforms. By strengthening health financing systems today, Sierra Leone is laying a solid foundation for a more resilient health system capable of delivering quality services to all without financial hardship.



Health Development Partners held strategic retreat to strengthen coordination and alignment for Sierra Leone's health sector



Freetown - The Health Development Partners (HDP), led by the World Health Organization (WHO), convened a high-level retreat in Freetown on 12 March 2026 to reflect on how development partners can strengthen coordination and alignment in support of the national health sector.

The retreat brought together the Minister of Health, heads of development agencies, representatives of partner organizations, representatives of non-governmental organizations, government stakeholders in Freetown to explore ways of improving partnership effectiveness in a changing global health financing landscape.

Designed as a strategic reflection on how the partnership functions, the retreat focused on advancing government ownership, efficiency, sustainability and alignment with the upcoming National Health Sector Strategic Plan (NHSSP 2026-2030) through the government principle of “One Plan, One Budget, One Report” for the health sector in Sierra Leone.

Partners collectively reflected on how they work together in support of the Ministry of Health and the broader health system. Rather than reviewing individual agency projects or portfolios, the discussions focused on how partners could create a more enabling and coordinated environment to enhance the impact of development support in the health sector.



Highlighting government expectations for a more coherent and principled partnership, Dr. Austin Demby, Minister of Health, underscored the importance of coordinated collaboration in advancing national health priorities.

“Our partnership must be guided by four principles, what we call the Quadruple A. First, accompaniment: walking alongside the Government of Sierra Leone as we design reforms, strengthen institutions, and build a resilient health system. Second, alignment: ensuring that all collective efforts support national priorities. Third, accountability: for the interventions we implement, the resources we use, and the results we deliver for the people of Sierra Leone. And fourth, acceleration: particularly in areas where progress has been too slow, including maternal and child survival,” said Dr Demby.

Dr. George Ameh, WHO Country Representative and Chair of the HDP, emphasized the importance of strengthening the framework that guides collaboration among partners.

“This reflection should also extend to the HDP Terms of Reference. The TOR provides the framework through which we coordinate, collaborate and engage with one another and with the government. Today’s discussions provide an opportunity for us to consider how this framework can be strengthened and refined so that it reflects our shared aspirations, promotes closer collaboration among partners, and supports more effective alignment with national priorities,” said Dr Ameh

Participants engaged in a structured reflection on the collective strengths, weaknesses, opportunities and threats of the partnership, facing the health sector. Through this exercise, they were able to identify practical and actionable steps that partners could take to reduce fragmentation, strengthen alignment and improve the predictability and effectiveness of support.

Throughout the discussions, participants were encouraged to contribute not only from the perspective of their individual institutions, but also as members of a broader partnership committed to advancing national health goals.

The retreat concluded with key resolutions to translate the discussions into concrete actions that reinforced government leadership and strengthened the effectiveness of development partner support. Enhanced collaboration among partners was expected to contribute to a more harmonized approach to health sector development and ultimately improve all health outcomes for the people of Sierra Leone.

Strengthening district leadership to deliver primary health care at the frontline

In the remote districts of Koinadugu and Karene in northern Sierra Leone, health workers are quietly transforming the way essential services reach communities. From expanding immunization coverage to strengthening outbreak response systems, District Health Management Teams (DHMTs) are at the center of efforts to build a resilient primary health care (PHC) system.

In March 2026, the Ministry of Health, in collaboration with the World Health Organization (WHO), conducted a supervisory and fact-finding mission to the DHMTs in both districts. The visit also assessed district readiness to implement the national 300 Days of Activism agenda, which aims to achieve zero-dose children, zero maternal deaths, and zero child deaths. Using routine immunization as a lens to assess overall PHC performance, the mission demonstrated how strengthened local leadership can translate national priorities into tangible results, even in hard-to-reach settings.

The visit responded to a critical concern: the continued occurrence of measles and other vaccine-preventable disease outbreaks despite high reported immunization coverage. This signaled deeper system gaps beyond coverage figures, linked to service quality, surveillance sensitivity, microplanning, and community engagement.

In Koinadugu District, the mission confirmed strong gains in access to services, driven by the expansion of health facilities from 39 to 74 between 2018 and 2025. Outreach activities are reaching more children, contributing to high reported immunization coverage, including Penta3 coverage of 98.8%. Surveillance structures were functional, and cross-border screening contributed to timely outbreak detection. These gains provide a strong foundation for the zero-dose and zero-death agenda, particularly in identifying and vaccinating children who have never received a single dose.



Karene District is also demonstrating encouraging results. With no maternal deaths recorded in the first quarter of 2026 and strengthened collaboration with community stakeholders, the district is demonstrating that targeted efforts can yield measurable results. Investments in training and outbreak preparedness further position the district to respond quickly to public health risks.

Yet beneath these gains lie structural challenges that continue to limit impact. Across both districts, inadequate funding, limited transportation for outreach, and shortages of essential medicines constrain service delivery. Inadequate cold chain force some facilities to rely on neighboring centers for vaccine access. Data quality issues persist, with discrepancies between facility records and national reporting systems, making it difficult to accurately identify zero-dose children and monitor progress.



Perhaps most concerning is the continued occurrence of vaccine-preventable disease outbreaks despite high reported coverage. This highlights gaps in service quality, surveillance sensitivity, and community engagement, all of which are critical to achieving zero-dose and zero-death targets.

The readiness assessment made one thing clear: achieving the goals of the 300 Days of Activism will depend heavily on the strength and functionality of district systems.

“A stronger health system starts with the DHMTs,” said Dr. George Ameh. “When they are empowered and capacitated, most health challenges can be addressed because primary health care begins at the district level. These teams are on the ground, interacting directly with communities and understanding their needs in real time.”

District leadership acknowledged both the progress made and the hurdles ahead.

Dr. Steven Fornie stated, “As a district, we have made significant strides in improving immunization coverage and reaching more communities. However, we still face challenges such as limited resources, logistics constraints, and infrastructure gaps. With sustained support and collaboration, we are confident we can overcome these barriers.”

The findings from Koinadugu and Karene reinforce a broader lesson. High coverage numbers alone are not enough. Strong systems, reliable data, and consistent community engagement are essential to ensure that no child is missed, and no outbreak goes undetected.

By focusing on district readiness and accountability, the Ministry of Health and WHO are reinforcing a clear message: when districts are equipped to lead, Primary Health Care delivers, and zero-dose children, mothers, and communities are better protected.



In Sanda Loko, compassion and commitment are strengthening maternal and child health

Sanda Loko, Karene District – Every morning, before the sun rises over the quiet community of Sanda Loko, Nurse Nancy Koroma walks to the Community Health Centre (CHC), where mothers wait with their children and patients gather in search of healthcare services. For five years, she has served as a Maternal and Child Health (MCH) Aide and vaccinator, dedicating her life to protecting women and children in one of Sierra Leone's rural communities.

Trained in Tonkolili District, Koroma has spent 1 year and 6 months in Sanda Loko, providing lifesaving care despite persistent challenges. "I signed up to save lives, and I am doing my best every day," Koroma says.

The small facility operates with only four staff, yet attends to an average of 30 patients daily, many of them children under five and pregnant women. The workload is constant, but Koroma remains focused on delivering quality care.

"For under-five services, we usually get up to 10 children, but most days we receive more general patients," she explains. "As an MCH Aide, I normally treat 5 to 10 patients a day, depending on how sick they are. Many of them are often healthy because they take their vaccines."



Geographical barriers further complicate access to care. Long distances between communities and health facilities, combined with multiple unmanned border crossings, increase vulnerability to disease outbreaks and make it harder for families, especially pregnant women and children, to reach services.

These realities were highlighted during a March 2026 field assessment in Karene and Koinadugu districts, conducted by the World Health Organization (WHO) in collaboration with the Ministry of Health and partners. The assessment included desk reviews of district immunization and primary health care plans, structured interviews with District Health Management Teams and EPI staff, as well as visits to hospitals and Peripheral Health Units.

Reflecting on the findings, Dr. George Ameh, WHO Country Representative, emphasized the importance of frontline health workers in sustaining essential services.

"Primary health care is the backbone of a strong and resilient health system. The dedication of frontline health workers, even in the face of resource constraints, underscores why strengthening primary health care must remain a national priority. WHO will continue to support the Ministry of Health in developing and implementing sound policies and in putting systems in place to accelerate progress toward Universal Health Coverage."

Yet beyond the systems and statistics lies the human story of health workers like Koroma.

Despite five years of service, she continues to work as a professional volunteer without a government PIN code, a common measure used by DHMTs to address staffing shortages in health facilities.

Still, she remains unwavering. *"Since coming to this community, I have helped with many deliveries and treated many children," she says. "I thank God that I have never had a case of maternal death or stillbirth. Even though I have not received my PIN code, I remain hopeful."*

Her story reflects the resilience of health workers who continue to serve despite uncertainty, driven by a strong sense of duty and commitment to their communities.

The District Medical Officer for Karene, Dr. Sheriff Chernor Jalloh, emphasized the importance of sustained support for frontline workers.

"Our district depends on people like Nurse Koroma, who continue to serve with passion and professionalism. With improved staffing, better infrastructure, and stronger support systems, we can deliver the quality of care our communities deserve. We are grateful for WHO's continuous technical support during this assessment."



Every Wednesday, the facility conducts antenatal care services, drawing about 25 pregnant women for check-ups and preventive care. The steady turnout reflects community trust in the facility and its staff.

"We had ANC yesterday, and the turnout was good," Koroma says. "Although there are other health facilities around, people often choose to come here."

For Koroma, however, providing these services often means carrying multiple responsibilities at once. As the only available EPI assistant supporting maternal care, outreach activities in surrounding communities are frequently interrupted.

"I used to go for outreach frequently, but many times I am called back," she explains. "Despite the strain, we are doing our best to ensure every child is vaccinated, and so far, the number of zero-dose cases has greatly declined."

These individual efforts are taking place within a broader context of systemic constraints in Karene District. Limited funding for outreach, supervision and surveillance continues to affect service delivery, while poor internet connectivity disrupts reporting and coordination. The lack of solar infrastructure forces facilities to rely on nearby facilities for vaccine replenishment, which impacts service continuity.



Progress is underway at the national level. In September 2025, Sierra Leone's Ministry of Health announced the recruitment and PIN coding of 3,000 health workers to strengthen primary health care nationwide. The initiative, expected to continue into 2026, aims to ensure that qualified health workers receive formal appointments and compensation.

For Koroma, this represents hope for the future. Until then, she continues her daily walk to the Sanda Loko Community Health Centre, driven not by salary, but by an unwavering commitment to saving lives and protecting the health of her community.

Sierra Leone embarks on 300 Days of Activism to improve maternal and child health

Freetown - Sierra Leone on the 2 March 2026 launched a bold initiative: 300 Days of Activism, aimed at achieving the "triple zeros": zero preventable maternal deaths, zero preventable child deaths and zero "zero-dose" children. This is a focused national drive to close the system gaps that continue to result in preventable maternal and child deaths.

The initiative was launched at a high-level event, held at the Miatta Conference Centre, which brought together more than 500 participants, including government ministries, departments and agencies, the World Health Organization, United Nations agencies, health development partners, nurses, midwives, clinicians, civil society representatives, mothers, pregnant women and members of the media.

This national movement aligns with strong continental leadership. Recently, His Excellency Dr. Julius Maada Bio, President of the Republic of Sierra Leone, who also serves as Chairperson of the Economic Community of West African States (ECOWAS) announced this agenda during the 39th Ordinary Session of the African Union Assembly in Addis Ababa, Ethiopia.

He called on Member States to further accelerate efforts to strengthen health systems and improve maternal and child health outcomes across Africa. Today, Sierra Leone is translating that vision into concrete national and community-level action.

Over the last decades, Sierra Leone has recorded measurable gains. Maternal mortality has dropped by over 70%. Immunization coverage remains above 95%. The health workforce continues to grow, and facilities that once struggled now benefit from improved infrastructure. Yet, as Minister of Health Dr Austin Demby noted, preventable deaths persist where operational standards are not consistently applied. *"Every district will activate a Triple Zero Taskforce and operate a situation room that reviews performance weekly. At the national level, dashboards will track priority indicators, and monthly reviews will address unresolved bottlenecks,"* he said.

He went further, identifying the root causes. *"We are taking this step because the remaining causes of maternal deaths, child deaths, and missed immunisation are preventable,"* he said.



"They persist when the system fails at critical points - when care is delayed, medicines are unavailable, referrals break down, follow-up does not occur, and supervision is inconsistent. These are management failures, and they can be fixed. When system failures are corrected, lives are saved."

The 300 Days of Activism introduces clear accountability structures. Weekly performance reviews will become a management requirement. Escalation protocols will apply when bottlenecks persist. Accountability will be clearly assigned at district and facility levels. Dashboards will be publicly visible. Performance will be reviewed monthly at the national level under the direct oversight of the Minister of Health.

"This," said Dr Demby, *"is operational reform."*

The message was echoed by Chief Minister Dr David Moinina Sengh, who reminded the audience of the country's higher purpose.



Preventable Maternal Deaths



ZERO
Preventable Child Deaths



ZERO
Zero-Dose Children

“We must stop at nothing until every child, every mother, every human being in Sierra Leone has an equal opportunity to reach their full potential,” he said. “This is not a personal vision. It is the vision of His Excellency, captured in our National Development Plan and reinforced at the United Nations. Our duty now is to embody this commitment in action.”

Speaking on behalf of health development partners, Dr George Ameh, WHO Country Representative, acknowledged the gains that the country has recorded in maternal and child mortality reduction and sustained high vaccination coverage rates over the years. He emphasized that the partners identified with the vision of the government on the need to accelerate progress towards the Sustainable Development Goals and beyond.

“There are a number of best practices to learn from. The ongoing supervisory missions to the districts, as seen in Moyamba, have also demonstrated what is possible, even without additional funding, when DHMTs apply themselves to review their indicators, identify gaps in performance and commit to local solutions, working with all stakeholders. This is the kind of locally driven approach we are expecting in the next 300 days,” he said.

Transforming health data for better decisions in Sierra Leone

On 19 January 2026, Sierra Leone’s Ministry of Health launched the National Health Information Hub, bringing together the World Health Organization (WHO) and other members of the UN family, development partners, MDAs, civil society, and other health stakeholders. This milestone marks a major step toward strengthening evidence-based decision-making and improving health outcomes nationwide.

The Hub addresses long-standing challenges of fragmented health data by integrating data across services and stages of life, from maternal and newborn health through childhood, adolescence, adulthood, and older age. This life-course approach enables a more complete understanding of people’s health needs, supporting care that is continuous, equitable, and responsive, and helping to ensure that no one is left behind.

This initiative directly strengthens one of the World Health Organization’s six health system building blocks: Health Information Systems, the backbone of a resilient and high-performing health system. By improving how health data is collected, integrated, and used, the Hub ensures that accurate and timely information is available to guide decisions. This supports better planning and resource allocation, improved service delivery, a stronger health workforce, and more effective health financing, reinforcing the entire health system and accelerating progress toward Universal Health Coverage.



Dr. Austin Demby, Minister of Health, emphasized the importance of addressing long-standing data fragmentation: *“despite major investments in health digitization, our data ecosystem remains fragmented, with critical information sitting in silos and limiting timely, evidence-based decisions. The National Health Information Hub is our response, transforming health data into reliable, actionable information that supports decision-making at every level.”*

The World Health Organization reaffirmed its support for the Government’s leadership in strengthening health systems through data.

“This initiative demonstrates Sierra Leone’s leadership in building a resilient health system. By making data available for action, the National Health Information Hub will help ensure that every person, at every stage of life, benefits from informed and timely health services,” said Dr. George Ameh, WHO Country Representative.

The launch of the National Health Information Hub marks a critical milestone in Sierra Leone’s journey toward a smarter, more integrated health system, one where quality data drives action, accountability, and impact.

Sierra Leone advances child health care with updated IMNCI Guideline

The Ministry of Health, with support from WHO and partners, held a two-day consultative meeting in Freetown from 11 to 12 March 2026 to finalize and validate the updated Integrated Management of Newborn and Childhood Illness (IMNCI) guidelines. The update ensured that the guidelines aligned with national strategies introduced since 2020, including revisions to malaria care, expanded malnutrition assessment, updated immunization schedules, and new guidance on hepatitis B exposure, HIV, nutrition, and community health worker engagement.

The guideline also integrates early childhood development, sickle cell anaemia management, oxygen therapy, non-communicable diseases and clearer definitions of community health worker roles to strengthen continuity of care at community and facility levels.

Participants included national programme managers and staff, UN agencies and other health development partners, as well as frontline health workers. Once implemented, the updated IMNCI guideline will support nationwide training and enhance the quality and consistency of child health services delivered across primary health units in Sierra Leone.



Driving AMR Competency Integration in Allied Health Training

A one-day consultative workshop was held on 31 March 2026 in Freetown to support the integration of antimicrobial resistance (AMR) competencies into allied health training curricula. The workshop brought together representatives from academic institutions, the Ministry of Health (MoH), the National Public Health Agency (NPHA), the Ministry of Agriculture and Food Security (MAFS), and technical partners including the World Health Organization (WHO).

The workshop assessed the current inclusion of AMR-related content across existing curricula and identified gaps and opportunities for strengthening competency-based training. Discussions focused on aligning training programmes with national AMR priorities and equipping future health professionals with the knowledge and skills required to address AMR effectively.

The engagement delivered clear results. Institutions reached agreement on the urgent need to integrate AMR competencies into pre-service training. A draft roadmap was developed to guide curriculum review and harmonization across programs. There was also strong commitment to adopt standardized AMR training modules and strengthen continuous professional development for educators.



Importantly, the workshop reinforced collaboration between the health and education sectors, laying a foundation for a more coordinated and sustainable response to AMR. By equipping future health professionals with the knowledge and skills needed to address antimicrobial resistance, this initiative marks a critical step toward safeguarding effective treatment and improving public health outcomes in Sierra Leone.

Sierra Leone strengthens management of severe mpox complications

Freetown – When Sierra Leone confirmed its first mpox case in January 2025, few anticipated the scale of the health emergency. By November of that year, more than 5400 cases and 60 deaths were reported across the country.

While most survivors recovered with standard supportive care, a small number developed severe complications, including extensive body tissue destruction and chronic, non-healing wounds requiring specialized treatment not widely available in the country.

“I could not move around or do simple things for myself,” says Grace Turay, an mpox survivor. “I did not know if my wounds would ever heal.”

Gaps in infection prevention and control, shortages of essential wound care items and the fee-for-service model in some hospitals created additional barriers to care. Delays in tracing patients also meant that several people with advanced complications were identified late, increasing the risk of disability.

“Some patients required prolonged hospitalization beyond the expected duration of care,” recalls Dr Agnes Bangura, Programme Manager for Case Management at the National Public Health Agency (NPHA). “We also observed delayed wound healing in several patients, partly attributed to multidrug-resistant infections.”



To address these gaps, the Government of Sierra Leone requested World Health Organization (WHO) to facilitate the deployment of a United Kingdom Emergency Medical Team (UK EMT). Arriving in mid-November 2025 and concluding its mission in early 2026, this experienced international team, trained to deliver advanced surgery and rehabilitation in health emergencies, provided specialized surgical intervention for complex mpox cases, among other interventions.



Working alongside Sierra Leonean clinicians, UK EMT conducted a comprehensive reassessment of patients previously identified with severe mpox complications. Of the 15 patients initially listed, nine were traced and six underwent full clinical review, including Grace Turay. Based on these assessments, the team developed individualized, multidisciplinary treatment plans that brought together surgery, nursing, advanced wound care, rehabilitation, nutrition and psychosocial support to ensure holistic recovery. *“We supported affected populations with essential health services,” says Mr. Fred Culley, UK EMT Team Lead. “Through coordination with hospital management and local health authorities, we strengthened health facilities, trained staff and supported wound care, outpatient services and rehabilitation.”*

As part of the clinical response, the team performed wound debridement (removal of dead skin tissue from the wound to promote healing) in two patients and three complex plastic and reconstructive surgeries for patients with extensive tissue damage. The team also performed more than 50 wound dressing sessions, introducing standardized wound assessment tools and critical preoperative investigations to prevent further deterioration and reducing risks of secondary infection.

Hands-on training and mentorship between the team and local health professionals strengthened infection prevention and control guidelines and practice, improved pain management practices and underscored the importance of nutrition for wound healing, resulting in more consistent care and improved healing outcomes.



Rehabilitation teams delivered more than 90 sessions to 14 patients, helping restore mobility, reduce scarring and improve independence. A “champions of mpox,” peer-led group was established to support psychosocial recovery, combat stigma and support reintegration of survivors into their communities.

“Because of the services provided, I can perform daily activities like visiting the bathroom and moving around. The UK EMT shared information in a way I could understand, which helped me know how to get better,” says Turay.

Hospital teams also report improvements. “The team’s engagement across departments has been extremely valuable,” says Dr Ibrahim Mark Kapuwa, Hospital Care Manager at Connaught Teaching Hospital in Freetown. “Our capacity has been strengthened, and we are committed to sustaining these gains.”

On conclusion of the mission in January 2026, the UK EMT and WHO donated surgical items, test kits and essential medicines to support ongoing care. The work laid a foundation for emergency preparedness, including a new multidisciplinary wound management training programme for health workers in Sierra Leone.

“The support of the UK EMT was timely and critical, strengthening the overall response to the outbreak. I am particularly pleased by the transfer of skills that has taken place between both clinical teams” says Dr George Ameh, WHO Country Representative in Sierra Leone.

WHO strengthens response to cutaneous ulcer outbreak in Bombali and Tonkolili Districts

The World Health Organization (WHO) has intensified support to Sierra Leone’s National Public Health Agency (NPHA) in response to a cutaneous ulcer (CU) outbreak caused by *Haemophilus ducreyi* in Bombali and Tonkolili districts.

To strengthen surveillance, diagnosis, and treatment, WHO supplied 30,000 capsules of Azithromycin and 340 rapid diagnostic test kits for Yaws. The supplies were formally handed over at NPHA headquarters in Freetown as part of WHO’s ongoing technical and financial support to national and district health authorities.

The outbreak was first detected on 17 November 2025 following reports of clustered cases among schoolchildren in Kayasie Village, Safroko Limba Chiefdom, Bombali District. Between January and March 2026, 105 cases were investigated, with 30 patients currently receiving treatment. A total of 191 contacts remain under follow-up, and laboratory testing confirmed *Haemophilus ducreyi* in 96 samples.

A joint NPHA-WHO response team continues to conduct active case search, sample collection, exposure assessments, and environmental and behavioural investigations, alongside community sensitization across affected chiefdoms.



Response measures include laboratory testing, infection prevention and control, and targeted treatment campaigns. Community engagement efforts, including radio discussions, hygiene promotion, and stakeholder meetings, have strengthened early care-seeking behaviour.

As part of the response, 375 cases and high-risk contacts received Azithromycin treatment, while 70 suspected cases were tested for Yaws.

NPHA Executive Director, Professor Foday Sahr, emphasized the significance of the support: *“This contribution is timely and strategic. It strengthens our capacity to intensify field investigations, improve diagnosis, and deliver targeted treatment in affected communities.”*

WHO Country Representative, Dr George Ameh, reaffirmed WHO’s commitment: *“WHO remains committed to supporting early detection, effective treatment, and evidence-based interventions that protect school-aged children and families in the affected districts.”*

WHO also acknowledges the support of the Foreign, Commonwealth & Development Office (FCDO), which contributed funding to key response activities.



Sierra Leone reviews International Health Regulations capacities

Freetown—Sierra Leone has taken an important step toward strengthening national and global health security by convening a two-day multi sectoral workshop in Freetown to prepare its 2025 International Health Regulations (IHR) State Party Self- Assessment Annual Report (SPAR).

Organized by the Ministry of Health and the National Public Health Agency, with technical and financial support from the World Health Organization (WHO), the workshop brought together 70 participants from key ministries, departments and agencies, including the Office of National Security, the Environmental Protection Agency and the Ministry of Agriculture and Forestry. National and international partners such as FAO, GIZ, the US Centers for Disease Control and Prevention (CDC), Africa CDC and WHO also participated. Together, they assessed Sierra Leone's core public health capacities and finalized the country's annual IHR self-assessment.

The IHR constitute a legally binding agreement among 196 countries to prevent, detect and respond to public health risks that could cross borders. Through the SPAR process, countries review their progress across 15 core capacity areas, identify gaps and guide strategic investments to strengthen preparedness and response systems.

Opening the workshop, national authorities emphasized the importance of country ownership and cross sector collaboration in advancing IHR implementation.



“The SPAR process is not just a reporting requirement; it is a critical opportunity for Sierra Leone to take stock of our public health capacities and collectively identify where systems must be strengthened to better protect our population,” said Dr James Squire, Director of Epidemiology and Surveillance of the National Public Health Agency. *“By engaging all relevant sectors, the assessment reflects national realities and priorities.”*

Participants reviewed SPAR indicators through presentations, group work and plenary discussions, examining available evidence and validating scores across technical areas. This inclusive, evidence-based approach promoted dialogue, consensus building and shared accountability among institutions responsible for health security.

Development partners, including Population Services International, supported the review process, underscoring the importance of regional cooperation.

“Strong national assessments such as SPAR are essential for building resilient health systems across the region,” said Alfred S. Makavore, the PSI representative. *“By identifying strengths and gaps through an inclusive process, Sierra Leone is contributing to both national and regional health security.”*

WHO supported the workshop in line with its mandate to assist Member States in implementing IHR and strengthening preparedness, surveillance and response capacities. Throughout the exercise, WHO provided technical guidance to ensure alignment with global standards and the IHR Monitoring and Evaluation Framework.



“The annual SPAR process promotes transparency, mutual accountability and continuous improvement,” said Victor Caulker, WHO Emergency Preparedness and Response Cluster Lead. *“WHO remains committed to supporting Sierra Leone to use the SPAR findings to inform priority actions and investments for strengthening national and global health security.”*

“The annual SPAR process promotes transparency, mutual accountability and continuous improvement,” said Victor Caulker, WHO Emergency Preparedness and Response Cluster Lead. *“WHO remains committed to supporting Sierra Leone to use the SPAR findings to inform priority actions and investments for strengthening national and global health security.”*

By the end of the workshop, Sierra Leone had produced a draft 2025 IHR State Party Annual Report, which will undergo validation and submission to WHO as part of the country's annual reporting obligation to the World Health Assembly.

The workshop was conducted in line with agreed terms of reference, with clearly defined deliverables and accountability mechanisms, including the submission of technical and financial reports within 90 days. The outcomes of the 2025 SPAR assessment will inform national IHR implementation planning and help align partner support with identified gaps and priorities.

As global health threats continue to evolve, Sierra Leone's inclusive, evidence-based approach to IHR monitoring demonstrates the country's commitment to strengthening health security at national, regional and global levels.



Japan and WHO launch preparedness initiative

Freetown - On 27 February 2026, the Government of Japan entered a partnership agreement with the World Health Organization (WHO) to implement one-year projects to support the Government of Sierra Leone in Scaling up detection, diagnosis, case management, and community engagement for vulnerable people affected by mpox.

The launch brought together the Japanese Ambassador, H.E. Mr. Hiroshi Yoshimoto, the Head of the UN Resident Coordinator's Office, Ms. Saraphine Wakana, the WHO Country Representative, Dr. George Ameh, the UNOPS Officer in Charge, Natalia Garcia Romero, senior government officials, development partners, and members of the media.

WHO's project will support the Ministry of Health to curb the risk of a mpox outbreak in the country. The project will build the capacity of health workers in emergency preparedness and response across all 16 districts in readiness for a potential mpox outbreak.



In particular, the project will strengthen stakeholder coordination and engagement; enhance collaboration with the National Public Health Emergency Operations Centre to conduct coordination meetings; investigate at least 320 alerts or suspected cases of mpox across the 16 districts; isolate and treat all confirmed cases when detected; and follow up all contacts for 21 days. The project will also enhance health education, community engagement and knowledge for 1.6 million people on mpox prevention and management through community engagement, social media, posters, leaflets, radio and other channels.

In 2025, Sierra Leone registered an outbreak of mpox that resulted in 5442 confirmed cases and 60 deaths.

"Mpox remains a risk in Sierra Leone, exacerbated by cross-border movements that increase the possibility of cases being detected in the country," said Dr George Ameh, the WHO Representative. "WHO thanks the Government of Japan because these funds will boost preparedness and further strengthen the capacity of health teams at the frontlines," he added.



"On behalf of the Government of Sierra Leone, we extend our appreciation to the Government of Japan for its generosity in supporting the health of the people of Sierra Leone," said Professor Foday Sahr, Executive Director of the Public Health Agency. "Mpox remains a public health threat and these funds could not have come at a more critical time."

His Excellency Hiroshi Yoshimoto, Ambassador of Japan to Ghana and Sierra Leone, noted: "Japan is proud to support Sierra Leone's effort in keeping the people of Sierra Leone free from epidemic-prone diseases. A healthy population yields high investment returns for the country's economy."

By investing in preparedness, Sierra Leone is reducing the risk of future outbreaks, lowering health costs for families and protecting livelihoods. Through this partnership, WHO continues to support the country in building strong systems that protect every Sierra Leonean.



Photo Highlights



WHO Country Rep. Dr. George Ameh assessing quality of cold chain in facilities in Koinadugu and Karene districts



WHO Technical Officer engaging nurse on quality sensitization



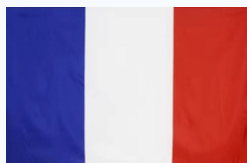
MoH and WHO teams engaging facility team on proper data entry



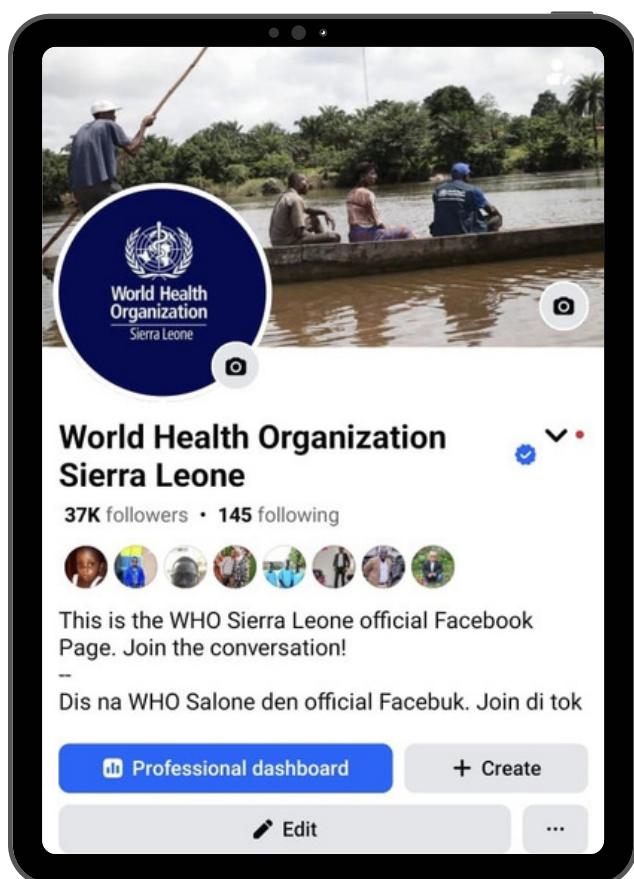
WHO Country Rep. Dr. George Ameh interacting with patients in Koinadugu and Karene districts health facilities



Thank you to our esteem partners



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