

The Universal Health and Preparedness Review (UHPR) in Sierra Leone: a country case study

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Abstract

This case study outlines the Republic of Sierra Leone's experience with the UHPR process, focusing on implementation strategies, key achievements, challenges and lessons learned. The purpose of the UHPR is to strengthen health security through peer-to-peer collaboration and a transparent review process that addresses weaknesses. The UHPR is an unprecedented assessment tool developed by WHO and follows a comprehensive, inclusive methodology involving the highest levels of government, multisectoral stakeholders and takes a whole-of-society approach. The UHPR included a review of available data and reports, a Simulation Exercise (SimEx) involving over 100 participants, and a UHPR high-level mission. Key findings highlighted improvements in governance, financing and health systems. Tangible results of the UHPR included the establishment of Sierra Leone's new National Public Health Agency (NPHA) and the awarding of the Pandemic Fund. Challenges included inadequate human resources for health, weak information management and lack of financing to absorb systemic shocks. Lessons learned emphasized the importance of multisectoral engagement and stakeholder collaboration in advancing health security priorities. Recommendations for sustaining progress include enhanced multisectoral engagement, increased funding and capacity-building. The case study underscores the role of partnerships and collaboration with regional and global stakeholders, including WHO, in achieving long-term sustainability. Sierra Leone encourages fellow countries to actively engage in the UHPR process to benefit from its innovative, country-led and multisectoral approach to strengthening health security and system resilience.

Keywords: Public health; pandemics; World Health Organization; Universal Health and Preparedness Review; emergency preparedness; health security; West Africa; Sierra Leone; COVID-19; Ebola; One Health

1. Introduction

The UHPR is an innovative, high-level global initiative aimed at strengthening health security through peer-to-peer collaboration and transparent review processes (1). After the WHO Director-General announced the pilot of the UHPR in November 2020, Sierra Leone was the first country in the Economic Community of West African States (ECOWAS) region, the second in Africa and the fifth in the world to voluntarily engage in the review to strengthen health security through peer-to-peer, multisectoral collaboration. The UHPR was created in response to weaknesses in global health security revealed by the COVID-19 pandemic and shares the same philosophy as the Health Emergency Prevention, Preparedness, Response and Resilience (HEPR) strategy (2). It is an unprecedented, dynamic, Member State-led assessment which focuses on bolstering strategic preparedness capacities for health security by engaging the highest levels of government (3). The UHPR process consists of four phases: the preparation phase; the national review phase, with a high-level mission and the output of a national report; the Global Peer Review (GPR) phase, with a dialogue among countries; and the national follow-up phase, where recommendations from the report and the GPR are implemented. A full UHPR cycle is designed to span five years (Fig. 1). Sierra Leone has completed the national review phase and awaits the GPR but are nonetheless implementing the recommendations laid out in the UHPR National Report of Sierra Leone.



Fig. 1. The four phases of the UHPR process.

On the heels of the COVID-19 pandemic, and with memories of the Ebola outbreak still fresh in memory, minds were on communicable disease prevention and Sierra Leone committed to the UHPR to build upon the momentum of 2022 when senior government support enacted the Public Health Act, the Tobacco and Nicotine Control Act, and developed the One Health policy (4). The country requested this assessment to evaluate their prevention, detection and response capacities, and to make preparedness for health emergencies a priority on the national agenda. Inadequate human resources for health, weak information management, out-of-pocket spending and lack of financing to absorb systemic shocks, are now higher on the lists of policymakers. Engaging in this process with partners' support provided Sierra Leone the chance to assess governance, financing and health systems, while the UHPR helped align health emergency

preparedness priorities with national health goals and broader development strategies. It also reinforced the country's accountability and advanced health security at both regional and global levels.

This case study highlights Sierra Leone's experience with the UHPR, focusing on the implementation strategies, key achievements, challenges and lessons learned to strengthen health security and emergency preparedness. Its insights aim to inform and inspire other Member States to engage in the UHPR process as a strategic step towards strengthening their own health emergency capacities and contributing to collective global health security.

2. Methodology

This case study was developed using a qualitative, document-based and interview-informed methodology to capture Sierra Leone's experience with the UHPR pilot process. It draws on the UHPR National Report of Sierra Leone and a series of interviews with key stakeholders involved in the implementation of the UHPR in the country. These sources were triangulated to provide a comprehensive understanding of how the process was conducted, the outcomes it generated and the key lessons that emerged. The case study is structured around a chronological and thematic approach: it begins by describing the main activities during and following the UHPR high-level mission and then presents a synthesis of key findings, organized into five categories, 1. value added, 2. challenges and solutions, 3. planning and resource mobilization, 4. collaboration and regional alignment, and 5. impact on national priorities. This structure presents the UHPR process in Sierra Leone in a thematic manner, illustrating its impact on national governance, health systems strengthening and public health emergency preparedness.

The UHPR journey in Sierra Leone formally began following the issuance of an engagement letter from the country's Minister of Health and Sanitation, Dr Austin Demby, to the Director-General of WHO, Dr Tedros Adhanon Ghebreyesus, in December 2022. This marked the start of the preparatory phase, which involved a comprehensive review of existing reports and data to develop the UHPR country profile. Among other sources of information, a Joint External Evaluation (JEE) mission was held two months prior to the UHPR high-level mission which enabled for up-to-date, relevant data on International Health Regulations (IHR) (2005) capacities from which to draw upon. The value of performing the two distinct reviews was proven in the Sierra Leone experience. The JEE offers a technical, bottom-up assessment focused on standardized IHR core capacities, engaging primarily technical-level stakeholders from the health and related sectors.

In contrast, the UHPR provides a strategic, top-down review tailored to the country's specific context, priorities and development goals. It emphasizes governance, financing and system-wide

coordination, while actively engaging country leaders, policymakers, partners and civil society with a multisectoral and whole-of-society approach. Far from being duplicative, the two processes proved highly complementary, together offering a holistic view of health emergency preparedness. In preparation for the UHPR high-level mission, to identify strengths and weaknesses in health security capacities, an over 100-participant SimEx role-played preparation and response to an acute public health event. A whole-of-society response and stakeholder engagement played a critical role in this activity, involving members of UHPR Steering Committee, National Secretariat, top officials, technical officers from relevant ministries, public health rapid response teams, partner agencies, civil society representatives and other stakeholders.

The UHPR high-level mission was launched on 3 May 2023 by the Vice President of the Republic of Sierra Leone, Dr Mohamed Juldeh Jalloh, in the presence of senior managers from the national, regional and global offices of WHO, including Dr Mike Ryan, Executive Director of WHO's Health Emergencies Programme, representing the WHO Director-General. The event brought together a broad range of attendees, from high-ranking government officials to private sector and civil society representatives, traditional rulers, members of health care professional associations, university students, elected officials, local and international NGOs, diplomatic corps and members of the donor community, who convened to articulate priorities for public health systems.

Key activities conducted during the high-level mission included,

- Courtesy call with the President: a meeting was held with His Excellency RTD Brigadier Dr Julius Maada Bio, President of the Republic of Sierra Leone, to reaffirm national ownership and political commitment to the UHPR process.
- High-level government meetings: a series of consultations were held with His Excellency the Vice President, the Honourable Minister of Health and Sanitation, several other ministers, the Speaker of the House of Parliament, the clerk, parliamentarians and other senior government officials to review strategic priorities for health emergency preparedness.
- UHPR launch ceremony: the UHPR high-level mission was officially launched in a ceremony chaired by the Vice President, Dr Mohamed Juldeh Jalloh, with over 500 participants in attendance, including key national stakeholders and international partners, and civil society representatives.
- Press Conference: The Honourable Minister of Health and Sanitation, Dr Austin Demby, chaired a national press conference to raise awareness of the UHPR process and communicate its significance to the public and media.
- Stakeholder engagement meetings: targeted consultations were conducted with the United Nations Country Team (UNCT), health development partners and senior technical

officers from over 10 ministries, departments and agencies, reinforcing the whole-of-government and whole-of-society approach.

- Partner consultations: engagements with key international partners – including Africa Centres for Disease Control and Prevention (CDC), US CDC, Chinese CDC, Médecins Sans Frontières (MSF) and UNICEF – helped ensure alignment with ongoing health security initiatives and technical collaboration.
- High-level SimEx: the first of its kind in the country and the region, this exercise was chaired by the Vice President and convened over 10 ministers and senior officials to simulate emergency decision-making and intersectoral coordination in response to a public health event.
- Debriefing ceremony: the three-day UHPR high-level mission concluded with a formal debriefing chaired by the Honourable Minister of Health and Sanitation. Key findings and next steps were presented, forming the basis for finalizing the UHPR National Report (4).

Following the UHPR high-level mission, the UHPR Steering Committee and National Secretariat finalized the UHPR National Report of Sierra Leone, which was submitted and signed off by HE the President of the Republic of Sierra Leone and reflected the collective outcome of the process.

Sierra Leone participated on the review panel of the first GPR of the UHPR held in Geneva on 13–14 February 2024 and gave feedback to the national UHPR reports of Central African Republic and Portugal. Sierra Leone will join other Member States to be reviewed at the second GPR at a later date (5).

3. Findings

3.1. Value added

The UHPR process enabled Sierra Leone to transform and strengthen while reinforcing best practices as the country emerged from the COVID-19 pandemic. Since the UHPR high-level mission in the country, there has been a higher value placed on multisectoral cooperation nationally; an uptick in the number of meetings and the coordination of ministries, departments and agencies; a stronger capacity built resulting in enhanced accountability and more public trust in the health system; and progress made on priorities listed in the UHPR National Report of Sierra Leone. Importantly, by strategically using the National Report, Sierra Leone was successful in increasing domestic and international funding.

3.1.1. Strengthening multisectoral cooperation

The sheer volume of participants who came together for the UHPR high-level mission on the same aims was impressive, with more attendees than convened at meetings following the Ebola outbreak. Not an invitation was turned down, and the effectiveness of having that many stakeholders involved was proven in the progress made in the follow-up phase of the UHPR. The UHPR brought together parliament, the legislative body of the government, with the Chief Minister, the Vice President and the President alongside civil society and trade, the private sector, community members, social welfare and all the ministries, agencies and departments. There was someone from every corner of Sierra Leonean society involved in the UHPR as well as key international partners, all three levels of the WHO (Country Office, Regional Office for Africa, and Headquarters), UNCT, Africa CDC, US CDC, Chinese CDC, MSF and UNICEF. The UHPR widened the platform for health emergency preparedness and response in Sierra Leone, expanding beyond the traditional One Health approach (6) that involved Sierra Leone's Ministries of Agriculture, Wildlife, Environment, Water Resources and the National Office of Security, to a preparedness and response system that involves all of government.

This developed approach emphasized to all participants at the UHPR high-level mission the importance of comprehensive participation across all sectors of society in planning, rather than only working together during outbreak response, that the most effective response is achieved by those who are involved in the planning process. The high-level SimEx conducted at the mission raised the profile and importance of multisectoral coordination during and after an outbreak by teaching participants, on an individual basis, how to respond. This multisectoral approach brought new lessons and perspectives to the forefront.

Networks have grown since and because of the UHPR. The Directorate of Policy, Planning and Information for the Ministry of Health (MoH) recently created social media forums to unite CSOs. The UHPR helped to bring together these groups. Now, with this improved coordination, if someone wants to meet with CSOs, or if there is an abnormal event that requires organizational support, the Directorate can pull groups together immediately.

Furthermore, recommendations from the UHPR encouraged multisectoral coordination nationwide by setting up structures for preparedness. A One Health outlook has improved in rural areas with more staff trained in the chiefdoms to look at more than just human health. Subnational personnel now take a holistic approach, looking at environmental, farming and wildlife issues, and they send all reports to the Directorate of Policy, Planning and Information to review.

3.1.2 Improved coordination systems

The UHPR brought to the forefront the importance of improving coordination structures in committees and other groups and inspired more organization and collaboration. On the UHPR recommendations, the government set up an interministerial coordinating body chaired by Chief

Minister, Mr Jacob Jusu Saffa. This body meets bi-annually to discuss and make decisions for the country. Another group, a technical working group, has become more organized upon recommendations from the UHPR. This group gathers feedback from various One Health committees at the chiefdom and district levels. Leaders in Sierra Leone have been sitting quarterly for national coordinating meetings to review what the technical working group has achieved. Most of these groups and structures were in place already, but since the UHPR, they have become more organized and coordinated.

3.1.3. Confidence in the health system

The UHPR has significantly strengthened the health system, fostering trust in the national medical system while improving health security and making progress towards universal health care (UHC). Through capacity-building and integrated approaches, the MoH ensured Sierra Leone's ability to defend, detect and respond to health threats while maintaining essential services. The robust system, developed from lessons learned during Ebola and COVID-19 outbreaks, has increased public confidence in health facilities, even amid outbreaks. Health care workers created a safe environment, earning public trust and adherence to safety rules which in turn keeps facilities safe.

3.1.4. Lessons learned

Sierra Leone's health sector is undergoing significant development aimed at strengthening its response to emergencies and improving overall health care delivery. Various initiatives have been launched to ensure no one is left behind and to bolster human capital development.

- Multisectoral: collaboration among all stakeholders is key. Ministries, departments and agencies should work with each other, not in silos, to achieve a common goal. A well-prepared all-of-government and all-of-society response is essential to combat health emergencies.
- Human resources: the population knows that outbreaks, pandemics and health disasters will inevitably strike; what the country has learned from the UHPR is to prepare, and one chief way to do this is to have a pool of emergency staff ready, well-equipped and readily deployable.
- Financial: policymakers should institutionalize financial mechanisms that ensure timely and reliable access to resources. This includes integrating sufficient and sustainable allocations to prepare for and respond to pandemics, in both national and health sector budgets. Establishing contingency financing arrangements, such as rapidly mobilizable emergency funds or dedicated budget lines, will likely reduce reliance on external aid and prevent delays in responding to health crises.

- Incorporation of preparedness: preparation should not be a stand-alone issue; preparedness should be integrated into the primary health care programme and standardized. Embedding it within routine health systems strengthens resilience, ensures continuity of care during emergencies and enhances the system's ability to detect, respond to and recover from health threats. This requires equipping frontline staff with appropriate training on early detection, response protocols and emergency coordination mechanisms.
- Capturing experiences: the UHPR helped Sierra Leone apply lessons from COVID-19 and Ebola to emerging outbreaks. For instance, the importance of community education, resilience, knowledge and preventive measures, such as contact tracing learned during the Ebola outbreak, were used to tackle COVID-19. The UHPR recognized these strengths and supported the Member State in using these lessons for future health threats.

3.1.5. Progress on priorities

The collaborative efforts instigated by the UHPR's comprehensive approach created structures that continue to benefit the nation in its pursuit of better health outcomes for all. Of the priorities listed in the UHPR National Report of Sierra Leone, in their collaborative efforts, Sierra Leone has made many successful achievements, in particular,

- One Health collaboration is being enhanced, including at the district level.
- The NPHA that investigates public health-related issues has been solidly established by an act of parliament. The agency evolved from the Directorate of Health Security and Emergency to be larger and more collaborative. It now coordinates more with international and local partners.
- The establishment of the National Action Plan for Health Security (NAPHS) is underway. The MoH has reviewed, validated and will soon publish Sierra Leone's most recent NAPHS.
- Protection of vulnerable populations is now being reinforced and actively pursued with a leave-no-one-behind mantra in every public sector planning and response strategy. In the current mpox response, people with disabilities are not being left behind and their needs are being catered to.
- Human capital development is among the highest priorities of Sierra Leone's government and is being actively pursued. The MoH is actively recruiting staff to brace for any outbreak to prevent a loss of services (7).

- Surge capacity for health emergency response has been prioritized; NPHA recruited and trained a team in emergency preparedness and created online roster of human resources if needed for an outbreak.
- Health information management systems are quickly digitalizing. Almost one hundred per cent of government and government-supported facilities now report to MoH digitally, significantly improving the timeliness, completeness and reliability of health data, including for early warning and outbreak risk alerts. Private health care centres are in the process of onboarding; because they use different platforms, MoH is developing a data hub to support these centres.
- Non-traditional donors are being sought to diversify and strengthen financial resources for health emergency preparedness. This includes engaging communities, the private sector, philanthropic foundations, and a broader range of domestic and international stakeholders. The aim is to promote co-investment and co-financing to strengthen health emergency capacities.
- The trust fund proposed for health emergency preparedness and response is being discussed among NPHA and the Ministry of Finance with the goal of gaining seed money from the government and pooling resources from other and non-traditional donors such as the national private sector.
- The implementation of the Sierra Leone Social Health Insurance (SLeSHI) scheme, designed to reduce out-of-pocket health expenditure and expand access to health care, is almost complete. Parliament will enact this scheme in mid-2025.

3.2. Challenges and solutions

Despite these successes, Sierra Leone encountered challenges during the national phase of the UHPR process and the subsequent follow-up phase in the implementation of the UHPR recommendations. These challenges included a resistance among the private sector to attend the event, and some organizational difficulties. On the UHPR priorities, gaining political and multisector commitment has been a challenge due to limited financial, human and equipment resources.

3.2.1. The high-level mission

Most invitees accepted invitations to the high-level mission because of the strong political leadership also in attendance. With the highest officials involved, including the President, HE RTD Brigadier Dr Julius Maada Bio, the initiative of bringing everyone together on the same aims was embraced. Domestic partners were inspired by the participation of the high-level team from WHO Headquarters and the African Regional Office. The President was directly involved to ensure that

the rationale behind multisectoral coordination was clear: that it was about broadening base beyond the One Health platform. The private sector, however, needed some urging to secure their attendance. At first, they declined but once shown that they had essential roles to play to avoid large-scale business shutdown caused by health emergencies, they were keen to attend. Therefore, the private sector was not left behind. Pharmacies, private hospitals, business people and chamber of commerce members were brought together for the UHPR to support UHC and enhance health sector preparedness.

Organizing an event of the size of the UHPR high-level mission was a challenge, but multisectoral coordination was the solution. In the beginning, there were not enough people on staff to plan this unprecedented event, but other ministers were brought in, One Health teams sent help and the MoH brought the UHC team together. To begin with, it was challenging because individual actors already had their own plans and diverse expectations. However, through careful coordinated deliberations conducted during the UHPR Steering Committee and National Secretariat meetings, all stakeholders came together to the same ends.

3.2.2. The implementation of recommendations

As for funding to roll out essential activities when needed, this is an ongoing problem for Sierra Leone that requires governmental, all-sector and partner support. During the Ebola outbreak, for example, policymakers and MoH had a clear idea on what to do, how to quickly contain the disease, but they lacked the necessary resources, despite their urgent appeal for support. The virus did not wait for the funds to come together, that is why the creation of a trust fund to stand up to an outbreak for at least 60 days is so essential. The experience with Ebola informed Sierra Leone in preparation for COVID-19, and that response was in improvement, but currently the country is not financially equipped.

The government still needs to reframe how they prepare and respond to public health emergencies and act with all sectors to procure a trust fund for health emergencies. The government has put aside a certain amount of money for emergencies, but this is for all types of emergencies, not just public health. By the time it gets to public health, the fund has been adjusted, and there is not enough remaining to respond to health emergencies adequately.

As a solution to public health needs, the recommendation from the UHPR to establish an independent agency between and among government, UN partners and WHO, to focus on public health emergencies has been realized in the NPHA. This long-envisioned initiative of a semi-autonomous public health entity has now come to fruition after years of advocacy and planning. This agency serves as a national focal point for leadership, coordination and technical expertise in addressing public health priorities. While reaching consensus on the mandate and structure of the NPHA has been a complex and sometimes challenging process, the agency now provides a vital organizational anchor for evidence-based policymaking and public health systems

strengthening. With its formal establishment, the NPHA is well-positioned to drive this initiative forward to enhance Sierra Leone's capacity to prepare for and respond to public health threats.

Furthermore, through its dedicated focus on public health infrastructure, systems and workforce, the NPHA can help secure the political will and mobilize the necessary domestic and international resources to increase government investment in public health. This includes advocating for a greater share of GDP to be allocated towards public health – not solely to clinical services – and promoting cross-sectoral collaboration. Finally, the agency also plays a critical role in demonstrating to nongovernmental sectors the long-term value of pooling resources including establishing seed funding for the proposed trust fund for health emergencies. Such a fund will enhance preparedness and ensure that Sierra Leone remains protected when future outbreaks or other health emergencies arise.

To address the low level of human resources for health, Sierra Leone implemented a range of targeted strategies to overcome the challenges encountered during the UHPR follow-up phase. These included the improvements made by the Health Status Commission, which is responsible for recruiting, training and posting of health workers across the country. Since last year, emergency allocations of the heads of the health service of the MoH has increased. With UHPR as a key motivating factor, the Government of Sierra Leone processed and recruited more than 3000 health workers since the UHPR with plans to hire more. Though Sierra Leone is still very far behind in terms of doctor to patient ratio at 0.043:1000 (8), compared to the WHO standard ratio of 1:1000 (9), the country is seeing an increase in government investment in human resources for health.

As for the challenge of increasing supply of health equipment and medicine, it is improving gradually with coordination among government and international partners, thereby enabling Sierra Leone to overcome significant barriers and achieve key milestones in the implementation of UHPR priorities. Thanks to whole-of-government and whole-of-society engagement throughout the national phase of the UHPR, significant progress and investments are being made in strengthening health infrastructure and equipment. More health infrastructure is being built, equipment has been brought into the country recently. With the support of Gavi, the Vaccine Alliance, the Government of Sierra Leone and WHO, Sierra Leone received the malaria vaccine and recently received a large shipment of mpox vaccine with support from Gavi, the Vaccine Alliance and WHO (10).

Effective epidemic detection, preparedness and response require clear communication and understanding of roles among all participants. Success hinges on everyone being informed, involved and ready to act. The UHPR process helped address this challenge by fostering structured, whole-of-society dialogue, clarifying responsibilities, strengthening coordination mechanisms and promoting a unified national approach to health emergency preparedness.

3.3. Planning and resource mobilization

3.3.1. Planning for UHPR priorities

Through collaborative efforts, the Government of Sierra Leone and the NPHA wrote a strategic plan for the NPHA to carry out and the UHPR was a lead driver of this plan. The plan prioritized strengthening the public health system against public health threats and emergencies, meeting workforce needs, coordinating government and donor funding for health security, and ensuring functional areas met national and international standards. The planning process involved domestic stakeholders: six ministries, namely, of Health and Sanitation; Agriculture and Food Security; Environment and Climate Change; Trade; Finance; and the Ministry of Foreign Affairs and International Cooperation. Domestic and CSO participants included the Environment Protection Agency, University of Sierra Leone and Njala University. International partners included WHO, African Field Epidemiology Network, US CDC and more.

3.3.2. Resource mobilization strategies

Resource mobilization efforts under the UHPR framework have resulted in an increase in government spending on health, securing substantial support from US CDC, and the World Bank's Pandemic Fund who awarded Sierra Leone US\$ 20 million from in its second round of funding (11).

MoH resource mobilization efforts focused on increasing domestic funding through budget reallocation for health care. In line with the 2001 Abuja Declaration, the Sierra Leonean government is trying to reach health expenditures of 15 per cent of GDP (12). Funding for health security is a portion of that goal. Since the UHPR, health expenditures rose from 7 per cent to 11 per cent of GDP. The NPHA is looking to non-traditional donors along with government funding to generate seed money for a trust fund for health emergencies. The hope is to pool funding from many domestic donors.

External support was secured through partnerships with the US CDC, who provided substantial support for Sierra Leone's activities, and is covering over 80 per cent of the activities listed as priorities in the UHPR. The review was therefore good at aligning the problems with the support, giving donors a clear map of what their help is needed for.

Last but not least, Sierra Leone was awarded US \$ 20 million in the second round of the Pandemic Fund for a project on enhancing capacity for pandemic prevention, detection and response (11). Sierra Leone is among the few countries in South Saharan Africa to have gone through the UHPR process, which helped to establish the structures as recommended in the UHPR National Report of Sierra Leone that were listed as key points in the country's application to the Pandemic Fund. Sierra Leone is using national platforms, such as the NPHA, established by the UHPR process to monitor and evaluate the Pandemic Fund project. The NPHA aims to mitigate the effects of health

emergencies on Sierra Leoneans by improving access and health care service for vulnerable populations through investments in surveillance, laboratory development and the health workforce (13).

3.4. Collaboration and regional and global alignment

Sierra Leone has taken major steps towards advancing health emergency preparedness through collaborative efforts and strategic partnerships. By building solidarity and accountability with both domestic and international partners, Sierra Leone has made significant progress in harmonizing approaches to international health security.

3.4.1. Cooperation with Member States and partners

Regional bodies, such as the West African Health Organisation (WAHO) and the ECOWAS are encouraging Member States to engage in multisectoral collaboration, and to make countries and regions more mutually accountable, to ensure the Western Africa region is well prepared and inclusive of every country in the area. To align skills in the region, in November 2024, WAHO continued a training of trainers in health sciences programme. This benefited Member States from an integrated and practice-oriented approach where health and education professionals shared their skills in collaborative teaching tools, hands-on use of AI, bringing more attention to the importance of knowledge transfer and capacity-building, enabling professionals to address the challenges facing the health and education sectors (14).

3.4.2. Alignment with regional and global priorities

When Sierra Leone attended the first GPR in Geneva in 2024 as a panellist for Thailand, the Central African Republic and Portugal, Sierra Leone approached the assignment as a positive opportunity to learn and share strategies (5). Participants interviewed for this case study expressed that regardless of whether the review is regional or global, Sierra Leone stands to gain valuable insight from other countries, irrespective of proximity, similarities or differences. Through its GPR experience, Sierra Leone strengthened principles of accountability, mutual trust and solidarity with other Member States. Sierra Leone participated as a panellist in the first-ever GPR session, joining countries from across regions in a collaborative platform to exchange experiences, provide constructive feedback and promote shared learning. This inclusive engagement enabled countries to support one another in advancing health emergency preparedness and reinforced the value of the UHPR as a truly Member State-led and globally relevant process. These countries, like Sierra Leone, believe in the gold standards regarding health security set by WHO.

3.4.3. Building solidarity and accountability

The UHPR efforts align with regional and global strategies by engaging on the international stage, ensuring that Member States and other partners remain on their toes and prepared to meet shared health security goals. These efforts reinforce commitments under the IHR (2005) and are

now further supported by the draft agreement on the pandemic accord. This agreement was recently arrived at by WHO Member States to strengthen global collaboration for pandemic prevention, detection and response (15). The pandemic accord emphasizes equity, timely information sharing, coordinated research, sustainable financing and stronger governance for health emergencies. The UHPR contributes to these same goals by helping countries assess their national capacities, define strategic priorities and promote multisectoral coordination in a transparent and inclusive manner. The UHPR also plays a unique role in operationalizing key principles of the pandemic accord, such as solidarity, mutual accountability, and whole-of-government and society approaches, while fully respecting the agreement's core principle of national sovereignty, consistent with the UHPR's Member State-led nature.

3.4.4. Regional support

Sierra Leone is gaining a good regional reputation for supporting other African countries in their response to public health emergencies. In October 2024, Sierra Leone dispatched emergency response health workers to Rwanda to support the Marburg outbreak. Sierra Leone's positive initiative sets a powerful example of African regional alignment and is building networks of support in the face of health emergencies (16,17).

3.5. Impact on national priorities

In leveraging of developmental goals with the UHPR, Sierra Leone has made significant progress in gender mainstreaming and in establishing national health insurance. Together, these efforts underscore the country's commitment to inclusivity and sustainable development.

3.5.1. Gender mainstreaming

The UHPR coincided with efforts to promote gender equity in Sierra Leone, contributing to ongoing discussions on this topic. Gender mainstreaming is improving as government ministries are now comprised of 33 per cent women. In 2022, Sierra Leone enacted the Gender Equality and Women's Empowerment Act, mandating that women must hold 30 per cent of positions in both government and most private sectors (18). In January 2023, the President passed the Gender Equality and Women's Empowerment Act to ensure that at least 30 per cent of public and private employees be female (19). Although women remain underrepresented in leadership roles, their presence continues to increase. The Minister of Health remains committed to advancing gender mainstreaming within the ministry.

3.5.2. SLeSHI

To alleviate out-of-pocket spending on health care, Sierra Leone has been working on this insurance scheme before, during and after the UHPR. The UHPR National Report of Sierra Leone listed SLeSHI's success as a major priority and a huge step in the country's progression towards

UHC. Listed as a priority in the National Report was to reduce out-of-pocket expenses for health care services. To progress towards UHC, the Sierra Leonean government is initiating the SLeSHi.

Once Parliament enacts this scheme by June 2025, there will be insurance that covers every person nationwide. The government will pay for the vulnerable categories who cannot afford the premiums, and the public and private sector will contribute to the scheme to make UHC sustainable. The act has been drafted; it is currently in parliament and enactment of the scheme is imminent. The whole-of-government and whole-of-society platform realized through the UHPR provided a strategic opportunity to fast-track national discussions around the implementation of the SLeSHi. The UHPR also played a catalytic role by facilitating the exchange of advice and lessons learned from other countries, particularly from Ghana where a similar health insurance system was successfully implemented (20).

4. Recommendations

To enhance the UHPR process, Sierra Leonean participants of this case study recommend that WHO:

- Provide tailored technical assistance in to help implement the UHPR priorities, especially in terms of financial resources to establish a sustainable funding in the follow-up phase.
- Take an all-of-society approach and affect meaningful change; to determine the needs of vulnerable populations – those who often are the most affected in emergency situations – make some activities bottom-up at the high-level mission to express these needs to the decision-makers. Though there was community engagement, more attention to assessing the needs of the community would have made the process even more country led.
- Support resource mapping and fund-raising efforts at both the domestic and external levels to secured resource allocation for trust fund for health emergencies.
- Facilitate knowledge sharing through more frequent but less elaborate GPRs. Perhaps use a hybrid in-person/online approach. To maximize the effectiveness of the GPR, it should be held as close as possible to the finalization of the country's UHPR National Report. This timing would ensure relevant discussions are based on up-to-date evidence and reflect the country's most current strategic priorities, thereby enhancing the overall efficiency of the process. However, it was also acknowledged that aligning the schedules of all countries engaged in the UHPR process presents logistic challenges. As such, organizing one or two planned scaled down GPR sessions per year could offer a practical, inclusive and cost-effective solution.

5. Country's next steps

Sierra Leone expresses gratitude and pledges continued collaboration with WHO, along with other international organizations and partners such as UNICEF, to enhance the health sector. The government's dedication to the UHPR was instrumental in its success within the country. Dr Austin Demby, the Minister of Health, has maintained a steady focus on ensuring the long-term sustainability of UHPR objectives.

To sustain progress, Sierra Leone plans on taking the following next steps:

- Implementation: prioritize integration of UHPR recommendations into national health plans, particularly by starting the trust fund for health emergencies and launching the SLeSHI scheme by June 2025.
- Monitoring and evaluation: to track progress on staffing of over than 3000 health workers recruited since the UHPR.
- Institutionalization: continued support of the NPHA to embed UHPR practices into routine governance.

6. Support expected

To ensure successful implementation of UHPR priorities, Sierra Leone requires further financial support, technical expertise and advocacy.

6.3. Financial support

Considering the evolving global financial landscape and competing development priorities, Sierra Leone recognizes the importance of making targeted, cost-effective investments in health emergency preparedness. To build resilience, additional support is urgently needed to expand the recruitment of health workers and offer competitive salaries to attract both domestic and international personnel.

- Seed funding is also essential to operationalize the proposed national trust fund for health emergencies. Located in a pandemic-prone region, Sierra Leone cannot afford to delay financing readiness – outbreaks do not wait for funding to materialize.
- Future investments must align with the priorities identified through the UHPR process to ensure maximum impact and cost-effectiveness. These priorities were endorsed by national leadership and a broad spectrum of stakeholders and developed in alignment with Sierra Leone's national health strategies and broader development plans. Continued and coordinated support for the implementation of these plans will help ensure that

financial inputs are both strategic and sustainable, delivering measurable gains in preparedness, response capacity and health system resilience.

6.4. Technical expertise

Access to international experts in epidemiology, health systems and clinical specializations is critical in supporting Sierra Leone's ongoing efforts to strengthen its health system and emergency preparedness capacities. Partners' support is sought to deploy technical specialists who can work alongside national institutions, CSOs and the health workforce to improve operational readiness, strengthen disease surveillance, enhance health information systems, and raise the quality and accessibility of essential health services.

6.5. Advocacy

Assistance in raising awareness among key stakeholders and maintaining high-level political commitment to securing the seed money for the trust fund for health emergencies is required. Strategic advocacy can also reinforce accountability, drive domestic resource mobilization and foster a shared sense of responsibility across sectors to invest in national health emergency preparedness.

7. Conclusion

The UHPR elevated the national conversation on health security in Sierra Leone, placing public health preparedness and outbreak response at the heart of the political and development agenda. With the President's and Public Health Minister's involvement, WHO oversight and with the media watching, attention was focused on these initiatives via the UHPR high-level mission. During the three days of the mission, which facilitated discussions among members of government, NGOs, CSOs, partners and domestic and international agencies, the topic of health emergency preparedness was emphasized. The success of the UHPR high-level mission underscored the importance of being ready for potential outbreaks for all Sierra Leoneans. The need for enhanced preparedness, coordination and response is critical because, based on lived experience, it is not a matter of if, or how; it is a matter of when the country will face another health emergency.

The UHPR process illuminated that preparation for and response to outbreaks needs an all-of-government and all-of-society approach. Without acting together, the outbreak can win. Other sectors must be involved in the planning phase, not brought on board only when an outbreak strikes, to know their roles beforehand. When it comes to defence, the response must move seamlessly.

The output of the series of high-level meetings and exercises, the UHPR National Report of Sierra Leone, allowed the country to organize, prioritize and ultimately present their needs clearly, creating an unfettered pathway to funding to be allocated to the system gaps identified in the report. Sierra Leone's leadership, commitment and transparency throughout the UHPR process serve as a powerful example for other countries. Their experience shows what can be achieved when health emergency preparedness is treated not just as a health issue, but as a national development priority. The journey is far from over, but Sierra Leone has taken meaningful, strategic steps towards a stronger, more resilient and more inclusive health system, better safeguarding the well-being of its people for when the next crisis comes.

Acknowledgements

The authors would like to thank the UHPR team, Director Stella Chungong, Ludy Suryantoro, Xing Jun and Luc Tsachoua at the Health Security Preparedness Department at WHO Headquarters, as well as Arisekola Ademola Jinadu and Dick Damas Chamla at the WHO Regional Office for Africa and Robert Musoke at the WHO Sierra Leone Country Office, for their support throughout the UHPR process, and to Lesley Carson for her professional support in producing this case study.

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