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Free healthcare services for pregnant and lactating women and young children in Sierra Leone

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Government of Sierra Leone

Contents

Foreword

This strategy has been developed by the Government of Sierra Leone and the Development Partners to set out how to jointly implement the National Policy of free health care services for pregnant women, lactating mothers and children under 5 years of age.

In line with the Presidents Agenda for Change and the new Health Sector Strategic Plan, this document outlines how we will fundamentally alter prospects for women and children. It focuses on an essential package of healthcare services that will be delivered free of charge at the point of service to ensure a significant improvement in maternal and child health. This will mean that in 2010 approximately 230,000 pregnant women and nearly one million infants will benefit from free healthcare services.

The strategy sets out the critical success factors and proposed timescale for implementation that will help Sierra Leone achieve its maternal and child health Millennium Development Goals.

Grace Marase holds Isata Swaray's newborn baby at the Princess Christian Maternity Hospital in Freetown, Sierra Leone.

Country situation

Sierra Leone is in the bottom rankings of the Human Development Index with unacceptable maternal and child mortality figures. The lifetime risk of a women dying from complications of pregnancy and childbirth is one in eight. One in twelve children still die before their first birthday and the majority of these deaths are caused by preventable diseases.

Whilst some progress has been made in recent years, Sierra Leone is currently off track to meet Millennium Development Goals 4 and 5 as set out in Table 1. Further progress will be limited by a health system which is currently failing to meet the country's needs. His Excellency the President recently summarised this at the 2009 Opening of Parliament: "presently our healthcare system is caught between the strictures of a government with limited resources, a people in extreme poverty, and a global recession that is limiting international support for improving access to services".

The health system in Sierra Leone is characterised by a lack of appropriately qualified health care workers, insufficient supplies of drugs and equipment, poor co-ordination and management, and charges levied at point of service delivery. It is therefore clear that urgent intervention is required in the health system to enable Sierra Leone to meet her MDG targets in maternal and child mortality.

TABLE 1: MDGs 4 and 5 and the targets for 2015 in Sierra Leone

MDG	2000 LEVEL*	2005 LEVEL**	2008 LEVEL***	TARGET 2015
Reduce child mortality (U5s)	286/1,000 live births	267/1,000 live births	140/1,000 live births	95/1,000 live births
Reduce maternal mortality (MMR)	1,800 /100,000 live births	1,300 /100,000 live births	857 /100,000 live births	600 /100,000 live births

* Baseline data (except for 2005 MMR) from Sierra Leone Multiple Indicator Cluster Surveys (MICS) 2000 and 2005.

** MICS adjusted, MoHS, UNICEF et al, 2007.

*** 2008 Demographic & Health Survey.

Child being administered treatment. UNICEF, Sierra Leone, 2007.
Photo © Alusine Savage

Vision

Guided by the President's Agenda for Change, the Poverty Reduction Strategy Paper (PRSP) was launched in 2008 with the aim of improving economic and social empowerment to increase the quality of life of all Sierra Leoneans. In line with the PRSP the President launched the Reproductive and Child Health Strategic Plan in 2008. This aims to reduce the current appalling levels of maternal and child mortality and achieve the MDGs by making Reproductive and Child Health (RCH) one of the key priorities of the Ministry of Health and Sanitation.

The recently launched Health Sector Strategic Plan 2010-2015 aims to ensure successful implementation of the Basic Package of Essential Health Services (BPEHS) in order to improve service delivery. This package ensures the provision of minimal essential quality of care for all and includes services that have the greatest impact on the major health problems (especially that of maternal and child health). The BPEHS will be available at all levels of service delivery in the district and content will be level specific. It will focus on cost-effective interventions including essential and emergency obstetric care, and preventive services such as family planning, immunisation and the provision of insecticide treated bednets. However, in order for it to succeed all barriers to accessing services must be removed, particularly the removal of user fees at the point of service delivery.

The President shared his commitment to achieving this vision at the 2009 United Nations General Assembly and at his following Presidential Address at the opening of Parliament, setting out his goal to ensure free access to health care for pregnant women, lactating mothers and children under 5 years of age. This will mean that in 2010 approximately 230,000 pregnant women and approximately 950,000 children will benefit from free healthcare services; and the entire population from a strengthened healthcare structure.

Approach

The objective of this strategy is to abolish all charges to pregnant women, lactating mothers and children under 5 years of age. In the longer term the aim is to provide universal access to quality health care for all vulnerable groups. Currently countries across Africa are struggling to implement their policies of free health care for vulnerable groups and Sierra Leone is drawing lessons from these experiences. With the announcement likely to increase the demand for services significantly, Sierra Leone is committed to increase capacity in the system to manage this and ensure a high level of quality care is delivered. This will be achieved through a two phased approach:

1. **The first phase** of this strategy will see the provision of free quality health care to pregnant women and children under 5 years of age once additional funds are secured to deliver a one-year Emergency Programme of Support.
2. **The second phase** aims to provide universal access to free quality health care for all vulnerable groups through the delivery of a 5-year Programme of Work to implement the Health Sector Strategic Plan in its entirety.

Technical Assistance is being provided and will be substantially increased by early 2010 to work alongside government and partners to design the delivery of the strategy and support its implementation. There will be a seamless transition from the one year emergency programme to the five year programme of work.

Focus

The Ministry of Health and Sanitation has worked closely with government stakeholders and development partners using the Health Sector Strategic Plan as a guiding document to set out priority interventions as outlined below:

- The government commits to **substantially increasing its financing** to the health sector aiming to achieve the Abuja Declaration by 2012 and developing new financing mechanisms including a social health insurance scheme. However, additional resources are still needed.
- The procurement and supply chain management system will be strengthened to ensure that there are **sufficient drugs and equipment** supplied at point of use.
- **Increase the number healthcare workers,** and introduce performance-based incentives to promote quality healthcare services, and top up salaries as an interim measure.
- **Strengthening oversight, co-ordination and management** at all levels to ensure transparency and efficiency, and monitor performance.
- **Communicate the policy** to allow people to exercise their rights to free healthcare.

Funding

The cost of delivering this strategy in 2010 is $91 million (Table 2). Current funding commitments based on government allocation and development partners earmarked funds for RCH stand at $70.9 million (Table 3). **The additional resources required to successfully implement the strategy is therefore $20.1 million.**

TABLE 2: Costs in 2010 for Free Service Delivery Programme for 2010

NO.	COST	US$
1	Governance structures put in place	2,000,000
2	Human Resources (Salaries + Performance Based incentive scheme)	38,000,000
3	Logistics; this includes drugs + medical consumables	44,000,000
4	Communication	3,000,000
5	Monitoring and Evaluation	4,000,000
	TOTAL	**91,000,000**

(Ministry of Health and Sanitation, 2009)

TABLE 3: Committed RCH Funds by Development Partners for 2010

NO.	COMMITTED FUNDS	US$
1	GoSL[1]	12,500,000
2	GAVI	5,609,000
3	Global Fund	12,000,000
4	Multilateral: (World Bank; AfDB)	12,800,000
5	Bilateral: (DFID, Irish Aid; JICA)	10,000,000
6	UN: (UNICEF WHO UNFPA WFP)	6,000,000
7	NGOs[2]	12,000,000
	TOTAL	**70,909,000**
	FUNDING GAP	**20,091,000**

(Ministry of Health and Sanitation, 2009)

[1] Health budget for 2010 currently being finalised. Of this total stated health budget RCH comprises approx. 70%.

[2] Actual amounts currently being confirmed.

A Joint Financing Arrangement (JFA) is under development which will offer a planning, monitoring and financing mechanism that will enable all in-country and off-shore Development Partners to channel their funds for this initiative in an efficient and transparent manner. This JFA will accommodate both pool and earmarked funding as well as service providers including NGOs and the private sector. There is confirmed technical assistance pledged by DFID, UNICEF and the Ministerial Leadership Initiative to help reform the financial management, procurement and supply chain management, and human resource planning departments within the Ministry. Further technical assistance will be requested and welcomed to support the government deliver on its commitments.

This arrangement provides the framework for the establishment of a joint health compact for Sierra Leone in the longer term.

Health workers and women at health centre. UNICEF, Sierra Leone, 2006.
Photo © Alusine Savage

Priority interventions

Logistics, Drugs and Supplies

The Government is committed to ensuring there is a sufficient supply of drugs and equipment to deliver this strategy. It will do this by:

- **Setting up an efficient, well managed procurement and supply chain management system.** Current supply systems by different partners will be harmonised and coordinated to remove duplication. Efficient and transparent procurement systems will be introduced as well as strict stock control and monitoring systems. Systems of accountability and reporting on supplies will be established at all levels, and capacity built at district level in procurement and pharmaceutical management.
- **Putting in place an efficient warehousing, storage and distribution system** to avoid stock outs of quality essential drugs, equipment and supplies. The EC is currently constructing a Central Medical Store in Freetown and corresponding medical stores in all districts. UNICEF and UNFPA are also providing technical support to establish a Logistics Management Information System which will facilitate the distribution of drugs and equipment from the centre to all districts.
- **Equipping health facilities** to deliver quality health and emergency obstetric services including strengthening of maternity wards and operating theatres. A transport and communication system will be put in place to provide a suitable referral system.
- **Strengthening Government Standard Operating Procedures** for the management of Essential Medicines and building the capacity of the Facilities and Maintenance units centrally and at district level.

Human resources for health

Investment is needed in implementing strategies to produce, deploy and retain staff with the necessary skills. This will include training health staff to undertake tasks they were not originally trained to perform. This will be delivered through:

- **Improving conditions of service for health personnel.** During 2010, performance based incentives will be introduced to act as a top up for staff salaries thereby removing the need to charge patients. This will be accompanied by a rural incentive package to attract and retain health personnel in hard to reach areas. A Health Services Commission will be established to address these issues over the longer term including ensuring that salaries are adequately raised to a living standard for all health personnel.
- **Providing adequate number of qualified health workers** with appropriate skills in facilities across the country in line with the gaps identified in Table 4 below. The benefit of training of some cadres will not be realised immediately. Interim measures have therefore been initiated and will be scaled up over the next three years:
  - Deployment of Cuban doctors and Nigerian doctors and nurses across the country.
  - Training of Maternal and Child Health (MCH) Aides in basic obstetric and neonatal care to be able to undertake normal deliveries and refer where appropriate.
  - Training of Community Health Officers and qualified midwives to supervise the MCH Aides.

  In the longer term:
  - Improve the functionality of the MCH Aide training schools that have been established in eleven out of thirteen districts; a further two training schools will be established in the remaining two districts in 2010.
  - A second Midwifery School is going to start to train newly qualified midwives.
  - Community Health Officers will be trained in comprehensive obstetric and neonatal care to be able to carry out emergency caesarean sections and blood transfusions.
  - A second medical school will be established at Njala University in order to enhance the training and supply of new doctors.
- **Introducing improved and regular training programmes.** Currently there are a number of personnel being trained in management, public health and midwifery in Ghana. Government will build the capacity of its training institutions by providing appropriate teaching facilities and tutors that will support the career progression of its health personnel. There is planned expansion of the use of international volunteers e.g. Voluntary Services Overseas.

TABLE 4: Medical Personnel (1991-2009)

CADRE	1991	2003	2009	Gap
Medical Officers	207	71	75	459
Paediatricians	16	4	1	53
Dentists	15	6	5	47
Obstetricians and gynaecologists	23	6	5	49
Public Health Sp.	33	18	24	6
Surgeons	13	7	5	49
Sp. Physicians	17	6	3	7
Midwives	132	111	95	205
Psychiatrists	0	1	0	7
MCH Aides	0	530	825	1,175
SR Nurses	625	266	685	701
Pharmacists	23	13	17	13

(Ministry of Health and Sanitation, 2009)

Strengthening oversight, co-ordination and management

Capacity at the centre will be built to be able to better plan, manage, supervise and monitor delivery. In addition performance based management/funding through a single annual sector planning, monitoring and supervision system will be put in place, spanning from national, district to community level and will include joint planning and reviewing. Better co-ordination will be brought about through alignment with Government Health Sector plans and better management through harmonization of stakeholders systems.

Existing professional and non-professional bodies will be strengthened to ensure there are mechanisms for monitoring/addressing medical malpractices.

Communicate the policy widely

It is necessary to communicate the policy widely to inform the public and allow people to exercise their rights to demand free healthcare.

Once a launch date is confirmed the announcement will be made by His Excellency the President, accompanied by a public relations campaign to allow a wide reach through appropriate communication channels (such as face to face communication in the more remote parts of the country). It will be necessary to clearly communicate with health workers who are vital stakeholders in the delivery of the policy and reinforce the message that the removal of charges should be linked to a patient valued approach. There will therefore be daily reminders at all health facilities to ensure that staff and the public are constantly informed and aware of the change in policy.

Monitoring and evaluation

A Monitoring and Evaluation framework will collect accurate and timely data on the performance of the wider health system, including the implementation of this policy. Data will be collected and systems established in order to ensure effective oversight, information on impact and evaluation of the policy. Measures will be set out including:

- Set a baseline data of performance of health facilities and client satisfaction.
- Establish an effective Logistics Management Information System at all levels.
- Conduct baseline and periodic household and health facility surveys.
- Establish an effective feedback, reporting and review mechanism to strengthen the governance and management of health services.
- Provide effective supportive supervision and performance appraisal tools and develop social and facility audit system to ensure quality delivery of services.
- Establish medical audit systems to determine the cause of each death that occurs in the community and put in place systems to correct them.

Community participation in monitoring free health care will be encouraged. Community-driven institutions will be empowered to monitor the provision of services including District Health Committees, Ward Development Committees and Village Development Committee. In the longer term it is envisaged that health service providers will have a service contract with local councils to which they can be held accountable.

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