
EU-Luxemburg-WHO Universal Health Coverage Partnership:
Supporting policy dialogue on national health policies, strategies and
plans and universal coverage

Year 2 Report

Jan. 2013 -- Dec. 2013

[Version August 2014]



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG



Country: Sierra Leone

EU-LUX-WHO Universal Health Coverage Partnership

Date: January 2014
Leone

Prepared by: WCO Sierra

Reporting Period: January-December 2013

Main activities as planned in the Road Map:

1. Human Resources for Health (HRH) Policies and strategies
 - a. Develop HRH policy progress brief (Apr 2013)
 - b. conduct technical forum within the Health Summit (July 2013)
 - c. HRH National Forum (sep/oct 2013)
2. Improvement of financial management
 - a. Report/Plan development & facilitate consensus on Joint Financing Agreement (Apr-Jul 2012)
 - b. Implementation of recommendations of the FMA (Jul 2012 onward)
3. Results and accountability (M&E)
 - a. Community opinion survey combined with SARA
 - b. Community opinion feedback system for service improvement (guidelines, tools)
4. National Health Observatory
 - a. Data collection and analysis (Jan -Apr 2013)
5. Visibility
 - a. Media mobilization

Main activities achieved and progress made:

Please estimate approximate percentage of achievement for each roadmap activity.

Please note which activities were undertaken with the technical support of WCO (potentially in collaboration with existing initiatives of UN agencies, NGOs etc)

Please describe expected outcomes, targets and specify partners

What are some concrete and visible outputs of policy dialogue? (ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)

What are some concrete and visible outputs of other activities (linked to policy dialogue)?

1. Develop HRH policy progress brief (Apr 2013) & conduct technical forum within the Health Summit (July 2013) :- **100% implemented**

HR policy and strategic plan were finalized and launched in an inter-ministerial high-level forum in March 2013 that served as the health summit with participation by all key stakeholders. As part of implementation, MoHS requested development of a HR training plan to address the acute skills shortage. Methodology, data collection and zero draft HR training plan was completed by December (EU-WHO Policy dialogue). Stakeholder consultative forum, incorporation of missing dataset, finalization and dissemination of the training plan will be conducted first half of 2014. This process was conducted in tandem with development of an automated HR information system establishment attaining 50% functional personnel records by December (initial design by EU-HR/AFRO, development through COIA support). MoHS submitted December 2013 request to support HR Strategic Plan progress review first half 2014

2. Report/Plan development & facilitate consensus on Joint Financing Agreement (Apr-Jul 2012) & Implementation of recommendations of the FMA (Jul 2012 onward) : - **70% implemented**

Activity delayed by MoHS restructuring but dialogue subsequently initiated through Joint MoHS with UN (UNICEF, UNFPA and WHO) forum under Minister's leadership to re-strategise and support July joint GFTAM and GAVI mission on FMA recommendation implementation and re-establishment of the Director of Planning and Monitoring (facilitated by WCO). The dialogue process influenced successful bilateral deliberation between MoHS and GF/GAVI joint mission including publicly announced resumption of GAVI support. A joint mission on effective development cooperation in the health sector in Sierra Leone (including World Bank, GFTAM, GAVI, OECD facilitated by WHO all levels) was conducted in November to design financial management system improvement framework in response to the 2012 FMA Report recommendations. The outcome (report attached) will be the basis for FM improvement plan and joint financial arrangement development early 2014.

3. Community opinion survey combined with SARA & Community opinion feedback system for service improvement (guidelines, tools) – **75% implemented**

All survey tools and partial enumerator training concluded by early February but activity stalled due to suspension of top MoHS management including complete Directorate of Planning and Information staff. With reassignment of MoHS staff, re-design of SARA with community opinion survey was initiated inclusive of new components: EmONC and EPI data quality assessment on a larger sample frame (38% of all health facilities) enabling first district representation. Tools development, data collection and entry were concluded by December enabling report completion first quarter of 2014.

4. National Health Observatory: Data collection and analysis (Jan -Apr 2013) – **60% implemented**

Portal now ready with AFRO technical support. Development of NHO content delayed by slow reconstitution of planning and monitoring department.

5. Media mobilization—**70% implemented**

WHO Office continues through internal capacity to work directly with media houses for broad coverage of key activities such as the HR Policy/Strategic Plan launch, handing of IHPAU/FM equipment and aid effectiveness and FMS policy dialogue in November.

Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:

Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).

Suspension of all key top MoHS and whole of directorate of planning and monitoring early 2013 paralysing operations first half year with slow start in quarter 3.

Proposed modifications to Programme Road Map resulting from changes above:

If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.

1. Community opinion survey report development following delayed but successful data collection will be completed early 2014;
2. Planned FMS improvement plan and Joint Financial Arrangement will be concluded early 2014 followed by implementation of key deliverables. The policy dialogue to jointly design the framework was delayed partly due to MoHS restructuring but successfully conducted in November.
3. NHO and related performance review process will be deferred until there is clarity on planning and monitoring department's functional establishment.
4. Draft HR Training Plan was requested by MoHS early 2013 and included in delegation briefings. Activity compliments EU delegation support to government-wide HR reforms.

Lessons learned:

Please describe the principal lessons learned during the first year of implementation of the Policy Dialogue Programme:

1. The reporting period was slow but extremely involving in terms of series of consultative engagements to enable resumption of work after suspension of key MoHS officials that fully paralysed work in the first half year.
2. The consultative meetings and technical support enabled resumption of key activities such as cholera preparedness and response interventions averting a repeat of 2012 massive outbreak, jointly agreed prioritization and resumption of activities including most of EU-WHO policy dialogue 2013 planned interventions.
3. MoHS structural dynamics delayed implementation but regular technical support enabled continuation of most planned activities albeit with some modification in implementation modalities, sometimes with unprecedented better outcomes such as increased scope and ownership of SARA/community opinion survey (initial sample was 300 rising to 437 of 1200 health facilities and full participation of all district management teams) and a high-level and broad partners participation in a joint mission on effective development cooperation in the health sector in Sierra Leone facilitated by IHP+ and OECD as precursor to a programmatic FMS

planning process.

Road Map and timeline for 2014:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2013

1. Community opinion survey report Q1 2014
2. 2013 SARA+EmoNC report Q12014
3. HR progress review Q2 2014
4. HR Training Plan Q2 2014
5. FMS improvement plan Q1 2014
6. Joint Funding Arrangement Q2 2014
7. FMS improvement plan coordination support report Q4 2014

Visibility and communication

Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,...). Please describe how communication of program results to the public has been ensured

1. FMS equipment support for IHPAU establishment in June: WCO offered coordination support for unit establishment including equipment for staff that had been assigned. Wide media coverage was conducted with WCO direct facilitation with media houses.
2. HRH policy and strategic plan launch in March: high level launch with wide media coverage directly recruited and briefed by WCO.
3. High-level and broad partner's participation in a joint mission on effective development cooperation in Sierra Leone health sector facilitated by IHP+ and OECD received wide media coverage.

Preliminary impact assessment:

Please explain to which extent country level activities have already contributed towards achieving the overall programme objectives. Please demonstrate how WHO strengthened its role as facilitator/ convener of policy dialogue and contributed, through its sector expertise, to improved UHC (in its three dimensions) at country level. Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

1. WCO's policy advise and technical support has contributed to early restructuring and resumption of work from April/May after complete stoppage due to suspension of key official.
2. Policy dialogue improved MoHS working arrangement and relationship with funding agencies especially GFTAM and GAVI.

3. WHO's policy advise and technical support has influenced Government's decision to establish financial administrative units in all sectors modeled against MoHS design. WCO has been tasked with responsibility to coordinate development of a FMS improvement Plan and a Joint Financing Agreement.
4. MoHS and key partners have resolved to develop an investment plan as sequel of SARA+EmONC/Community opinion survey reports to guide procurement and distribution decisions by all actors as well as targeting key interventions towards most deserving areas or points of service delivery.