



WHO SIERRA LEONE 2016 - 2017

FROM EBOLA TO HEALTH



World Health
Organization

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Introduction

2015 was a year shaped by many lessons learned for the Organisation. Henceforth, the World Health Organisation (WHO) now looks ahead not only to retain a vigilant focus and to evolve an improved system for the prevention and management of disease outbreaks but also to work with the Government and partners in transitioning from Ebola to Health and building a strong and resilient public health system.

WHO declared the Ebola Virus Disease (EVD) outbreak officially over in Sierra Leone on 7 November 2015, 22 months after the outbreak began and 42 days after no further transmissions. The EVD outbreak was devastating in a number of ways, not least in its impact on the broader health system and services. With the end of the EVD outbreak the Government of Sierra Leone is transitioning its priorities from Ebola to Health, refocussing its activities to prioritise a broader range of key health elements and to build a comprehensive and robust health system.

The 10-24 Month Health Recovery Plan was launched by the President of Sierra Leone on 24 July 2015 with the overall objectives of achieving a resilient ZERO and a sustainable health system, and a reduction in maternal and child mortality and morbidity.

A Resilient ZERO

After the declaration of the end of the outbreak the focus transitioned from response to preparedness as Sierra Leone entered a 90-day period of enhanced surveillance to ensure the rapid detection of any further cases that might arise as a result of a missed transmission chain, re-introduction from an animal reservoir, importation from an area of active transmission, or re-emergence of virus that had persisted in a survivor.

A preparedness and response system has been established to ensure the country stands ready and better prepared than ever before to detect and respond to future outbreaks of EVD or any other disease event or public health emergency.

Through 2016 and 2017 WHO will continue to support Ministry of Health and Sanitation (MoHS) to maintain the capacity to detect and respond to future EVD flare-ups in relation to the relative risk, enabling the country to achieve the objective of maintaining a resilient ZERO. This objective remains highly pertinent in the current context of ongoing EVD flare-ups in both Guinea and Liberia.

WHO will continue to work with MoHS, the Office of National Security, and District Health Management Teams (DHMTs), to build dynamic capacity for preparedness and response readiness at both national and district level. WHO will support DHMTs to undertake the following: maintain a dynamic response plan with capacity to support epidemiology, case management, laboratory, and reporting mechanisms; and strengthen the capacity for multidisciplinary Rapid Response Teams at district level to respond to all public health emergencies.

A Reduction in Maternal and Child Mortality and Morbidity

With the transition of priorities from Ebola to Health maternal and child mortality and morbidity has been identified as an essential priority and as such a target of a 10% reduction in the maternal and child mortality rate within the time-frame of the 10-24 month plan has been set by the President of Sierra Leone.

WHO will support MoHS to achieve this target by prioritising activities to assist with increasing the availability of equitable, accessible and comprehensive healthcare services along the continuum of care and accelerate progress in the reduction of preventable child, neonatal and maternal mortality, and teenage pregnancy.

The structures and surveillance mechanisms implemented as part of the EVD preparedness and response system provide a framework through which to support surveillance and response for other health priorities including maternal mortality as well as nutrition.

Six Priority Areas of Work



The 10-24 Month Health Recovery Plan sets out a clear vision for moving forward in the post-EVD environment that focusses on transitioning from EVD response to disease surveillance and preparedness as well as expanding prioritise from Ebola to Health through the prioritisation of a broader range of key health elements. WHO has aligned its 2016-17 strategic direction and workplan with the vision and goals of MoHS to support them to achieve the priorities set out in the 10-24 Month Health Recovery Plan. WHO will provide technical and operations support in the following six areas of work to contribute to achieving the two overarching objectives:

1. IDSR Roll Out

Support MoHS to enhance preparedness, surveillance and response capacity while developing systems for disaster risk reduction, mitigation and management.

2. IPC Strengthening

Support MoHS to promote best practice, strengthen the national IPC structures and support effective IPC practices at health care facilities (HCFs) through capacity building.

3. Reducing Child and Maternal Mortality

Support MoHS to build capacity for equitable, accessible and comprehensive maternal and child services, to develop policies and guidelines, and to support implementation of Maternal Death Surveillance.

4. Enhancing Human Resources for Health

Support the MoHS in developing a national HR policy and strategic plan, improving graduate and post graduate medical training and in service training of midwives, and payroll management as part of a Human Resource Information System (HRIS).

5. Community Engagement

Enhance community engagement activities through village development committees, health clubs and mothers groups and support the focus on decreasing child and maternal mortality.

6. Improving Management for Health and a Resilient Health System

Support MoHS in ensuring a resilient health system by 2020 and improving health management with focus on district level working with DHMTs.

2015 was a challenging year, but one that saw the end of the EVD outbreak in Sierra Leone. WHO now looks forward to 2016 and beyond and the continuation of its collaboration with the Government of Sierra Leone and many partners to accomplishing the goals set out by the President that will enable the acceleration of health system recovery and development and the transition from Ebola to Health.



Responding to the Sierra Leone 24-Month Health Recovery Plan

IDSR Roll Out

As WHO transitions from EVD response to broader preparedness the development of a resilient system for emergency preparedness, timely event detection and response to all public health emergencies, as well as building sustainable systems and structures for disaster risk reduction, mitigation and management are of particular importance. The IDSR programme is a key function of the Multi year Health Recovery Plan. In addition, Sierra Leone is committed to implementation of the WHO's Strategy for Disaster Risk Management (DRM) for the Health Sector in the African Region.

WHO will continue to support the MoHS to revitalize the IDSR system as part of the health recovery plan to strengthen implementation of the International Health Regulations (IHR) core capacities. This includes;

- Country wide **roll out of IDSR** through trainings using the revised IDSR Technical Guidelines and trainings modules at DHMT level and health facilities across the country;
- Support the MOHS to improve IDSR data collection and reporting by shifting from the current paper based system to an **electronic Platform (e-IDSR)**;
- Develop and strengthen the capacity for **multidisciplinary Rapid Response Teams (RRTs)** at National and District level to response to all **public health emergencies due to multi-hazards** (Infectious diseases, zoonotic events, food safety, and chemical events) including the cross border surveillance and response through trainings and mentoring;
- In Support of MoHS, and building on the National Ebola Response Centre (NERC) WHO will continue in the design, development and implementation of the **Emergency Operations Centre** as a long term function and infrastructure within the government and the establishment of **Public Health Emergency Management committees (PHEMC)** at National and District level;
- Supporting the establishment of a **functional national laboratory network** with adequate biosafety capacity, quality assurance, information system and specimen referral;
- Supporting MoHS to strengthen the **Community Based Surveillance (CBS)** through capacity building of communities to conduct

effective surveillance and response activities in line with the IDSR and to improve the flow of surveillance information between the community and local health facilities; and

- Support MoHS to improve the **functionality of the IDSR system, both the Indicator Based Surveillance (IBS) and Event Based Surveillance (EBS)** through support supervision, data quality audit, monitoring of the performance indicators, evaluation and generation of weekly epidemiological bulletin. The response capability for IDSR will be tested through Table Top Exercises and Simulation Exercises and improved continually.

As Sierra Leone moves from Ebola care to general healthcare, the full adoption of the IDSR programme will be pivotal as focus shifts towards other epidemic prone diseases, diseases targeted for elimination and eradication internationally and other diseases of major public health importance (i.e. HIV, TB, and Malaria), noncommunicable diseases, nutritional conditions as well as public health events including maternal deaths.

IPC Strengthening

In the wake of the EVD epidemic and the lack of IPC practices within the Health Care Facilities (HCFs), over 350 Healthcare Workers (HCWs) were infected and more than two-thirds of those died from the virus, it is critical to implement lesson learned from the outbreak. Hence, as part of the health recovery plan, WHO aims to;

- promote **best practices** in public health and IPC measures within Healthcare facilities;
- continue to support the **strengthening of the national IPC structures** by supporting establishment and running of the National IPC Unit, along with mentoring national IPC officers;
- continue to support **National and District IPC Committees**, and quarterly IPC Partners Coordination meetings; and
- support **effective IPC practices at HCFs** through capacity building of the staff at the National IPC unit, Hospital, DHMT and all HCWs through development and roll out of training materials and technical support and a supply chain management strategy to maintain adequate IPC supplies.

Working closely with other UN agencies and MoHS and as part of the ongoing efforts, WHO will continue to support for the monitoring of standardized triage and isolation implementation in all facilities will continue.

WHO, in cooperation with other UN agencies, will continue to provide **technical support on WASH** related activities to the MoHS and districts in relation to HCFs. In addition, WHO will also support waste management, laundry management and sterilization services at government hospitals.

Reducing Child and Maternal Mortality

Prior to the EVD outbreak, progress in reducing both child and maternal mortality within the country had achieved an accelerated decline between 2005 to 2013, with the Maternal Mortality Rate reduced from 1,600 per 100,000 live births to 1,100 per 100,000 live births and Under Five Mortality Rate from 182 per 1,000 live births to 161 per 1,000 live births.¹

Furthermore, the prevalence of anaemia, which is classified by WHO as a severe public health problem, is high among children under five and women and is reported at 76 percent and 45 percent respectively in Sierra Leone. Additionally, 28.8 percent of children under five are stunted preventing them from reaching their full potential in life. However, critical gaps in the provision of essential services remain threatening the country's capacity to achieve the priorities set out in the Sustainable Development Goals by 2013. WHO will provide support to MoHS to increase the availability of equitable, accessible and comprehensive healthcare services along the continuum of care and assist national authorities in safely reopening HCFs and reactivating essential health services in both urban and rural settings. This includes;

- review and build **capacity for the provision of quality maternal, perinatal newborn and child health services** and support activities around the review and update of pre- and in- service **curricula**; strengthening existing health professional **accreditation processes** to improve the quality of education and practice;
- support the development and adaptation of **policies, evidence based case management, treatment guidelines, and supportive supervision protocols**; and

- conduct **assessments of facilities** across the country to identify gaps and to ensure that health facilities are able to provide **emergency obstetric, newborn and pediatric care**.

Support the implementation of district level **Maternal Death Surveillance and Response**. WHO will also support the **national adolescent and school health programme** to review and adapt evidence based guidelines on adolescent health that include the prevention of adolescent pregnancy as a national priority and that build capacity among HCWs in the provision of adolescent friendly health services. Additionally, support will be provided to enable adolescents to access age appropriate comprehensive Sexual Reproductive Health services and to assist with the development of the **Sierra Leone Teenage Pregnancy Programme**. These activities will occur in conjunction with other UN Agencies, Funds Programmes and Non Governmental Organisations (NGOs) in support of MoHS.

WHO will also continue to play a leadership role to support **immunisation services** across the country in order to maintain the high coverage rate that was achieved prior to the EVD outbreak. This will entail supporting the government's Routine Immunisation Reactivation Plan, including increasing uptake through periodic intensified routine immunisation, multi antigen catch up campaigns, and reactivating outreach services. In addition, WHO will support the country to ensure new vaccines are introduced and the government's effort to eradicate Polio including activities aimed at implementing the Polio End Game Strategy. This will include coordinated global introduction of Inactivated Polio Vaccine, and switching from trivalent to bivalent oral polio vaccine.

Strategies to enhance **improved nutritional status** of women and children to achieve the global nutrition targets for 2025 set by the World Health Assembly will be supported. WHO Sierra Leone will reinforce the scale up of high impact and evidence based nutrition interventions including maternal nutrition, promotion of appropriate infant and young child feeding practices and routine monitoring of children's growth status that will contribute to the reduction of maternal and under-five mortality. This will be done in collaboration with other UN agencies and NGO partners to support the MoHS in the implementation of nutrition specific and sensitive interventions.

Working with MoHS, **guidelines and strategies on HIV prevention care and treatment** will be developed and updated for dissemination. More-

¹ Level and trends in child mortality, IGME 2014. Trends in maternal mortality: 1990 to 2013, WHO 2014.

over, together with UNAIDS, periodic HIV/AIDS surveillance monitoring, evaluation and research reports will be conducted across the districts. Similarly, *updated Tuberculosis and Malaria guidelines*, in line with the post-2015 Global Strategy and current Sierra Leone National Strategic Plan, will be established.

WHO plans to support the government in updating policies, strategies and most importantly in ensuring that they have integrated action plans for control of *Neglected Tropical Diseases* in Sierra Leone.

Other 2016-2017 action plans for Sierra Leone involve *supporting the implementation of the national strategic plan for prevention and control of Non-Communicable Diseases*, supporting surveillance of vaccine preventable diseases, and a greater focus on *Mental Health and Nutrition*.

Enhancing Human Resources for Health

The Sierra Leone health system was already weak prior to the country's EVD outbreak. This was in part due to the fact that available HCWs could not adequately deliver the necessary health services to the population due to being few in number and lacking the required skills. The majority of HCWs were practicing in health facilities in the urban areas, with the rural areas remaining alarmingly neglected. This situation worsened as a result of the EVD outbreak, with HCWs leaving due to fear or losing their lives to the disease.

In order to build a resilient health system, WHO will provide immediate, medium and long term advice to MoHS to enhance the human resource for health. WHO will support;

- MoHS in developing a *National Human Re-sources Policy and Strategic Plan* aimed at revamping the health system;
- with UNFPA and UNICEF the *in-service training of midwives* and other health cadres of relevance for RMNCH service improvements;
- the Sierra Leone College of Medicine *for graduate and postgraduate training* including more longer term institutional support; and
- the planning for recruitment of HCWs to fill vacant positions, methods of motivation,

pay-roll management (as part of HRIS), in-service trainings, and professional training packages to increase the number of qualified HCWs.

Notwithstanding the field presence of WHO staff in the country, *all implemented activities will have a capacity building approach* that is aimed at building both resilience to face future outbreaks, emergencies and, in the longer term, the capacity to provide universal access to safe high quality health services. Community engagement is a core priority for WHO as the communities continue to be the most critical part of response as focus shifts from EVD response to addressing other health priorities.

Community Engagement

In an efforts to sustain community ownership, WHO will support:

- enhancement of community engagement activities through the *Community Engagement Taskforces*, community-level Health Clubs, and community-led involvement;
- development and implementation of adapted community engagement strategies and messaging to *promote behaviours that are beneficial to health with a focus on reducing child and maternal mortality*; and
- training of *community based response teams* in trust building and communication skills so they are sensitive to, and can adapt to, community contexts when responding.

With significant reductions in active transmission, catering to the unique health and social needs of survivor's will be paramount. Additionally, the utilisation of healthcare services for early detection, prevention and control of communicable and noncommunicable disease will be promoted.

To this end, it is crucial to develop and implement strategies that address stigma and the provision of psychosocial support for EVD survivors at both HCF and community level. Operational support will be provided by WHO Sierra Leone to drive health promotion within the MoHS. Along with MoHS, WHO is also articulating a National Comprehensive Package of Essential Services for EVD survivors.

Improving Management for Health and a Resilient Health System

It is vital that WHO supports the government in its delivery of essential services and also provides technical expertise during the rapid implementation of the IDSR systems and the associated development of IHR capacities. At the same time, support will be given to ensure that these capacities are better integrated into local health systems, which will remain vital in the coming years. In efforts to rebuild the health governance system, management, supply chain, information, health financing and accountability systems will need to be strengthened.

The main priority of the recovery programme and agenda for prosperity is *a resilient health system by 2020*. To achieve this WHO will support MoHS to deliver the basic package of essential health services by attaining the required human resources, finances, medicines and health supplies, and by improving the leadership and management capacities of the health system at all levels. To improve on the management of health, the main area to be addressed is the *management of health services at the district level* which is the responsibility of the DHMT. The DHMT implements the national health policies and their strategic plans. Their leadership is crucial for effective health service delivery within the districts as they ensure that all health activities are integrated and properly coordinated.



WHO is committed to *working with the DHMTs in the districts through the MoHS*. The DHMTs should undergo appropriate trainings to aid improvement of their management and leadership skills. The DHMTs will also be supported in undertaking planning, support supervision, and regular performance reviews to assess progress of their work plan implementation.

Responding to the government's request, WHO Sierra Leone has, and will continue to provide, best practices based on lessons learned and *technical advice for decision making*. Technical advice should lead to the review, adaptation and improvement of capacity within the government to carry out key public health related interventions more effectively.

WHO is supporting the transition from EVD-focused healthcare delivery to the restoration of essential services tackling: vaccine preventable diseases; nutrition; reproductive, maternal, neonatal and child health; immunisation services; HIV, TB and Malaria treatment; and mental health among others.

Technical advice will also be provided by WHO on the five focus areas of the National Health Sector Recovery Plan, and the broader roll out of the Basic Package for Essential Health Services.² Working closely with the government has allowed for greater capacity building in key areas such as IPC, case management, surveillance, and information management.

WHO also plays a role in providing *operational support* to the government (i.e., supplies of swabs for surveillance teams) to ensure key pillar functions continue.³ This has allowed for a reliable supply of consumables and equipment to bolster field operations.

WHO provides district-level support through the Field Coordinators network to assist DHMTs with planning, training, service provision, reporting, and information management. This support has contributed to effective management and coordination of health service delivery activities at the district level by the DHMTs.

² Five focus areas of the National Health Sector recovery plan: Patient & Health Worker Safety, Health Workforce, Essential health Services, Community Ownership, Information and Surveillance.

³ WHO Sierra Leone has over ten Pillars, led by designated technical leads and their respective teams

WHO's Contributions and Main Functions

Technical Advise

As WHO shifts from the EVD response to health-care system restoration, technical advisory capacity building will remain robust across the country and key staff (i.e., epidemiologists and social mobilizers) will remain in the districts to ensure emergency preparedness and rapid response capacities as well as effective reactivation of essential healthcare services. With the shift from Ebola to Health, WHO will focus on creating the necessary conditions for a needs-based gradual reactivation of essential services.

Working closely with the government, WHO Sierra Leone will continue to assist with identifying and addressing critical HCW issues and capacity gaps, immediate hiring needs, and improving the availability of local HCWs to restore essential health services. Where it is deemed necessary, WHO will continue to embed technical WHO staff within the MoHS to fill potential critical gaps.

Financial and Operational Support

WHO will continue to provide financial and operational support for activities to assist the government. Based on the evolving phase of the response, this support, such as having epidemiologists strategically positioned in the districts, contributed to the betterment of enhanced surveillance, contact tracing and case investigation across the districts.

Financial and operational support was also made available for community engagement activities; optimizing case management; establishing a strategic communications strategy for getting to and sustaining “ZERO”; and ensuring safety of patients and HCWs. As we look forward, financial and operational support will be provided to strengthen emergency preparedness and response capacity at a national and district level; re-establish essential health services; and provide an adequate, well trained health workforce countrywide.

As WHO responds to the government's 10-24 Month Health Recovery Plan for the next two years, additional funding will be required to fulfil the restoration of essential and basic services in order to reprioritize and improve the health system.

Working with Partners

While recognised as the Government's principle partner on public health and working through the leadership of the MoHS, WHO is also working closely with NGOs and UN colleagues to ensure coherent and effective operations across all activities. As the focus shifts, new partnerships within the government will be established to ensure that a seamless transition to health recovery is achieved. As a key partner of the MoHS, WHO will not only continue providing technical support and training to sustain and maintain a resilient “ZERO”, but to also support the roll out of essential and basic services in each district.

The WHO Interagency Collaboration on Ebola led by the Ebola Crisis Manager has further strengthened the coordination efforts. WHO has coordinated and collaborated closely with other partners including the African Union, CDC, Médecins Sans Frontières, International Federation of the Red Cross, International Organization for Migration, UNAIDS and partners of Global Outbreak Alert and Response Network – to extend surveillance coverage and provide clinical and public health interventions for the response. WHO is committed to strengthening these partnerships through the transition to health recovery.



WHO Sierra Leone - Workplan and Budget

CATEGORY 1				
Programme Area	Top Task	Activity Cost	Staff Cost	Total
1.1 HIV	1.1.1 Develop and disseminate updated guidelines and strategies for HIV prevention, care and treatment in Sierra Leone			
	1.1.1 Conduct periodic HIV/AIDS surveillance monitoring, evaluation and research reports across all districts			
1.2 Tuberculosis	1.2.1 Develop updated tuberculosis guidelines in line with the post-2015 global strategy, and current Sierra Leone national strategic plan			
	1.2.1 Conduct periodic tuberculosis surveillance monitoring and evaluation reports across all districts			
1.3 Malaria	1.3.1 Support the review of national malaria prevention, control and elimination strategies in Sierra Leone			
	1.3.1 Conduct periodic malaria surveillance monitoring and evaluation reports across all districts			
1.4 Neglected tropical diseases	1.4.1 Support the update of policies, strategies and integrated action plans for control of neglected tropical diseases (NTDs) in Sierra Leone	855,474	79,000	
1.5 Vaccine preventable diseases	1.5.1: Support the development and implementation of national multi-year vaccination plans and annual vaccination implementation plans in Sierra Leone	1,746,033		
	1.5.2: Support the development and implementation of national strategies for measles and rubella elimination in Sierra Leone			
	1.5.3: Support the introduction of new vaccines in Sierra Leone			
		2,601,507	79,000	2,680,507 US \$

CATEGORY 2: Non-Communicable Diseases				
Programme Area	Top Task	Activity Cost	Staff Cost	Total
2.1 Noncommunicable diseases	2.1.1 Support the implementation of the national strategic plan for prevention and control of noncommunicable diseases (NCDs) in Sierra Leone	288,875	79,007	
2.2 Mental health	2.2.1 Support MOHS to revise the Mental Health Act and the Mental Health Policy and Strategic Plan	738,291	450,429	
	2.2.2 Support the integration of mental health services at the primary care level through capacity building, training, and research in collaboration with mental health partners including NGOs working in Sierra Leone			
2.5 Nutrition	2.5.1 Strengthen the national nutrition surveillance system	360,478	56,000	
	2.5.2 Support the development, implementation and monitoring of nutrition action plans in Sierra Leone			
		1,387,644	585,436	1,973,080 US \$

CATEGORY 3: Reducing Child and Maternal Mortality & Restoring essential health services				
Programme Area	Top Task	Activity Cost	Staff Cost	Total
3.1 Reproductive, maternal, newborn, child and adolescent health	3.1.1: Review, adapt and build capacity in maternal, perinatal and newborn policies, guidelines and treatment protocols, and conduct assessments of treatment facilities in Sierra Leone	3,295,306	2,995,400	
	3.1.1: Capacity for RMNCAH monitoring, MDSR and CRVS strengthened at district level			
	3.1.1: Provide support to the MoHS and national partners for conducting policy dialogue on national RMNCAH strategies and policies, its implementation and monitoring.			
	3.1.1: Support the improvement of quality of care of postnatal maternal and newborn care			
	3.1.2: Child and Newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation			
	3.1.2: Improved RMNCAH coordination and joint planning			
	3.1.2: Child and Newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation			
	3.1.3: Integrated Sexual and Reproductive health guidelines and treatment protocols adapted and capacity built			
	3.1.4: Pilot best-practice activities in RMNCAH and ensure local evidence generated to support improved health outcomes			
	3.1.5: Support the adaptation and development of adolescent health protocol and guidelines; and the scale up of comprehensive adolescent-friendly health services			
3.5 Health and the environment	3.5.1: Support the implementation of the Libreville Declaration on health and the environment in Sierra Leone	505,492	79,007	
	3.5.1: Develop and implement plans to manage insect-borne diseases, including chemical control, in Sierra Leone			
	3.5.1: Support the development of National Plan of Joint Action in health and environment (NPJA) in Sierra Leone			
		3,800,798	3,074,407	6,875,205 US \$

CATEGORY 4: Health Systems				
Programme Area	Top Task	Activity Cost	Staff Cost	Total
4.2 Integrated people-centred health services	4.1.1: Provide support to the MoHS at central level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review	9,102,100	5,276,113	
	4.1.2: Provide support to the MoHS at district level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review			
	4.1.3: Strengthen human resources for health in Sierra Leone through development of a human resources for health policy and strategy, training, improved HRIS and payroll management			
	4.2.1 : Promote best practice public health principles at the health care interface through a focus on infection prevention and control (IPC) by supporting the implementation of the basic standards in IPC based on the national guidelines and monitoring of compliance	1,613,466	3,358,688	
	4.2.2: Technical Support for the Improvement of EVD Survivor access to the Health component of the CPES	1,739,780	381,600	
	4.2.3 Enhance community engagement in Sierra Leone through Community Engagement Taskforces, community-level Health Clubs, and ensure that communities are fully involved in all high priority health programs	945,000	1,379,744	
4.3 Access to medicines and other health technologies and strengthening regulatory capacity	4.3.1: Support the development of information management systems and research activities as part of the Sierra Leone public health laboratory network	591,057	827,700	
	4.3.1: Provide technical support to the MOHS in the development of the national public health network in Sierra Leone			
	4.3.1: Support the institutionalization of the national public health laboratory network in Sierra Leone by enabling good governance and assuring adequate human resources for health			
		13,991,403	11,223,845	25,215,248 US \$

CATEGORY 5: Preparedness, Surveillance and Response				
Programme Area	Top Task	Activity Cost	Staff Cost	Total
5.1 Preparedness, Surveillance And Response	5.1.1: Provide advocacy, assessment, and development of the Sierra Leone national plan for International Health Regulations (2005) implementation	5,673,040	7,653,062	13,326,102 US \$
	5.1.2: Develop national capacity for surveillance and response based on the Integrated Disease Surveillance and Response (IDSR) strategy in Sierra Leone			
	5.1.3: Establish an all-hazards approach to epidemic response in Sierra Leone, including cross border surveillance of communicable diseases			
	5.1.4 Develop and implement plans for event based surveillance and risk assessment for all public health events			
	5.1.5: Facilitate and lead the development of a national public health laboratory system in Sierra Leone			
5.2 Preparedness, Surveillance And Response	5.2 :Support the Sierra Leone MOHS in developing and strengthening surveillance systems for priority epidemic diseases			
5.3 Emergency risk and crisis management	5.3.1 Support development of an all disaster risk management capacity	5,673,040	7,653,062	13,326,102 US \$
	5.3.2 Develop national capacity for disaster risk management for health in Sierra Leone			
	5.3.3: Develop capacity for coordinated response to acute/unforeseen public health emergencies			
5.4 Food Safety	5.4.1 : Strengthen multi-sectoral collaboration to control risk and reduce the burden of foodborne diseases			
5.5 Polio eradication	5.5.1 Provide direct in-country support for polio vaccination campaigns and surveillance in all polio-outbreaks, polio-affected and high-risk countries	6,976,100	713,006	7,689,106 US \$
	5.5.1: Prepare weekly reports of case-based data on acute flaccid paralysis, polio cases, and supplementary oral poliovirus vaccination activities			
	5.5.3 : Support national authorities in the development, implementation and monitoring of the national poliovirus containment and emergency response plan in line with the global containment guidelines and action plan			
		12,649,140	8,366,068	21,015,208 US \$

CATEGORY 6: Corporate Services and Enabling Functions

Programme Area	Top Task	Activity Cost	Staff Cost	Total
6.1 Leadership and governance	Ensure effective leadership of the WCO			
	Update, monitor and evaluate Country Cooperation Strategy (CCS)			
	Facilitate coordinated partnerships at country level			
	Support effective functioning of the UNCT			
6.2 Transparency, accountability and risk management	Update, monitor and evaluate the WHO risk register and internal control framework at national and district levels on an ongoing basis			
6.3 Strategic planning, resource coordination and reporting	Ensure updated WCO biennium and operational plans duly aligned with Government priorities are in place			
	Updated resource mobilization plans			
	Ensure compliance with donor reporting requirements			
6.4 Management and administration	Implement a robust budget monitoring and reporting mechanism			
	Update human resource plan in line with operational realities			
	Prepare and implement a comprehensive staff development plan			
	Ensure updated ICT infrastructure in place to support country and field offices			
	Ensure conducive working environment for all staff			
	Ensure effective logistic support for technical operations			
	Ensure MOSS compliance of WHO premises			
6.5 WHO-AFRO Transformation Agenda	Improve the communication of health information and messaging by supporting WHO staff			
	Develop capacity within the Sierra Leone WHO country office for internal and external communications			
		7,132,658	5,723,599	12,658,785 US \$
		7,132,658	5,723,599	12,658,785 US \$
Grand Total (Activity + Staff)		41,365,678 US\$	29,052,355 US\$	70,418,033 US\$

WHO Sierra Leone | Key Performance Indicators

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

CATEGORY 2: Non-Communicable Diseases					
2.1: Noncommunicable diseases	2.1.1: Support the implementation of the national strategic plan for prevention and control of noncommunicable diseases (NCDs) in Sierra Leone	Tobacco control legislation in place by 2017	0	0	1
		Multi sectoral policy and strategic plan on NCDs	2	2	2
2.2: Mental health	2.2.1: Support MOHS to revise the Mental Health Act and the Mental Health Policy and Strategic Plan	Mental Health Act is available; Mental Health Policy and Strategic Plan available	0	50%	200%
		2.2.2: Support the integration of mental health services at the primary care level through capacity building, training, and research in collaboration with mental health partners including NGOs working in Sierra Leone	Number of CHOs and MDs trained in mhGAP, number of patients with mental disorders reported in the HMIS	4%	36%
2.5: Nutrition	2.5.1: Strengthen the national nutrition surveillance system	Number of PHUs with trained staff on growth monitoring and promotion	50%	50%	100%
		2.5.2: Support the development, implementation and monitoring of nutrition action plans in Sierra Leone	Nutrition guidelines and plans	1	2

CATEGORY 3: Reducing Child and Maternal Mortality and Restoring Essential Health Services						
3.1: Reproductive, maternal, newborn, child and adolescent health	3.1.1: Review, adapt and build capacity in maternal, perinatal and newborn policies, guidelines and treatment protocols, and conduct assessments of treatment facilities in Sierra Leone	# of guideline and treatment protocol developed, reviewed or adapted,	N/A	2	1	
		3.1.1: Capacity for RMNCAH monitoring, MDSR and CRVS strengthened at district level	# of districts strengthened to monitor RMNCAH , MDSR and CRVS	N/A	13	13
		3.1.1: Provide support to the MoHS and national partners for conducting policy dialogue on national RMNCAH strategies and policies, its implementation and monitoring.	RMNCAH Policy and Strategy Developed	N/A	1	0
		3.1.1: Support the improvement of quality of care of postnatal maternal and newborn care	Developed and/or adaptation of Post-natal Care Guidelines	0	1	0
		3.1.2: Child and Newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation	District having 60% coverage of IMNCl training	4	10	13
		3.1.2: Improved RMNCAH coordination and joint planning	# of RMNCAH Coordination meetings/month	1	1	1
		3.1.2: Child and Newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation	Guidelines on child and newborn health care developed	0	1	0
		3.1.3: Integrated Sexual and Reproductive health guidelines and treatment protocols adapted and capacity built	# trained in long term FP methods	0	80	0
		3.1.4: Pilot best-practice activities in RMNCAH and ensure local evidence generated to support improved health outcomes	Evidence documented and disseminated from at least 2 pilot activities	0	1	1
		3.1.5: Support the adaptation and development of adolescent health protocol and guidelines; and the scale up of comprehensive adolescent-friendly health services	# of HCW and Peer educators trained in AFHS	160	160	160
3.5: Health and the environment	Support the implementation of the Libreville Declaration on health and the environment in Sierra Leone	No. of health & environment interventions implemented	1	5	10	
		Develop and implement plans to manage insect-borne diseases, including chemical control, in Sierra Leone	Reports of implementation of activities	0	5	10
		Support the development of National Plan of Joint Action in health and environment (NPJA) in Sierra Leone	National Plan of Action in health and environment available	0	1	1

CATEGORY 4: Health Systems

Programme Area	Top Task	Indicator	Baseline	2016	2017
4.2: Integrated people-centred health services	4.1.1: Provide support to the MoHS at central level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review	(1) Consultant/TA provided (Y/N) (2) Number of workshops facilitated by WHO to support/facilitate policy dialogue on National policies, strategies and plans (3) Number M&E review workshops held annually	0	50	100
	4.1.2: Provide support to the MoHS at district level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review	(1) % or Number of Districts plans reflective of the National policy (2) % or Number of Districts holding quarterly, bi annual and annual M&E reviews	20%	50%	70%
	4.1.3: Strengthen human resources for health in Sierra Leone through development of a human resources for health policy and strategy, training, improved HRIS and payroll management	(1) Data collection for head count of all health care workers in SLE completed (Y/N) (2) Analytics support for mapping, distribution of HCW in SLE provided in (Y/N) (3) Capacity gaps and training needs of HCWs in SLE finalized (Y/N)	0	70%	90%
	4.2.1: Promote best practice public health principles at the health care interface through a focus on infection prevention and control (IPC) by supporting the implementation of the basic standards in IPC based on the national guidelines and monitoring of compliance				
	4.2.2: Technical Support for the Improvement of EVD Survivor access to the Health component of the CPES	No. of survivor advocates trained on basic case coordination / No. of SHAs from catchment areas No. of CHOs from selected PHUs trained in basic health services to EVD Survivors No. of EVD Survivors receiving specialized eye evaluation and referral for specialized care when needed No. of EVD Survivors receiving free healthcare at MOHS facilities PIU setup Y/N	0	75%	90%
	4.2.3: Enhance community engagement in Sierra Leone through Community Engagement Taskforces, community-level Health Clubs, and ensure that communities are fully involved in all high prioritize health programs	Percentage of districts effectively that have been embedded community engagement in the implementation of their health system within two years.	20%	80%	100%
4.3: Access to medicines and other health technologies and strengthening regulatory capacity	4.3.1: Support the development of information management systems and research activities as part of the Sierra Leone public health laboratory network	Proportion of districts capturing lab data electronically	0	10%	20%
	4.3.1: Provide technical support to the MOHS in the development of the national public health network in Sierra Leone	Percentage participation of lab managers in national lab-surveillance review meetings	0	80%	100%
	4.3.1: Support the institutionalization of the national public health laboratory network in Sierra Leone by enabling good governance and assuring adequate human resources for health	Percentage of districts with lab personnel trained and part of RRT	0	50%	100%

CATEGORY 5: Preparedness, Surveillance and Response

5.1: Preparedness, Surveillance And Response	5.1.1: Provide advocacy, assessment, and development of the Sierra Leone national plan for International Health Regulations (2005) implementation	Developed IHR plan of action for Sierra Leone	0	1	1
	5.1.2: Develop national capacity for surveillance and response based on the Integrated Disease Surveillance and Response (IDSR) strategy in Sierra Leone	Proportion of districts with 80% timeliness and completeness rates	0%	60%	100%
	5.1.3: Establish an all-hazards approach to epidemic response in Sierra Leone, including cross border surveillance of communicable diseases	Proportion of suspected outbreaks of epidemic prone diseases notified to the national level and with district response within 2 days of surpassing the epidemic threshold	0	60%	80%
	5.1.4: Develop and implement plans for event based surveillance and risk assessment for all public health events	Proportion of districts with an updated (3 months) rumour log that includes community notifications	0%	60%	80%
	5.1.5: Facilitate and lead the development of a national public health laboratory system in Sierra Leone	Proportion of district laboratories that receive at least one supervisory visit with written feedback from provincial /national level	20%	30%	50%
5.2: Preparedness, Surveillance And Response	5.2: Support the Sierra Leone MOHS in developing and strengthening surveillance systems for priority epidemic diseases	Proportion of health facilities with internet coverages reporting on electronic platform	0%	60%	80%
5.3: Emergency risk and crisis management	5.3.1: Support development of an all disaster risk management capacity	Functional national EOC	0	50%	100%
	5.3.2: Develop national capacity for disaster risk management for health in Sierra Leone				
	5.3.3: Develop capacity for coordinated response to acute/unforeseen public health emergencies	Proportion of nationally declared hazards with DRR contingency plan	40%	75%	90%
5.4: Food Safety	5.4.1: Strengthen multi-sectoral collaboration to control risk and reduce the burden of food-borne diseases	Number of advocacy materials developed	0%	200%	300%
		Number of Food safety law in place	0%	100%	100%

CATEGORY 6: Corporate Services and Enabling Functions

Programme Area	Top Task	Indicator	Baseline	2016	2017
6.1: Leadership and governance	Ensure effective leadership of the WCO	<i>Conduct weekly and monthly SMT and EMT meeting</i>	90%	100%	100%
	Update, monitor and evaluate Country Cooperation Strategy (CCS)	<i>Establish and update country cooperation strategy</i>	0	100%	100%
	Facilitate coordinated partnerships at country level	<i>Chair health developmental partnership meetings</i>	80%	100%	100%
	Support effective functioning of the UNCT	<i>Attend and contribute to all UNCT meetings</i>	75%	100%	100%
6.2: Transparency, accountability and risk management	Update, monitor and evaluate the WHO risk register and internal control framework at national and district levels on an ongoing basis	<i>Comply with WHO internal compliance framework</i>	50%	90%	100%
6.3: Strategic planning, resource coordination and reporting	Ensure updated WCO biennium and operational plans duly aligned with Government priorities are in place	<i>Align with governments 9-24 month plan and ongoing initiatives</i>	85%	95%	95%
	Updated resource mobilization plans	<i>Engage with all targeted developmental partners</i>	85%	95%	95%
	Ensure compliance with donor reporting requirements	<i>Complete all donors reports</i>	80%	95%	95%
6.4: Management and administration	Implement a robust budget monitoring and reporting mechanism	<i>Host and chair weekly finance meeting</i>	90%	95%	95%
	Update human resource plan in line with operational realities	<i>maintain and update HR database</i>	90%	95%	95%
	Prepare and implement a comprehensive staff development plan	<i>Host quarterly SMT and staff workshop</i>	100%	100%	100%
	Ensure updated ICT infrastructure in place to support country and field offices	<i>Ensure the proper and effective functioning of all districts ICT capacity</i>	70%	90%	90%
	Ensure conducive working environment for all staff	<i>Percentage of staff rating the working environment as 'Good'</i>	60%	90%	90%
	Ensure effective logistic support for technical operations	<i>Ensure the proper and effective functioning of all districts logistics capacity</i>	70%	90%	100%
	Ensure MOSS compliance of WHO premises	<i>Ensure safety all staff and asset.</i>	90%	100%	100%
6.5: WHO-AFRO Transformation Agenda	Improve the communication of health information and messaging by supporting WHO staff	<i>Published weekly by-annual and annual reports</i>	90%	95%	95%
	Develop capacity within the Sierra Leone WHO country office for internal and external communications	<i>Ensure bi-weekly internal and external communications are up to date</i>	65%	100%	100%

