

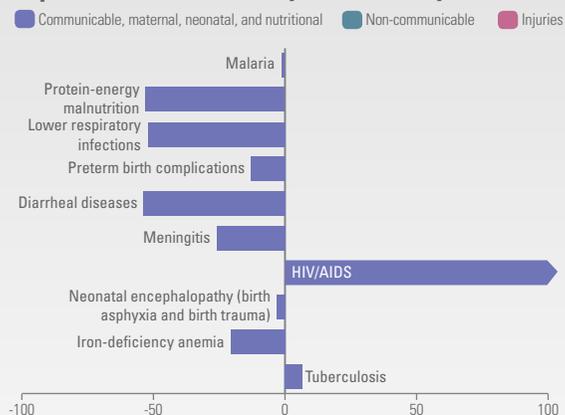
# SIERRA LEONE

Sierra Leone's 'Free Healthcare Initiative' was launched in April 2010 to increase access to key healthcare services by removing user fees for priority groups, specifically, pregnant women, lactating mothers, and children under five. As part of this initiative health worker salaries were increased and the quality of human resources for health payroll data and information systems has improved. The distribution of health workers across the country remains inequitable and further supportive HRH policies need to be introduced to improve motivation and quality of care. The proportion of national GDP allocated to health is high compared to other countries though this is still insufficient to meet the full health needs of the population. Sierra Leone's Agenda for Prosperity (2013-2018) recognises the shortage of qualified human resources for health both in terms of quantity and quality in all areas of service delivery. It commits to strengthen health training institutions to provide sufficient skilled health personnel; enhance skills of health workers at all levels to deliver quality health care services through the establishment of a continued professional development scheme; start local post-graduate training of health professionals; improve the efficiency, equity and effectiveness in staff utilisation; and further strengthen the human resources management system.

## POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	5.8; 43; 4	(2010)
Average annual rate of population change (%)	1.9	(2010-2015)
Population living in urban areas (%)	39	(2011)
Gross national income per capita (PPP int. \$)	840	(2011)
Population living on <\$1 (PPP int. \$) a day (%)	-	-
Total expenditure on health as a percentage of gross domestic product (%)	18.8	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	18	(2011)
External resources for health as a percentage of total expenditure on health (%)	19.9	(2011)
Life expectancy at birth (years) [all; female; male]	47; 47; 46	(2011)
Total fertility rate (per woman)	5	(2010)
Neonatal mortality rate (per 1 000 live births)	49	(2011)
Infant mortality rate (per 1 000 live births)	119	(2011)
Under-five mortality rate (per 1 000 live births)	185 [130-310]	(2011)
Maternal mortality ratio (per 100 000 live births)	890 [510-1700]	(2010)
Births attended by skilled health personnel (%)	60.8	(2010)
Antenatal care coverage - at least one visit (%)	91.1	(2010)
Antenatal care coverage - at least four visits (%)	74.7	(2010)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	84	(2011)
Postnatal care visit within two days of birth (%)	57.5	(2008)

## Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

## HUMAN RESOURCES FOR HEALTH

### AVAILABILITY

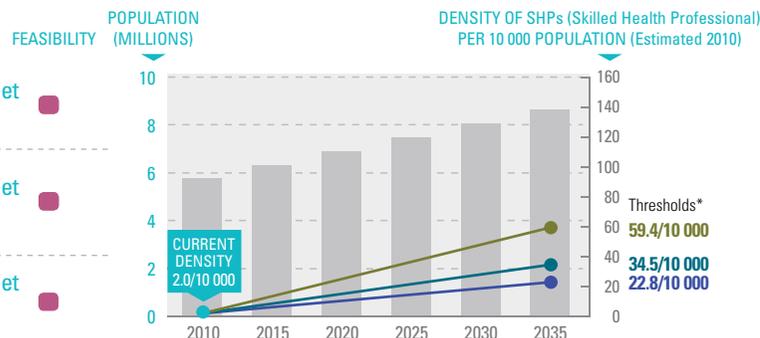
Feasibility of achieving thresholds: ■ Most likely ■ Somewhat likely ■ Least likely

#### TO MEET THRESHOLDS BY 2035, REQUIRES:

1609% increase to meet 22.8/10 000 threshold

2487% increase to meet 34.5/10 000 threshold

4354% increase to meet 59.4/10 000 threshold



### ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

#### GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS

(density per 10 000 population)

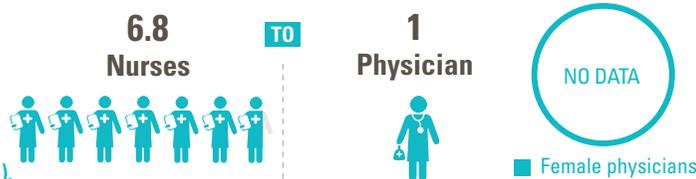
Physicians

0.2 Physicians

Physicians

### ACCEPTABILITY

The ratio of nurses to physicians is **ABOVE** the OECD average (2.8:1).



### QUALITY

Is there evidence that the country has mechanisms in place to:

#### ACCREDIT training institutions for:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

#### REGULATE:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

#### LICENSE/RE-LICENSE:

Dentists	✓*
Midwives	✓
Nurses	✓
Pharmacists	✓*
Physicians	✓*

## HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

### Leadership and Partnership

Is there government leadership on health workforce policy and management? ✓

Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management? ✓

### Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs? ✓

informed by data and strategic intelligence? ✓\*

addressing pre-service education? ✓\*

addressing geographical distribution and retention? ✓\*

addressing health workforce performance (e.g. competence, responsiveness and productivity)? ✓\*

addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel? ?/?

### Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms? ✓

For which period? 2006-2010

Does the strategy/plan account for the financial costs and resource requirements to implement it? ✓\*

✓ = Yes ✓\* = Partial ✗ = No ? = Insufficient data

\* See Annex 1 for full explanation on country profile methods and sources.