

Essential Health care package development in Sierra Leone

Feature

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(team supported by the ARD Cluster AFRO).



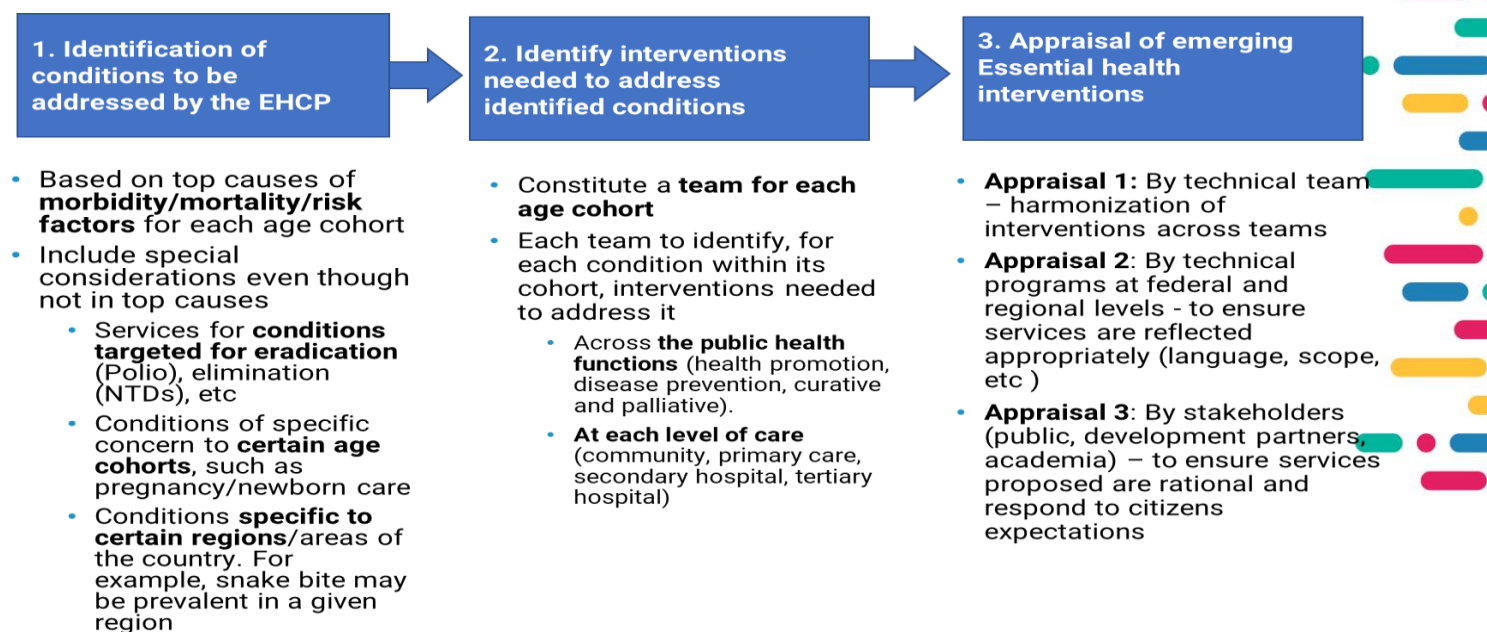
Sierra Leone held its Essential health care package development from 7-18 November 2022, through consultations and active engagements with stakeholders. The workshop was attended by 50+ delegates representing different expertise, at national and subnational units (districts), programs, partners, NGOs and other stakeholders.

The agenda of UHC remains a critical focus for the government of Sierra Leone, who aspires to ensure all individuals and communities receive the health services they need without suffering financial hardship. This includes access to the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

The first basic package for Sierra Leone, that has contributed significantly to the improvement to maternal and child health status, was developed in 2010. This was followed by the development of the second BPEHS in 2015 following the devastating Ebola epidemic in the country and others. Since then, various efforts have been deployed, to fast-track health system strengthening strategies to improve quality, equity in access and utilization of health services. Furthermore, the country is implementing a health care financing policy as well as the health sector strategic plans in addressing health challenges faced by its citizens and residents. However, the paradigm shifts from niche population, or focusing on maternal and child health conditions, to comprehensively addressing the needs of the population

at all ages, was a fundamental policy aspiration embarked by the senior leadership of MOHS, which aims to define UHC for an individual.

The essential health package development was guided by the key areas illustrated below



Prior to the workshop, desk review and in-depth discussions were held with the Ministry of health management teams. The reviews and consultations aimed to gather information on context, health sector status and country priorities, as illustrated in the governing documents and tools for Sierra Leone.

The workshop consultations were held to agree on the priority conditions for each age cohort ((Pregnancy/reproductive health/childhood, adolescents, adults, and senior citizens) and rationalize the interventions to address the condition prioritised across the public health functions ((promotion, prevention, curative, rehabilitative and palliative care) and levels of care (community, primary, secondary and tertiary). For the conditions identified, interventions were reviewed, tailored, and contextualised as deemed necessary. New set of interventions were also proposed and included in the package across the different age cohorts. Furthermore, the consultation with regional, district health staff and representative of local chiefdoms ensured conditions reflected are representative and provided platform to provide inputs and feedback.

As a result of the workshop, the technical teams produced working draft of the EHCP, covering around 80 conditions that are priorities for the different age groups. The conditions include infectious diseases, non-communicable diseases, injuries, mental health disorders, substance abuse including alcohol and tobacco and growth and developmental disorders.

Based on the outputs of the workshop, the draft of the EHCP document has been developed and circulated for inputs from all stakeholders and professional bodies in the country, as part of the appraisal process. The draft package is shared for review to ensure comprehensiveness of interventions, relevance and alignment to country needs, and review of mapping at different levels of care.

The MOHS believes that the development of EHCP; defining the services that should be available for each age cohort, across each public health functions and at each level of care, not only allows for more effective and equitable health service delivery, but also for the establishment of a functional referral system and allocation of appropriate investments for essential interventions. Thus, Sierra Leone has embarked on this journey, with EHCP outlining the foundation for future investments and health services aspiration of the country, in order to leave no one behind.

