Sierra Leone

Country Focus Areas

- Improve the efficiency of available resources by right-sizing the health sector, redesigning the performance-based financing program, improving the coordination and alignment of external resources, and pushing resources down to the frontlines.
- Support development of the health financing strategy and implementation plan.
- Strengthen the prioritization and monitoring system of the RMNCAH strategy, including the focus on adolescent health.

RMNCAH-N Core Indicators

Maternal mortality ratio: 1,165 per 100,000 live births
Neonatal mortality ratio: 20 per 1,000 live births
Under-five mortality ratio: 94 per 1,000 live births
Adolescent birth rate: 125 per 1,000 women
Percent of births <24 months after the preceding birth: 28.1%
Stunting among children under 5 years of age: 29%
Moderate to severe wasting among children under 5 years of age: 5%

Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: US$9.64
Ratio of government health expenditure to total government expenditures: 7.91%
Percent of current health expenditures on primary/outpatient health care: Not available
Incidence of catastrophic and impoverishing health expenditures: 10.42% catastrophic, 2.56% impoverishing

The resource mapping for Sierra Leone is presented for FY2019 to 2021. There are more than 15 partners aligned and involved in financing the IC. The Government of Sierra Leone has committed to achieving UHC as a key member of the UHC2030 agenda. Despite a significant gap in financing for the IC, the Government of Sierra Leone is investing in health systems to improve service delivery, improve supply chain management, and improve information systems. However, there is a need to align resources from donors, including the GFF Trust Fund, for better health financing in Sierra Leone, as there has been a recent opportunity for co-financing an ODA basis. There will be a more project focused in FY 2020 and GFF Trust Fund to co-finance this area.

Health financing reforms identified

- An inclusive country platform process
- Health financing reforms identified
- Health expenditure per capita financed from domestic sources
- Ratio of government health expenditure to total government expenditures
- Percent of current health expenditures on primary/outpatient health care
- Incidence of catastrophic and impoverishing health expenditures

Monitoring the Country-Led Process

- Investment case for RMNCAH-N or equivalent (e.g., national health plan)
- Set of evidence based priorities financed
- Results monitoring strategy and framework in support of IC
- Country-led multi-stakeholder platform (e.g., new or established from an existing platform)
- Government focal point

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Country has started implementing a private sector intervention

Civil registration and civil vital statistics (CRVS) made a priority

Country has started implementing a private sector intervention

OHDs not identified as a priority

OHDs identified as a priority in the investment case

GAP funded by GFF Trust Fund (IDA, other)

Supply chain / commodity management not identified as a priority

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