

The Right to Health in Sierra Leone

Stakeholder Report on Sierra Leone - Submission by World Vision For Universal Periodic Review, tenth cycle, 2011

Background

1. The civil war in Sierra Leone, which cost tens of thousands of lives and displaced over 2 million people, was officially declared over in 2002. The war worsened the state of health for many in the country, and most especially women and children. Since the end of the war, there has been a remarkable improvement in the health and well being of children, immunization and antenatal coverage have also increased. However, infant and maternal mortality rates remain amongst the highest both in the region and in the world.

Access to health care

2. Despite the improvements since the end of the war, the country's health-care system remains under-resourced and in a state of serious disrepair. Access to quality health care is expensive and difficult, and poverty is rife with more than 47% of the population lives below the poverty line of \$1.25 a day (UNDP Human Development report, 2009).

3. In Sierra Leone, the lifetime risk of a woman dying from complications of pregnancy and childbirth is one in eight, and 1 in 12 children still die before their first birthday. Under five mortality according to the 2008 Demographic and Health Survey is 140/1000 live births and maternal mortality ratio is 857/100,000. The rate of stunting and wasting are 36.4% and 10.2%. Life expectancy at birth is 47.3 (Human Development Index, 2007).

4. According to the Countdown to 2015 initiative, a joint UN and civil society project which tracks coverage levels for health interventions, the following are the causes of child mortality in the country: Neonatal deaths, 23%; Diarrhoea, 20%; Pneumonia, 16%; Malaria, 13%; Measles, 5%; Injuries, 3%; and HIV, 2%. The 2010 Countdown report also reveals that 21% of the under fives are

underweight, with 36% having stunted growth and 10% suffering from acute malnutrition (wasting). Only 11% of children are exclusively breastfed and Vitamin A coverage has dropped from over 90% to 12% in three years. More children are sleeping under bed nets to protect them from malaria (26% in 2008, in comparison to 5% in 2005), however fewer children are being treated with antimalarial drugs (30% in 2008, in comparison to 52% in 2005). Only 27% of children with pneumonia are treated with antibiotics in time, the provision of which has slightly increased from 21% in 2008. Immunisation coverage is also low at 60% and there has been a decrease of 7% in immunisation against measles from 2004 to 2008.¹

5. Child mortality deaths could be avoided by simple cost effective interventions, which are not reaching children, and are linked to poor access to quality health services and low service utilization rates. World Vision welcomes that the Government of Sierra Leone has set ambitious targets to achieve Millennium Development Goals 4 and 5 to reduce the under 5 mortality rate to 80/1,000 live births, the infant mortality rate to 55/1,000 live births and maternal mortality rate to 450/100,000 live births by 2015. Nevertheless, like most countries in Sub Saharan Africa they are well off track for meeting these targets.

6. The government is to be commended for the introduction of the free health care initiative which came into effect since April 27, 2009, and which is intended to improve maternal and child health and drastically reduce maternal and infant mortality. The government free health care is funded mainly by the United Kingdom Department for International Development (DFID) and UNICEF, supported by international NGOs. Even so, there have been reports of stock outs of life-saving drugs in some peripheral health units across the country.

7. According to the Countdown to 2015 report, Sierra Leone government's expenditure on health remains at 8%² - almost fifty percent less than the commitment to 15 % made at Abuja in 2001 at the African Union's Special Summit on Hiv/AIDS. The state of health of children and mothers could further be improved with additional resource allocation to the health service delivery systems.

¹ The 2010 report is available at <http://www.countdown2015mnch.org/documents/2010report/Profile-SierraLeone.pdf>

² *Ibid.*

8. The health system is simply not equipped to deal with the country's population of some 5.5 million. The density of health workers is 1.9 per 10,000 population with vast inequity in distribution with concentration in urban cities. National availability of emergency Obstetrics Care services is 24% according to the Countdown to 2015 report.³

9. The drain on the human resources in the health sector has been as a result of massive movement of health professionals to work abroad. Recently, following the free health care initiative, the government announced a pay rise for all health workers as a way to encourage them to stay and work in Sierra Leone, and discourage charging fees for the vulnerable groups of pregnant women and children under five years.

Recommendations

10. In light of the foregoing, World Vision would like to submit the following recommendations to the Government of Sierra Leone:

- a) To increase the allocation of its Annual Budget to 15% in accordance with the commitment contained in the Abuja Declaration;
- b) To expand the government's free health care package to ensure that primary health care is free at the point of use for pregnant women and young children, especially for those living in rural, remote and peripheral areas;
- c) To scale-up the provision of food and micro-nutrients for pregnant women and young children as well as implement the measures for prevention of malnutrition as specified in the WHO strategy for community-based management of severe acute malnutrition;
- d) To scale-up maternal care services, including skilled delivery attendance and emergency obstetric care;
- e) To strengthen efforts to promote exclusive breastfeeding of infants during the first six months of life, including implementation of the Baby-Friendly Hospital Initiative and domestic enforcement of the International Code of Marketing of Breast-milk Substitutes;

³ *Ibid.*

- f) To increase the coverage of Vitamin A supplementation and measles vaccine urgently and continue efforts to combat diarrhoea through increased focus on access to Oral Rehydration Therapy (ORT);
- g) To increase the percentage of pneumonia and malaria treatment, as well as protect children from malaria through the provision of insecticide-treated mosquito nets (ITNs);
- h) To improve water and sanitation systems and hygiene practices to protect children against communicable diseases and infections;
- i) To ensure birth registration for all children, especially those in rural areas, including through the provision of free mobile registration centres.
- j) To seek further technical cooperation with WHO and UNICEF to strengthen the national health system of Sierra Leone with a focus on community-based and primary health care;
- l) To implement a national human resource strategy to increase the number of health workers, retain those already working in the system and facilitate the return of migrants, including through stronger protection and fairer treatment of health workers;
- m) To seek and mobilise additional funding from international donors in order to increase public health funding for women and children;
- n) To improve efforts on monitoring and evaluation of Primary Health Care data for planning and programming, including through the collection of disaggregate data to identify the most marginalized and vulnerable groups.