

Sierra Leone



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2013)	32.0
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	84
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	50.1 (Both sexes) 50.8 (Female) 49.3 (Male)
Population (in thousands) total (2015)	6453.2
% Population under 15 (2015)	42.4
% Population over 60 (2015)	4.4
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2011)	51.7
Literacy rate among adults aged >= 15 years (%) (2007-2012)	43
Gender Inequality Index rank (2014)	145
Human Development Index rank (2014)	181
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	11.09
Private expenditure on health as a percentage of total expenditure on health (2014)	83.01
General government expenditure on health as a percentage of total government expenditure (2014)	10.84
Physicians density (per 1000 population) (2010)	0.024
Nursing and midwifery personnel density (per 1000 population) (2010)	0.319
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	33.2 [24.2-44.0]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	113.5 [88.3-140.9]
Maternal mortality ratio (per 100 000 live births) (2015)	1 360 [999 - 1 980]
Births attended by skilled health personnel (%) (2013)	59.7
Public health and environment	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) ()	

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Communicable diseases are the leading cause of death and disease in Sierra Leone, of which malaria is the single biggest killer, accounting for 38% of all hospital admissions. Tuberculosis is another significant public health problem, with an estimated three new infections per 1000 people each year. The national HIV prevalence rate is 1.5%. Sierra Leone was severely hit by the most widespread Ebola virus disease epidemic in history. In total, 8706 people were infected, of which 3590 died between May 2014 and March 2016. The risk of epidemics and other public health events remains high.

The country is estimated to have the world's highest maternal mortality ratio. Child mortality is also very high. Almost one third of under-five children suffered from stunting in 2014. Anemia is a serious public health problem among pregnant women, (70%) and under-fives (76.3%).

Non-communicable diseases and injuries are a growing public health concern, linked to the high prevalence of behavioral risk factors such as tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol. Diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory disease, injuries, as well as mental health disorders are increasingly responsible for premature death and disability, contributing to a double burden of communicable and non-communicable disease.

There have been gains made in improving access to essential health services but health outcomes are sub-optimal across the country. There are also some important inequities in access to services as well as health outcomes between districts and income levels. Important national strategies and plans address a range of priorities aimed at increasing access and quality of essential health services to save lives, prevent disease, promote health, and provide curative and psychosocial supportive care for those affected.

HEALTH POLICIES AND SYSTEMS

In a bid to work towards the attainment of SDG3 through Universal Health Coverage (UHC) the Ministry of Health and Sanitation started the implementation of the newly developed National Health Sector Strategic Plan 2017-2021.

The Sierra Leonean health system faces challenges due to chronic underfunding, a heavy disease burden and vastly insufficient numbers and skewed distribution of skilled Human Resources for Health (HRH). Capacity, both in terms of numbers, skills and distribution of HRH, is one of the main barriers to improving the health care. This is being addressed through the implementation of HRH strategic plan 2017-2021. An important barrier to accessing health services is the cost of services and the inability of the population to financially access service. To address financial inaccessibility the Free Healthcare Initiative was introduced in 2010 to abolish user fees for all pregnant and lactating women and under-five children.

Government launched the Sierra Leone Social Health Insurance (SLeSHI) in 2018 to improve financial accessibility to health care. To address financing for health holistically, the Government has initiated the process to develop a comprehensive health financing strategy. Achieving adequate quality of care is a recurrent challenge in Sierra Leone. Drug availability in health facilities is a challenge, with shortages and stock-outs. The legal and policy framework for the pharmaceutical sector has been put in place and disseminated, but is not well-enforced.

COOPERATION FOR HEALTH

Following the end of the Ebola outbreak, the pattern of development assistance to the health sector has shifted back from emergency response and humanitarian assistance to recovery and longer-term capacity building investments. Assistance from development partners has consistently been a significant part of health expenditures in Sierra Leone. Technical support from WHO and other UN agencies to the health sector is substantial and UN agencies remain key in-country partners in health. Bilateral and multilateral partners provide essential financial support and numerous international and local NGOs provide a wide range of services to the health sector.

The Ministry of Health and Sanitation takes the lead in health sector coordination through various committees and working groups. WHO is working with the Ministry in strengthening its coordination function. WHO also plays a critical role in the coordination of development partners through its secretariat function.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Improve reproductive, maternal, newborn, child and adolescent health	<ul style="list-style-type: none"> Strengthen national and decentralized capacity to improve access to and utilization of quality reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions Support policy dialogue to advance adolescent health programming and improve access to sexual and reproductive health especially for adolescents Strengthen national nutrition surveillance systems and management of nutrition disorders among mothers, infants and young children, towards the global nutrition targets Strengthen immunization systems to provide and sustain universal immunization coverage; undertake acute flaccid paralysis and other vaccine-preventable diseases surveillance; and introduce new vaccines
STRATEGIC PRIORITY 2: Strengthen capacities for public health security and emergencies	<ul style="list-style-type: none"> Support achievement of IHR core capacities, including the nationwide establishment of the Integrated Disease Surveillance and Response system for infectious diseases and other disease threats Support the development and implementation of preparedness and response measures for public health risks associated with disasters Strengthen national capacities to develop and implement plans and policies to reduce environmental risks to health, including waste management and vector control
STRATEGIC PRIORITY 3: Reduce morbidity and mortality from major communicable and non-communicable diseases	<ul style="list-style-type: none"> Support the prevention, management and control of HIV and AIDS, malaria, tuberculosis, neglected tropical diseases and other communicable diseases Support the prevention and management of non-communicable diseases and mental health problems
STRATEGIC PRIORITY 4: Support health systems strengthening	<ul style="list-style-type: none"> Strengthen health system capacity and management at the national, district and community levels to deliver and increase access to effective and high quality health service Strengthen capacity to develop strategies and interventions to improve the supply and management of human resources for health Improve the health information system and ensure integration among the different health information systems Provide support for increasing the accessibility, quality and safety of medicines Support sustainable health financing

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