



**Government of Sierra Leone**

# **Human Resources for Health Policy 2017-2021**

**Ministry of Health and Sanitation**



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The post-Ebola era has been marked with massive development in the health sector. The Ministry of Health and Sanitation ushered in the Health Sector Strategic Plan 2015-2020, complemented by the Basic Package for Essential Health Services (BPEHS). The importance of the Human Resources for Health is well articulated in both documents. In order to effectively implement the Health Sector Recovery Plan and deliver on the Basic Package, it became necessary to ensure that there are appropriate frameworks in place. One of the key frameworks is the Human Resources for Health Policy which was last updated in 2012.

Since then, the Sierra Leone public sector health workforce has experienced significant changes. The Ministry of Health and Sanitation has seen an increase in the workforce of roughly 9%, the health workforce wage bill increased by 60% and an Ebola outbreak claimed the lives of over 250 health workers. All of the above were considered to be significant changes that called for a review of the HRH Policy and a accompanying HRH Strategy. Both documents were updated to reflect improvements and highlight new challenges in order to provide a focused and measurable plan for ensuring availability of a committed health workforce that will contribute to the building of a resilient health system in Sierra Leone.

This HRH Policy 2017-2021 provides a clear vision for the health workforce over the next five years. Its principles, values, goal and objectives are geared towards strengthening the health workforce to provide high-quality, equitable, and accessible health services to all Sierra Leoneans. The corresponding HRH Strategy 2017-2021 was developed in tandem to guide the implementation of this policy, to ensure that its objectives are achieved through feasible and cost-effective interventions.

The process to revise the HRH Policy was consultative, with input from a number of key stakeholders, both from within government and from external partners. It is aligned with other key policies and plans guiding the Ministry of Health and Sanitation, including the Sierra Leone National Post-Ebola Health Sector Recovery Plan, the BPEHS 2015-2020 and the government's Agenda for Prosperity.

Efforts to update this policy, including numerous data generation activities undertaken in the past year, have been commendable. I give my congratulations to all involved, and believe these efforts will result in a strengthened health workforce prepared to serve the people of Sierra Leone.

A handwritten signature in blue ink, appearing to read 'Abu Bakarr Fofanah', written over a horizontal line.

**Honourable Dr Abu Bakarr Fofanah**  
**Minister of Health and Sanitation**

## Acknowledgments



The Ministry of Health and Sanitation made a renewed commitment to improving the Human Resources for Health (HRH) situation in Sierra Leone following significant disruption to the health sector by the Ebola epidemic in 2014-2015. Among other health system recovery efforts, the HRH Policy of the Ministry of Health and Sanitation has been refreshed in order to guide stakeholders in the Sierra Leone health sector towards measureable improvements in production, regulation and governance of the health workforce over the next five years (2017-2021).

The objectives outlined in this policy were developed after extensive consultation with national and international experts. In particular, I commend the Directorate of Human Resources for Health (DHRH) for its substantial efforts in developing this strategy over the course of the past six months. I must also give special thanks to our key partners, the Clinton Health Access Initiative (CHAI) and the World Health Organization (WHO), who were instrumental in coordinating the development of this plan and continue to provide the HRH Directorate invaluable logistical support and technical expertise.

Finally, I thank our donors, the UK Department for International Development (DFID), the World Bank and the Global Fund to Fight HIV, TB and Malaria. I look forward to continuing these valuable partnerships and working together to make the activities outlined in this document a reality.

A handwritten signature in black ink, appearing to read 'D. S. Banya'.

**David W. S. Banya**  
**Permanent Secretary, Ministry of Health and Sanitation**

## *List of Acronyms and Abbreviations*

BPEHS	Basic Package of Essential Health Services
CHAI	Clinton Health Access Initiative
CHW	Community Health Workers
GoSL	Government of Sierra Leone
HRH	Human Resources for Health
HRMO	Human Resources Management Office
HSC	Health Service Commission
HSRP	Health Sector Recovery Plan
iHRIS	Integrated Human Resources Information System
M&E	Monitoring & Evaluation
MDAs	Ministries, Departments and Agencies
MEST	Ministry of Education, Science and Technology
MOFED	Ministry of Finance and Economic Development
MoHS	Ministry of Health and Sanitation
NGO	Non-Governmental Organization
NHSSP	National Health Sector Strategic Plan
PSC	Public Service Commission
SLA	Service Level Agreement
WHO	World Health Organization



## 1. Background

### 1.1 Introduction

The *Human Resources for Health Policy* (HRH Policy) envisions a resilient health workforce delivering cost-effective, evidence-based and high quality health care services which are equitable and accessible for everybody in Sierra Leone by 2025. This vision – and the corresponding goals and objectives – are consistent with the Government of Sierra Leone’s (GoSL) recognition that health and social welfare are key determinants of human development and that improving national health outcomes is only possible with a strong health workforce.

The guiding principles, goal, and objectives are derived from national health policies and plans, including the *President’s Recovery Priorities* (2015/2016) and the *Basic Package of Essential Health Services* (2015), which chart a course for Sierra Leone’s health sector in the wake of the Ebola Virus Disease outbreak. The HRH Policy should be read as a compliment to these policies and plans, further described under section 1.2.

This HRH Policy is complemented by the recently developed *Human Resources for Health Strategy 2017-2021* (HRH Strategy). While the HRH Policy sets the longer-term direction for HRH in Sierra Leone by defining the vision, principles and values, goal and objectives, the HRH Strategy guides the implementation, i.e. details which activities need to be undertaken to ensure that the objectives and goal are achieved and that the principles and values are upheld (see section 3). The HRH Strategy also provides a situational analysis.

### 1.2 Policy context

This document represents the result of extensive policy development and planning by the Government of Sierra Leone. In 2006 the Government of Sierra Leone developed the first *Human Resources for Health Policy* (2006) to guide health workforce development. In 2012, in accordance with the *National Health Sector Strategic Plan 2010-2015* (NHSSP), which provides a common strategic framework to guide interventions by all actors at all levels of the health system, the HRH Policy was updated and informed the development of the first *Human Resources for Health Strategic Plan 2012-2016* (HRH Strategy). The HRH Policy and HRH Strategy were complemented by a comprehensive *Scheme of Service* (2010, 2015), which identified pay grades and career ladders for health workers, the *Civil Service Code Regulations and Rules* (2008, 2011) and the *Health Service Act* (2011), which together set the regulatory and administrative framework for effectively managing the national health workforce. In 2011 the Government of Sierra Leone also established the National Health Compact to reaffirm the commitment of international partners to the national health priorities identified by the Ministry of Health and Sanitation (MoHS).

In May 2014, in the wake of the devastating Ebola Virus Disease outbreak, the MoHS revised the NHSSP, the *Basic Package of Essential Health Services* (BPEHS), and developed both the *National Ebola Recovery Strategy for Sierra Leone 2015-2017* and the *Health Sector Recovery Plan 2015-2020* (HSRP) to guide the reconstruction of the health sector in the near and long term. The plans developed and revised in 2014/2015 recognize the crucial need for an appropriate health workforce to ensure resilient national health services. In 2016, as the MoHS worked to update the HRH Strategy, the MoHS also initiated a process to review and update the HRH Policy (this document), the *Community Health Worker Policy* (2012), and develop the first *Nursing and Midwifery Policy and Strategy* (2016).

Despite a large number of unsalaried health workers, the Republic of Sierra Leone is currently facing a critical shortage of health care workers. Increasing the quality and quantity of staff is thought to be the largest lever for transforming the health system. In 2010, the MoHS developed the Basic Package for Essential Health Services (BPEHS) as the operational plan for the policy objectives of the National Health Sector Strategic Plan (NHSSP) 2010-2015. The BPEHS was revised for 2015-2020 to align it with the post-Ebola Health Sector Recovery Plan 2015–2020 to continue informing HRH policy decisions.

Other policy orientations have also been embraced including the CHW Policy and Strategy, the Nursing and Midwifery Policy, the Civil Service Code, Rules and Regulations, the Civil Service Training Policy and the Service Level Agreement (SLA) which enables the MoHS to set health priorities and ensure a more equitable distribution of stakeholders and types of interventions

The Government recently completed the implementation of a 6-9 post-Ebola Recovery Plan in March 2016 and has now transitioned to a 10-24 month post-Ebola Recovery Plan that runs from April 2016 to June 2017, with focus on building a resilient workforce through improved production, clinical mentoring, retention, attendance and distribution of health workforce facilities with an adequate number of staff.

### 1.3 Policy formulation process

The need to review and update the HRH Policy and HRH Strategy was part of the MoHS' plans aimed at restoring and improving health service delivery in its post-Ebola recovery efforts. The two documents were developed simultaneously, following comprehensive workforce data generation and analysis efforts carried out by the Directorate of HRH as part of the early post-Ebola recovery plan.<sup>1</sup> The Policy and Strategy process started in June 2016 with the creation of three multi-disciplinary technical working groups consisting of representatives from the Ministry of Health and Sanitation, Ministry of Finance and Economic Development (MOFED), Ministry of Education, Science and Technology (MEST), the Human Resources Management Office (HRMO), the Health Service Commission (HSC), the Public Service Commission (PSC), technical partners, and civil society. The technical working groups were supported by a secretariat led by the Directorate of Human Resources for Health, with support from the World Health Organization (WHO) and the Clinton Health Access Initiative (CHAI). A steering committee including high level representatives from MoHS, HRMO, MOFED, and other Ministries, Departments and Agencies (MDAs) oversaw and provided guidance and leadership to the working groups. The working groups met regularly starting in 2016 to define the scope, and identify and prioritize challenges to be addressed by the new HRH Policy and Strategy. The findings of these working groups were used to formulate the vision, principles and values, goals and objectives for the HRH Policy. Workshops were held at national and regional levels, as well as side meetings with different professional groups who reviewed and provided comments for the draft policy document.

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<sup>1</sup> These analyses are described in a comprehensive situational analysis presented in the HRH Country Profile (2016)

## 2. HRH Policy Directions

### 2.1 Vision

The vision of the HRH Policy is:

*A resilient health workforce that is delivering cost-effective, evidence-based and high quality health care services that are equitable and accessible for everybody in Sierra Leone by 2025.*

### 2.2 Principles and Values

The HRH Policy upholds the following principles and values:

1. **People-centered approaches:** The health sector recognizes health workers as the most important asset in the delivery of health care services;
2. **Equity:** The health sector aims to achieve equitable delivery of health services in all regions through the deployment of adequate numbers of competent, well-motivated and managed health staff to all areas of the country;
3. **Integrity:** The health sector promotes professional conduct among health workers, maintaining ethical and performance standards oriented towards the patient / client and the communities;
4. **Responsiveness and Responsibility:** The health sector aims to achieve efficiency, effectiveness and accountability in the delivery of quality health care services;
5. **Transparency:** The health sector works towards openness and fairness in all principles and practices of human resources management and development, ensuring the workforce is well-informed of their obligations and benefits;
6. **Merit-based:** There is equality of access to all positions based on excellence and relevant qualifications;
7. **Quality:** There is a concerted effort to ensure investment to develop and upgrade health worker skills to boost quality of services;
8. **Team Oriented:** There is a recognition of the importance of contributions made by different cadres in the sector;
9. **Partnership and collaboration:** There are strong multi-disciplinary partnerships and multi-sector approach with development partners, private sector and the community need to be built to strengthen the health workforce;
10. **Rights-based approach:** The health sector will apply a rights-based approach including commitment to the principles of equality, non-discrimination, accountability, empowerment and participation. The health sector will safeguard the rights of employees.

### 2.3 Goal

The goal of the HRH Policy is:

*To plan, produce, deploy, and maintain a resilient, highly motivated health workforce that can contribute to national socioeconomic development by ensuring equitable, affordable, and high quality health care services for the population of Sierra Leone.*

## 2.4 Objectives

The strategic objectives of the HRH Policy and Strategy are to improve health outcomes by ensuring, within the context of national and international commitments and policies, to:

1. Enhance evidence-based HRH decision-making for the rational management, planning, and financing of health workers
2. Improve HRH production to address national health needs and meet health personnel requirements
3. Strengthen governance, leadership, and management for HRH
4. Establish and promote partnerships among public, private and not-for-profit stakeholders
5. Support resource mobilization and advocacy efforts to ensure the implementation of the HRH Policy and Strategy

## 3. Human Resource for Health Policy implementation

Implementation of the HRH Policy is guided by the HRH Strategy 2017-2021. The Strategy document defines intervention areas, detailed activities and outputs under each of the objectives formulated in this Policy. The Strategy also includes an implementation plan for 2017-2021, detailing timelines, activity ownership and budget for each activity (see below figure). The HRH Strategy also entails a Monitoring and Evaluation (M&E) Framework which will be used to inform and improve the continued implementation of health workforce policy by the MoHS and partners.

Figure1. Framework for the Sierra Leone HRH Policy and Strategy 2017-2021



The implementation approach articulated in the HRH Strategy emphasizes the need for leadership commitment, partnership between HRH stakeholders and functional institutional mechanisms. The HRH Technical Working Group continues to play an instrumental role in managing the national HRH agenda.