Human Resources for Health in Sierra Leone
Health Systems Strengthening and Epidemic Prevention in Sierra Leone

Context and Challenges

The critical gaps in the health workforce across all cadres and health facilities have persisted in Sierra Leone since the 10-year conflict (1991-2002). The Ebola epidemic that ravaged West Africa between 2014 and 2016, moreover, amplified Sierra Leone’s already fragile health system, exacerbating the pre-existing shortage of health workers, high rates of attrition, uneven distribution and poor employment conditions (WHO, 2015). In Sierra Leone, 350 health care workers were infected by Ebola, of who 221 died (MoHS, 2015). The dire health workforce situation in Sierra Leone severely impedes citizens’ access to quality of health care services.

The causes for the critical state of Sierra Leone’s human resources in healthcare various and interlinked. The majority of health services are provided by public health workers, of whom 48% are unsalaried, implying a weak health financing system. The health sector, furthermore, is highly centralized. In an effort to deconcentrate administrative burden and increase accountability for service delivery, the Local Government Act 2004 decentralizes responsibility for primary and secondary care to district local councils. The decentralization process, however, has been slow and incomplete. Critical areas, such as human resource management, remain centrally governed. District Health Management Teams (DHMTs) are understaffed and insufficiently qualified with the necessary skills in human resource management.

Another area of concern is the low retention of health workers in rural areas. Only 30% of health workers are active in rural posts despite 62% of Sierra Leone’s population residing in rural areas (MoHS, 2016). Difficulties in accessing employee rights, inconsistent remuneration, poor infrastructure as well as limited clinical supervision and professional development result in health workers wanting to leave their rural post (Narayan, 2015).

In an effort to address the workforce gap in rural areas, the Ministry of Health and Sanitation (MoHS) recently introduced new cadres (Midwifery Technicians, Clinical Officers, and Community Health Workers). This, however, has led to confusion about the scopes of practice and separation of duties across cadres due to the lack of clarification of their roles and responsibilities.

Furthermore, no national guidelines are present to organize in-service training including continuous professional development. Since any training beyond pre-service training has to be organized by the health facilities and DHMTs, weak coordination and monitoring mechanisms for in-service training exist. This increases the risk of regional disparities in training opportunities and the quality of care.

Approach

The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) cooperates closely with the MoHS and the Clinton Health Access Initiative (CHAI) towards implementing key strategic objectives of the Sierra Leone National Human Resources in Health Strategy 2017-2021. The GIZ project ensures that a gender and inclusion sensitive approach is integrated in the interventions.

The Human Resources in Health Strategy serves to guide investments and activities to achieve a resilient health workforce that is delivering cost-effective, evidence-based, and high-quality health care services that are equitable and accessible for the population of Sierra Leone by 2025.

Activities

In collaboration with the MoHS and aligned with the Human Resource Strategy 2017-2021 interventions have been defined through a two-year engagement (2017-2019) with CHAI. As the implementing partner of GIZ, CHAI will provide...
technical support to the MoHS Directorate of Human Resources in Health (DHRH) in the following areas.

**Decentralization of Human Resources in Health management**

- Deploy, train and, manage newly appointed District Human Resource Officers (DHROs) at District Health Management Team (DHMT) level and Human Resource Assistants (HRAs) at district hospital level.
- Implement an integrated Human Resource Information System (iHRIS) as a sole information system for human resource planning and staff monitoring.
- In two districts, support DHMTs in human resource management, implementation of a sustainable supervision system for health workers, and evidence-based deployment.
- Improve at national level the execution of remedial actions in response to attendance monitoring on DHMT level in cooperation with relevant agencies.

**Rural retention and motivation of health workers**

- At national level, support the formation of a Rural Retention Technical Working Group that is chaired by the DHRH to guide measures to improve rural retention.
- Develop a rural retention action plan based on educational opportunity, regulation, financial incentives, personal and professional support and robust human resource management.

**Cadre mapping and Human Resources in Health production plan**

- Develop a long-term workforce production plan that defines clear responsibilities and streamlined job descriptions to increase health worker productivity and to eliminate unnecessary overlaps and conflicts between health worker cadres.
- Evaluate an investment framework for training institutions as part of the production plan.

**In-service training coordination**

- Develop a MoHS policy for in-service training
- Introduce iHRIS TRAIN to track and coordinate in-service training.