



Government of Sierra Leone
Ministry of Health and Sanitation



High-Level Overview:
Health Sector Ebola Recovery Plan

“From EBOLA to More Resilient Health Systems”
17th April 2015



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Minister of Health and Sanitation

Presentation Outline.

- Background
- Current Ebola epidemic trends
- Health Recovery Planning process
- Health Sector Recovery Investment Framework
- Sequencing of interventions
- Costing
- Key Priorities, Medium and Long Term Interventions
- Indicators
- Implementation arrangements
- Risks and mitigation measures
- Next Steps & Acknowledgements

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Background

Organization of the health system & Health system performance prior to EVD

and type of health facilities

- 1,264 in total
- 1,224 **(98%)** PHUs (**MCHPs, Community Health Posts and CHCs**)
- 40 hospitals (23 Government-owned)

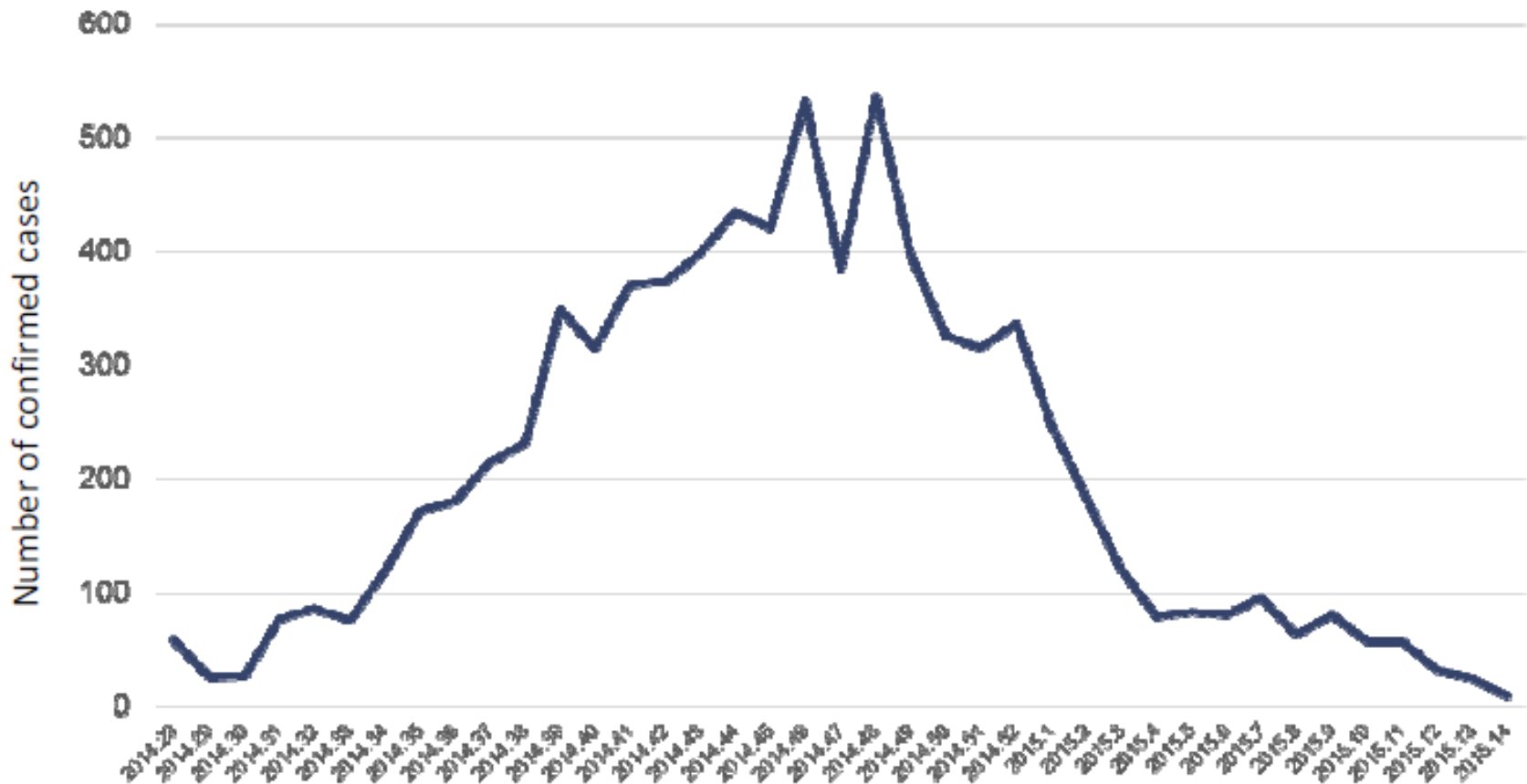
Health Coverage before Ebola (DHS 2008 vs 2013)

- Modern contraception (7 to 16 %) 
- Skilled birth attendance (42 to 62 %). 
- Malaria bed net utilization (26 to 49%). 
- Malaria treatment (6 to 77%). 
- Diarrhea management (68 to 88%) and 
- Basic immunization (DPT-3 54% to 78%). 

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Where we are today on EVD

of new confirmed EVD cases by epidemiological week (May 2014 - 5 April 2015)



Source: Weekly Ebola Surveillance Report - MOHS, Sierra Leone (07 April 2015)

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International support crucial...

- We appreciate the support of many that came to show solidarity with our nation.
- We are now **right-sizing**:
 - UNMEER decreased in size, exit planned for June 2015
 - Ghana foreign medical team departed in March 2015
 - Cuban medical team departed in March 2015
 - South Africans handed over the Lakka lab and departed
 - Other FMTs have also reduced operations (incl. AU)
 - We now excess capacity –beds, labs, ambulances, etc
- Hazard pay for health workers discontinued on 31 March 2015
- Strengthening border screening to prevent re-introduction after getting to zero

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NOT OUT OF THE WOODS YET!!

- Getting to Zero and staying at Zero is still our priority
- Working towards that goal
- Growing consensus that risk of morbidity and mortality from other diseases outweighs risk of contracting Ebola
- So there is a case for commencement of restoration of essential health services

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The health recovery planning process..



It has been a journey..

November
2014

- **HSS Hub established within MOHS**
- Worked with UN partners **in conducting various assessments**
- **New MOHS vision conceived, framed around building a strong health system**

December
2014

- New MOHS vision presented to partners on 4th Dec 2014
- **High-level Ebola Recovery meeting in Geneva 10-12th Dec 2014**
- **Revitalization of Governance structures (HSCC & HSSG) – had been dormant**
- **Health Sector Recovery Investment framework developed.**

Jan- Feb
2015

- Directorate of **Health Systems**, Policy, Planning & Information re-established
- HSSG WGs conducted a desk review on JPWF and issue analysis
- Same groups formulated solutions/strategies and key interventions.
- **A Health Sector Recovery Investment Framework was contextualized to SL**
- **Revised the basic package of essential health services**

March -
April 2015

- District (sub-national) Planning
- Validation of Recovery Plan components
- Working with the Office of the President to align with national recovery

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Assessment: findings on health systems

- Child health utilization dramatically reduced all levels
- Water – inconsistent; no power in some facilities
- Lack of hand hygiene consumables
- Deficits in medical equipment & maintenance
- Poor linen & laundry management
- Weak health worker capacity
- Facility underutilization
- Laboratory capacity grossly inadequate
- Ineffective healthcare waste management
- Weak management system at all levels.
- Inadequate patient & community engagement

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Assessment: findings on health coverage

- Child health utilization dramatically reduced all levels
- Decreased utilization of health facilities: 48/1,185 (4.1%) PHUs closed;
- 23% decrease in institutional deliveries;
- 39% decrease in children treated for malaria;
- 21% decrease in childhood immunization
- A much lower proportion of women reporting pregnancy-related care
- As much as a 90% drop in family planning visits ([Government-of-Sierra-Leone 2014](#))

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Issue Analysis-CULPRITS

- Inadequate human resources (quantity & quality) and maldistribution.
- Weak infection prevention & control practices at all levels.
- Weak integrated disease surveillance & response (IDSR) system including and emergency preparedness plan.
- Inadequate health technologies (medicines, supplies, laboratory) & weak supply chain management (quality & quantity).
- Ineffective referral system.
- Poor institutionalization of quality assurance programmes.
- Weak coordination.
- Lack of community ownership in health service delivery.

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Health Sector Recovery Framework-Prioritization informed by the assessment, issues, and analysis

Key Expected Results

- Safe and healthy work settings
- Adequate Human Resources for Health
- Essential (basic) health and sanitation services are available
- Communities able to trust the health system and access essential health services
- Communities able to effectively communicate and effectively send health alerts
- Improved health system governance processes and standard operating procedures
- International Health Regulations (IHR) followed

Patient & Health Worker Safety Outputs

Health Workforce Outputs

Essential Health Services Outputs

Community Ownership Outputs

Surveillance & Information Outputs

Sierra Leone Basic Package for Essential Health Services (BPEHS) – Fully implemented by 2020

Patient & Health Worker Safety

- PS and health services & systems development
- National PS policy
- Knowledge & learning in PS
- PS awareness raising
- Health care-associated infections
- Health workforce protection
- Health care waste management
- Safe surgical care
- Medication safety
- PS partnerships
- PS Funding
- PS surveillance & research

Health Workforce

- National & 3 regional referral hubs for quality care
- Establish a medical post-graduate centre
- Strengthen national & 3 regional training institutions
- Establish CPD programmes for all health cadres
- Improving individual, provider and sector performance
- Strengthening ethics and health regulations

Essential Health Services

- Integrated Management of Childhood Illness
- Core malaria control interventions, including HIV/AIDS and TB
- Maternal & Child life-saving interventions
- Teenage Pregnancy prevention
- Non-Communicable Diseases
- Essential Medicines & Supplies including PPEs
- Improve referral including revitalization of the national ambulance service
- Diagnostic laboratories & blood transfusion
- Rehabilitation & facility equipping
- Health promotion, environmental health & sanitation

Community Ownership

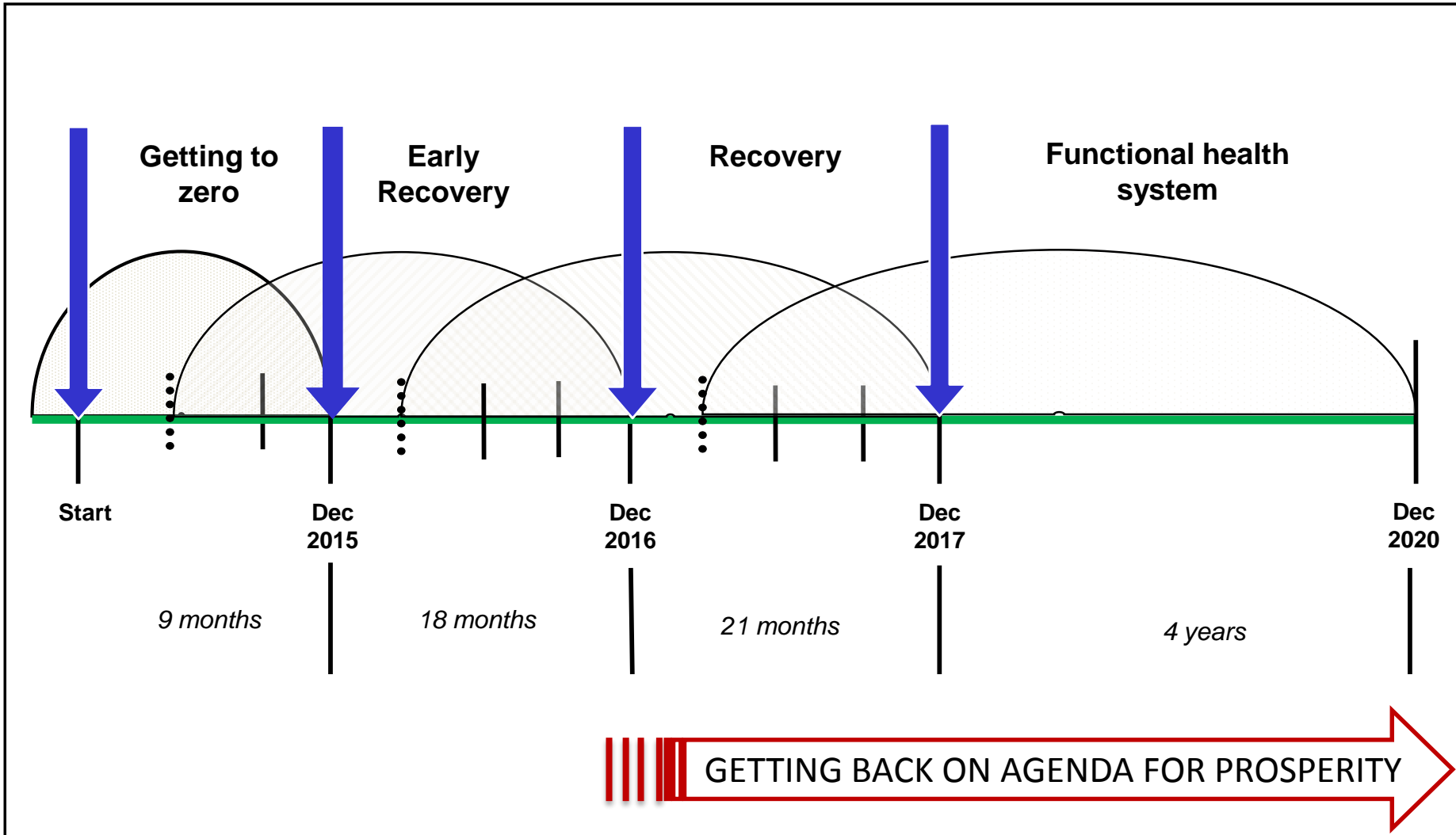
- Revise policy and guidelines on Community leadership
- Community dialogue
- Community-based approaches
- Linkages between facility and community
- Improve community initiated health alerts

Information & Surveillance

- Disease surveillance & database
- District health information system (DHIS2)
- Human Resource information system (HRIS)
- Logistics Management Information System (LMIS)
- Burden of disease studies
- National Health Accounts

Enabling Environment: Leadership & Governance, Efficient Health Care Financing Mechanism and Cross-Sectoral Synergies.

Sequencing of Interventions.



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Costing: Baseline [One health Tool]

Summary costs (United States Dollars) - SIERRA LEONE_HEALTH SYSTEM RECOVERY & RESILIENCE PLAN _baseline_Skilled

Total costs	2015	2016	2017	2018	2019	2020	Total
Total Programme Costs	\$8,793,050	\$7,354,047	\$5,531,337	\$6,300,902	\$4,753,181	\$5,984,867	\$38,717,384
Total Medicines, commodities, and supplies	\$29,641,091	\$29,752,376	\$31,045,536	\$30,454,867	\$30,805,009	\$31,914,776	\$183,613,655
Total Logistics	\$26,421,122	\$26,421,122	\$26,421,122	\$26,421,122	\$26,421,122	\$26,421,122	\$158,526,732
Total Health Information Systems	\$6,189,589	\$2,233,036	\$5,708,891	\$2,577,921	\$2,464,553	\$3,246,100	\$22,420,089
Total Governance	\$30,216	\$29,354	\$32,355	\$33,634	\$33,727	\$34,657	\$193,943
Subtotal	\$71,075,068	\$65,789,933	\$68,739,241	\$65,788,446	\$64,477,591	\$67,601,521	\$403,471,803
Total Human Resources	\$26,421,122	\$26,421,122	\$26,421,122	\$26,421,122	\$26,421,122	\$26,421,122	\$158,526,732
Subtotal	\$26,585,765	\$28,496,758	\$35,491,502	\$42,544,181	\$44,455,174	\$44,619,818	\$158,526,732
Total Infrastructure	\$3,088,916	\$3,587,767	\$3,652,134	\$3,813,054	\$3,523,399	\$3,335,659	\$21,000,929
Grand Total	\$100,749,749	\$97,874,458	\$107,882,877	\$112,145,681	\$112,456,164	\$115,556,998	\$582,999,464

59% on Drugs, Medical Supplies & related logistics

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Costing: Moderate [One health Tool]

Summary costs (United States Dollars) - SIERRA LEONE_HEALTH SYSTEM RECOVERY & RESILIENCE PLAN _Moderate_Skilled

Total costs	2015	2016	2017	2018	2019	2020	Total
Total Programme Costs	\$8,793,050	\$7,354,047	\$5,531,337	\$6,300,902	\$4,753,181	\$5,984,867	\$38,717,383
Total Medicines, commodities, and supplies	\$23,265,007	\$26,590,474	\$37,743,993	\$48,852,631	\$54,196,688	\$57,732,751	\$248,381,544
Total Logistics	\$26,478,101	\$26,539,777	\$26,605,538	\$26,675,688	\$26,750,558	\$26,830,504	\$159,880,166
Total Health Information Systems	\$6,189,589	\$2,233,036	\$5,708,891	\$2,577,921	\$2,464,553	\$3,246,100	\$22,420,089
Total Governance	\$31,452	\$34,773	\$41,963	\$44,861	\$46,238	\$42,525	\$241,811
Subtotal	\$64,757,198	\$62,752,105	\$75,631,721	\$84,452,004	\$88,211,217	\$93,836,746	\$469,640,992
Total Human Resources	\$26,585,765	\$28,496,758	\$35,491,502	\$42,544,181	\$44,455,174	\$44,619,818	\$222,193,199
Subtotal	\$26,585,765	\$28,496,758	\$35,491,502	\$42,544,181	\$44,455,174	\$44,619,818	\$222,193,199
Total Infrastructure	\$13,526,885	\$24,694,393	\$28,794,494	\$22,586,412	\$21,506,600	\$3,335,659	\$114,444,443
Grand Total	\$104,869,848	\$115,943,256	\$139,917,717	\$149,582,598	\$154,172,992	\$141,792,223	\$806,278,634

51% on Drugs, Medical Supplies & related logistics

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Costing: Aggressive [One Health Tool]

Summary costs (United States Dollars) - SIERRA LEONE_HEALTH SYSTEM RECOVERY & RESILIENCE PLAN _Aggressive_Skilled

Total costs	2015	2016	2017	2018	2019	2020	Total
Total Programme Costs	\$8,793,050	\$7,354,047	\$5,531,337	\$6,300,902	\$4,753,181	\$5,984,867	\$38,717,383
Total Medicines, commodities, and supplies	\$39,615,485	\$46,954,273	\$53,443,287	\$57,291,358	\$61,523,971	\$66,366,527	\$325,194,900
Total Logistics	\$26,478,101	\$26,539,777	\$26,605,538	\$26,675,688	\$26,750,558	\$26,830,504	\$159,880,166
Total Health Information Systems	\$6,189,589	\$2,233,036	\$5,708,891	\$2,577,921	\$2,464,553	\$3,246,100	\$22,420,089
Total Governance	\$36,357	\$40,882	\$46,673	\$47,393	\$48,436	\$45,115	\$264,855
Subtotal	\$81,112,581	\$83,122,014	\$91,335,725	\$92,893,262	\$95,540,699	\$102,473,112	\$546,477,393
Total Human Resources	\$26,585,765	\$28,496,758	\$35,491,502	\$42,544,181	\$44,455,174	\$44,619,818	\$222,193,199
Subtotal	\$26,585,765	\$28,496,758	\$35,491,502	\$42,544,181	\$44,455,174	\$44,619,818	\$222,193,199
Total Infrastructure	\$13,526,885	\$24,694,393	\$28,794,494	\$22,586,412	\$21,506,600	\$3,335,659	\$114,444,443
Grand Total	\$121,225,231	\$136,313,165	\$155,621,721	\$158,023,856	\$161,502,473	\$150,428,589	\$883,115,034

55% on Drugs, Medical Supplies & related logistics

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Key Priorities for 6-9 months (unfunded)

Expected outcomes

Funding gap (USD million)

6-9 months Year 2016

Ensure that 40 hospitals and 1,224 primary health care facilities are safe and have capacity to provide essential health care

79

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Health

- Zero cases of health care facility acquired Ebola
- Children and mothers receive free essential healthcare
- TB, HIV and Malaria patients will return to long term treatment
- 3,500 Ebola survivors receive free care and support

28.3%
of total

Bring all kids back to school, maintaining safe and actively learning

46

69

Education

- Maintain zero cases in schools
- Enroll all students back to school
- Accelerate learning

Support vulnerable groups and establish sustainable social welfare

78.2

80.8

Social protection

- Deliver income/support to 150,000 households and 36,500 EVD-affected
- Increase capacity of government MIS to drive anti-poverty initiatives
- Build capacity in districts to provide long term social welfare support

Draw 100,000+ subsistence farmers/unemployed into the formal economy

67

11+

Private sector

- Support 100,000 farm families to plant, reap and sell bumper crop in 2015
- Help SMEs and small traders with affordable finance
- Community-led cash for basic infrastructure work for roads, WASH, etc.

Build delivery and accountability architecture, systems and capacity

9.4

7.2

Delivery assurance


- Monitor programs, resolve issues and ruthlessly communicate results
- Create governance and drive financial oversight and mutual accountability
- Drive productivity, transparency and accountability through reform

279.6

168 +

Health sector priorities (6-9 months)

Health care safety



Key initiatives

- Ensure patient and health care worker safety:**
1. Assure effective IPC at health care units
 2. Establish triage/isolation in all hospitals and CHC including referral capacity
 3. Implementation of integrated disease surveillance and response at HCU, District and national levels
 4. Support IPC with improvements to WASH, laundry and waste disposal at HCUs
 5. Implement a continuous improvement program for IPC

Target impact

- Zero cases of HCF-acquired Ebola
- All EVD suspect cases identified, reported to district/public health authority and referred correctly for treatment
- Enable good IPC by improving WASH
- Improve IPC through compliance monitoring

Funding gap (USD million)

6-9 months	Year 2016
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31	...
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Essential health services



Restore the critical elements of the basic package of essential health service:

1. Restore critical RNMCH services safely
2. Conduct intensive targeted immunization campaigns
3. Provide free health care to adults with malaria and recapture defaulted TB and HIV patients
4. Audit and reform HR and supply programs
5. Provided free health service for 3500 Ebola survivors

- Reduce projected rise in M+C mortality
- Recover pre-EVD vaccine coverage
- Reduce adult morbidity & mortality rates due to HIV, TB and Malaria
- Cost effectively provide services based on demand
- Return survivors to health

48	...
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Interventions in the Medium Term.

Essential Health Services

- Strengthen communicable and non-communicable diseases control with strong emphasis on surveillance and response at all levels
- Establish demand-driven essential medicines list supply system
- Strengthen laboratory diagnostic and imaging services capacities, improve safe transfusion and emergency services,
- Improve support and enabling environment for BPEHS delivery
- Revitalize the national ambulance service and improve referral system

Health Workforce

- Increase district/facility skilled workforce with emphasis on underserved areas and community-based delivery
- Stop gap with Foreign Medical Teams – strengthening training at medical school
- Establish and deliver in-service health worker training package on Sierra Leone BPEHS

Note: All the interventions listed are further described in the Sierra Leone health sector recovery plan (2015 – 2016). An example follows..

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Interventions in the Medium Term..

Community Ownership

- Ensure community groups of key stakeholders (dialogue structures including women and youth) and networks are established and systematically engaged in BPEHS implementation
- Ensure key community groups and networks are engaged in community surveillance, case investigation and other key operational events
- Ensure key policies, strategies and guidelines on community engagement are developed to support the implementation of the BPEHS
- Explore community based approaches (CBAs) to deliver health care- with a strong health promotion and prevention component

Information & Surveillance

- Implement integrated disease surveillance and response systems (including Ebola)
- Establish a functional national laboratory network with increased capacity of quality assessment, information system, and supervision
- Strengthen health information system

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In the longer term..

Universal health coverage

- Expand Free Health Care
- Develop and implement National Health Insurance
- Community Based Approaches to health care service provision (including review of HCWs policy and training)

PBF (Plus + Normal)

- Support piloting of PBF Plus in one district (Bombali)
- Accelerate implementation of PBF in other districts
- Improve operations for PBF and unlock bottlenecks

Governance structures

- Improve leadership & Management
- Improve performance management and development system in health

Cross Sector collaboration

- Line Ministries
 - Energy
 - Education
 - Water Resources
 - Social Welfare, Gender and Children's Affairs

Full Implementation of the Basic Package

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Indicators.

Patient & Health Worker Safety

- Percentage of health facilities safely reactivated by end of 2015
- Percentage of health facilities compliant with infection prevention and control measures
- Number of regulatory documents and procedures, guides developed

Health Workforce

- Percentage increase in skilled health workforce at all levels with special focus outside Western Area
- Percentage of total workforce trained on the Basic Package of Essential Health Services

Essential Health Services

- Percentage of 1 year-old children fully immunized
- Percentage of births attended by a skilled health personnel
- Percentage of children under five who are underweight
- Percentage of PHUs reporting uninterrupted supply of tracer drugs
- Percentage of children under 5 years with confirmed diagnosis out of those who receive ACT according to National Guidelines in the Health facility.
- Percentage of public health laboratory and blood transfusion services and systems that are functional

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Indicators..

Community Ownership

- Percentage of chiefdoms with functional community structures
- Annual citizen satisfaction survey progress report
- Availability of policies, strategies and guidelines on community level implementation.
- Percentage of targeted villages with at least one CHWs delivering iCCM in the health workforce

Information & Surveillance

- Percentage of districts which are IDSR compliant
- Percentage of laboratories participating in national EQA programme, and of laboratories supervised
- IHR compliance annual report
- % of monthly HIS reports submitted on time by PHUs to districts

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Implementation Arrangements

- HSCC (Health Compact, 2011)
 - National ownership + mutual accountability
 - Lead role of the MOHS, with partner support
 - Use of national structures (help us establish them or strengthen existing)
- HSSG – all working groups
 - Operational Team (linked to Delivery Team in the OP)
- Ministry Directorates and Programmes will be at the forefront
- Role of partners is emphasized - including technical agencies, international and local NGOs
- Capacitating DHMTs and local councils – SLAs with partners intending to work in their district. Central level monitors progress

“The world has enough for everybody. What the world doesn’t have enough for is the greedy” Mahatma Ghandi

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Risk Analysis and Mitigation

RISK

MITIGATION MEASURE/S

Recurrence of EVD

- Strengthening surveillance system that includes an early warning system

Insufficient Funding

- Early engagement of donors, UN and NGOs to access to funding
- Work with MOFED & partners to increase domestic financing
- Step up efforts on operational efficiency

Implementation delays at the district level

- Empowering districts for increased district-level implementation
- Develop a mechanism to fast track fund flow from central to district level

Partners misaligned with the plan

- SLAs will be introduced, with operational areas and targets to be measured agreed ahead of implementation

Unforeseen economic crisis

- Government of Sierra Leone will engage relevant stakeholders to plan for a contingency fund. A regional fund is already being discussed at the MRU level.

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Next Steps

DUE DATE

MILESTONE

30 April 2015

Final review of BPEHS 2015 and finalization

15 May 2015

Establish the Operational Team for health

15 May 2015

Develop an Operational Plan for 2 years (2015 – 2016)

15 May 2015

Final health sector recovery plan circulated

31 May 2015

A Results & Accountability Framework (with targets) is finalized

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Acknowledgements

- **HE, The President of SL**, for his unwavering support
- **MOHS Team**, for their leadership during the process
- **WHO**, for the high level meeting in Geneva & continued in-country support (Incl. the Costing)
- **DFID**, for financial support and their strong participation in all of our consultations
- **World Bank**, for financing the HSS Hub
- **Catholic Relief Services**, for seconding the current Team Lead for the HSS Hub
- **Many other partners**, for all the support provided

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UPDATE ON IHPAU

- Overall financial management capability of the MoHS was conducted sometime in 2011/2012
- Key health development partners undertook the assessment
- WB, GAVI, GF, DFID etc

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REPORT

- Overall financial management and fiduciary controls capability of the MoHS was weak
- Largely responsible for the lack of donor confidence on the ministry's internal structures to manage donor funds

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RECOMMENDATION

- MoHS TO SIGNIFICANTLY STRENGTHEN ITS INTERNAL CAPACITY TO MANAGE DONOR FUNDS
- THIS WOULD BE A MAJOR LEAD IN RESTORING DONOR CONFIDENCE
- THE ESTABLISHMENT OF AN INTEGRATED HEALTH PROJECTS ADMINISTRATION UNIT (IHPAU) WITHIN THE MoHS TO MANAGE DONOR FUNDS WAS ONE OF THE MAJOR RECOMMENDATIONS FROM THE PARTNERS

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ADVANTAGES

- REDUCE TRANSACTION COSTS FROM MAINTAINING DIFFERENT PI UNITS AS THERE WILL NOW BE SHARING OF COSTS AMONG PARTNERS
- REDUCE DUPLICATIONS
- IMPROVE EFFICIENCY
- IMPROVES ALIGNMENT
- BUILDS NATIONAL CAPACITY ETC

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ATTEMPTS AT IMPLEMENTING RECOMMENDATIONS

- ATTEMPTS HAVE BEEN MADE IN THE RECENT PAST TO IMPLEMENT THIS RECOMMENDATION
- TURN OUT TO BE A FALSE START
- DONORS WERE QUICK TO PICK UP AND POINT OUT THAT THE MOST CRITICAL ELEMENT IN THE ENTIRE EXERCISE OF RECRUITING THE STAFF IE **TRANSPARENCY** WAS LACKING
- BRINGS A LOT OF FRUSTRATIONS AMONG PARTNERS

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POLITICAL CHANGES AND THE INSTITUTIONAL REFORMS

- I CAME IN AS MINISTER IN JULY 2014
- PRIORITIZE THE RESTORATION OF DONOR
- CONFIDENCE IN THE MINISTRY IN MY REFORMS
- DISMANTLE THE OLD SET UP IN DECEMBER OF 2014
- SINCE THEN I HAVE BEEN WORKEING CLOSELY WITH PARTNERS TO CREATE A NEW SET UP THAT WILL BE FIT FOR PURPOSE

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ACKNOWLEDGEMENTS

- MOHS WISHES TO EXTEND THANKS AND APPRECIATION TO ALL OUR ESTEEMED PARTNERS FOR SUPPORTING THIS PROCESS
- WE COULD NOT HAVE GOT TO THIS STAGE WITHOUT THEIR SUPPORT
- WE LOOK FORWARD TO YOUR CONTINUED SUPPORT
- I THANK YOU ALL

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WHERE WE ARE

- TOGETHER WITH PARTNERS WE HAVE
- A. **AGREED** ON AN ORGANOGRAM FOR THE NEW IHPAU
- B. **AGREED** ON TORS FOR EACH OF THE TOP FIVE POSITIONS
 - FUND MANAGER
 - FINANCE SPECIALIST
 - PROCUREMENT SPECIALIST
 - MEAL SPECIALIST
 - INTERNAL AUDITOR

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WHERE WE ARE CONTD

- C. AGREED ON A RECRUITMENT METHOD
 - Formation of a search committee of 5: MoHS, DFID, WHO, GF, WB
 - Identification of a recruitment firm/consultant by search committee
 - Commissioning to the recruitment firm/consultant

- D. RECRUITMENT ON GOING
 - Adverts are out
 - Consultant is managing the process from outside Sierra Leone

- E. CONSULTANT WILL SUBMIT 10 TOP APPLICANT (2/POSITION) TO THE SEARCH COMMITTEE

- F. SEARCH COMMITTEE INTERVIEWS THE 10

- G. RECOMMEND ONLY TOP 5 TO THE REST OF THE PARTNERS ALONGSIDE THE FULL NARATIVE OF THE RECRUITMENT METHOD WITH DOCUMENTARY BACK UP FOR FINAL CONCURRENCE.

“To build functional and resilient national and sub-national health systems that deliver safe, efficient and high quality health care services that are accessible, equitable and affordable for all Sierra Leoneans”

WHERE WE ARE CONTD

- ENTIRE PROCESS HOPE TO BE COMPLETED BY END OF THIS MONTH
- EXPECT THE TEAM TO BE IN BY JUNE
- MoHS WILL REQUEST PARTNERS TO FILL IN A JOINT ASSESMENT MISSION BY THE END OF THE YEAR TO ENSURE THAT THE FINANCIAL MANAGEMENT STRUCTURE (IHPAU) MEETS AT THE VERY LEAST THE MINIMUM ACCEPTABLE STANDARDS FOR FUNDS MANAGEMENT

“To build functional and resilient national and sub-national health systems that deliver safe, efficient and high quality health care services that are accessible, equitable and affordable for all Sierra Leoneans”

HEADS UP FOR SEARCH COMMITTEE

- MEMBERS OF THE SEARCH COMMITTEE ARE REQUESTED TO BEGIN TO IDENTIFY PEOPLE WITH RELEVANT KNOWLEDGE WITHIN THEIR INSTITUTIONS - THE FIVE KEY AREAS THAT WE WOULD BE INTERVIEWING CANDIDATES
 - FUND MANAGEMENT
 - FINANCE SPECIALIST
 - INT. AUDITOR
 - MEAL SPECIALIST
 - PROCUREMENT SPECIALIST

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