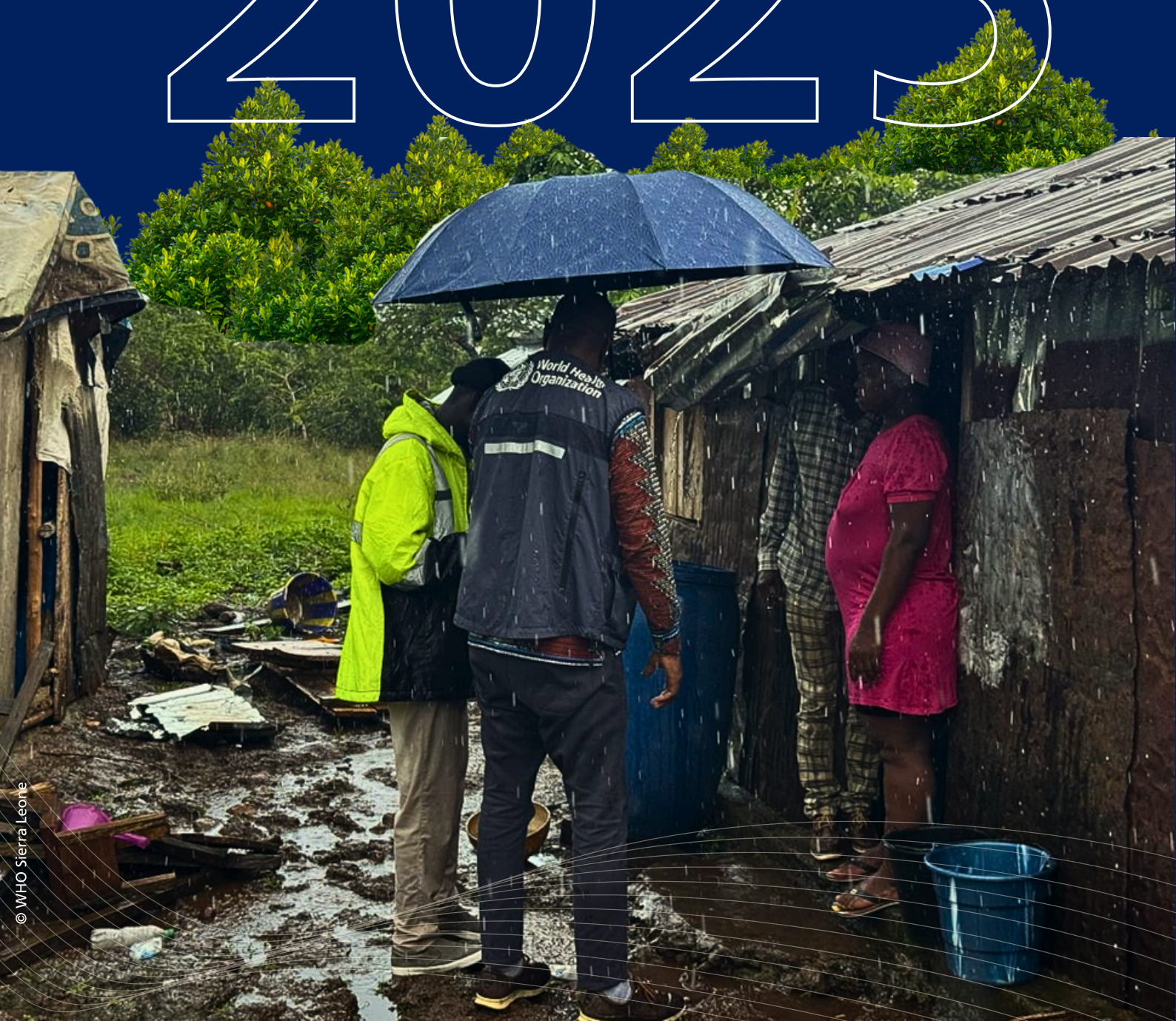
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FOREWORD



Dr. George Ameh
WHO Representative to Sierra Leone

It is my pleasure to present the key highlights of work undertaken by the WHO Country Office (WCO) in Sierra Leone during 2025, under the leadership of the Ministry of Health and in close collaboration with partners.

The year began on a high tempo with the declaration of a public health emergency following the confirmation of a case of Mpox on 10 January. This outbreak required a whole-of-office response, with full support from the Regional Office and Headquarters, until it was controlled and officially declared over by the first week of December.

Amid the Mpox response, significant strides were recorded across disease control programmes, including sustained high coverage of routine immunization, scale-up of cervical cancer screening and curative services, and the commendable uptake of the Human Papillomavirus Vaccine among adolescent girls and other age cohorts.

The report also highlights the substantial technical assistance provided by the WCO to the Ministry of Health in developing key policy and strategic documents expected to strengthen governance and stewardship across all levels of the health sector, including the critical role played in the development of the new Health Sector Strategic Plan (2026-2030). It further provides an overview of key interventions implemented to address some of the determinants of health beyond the health sector.

The reporting period also saw the WCO make programmatic and staffing adjustments in response to diminishing funding, while refocusing on delivering more with less.

We are grateful for the collaboration and support received from the government at all levels and from our development partners across the board. We also acknowledge the contributions and tireless efforts of front-line health workers with whom we engage almost daily.

Looking ahead, the new National Health Sector Strategic Plan, the UHC Compact, and the WHO Biennial Work plan (2026–2027) present a renewed opportunity to deliver more tangible progress and results for the health of the people of Sierra Leone. The WCO looks forward to continuing this work with the government and all partners.

LIST OF ACRONYMS

AMR	Antimicrobial Resistance
AFENET	African Field Epidemiology Network
AFRO	WHO Regional Office for Africa
AVoHC-SURGE	African Volunteer Health Corps – SURGE
BFHI	Baby-Friendly Hospital Initiative
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CND	Communicable and Non-communicable Diseases
COVID-19	Coronavirus Disease 2019
cVDPV2	Circulating Vaccine-Derived Poliovirus Type 2
DHIS2	District Health Information Software 2
DHMT	District Health Management Team
DPT-3	Diphtheria–Pertussis-Tetanus (3rd dose)
EBS	Event-Based Surveillance
EOC	Emergency Operations Centre
EPR	Emergency Preparedness and Response
ETR	End-Term Review
GAVI	Gavi, the Vaccine Alliance
GLASS	Global AMR Surveillance System
GPW14	WHO 14th General Programme of Work
HLMA	Health Labour Market Analysis
HPV	Human Papillomavirus
HRH	Human Resources for Health
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations (2005)
IMS	Incident Management System
IPC	Infection Prevention and Control
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Net
JEE	Joint External Evaluation
MDA	Mass Drug Administration

MoH	Ministry of Health
MPDSR	Maternal & Perinatal Death Surveillance & Response
NAPHS	National Action Plan for Health Security
NCD	Non-Communicable Disease
NHA	National Health Accounts
NHSSP	National Health Sector Strategic Plan
NMCP	National Malaria Control Programme
NPHA	National Public Health Agency
NTD	Neglected Tropical Disease
PRSEAH	Prevention and Response to Sexual Exploitation, Abuse and Harassment
RCCE	Risk Communication & Community Engagement
RED/REC	Reaching Every District/Every Child
SDGs	Sustainable Development Goals
SEAH	Sexual Exploitation, Abuse and Harassment
SPAR	State Party Annual Reporting
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WCO	WHO Country Office
WHO	World Health Organization



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EXECUTIVE SUMMARY

A defining feature of 2025 was the Mpox outbreak that started early in January and was declared over by the first week of December of the same year. With a total of 5,442 confirmed cases and 60 deaths, this outbreak was as of early June reporting the highest number of daily confirmed cases in the continent.

Working closely with the Ministry of Health (MoH), National Public Health Agency (NPHA) and other partners, the three levels of WHO went into a full response mode. A total of 32 experts in relevant domains were deployed to the country, along with support in essential medical supplies and vaccines, laboratory equipment and reagents, and funds to boost field level interventions in surveillance, risk communication and other critical pillars.
The period also overlapped with an outbreak of cutaneous ulcers in one district, with a total of 367 cases and no deaths over a three-month period. The outbreak was confirmed to be due to Haemophilus Ducreyi. The WHO Country Office (WCO) provided support for testing, treatment and surveillance.

Emergency preparedness and response was further boosted, with the launch of the National Action Plan for Health Security (NAPHS) and the Pandemic Fund operations. The results of the State Party Annual Reporting conducted during the year confirmed the continued improvements in the International Health Regulations core capacities.

Furthermore, progress continued in the disease control programmes. In collaboration with partners, routine immunization programmes have maintained their strong performance, with end of year DPT3 coverage at over 90%, and zero dose children continuing to decline by more than 80% from the 2022 estimate following the conduct of five targeted outreach exercises. Also, the Human Papillomavirus Vaccine campaign targets in the multiage group cohort were exceeded, reaching 92% of the eligible target.

In a major landmark for service delivery, cervical cancer screening services have now been scaled up to all 16 districts, with more than 8,500 women benefiting from these services in 2025. Notably, surgery for advanced cases of cervical cancer has now been added to the interventions available in-country through a South–South collaboration initiative facilitated by WHO. A total of 11 first time surgeries were conducted, with capacity building and skills transfer to national personnel achieved.

Programming for the scale up of NCDs care was also intensified, with an assessment for the integration of NCDs data into the District Health Information System e-Tracker, enhancing the availability of data for action. Evaluations were conducted at a District Hospital to facilitate the introduction of the PEN PLUS package for NCD care. These assessments are expected to provide the programming basis for a broader scale up in 2026.

With regards to health systems strengthening, WHO provided sustained technical assistance for the development of the new National Health Sector Strategic Plan (2026 -2030), and inputs to the Universal Health Coverage Compact launched at the UHC Summit in Tokyo, Japan. These two high level strategic documents are expected to provide guidance to the sector in the lead up to the SDG endline. In addition, the WCO facilitated two studies, the National Health Accounts and the Health Labour Market Analysis to support reforms in the financing and human resources building blocks of the system. Antimicrobial surveillance and stewardship programmes were scaled up, with the country reporting data for the first time to the WHO global repository during the year. For pharmaceutical regulation, the National Laboratory was significantly upgraded through capacity building of staff and the supply of critical equipment, moving the country closer to maturity level 2 certification.

Advances were also recorded in promoting healthier lifestyles and addressing determinants of ill health. Food safety, infant and young child nutrition programmes were boosted, with WASH assessments conducted in 30 health facilities. Tax policy proposals were developed for tobacco control, along with support for the development of enforcement guidelines and multisectoral coordination structures.

Efforts continued to consolidate existing and establishing new partnerships. A total of 41 donor and financial reports were produced to ensure accountability to current partners and beneficiaries, while new partnerships established during the year mobilized additional resources for the WCO as detailed in the report.

Furthermore, in a bid to enhance office operations for better efficiency and results, the WCO underwent a programme and administrative audit by the AFRO Regional Office, with ongoing implementation of recommendations. In addition, a programme and staff reprioritization and realignment exercise was undertaken to better position the office to respond to identified priorities with fewer resources.

Overall, despite major programmatic disruptions at the beginning of the year, the WCO was able to respond to its core mandate, while undergoing reforms to reposition better for the near future. We remain grateful to the government and people of Sierra Leone, our donors and partners for the support and collaboration during the year.

KEY ACHIEVEMENTS



Disease Prevention and Control

>1 Million
Girls vaccinated against HPV in one week

225,330
Insecticide-Treated Nets distributed (93.2% coverage)

29,278
Health Workers vaccinated against Mpox

>90%
DPT-3 Coverage

>80%
reduction in zero-dose children

80%
of targeted population treated for schistosomiasis



Health Systems and Services and Universal Health Coverage

05
high-level strategic documents (NHSSP, Immunization + 3 NSP for HIV, TB and Malaria)

Maturity Level 2
Pharmaceutical Regulation - Progress towards Maturity Level 2.

02
health systems assessments conducted

>8500
Women screened for cervical cancer

05
Antimicrobial stewardship programmes established

50
Codex Alimentarius standards adapted to national context



Health Emergency Preparedness and Response

USD 20M
Pandemic Fund grant secured (WHO portfolio: USD 7.3M)

36
AVoHC-SURGE personnel deployed to priority districts

367
Cutaneous ulcer cases treated (Bombali District)

NAPHS
2025–2029 National Action Plan for Health Security launched

900+
Staff and partners trained on PRSEAH

55%→58%
IHR average score improvement (SPAR 2025)

COUNTRY PROFILE WITH TRENDS



Population
8.6 ↑
million

Life Expectancy
63 ↑
years

Median age
19 ↑
years

GDP per capita
807 ↑
USD

Annual budget
9% ↑
to Healthcare

Current Health Expenditure
43% ↓
Out-of-pocket

UHC Index
48 ↑
Service coverage

IHR SPAR Score
58% ↑
from 55% in 2024

Health facility
76 ↑
Hospitals

Health facility
1560 ↑
PHUs

Health facility density
1.9 ↑
per 10,000

Health Workforce
6.4 ↑
per 10,000

ANC 4
79% ↑
coverage

Deliveries
83% ↑
at health facilities

Modern Contraceptive
27% ↑
prevalence rate

Adolescent Birth Rate
102 ↓
per 1,000

Maternal Mortality Rate
354 ↓
per 100,000

Stillbirth Rate
20 ↔
per 1,000

Neonatal Mortality Rate
28 ↓
per 1,000

Under-five Mortality Rate
90.5 ↓
per 1,000



01

WHO support contributed to strengthening strategic planning, health workforce analysis, sustainable financing, and regulatory capacity. Progress was also made in cervical cancer prevention, Maternal and Perinatal Death Surveillance and Response and Antimicrobial Resistance Surveillance. These efforts contributed to stronger governance and service delivery.

HEALTH SYSTEMS AND SERVICES / UNIVERSAL HEALTH COVERAGE

1.1 National Health Sector Strategic Plan 2026–2030
1.2. National UHC Health Compact
1.3. Health Workforce Capacity and Sustainable Financing
1.4. Strengthening Pharmaceutical Regulatory Capacity
1.5. Sexual, Reproductive Health & Maternal Mortality Reduction
1.6. Antimicrobial Resistance (AMR)

1.1. National Health Sector Strategic Plan 2026–2030



The Minister of Health, the WHO Country Representative, and partners discussing Sierra Leone's new NHSP for 2026 – 2030.

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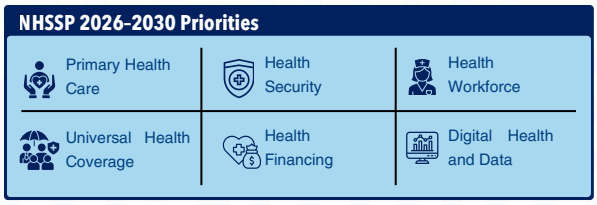
The National Health Sector Strategic Plan (NHSSP 2021–2025) reached the end of its implementation cycle this year. WHO, alongside UNICEF, CHAI, FCDO, and other development partners, provided technical and financial assistance for the conduct of an End-Term Review (ETR) to rigorously assess health sector performance and inform the development of a new health sector plan (2026-2030). The review examined progress over the full five-year period, identifying key achievements, implementation gaps, and critical health system bottlenecks influencing service delivery and health outcomes.

During the review period, WCO with support from AFRO played a central role in ensuring the rigor and credibility of both the end term review and health sector strategic planning processes.

During this process, WHO introduced to the Ministry of Health and Health Development Partners (HDP) the application and use of WHO standardized tools and analytical frameworks, such as the Regional Toolkit for Guiding the Process of Conducting Health Sector Performance Reviews and the Country Toolkit for Action. These tools enabled a comprehensive, evidence-based assessment of the health sector's progress towards universal health coverage (UHC) and other health-related SDGs, culminating in the development of a practical, results-oriented strategic plan for the coming five-year cycle.

2025 Highlights

- End-Term Review completed
- New NHSSP 2026–2030 developed
- WHO planning tools utilized



1.2. National UHC Health Compact

A New Social Contract for Health

Sierra Leone successfully developed and presented a National Health Compact towards Universal Health Coverage at the UHC Forum in Japan in 2025. Working closely with the World Bank, WHO provided technical inputs towards its finalization. The Compact provides additional guidance from the highest levels of the state on priority health interventions and results for the next five years.

The National Health Compact marks a renewed commitment to **shared accountability** for Universal Health Coverage.

1.3. Health Workforce Capacity and Sustainable Financing

Health Labour Market Analysis (HLMA)

Technical support from all three levels of the organisation enabled the MoH to conduct a comprehensive HLMA using the WHO Health Labour Market Framework. The findings confirmed an unevenly distributed workforce, gender imbalances, and growing challenges in recruitment, deployment, and retention.

Key HLMA Findings

- Unevenly distributed workforce, significant geographic maldistribution
- Gender imbalances across cadres and leadership roles
- Limited specialization pathways, continued health worker migration
- Public sector absorption capacity remains insufficient
- Widening mismatch between workforce production and system needs
- High dropout rates in training institutions constrain system performance



Midwives trained in the new labour care guidelines.

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National Health Accounts (NHA) 2022-2023

WHO Sierra Leone provided technical and financial assistance for the NHA exercise, generating timely, credible evidence on health expenditure flows for policy dialogue on health financing, financial risk protection, and progress toward UHC and the SDGs.

Household out-of-pocket spending remains high at 43% of Total Health Expenditure and donor contributions has increased to 43%, providing critical evidence for domestic financing reform.

Table 1. Trends in National Health Accounts Indicators in Sierra Leone, 2022-2023

NHA Indicator	2022	2023	Change
Total Health Expenditure (THE)	SLL 4,026.6 Billion	SLL 4,982.5 Billion	▲ **Rising**
Health Spending per Capita	SLL 473,718 Million	SLL 579,317 Million	▲ **Rising**
Capital Health Expenditure	SLL 76,347 Million	SLL 398,650 Million	▲ **Sharp rise**
Out-of-Pocket Spending (% THE)	46%	43%	▼ **Slight decline**
Donor contributions (% THE)	~37%	43%	▲ **Modest increase**
Government Contribution	16.7%	12.7%	▼ **Slight decline**

1.4. Strengthening Pharmaceutical Regulatory Capacity

Sierra Leone achieved a major regulatory systems breakthrough by upgrading its pharmaceutical regulatory laboratory capacity through a country-led, multi-partner programme supported by the Global Fund and WHO. The comprehensive, end-to-end capacity-building package for the Pharmacy Board combined identification and quantification of needs, procurement, installation, certification, staff training, and commissioning.

All laboratory units were installed, certified, and safeguarded by stable power. The laboratory is now positioned to activate post-marketing surveillance of priority medical products, issue regulatory alerts and recalls, and now making progress towards WHO Maturity Level 2.



WHO handing over pharmaceutical laboratory equipment to the Deputy Minister of Health, with Global Fund support.
© WHO Sierra Leone

Table2: Regulatory Capacity Gains Supported in 2025

Investment Area	Support Provided	Result
Laboratory testing Infrastructure	Installation and certification	Improved capacity
Workforce Development	Technical training	Improved competency
Power Stability for equipment	Maintenance and power solutions	Enhanced protection
Regulatory Readiness	Technical support	Progress towards Maturity Level 2

1.5. Sexual, Reproductive Health and Maternal Mortality Reduction

Sierra Leone made major advances in prevention and service delivery for women's health during the reporting period, marked by gains in HPV vaccination, cervical cancer services and maternal mortality reduction interventions.



Sierra Leonean women participate in cervical cancer awareness and screening services at Ross Road Community Health Centre.
© WHO Sierra Leone

Key Achievements

Landmark HPV Vaccination Campaign
A nationwide multi-age cohort HPV vaccination campaign delivered over 1 million doses to girls aged 11–18 in one week including out-of-school adolescents, in collaboration with Gavi and UNICEF.

Expanded Cervical Cancer Services Nationwide
Cervical cancer screening and treatment sites nearly tripled from 9 sites in 2022 to 25 functional sites in 2025, now covering all 16 districts. More than 8,500 women were screened.

South-South Cooperation for Specialized Care
The first 11 cervical cancer surgeries conducted in Sieearly-stagerra Leone, while strengthening national surgical capacity through South- South Collaboration

1 million+
Girls vaccinated for HPV

25 sites
for cervical cancer screening

11 surgeries
for early cervical cancer

Strengthening Accountability to Reduce Maternal Deaths

WHO facilitated a high-level advocacy engagement involving national and sub national stakeholders to boost and accelerate response to preventable maternal and child mortality. This resulted in the adoption of a National Maternal and Perinatal Death Surveillance and Response (MPDSR) Resolution, with formal commitments signed by the Ministry of Health's leadership, all District Health Management Teams and district hospitals.

The adopted resolution established time-bound responsibilities including:

- Death notification
- Investigation and review
- Corrective action and follow-up
- District-level accountability

This marks an important step toward stronger stewardship and accelerated reduction of preventable maternal and newborn deaths.

Figure 2. The MPDSR Accountability Cycle



1.6. Antimicrobial Resistance (AMR)

Sierra Leone made progress in antimicrobial resistance surveillance and stewardship during the reporting period, strengthening laboratory systems, improving data use, and expanding institutional capacity to prevent and contain AMR.

Strengthening Stewardship and Infection Prevention

WHO supported the Ministry of Health to strengthen governance mechanisms for antimicrobial stewardship at high-volume facilities, supporting establishment of stewardship programmes in three tertiary and one secondary hospital to reduce antimicrobial resistance and health care-associated infections.

Support focused on:

- Antimicrobial stewardship systems
- Standard treatment and prescribing practices
- Infection prevention and control linkages
- Laboratory quality assurance
- Workforce capacity strengthening
- One Health coordination mechanisms

Key Achievements

Strengthened AMR Surveillance Capacity
With support from the UK Fleming Fund, progress was made in strengthening surveillance through investments in laboratory systems, standardized testing, quality assurance and workforce development.

First Reporting to WHO GLASS
Sierra Leone's first submission of national AMR surveillance data to the World Health Organization Global Antimicrobial Resistance and Use Surveillance System.

Improved Data for Clinical Decision-Making
Availability of AMR data supported to improve patient care and rational antimicrobial use.

Improved surveillance, stewardship and laboratory systems is enhancing protection against antimicrobial resistance.



WHO Technical Officer providing laboratory mentorship at the Connaught Teaching Hospital

© WHO Sierra Leone



02

In 2025, WHO worked with the Ministry of Health to strengthen programme performance, expand equitable access to services, and align national priorities with global health strategies. This support was delivered across key programme areas, including immunization, malaria, and neglected tropical diseases (NTDs).

DISEASE PREVENTION AND CONTROL (DPC)

2.1. Immunization Equity
2.2. Malaria Control
2.3. Neglected Tropical Diseases (NTDs)
2.4. HIV, TB and Malaria Strategic Planning

2.1. Immunization Equity



High-Level Leadership driving Immunization Coverage

His Excellency the Vice President of Sierra Leone, leading strategic discussions on reaching more children with vaccines

© WHO Sierra Leone

Sierra Leone sustained strong routine immunization performance, **maintaining >90% coverage** for key antigens, including DPT-3 and remaining among West Africa's strong performers. WHO supported an equity-focused shift targeting zero-dose children through the Reaching Every District (RED)/Reaching Every Child (REC) strategy, **training over 1,600 health workers,** organizing five periodic intensification of routine immunization **(PIRI) campaigns** and deploying 48 mobile vaccination units across all 16 districts to reach undeserved populations. **Current zero-dose prevalence is estimated to have reduced by more than 80%** of the 2022 baseline estimate.

WHO also supported major immunization campaigns, including the HPV Multi Age Cohort campaign, where the use of WHO Readiness Assessment Tools (RAT) contributed to readiness above 95% and improved coverage from **77% in 2024 to 92% in 2025.**

WHO facilitated the revision of Sierra Leone's National Immunization Policy and the development of the National Immunization Strategy (NIS 2026 - 2030), which has provided the framework and road-map for strategic and operational planning, and programme implementation.

Furthermore, WHO Country Office, Regional Office and Headquarters worked very closely with the MoH, GAVI, UNICEF and the Africa CDC to deliver a total of **273,600 doses of Mpox vaccines** to reinforce the outbreak response efforts.

These vaccines were selectively administered to protect **frontline health workers (29,278 doses)**, Mpox **close contacts (69,499 doses)** and other **vulnerable groups (68,112 doses).**

Key Achievements

- **Sustained High Routine Immunization Performance**
- **Reaching Every District, Every Child**
- **Expanding Access to reduce Zero-Dose Children**

90%+ Coverage for key antigens

1,600+ Health workers trained

48 Mobile vaccination units deployed

16/16 Districts covered nationally

92% HPV campaign coverage in 2025



A school pupil receives the HPV vaccine at St Joseph Secondary School.

© WHO Sierra Leone

2.2. Malaria Control



Protecting Communities Through Effective Bed Net Use

A beneficiary of a malaria bed net receives guidance on proper use during a distribution exercise in Bo District.

© WHO Sierra Leone

Malaria Epistratification for Smarter Programming

The completion of the national malaria epistratification and sub-national tailoring of interventions marked an important milestone, generating evidence to guide interventions and programme performance. These analyses are helping direct resources towards high-need areas and strengthening the use of data for adaptive programming.

Integrated Vector Management in Action

In addition, support to school-based distribution of insecticide-treated nets in Bo and Bombali reached at-risk populations through targeted prevention.

The campaign distributed **225,330 nets**, achieved **93.2% coverage**, and protected an estimated **450,660 people**. Quality assurance was reinforced through the deployment of **93 independent monitors**.

Targeted Indoor Residual Spraying

Indoor residual spraying was supported in correctional facilities, juvenile homes and a neuro-psychiatric hospital, protecting an estimated **4,000–6,000 people** in high-risk institutional settings often missed by routine interventions.

Combined with strengthened surveillance, these efforts support reduced transmission and more responsive programme adjustments.

Key Achievements

- National malaria stratification completed
- 225,330 nets distributed
- 450,660 people protected
- Up to 6,000 vulnerable individuals protected through IRS

2 districts
reached with school ITN campaign

93
independent monitors trained

93.2%
campaign coverage

4,000-6,000
protected through targeted IRS

2.3. Neglected Tropical Diseases (NTDs)



Screening of school-going children before mass drug administration

© WHO Sierra Leone

Sierra Leone is endemic for **11 out of the 21** Neglected Tropical Diseases (NTDs), namely, Lymphatic Filariasis, Onchocerciasis, Schistosomiasis, Soil-transmitted helminthiasis, Buruli Ulcer, Leprosy, Rabies, Scabies, Trachoma, Taeniasis and Snakebite envenoming. Three of them, Onchocerciasis, Schistosomiasis and Soil-transmitted helminthiasis are in the control phase.

Lymphatic Filariasis is now moving towards elimination, with all of the 16 Health Districts having stopped mass drug administration (MDA) and transitioned to post-MDA surveillance after successfully conducting transmission assessment surveys.

WHO continued to support the implementation of the National NTD Master Plan (2023–2027), aligned with the Global NTD Roadmap (2021–2030), with a focus on expanding access to preventive chemotherapy and reducing morbidity.

In 2025, WHO supported the national rollout of mass drug administration campaigns for schistosomiasis in five high-burden districts. Treatment coverage reached approximately **1,013,992 people, representing 80% of the targeted population**, including both adults and school-aged children.

However, the NTD programme was impacted by partner funding cuts, with only the MDA for schistosomiasis being implemented. It is expected that more NTDs will be targeted in 2026 with the successful identification of new sources of funding.

Key Achievements

- All 16 districts transitioned to post-MDA surveillance for Lymphatic Filariasis.
- > 1 million targeted populations reached for schistosomiasis

11
Endemic NTDs

3
in control phase

1
moving toward elimination

80%
Targeted population treated for schistosomiasis

2.4. HIV, TB and Malaria Strategic Planning



Sierra Leone Launches New Strategic Plans for Malaria, HIV & TB

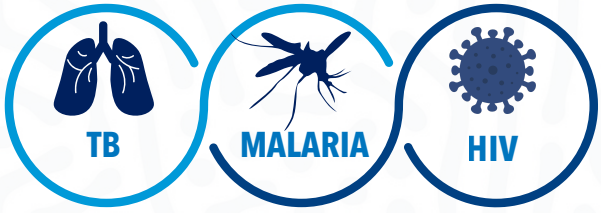
The Ministry of Health, WHO, and partners launch the development of strategic plans for Malaria, HIV, and Tuberculosis.

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Strengthening Programme Coordination

Dedicated technical expertise embedded within national HIV, TB and malaria programmes provided continuous support for policy translation, implementation and operational problem-solving.

This close support model strengthened programme coordination, promoted integration across disease areas and enhanced delivery of high-impact interventions.



National Strategic Plans 2026-2030

WHO supported programme reviews and development of the next generation of National Strategic Plans, ensuring they were grounded in epidemiological evidence, aligned with global strategies and responsive to national priorities.

The strengthened planning processes are expected to support better prioritization, stronger programme alignment and improved readiness for future financing and implementation opportunities.

The strategic plans will inform the next three-year Global Fund application cycle and help sustain integrated disease control efforts.

Key Achievements

- Embedded technical support strengthened national programme coordination
- Strategic programme reviews completed
- National Strategic Plans (2026–2030) developed
- Foundation laid for prioritization in the next Global Fund grant cycle

Embedded technical support and integrated planning and are translating strategy into stronger programme delivery.



03

WHO supported Sierra Leone to address health system determinants and expand equitable access to essential services through targeted interventions across nutrition, food safety, WASH, noncommunicable diseases (NCDs), and health promotion.

UNIVERSAL HEALTH PROMOTION (UHP)

3.1. Food Safety Systems
3.2. Maternal & Newborn Nutrition (BFHI)
3.3. Tobacco Control
3.4. WASH & Infection Prevention
3.5. Non-communicable Diseases (NCDs) Services and Integrated Care Delivery

3.1. Food Safety Systems



Building Safer Food Systems Through Stronger Governance

Participants at the national Codex adaptation workshop

© WHO Sierra Leone

Advancing Food Safety Regulation

With WHO's technical support, Sierra Leone made significant progress in strengthening its national food safety system. The adaptation of 50 Codex Alimentarius standards to the national context enhanced the country's regulatory framework and improved alignment with international food safety standards. This has strengthened the Government's ability to regulate food systems, protect public health, and support the Feed Salone agenda.

WHO also provided technical assistance for a comprehensive assessment of the national food control system, which produced a clear, evidence-based roadmap for the development of a multisectoral food safety strategy. This resulted in improved coordination across sectors, including health, agriculture, fisheries, trade, and environmental health, and institutionalized a more integrated One Health approach to food safety governance.

Key Achievements

- 50 Codex standards adapted
- National food control assessment completed
- Roadmap for multisectoral strategy developed
- One Health coordination strengthened

Adapted standards and enhanced coordination are laying the foundation for safer food systems and better public health protection.

3.2. Maternal & Newborn Nutrition (BFHI)



Early Initiation of Breastfeeding for Newborn Survival

A mother in Sierra Leone's Southern Province who delivered twins begins early breastfeeding.

© WHO Sierra Leone

Improving Maternal and Newborn Nutrition Outcomes

WHO contributed to measurable improvements in maternal and newborn nutrition through the scale-up of the Baby-Friendly Hospital Initiative (BFHI) in Moyamba and Kailahun districts. Health system readiness was strengthened through structured assessments, the orientation of 50 health workers, and the establishment of district-level coordination mechanisms.

As a direct result of these interventions, counseling coverage increased from 6,791 to 6,997 mothers, while early initiation of breastfeeding rose from 8,006 to 8,790 newborns between September 2024 and the reporting period in targeted facilities.

These improvements reflect strengthened service delivery practices and increased adherence to recommended newborn care protocols.

Key Achievements

- BFHI expanded in two districts
- 50 health workers oriented
- Maternal counselling coverage increased
- Early breastfeeding initiation improved

Counselling Coverage

6,791 → 6,997

Early Breastfeeding Initiation

8,006 → 8,790

50 health workers oriented

6,997 mothers counselled

3.3. Tobacco Control



Stakeholders Validate Draft Tobacco & Nicotine Control Regulations

Participants at the national workshop to review and validate the draft Tobacco and Nicotine Control Regulations

© WHO Sierra Leone

Advancing Tobacco Control and Regulatory Enforcement

WHO worked with the Ministry of Finance to review the country's existing tobacco tax structure and the development of a tobacco tax policy proposal. These actions resulted to an increase in excise tax of cigarettes which is expected to reduce the incidence of tobacco use and increase government revenue.

In addition, WHO's facilitated collaboration across ministries for tobacco control. This assistance produced clear protocols and standard operating procedures that have enhanced the country's capacity to implement and enforce tobacco control policies in line with the WHO Framework Convention on Tobacco Control (WHO FCTC).

Key Achievements

- Tobacco tax policy proposal developed
- Enforcement guidelines and SOPs validated
- Multisectoral coordination mechanisms established
- Institutional enforcement capacity strengthened

3.4. WASH & Infection Prevention

Strengthening WASH and Infection Prevention interventions

WHO's support to strengthen Water, Sanitation, and Hygiene (WASH) services in healthcare facilities resulted in improved quality of care and strengthened infection prevention and control (IPC) systems.

The expansion of the use of the WASH Facility Improvement Tool framework enabled a shift from ad hoc improvements to a structured, data-driven facility management. Baseline findings revealed significant gaps, with only 26.9% of facilities having basic sanitation services and 30% meeting minimum hand hygiene standards in Moyamba district.

With WHO technical assistance, **management teams across 04 pilot healthcare facilities developed targeted improvement plans.** Facility teams were equipped with the tools and capacity to monitor performance, advocate for resources, and implement practical solutions to improve sanitation and hygiene standards.

WHO's intervention also strengthened facility-level ownership of WASH improvements and established measurable benchmarks for tracking progress over time. This has improved the integration of WASH within broader quality-of-care frameworks and strengthened the foundation for reducing healthcare-associated infections and improving patient safety.

29.6%
baseline sanitation coverage

30%
meeting hand hygiene standards

04
pilot health facilities supported to develop improvement plans

3.5. Non-communicable Diseases (NCDs) Services and Integrated Care Delivery

Strengthening NCD Services and Integrated Care Delivery

WHO Sierra Leone supported a national assessment of the District Health Information System 2 (DHIS2) for the integration of the NCD e-Tracker into the health information systems to capture NCD variables, including case-based data. This assessment provided the foundation for improvements in patient-level data systems and monitoring of NCD services, enabling more effective planning and service delivery.

First National Rehabilitation Assessment

Furthermore, WHO facilitated Sierra Leone's first national rehabilitation assessment using the WHO Systematic Assessment of Rehabilitation Situation (STAR). This generated the country's first ever comprehensive evidence-based on rehabilitation services, identifying gaps in infrastructure, workforce, and service delivery. This has provided the foundation to plan and expand rehabilitation services across the country.

Advancing Specialized NCD Care at Primary Level

Further progress for the scale-up of NCD PEN Plus programme and care was made through the assessment of the Moyamba District Government Hospital. This initiative reinforced the integration of care for complex NCD conditions, including type 1 diabetes, rheumatic and congenital heart disease, and sickle cell disease, into primary healthcare systems. The result is a clearer pathway for the coming months for expanding access to specialized NCD services at the primary care level.

Key Achievements

- National NCD e-Tracker readiness assessment completed
- First national rehabilitation assessment conducted
- PEN Plus scale-up pathway advanced
- Foundation strengthened for integrated NCD service expansion



04

Sierra Leone advanced its capacity to prepare for and respond to public health emergencies through strong collaboration between the Ministry of Health (MoH), the National Public Health Agency (NPHA), WHO and partners

EMERGENCY PREPAREDNESS AND RESPONSE (EPR)

4.1. Mpox and Cutaneous Ulcers Outbreak Response
4.2. Strengthening Emergency Preparedness and Health Security Capacities
4.3. National Action Plan for Health Security (NAPHS) II and the Pandemic Fund

4.1. Mpox and Cutaneous Ulcers Outbreak Response



The Minister of Health, WHO Country Representative and teams receiving mpox vaccines at the Freetown International Airport

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Mpox Response

Following confirmation of the first Mpox case in January 2025, WHO provided support in the following areas:

- Dedicated technical expertise deployed to the National Emergency Operation Centre and Incident Management system.
- Capacity building of frontline health workers and the reinforcement of priority districts with 36 African Volunteer Health Corps (AVoHC-SURGE) personnel.
- Technical and financial assistance to all the District Health Management Teams for field operations, including risk communication, point of entry and surveillance activities.
- Collaboration with MOH, GAVI and UNICEF for the procurement and use of vaccines.
- Strengthening of laboratory diagnostic capacity for genomic sequencing and other specialized testing.
- Logistics and technical support for basic and advanced case management, including specialized surgery.

5,442 laboratory-confirmed cases

60 deaths

16 districts affected



Trained SURGE emergency responders deployed across multiple districts to support the mpox response.

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Cutaneous Ulcers Response

WHO supported Sierra Leone's response to the Cutaneous ulcers outbreak in Bombali District, first reported in October. By the end of December 2025, a total of 367 ulcer cases had been reported, with 96 confirmed (211 samples tested) due to Haemophilus ducreyi. No death was reported in all the 28 communities affected in Bombali district. Majority (93%) of the cases were below 15 years of age.

WHO's financial and technical support facilitated rapid deployment of response teams, strengthening of active case searches, community engagement, coordination meetings with district health authorities, and the provision of medical supplies to the affected district. WHO also assisted the shipment of the early samples to the Institute Pasteur Laboratory in Dakar for confirmatory testing.

367 cases reported

96 confirmed *Haemophilus ducreyi*

93% children less than 15

Key Achievements

- Mpox response supported across all districts.
- 36 national and 32 international surge personnel deployed for Mpox response.
- Supply of essential medicines and laboratory equipment for Mpox and cutaneous ulcers outbreaks.
- Surveillance and emergency response systems strengthened.

4.2. Strengthening Emergency Preparedness and Health Security Capacities



Supportive supervision session for contact tracers at a health facility in Kambia district

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IHR Core Capacities

As a signatory to the IHR (2005), Sierra Leone engaged in the State Party Annual Reporting (SPAR) process to bolster its national health security. In 2025, Sierra Leone completed its SPAR, showcasing progress and the necessity of structured evaluations in public health capacity building. In partnership with various stakeholders, including UNICEF, the Centres for Disease Control and Prevention (CDC), the African Field Epidemiology Network (AFENET), USAID, GIZ, Breakthrough Action, the Food and Agriculture Organization (FAO), and HEADA, the NPHA convened a workshop aimed at comprehensively assessing the country's IHR core capacities. The diversity of the stakeholders helped to examine critical areas such as laboratory infrastructure, health service delivery, points of entry, food safety, zoonotic diseases, and disease surveillance that collectively contribute to the nation's health readiness.

The impact of these collaborative efforts has been evidenced by measurable improvements in Sierra Leone's IHR core capacities between 2024 and 2025. The country's average score increased from 55% to 58%, with notable achievements that included raising scores to 80% in 15 key indicators and reducing the number of poorly performing indicators from four to two.



WHO handing over equipment for five Regional EOCs to the Deputy Minister of Health as part of IHR core capacity strengthening

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IHR SPAR Score

58% ▲

a 3% increase from 2024 (55%)

Key Achievements

- National SPAR completed
- IHR core capacities improved
- 15/35 indicators reached 80% performance
- Preparedness partnerships strengthened

4.3. National Action Plan for Health Security (NAPHS) II and the Pandemic Fund



His Excellency, the President of Sierra Leone being briefed on the Pandemic Fund implementation.

© WHO Sierra Leone

National Action Plan for Health Security (2025-2029)

Sierra Leone launched its second **National Action Plan for Health Security (2025–2029)**, a country-owned five-year roadmap to accelerate implementation of IHR core capacities through a One Health approach.

The plan provides a strategic framework to strengthen preparedness, response and mitigation of public health threats, with WHO supporting the full development process.

The Launch of the Pandemic Fund

A major milestone was the launch of Sierra Leone's US$20 million Pandemic Fund grant, supporting implementation of priority health security interventions.

Led by the National Public Health Agency with WHO as lead implementing entity, and implemented with partners including Food and Agriculture Organization, UNICEF and the World Bank, the Pandemic Fund advances a multisectoral One Health approach to health security.

Together, these initiatives strengthen the foundation for coordinated implementation of national preparedness priorities.



WHO Representative speaking at the inaugural Pandemic Fund event-based surveillance training for front-line health workers in Bo district.

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US$20 million
total grant

US$7.3 million
managed through WHO

3-year
implementation period

21%
of NAPHS interventions supported

Key Achievements

- NAPHS II (2025–2029) launched
- US$20 million Pandemic Fund activated
- 21% of NAPHS interventions supported through the Fund
- Multisectoral One Health implementation advanced



WHO COUNTRY OFFICE LEADERSHIP AND OVERSIGHT

Prioritization and Realignment Process

Following a reduction in the 2026–2027 budget, the WCO undertook a comprehensive review process to further realign resources and structures with the organization's core mandate.

The priorities proposed by WHO Sierra Leone for the next biennium (2026–2027) reflected strong alignment with the Regional Director's Manifesto, the WHO Fourteenth General Programme of Work (GPW 14), and the new National Health Sector Strategic Plan for the health sector (2026 – 2030).

Subsequently, a two-year Sustainability plan was developed with a fit-for-purpose organogram to steer the WCO for the next two years. Throughout this process, an inclusive approach was adopted, with staff consultations remaining central to the WCO approach.

Organogram
that is fit-for-purpose

Programme and Audit Review

A Programme and Administrative Review (PAR) was conducted by the WHO Regional Office for Africa (AFRO), in line with oversight practices.



Staff debriefing by the audit team
© WHO Sierra Leone

The PAR aimed to provide assurance on the adequacy of governance, risk management, accountability, and internal control systems. The review also sought to identify risks, control weaknesses, opportunities for improvement, and good practices, while supporting enhanced leadership, efficiency, and effectiveness across programme and administrative functions.

The review identified good practices, issued programme-related recommendations, and other recommendations related to enabling services. Management has already implemented several recommendations, strengthening compliance, accountability, and internal controls,and contributing to the repositioning of the WCO toward more effective, responsible, and risk-informed operations.

Green Energy and Infrastructure Improvements

While making programmatic and staffing adjustments to cope with diminishing funding, WHO Sierra Leone has continued to explore all options available for improving the work environment for staff comfort and security, while mindful of cost savings. During the year, the WHO Country Office successfully installed a 184-kwh capacity hybrid solar power system to improve the reliability, sustainability, and cost-efficiency of its energy supply. This initiative reflects a commitment to adopting green technologies and reducing its environmental footprint. Since its installation, the system has resulted in significant improvements, including a notable reduction in diesel fuel consumption, decreased generator servicing and maintenance costs, a gradual decline in overall energy expenditure, and lower carbon emissions.

184 kWh
hybrid solar installed

CCTV
system upgraded

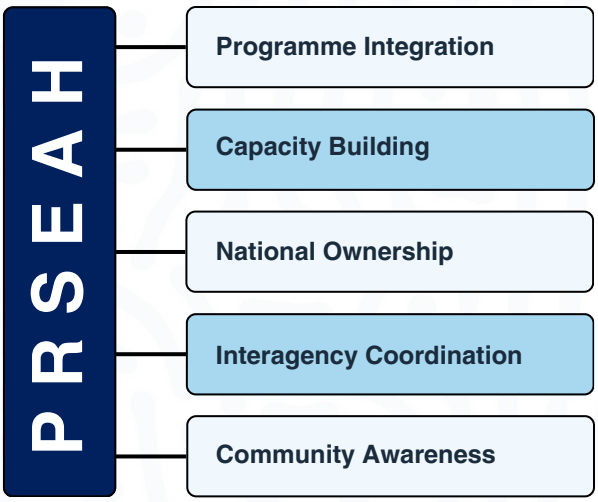
In addition, to further strengthen the safety and protection of staff, visitors, and assets, the WHO office has upgraded its CCTV surveillance system. Modern cameras have now been installed around the perimeter fence, corridors, entrances, the main compound, and other sensitive areas to ensure comprehensive coverage and real-time monitoring.



The newly installed hybrid solar power system.
© Markus Spiske

Consolidation of the response against sexual exploitation, abuse and harassment

During the year, the WCO Sierra Leone worked to strengthen the prevention and response to sexual exploitation, abuse, and harassment (SEAH). Guided by WHO's zero-tolerance policy and the WHO Code of Ethics, the Office reinforced institutional safeguarding systems, expanded staff and partner capacity, and deepened collaboration with national authorities and other UN agencies. Sierra Leone's strong community structures, coupled with persistent gender and power imbalances, underscore the importance of sustained awareness, survivor-centered reporting mechanisms, and systems strengthening.



In response, the WCO strengthened PRSEAH integration across health programmes, emergency response operations, and partner networks, ensuring consistent application of safeguarding principles.

Key achievements in 2025 included:

- Integration of PRSEAH across major public health programmes, including the Mpox response, BFHI orientation, and HPV campaign monitoring activities.
- Supported the WCO SEAH Risk Assessment Strengthened inter-agency collaboration, including co-development of a Joint UN PRSEAH Work plan, a unified safeguarding concept note, and draft inter-agency referral SOPs.
- Expanded capacity building, with over 900 staff, partners, and health workers trained on PRSEAH across multiple districts.
- Enhanced national ownership, with the Ministry of Health and the National Public Health Agency appointing and training new SEAH focal points.
- Improved visibility and communication, through widespread distribution of No-Excuse cards, IEC materials, and orientation tools.



Participants of the PRSEAH capacity building for Mpox response.
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PRSEAH capacity building for Mpox frontline health workers.
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PARTNERSHIPS AND RESOURCE MOBILIZATION

PARTNERSHIPS AND RESOURCE MOBILIZATION



High-level engagement with the Diplomatic Corps on the mpox response

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In 2025, WHO strengthened strategic partnerships, mobilized significant new resources and reinforced development partner coordination to support national health priorities, strengthen resilience and advance progress toward universal health coverage.

Strategic Partnerships Driving Results

WHO consolidated existing partnerships and cultivated new collaborations across the UN system, bilateral donors, and national and international NGOs to strengthen alignment, mobilize resources and support coordinated health sector action.

Strengthened reporting and accountability systems also contributed to more transparent and effective programme delivery, with 41 technical and financial reports produced during the year.

Investing in New Priorities: NCD Financing

A major milestone was successful mobilization of US$850,000 through the Health4Life Fund, jointly developed with United Nations Development Programme and UNICEF under the Resident Coordinator's Office.

The initiative supports:

- Innovative financing for NCD prevention
- Health taxation reforms
- Health systems strengthening
- Promotion of healthier lifestyles

Key Achievements

- For 2025, more than USD 4.3 million was mobilized, including USD 1.4 million for the Mpox Response.
- More than USD 2.8 million in new funding locally mobilized for 2026– 2027 biennium.
- 41 technical and financial reports produced.



The MOH leadership, the UN Resident Coordinator and UNCT inaugurating the new National Data Hub in Freetown

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Health Development Partner Coordination

In response to unforeseen circumstances during the year, **WHO assumed the leadership** of the Health Development Partners Group, while continuing in its traditional role as the permanent secretariat.

Strategic partnerships strengthened financing, coordination and resilience at a time when alignment matters most.



Resource mobilization and reporting training for WHO staff and partners.

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CONCLUSION AND WAY FORWARD

CONCLUSION AND WAY FORWARD

Despite the programmatic disruptions caused by the almost year-long Mpox outbreak and funding costs in 2025, the reprioritization exercise embarked upon provided an opportunity for deep reflections, consultations and a consensus on the key areas of work for 2026 and beyond.

The finalization of the new National Health Sector Strategic Plan and the Health Financing Strategy, along with the programmatic priorities identified in the WHO Global Programme of Work 2026-2027, will provide the orientations needed for the development of a new Sierra Leone Country Cooperation Strategy (2026–2030), defining specific areas of work and goals for the WHO Country Office.

Furthermore, the UHC Compact has also articulated expected national results in the key health system building blocks in the build-up to the SDG end line in 2023. WCO Sierra Leone will also be working closely with all health partners in the HDP Forum to contribute to the operationalization of plans to achieve the Compact goals.

In summary, some critical areas that will receive focused support include:

- Contribution to the repositioning and strengthening of primary health care service delivery for progress towards universal health coverage, using the person-centered life stages approach.
- Focused support to consolidate gains in communicable and non-communicable disease control programmes, including targeting more neglected tropical diseases for control and elimination.
- Strengthening critical areas of health systems, including health financing frameworks for improved financial protection, data and digitalization, and the development of human resources for quality service delivery.
- Using the Pandemic Fund and other opportunities as a pivot to consolidate prevention, preparedness and response to public health emergencies.
- Strengthening multisectoral contributions for health through a “Health-in-All-Policies” approach across government.



ACKNOWLEDGEMENTS

The WHO Country Office Sierra Leone is deeply grateful to the Government of Sierra Leone, led by the Ministry of Health and the National Public Health Agency, for their leadership and partnership throughout 2025.

We extend sincere thanks to all development partners, donors, UN agencies, and international and national NGOs whose collaboration and financial support made the achievements documented in this report possible.

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