
Building better systems for women and children: Lessons on Universal Health Coverage from Sierra Leone

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A few weeks ago I visited a health center in Freetown, the main port city and commercial center in Sierra Leone, West Africa. The health center is one of few health facilities serving the city, located in an urban area that is home to an estimated million people. The clinic offers free antenatal care during pregnancy as part of the government's commitment to ensuring health care reaches all citizens.

The risk of a woman dying during pregnancy has long been unacceptably high in Sierra Leone, a problem that only worsened when Ebola hit in 2014. According to the latest figures from 2015, Sierra Leone has the worst maternal mortality ratio in the world. It is estimated that the lifetime risk of death during pregnancy and childbirth is 1 in 17. The burden of newborn deaths is also among the world's highest, with a newborn mortality rate of 35 deaths per 1,000 live births in 2015.

Beyond the Free Health Care Initiative, which since 2010 has contributed toward Universal Health Coverage (UHC) through the expansion of care for mothers and children under five, a key goal of the government is to ensure that its health systems provide comprehensive, quality services efficiently and affordably – in times of crisis and in times of calm, regardless of the reason a person seeks care.

Today, as the global community comes together to mark the anniversary of the United Nation's unanimous endorsement of UHC, I reflect on three key issues that emerged during my visit to Sierra Leone:

1. **UHC is a powerful vehicle to address maternal and newborn mortality.** Done right, UHC reforms have the potential to dramatically increase access to lifesaving interventions at all levels of the system, including at the community level, *without incurring financial hardships to families*. UHC can help focus greater attention on efforts to broaden domestic financing for health and strategies to leverage existing resources and improve quality of care, while accelerating progress in addressing inequalities.
2. **A comprehensive understanding of maternal and newborn mortality is needed for effective UHC reforms.** Today, in order to fully address maternal and newborn mortality and the health needs of women, it is impossible to ignore the burden of chronic illness faced throughout a woman's life cycle, restricting their potential to contribute to their families, communities, health systems, societies, and economies. Non-communicable diseases (NCDs) are now among the leading causes of death for women worldwide, with cardiovascular diseases, preventable cancers, chronic respiratory diseases, and diabetes accounting for as many as 65% of deaths globally each year.

UHC reforms must consider early points of contact with the health system, such as antenatal visits, which are of particular importance for awareness and early screening for chronic illnesses like diabetes, heart disease, and cancer, and can avert costly treatment and save lives. This interconnectedness of health needs clearly reflected in the Sustainable Development Goals is critical to consider when designing an antenatal care package, which should provide women with the knowledge and confidence to successfully navigate both pregnancy and childbirth while caring for their own health and that of their newborn baby and family.

3. **A strong health system is needed for achieving UHC goals.** Emerging lessons from Sierra Leone's UHC efforts point to the need for strong health systems if free care is to be meaningful. Key elements of a health system that must be in place include the availability of skilled staff, efficient structures for managing the health sector, essential medicines and supplies, and effective health communication at multiple levels of the system. A focus on strengthening health governance and promoting transparency must also be central to an effective health systems approach. Post relief, recovery and reconstruction phases need to be carefully

planned to support rapid institution building at all levels of the health system, in particular the community, to the primary health care continuum.

Today, Management Sciences for Health (MSH) is proud to be partnering with the Government of Sierra Leone to rebuild and strengthen the post-Ebola pharmaceutical supply system and to incorporate a continuous monitoring and support system that enables the assessment and improvement of key areas. MSH is also supporting the Malaria control program in adapting their Malaria in Pregnancy guidelines in line with WHO recommendations.

As we reflect on the lessons and opportunities for UHC, the international community must *act with ambition* and reinforce a holistic global response that features cooperation among various stakeholders, with clear roles and responsibilities outlined for all. Ultimately, the goal of such a response must be to support countries' own health systems, by organizing public and private actors at all levels in a given country, so that every facility – from the public hospital in the capital to the village clinic – can keep populations healthy while preventing and withstanding shocks including outbreaks, conflict, or climate change.

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About the Author

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