

Cycle 4: UPR of SIERRA LEONE



FACT SHEET 4:

RIGHT TO HEALTH

SUMMARY OF KEY ISSUES FROM THIRD UPR CYCLE

Key Theme 1: Health System Strengthening & Financing: Focus on increasing investment, resources, infrastructure, and personnel to improve overall health system performance and access.

States: Bahrain (143.142); China (143.143); Holy See (143.147); Malaysia (143.149); Mozambique (143.151); Serbia (143.153); Sudan (143.154)

Key Theme 2: Access to Health Care for Specific Groups: Emphasis on improving coverage and quality of services for particular population groups.

States: Ukraine (143.144); Philippines (143.152)

Key Theme 3: Health and Social Protection Systems: Strengthening or promoting integrated health and social benefit systems.

States: Eswatini (143.145)

Key Theme 4: Health Emergency Preparedness and Workforce Protection: Enhancing system resilience and ensuring safety and protection of health workers.

States: Ethiopia (143.146); Indonesia (143.148)

NATIONAL FRAMEWORK

- ❖ We commend the Government of Sierra Leone and its development partners for initiatives such as the **Free Health Care Programme** for pregnant women, lactating mothers, and children under five, as well as national responses to HIV and AIDS, tuberculosis, malaria, and efforts to improve vaccine coverage, aligned with SDG 3.
- ❖ The Sierra Leone health care system is organised into two tiers of care: Peripheral Healthcare Units (PHUs) with an extended community health programme and secondary care which includes 21 district and three referral hospitals; there are also 45 private clinics and 27 private hospitals, mostly in the Freetown area.

CHALLENGES AND THEIR IMPACTS

- ❖ **Maternal Mortality Crisis:** Sierra Leone maternal mortality ratio remains high at 354 maternal deaths per 100,000 live births. This represents approximately three maternal deaths per day, with significant disparities between rural areas and the Western region. Preventable causes, including hemorrhage, sepsis, eclampsia, and obstructed labor, are widespread. Understaffed facilities and insufficient trained medical personnel exacerbate the crisis, leaving women at the mercy of underqualified staff.
- ❖ The **Child mortality rate** in 2024 was estimated at 68.4 per 1,000 live births. Neonatal deaths account for 30% of all under-five deaths. Less than one-third of children under age 5 are on track developmentally.
- ❖ **Staffing Gaps and Unsafe Practices:** A severe divide exists, with 71% of people with disabilities living in rural areas. In 2019, 85% of urban residents had access to functional health centres compared to only 30% in rural areas. Many rural communities rely on untrained practitioners due to severe doctor shortages. In some districts, fewer than five qualified doctors serve over 150,000 people. A 2023 joint monitoring mission found over 30% of rural clinics without full-time staff and 70% lacking basic emergency obstetric care equipment. Urban hospitals face overcrowding and high costs, limiting access for poor patients.

- ❖ **Urgent Need for Reform:** The health crisis threatens SDG 3 targets, including maternal and child survival, universal health coverage, and access to essential medicines. Only the financially privileged can access quality care abroad, while most citizens die from treatable conditions locally. This inequity underscores the urgent need for sustainable reforms in Sierra Leone's health infrastructure.

RECOMMENDATIONS

The Christian Brothers Development Office, Sierra Leone; Edmund Rice International and VIVAT International **urge Member States to recommend** that Sierra Leone:

1. **Increase sustainable public investment in the health sector**, with particular emphasis on primary health care, maternal and child health services, and the consistent availability of essential medicines, emergency obstetric care, and functional referral and emergency response systems, especially in rural and underserved areas
2. **Strengthen the health system by recruiting, deploying, and retaining qualified health workers** through improved conditions of service and incentives for rural postings, while reinforcing regulation, monitoring, and accountability mechanisms to ensure equitable, accessible, and quality health services for women, children and marginalized populations.

ADVANCE QUESTIONS

1. Since the last UPR, what concrete measures has Sierra Leone taken to strengthen the right to health particularly in reducing maternal mortality, improving access to essential medicines and ensuring equitable primary healthcare for rural and marginalized communities and how is progress being measured?
2. What steps has the Government taken to increase and protect domestic health financing, strengthen health-system preparedness for public health emergencies, and ensure accountability for service delivery to meet its right-to-health obligations?

SOURCES

- UNFPA Sierra Leone (2024/2025): Reports on maternal mortality reduction initiatives, such as the Midwifery Accelerator and Country Programme Documents addressing gender-based violence.
- WHO Sierra Leone (2023/2024): Annual Reports detailing the Free Healthcare Initiative (FHCI), Maternal and Child Health (MCH) acceleration, and disease burden analysis

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