

## THE HEALTH RECOVERY CHALLENGES IN A TRANSITION SITUATION - THE CASE OF SIERRA LEONE.

### BACKGROUND:

Sierra Leone experienced a serious economic slowdown, hardship and a host of other crucial challenges during a decade long civil crisis that engulfed the entire country from 1991. I am of the conviction, that similar challenges were experienced, not only in the West African Sub-Region and Africa but also in other developing and developed countries. This unfortunate state of affairs was attributed various global issues such as international financial crisis coupled with some global policies and stringent financial institutional conditionalities.

However, even before the civil conflict of the 1990s, the country's health situation had started deteriorating.

- Trained Health Personnel were leaving in search of better conditions elsewhere.
- Some health infrastructures were in a state of disrepair.
- There was an acute shortage or lack of essential medical equipment as well as drugs and at almost all levels.
- There was no motivation for the health workforce and this led series of strikes or industrial action, all at the cost of the facilities and the people.
- Salaries were not regular and most times resulting into arrears of up to three months and more.

In short, the general economic crisis affected not only the health sector but also other vital sectors such as education, social services, agriculture, energy and power and even other infrastructures such as the road network. The entire system was on the verge of disintegration. So when the war broke out in 1991, it was easy for the cracks to be widened and the system to collapse.

The atrocities, the destruction, the brain drain, the lack of central government control and a host of others, had all been highlighted in several speeches, papers, documents and in many other reports by Sierra Leoneans and non-Sierra Leoneans alike.

As a government, taking over the mantle of responsibility for less than two years, we are still grappling with challenges inherent in during and after a post-conflict situation.

In the Health Sector, there are always very serious challenges for which Sierra Leone occupies unenviable last position in the United Nation's Human Development Index.

These poor health indicators and poor infrastructural state coupled with a mass exodus of health personnel have all largely contributed to the numerous challenges we are faced with. Almost all health facilities were destroyed during the war and Doctors and Nurses and other health personnel were directly targeted by rebel fighters. This unwarranted situation led to an influx of quacks in the health system.

However, at the moment, most of our hospitals and health facilities are in fairly good shape. That is to say that some damaged or old structures have been rehabilitated and new ones, constructed.

Usually, some health facilities do not have a running tap and therefore rely on boreholes. Lack of energy, trained and experienced staff, drugs and medical supplies are all the challenges we are facing at the moment.

From my analyses above, you will agree with me that a country in a post-conflict situation is bedeviled with a myriad of challenges and therefore, if such a country is to move forward, there must be the need for a multi-sectoral approach with regards strengthening the public private partnership relationship. This type of cooperation is key to addressing our health challenges in a post-conflict situation and Sierra Leone is no exception.

It is worth mentioning that the government and people of Sierra Leone, very much appreciate the immense contributions so far made by the development partners during the Emergency, Relief, Transition and Development Phases. However, one fundamental problem the donor relationship is the unwillingness of the donors to collaborate with government to enhance a pool funding system, which I believe, will assist to some extent, in tackling the challenges we faced with.

Conclusively, we all know that the causes of brain drain are many and need to be urgently addressed. The following are considered key issues as those that will motivate a health workforce to remain in the country:

1. better salaries.
2. a conducive working environment.
3. attractive fringe benefits.
4. Other motivating factors including opportunities for continuing education and training.

At any rate, time has not allowed me to dilate on many aspects of the information I have shared with you today, suffice it to say therefore, that brain drain is not only happening but it is accelerating. I should also like to say, that enough is known about the reasons for this dearth of our health workforce, the push and pull factors and government and our development partners are working assiduously to address the situation. I thank you for your attention.