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# Systemic health care failure as a symptom of Market Failure in Sierra Leone

Emerson Abraham Jackson<sup>1</sup>

## Abstract

The article has provided an unbiased discourse on the subject of market failure, with focus on the health service system (HSS) in Sierra Leone. It is acknowledged that market failure in the country's HSS is a real concern that has gone unchecked for decades by successive governments. In view of the prevailing conditions, it is hereby noted in this article that government failure is to be blamed for poor conditions experienced in the health sector. The issue of squeezed funding to manage the HSS must be revisited in order to address critical concerns of health in the country. Most important to this is the continued existence of rent-seeking which health professionals have thrived on, thereby making it much more of a free riding venture on which health professionals have hedged on to increase profit share, while (unknowingly) depriving the poor and needy from being able to utilise affordable services in state funded hospitals / health care centres. While it is also a fact that rent-seeking has been on the rise, it is also noted in the article that conditions of service has fallen behind of what is needed for health professionals to maintain decent living, and hence the need for government to intervene in mitigating perpetual government failure in the country's HSS.

**Keywords:** *Market Failure; Health Care System; Rent-Seeking; Sierra Leone*

**Jel Classification:** *H40; Q30*

## 1. Introduction:

The state of well-being is very critical to the stability of citizens and economic growth. Given the depressed state of the Sierra Leone economy, with income or earnings not sufficient to cater for decent living, it is very certain that this will also be filtered into all sectors and with prominence in the health sector. In Sierra Leone, health professionals are poorly paid and hence, their attitude towards soliciting diverse forms of income normally affect effective management and service delivery in the 'Health Service System (HSS)'.

To facilitate effective health service delivery, which is the backbone of market efficiency, HSS should be utilised as a form of public good, which mean that resources must be utilised for the good of tax payers and citizens in general to protect the '*body*' as a valuable human capital. In this vein, HSS must be made an integral part of an economy management system, while poor planning is normally considered to be detrimental to generations yet unborn. HSS is an encompassing terminology that incorporate all areas connected with input and output of health service delivery, for example medical care, dentistry, pharmacy, support unit like ambulance service operation, health insurers etc. Therefore, efforts must be made to efficiently deliver such services in a bid to protect citizens and their state of well-being.

An efficient market delivery in the HSS is one that enabled all the aforementioned deliverables to work in the best interest of citizens for patients' care. In view of concerns connected with historical and economic malaise manifested by some professional staff in the public service sector in Sierra

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Leone, there are lots of reasons why efficiency in the HSS will be hard to achieve. In the first place, to address efficient and marketable Health care service delivery, effective planning must be addressed such that projections are done on a regular basis about the population, segmented into age group classifications, incorporating number of children between the age category of 0 - 12years, 13 - 18years, young adults (19 - 21yrs), middle age category (22 - 59yrs) and senior citizens (60+years) present in the country. This classification will make it possible to address projected delivery requirements, particularly in areas connected with life expectancy and many more.

A very important area connected with failure in HSS delivery in Sierra Leone is to do with '*rent-seeking*' manifested by health professionals, more so doctors and nursing. The term rent-seeking is a process of manipulating economic conditions in a bid to gain excessive profits (Bowles and Gintis, 1996); in a country like Sierra Leone, such situation is common with health professionals who normally utilise free riding facilities of public good(s) like hospital facilities for their personal gains. The issue of rent-seeking and more so free-riding in the delivery of HSS is common in developing economies, where basic earnings are insufficient to meet decent standards of living by citizens. It is an area that has dominated health concerns since the mid-1980s as explained by Ghosh (2008) from the tradition of the Chicago-Virginia Schools.

In order to address the core objective of this paper, which is to assess the wider impact of market failure in Sierra Leone's HSS, the article is hereby divided into the following sections: section two addresses basic concepts of Market Failure and some theoretical underpinnings. Section three addresses reasons for market failure, while section four explore the nature of HSS in Sierra Leone. Section five addresses market failure with particular focus on the health sector in Sierra Leone, while section six looks at the effects of market failure and its ramification on the HSS. Section seven addresses government policy intervention in the country's HSS, while the conclusion summarizes the outcome of the paper with a view of spelling out issues of concern and remedy.

## **2. Market Failure and Theoretical Underpinnings**

The term market failure in Economics was first used by Francis M. Bator (1958), but its use can be traced back to the Victorian era of Henry Sidgwick (Bryce, 1903) who was a philosopher. There are different definitions ascribed to the term Market Failure, and on reflection of Watson's (2006) works, the term is defined here as "*an equilibrium allocation of resources that is not Pareto Optimal - the potential cause of which may be Market power, natural monopoly, imperfect information, externalities or public good*" (see also, Jackson and Jabbie, 2019). It is very difficult to achieve economic efficiency under market failure condition, given the fact that there is almost total distortion in price mechanism, which also leads to inefficient distribution of goods and services, thereby resulting in huge welfare loss to society. Such situation is a common phenomenon to developing nations, with Sierra Leone as a typical example (once known for its value as Athens of West Africa), which up to the year of 2018 was tainted for its lack of a well-functioning market structure and distorted public sector institutions (Jackson and Jabbie, 2019).

More specifically, the role of government is very critical in ensuring that markets are functioning well through dedicated institutional machineries, for example, the judiciary and public sector service departments or Ministry, Department and Agencies (MDAs) as the termed is used in Sierra Leone to allow the efficient allocation of resources. It is an expectation that government intervention can help address the problem of market inefficiencies, which is typified by the concept of market failure, but this is not always the case. In most cases, intervention without adequate regulatory mechanism (mostly intervention can be altruistically motivated) would almost result in what is termed '*government failure*' (Jackson and Jabbie, 2019; Watson, 2006). This is a theory around market failure that was

addressed by scholars like Lipsey and Lancaster (1956) and Acemoglu and Verdier (2000) - a situation that is typical of many developing and developed economies alike. Similar reference on the subject matter of market failure has been the focus of Deepak Lal's (1985) research endeavours and popular around this is the subject of misallocation of resources, while De Soto (1989) has focused attention in the area of corruption.

### **3. Why market fail?**

Markets typically fail because of dysfunctionality in price system and other structural imperfections like information asymmetry, externalities, public goods and natural monopoly as addressed below (see Jackson and Jabbie, 2019):

#### **Externalities**

This factor is a classic case of market failure, and it relates to activities of economic agents' impacts and other players in the market who are normally excluded from daily transaction or operation, but however end up suffering (incurring social costs) or benefitting (social benefits). In this case, it is thought that the producers of costs or benefits are neither incurring the social costs nor in receipt of social benefits. Externalities epitomizes a typical situation of Market Failure as resources are said to be insufficiently allocated on account of the fact that market prices do not factor social costs in the production of goods and services), thereby resulting in inefficient level of consumption and production output (Dollery and Wallis, 2001).

#### **Asymmetric Information**

This type of market failure seem to exist where one agent in a market transaction is more informed than the other. Typically, there are two forms of asymmetric information, namely "*adverse selection and moral hazard*" (see highlight of moral hazard discussion in the regulatory section of the document). Imperfect information is a common phenomenon in developing economies around the world, and this normally leads to an inefficient allocation of resources, which is attributed to inefficient decision making on the part of organisations or individuals, and hence the collapse of market systems (Cunningham, 2011).

#### **Public Goods**

A key characteristic of public goods is that consumption by one individual does not diminish the quantity available to the other person. This means that they are non-rivalrous (Jackson and Jabbie, 2019). The main characteristics of public goods as in the case with HSS is that they are non-excludable, which is in the same direction of Pareto Optimality - this states that there should be no room for improvement without making someone else worse-off. Therefore, excluding an individual from consuming a public good, will make that individual worse-off, thus violating the Pareto Optimality condition (Jackson and Jabbie, *ibid*). HSS is a typical case of public goods and in this, the provision of free health care is not conditional on an individual's ability to pay for the service because such services are mostly financed through government health care strategic plan / budget. As noted by Cunningham (2011), "a market failure from public goods occur when such goods are provided to benefit very little in society or where public sector fails to respond to a demand that is in the interest of society as a whole". This is situation that is common to developing economies and particularly in the HSS in Sierra Leone.

#### **Natural Monopoly**

This refers to products or services connected with the natural environment, for example water / sea resources and also, the natural forest environment. As typically referred to by the name of ecological market failure, the mere over-utilisation of such type of resources by human beings will likely result in the extinction of biodiversity and ecosystem services. This can also culminate in the overloading

of biospheric waste on the earth's surface and also, depletion of much needed products relevant for sustainable living by organisms, including human beings (Jackson and Jabbie, 2019).

### **Imperfect Competition**

This relate to concepts such as monopoly, oligopoly and duopoly, which distort market conditions and hence result in the inefficient allocation of resources. To prevent such situation from continuing, government can induce its own monopoly power in a bid to foster competition, with the focus of maintaining affordable prices to excluded users, a situation very common in the country's HSS. The state of rent-seeking in state funded health care institutions can be curtailed as government can step in to stipulate (regulatory) conditions under which health professionals can practice, as opposed to continuing their free riding and profiteering ventures, which are normally masterminded through cartel operations.

### **Business Cycles**

Fluctuations in the business cycle, which include a form of scale down of macroeconomic activities in an economy would normally exhibit upswings and downswings in products activities. This brings high level of uncertainty in an economic system, hence making it possible for some market players to use their influence to control events happening in and around the market place. This thereby result in market failure and would require government intervention on a regular basis to mitigate escalation of its occurrence (Dollery and Wallis, 2001).

## **4. Health Service System (HSS) in Sierra Leone**

Sierra Leone is a small nation with just over seven million people according to recent statistics (WHO, n/d; Forson and Yalancy, 2015). The nature of HSS in the country is a typical example of public good where service provision is subsidized heavily by the state. The Ministry of Health and Sanitation (MHS) is the government department charged with the responsibility of delivering on the government's mandate for providing health care services to residents in the country. Successive governments have expressed commitments towards delivering on decent health care service for citizen.

Like nearly all countries in the global economy, HSS is considered a vital part of public good that should be accessible by all. In the 2017-2021 health strategic plan for Sierra Leone (MHS, 2017: 19), the main vision was spelt out as "*a well-functioning health system that delivers efficient and high-quality healthcare and ultimately contributes to the socioeconomic development of the country; it must be of high quality, accessible, affordable and equitable to all Sierra Leoneans*". Such vision can be thought of as wishful if not implemented and monitored continuously. Therefore, for it to work, all stakeholders will need to show commitment. In furtherance, the plan went on to address assumptions and risks (as indicated here) that would make it possible for such vision to become fruitful or either classed as being a failure on the country's commitment to remain part of the SDG3 agenda. In view of the strategic plan for 2017 – 2021, the highlighted focus is spelt out in the following bulleted points:

- **Politics:** this stressed the need for those in the political class to embrace health services as the top priority for the government of Sierra Leone.
- **Governance:** this requires improvements on MHS's commitments to improve its structures and delivery of public good services to citizens.
- **Finances** (both Government of Sierra Leone and development partners): this focuses on the need to increase budgetary allocations, year on year for a five year duration (since the inception of the 2017-2021 strategic plan), with commitments shown to achieving the Abuja plan, which requires 15-20% of GDP spent on the country's HSS (MHS, 2017; O'Hare, 2015). It is also thought that the

government on its own cannot deliver on its vision of a decent equitable HSS without the support of international development agencies.

- **Financial Accountability and Transparency:** this is clearly spelt in the direction of accountability and transparency, particularly in the achievement of services provided in the HSS being viewed as a public good. In such situation where a higher percentage of service delivery is funded from the public purse, it is very obvious that the language at use should be more about '*value-for-money*' and not profitability.
- **Legal frameworks:** this relate to regulatory framework needed to govern the health service sector and hence require continuous revision to address concerns around sustainability and quality in the sector's deliverables.

Given conditions in the country's HSS, one may be right to join critics across the world, both in the health and think-tank institutions (GIZ, n/d; Stubbs et al, 2017) to spell out the acute state of successive government failure in the country's HSS to deliver on their core mandates, year on year (reference to details in Section 4).

In Sierra Leone, the HSS is managed by a leadership team at the MHS, with the lead personnel being the Secretary of State for Health / Minister of Health. In spite of the leadership role in supporting quality delivery of services, the overarching arm of regulatory bodies (Sierra Leone Medical and Dental Council, Sierra Leone Nurses and Midwives Board, Health Service Commission, Pharmacy Board and Sierra Leone Medical and Dental Association) makes it possible for legal framework to be dealt with and where possible reviewed on a regular basis, in line with international standards.

In spite of efforts made to address strategic pillars of management structure to connected with the vision / mission statement(s), the sector is still plagued by its poor delivery of HSS, with the human development record showing that the country still need to catch up in terms of its health record (UNDP, 2018). The record on child mortality though seem to have made some progress (since the announcement of a free under 5s health provision), but still poses concern when compared to the global outlook (UNDP, 2018).

## **5. Health Care System and Market Failure in Sierra Leone**

The need for quality health is very critical to the well-being of people in the global economy. As a public good, service provision needs adequate funding and strategic planning to make sure the well-being of people, particularly vulnerable citizens are looked after. There are plethora of research findings to attest the deplorable conditions of HSS provision in developing economies and to be specific, Sierra Leone (Brooks and Herrick, 2019; Wakabi, 2010; Hanlon, 2005). Such situation cannot be over-emphasised as seen in recent experiences from the Ebola epidemic. This period exposes government failure, in which corruption was seen at the highest level manifested by public servants and those trusted with care to manage the situation (Jackson, 2017). One is seriously in whore of admiration about the unethical manner in which the situation was dealt with through masterminded corruptive acts manifested by professionals in the HSS and also top government officials., which is now seen as part of the exposures expected to be unearth by the government led 2019 commission of enquiry (Tarawalie, 2017).

<b>Table 1: Health Statistics Report for Sierra Leone</b>	
Total population (2016)	7,386,000
Gross national income per capita (PPP international \$, 2013)	1,750
Life expectancy at birth m/f (years, 2016)	52/54
Probability of dying under five (per 1099 live births, 2017)	110
Probability of dying between 15 and 6 years m/f (per 1000 population, 2016)	394/384
Total expenditure on health per capita (Intl \$, 2014)	224
Total expenditure on health as % of GDP (2014)	11.1
Source: World Health Organisation (WHO)	

As addressed by Ghosh (2008), there different sources of problems faced in the delivery of HSS services, and for the purpose of this paper, efforts is concentrated on two as discussed below:

**Demand-side issues** - in the current state of economic climate (rising cost of goods and services in general) in a country like Sierra Leone, and also backed by the rising population size, the HSS is sure to face with challenges in meeting (quality) demand for patient health concerns. As emphasised by Ghosh (2008: 264), it is a common thing in developing economies around the world to experience rising cost in per capita for health services above the growth rate in real income per capita, which on the whole is impacting greatly on the cost of patients demand for services provided (Ghosh, 2008). There is high pressure placed on patients to pay for rising costs of treatments and because of the need to sustain healthy living, people are mostly left with no alternative, but to find ways and means of paying for service(s) charged.

In general, there is asymmetric information between patients and medical professionals in the HSS. In a country like Sierra Leone, rent-seeking tendency of health professionals, which is highly unregulated is really making it very unethical for such behaviours to be condoned, while patients are suffering at the selfish state of rogue professionals in the sector. In fact, the level of exploitation experienced through services provided by medics meant that, patients have no room for bargaining power in relation to cost / payment or even staggering payments to meet current living standards. In view of the rising cost of private health care services in general, which is visible in the country's Consumer Price Index (CPI) statistics (SSL, March, 2019 ), it is obvious that demand for services is outstripping supply. It also shows clearly that either that government spending on the HSS is not sufficient to meet service requirements, and given the nature of health service being a public good, it is absolutely true that the burden on state funded hospitals to meet patients' treatment will become unbearable and in most cases, result in high death rates as indicated in the actual expectancy rate shown in Table 1 above.

In Sierra Leone, there are limited options for patients in the HSS and given the low level of income of earning power of people, it means that patients choices will be limited, thereby intensifying demand for services from rogue professionals. This thereby result in almost a situation of exploitation and hence a state of market failure as lapses in the regulatory system is almost making it impossible for the needy to access meagre services available in state funded health institutions.

#### **Supply-side issues** -

Generally speaking, medical professionals particularly in poor economies like Sierra Leone have a high tendency of taking advantage of their cartel and monopoly power to dictate price level of services

to patients. In the case with Sierra Leone, the exploitative tendencies of health professionals to exert their power of rent-seeking, which is as a result of poor legislative surveillance meant that they can equally influence supply, and hence raise prices with minimal intervention on the part of state legislators (Ghosh, 2008; Feldstein, 1970). With the escalating level of population growth rate in developing countries, it is possible that higher demand for specialist services in areas connected with health related issues will make it possible for medical practitioners to take advantage of low supply of professional expertise through hike in cost of their services.

Critical evidence could be cited (Tarawalie, 2017) to confirm the existence of market failure (more so government failure) of the HSS as evidenced from the time of the Ebola health crisis (2013-2015) and more lately, the mudslide disaster that took place in 2017. Corruption, which is cited as a prominent area of market failure revealed itself around this period, with both government and international agency staff alleged to be siphoning donor funds into personal use (Shepler, 2017; Pieterse and Lodge, 2015). Such is clearly evidenced in the ongoing 2019 commission of enquiry, which brings to the fore issues of poor governance and more emphatically, endemic corruption in the country's governance system of public institutions.

The concerns around public good being classified as key determinant of market failure seem to reveal itself very well in the case with Sierra Leone's HSS. The problem is not so much about the intensity of 'free riding' from patients as witnessed in developed economies like the UK (where the National Health Service [NHS] is overburdened on account of the need to deliver on the mandate of free health care), but more so about the continuity in decades of rent-seeking that has gone un-noticed and one may be poised to blame it on government failure. Rent-seeking in the country's HSS has made it such that value-for-money is no longer the focus of professional accountability, given the fact that cartel operation is making it such that supply of qualified professional medics have shrunken in a bid to stamp up their hegemony on price fixing.

## **6. Effects of Market Failure and its Ramifications on the HSS**

There are myriad of consequences associated with market failure, particularly in the HSS. Where there is existence of a free market system [synonymous with Laissez-faire], it is possible that positive externalities will prevail, with the scope of correcting undesirable problems like rent-seeking (Ghosh, 2008). In the presence of market failure, there is a high scope for mismatch between demand and supply of goods and services provided in the HSS. This is due to the fact that imperfect information makes it impossible for instance, the demand for facilities like health equipment to be determined easily given the difficulty of reaching people on their health concerns, particularly in under-developed economy like Sierra Leone. Provision of public goods such as HSS can be very hard to fulfil given constraint on the part of government to make adequate provision citizens, irrespective of the fact that some people may appear to be free riders. In this situation, the lack of adequate financing to fund access to such public goods may result in shortfall in supply, which thereby makes it possible for the private sector to jerk up prices given the shortfall in the public sector.

The extent of growth of cartel operations and monopoly exerted by health professionals in a country like Sierra Leone makes it possible for market failure to be pushed in the direction of what is known as government failure, for reasons such as poor conditions of service received by health professionals in the public sector and also lack of health equipment to facilitate curatives for acute health problems faced by some patients. Given the free riding state of public goods like HSS, it is possible that health professionals like doctors may not give their best to patients, hence creating high level of waiting list for patients needing professional support or treatments. In many cases, it may even result in inequality of service delivery, which is based on nepotism or a situations of connectedness, highly rooted on financial status. As cited in Ghosh (2006: 271), '*Rawlsian theory of justice* (Rawles, 1976)' can be



cited here to reflect violation of the basic principles of difference, which exclude poor people from accessing basic medical treatments at affordable cost in public institutions. This in reality can be blamed on government failure given the partiality involved in ensuring the poor is able to access minimum service and this is likely to contravene the SDG3, which seeks to promote equal access to healthy living by all in society irrespective of status.

It is also possible that unequal distribution of service provision in the HSS may also instigate some form of instability. Research conducted by Albanesi (2001) confirmed strong relationship between (political) instability and inequality (also cited in Ghosh, 2008), which may also be linked to issues concerned around market failure in the HSS. As would be realised, the human body is considered the temple of well-being and growing market failure around health inequality can also affect economic growth, and the possibility of people's ability to work can also be constrained on account of ill health conditions, which cannot be easily accessible in the public HSS sector (Alesina, 1988).

## **7. Government Policy intervention on Health Market Failure**

The effort of government and donor institutions is very important to ensure HSS is effectively delivered to prevent market failure. This means that Sierra Leone being a typical developing country (characterised by weak institutions and poor operational monitoring, needs effective policy measures set in place to avert occurrences of the past, where corruption have been seen to influence people's in destroying institutions. In this vein, to make policy works in support of addressing effecting market system, it will be incumbent on political leaders to make sure policies for the effective delivery of HSS services are monitored regularly. As emphasised by Ghosh (2008), government will need to address key areas of its HSS mandate that covers procurement of goods and services in a bid to address concerns around production, distribution, costs, prices and relevant regulatory control measure. As much as possible, unnecessary bottlenecks that prevent effective market delivery of services, for instance corruption, which is associated with connivance and monopolization of services by health professionals must be prevented. Where necessary, bidding process concerned with health services and delivery must be left in the open market to ensure a proper *laissez-faire* system is set up for competition to prevail so as to drive down costs, while also making it an objective to improve quality of deliverables.

Specifically in the area of corrupt-cartel system, government should prevent professionals from setting up institutions that dictate prices of service delivery. If possible, efforts must be made by government to establish Public Partnership Programs (PPP) which range from expanding HSS facilities like modern hospital with technology mediated gadgets, capable enough to expand service provision to the private sector, so as to make it possible for service users (whether resident in or outside of the country) to access services at affordable cost to both the poor and those in higher income band. Given the benefits of '*group practice*' system, which is similar to that of the National Health Services (NHS) in the United Kingdom, government should ensure that funding towards such provision across the country's regions is utilised in the best interest of improving service delivery, while creating the enabling means for fostering competition in the open market (Jackson, 2018). Given the relevance of price elasticity of health services, which is normally less than one for health services in developing countries, a country like Sierra Leone can take advantage of cheaper option as emphasised by Gosh (2008) and Suleiman (1997) to make sure prices of HSS are brought to an affordable level so as to induce market efficiency for service providers and users in the country. In this case, efforts must be made by government officials or the ministry of health and sanitation directorate to collaborate with subsidised drugs and health accessories industries in making sure high quality equipment and also, cheaper drugs are made available in hospitals and pharmacies for sale to patients.

While it is a good thing to make sure cheap drugs are available in the market, health inspectors must also be vigilant in ensuring that policies are not flouted whereby fake manufactured drugs are smuggled into the country for sale in a bid to taking advantage of people's vulnerability; in this case being poor and needing to be in a state of recovery can expose people's vulnerability to settle for low quality deliverables. Officials must seek to work for the good of the national interest by ensuring that the existence of market failure which has penetrated the country's fabrics for too long on account of corruptive governance should be eradicated in the best interest of longevity of Sierra Leoneans and their well-being (Jackson and Jabbie, 2019). Where necessary, regulatory control will need to be set up by institutions like the Pharmacy Board to enforce price markup for all drugs imported into the country and as well as alerting users about expiry dates of drugs to prevent toxic impacts to patients.

In the case with Sierra Leone, which is currently striving to drive innovation, the government should work collaboratively with state house unit responsible for technology innovation to establish means whereby competition will be established for all drug producers, irrespective of whether they are Sierra Leonean or not.; this will serve as a way of capacitating citizens' ability to broaden career options for societal development (Jackson et al, forthcoming). As earlier mentioned, such a venture can be operated through PPP arrangement to minimise undue cost burden on the central government, which may be battling with the opportunity cost of other relevant service provisions like quality in school and university services to address the needs of citizens, which are mostly embedded in election manifestos.

Government should also endeavour to reduce issues around market failure in the delivery of HSS by ensuring equality of provision is made a national objective. In this regard, government through the support of international organisations like the World Bank should divert resources to address improved statistical returns (delegated responsibility of Statistics Sierra Leone [SSL]) to produce reliable account of health related statistics. Such statistical returns should incorporate information like doctor-patient ratio, number of hospitals spread across the country's regions and many more to make sure fair and equitable distribution of service delivery is made available to people. It must be noted that HSS should always be treated as a public good and hence, the question about selecting which areas of the country to provide decent health delivery must not be played on political grounds. Efforts must be done with the intention to improve quality health service for all, which is an essential part of the SDG3 agenda (UNDP, n/d). In as much as efforts is being made to improve market efficiency, government should direct policy measures that seek to continue stepping up its vigilance in limiting so-called free market forces in the HSS, which is bent on exploiting citizens' well-being. This would tantamount to striking balances between demand and supply of and for services that do not warrant health professionals' exploiting costs during time of high demand for a particular health treatment (as in the period Ebola), while also focusing attention on quality.

To minimise market failure, government policies must endeavour to establish legislation in future MHS's strategic plans that institutionalise nationwide private insurance schemes for both public sector employees and those in the private and informal sectors to participate in health insurance schemes, with the focus of improving health services to citizen at an affordable rate. This will help to reduce exorbitant cost of service delivery incurred by patients for accessing public good associated with health-related matters, while at the same time ensuring annual costs of renewal of health insurance is capped to reflect annual inflation movements. Equally, legislated policy should allow patients to utilise state owned medical hospitals / centres by levying one-off administrative charge for visitation, which can either be billed on medical insurance or paid up-front. As emphasised by Nyoman (1099), this has an element of moral hazard given the fact that it will prevent unnecessary visitations in accessing public HSS premises / facilities, while also ensuring patients inculcate some level of responsibility on their over-utilisation of public goods. Such approach established through PPP arrangements may also help to minimise government failure and use of facilities will need to be

regularly monitored to avert exploitation in the area of demand and supply of service provision on the part of so-called free-riders and rent-seekers.

## 8. Conclusion

In view of the discussion around market failure in Sierra Leone's HSS, it is but certain to note that delivery of decent health care in the country is influenced by both external and internal factors. In the direction of the critical discourses levied, internal influences / factors seem to be highly dominant, more so on account of successive government failure in the health care system to enforce legislative control on operational activities. The epistemological take home here is to do with developing understanding in the area of what constitute market failure given the fact that there are many dimensions that can be advanced on the causes of failure or poor delivery of service in the sector. In view of critical discourses levied on the topic of market failure in the country, particularly with the focus on the HSS, economists' view of addressing the anomaly have been highly hinged on state intervention (Vormann, 2018; Turner, 2002).

The issue of rent-seeking manifested by professionals in the country's HSS can also be a point of critical discourse given its importance of well-being to people for personal livelihood and also contribution to economic growth. Hence, the way forward in addressing such issue is to dissect the root causes and manner of medics' behaviour in the health sector, which in this case can be attributed to low conditions of service. In this vein, it can be thought of as if successive governments failed in their efforts to give serious consideration to decent salary packages for staff in the medical profession and hence, their overt manifestation to become rent seekers could not be seriously challenged.

If the long term vision as embedded in the MHS strategic plan of 2017 – 2021 is to improve service provision to all residents in the country, irrespective of status or location in the country, then efforts must be made to address long standing issues of concern, which include a re-assessment of wage / salary packages for health professionals, while also ensuring that budget allocation for the sector is increased sufficiently to address basic problems of poor service delivery. Invariably, it is possible that drastic measures like imposition of '*part payment*' for service delivery will need to be specified to all patients irrespective of status in society. Though services provided by the HSS is normally viewed as public good, it is believed that with the upward fluctuating trend in global economic outlook, there is no way in which costs associated with decent health care will ever be seen to take a down-turn. As already addressed in earlier sections, such approach will also place some form of responsibility on so-called free-riding / free-riding users whose addictive way of living (mostly through drugs taking and many more) are bent on adding pressure on the working population through high level of tax bill in a bid to save the country's HSS from a complete collapse.

In summary, there is a need for government to provide firm stance on the way forward in addressing failed outcomes in the country's HSS. In this vein, to address market failure in this area, it is imperative that tighter regulations should be stipulated on the working practices of health professionals, while also ensuring their welfare in relation to decent living / earnings is thoroughly reviewed. Through such measure, the long prevalence of rent-seeking and cartel operations in the sector can be minimised, given the fact that government will have established conditions on which patients are to receive high quality treatment, irrespective of status in society.

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