

Systemic healthcare failure as a symptom of market failure in Sierra Leone

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This article provides an examination of market failure, focusing on the health service system (HSS) in Sierra Leone. Market failure in the country's HSS is a real concern, and has gone unchecked for decades by successive governments. In view of the prevailing conditions, it is noted that government failure is to be blamed for poor conditions experienced in the health sector. The issue of squeezed funding for management of the HSS must be revisited in order to address critical health concerns in the country. Most important is the continued rent-seeking that health professionals have thrived on as a free-riding venture, increasing their profit share, while (non-deliberately) depriving the poor and needy of affordable services in state-funded hospitals and healthcare centres. While rent-seeking has been on the rise, conditions of service have fallen behind those needed for health professionals to maintain a decent standard of living, hence the need for government to intervene to mitigate its continuing failure in the country's HSS.

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Personal health is critical to citizens' stability, and to economic growth. Given the depressed state of the Sierra Leone economy, with incomes not sufficient to allow a decent standard of living, it was inevitable that this state of affairs would filter into all sectors, including the health sector. In Sierra Leone, health professionals are poorly paid, and their consequent attitude towards soliciting diverse forms of income affects the efficient management of and delivery of services in the health service system (HSS).

To facilitate effective health service delivery, which is the backbone of market efficiency, the HSS should be utilised as a form of public good, meaning that resources should be utilised for the good of tax payers and citizens in general to protect the body as valuable human capital. The HSS should be an integral part of an economic management system in which poor planning is considered to be detrimental to generations yet unborn. HSS is a term that encompasses all areas connected with the input and output of health service delivery, for example medical care, dentistry, pharmacy, support units such as ambulance services and health insurers. Efforts must be made to efficiently deliver such services to protect citizens and their wellbeing.

Efficient service delivery in the HSS would enable such deliverables to work in the best interests of citizens for patients' care. In view of concerns among some professional staff in the public service sector connected with historical and economic malaise in Sierra Leone, there are many reasons why efficiency in the HSS will be hard to achieve. In the first place, to address efficient and marketable healthcare service delivery, effective planning is needed so that projections are done on a regular basis, based on the population as segmented into age-group

classifications. Including information on the number of people in each age category (children aged 0 - 12 years; children 13 - 18 years; young adults 19 - 21 years; middle-age adults 22 - 59 years; and senior citizens ≥ 60 years) in projections will make it possible to address projected delivery requirements, particularly in areas connected with life expectancy, among other concerns.

A very important area connected with failure in HSS delivery in Sierra Leone is to do with rent-seeking manifested by health professionals – specifically, doctors and nurses. The term 'rent-seeking' refers to a process of manipulating economic conditions in a bid to gain excessive profits.^[1] In a country such as Sierra Leone, this situation is common among health professionals, who frequently use free facilities of public good(s) such as hospitals for their personal gain. 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 for citizens. It is an area that has dominated health concerns since the mid-1980s, as explained by Ghosh,^[2] in 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 present article is divided into the following sections: the first addresses basic concepts of market failure, and some theoretical underpinnings. The second addresses reasons for market failure, while the third explores the nature of HSS in Sierra Leone. The fourth section addresses market failure with particular focus on the health sector in Sierra Leone, while the fifth looks at the effects of market failure and its ramifications for the HSS. The sixth section addresses government policy intervention in Sierra Leone's HSS, while the

conclusion summarises the outcome of the paper with a view of spelling out issues of concern and remedies.

Market failure and theoretical underpinnings

The term 'market failure' in economics was first used by Francis M Bator,^[3] but its use can be traced back to the Victorian era to Henry Sidgwick, a philosopher.^[4] There are different definitions ascribed to the term market failure, but following Winston,^[5] 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'.^[6] It is very difficult to achieve economic efficiency under market-failure conditions, given the fact that there is almost total distortion in price mechanisms, which also leads to inefficient distribution of goods and services, resulting in huge welfare loss to society. Such a situation is a common phenomenon in developing nations, with Sierra Leone as a typical example (though once known for its value as the Athens of West Africa), which until 2018 was tainted by its lack of a well-functioning market structure and distorted public sector institutions.^[6]

Specifically, the role of government is critical in ensuring that markets are functioning well through dedicated institutional machinery, for example, the judiciary and public sector service departments, (or ministries, departments and agencies ('MDAs'), the term used in Sierra Leone), to allow the efficient allocation of resources. It is a widely held expectation that government intervention can help address the problem of market inefficiencies, typified by the concept of market failure, but this is not always the case. In the majority of cases, intervention (which is largely ideologically motivated) without adequate regulatory mechanisms can result in what is termed 'government failure'.^[5,6] This is a theory around market failure that was addressed by scholars such as Lipsey and Lancaster^[7] and Acemoglu and Verdier^[8] – a situation that is typical of many developing and developed economies alike. Similarly the subject matter of market failure and the closely related subject of misallocation of resources, has been the focus of Lal's^[9] research, while de Soto^[10] has focused attention on the area of corruption.

Why do markets fail?

Markets typically fail because of dysfunctionality in price system and other structural imperfections, such as externalities, information asymmetry, public goods and natural monopoly.^[6]

Externalities

Externalities are a classic factor in market failure, and relate to activities of economic agents and other players in the market who are normally excluded from daily transaction or operation, but nevertheless end up suffering (incurring social costs) or benefitting (receiving social benefits). Thus the producers of costs or benefits neither incur the social costs nor receive the social benefits. The existence of externalities illustrates a typical situation in market failure, as resources are unequally allocated on account of the fact that market prices do not factor social costs into the production of

goods and services, resulting in inefficient levels of consumption and production output.^[11]

Asymmetric information

One type of market failure occurs when one agent in a market transaction is better informed than another. Typically, there are two forms of asymmetric information, namely adverse selection, where a patient has knowledge about his or her health status that is not well known by the medical practitioner, and moral hazard, based on misleading information about the patient's health status. Asymmetric information is a common phenomenon in developing economies around the world, and 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.^[12]

Public goods

A key characteristic of public goods is that consumption by one individual should not diminish the quantity available to the other person. This means that they are non-rivalrous.^[6] The main characteristic of public goods, as is the case with an HSS, is that they are non-excludable, which is in the direction of Pareto optimality: there can be no improvement in one direction without making someone else worse off. Excluding an individual from consuming a public good will make that individual worse off, thus violating the Pareto optimality condition.^[6] An HSS is a typical public good and in this sense, the provision of free healthcare is not conditional on an individual's ability to pay for the service, because such services are mostly financed through government healthcare strategic plan or budget. As noted by Cunningham,^[12] 'a market failure from public goods occurs when such goods are provided to benefit very little in society or where the public sector fails to respond to a demand that is in the interest of society as a whole'. This situation 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 resources or the natural forest environment. In ecological market failure, the over-utilisation of such 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 the depletion of much-needed products relevant for sustainable living by organisms, including human beings.^[6]

Imperfect competition

Imperfect competition relates to concepts such as monopoly, oligopoly and duopoly, which distort market conditions and result in the inefficient allocation of resources. To prevent such a situation from continuing, a government can introduce its own monopoly in a bid to foster competition, with a focus on maintaining affordable prices for excluded users, a situation very common in Sierra Leone's HSS. Rent-seeking in state-funded healthcare institutions could be curtailed, as government could

step in to stipulate (regulatory) conditions under which health professionals can practise, as opposed to continuing their free-riding and profiteering, which is normally masterminded through cartel operations.

Business cycles

Fluctuations in the business cycle, which include scaling down of macroeconomic activities in an economy, would normally exhibit upswings and downswings in a product's activities. This brings a high level of uncertainty to an economic system, hence making it possible for some market players to use their influence to control events in and around the marketplace. This results in market failure and would require government intervention on a regular basis to mitigate escalation of its occurrence.^[11]

The health service system in Sierra Leone

Sierra Leone is a small nation of just over 7 million people, according to recent statistics (Table 1).^[13,14] The HSS in the country is a typical example of a public good where service provision is subsidised heavily by the state. The Ministry of Health and Sanitation (MHS) is the government department responsible for delivering on the government's mandate to provide healthcare services to residents in the country. Successive governments have expressed their commitment toward delivering decent healthcare services for citizen.

As in most countries in the global economy, the HSS is considered a vital part of public good that should be accessible to all. In the 2017 - 2021 health strategic plan for Sierra Leone,^[15] 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 a vision may be no more than wishful thinking if not implemented and monitored continuously. Therefore, for it to work, all stakeholders will need to show commitment. The plan went on to address the assumptions and risks (as indicated here) that would make it possible either for the vision to bear fruit or to be classed as a failure on the part of the country's commitment to remain part of the sustainable development goal 3 (SDG3) agenda. The focus is spelt out in terms of the following points:

- **Politics:** this stresses 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 in MHS's commitment to improve its structures and delivery of public good services to citizens.
- **Finance:** This focuses on the need to increase budgetary allocations (of both the government of Sierra Leone and development partners) year-on-year for a 5-year duration (from the inception of the 2017 - 2021 strategic plan), with commitments shown to achieving the Abuja plan, which requires 15 - 20% of gross domestic product to be spent on the country's HSS.^[15,16] 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 highlighted, particularly in terms of the achievement of services provided in the HSS being a public good. In a situation where a high percentage of service delivery is funded from the public purse, it is very obvious that the language used should be more focused on value for money than profitability.
- **Legal framework:** this relates to the regulatory framework needed to govern the health service sector, and hence requires continuous revision to address concerns around sustainability and quality in the sector's deliverables.

Given the conditions in the country's HSS, one may be right to join critics across the world, in health and think-tank institutions,^[17,18] in spelling out successive governments' failure in the country's HSS to deliver on their core mandates, year on year, as discussed further below.

In Sierra Leone, the HSS is managed by a leadership team at the MHS, with the Secretary of State for Health (otherwise known as the Minister of Health) at the head. In spite of this leadership role in supporting quality delivery of services, the overarching arm of regulatory bodies (the 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 the 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 structures to connect with the vision/mission statement(s), the sector is still plagued by its poor delivery in the HSS, with the human development record showing that the country still needs to catch up in terms of its health record.^[19] There has been some progress in terms of child mortality since the announcement of free under-5 health provision, but this still poses concerns when compared with the global outlook.^[19]

The healthcare system and market failure in Sierra Leone

The need for quality healthcare is critical to people's wellbeing in the global economy. As a public good, service provision needs adequate funding and strategic planning to ensure that the wellbeing of people, particularly vulnerable citizens, is looked after. There are a plethora of research findings to attest the deplorable conditions of HSS provision in developing economies, and specifically in Sierra Leone.^[20-22] This situation cannot be overemphasised, as demonstrated by recent experiences during the Ebola epidemic. This period exposed government failure, in which corruption was seen at the highest level by public servants and those entrusted to manage the situation. One was seriously awed by the unethical manner in which the situation was handled through masterminded corrupt acts by professionals in the HSS, and also top government officials, which will now be seen as part of the exposures expected to be unearthed by the government-led 2019 commission of enquiry.^[23]

As has been addressed by Ghosh,^[2] there are different sources of problems that may be faced in the delivery of HSS services, and

for the purpose of this article, focus is concentrated on two, as discussed below.

Demand-side issues

In the current economic climate in a country such as Sierra Leone, amid rising costs of goods and services in general, against the background of an increasing population size, the HSS is sure to face challenges in meeting demand for (quality) patient health services. As emphasised by Ghosh,^[2] it is common in developing economies around the world to experience rising costs per capita for health services above the growth rate in real income per capita, which on the whole impacts greatly on the costs of services provided.^[2] There is high pressure placed on patients to pay for rising costs of treatment, and because of the need to sustain their health, people are left with no alternative but to find ways to pay for service(s) charged.

In general, there is asymmetric information between patients and medical professionals in any HSS. In a country such as Sierra Leone, rent-seeking among health professionals, which is highly unregulated, means that such selfish behaviour cannot be ethically condoned while patients are suffering at the hands of these rogue professionals. The level of exploitation experienced through services provided by healthcare professionals means that patients have no room for bargaining power in relation to cost or payment, or even in terms of staggering payments to meet current living costs. In view of the rising cost of private healthcare services in general, which is visible in the country's Consumer Price Index statistics,^[24] it is obvious that demand for services is outstripping supply. This also shows clearly that either that government spending on the HSS is not sufficient to meet service requirements, and given the nature of the health service as a public good, it is clear that the burden on state-funded hospitals to meet patients' treatment need will become unbearable and result in high death rates, as indicated in the life expectancy rate shown in Table 1.

In Sierra Leone, there are limited options for patients using the HSS, and given the general low level of income, this means that patients' choices are limited, thereby intensifying the demand for services from unethical professionals. This results in a situation of exploitation, and hence a state of market failure as lapses in the regulatory system make it almost impossible for the needy to access the meagre services available in state-funded health institutions.

Table 1. Sierra Leone health statistics^[13]

Total population (2016)	7 386 000
Gross national income per capita (PPP contribution, 2013)	1 750
Life expectancy at birth male/female (years, 2016)	52/54
Probability of dying under age 5 (per 1 000 live births, 2017)	110
Probability of dying between 5 and 16 years old, male/female (per 1 000 population; 2016)	394/384
Total expenditure on health per capita (PPP contribution, 2014)	224
Total expenditure on health as % of GDP (2014)	11.1

PPP = public-private partnership; GDP = gross domestic product.

Supply-side issues

Generally speaking, medical professionals, particularly in a poor economy such as Sierra Leone, have a tendency to take advantage of their monopoly power to dictate the price level of services to patients. In Sierra Leone, the exploitative tendencies of health professionals in rent-seeking, which is a result of poor legislative surveillance, has meant that they can influence supply, and hence raise prices with minimal intervention from state legislators.^[2,25] With the escalating population growth rate in developing countries, it is possible that the increasing demand for specialist services in areas with health-related problems will make it further possible for medical practitioners to take advantage of the low supply of professional expertise through hikes in the cost of their services.

Evidence^[23] confirms the existence of market failure (and more so government failure) in the HSS, as seen during the Ebola health crisis (2013 - 2015) and more recently, the mudslide disaster in 2017. Corruption, which is cited as a prominent cause of market failure, became evident around this period, with both government and international agency staff alleged to be siphoning off donor funds for personal use.^[25,26] The ongoing 2019 commission of enquiry brings to the fore issues of poor governance and more emphatically, endemic corruption in the country's public institutions.

The concerns around a public good being a key determinant of market failure reveal themselves clearly in the case of Sierra Leone's HSS. The problem is not free-riding by patients, as witnessed in developed economies such as the UK (where the National Health Service (NHS) is overburdened on account of the need to deliver on the mandate of free healthcare), but the decades of rent-seeking that has gone unnoticed, and one may be tempted to blame this on government failure. Rent-seeking in the country's HSS means that value for money is no longer the focus of professional accountability, given the fact that cartel operation has meant that the supply of qualified medical professionals has shrunk, in a bid to ramp up the hegemony over price fixing.

Effects of market failure and its ramifications for the HSS

There are myriad consequences associated with market failure, particularly in Sierra Leone's HSS. In a free market system (which is synonymous with *laissez-faire*), it is possible that positive externalities will prevail, with the scope of correcting undesirable problems, such as rent-seeking.^[2] In the presence of market failure, there is great scope for a mismatch between the demand and the supply of goods and services provided in the HSS. This is due to the fact that imperfect information makes it difficult, for instance, for the demand for health equipment to be determined, given the paucity of information on people's health concerns, particularly in an underdeveloped economy such as Sierra Leone. The provision of a public good such as an HSS can be very hard to achieve, given the constraint on the government to make adequate provision for citizens even if some of them appear to be free-riders. The lack of adequate financing to fund access to such a public good may result in a shortfall in supply, making it possible for the private sector to raise prices.

The extent of the growth of cartel operations, and the monopoly exerted by health professionals in a country such as Sierra Leone, makes it possible for market failure to be pushed in the direction of government failure, for reasons such as poor conditions of service for health professionals in the public sector, and a lack of health equipment to treat the acute health problems faced by some patients. Given the free-riding state of a public good such as an HSS, health professionals might not make their best effort, resulting in long waiting lists for patients needing professional support or treatment. This may also result in inequality of service delivery based on nepotism or connections rooted in financial status. As described by Ghosh,^[2] the Rawlsian theory of justice^[27] can be cited here to reflect a violation of the basic principles of difference, which excludes poor people from accessing basic medical treatments at an affordable cost in public institutions. This can be blamed on government failure, given the partiality involved in ensuring access to minimum services. This is likely to contravene SDG3, which seeks to promote equal access to healthy living by all in society, irrespective of status.

It is also possible for the unequal distribution of service provision in the HSS to instigate instability, in some form. Research conducted by Albanesi^[28] confirmed a strong relationship between (political) instability and inequality,^[2] which may also be linked to market failure in the HSS. The human body can be considered the centre of wellbeing, and growing market failure around health inequality can affect economic growth as people's ability to work is constrained by ill health when treatment is not easily accessible in the public HSS sector.^[29]

Government policy intervention in health market failure

The efforts of government and donor institutions are very important in ensuring that an HSS is effectively delivered to prevent market failure. This means that Sierra Leone, as a typical developing country characterised by weak institutions and poor operational monitoring, needs effective policy measures set in place to prevent the occurrences of the past, where corruption destroyed institutions. For policies for the effective delivery of HSS services to work in support of the market system, it will be incumbent on political leaders to make sure that they are monitored regularly. As emphasised by Ghosh,^[2] government will need to address key areas of its HSS mandate that cover procurement of goods and services, in a bid to address concerns around production, distribution, costs, prices and relevant regulatory control measures. As far as possible, unnecessary bottlenecks that prevent effective market delivery of services (for instance, corruption and the monopolisation of services by health professionals) must be prevented. Where necessary, bidding processes concerned with health services and delivery must be left on the open market to ensure that a proper *laissez-faire* system is set up, to allow competition to prevail so as to drive down costs, while also making it necessary to improve the quality of deliverables.

Specifically in the area of the corrupt cartel system, the government should prevent professionals from setting up institutions that dictate the prices of service delivery. If possible, efforts must be

made by government to establish public-private partnership (PPP) programmes, for example to expand HSS facilities to create modern hospitals with technology-mediated equipment, capable of 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 a cost affordable to both the poor and those in higher income bands. Given the benefits of the group practice system (similar to that of the NHS in the UK), government should ensure that funding across the country's regions is used in improving service delivery in such a system, while fostering competition in the open market.^[30] Given the relevance of price elasticity in health services, particularly in developing countries, Sierra Leone could take advantage of cheaper options (such as allowing or encouraging private health investors to set up factories in the country), as emphasised by Ghosh^[2] and Suleiman,^[31] to bring prices in the HSS to an affordable level, inducing market efficiency for service providers and users. Efforts must be made by government officials or the MHS directorate to collaborate with the subsidised drugs and health accessories industries, to make high-quality equipment and cheaper drugs available in hospitals and pharmacies.

While it is good to make cheap drugs available in the market, health inspectors must also be vigilant in ensuring that policies are not flouted and fake manufactured drugs smuggled into the country to take advantage of vulnerability: being poor and needing to be healthy can encourage people to settle for low-quality deliverables. Officials must work for the good of the national interest by ensuring that market failure, which has penetrated the country's fabric for too long on account of corrupt governance, is eradicated, in the best interests of the longevity of Sierra Leoneans and their wellbeing.^[6] Where necessary, regulatory control will need to be set up by institutions such as the Pharmacy Board to standardise price mark-ups for all drugs imported into the country, and to alert users about the expiry dates of drugs to prevent toxic effects.

In Sierra Leone, which is currently striving to drive innovation, the government should work collaboratively with the state house unit responsible for technological innovation to establish ways to create competition for all drug producers, including the Sierra Leonean. This would enable citizens to broaden their career options, leading to societal development.^[32] Such a venture could be operated through a PPP, to minimise the cost burden on the central government, which may be battling with the opportunity cost of other service provisions (such as quality school and university services) that have been promised in election manifestos, and that also address citizens' needs.

Government should also endeavour to reduce issues around market failure in the delivery of the HSS by ensuring that equality of provision is made a national objective. In this regard, government, with the support of international organisations such as the World Bank, should divert resources to address improved statistical returns (the delegated responsibility of Statistics Sierra Leone), in order to produce reliable health-related statistics. These should incorporate information such as doctor-patient ratios and the number of hospitals in the country by region, among many other questions, to ensure fair and equitable distribution of service delivery. It must be remembered that the HSS should always be treated as a public

good, and selecting areas of the country in which to provide decent healthcare delivery on political grounds must be prevented. The intention must be to provide a quality health service for all, which is an essential part of the SDG3 agenda.^[33] In as much as effort is being made to improve market efficiency, government should direct policy measures that seek to limit those so-called free market forces in the HSS that are bent on exploiting citizens. This would strike a balance between demand for and supply of services that do not warrant exploitative costs during times of high demand for a particular health treatment (as occurred during the Ebola epidemic), while also focusing attention on quality.

To minimise market failure, government policies must endeavour to establish legislation in future MHS strategic plans that institutionalise nationwide private insurance schemes for both public sector employees and those in the private and informal sectors, with a focus on providing health services to citizens at an affordable rate. This will help to reduce the exorbitant costs of service delivery incurred by patients for accessing a public good associated with health-related matters, while at the same time ensuring that annual health insurance renewal costs are capped to reflect inflation movements. Equally, legislation should allow patients to utilise state-owned medical hospitals/centres by levying a one-off administrative charge for visitation, which can either be billed to medical insurance or paid upfront. As emphasised by Nyoman,^[34] this has an element of moral hazard given that it will prevent unnecessary visits to public HSS facilities, while ensuring that patients inculcate some level of responsibility in their utilisation of public goods. Such an approach established through PPP arrangements may also help to minimise government failure. The use of facilities will need to be regularly monitored to avoid exploitation in the area of demand and supply of service provision on the part of free-riders and rent-seekers.

Conclusion

In view of the discussion around market failure in Sierra Leone's HSS, it is important to note that delivery of decent healthcare in the country is influenced by both internal and external factors. In terms of the critical discourses utilised, internal influences/factors are dominant, on account of successive governments' failure to enforce legislative control on activities in the healthcare system. The epistemological outcome is an understanding of what constitutes market failure, given that there are many dimensions that can be advanced as the causes of failure or poor service delivery in the sector. In critical discourses on the topic of market failure in the country, particularly those with a focus on the HSS, economists' views on addressing the anomaly have centred on state intervention.^[35,36]

The issue of rent-seeking by professionals in the country's HSS is also a critical point, given the importance of good health to people for their personal livelihoods as well as their contribution to economic growth. The way forward in addressing this issue is to dissect the root causes of medics' behaviour in the health sector, which in this case is low conditions of service. In this light, it can be seen that successive governments have failed to give serious consideration to decent salary packages for staff in the medical

profession, whose overt efforts to become rent-seekers could not then be seriously challenged.

If the long-term vision, as embedded in the MHS 2017 - 2021 strategic plan, is to improve service provision to all residents in the country, irrespective of status or location, then efforts must be made to address long-standing issues of concern, which include a reassessment of 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. It is possible that drastic measures such as the imposition of part payment for service delivery will need to be made available to all patients, irrespective of status in society. Although services provided by the HSS are normally viewed as a public good, it is believed that with the fluctuating upward trend in global economic outlook, the costs associated with decent healthcare will not decrease. As already addressed in earlier sections, this approach also places some responsibility on so-called free-riding users of the HSS, whose unhealthy lifestyles (including drug-taking and other activities) add pressure onto the working population through a high level of taxation, in a bid to save the country's HSS from a complete collapse.

In summary, there is a need for government to take a firm stance in addressing the failures in the country's HSS. To address market failure in this area, it is imperative that regulations should be tightened around the working practices of health professionals, while also ensuring that their welfare, in terms of earning a decent living, is thoroughly reviewed. Through such measures, the long prevalence of rent-seeking and cartel operations in the sector can be minimised, given that government will have established conditions under which patients are to receive treatment, irrespective of their status in society.

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