EXEMPLARS IN GLOBAL HEALTH

RESEARCH BRIEF

# LEARNING FROM SIERRA LEONE'S EXEMPLARY PROGRESS IN FAMILY PLANNING


## EXECUTIVE SUMMARY

Family planning (FP) prevents millions of unintended pregnancies and hundreds of thousands of maternal deaths each year, yet access remains limited in many low- and middle-income countries. Voluntary FP yields broad benefits, including reduced infant mortality, healthier mothers and babies, and greater educational and economic opportunities for women.

The Exemplars in Global Health Family Planning project was led by the Aga Khan University, Population Council, and SickKids with in-country research led by the Centre for Community & Public Health Improvement in Sierra Leone. The mixed-methods research approach was conducted in six countries to examine successful strategies for improving FP outcomes, particularly modern contraceptive prevalence (mCPR) and demand for FP satisfied by modern methods. Sierra Leone was selected as an FP Exemplar country because it outperformed expected growth in these key indicators over the last 30 years, relative to its social and economic development. Data indicate a rapid increase in mCPR among all women ages 15 to 49 in Sierra Leone from 6.3% in 2000 to 24.9% in 2019.

This brief highlights Sierra Leone's exemplary progress and offers valuable lessons for improving FP outcomes across settings, including details on how countries can:

- Prioritize women's education and empowerment through a multi-pronged approach to gender equality
- Ensure political commitment to FP to facilitate integration with other priorities
- Prioritize task-sharing to expand service delivery and method options
- Engage communities and address social norms
- Prioritize comprehensive youth-focused strategies, including youth leadership


## Why is family planning important?

Every year, family planning averts millions of unintended pregnancies and hundreds of thousands of maternal deaths. Yet the ability to freely decide whether and when to have children remains out of reach for many people, especially in low- and middle-income countries. Voluntary family planning has many benefits. Studies show it leads to lower rates of infant mortality, more girls in school, more women in the workforce, and healthier mothers and babies—both by reducing the number of times a woman is exposed to the risks of pregnancy and by reducing the proportion of high-risk pregnancies. In fact, experts argue that universal access to FP is key to achieving every one of the UN's Sustainable Development Goals.

## Family planning progress in Sierra Leone

In Sierra Leone, the importance of FP became particularly apparent in the aftermath of a civil war. The conflict, lasting from 1991 through 2001, exacerbated gender-based violence and inequality. In 2001, Sierra Leone had the world's second highest maternal mortality ratio, with 1,518 maternal deaths per 100,000 live births (Figure 1). In the wake of the conflict, maternal and reproductive health emerged as a national priority.

Data indicate a rapid increase in mCPR among all women of reproductive age in Sierra Leone from 6.3% in 2000 to 24.9% in 2019. This growth coincided with a 58% reduction in maternal mortality from 1,603 maternal deaths per 100,000 live births in 2000 to 464 per 100,000 live births in 2019 (Figure 1). As illustrated in Figure 1, Sierra Leone had an especially rapid period of growth in mCPR from 10% in 2008 to 18.8% in 2013, with a 13.7% compound annual growth rate.

### 1. ADVANCING GENDER EQUALITY THROUGH EDUCATION, LEGAL PROTECTION, AND ECONOMIC OPPORTUNITIES

**Investments in girls' education emerged as a powerful catalyst for change.** The Education Act of 2004 made primary and junior secondary education free and compulsory, creating an environment that supported girls to stay in school. These reforms preceded improvements in primary school attendance for girls. Girls' attendance increased from 60.6% in 2008 to 73.6% by 2013, surpassing boys' attendance at 69.1%; by 2019, 88.7% of primary-school-age girls were in school.[1] The 2021 Radical Inclusion Policy further strengthened access by ensuring that pregnant students could continue their education, addressing a

[1] Net Primary School Attendance Rate [Sierra Leone]. STATcompiler. The DHS Program. http://www.statcompiler.com. Accessed September, 22, 2025. https://www.statcompiler.com/

critical barrier that had previously forced girls to drop out of school. A decomposition analysis revealed that educational advancements explained 25.8% of the mCPR increase in Sierra Leone observed in the model.

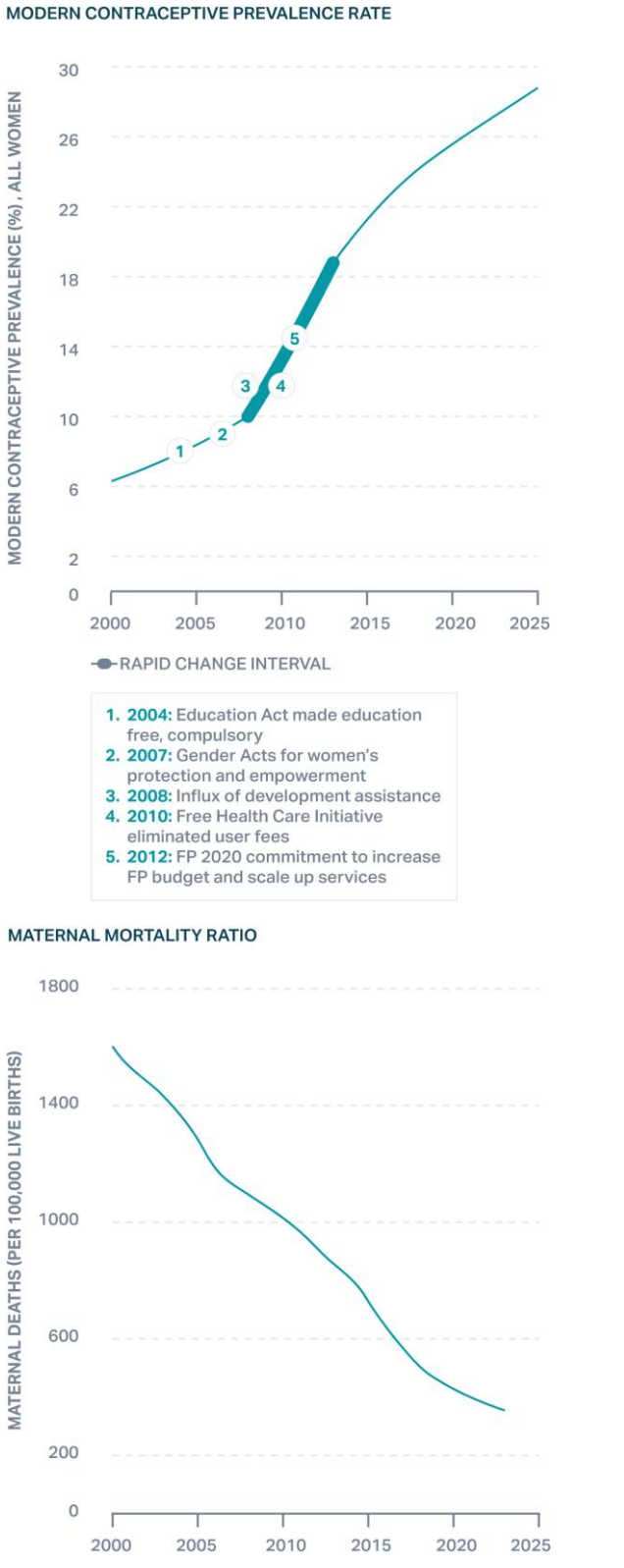
**Economic empowerment and programs to address gender-based violence reinforced reproductive autonomy.** After Sierra Leone's decade-long civil conflict ended in 2002, the government enacted a series of "Gender Acts" between 2007 and 2009, which established a legal framework for women's protection and empowerment that came at the beginning of a period of rapid mCPR growth. Additionally, NGOs established programs focused on microcredit initiatives, vocational training for out-of-school adolescents, and gender-based violence, alongside reproductive health education. The Youth and Child Advocacy Network, established by Sierra Leonean youth in 2005, implemented programs to promote equality, reduce gender-based violence, and campaign for better reproductive health facilities and education. Restless Development's Youth Reproductive Health Programme, implemented from 2007 to 2012, reached approximately 146,000 young people across 12 districts, integrating sexual and reproductive health education with livelihood skills training.

## 2. ALIGNING GLOBAL PARTNERSHIPS AND FINANCING TO DRIVE PROGRESS

**Development assistance transformed the FP financing landscape.** In 2008, Sierra Leone's FP expenditure more than doubled from the previous year, driven by a dramatic shift in funding sources. External partner contributions increased from an average of 4% (2000-2007) to 62% of total FP financing in 2008,[2] the start of Sierra Leone's rapid growth interval for mCPR. The United Nations Population Fund has been present in Sierra Leone since the 1970s and has emerged as the lead agency coordinating reproductive health and FP efforts. The World Bank and Foreign Commonwealth Development Office (formerly the UK Department for International Development) provided substantial financial support for key health initiatives, effectively aligning global resources behind Sierra Leone's national health priorities.

**International commitments elevated FP as a development priority and drove accountability.** The FP2020 partnership was launched in 2012 to mobilize government and development partners around the goal of expanding access to voluntary modern contraception. When FP 2020 launched, Sierra Leone became one of the first countries to commit to the FP2020 partnership. In 2017, Sierra Leone recommitted to the partnership, pledging to increase the annual number of women reached with FP services to more than 755,000, and to raise mCPR to 33.7% by 2022. These targets, announced on an international stage, galvanized political accountability and donor support. The FP2020 pledge and subsequent FP2030 commitment served as a catalyst for continued prioritization of FP at the highest levels of government throughout the 2010s.

**Figure 1: Family planning and maternal health trends and milestones**




*Source: United Nations*

[2] Institute for Health Metrics and Evaluation (IHME). Reproductive Health Spending 2000-2017.

### 3. POSITIONING FP AS A NATIONAL PRIORITY THROUGH THE FREE HEALTH CARE INITIATIVE

**The Free Health Care Initiative (FHCI) eliminated financial barriers and integrated FP within maternal health services, which coincided with a period of rapid mCPR growth.** Post-conflict reforms such as FHCI, launched in 2010 and leveraging development assistance from the United Kingdom, positioned FP as central to reducing maternal mortality and improving reproductive health outcomes. FHCI removed user fees for maternal and child health services, including contraception. This policy shift expanded access to populations who faced systemic barriers to care, including adolescents who could now access modern contraceptives without financial barriers. Beyond removing fees, FHCI strengthened health care delivery through increased training, expanded midwifery programs, and staff incentives.

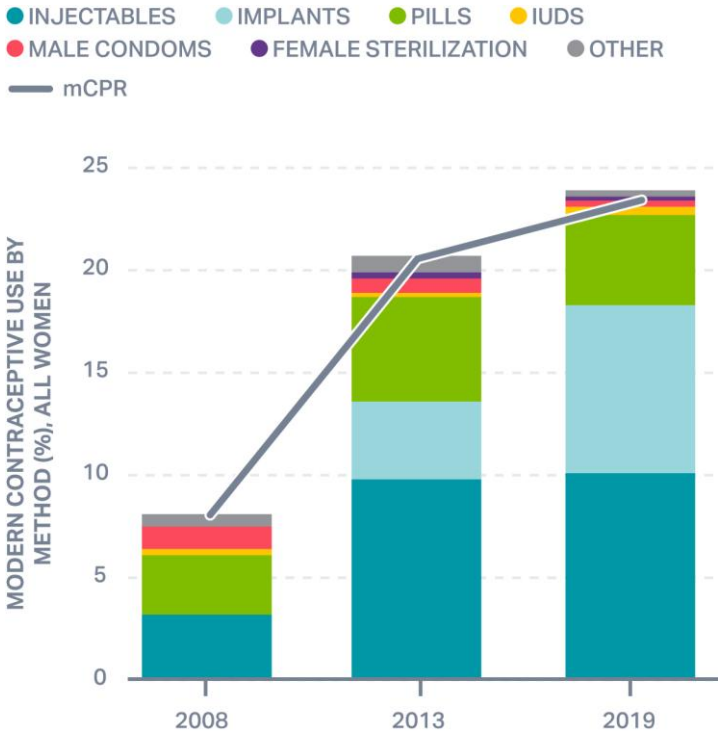
**Political commitment and accountability mechanisms drove implementation.** The government introduced a 0.05% tax on government contracts to sustain FHCI financing. Facility improvement teams monitored quarterly availability of essential services and commodities, with reports reviewed at presidential-level meetings to ensure accountability. The political commitment demonstrated through the FHCI has continued through subsequent policies and financing decisions. In 2012, the government committed to increasing the FP budget line in the national budget. This was followed by the 2013 Agenda for Prosperity, which reinforced women's health, rights, and empowerment, along with the provision of comprehensive reproductive health services, as national priorities.

### 4. OPTIMIZING DELIVERY OF MULTIPLE FP METHODS THROUGH SUPPLY CHAIN STRENGTHENING, TASK-SHIFTING, AND SERVICE INTEGRATION

**Sierra Leone addressed critical gaps in commodity availability, human resources, and service accessibility that brought services closer to women.** The shifts in contraceptive method mix over time (Figure 2), along with changes in other key indicators, provide insights into how these efforts to expand access improved responsiveness to the needs of the population, particularly during the period of rapid mCPR growth. In addition, demand for FP satisfied by modern methods among adolescents ages 15-19 increased between 2008 and 2019 (Figure 3), outpacing all other age groups by 2019, a shift that could be driven both by service integration strategies and targeted communication campaigns and education. The rural–urban gap also narrowed substantially during this time (Figure 3).

**Strategic partnerships strengthened supply chains and ensured commodity security.** Beginning in 2008, Sierra Leone received support from UNFPA's Global Programme to Enhance Reproductive Health Commodity Security, which addressed procurement through last-mile delivery. The program ensured consistent availability of quality reproductive health supplies while supporting policy advocacy, provider training, procurement systems, infrastructure development, and improved logistics information systems. During this time, Marie Stopes International also supported the introduction of contraceptive implants, beginning in approximately 2009, scaling from 8,387 implants provided per year to 37,672 by 2012. After this, the global Implant Access Program, a coordinated effort among development partners, helped subsidize the cost of implants, expand supply, and strengthen provider capacity and broader awareness in many countries, including Sierra Leone, where implant use continued to increase.

**Figure 2: Changes in contraceptive method mix over time**



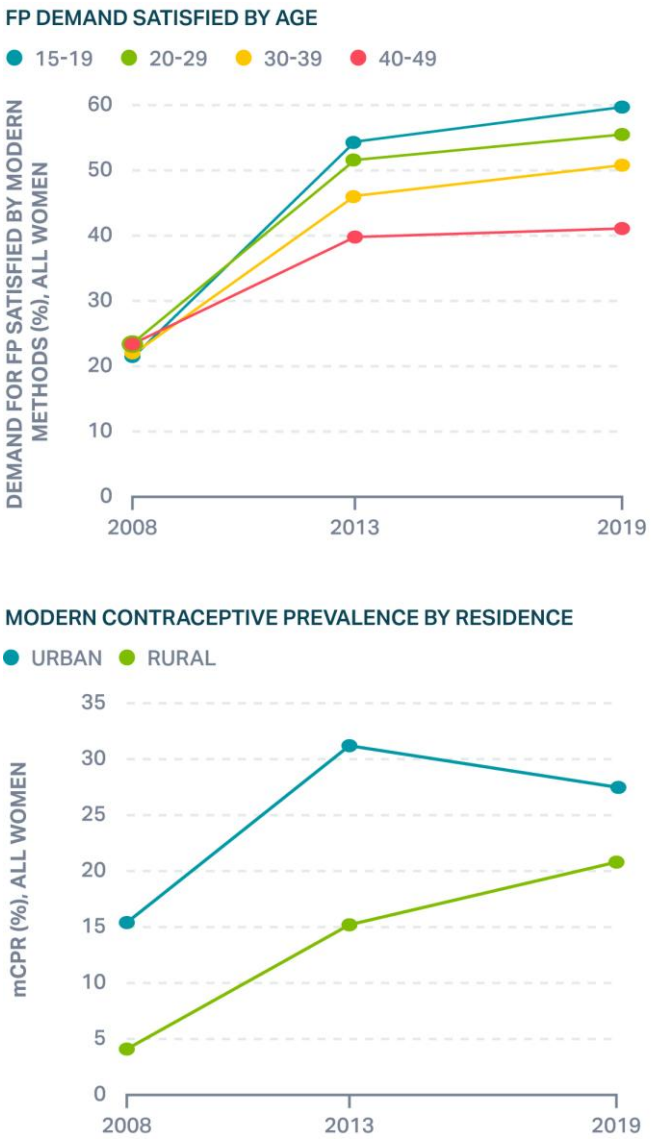

*Source: Demographic and Health Surveys*

**Task-shifting policies expanded the provider base.** When the Free Health Care Initiative increased demand for services, Sierra Leone responded by training nurses and midwives to deliver all methods of contraception, including long-acting reversible contraceptives, such as implants. Between the launch of FHCI in 2010 and 2013, the National Midwifery School incorporated FP services into their curricula, and UNFPA assisted in training midwives and community health officers. The 2015 Community Health Worker Policy revision further expanded the role of community health workers to include the provision of reproductive health and FP services, which brought contraceptive counseling and commodities directly to communities. In 2019, Sierra Leone further piloted a task-sharing initiative that trained maternal and child health aides, which was expanded to other districts in 2020. A decomposition analysis revealed that a 20% increase in fieldworker visits accounted for 15.2% of explained mCPR increase in Sierra Leone.

**Service integration maximized FP touchpoints across the health system.** Sierra Leone embedded FP into the well-funded and trusted Expanded Programme on Immunization starting as early as 2011, which provided a stable foundation for FP services. The innovative Six-Monthly Contact Point program, introduced in 2017, engaged mothers about postpartum FP during routine infant

immunization visits, capitalizing on existing healthcare interactions. In addition, the Basic Package of Essential Health Services, as revised in 2015, integrated both FP and HIV/STI services into school and adolescent health services, increasing opportunities for youth engagement with reproductive health services.

**Figure 3: Progress in family planning use among key populations**



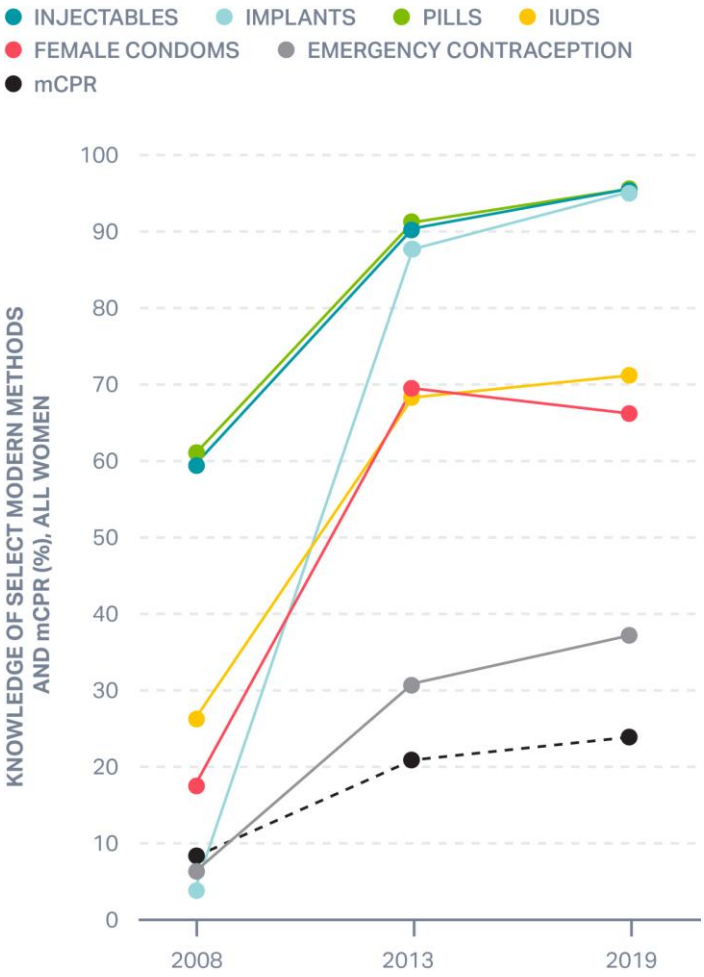

*Source: Demographic and Health Surveys*

## 5. MOBILIZING COMMUNITIES TO GENERATE AWARENESS AND DEMAND

**Awareness and uptake are linked.** A decomposition analysis revealed that 67% of explained mCPR increase in Sierra Leone could be attributed to increasing knowledge of modern FP methods. Knowledge increases were apparent for all modern methods in Sierra Leone since 2008, with a particularly notable increase for implants (Figure 4), likely driven by both supply- and demand-side interventions during the rapid growth period.

**Engaging religious leaders aided in promoting FP acceptance.** Religion has historically had a profound influence on reproductive health behavior in Sierra Leone. Organizations working in Sierra Leone, including the Planned Parenthood Association, active in the country since 1959, work on behavior change communications, including engaging religious leaders as advocates. These trusted voices played a critical role in dispelling myths and misconceptions and helped promote informed use of FP methods across communities.

**Figure 4: Increasing method knowledge and family planning use**




*Source: Demographic and Health Surveys*

**Mass media and community groups amplified FP messaging.** In 2008, radio emerged as the most popular source of FP information for women in Sierra Leone compared with television or newspapers and magazines. Programs such as Saliwansai, launched in 2012, spread population and reproductive health knowledge through radio as an accessible medium. The 2008 UNFPA Global Programme to Enhance Reproductive Health Commodity Security also focused on demand-side interventions in addition to the supply side by establishing Community Wellness Advocacy Groups in 2012 that operated across 120 chiefdoms in nine districts. These groups served dual roles as community-based distribution agents and cultural communicators, using song, dance, and drama in marketplaces to deliver accurate FP information through culturally resonant formats.

**Youth-focused programs addressed the unique needs of this population.** From 2008 to 2010, the Ministry of Education, Youth and Sports partnered with UNFPA to expand youth-friendly services and peer education networks that promote responsible sexual and reproductive health behavior. Peer educators used relatable messaging to reach youth with information about modern methods. The 2013 National Strategy on Child Marriage further institutionalized youth engagement by introducing comprehensive sexuality education in schools and addressing youth's perceptions about FP.

## Summary recommendations

Sierra Leone's advancements in family planning offer valuable insights for other countries seeking to strengthen their programs:

- **Prioritize women's education and empowerment**: Higher educational attainment in Sierra Leone empowered women to make informed reproductive choices. Education was the largest driver of mCPR growth among young women across all Exemplar countries, according to the changes observed in the decomposition analysis.
- **Ensure political commitment to FP:** High-level political commitment was the driving force behind Sierra Leone's FP progress and facilitated the integration of FP into the FHCI and other high-trust health programs. While financing is crucial, political commitment translates necessary resources, both external and domestic, into sustained progress.
- **Prioritize task-sharing to expand service delivery:** Training midwives and nurses to provide the full range of contraceptive methods, including long-acting reversible contraceptives, and expanding the role of community health workers to provide counseling and outreach services were crucial to success. Investing in task-shifting policies that authorize and train midlevel providers expands access to services.
- **Engage communities and address social norms:** Sierra Leone was able to address social norms and misconceptions by engaging community leaders, including religious figures, as FP advocates. Community radio campaigns, peer education, and community member engagement demonstrate how multiple reinforcing approaches can shift social norms and create an enabling environment for contraceptive uptake.
- **Prioritize comprehensive youth-focused strategies:** Sierra Leone made unique progress in increasing demand satisfied for FP among adolescents through a multifaceted approach that targeted youth rights protections, a focus on youth-responsive and free services, and provision of comprehensive information tailored to this audience. This comprehensive approach to youth health and wellbeing also mobilized youth as change agents.

## OVERVIEW OF RESEARCH AND COUNTRY SELECTION

We identified FP positive outliers by assessing trends in the modern contraceptive prevalence rate (mCPR) and family planning demand satisfied with modern methods over multiple time intervals (2020, 2010–2015, 2015–2020, 2010–2020, 2000–2020, and 1994–2010), looking at current levels, recent increases, and sustained progress relative to the Human Development Index. We identified countries that would be most effective to study based on transferability of findings and relevance across contexts (e.g., geographic spread, population over 5 million, and no coercive FP policies).

We used a mixed-methods approach to examine program and policy interventions, leverage qualitative data from key informant interviews and focus group discussions, and analyze trends in mCPR and demand satisfied using descriptive statistics. In parallel, we conducted a Oaxaca-Blinder decomposition analysis to quantify the determinants of mCPR change over time and their relative contribution to change. To guide results synthesis, we analyzed five-year intervals from 1994 through 2020 to identify intervals of rapid, or maximum, mCPR growth, and mapped key policies and interventions to these periods and the five years preceding.

Data sources included national surveys, such as the Demographic and Health Survey and Integrated Household Survey, as well as data from global institutions including the World Bank, United Nations Population Division, and World Health Organization.

## Research partners

Institute of Community & Public Health (ICPH-Sierra Leone)

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The Exemplars in Global Health (EGH) program is a global coalition of partners including researchers, academics, experts, funders, country stakeholders, and implementers. Our mission is to identify positive global health outliers, analyze what makes countries successful, and disseminate core lessons so they can be adapted in comparable settings. We aim to help country-level decision makers, global partners, and funders make strategic decisions, allocate resources, and craft evidence-based policies. EGH is part of the Gates Foundation's Global Development Division.