ORIGINAL RESEARCH ARTICLE

Expanding family planning services in Sierra Leone: A transformative, smart investment

DOI: 10.29063/ajrh2026/v30i7s.7

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Abstract

Sierra Leone continues to face significant constraints in financing family planning, marked by limited fiscal space, declining government allocations, and high dependence on external partners. This study models the financial needs, expected health outcomes, and economic returns under alternative coverage scenarios. Achieving a modern contraceptive prevalence rate of 50% by 2030 would require an additional USD 65 million and is projected to avert more than 3.1 million unintended pregnancies and 10,000 maternal deaths. These improvements would generate approximately USD 640 million in socioeconomic benefits, representing nearly a ten-fold return on investment. In contrast, failure to scale up family planning services could result in economic losses exceeding 0.8% of gross domestic product (GDP). Closing the financing gap will require strengthened domestic revenue mobilisation, greater efficiency in public spending, and fulfilment of national health financing commitments. Overall, the evidence shows that family planning is a highly cost-effective investment that improves health outcomes, promotes gender equality, and accelerates economic growth, making it one of Sierra Leone's most powerful strategies for achieving sustainable development. *(Afr J Reprod Health 2026; 30 [7s]: 73-82).*

Keywords: Family planning financing, Investment case, Cost-benefit analysis, Fiscal space analysis, Sierra Leone

Résumé

La Sierra Leone continue de faire face à d'importantes contraintes dans le financement de la planification familiale, marquées par un espace budgétaire limité, la baisse des allocations publiques et une forte dépendance vis-à-vis des partenaires extérieurs. Cette étude modélise les besoins financiers, les résultats sanitaires attendus et les retombées économiques selon différents scénarios de couverture. Atteindre un taux de prévalence contraceptive moderne de 50% d'ici 2030 nécessiterait un investissement supplémentaire de 65 millions USD et permettrait d'éviter plus de 3,1 millions de grossesses non désirées ainsi que 10 000 décès maternels. Ces améliorations généreraient environ 640 millions USD de bénéfices socioéconomiques, soit un rendement proche de dix fois l'investissement initial. À l'inverse, l'absence d'un renforcement des services de planification familiale pourrait entraîner des pertes économiques dépassant 0,8% du produit intérieur brut (PIB). La réduction du déficit de financement exigera un renforcement de la mobilisation des ressources intérieures, une amélioration de l'efficience des dépenses publiques et le respect des engagements nationaux en matière de financement de la santé. Dans l'ensemble, les résultats montrent que la planification familiale constitue un investissement hautement rentable qui améliore les résultats sanitaires, favorise l'égalité de genre et accélère la croissance économique, faisant de celle-ci l'une des stratégies les plus puissantes de la Sierra Leone pour atteindre un développement durable. *(Afr J Reprod Health 2026; 30 [7s]: 73-82).*

Mots-clés: Financement de la planification familiale, Étude d'investissement, Analyse coûts-bénéfices, Analyse de l'espace budgétaire, Sierra Leone

Introduction

Sierra Leone, a low-income country with a population of approximately 8.8 million, continues to face persistent reproductive health challenges that limit human capital development. More than three-quarters of the population is under the age of 35, and the total fertility rate remains high at 4.2 births per woman.[1,2] The country ranks 184th out of 193 on the Human Development Index, reflecting the long-term impacts of post-conflict recovery, the Ebola epidemic, and recent macroeconomic shocks.[3] Although progress has been achieved in democratic governance and health sector reforms, improvements in reproductive health outcomes remain uneven, particularly in the area of family planning.[4]

Family planning plays a critical role in influencing maternal mortality, gender equality, and socioeconomic development. Access to modern contraception reduces unintended pregnancies, lowers the incidence of unsafe abortions, and strengthens women's participation in education and the labour market.[5,6] In Sierra Leone, the modern contraceptive prevalence rate (mCPR) among all women increased from 8% in 2008 to 24% in 2019, with projections suggesting a further rise to 29% by 2023.[7–9] Despite this progress, unmet need for contraception remains high at 25%, and significant disparities persist across regions, age groups, and marital status, with adolescents and unmarried women facing the greatest challenges.[10] Persistent stock-outs of essential supplies, high discontinuation rates, and service delivery gaps further undermine consistent contraceptive use.[11] These constraints contribute to preventable maternal morbidity and mortality and hinder progress toward the Sustainable Development Goals (SDGs) and national FP2030 commitments.

The financing landscape for family planning in Sierra Leone remains fragile. Public expenditure on the health sector has been declining in recent years, while family planning services rely almost entirely on external donor support.[12–15] Limited fiscal space, low tax revenues, and spending inefficiencies pose additional risks to the sustainability of services.[16–18] As a result, households shoulder most of the financial burden for family planning, with out-of-pocket payments particularly high among poor and rural families.[15]

In response to these challenges, the Government of Sierra Leone, in collaboration with the United Nations Population Fund (UNFPA), developed a family planning investment case to support evidence-based financing decisions. This study integrates budget analysis, costing, cost-benefit analysis, cost-of-inaction modelling, and fiscal space assessment to quantify the financing needs, health outcomes, and economic impacts associated with scaling up family planning services between 2024 and 2030. It also identifies strategies to increase domestic investment and reduce donor dependency.

The article first outlines the analytical framework, data sources, and modelling approach used in the investment case. It then presents the core findings, followed by a discussion of the policy implications and long-term sustainability considerations. It concludes by identifying priority actions to strengthen domestic financing and position family planning as a central component of Sierra Leone's broader national development agenda.

Methods

Framework

The family planning investment case estimates the costs and benefits of expanding modern family planning services between 2023 and 2030. Using a framework that integrates demographic, epidemiological, and financial data, the analysis models three scale-up scenarios to reflect different trajectories for increases in the modern contraceptive prevalence rate (mCPR): business-as-usual (BAU), achievable, and ambitious. Six complementary analytical tools were applied—situation analysis, budget analysis, costing analysis, cost-benefit analysis, cost of inaction analysis, and fiscal space analysis—to quantify the investment requirements and expected benefits.

The study was guided by a multisectoral task team led by the Ministry of Health, working in collaboration with the Ministry of Finance, the Ministry of Planning and Economic Development, and the UNFPA country office in Sierra Leone. Stakeholders participated in data validation, scenario definition, and parameter selection through inception workshops, technical consultations, and validation meetings. This included representatives from key technical programmes in the Ministry of Health, District Health Management Teams, the Parliamentary Action Group on Population and Development, United Nations agencies, including the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), and a range of civil society organisations (CSOs). Their contributions strengthened the contextual relevance and alignment with national priorities.

Data sources

The investment case drew on a wide range of official and peer-reviewed sources. Demographic and reproductive health indicators were sourced from the Sierra Leone Demographic and Health Survey (SLDHS 2019),[7-9] Statistics Sierra Leone population projections, and the UN DESA World Population Prospects.[19] Health financing data came

from the National Health Accounts (NHA) (2019–2020),[16] Ministry of Finance budget statements (2022–2023),[13-5] and Track20 family planning expenditure assessments.[12] Additional inputs included the National Assessment on Availability of Reproductive Health Commodities and Services (2022),[11] UNFPA Supplies Partnership records,[4] and modelling outputs from Avenir Health's Spectrum software.[20]

Economic indicators were obtained from the World Bank[21] and the International Monetary Fund (IMF).[22] Where national data gaps existed, sub-regional or global estimates were incorporated to ensure comparability. All financial values were expressed in constant 2023 USD, and demographic projections followed national census-aligned baselines.[10]

Situation analysis

The situation analysis established the baseline context for family planning by examining demographic and socioeconomic characteristics, fertility trends, contraceptive demand and use, method mix, and prevalence of stockouts. It assessed determinants of unmet need and barriers to service uptake using data disaggregated by geography and socioeconomic groups. The analysis also reviewed alignment between current service delivery and national frameworks such as the Costed Implementation Plan for Family Planning (CIP 2023–2027) and the National Health Sector Strategic Plan (2021–2025). Quantitative findings were complemented by stakeholder consultations, which provided insights into governance, coordination, and financing constraints. These baseline assessments informed the parameters applied in the costing and projection exercises.

Budget analysis

The budget analysis reviewed historical spending on family planning within the broader national health allocation. Data from the National Health Accounts and Ministry of Finance budget statements were used to estimate total and programme-specific expenditures by funding source, including government, donors, corporations, and households. Spending was classified by economic type (recurrent versus capital) and by programme, such as maternal health, family planning, and communicable diseases. Trends were benchmarked against global commitments, including the Abuja Declaration and FP2030 pledges. The analysis measured the proportion of family planning financing derived from domestic versus external sources and assessed efficiency gaps through execution rates and recurrent-to-capital expenditure ratios. These insights provided the baselines for estimating funding gaps and fiscal space.

Scenario modelling and costing

The costing analysis estimated the resources required to scale up family planning interventions under the three coverage scenarios. Costs were calculated using an ingredients-based approach that included commodities, provider time, infrastructure, and programme costs such as training, advocacy, monitoring, and supervision. Avenir Health's Spectrum Policy Software (version 6.29) was used to model family planning scale-up scenarios.[20] The FamPlan module projected coverage and method mix; the Lives Saved Tool (LiST) generated intervention costs; and DemProj produced demographic projections. Assumptions on fertility rates, method mix shifts, and service delivery costs followed WHO guidelines.[5,23] All costs were projected for 2024–2030, adjusted for inflation, and discounted at 3% annually.

The BAU scenario projected a continuation of historical increases in mCPR. The achievable scenario modelled an increase from 29.1% to 43.1% by 2030. The ambitious scenario assumed full satisfaction of total demand for modern contraception, reaching an mCPR of 49.5% by 2030.

Cost-benefit analysis

The cost-benefit analysis compared programme costs with monetised social and economic benefits. Health outcomes—including unintended pregnancies, unsafe abortions, and maternal deaths averted—were modelled through Spectrum using WHO effectiveness parameters and demographic projections.[19] Economic valuation followed a human-capital approach, monetising health gains through disability-adjusted life years (DALYs) averted, with each DALY valued at Sierra Leone's gross domestic product (GDP) per capita to reflect potential economic productivity. This method aligns with global standards for reproductive health investment modelling.[23,24] Benefit-cost ratios (BCR)

were calculated by comparing discounted benefits and discounted programme costs at a 3% discount rate.[25,26] Indirect benefits included reduced obstetric and post-abortion care costs and increased economic participation enabled by expanded contraceptive access.

Cost of inaction analysis

The cost of inaction analysis estimated the economic and social losses associated with failing to scale up family planning services. It compared the BAU scenario with the achievable and ambitious scenarios to quantify forgone benefits. Losses included productivity declines due to unaverted maternal deaths, preventable health system expenditures related to unintended pregnancies and unsafe abortions, and macroeconomic opportunity costs stemming from reduced female education and labour force participation. The analysis applied the same valuation framework and macroeconomic assumptions as the cost-benefit analysis and used IMF GDP forecasts through 2030. Results were expressed in total and per capita terms and as percentages of projected GDP to illustrate the national economic burden of inaction.

Fiscal space analysis

The fiscal space analysis assessed Sierra Leone's capacity to mobilise sustainable financing for family planning. It followed the WHO fiscal space framework, examining five areas: improved revenue mobilisation, reprioritisation within the budget, health sector efficiency gains, external grants and concessional borrowing, and macroeconomic growth.[17] Historical data (2010–2022) were used to estimate tax-to-GDP and health-spending elasticities. Scenario modelling assessed the potential fiscal space that could be generated if Sierra Leone met the Abuja Declaration target of allocating 15% of the national budget to health or its FP2030 commitment of dedicating 1% of the health budget to family planning.[27] Efficiency gains were estimated using WHO's health system efficiency index, accounting for potential savings from procurement reforms, rationalisation of human resources for health, and integrated service delivery. The analysis produced indicative annual resource envelopes for both domestic and external financing options.

Results

Family planning trends

Modern contraceptive use among women aged 15–49 in Sierra Leone increased significantly from 8% in 2008 to 24% in 2019; however, less than half of the total demand for modern contraception is currently satisfied, as unmet need remains high at 25%, exceeding the sub-Saharan African average of 23%. The challenge is especially pronounced among sexually active unmarried women, where unmet need reaches 34%, and among rural populations more broadly. Despite improvements in contraceptive prevalence, access continues to be constrained by a high discontinuation rate of 35% and by persistent commodity shortages. Only 40% of service delivery points reported no stock-out of any modern contraceptive method in the three months preceding the most recent survey.[11] At the sub-national level, geographic disparities are substantial, with modern contraceptive prevalence ranging from 7% in Falaba to 32% in Kailahun.[7,9] These findings underscore persistent inequities in access to and utilisation of family planning services across geographic and demographic groups.

Financing landscape

Health sector financing has declined consistently in recent years, with government allocations falling from 11% of the national budget in 2022 to 9% in 2023 and then to 7% in 2024—well below the Abuja Declaration benchmark of 15%.[13,15] With respect to family planning specifically, the most recent National Health Accounts show that government financing represented less than 1% of total expenditures, while external partners contributed nearly 90%, raising substantial concerns about the long-term sustainability of services.[16] Table 1 presents family planning spending by source for 2019 and 2020, demonstrating the overwhelming dependence on external aid for programme financing.

Financing needs and gaps

To reach national family planning targets by 2030, total investment requirements are estimated at USD 49 million under the BAU scenario, USD 59 million under the achievable scenario, and USD 65 million

Table 1: Family planning spending by source, 2019 and 2020 (in millions of Leones and as % of total)

Source	2019		2020	
	Amount	Share	Amount	Share
Government	95	0.15	29	0.03
Corporations	1,291	2.0	1,015	0.9
Non-profit institutions serving households	10,099	15.7	11,141	9.6
External aid	52,823	82.1	104,520	89.6
Total	64,308	100	116,706	100

Source: NHA Data Analysis, 2019-2020

Table 2: Financial requirements and funding gaps by scenarios, 2024-2030

Scenario	Target mCPR (%) by 2030	Investment required (USD million)	Funding gap (USD million)
BAU	33.0	48.5	48.2
Achievable	43.1	58.5	58.4
Ambitious	49.5	65.1	64.8

Table 3: Projected family planning health impacts by scenarios by 2030

Indicator	BAU	Achievable	Ambitious
Target mCPR (%)	33.0	43.1	49.5
Family planning users	904,977	1,132,791	1,302,781
Unintended pregnancies averted	2,421,846	2,811,315	3,068,107
Maternal deaths averted	7,938	9,200	10,017
Unsafe abortions averted	864,599	1,007,706	1,095,291
Total investment (USD)	48,573,127	58,712,695	65,141,415

under the ambitious scenario for the period 2024–2030 (Table 2). However, projections of available funding—based on 2023–2024 budget data—indicate that only USD 316,000 may be accessible by 2030. The resulting financing gaps are therefore substantial, amounting to approximately USD 48 million under BAU, USD 58 million under the achievable scenario, and USD 65 million under the ambitious scenario. These shortfalls pose a major threat to fulfilling national and international family planning commitments and risk further entrenching service inequities.

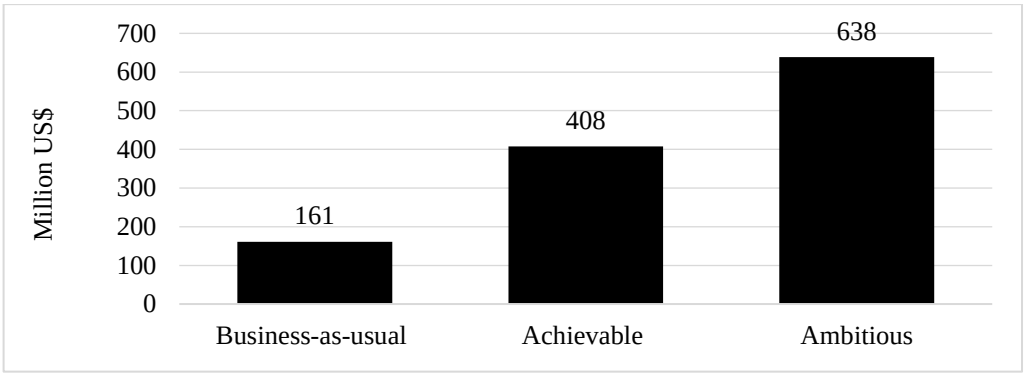
Health benefits

Substantial health gains are projected across all scale-up scenarios. Between 2024 and 2030, an estimated 2.4 million unintended pregnancies would be averted under the BAU scenario, 2.8 million under the achievable scenario, and 3.1 million under the ambitious scenario (Table 3). These declines are expected to prevent approximately 8,000, 9,200, and 10,000 maternal deaths, respectively, along with 865,000, 1,010,000, and 1,100,000 unsafe abortions. Table 3 also shows that family planning users would increase to approximately 905,000 under BAU, 1.13 million under the achievable scenario, and 1.30 million under the ambitious scenario. Together, these results demonstrate the substantial health impact achievable through expanded contraceptive access and coverage.

Economic benefits

The projected health improvements translate into major economic gains. The modelling estimates that family planning scale-up would generate USD 161 million in economic benefits under the BAU scenario, USD 408 million under the achievable scenario, and USD 638 million under the ambitious scenario. Corresponding BCRs of 3.3, 6.9, and 9.8 demonstrate that every USD 1 invested in family planning yields between USD 3 and USD 10 in socioeconomic returns. Figure 1 illustrates the total economic benefit and BCR for each scenario from 2024 to 2030.

Panel 1A



Panel 1B

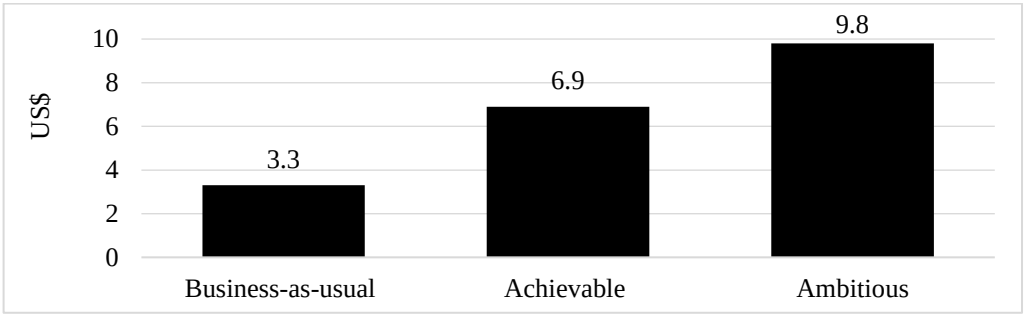


Figure 1: Total economic benefit (panel 1A) and BCR (panel 1B) by scenarios from 2024-2030

Table 4: Opportunity costs of inaction under different scenarios from 2024-2030

Indicator	Achievable	Ambitious
Unintended pregnancies not averted	389,470	646,261
Maternal deaths not averted	1,261	2,079
Unsafe abortions not averted	143,107	230,692
Total DALYs lost	218,823	344,910
Lost economic benefits (% of GDP)	0.32	0.81

Economic losses

The opportunity cost of inaction reflects the health and economic benefits lost if family planning services are not scaled up. Under the achievable scenario, failure to expand coverage would leave more than 227,000 potential modern family planning users unreached, resulting in over 300,000 unintended pregnancies, 1,000 maternal deaths, and 100,000 unsafe abortions. These outcomes would translate into nearly 200,000 DALYs lost and reduce national economic output by an estimated 0.32% (Table 4). Under the ambitious scenario, inaction could leave close to 397,000 potential users unreached, leading to 600,000 unintended pregnancies, 2,000 maternal deaths, and 200,000 unsafe abortions. Approximately 345,000 DALYs would be lost, removing more than 0.8% of GDP. These findings confirm that inaction carries substantial health and economic costs and would undermine national development objectives.

Financing options

The fiscal space analysis identified multiple avenues for increasing the financing capacity for family planning without jeopardising macroeconomic stability. Strengthening domestic revenue mobilisation represents a significant opportunity. Although Sierra Leone's tax revenue increased from 8.2% to 11% of GDP between 2009 and 2020, the figure remains well below both the 15% benchmark for low-income countries and the African regional average of 15.4%.[17,18] If the government improved tax collection, reduced illicit financial flows, and achieved the continental average by 2030, it could generate as much as USD 231 million in additional revenue, or more than USD 30 million annually.

Reprioritising the national budget could also expand fiscal space. Despite adopting the Abuja

Declaration in 2001, the health sector's share of the national budget declined to 9% in 2023. If spending were progressively increased to the 15% target by 2030, approximately USD 6.6 billion could be mobilised for the health sector—about USD 950 million per year. Fulfilling the FP2030 commitment[27] to allocate 1% of the health sector budget to family planning would generate an estimated USD 66 million by 2030, sufficient to fund the full cost of the ambitious scenario.

Improving efficiency in health sector spending represents an additional avenue for expanding fiscal space. Resource alignment and optimisation are critical, particularly given the highly uneven distribution of health workers: Freetown averages 22.5 health workers per facility compared to the national average of 6.4, and urban areas host 98% of doctors and 71% of nurses despite 64% of the population residing in rural areas. Reallocating personnel to rural communities could enhance family planning access without requiring new funds. Strengthening public financial management systems is equally important. In 2021, more than 30% of the family planning budget went unspent, and 60% of funds were untraceable to service delivery. Improvements in budget execution, expenditure tracking, transparency, and anti-corruption measures could reduce wastage, lower overhead costs, and unlock additional fiscal space.

External support remains essential. Official development assistance (ODA) contributes significantly to national development financing in Sierra Leone, amounting to approximately 17% of gross national income—nearly six times the sub-Saharan African average.[28] ODA flows have remained relatively stable over the past decade and continue to provide an important avenue for health sector investment. Aligning donor support with national family planning priorities can help bridge financing gaps while domestic resource mobilisation efforts expand.

Discussion

The findings of this investment case reaffirm the substantial public health and socioeconomic value of expanding access to family planning in Sierra Leone. The projected prevention of more than 10,000 maternal deaths under the ambitious scenario demonstrates the direct contribution of modern contraception to reducing maternal mortality. Reductions in unintended pregnancies and unsafe abortions also ease the burden on overstretched obstetric and post-abortion care services, helping redirect resources to other priority areas. Beyond these immediate health impacts, improved contraceptive access enhances women's educational attainment and participation in the labour force, thereby strengthening gender equality and economic productivity. The monetised economic benefits, which could exceed USD 600 million through 2030, reflect lifetime productivity gains associated with preventing premature mortality and morbidity. These results strengthen the case for treating reproductive health investments as critical drivers of economic growth rather than as discretionary social expenditures. Moreover, the high return on investment observed in Sierra Leone is consistent with findings from similar analyses in sub-Saharan Africa, including those presented in other articles in this Special Edition.

The fiscal space analysis identifies realistic opportunities to sustainably finance reproductive health services. Although current public health expenditure remains far below international benchmarks, modest improvements in tax collection, budget reprioritisation, and expenditure rationalisation could close the USD 65 million funding gap required to achieve the ambitious scenario. Meeting the continental average tax-to-GDP ratio of 15% could generate more than USD 30 million annually, while allocating 1% of the health budget to family planning would fully fund the required scale-up. The findings also highlight persistent inefficiencies that weaken fiscal space, including very low budget execution rates for family planning. Strengthening public financial management (PFM) systems, procurement processes, and expenditure tracking would reduce wastage and enhance accountability. More equitable deployment of the health workforce could further optimise available resources and extend essential services to underserved communities. These insights make clear that fiscal constraints stem not only from limited revenue but also from inefficiencies in how existing funds are allocated and executed.

Situating family planning within Sierra Leone's broader human capital development and demographic dividend agenda is essential. Expanding contraceptive coverage contributes to

lowering dependency ratios, increasing female labour participation, and reducing population pressures on education, health, and employment systems. These macroeconomic linkages underscore that reproductive health investments are integral components of inclusive growth strategies rather than isolated health interventions. The projected GDP loss of 0.8% under the ambitious inaction scenario illustrates the scale of the opportunity cost associated with underinvestment. Aligning family planning financing with ongoing health sector reforms—such as digital expenditure tracking, results-based budgeting, and supply chain modernisation—could further institutionalise efficiency and transparency. Sustained parliamentary engagement to safeguard the 1% family planning budget line, together with periodic multi-stakeholder financing dialogues, will be crucial for maintaining political commitment and accountability.

This study has several limitations. The analysis relies on modelled projections derived from national and international datasets, which introduce uncertainty related to fertility patterns, cost parameters, and macroeconomic assumptions. Some secondary data sources predate 2022, potentially affecting the precision of demographic and cost estimates. Assumptions regarding fertility decline and method mix shifts draw on regional evidence and may not fully capture sub-national variations. The valuation of health outcomes using GDP per capita may misrepresent productivity effects in settings with volatile labour markets. Fiscal space estimates also assume stable economic growth and governance improvements, both of which are vulnerable to external shocks. Although the sensitivity analyses suggest that findings remain robust under reasonable alternative assumptions, future iterations should incorporate more recent demographic and financial data and consider cross-sectoral effects, including education and employment outcomes, to refine benefit estimates and strengthen the overall evidence base.

Several areas warrant further research. Understanding how increased budget allocations translate into measurable service delivery improvements is essential, particularly with respect to district-level absorption capacity and the links between financing inputs, contraceptive uptake, and service quality. Additional work is needed to assess alternative financing mechanisms, such as impact bonds, blended finance models, and insurance-based schemes, which may offer greater sustainability amid fiscal volatility and uncertain ODA flows. More granular analyses are also necessary to investigate regional and sociocultural disparities in unmet need, particularly among adolescents and unmarried women, who continue to face the highest barriers to consistent contraceptive use.

Implications for policy and practice

The evidence presented in this investment case yields several implications for policy and practice. Strengthening predictable domestic financing by embedding family planning allocations within the annual budget and the Medium-Term Expenditure Framework (MTEF) is essential. Improving efficiency in public spending through transparent budget execution, equitable deployment of the health workforce, and integrated service delivery models would maximise the impact of available resources. Reinforcing accountability by publishing annual expenditure and performance reviews would help monitor progress and identify persistent bottlenecks. Consolidating partnerships between the government and development partners through a unified national financing platform would also enhance alignment and reduce fragmentation. Given the significant yet increasingly uncertain role of official development assistance, donor financing trends require careful monitoring.[29] Integrating external support into the MTEF and coordinating it through the Health Sector Steering Group would help maintain alignment with national priorities and reduce vulnerability to aid volatility, which is expected to rise.[29]

The investment case has already contributed to meaningful policy changes in Sierra Leone. Following the dissemination of the findings, a High-Level Dialogue on Family Planning Financing convened government leaders, development partners, donors, and civil society representatives in 2024, resulting in commitments to increase domestic health spending from 7% in 2024 to 9% in 2025 and to maintain a dedicated family planning budget line.[30] The study also informed the 2024 Country Compact Agreement between the Government of Sierra Leone and UNFPA, strengthening multi-stakeholder accountability for family planning financing. Engagements with the

IMF and the United Kingdom's Foreign, Commonwealth and Development Office (FCDO) opened new possibilities for co-financing mechanisms and performance-based financing pilots.[30] These developments demonstrate how economic evidence, when clearly communicated, can shift perceptions of family planning from a donor-funded programme to a domestic investment central to macroeconomic stability and resilience.

Conclusion

Expanding access to family planning in Sierra Leone is a high-impact and cost-effective investment that delivers substantial public health and economic gains. The investment case shows that scaling up services through 2030 could avert millions of unintended pregnancies and thousands of maternal deaths while generating economic returns of up to ten times the value of the required investment. These results reaffirm that family planning is essential for meeting national commitments under FP2030 and the SDGs. Sustaining progress will depend on institutionalising predictable domestic financing, strengthening public financial management systems, and reducing reliance on external partners through improved revenue mobilisation and strategic budget reprioritisation. Continued multisectoral coordination and accountability will be necessary to maintain momentum and ensure effective implementation. By positioning family planning as a development investment rather than a recurrent expenditure, Sierra Leone can accelerate its demographic transition, enhance fiscal resilience, and support healthier and more productive futures for women, families, and communities across the country.

Acknowledgements

We extend our gratitude to the Ministry of Health of Sierra Leone, with special recognition to Dr. Tom Sesay, Director of Reproductive and Child Health and member of the Global Steering Committee for the UNFPA Supplies Partnership. His unwavering commitment to the vision of sustainable financing for family planning has been instrumental in advancing this agenda. Through evidence-based advocacy, the development of compelling arguments, and positioning family planning as a strategic investment, Dr. Sesay has played a pivotal role in shaping national efforts in this area.

We acknowledge the invaluable leadership and support provided by the UNFPA Sierra Leone Country Office, particularly Ms. Nadia Rasheed, former Representative, and Ms. Sibeso Mululuma, Officer-in-Charge. Their oversight, technical guidance, and steadfast commitment were essential in ensuring the success of this initiative. We extend our sincere appreciation to Ms. Haja Yeroh Bah, Family Planning Specialist of the UNFPA Sierra Leone Country Office, whose dedication was instrumental in translating the findings of the investment case into actionable policy advocacy. Through high-level consultations and the application of SMART Advocacy approaches, she played a crucial role in ensuring that the evidence generated informs decision-making and resource allocation for family planning services in Sierra Leone.

Special appreciation also goes to Howard Friedman, Federico Tobar, and Chilanga Asmani from UNFPA Headquarters and UNFPA West and Central Africa Regional Office, whose technical inputs shaped the inception of this initiative.

Data availability

The original contributions presented in this study are included in the supplementary material. Further inquiries can be directed to the corresponding author.

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