



Frontier Health Markets (FHM) Engage Sierra Leone – Family Planning Market Description

Version 1: August 4, 2023; submitted to AOR
Version 2: November 13, 2023; submitted to AOR
Version 3: March 18, 2024; submitted to AOR
Version 4: May 29, 2024; submitted to AOR

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01. Sierra Leone : An Introduction



Key Statistics

Key Country Indicators*

- **Population: 8.6 M** (GR 2.2%)
- ***GDP: \$ 4.1 billion** current (Per Capita \$533/Annum)
- **GDP Growth: 3.5 %** (2022)

Health Indicators

- **Modern Contraceptive Prevalence:**
 - All WRA 24% (Married 21%)
 - MWRA 15-19 , 14%
 - MWRA 15-24, 16%
 - Unmarried WRA 15-19, 22%
- ***Health expenditure per capita: \$50.67**
- **TFR: 4.2** (2019 SLDHS)

Country Economic Overview

- Low income west African economy primarily through subsistence agriculture.
- Slow recovery from 1990's civil war.
- Systemic corruption and high-risk debt.

Poverty and Unemployment

- Population at or below the international poverty line (\$2.15/person per day) 4.8 million (60%). (UNICEF 2020)
- 60% of youth are unemployed.
- Sierra Leone's Human Development Index (HDI 2020 Report) value is low at 0.452.

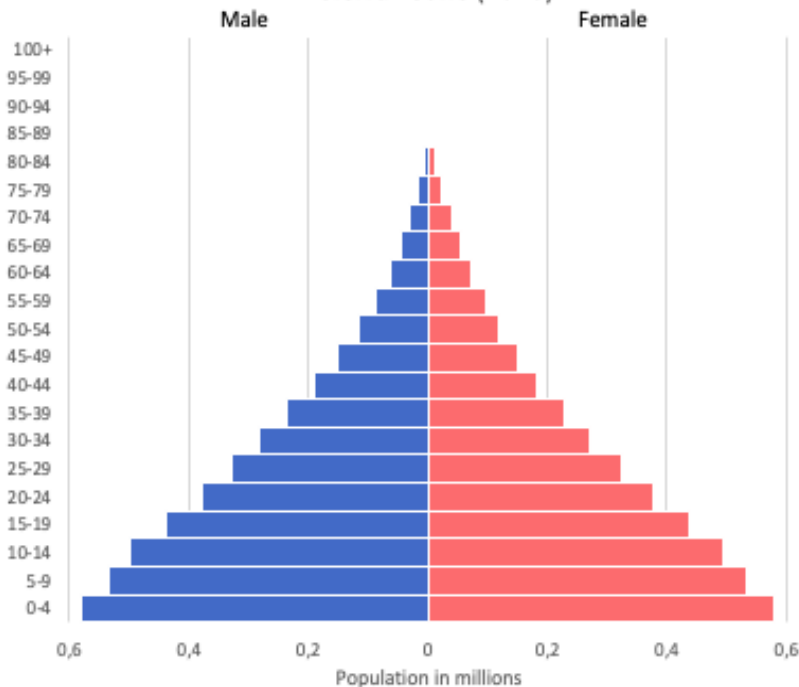
With high rates of child marriage and teenage pregnancy, adolescent SRHR should be the strategic priority

FP 2030 Commitment:
Reduction of teenage pregnancy
as a priority

Established a national
strategy and secretariat for
the reduction of teenage
pregnancy and child marriage

Only one in five women use a
modern method. By 2030,
the vision is 90% demand
met.

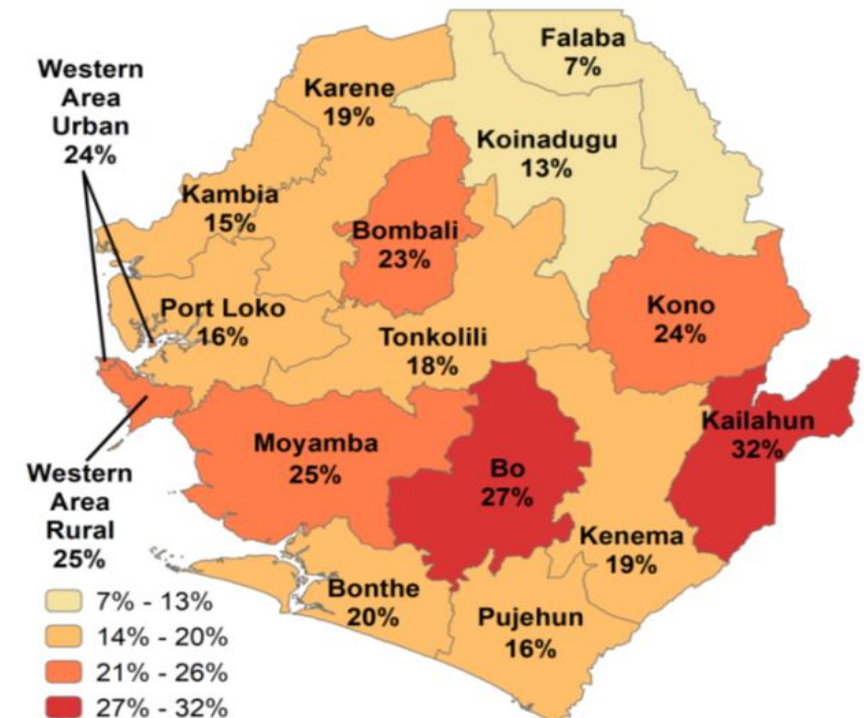
Predominantly Children, Adolescents and Youth
Sierra Leone (2020)



21% of pregnancies and **20% of maternal deaths** are in the adolescent population

***46.8% of adolescent girls' deaths** in Sierra Leone are due to complications of pregnancy or childbirth

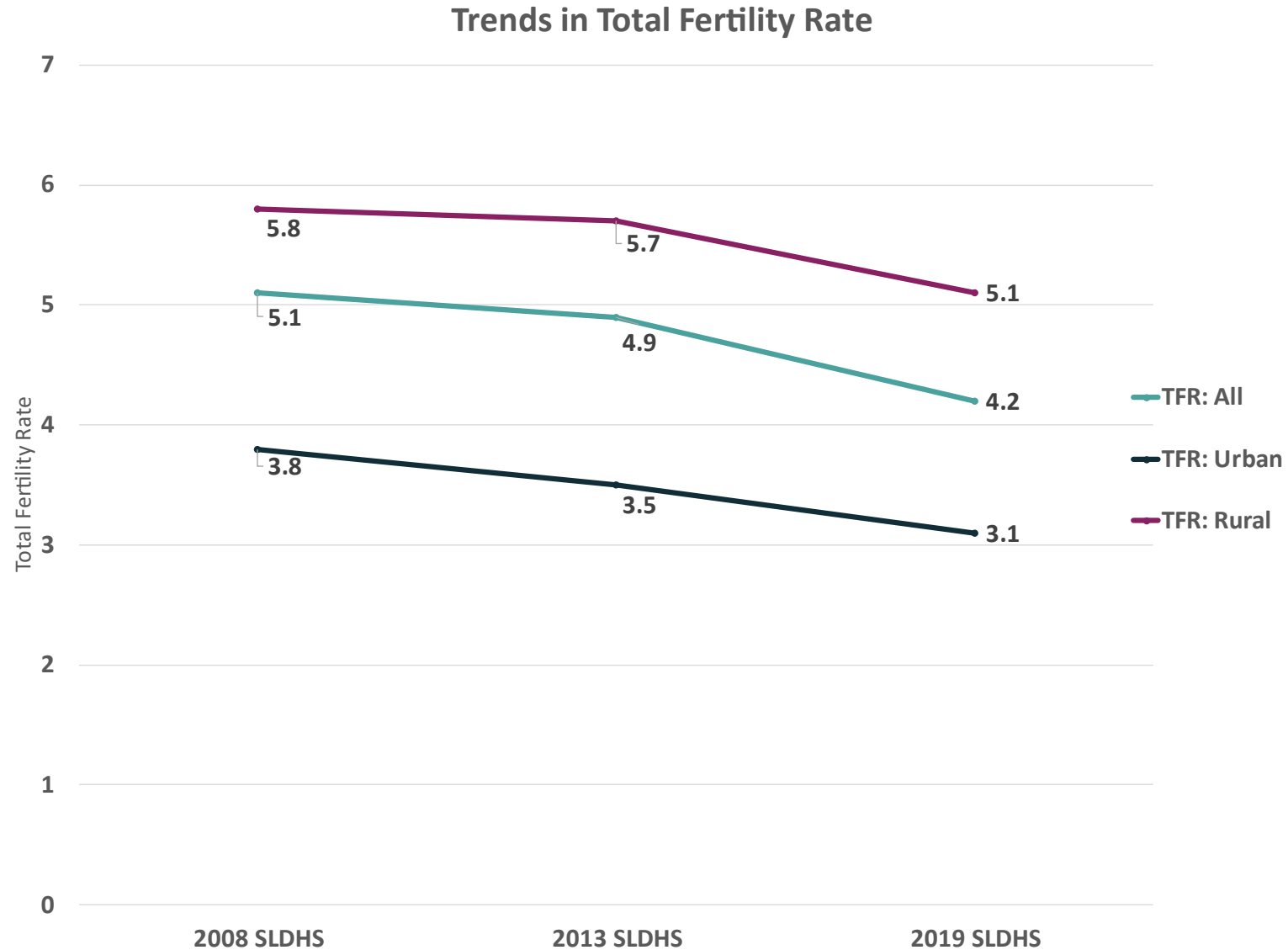
Teenage Pregnancy by District (SLDHS 2019)



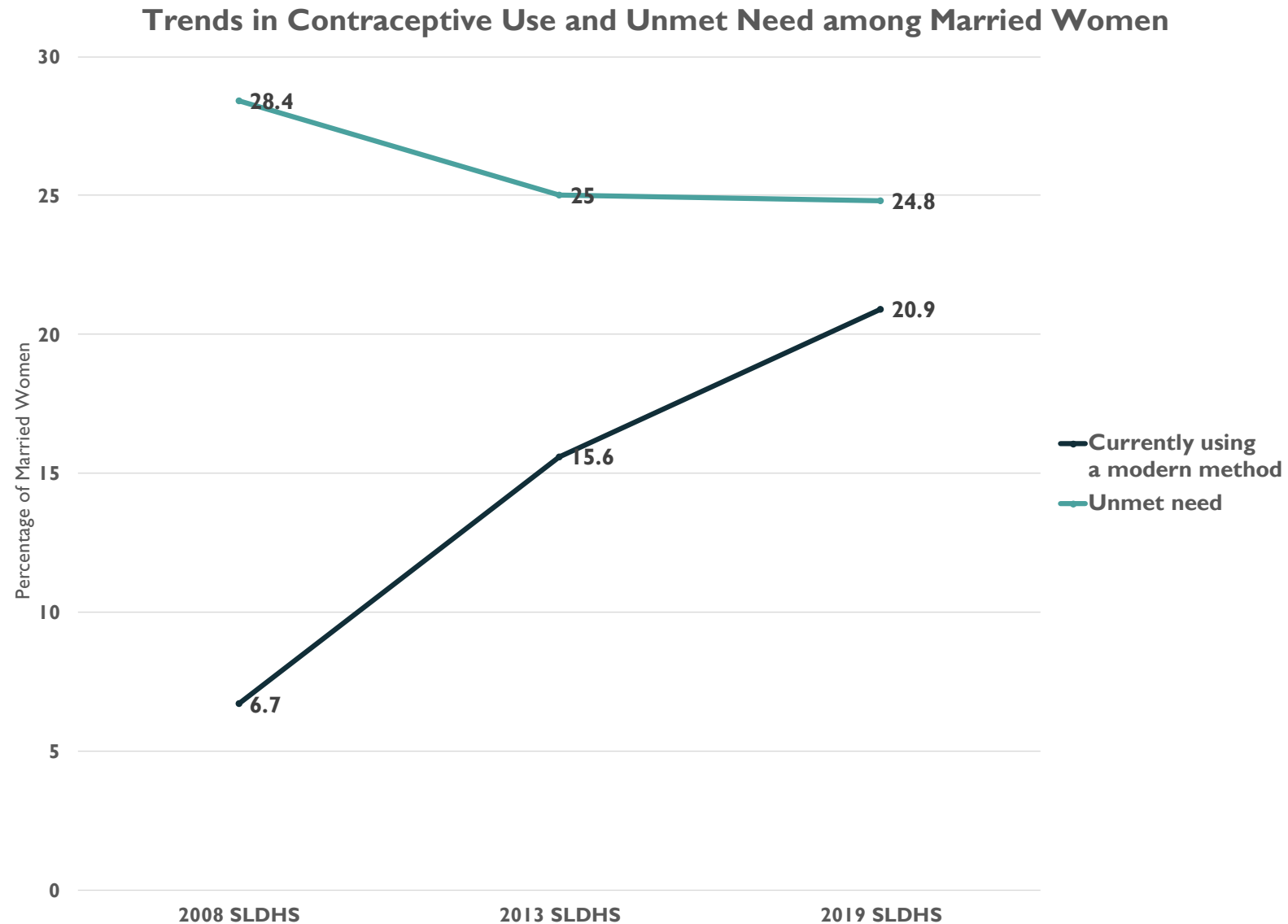
02. Core Market Function: Demand

FP Use/Need Analysis

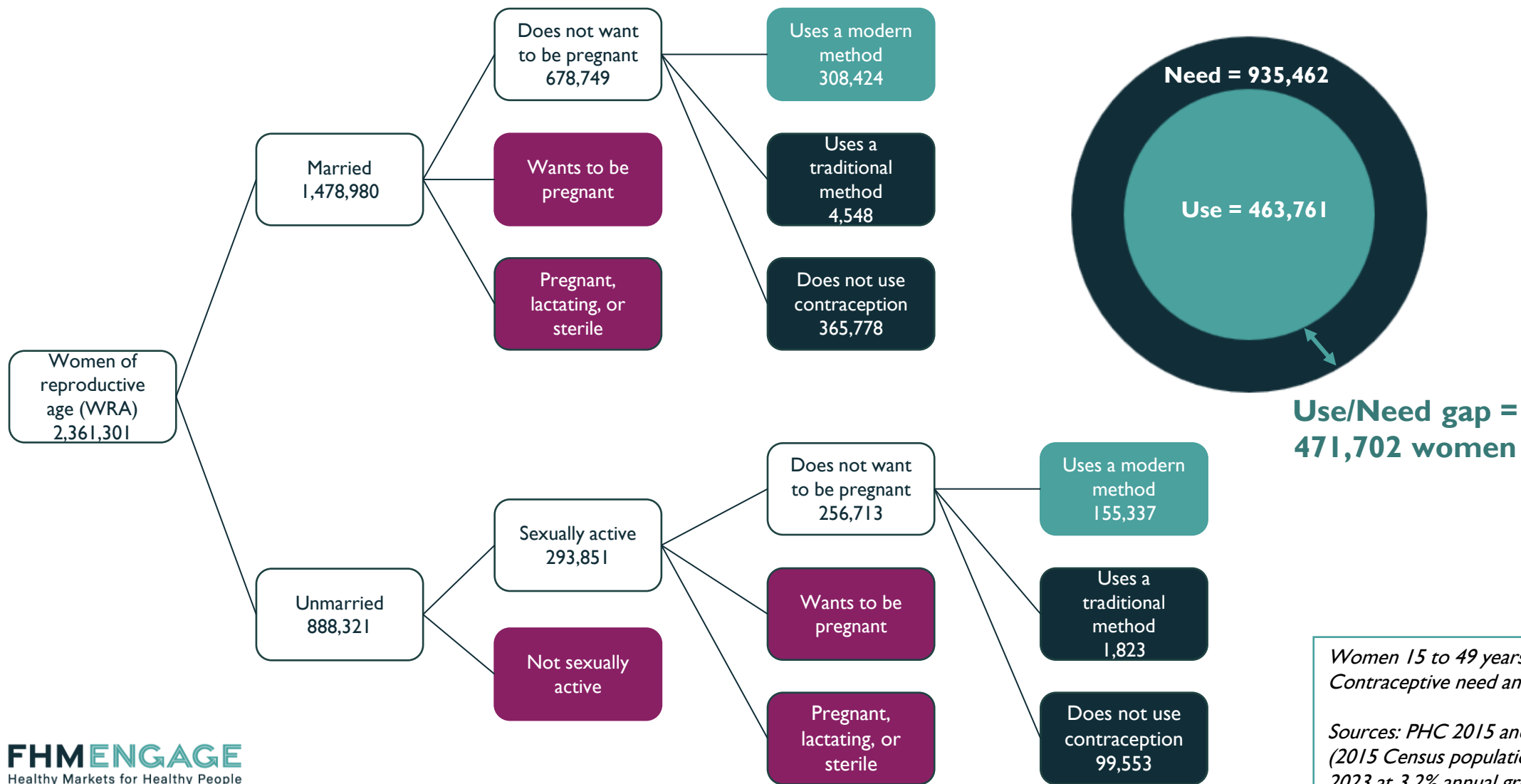
The total fertility rate (TFR) has been declining over time and remains highest in rural areas



While the mCPR among married women has risen dramatically, still fewer than 1 in 5 women are using a modern method while reductions in unmet need have stagnated



The contraceptive use/need gap is an estimated 472,000 women ages 15-49 in Sierra Leone

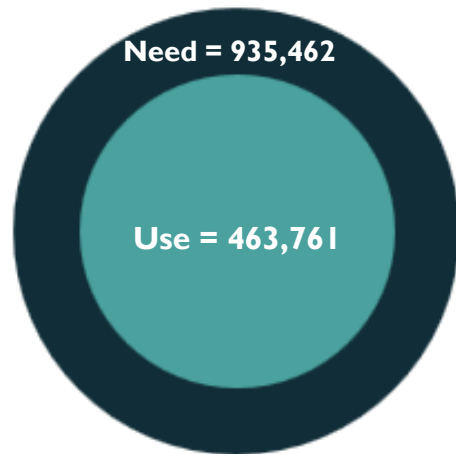


*Women 15 to 49 years old –
Contraceptive need and use*

*Sources: PHC 2015 and SLDHS 2019
(2015 Census population estimate projected to 2023 at 3.2% annual growth rate)*

Adolescents (15-24) account for nearly a third of the overall use/need gap

Supporting unmarried adolescents 15-19, and as they get older and get married, can help to close the use/need gap



All Women WRA

Use/Need gap =
471,702



Married 15-19

Use/Need gap =
20,215



Unmarried 15-19

Use/Need gap =
39,018



Married 20-24

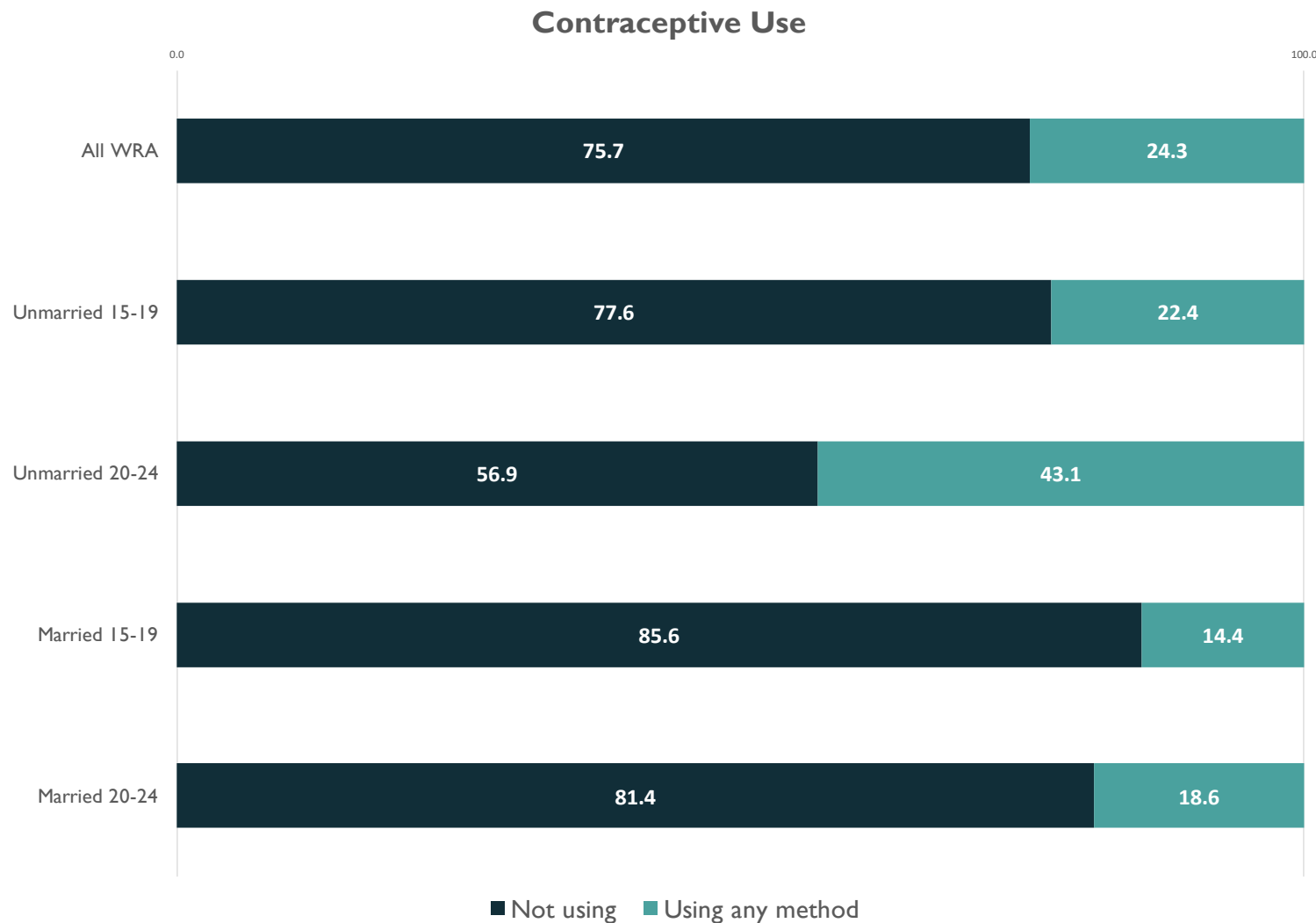
Use/Need gap =
57,670



Unmarried 20-24

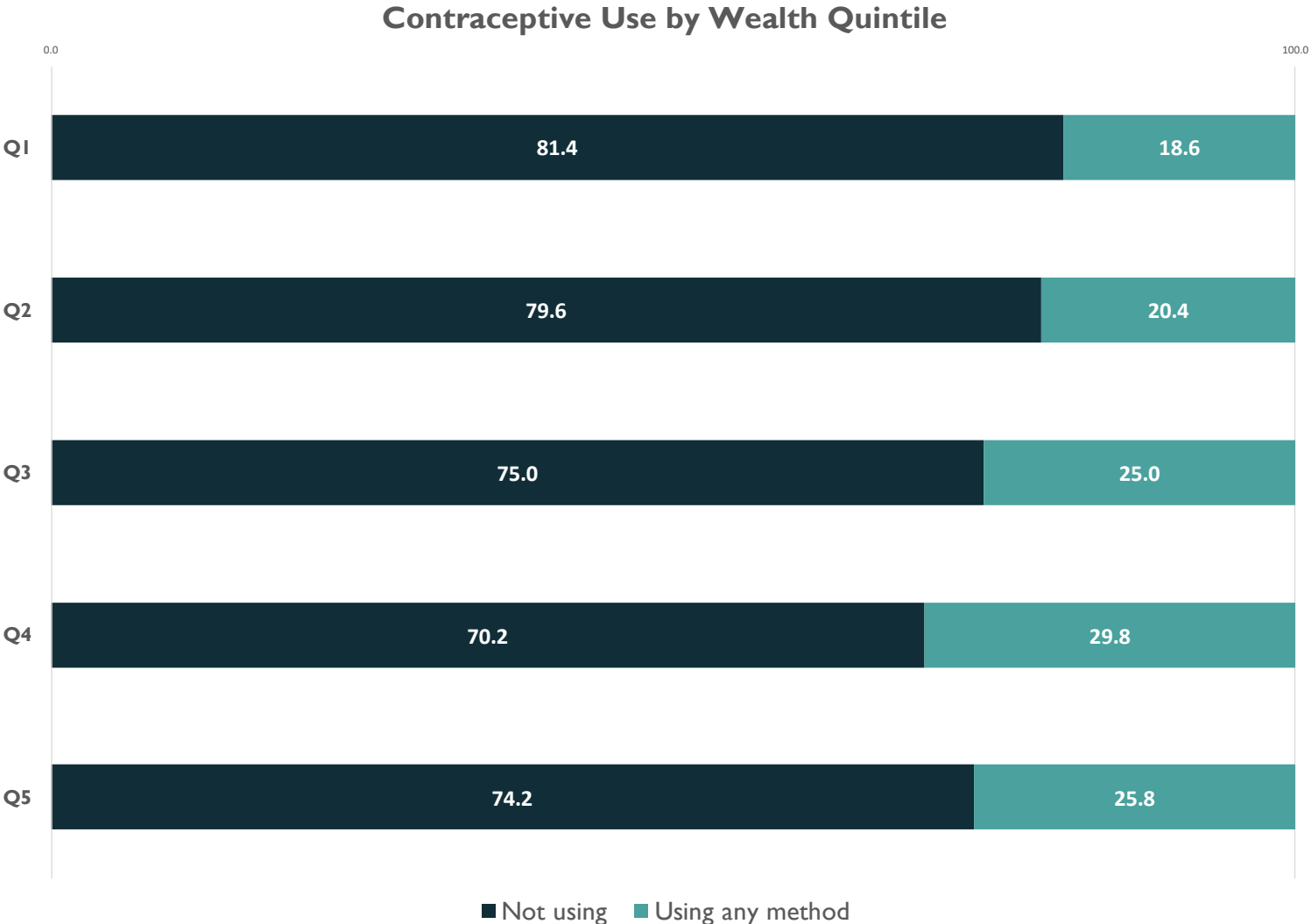
Use/Need gap =
27,075

Among young women (ages 15-24), use is lowest among those who are married

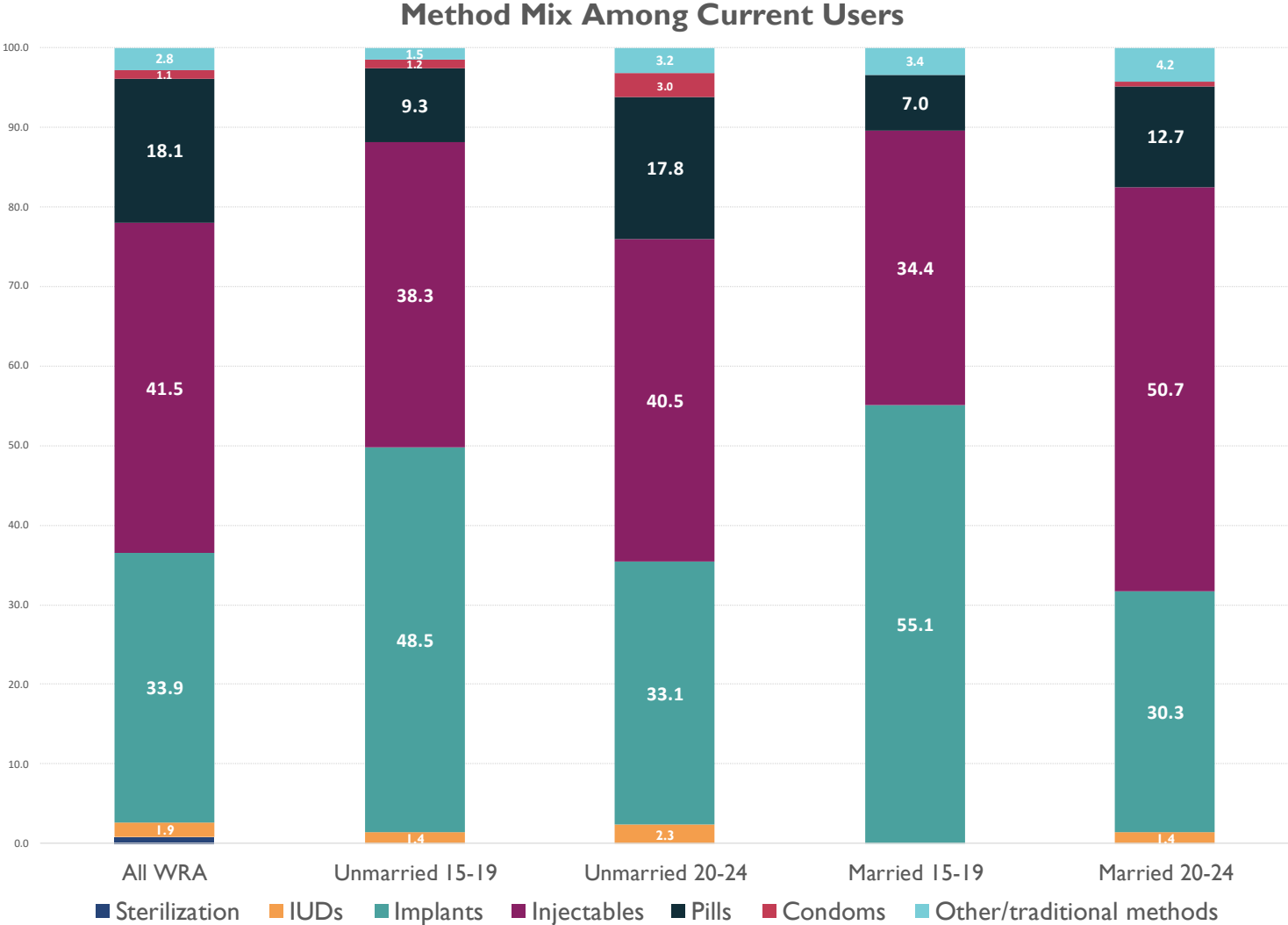


- Contraceptive use is highest for unmarried women ages 20-24
- Contraceptive use is lowest for married women ages 15-19

The poorest wealth quintiles have the lowest levels of contraceptive use



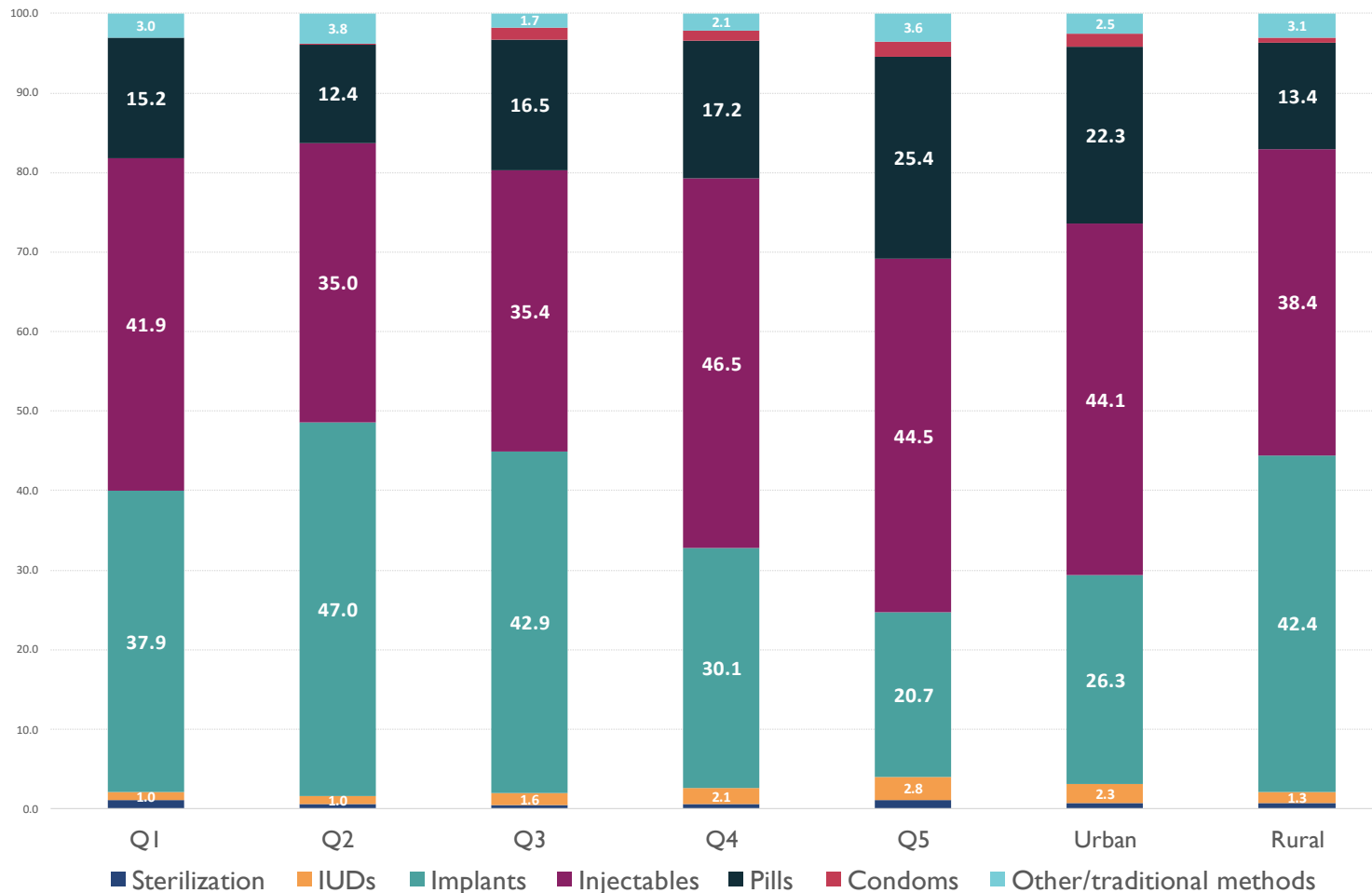
Among current users, injectables and implants are the most popular methods



- Young women ages 15-24 are using implants, but this shifts as they get older and begin to choose injectables and pills more frequently
- Very few women in this age group are using IUDs or have chosen sterilization

Implants are a preferred method among the lower wealth quintiles and women in rural areas

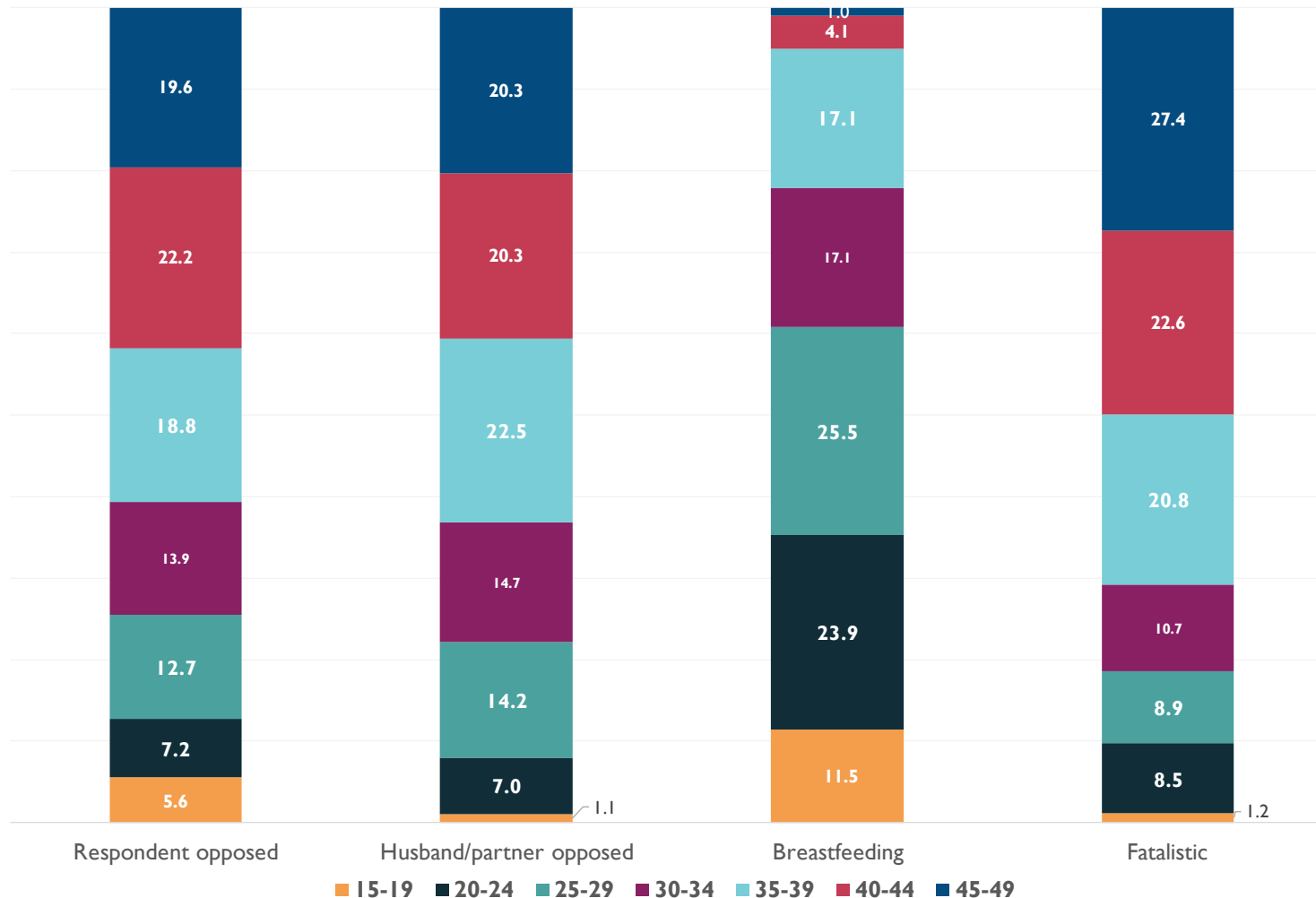
Sierra Leone: Method Mix Among Current Users by Wealth Quintile and Place of Residence



- Injectables and pills are more popular among the higher wealth quintiles and women in urban areas

Women in Sierra Leone report three main reasons for not using contraception: Opposition to use, that they are breastfeeding, and a sense of fatalism

Age Distribution of Top Four Reasons Not Using a Contraceptive Method



- Younger women tend to cite breastfeeding as the reason they are not using contraception
- Opposition to contraceptive use (her own or her husband's) is greatest among older women

Women in Sierra Leone most often discontinue a method because they want to become pregnant, due to side effects or wanting a more effective method, or because they are having infrequent sex

Age Distribution of the Top Four Reasons for Discontinuation



- Younger women cite side effects frequently as the main reason
- And as they get older, they either want to become pregnant or want a more effective method

Source: SLDHS 2019

*age distribution is among women who cite the reason

Summary | Use/Need analysis

The market is currently underserving:

- Adolescent girls and young women
- Unmarried women
- Women in lower wealth quintiles

Other opportunities:

1. Not using a modern method: There is a need to better understand behaviors around lactational amenorrhea, improve norms and acceptance around opposition from partners
2. Discontinuation: There is a need to address support and management of side effects, increase knowledge and expectations around methods at different stages of life










03. Core Market Function: Supply

Market Breadth & Depth

Sierra Leone has an overall low density of health workforce, and around half of them are in the capital city (Freetown)

Health Infrastructure

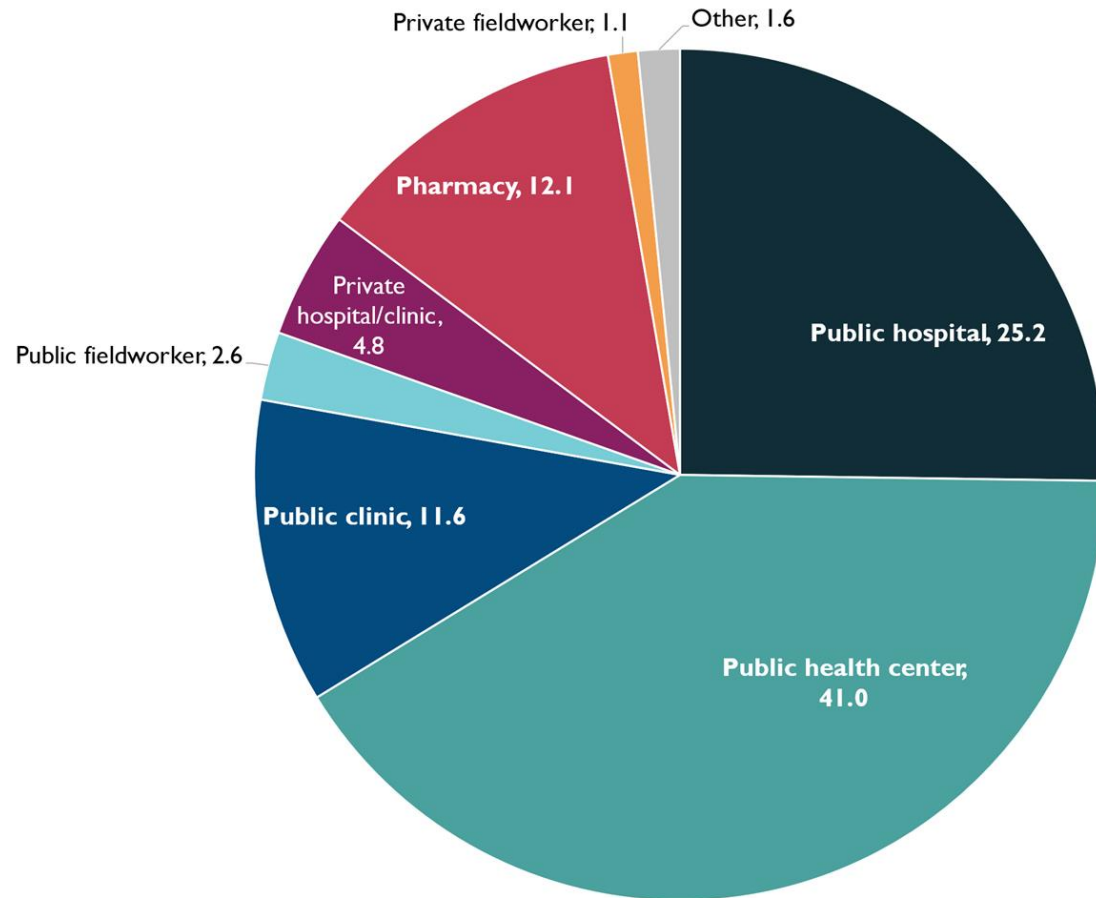
Est 30 % * *Private Health Facilities Offer Family Planning*

	PUBLIC**	PRIVATE**
 Hospitals	1,288	81
 Health Centers	1,280	-
 Qualified Doctors	7,107	335
 Pharmacies	176	1,381
 Pharma Importers	-	94
 Patent Stores	0	1,040
 Pharmacists/Technologists	289	165

1. Sierra Leone has very low density of private sector health services
2. Private sector facilities are mostly concentrated in Freetown
3. FP commodities for private sector are all imported, and key channels for access are pharmacies and patent stores

Most contraceptive users in the public sector go to hospitals or health centers while in the private sector, they most often go to pharmacies

Source by Channel of Last Contraceptive Method



- Reaching FP users via the pharmacy channel appears promising
- It is important to understand the interactions among private sector nodes (private sector clinics, pharmacies and private fieldworkers)

Market Breadth by Sector

Modern methods availability
by sector

Public Sector

Offers 10 Choices (OCP: POP + COC, DMPA, Implants, IUD, Male Condoms, Female Condoms, EC Pills, Vasectomy, Tubal ligation)

Social Marketing (DKT)

Offers 7 Choices (COC, DMPA, Implants, IUD, Male Condoms, Female Condoms, EC Pills)

NGO Sector (MSI, IPPF)

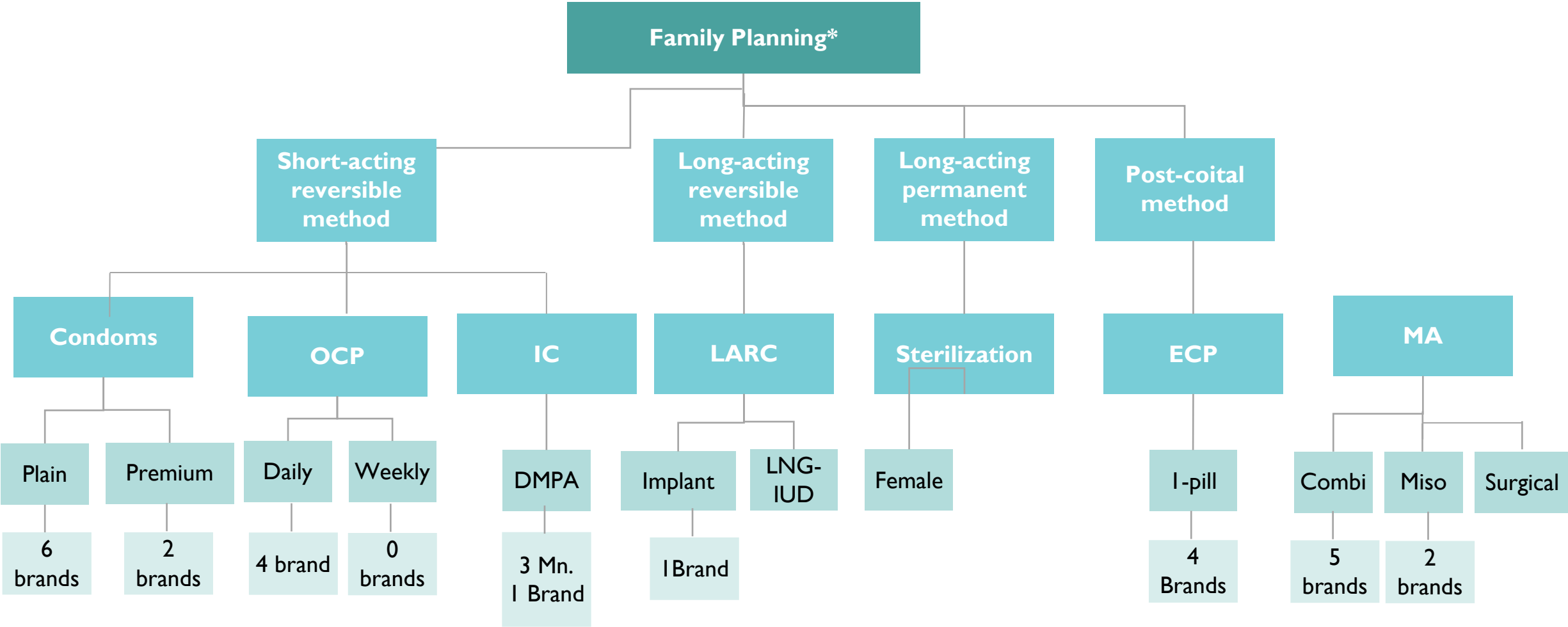
Offers 10 Choices (OCP: POP + COC, DMPA, Implants, IUD, Male Condoms, Female Condoms, EC Pills, Vasectomy, Tubal Ligation)

Commercial Sector

Offers 8 Choices (OCP: POP + COC, DMPA, implants, IUD, Male Condoms, Female Condoms, EC Pills)

OCP: Oral Contraceptive Pills
POP: Progestin only pills
COC: Combined Oral Pills
EC: Emergency Contraceptives

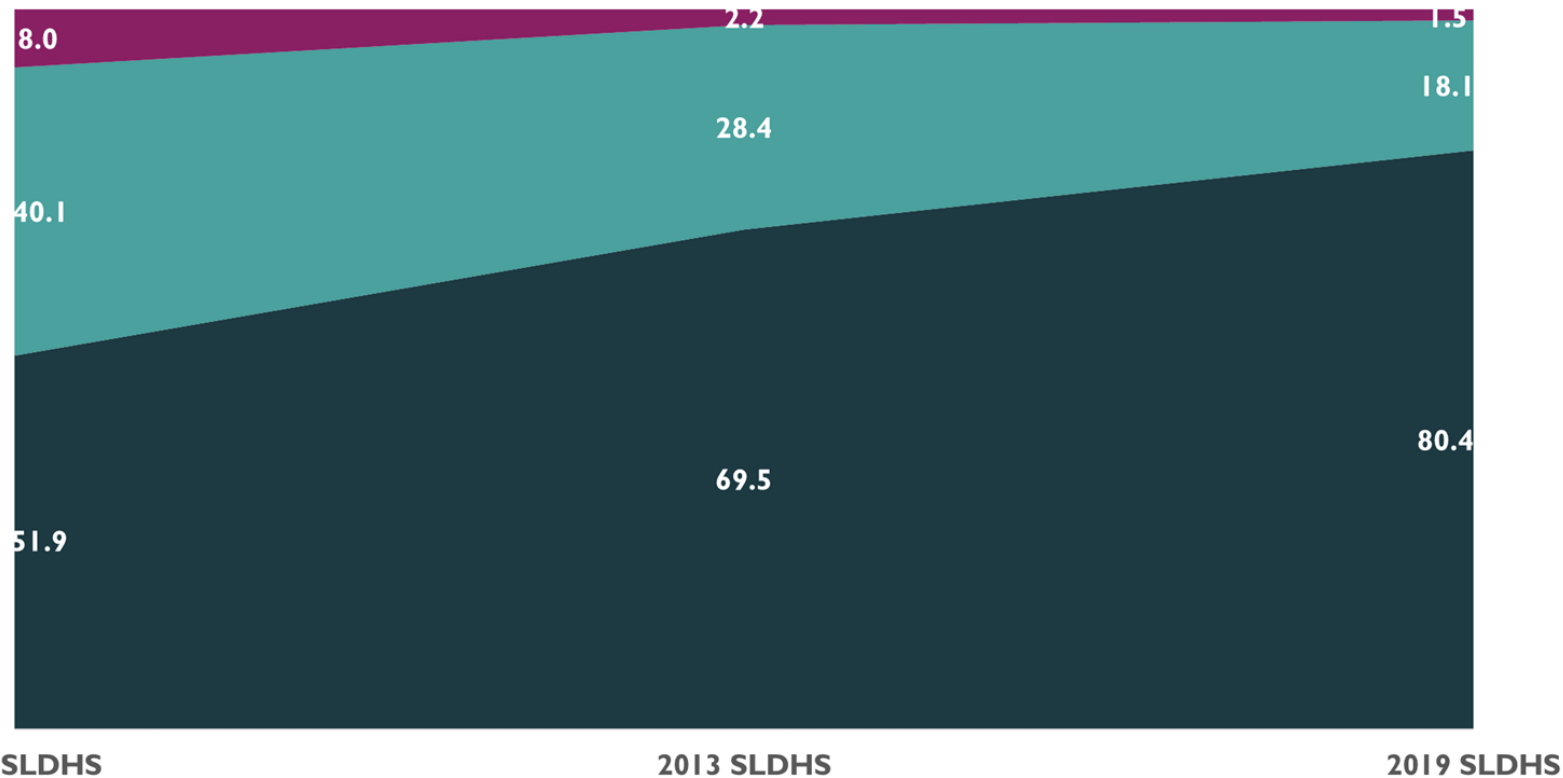
Sierra Leone FP modern methods market breadth: Few brands offered in the private sector dominated by SMOs



DHS analysis reveals declining use of the private sector over time for obtaining modern contraceptive methods

Trends in Source of Last Contraceptive Method

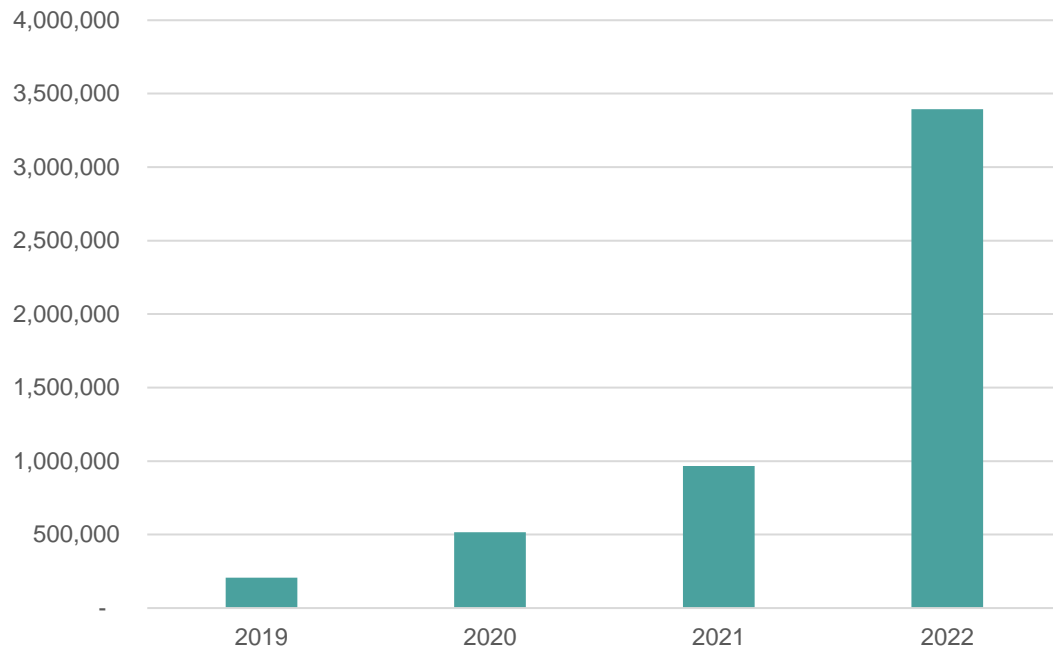
■ Public ■ Private ■ Other



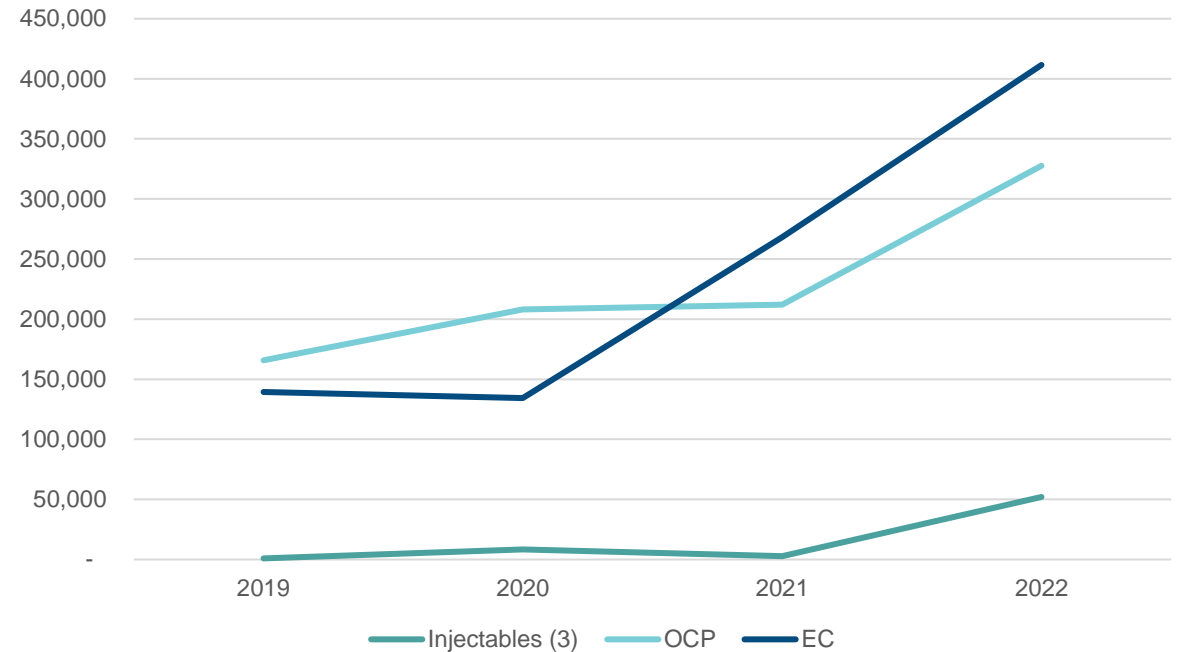
- We need to understand more clearly what drives this declining use of the private sector

But sales trends indicate that SMO/private sector is doing well for short-acting modern methods

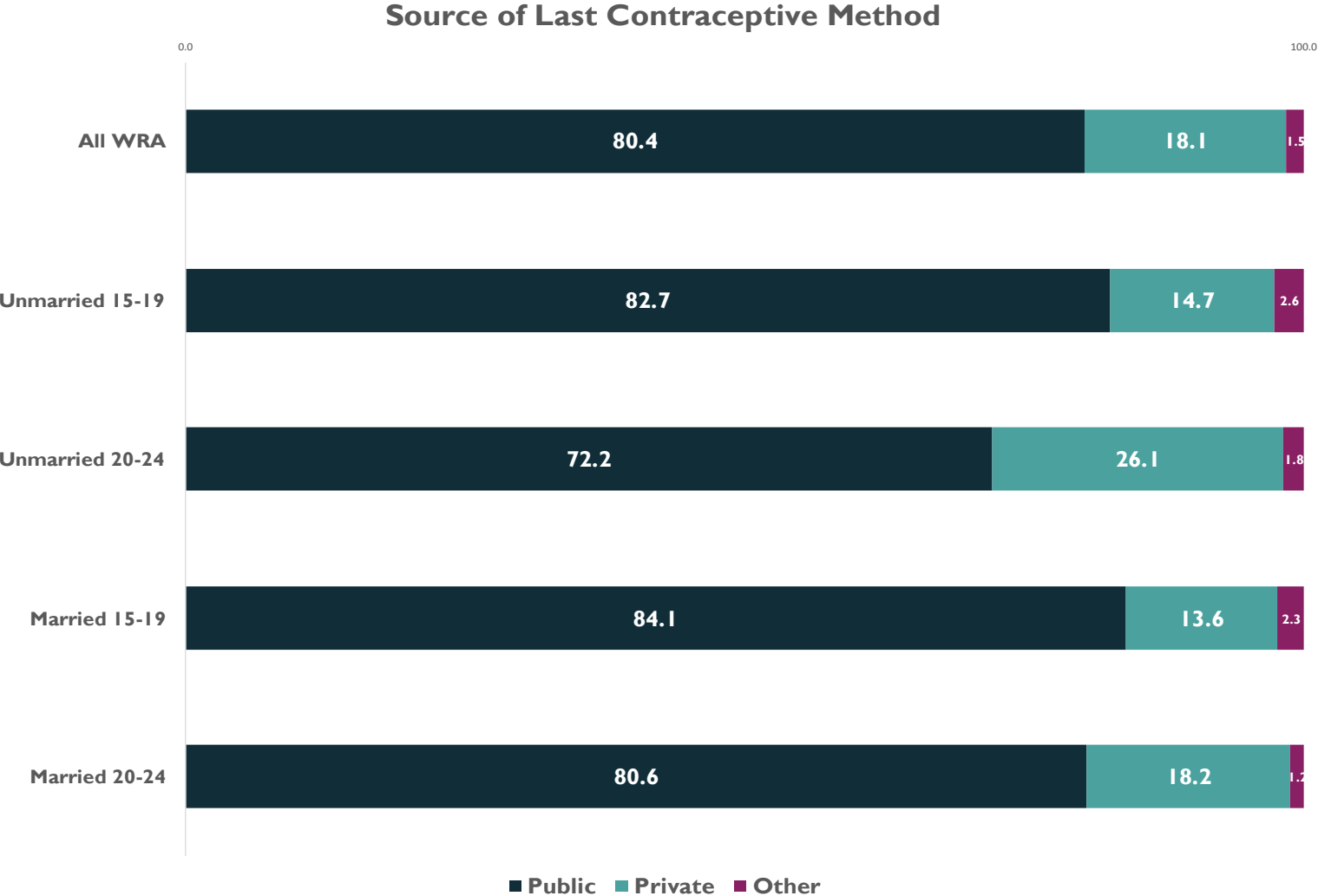
Sierra Leone SMO+ Commercial Sales trends Condoms



Sierra Leone SMO Sales Trends OCP, DMPA, EC



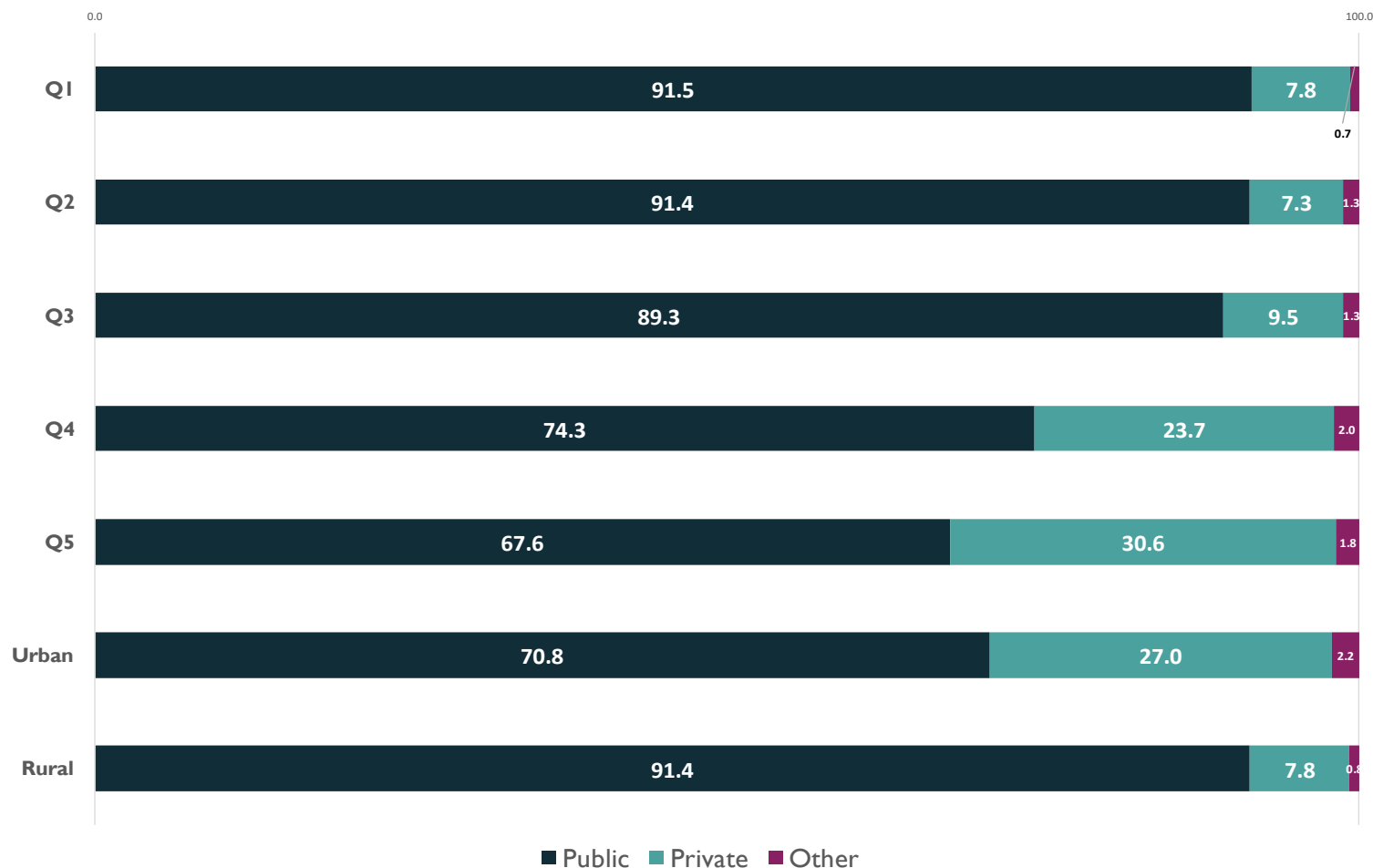
Women ages 20-24 access the private sector for contraceptive methods most frequently



Overall, fewer than 1 in 5 women in Sierra Leone obtained their last contraceptive method from the private sector

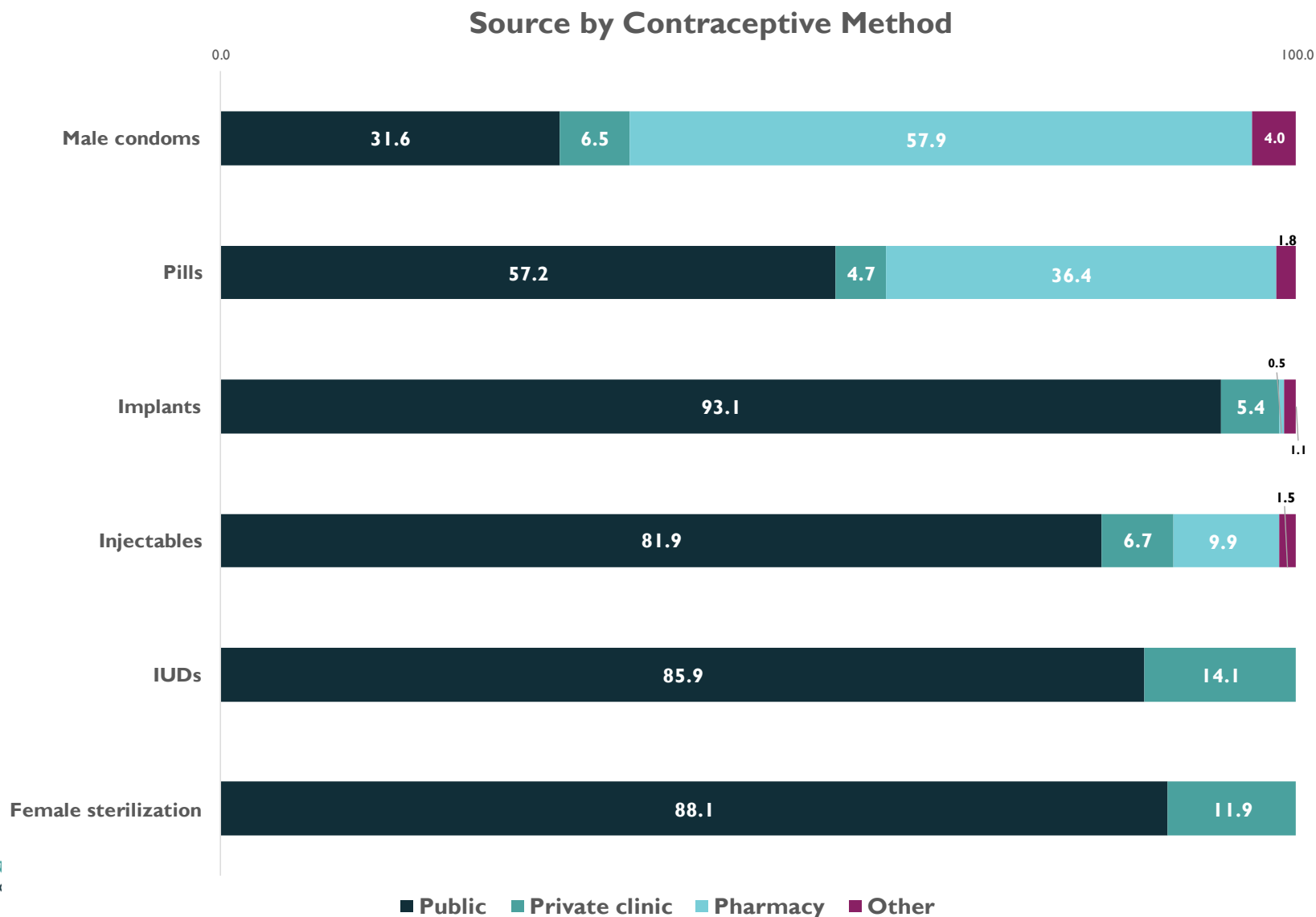
While the public sector is the primary source, urban wealthier women appear promising for greater access in the private sector

Source of Last Contraceptive Method by Wealth Quintile and Place of Residence



The private sector as a source for contraception is most popular among women in the highest two wealth quintiles and among women living in urban areas

The private sector is utilized most frequently by women to obtain condoms and pills: Nearly 1 in 10 users of injectables went to a pharmacy



Summary | Market Breadth & Depth

- Understanding the decline of private sector is essential
- Unmarried WRA ages 20-24 access more from the private sector

1. Low density of key private sector channels, concentrated in the capital, presents an opportunity to shape practices and align incentives to expand access to quality-assured FP commodities
2. The pharmacy channel is promising, especially for reaching unmarried, urban and higher income women, particularly for condoms, OCPs and injectables
3. It is essential to understand users' journeys to accessing FP products and services, including their interactions and experiences across several nodes: doctors, patent stores, pharmacies, and private field workers
4. Early growth phase in short-acting methods is seen for SMOs

04. Supporting Functions: Stewardship, Financing, Rules and Policies

* Preliminary DHS 2022 analysis

Stewardship: Political commitment strong and visible for FP



1. The Ministry of Health and Sanitation (MoHS) oversees this initiative, emphasizing *stewardship* and leadership and intends actively to mobilize support and resources from domestic sources, partners, and *the private sector*.*
2. The establishment of the National Secretariat for the Reduction of Teenage Pregnancy and the development of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (*currently under revision*) is also a testament to the government's commitment.

*Source: Government of Sierra Leone. 2017. *Sierra Leone Family Planning Costed Implementation Plan*. Freetown: Ministry of Health and Sanitation.

Sierra Leone's FP 2030 Commitments: Absence of private sector strategies

Government of Sierra Leone by 2027: “We envision a Sierra Leone where everyone is empowered to make informed choices, has affordable and equitable access to quality, rights-based family planning and sexual and reproductive health services and is fully capacitated to participate in national development, leaving no one behind.”

- ✓ Objective 1: Improved policy and legal environment commitment
- ✓ Objective 2: Increased access to quality family planning services commitment
- ✓ Objective 3: Strengthened supply chain commitment
- ✓ Objective 4: Transformed social and gender norms financial
- ✓ Objective 5: Sustainable financing for family planning

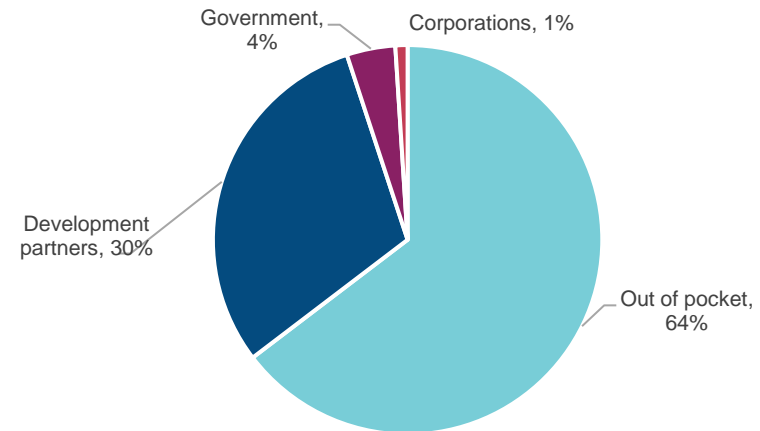
Health Care Financing

National Health Insurance Program grapples with low participation

Damaging spillover costs of corruption in the health care system:

- Creates inefficiencies in the health care system
- It undermines citizens' trust in public institutions

Health spending is largely dependent on households and donors



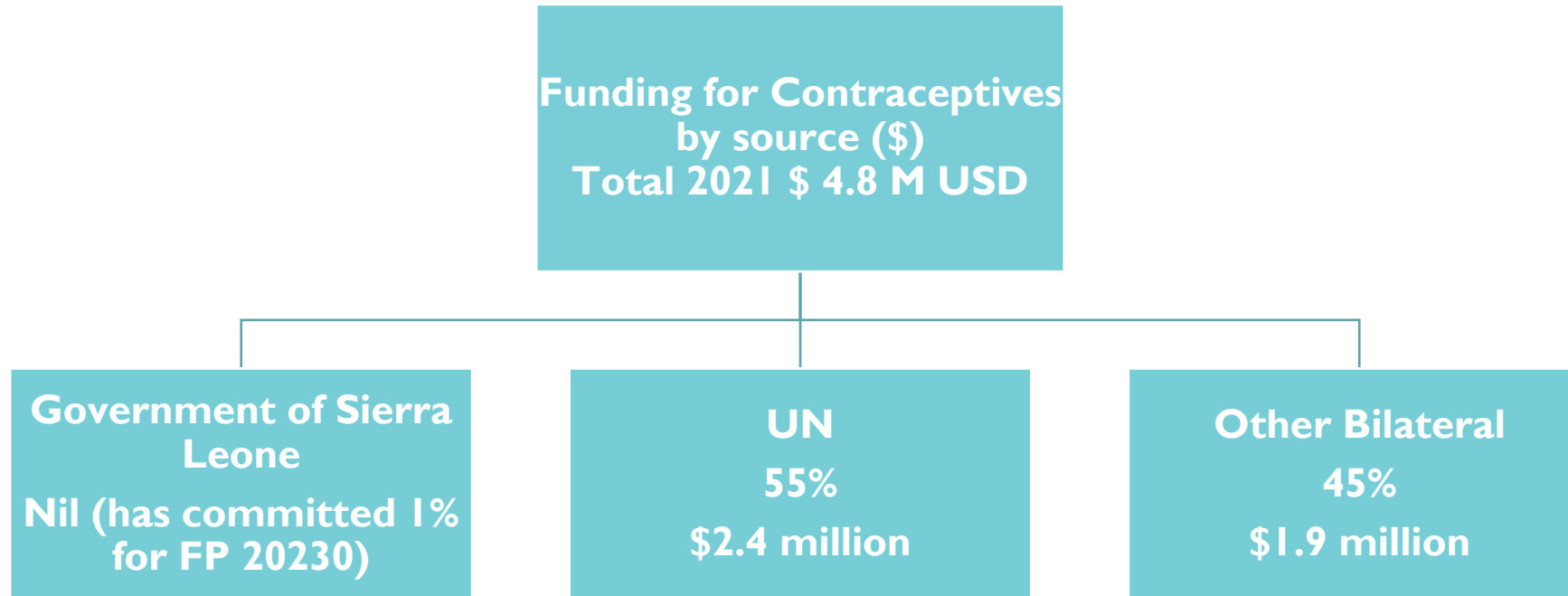
6.5%

Health as a share of total government spending



\$43.21 per capita

External Funding for Contraceptives



1. MoH is not fulfilling its commitment to spend 1% of its revenues on buying contraceptives
2. Costs and funding for the NGO and FLW ecosystem is not readily available. Recent costed FP budgets, allocation & utilization at a national level not available
3. UNFPA and bilateral account for 95% of commodity funding. Generally downward trend of donor funding and not adequately supported by private sector investments

Access to FP: Adolescents have high unmet FP need, but legal barriers hinder providers from provision of services

Child Rights Act (2007) and the Sexual Offences Act (2012) stipulate that “a person aged under 18 years cannot consent to sex, having sex below this age illegal.”

The Registration of Customary Marriage and Divorce Act (2009) also states that a person can only legally marry if they are over the age of 18 years.

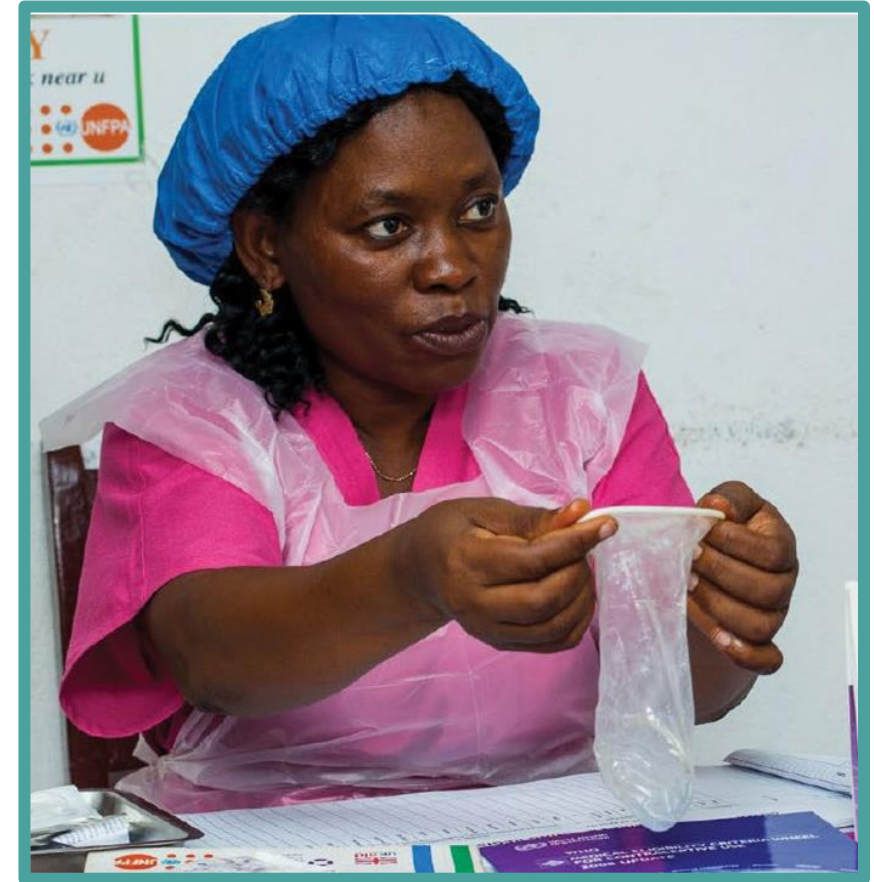
The percentage of teenagers who have given birth or are pregnant with their first child has decreased since 2013 (28%) but is still high at 21%. In most cases, girls who become pregnant end up being married, regardless of their age.

This affirms the fact that marriages are still happening for girls under the minimum age stipulated in the formal law through social and customary arrangements.

1. No specific affirmative law or policy exists to support adolescent access to these services without authorization from a parent, spouse or provider
2. Were there such a law, it would provide the necessary legal basis for a social and behavior change program that could counteract social and traditional norms and customs, which restrict access of young people to FP services
3. Currently, in the absence of such an affirmative law, health care providers are uncertain about the legal or policy implications of providing family planning services to adolescents under 18

Access to FP: In addition to the low density of the health workforce, restrictions exist on who can provide which FP services

- **Service providers (limited number and scope of work):** Community health workers (CHWs) are limited in the family planning methods they can offer clients. Currently, they can provide only condoms and refills of contraceptive pills
- **Adolescents and young people face unnecessary medical and administrative hurdles**, including notification or consent requirements, which hinder their access to essential services. These barriers indicate an underlying cultural barrier that **complicates their ability to receive timely and confidential care, ultimately impacting their health and well-being**. Addressing these issues requires revising policies to eliminate these obstacles and ensure that young individuals can access the services they need without undue restrictions or risk of punitive action



Type of Channels and FP Provision

Opportunities for task shifting/sharing with nurses and CHWs

Sector	Channel type	FP methods currently allowed
Public sector	Hospital	SAM, LARC, permanent methods
	Health centers	SAM,LARC
	Nurses/midwives	SAM,LARC
	Community health workers	Condoms, OCPs
Private sector	Patent stores	Condoms, OCPs, EC
	Pharmacies	Condoms, OCPs, EC and DMPA
	Qualified doctors (private clinic)	SAM, LARC, permanent methods
	Private community health workers	Condoms, OCPs

SAM: Short Acting Methods

LARC: Long-Acting Reversible Methods

OCP: Oral Contraceptive Pills

DMPA: Depo-medroxyprogesterone acetate

EC: Emergency Contraceptives

Summary | Stewardship

- Adolescent and youth reproductive health should be the focus
- Create a public-private platform and engage private sector constructively

1. Translate MoHS aims in the “National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage” into implementable policies and guidelines and remove restrictive administrative and legal barriers for youth access to FP
2. Take steps to create a self-care strategy and allow an expanded range of FP service provision from diverse providers, including pharmacies. Clarify and roll out guidelines on which type of private sector channel can provide what type of services for youth
3. Develop and adopt a segmented strategy for youth-driven demand and encourage SMO/private sector actors to address adolescents’ needs for FP

Recommendation 1: Focus on underserved market segments

- **Target market segments:** Develop strategies to better serve adolescent girls, young women, unmarried women, and women in lower wealth quintiles
- **AYSRH priority:** Prioritize Adolescent and Youth Sexual and Reproductive Health (AYSRH) in national stewardship and market development approach strategies to ensure comprehensive and inclusive access to services for these underserved groups

Recommendation 2: Align supply with adolescent and youth needs

Address the mismatch between supply and the needs of adolescents and youth across methods, points-of-service, sales, and information provision to ensure their requirements are met effectively

1. **Ensure reliable contraceptive supply:** Improve the reliability of contraceptive supply and **expand access in rural areas:** Tackle the challenge of delivering commodities to the last mile, especially in rural areas. Develop strategies to extend private sector reach beyond urban centers
2. **Understand private sector dynamics:** Investigate the reasons behind the decline in the private sector's performance. Recognize that unmarried women of reproductive age (WRA) aged 20-24 rely more on the private sector for access
3. **Leverage pharmacy channels:** Utilize the pharmacy channel to reach unmarried, urban, and higher-income women, particularly for condoms, oral contraceptive pills (OCPs), and injectables. This channel shows promise for expanding access to FP commodities
4. **Enhance user experience:** Understand the user journey for accessing FP products and services by analyzing interactions and experiences across various nodes such as doctors, patent stores, pharmacies, and private field workers. This will help in tailoring services to user needs
5. **Promote short-acting methods:** Support the early growth phase in short-acting methods seen for social marketing organizations (SMOs). This can help in expanding the range of choices available to users

Recommendation 3: Understand demand side barriers and address non-use of modern methods

Conduct research to better understand behaviors related to lactational amenorrhea and other traditional methods. Work to improve norms and acceptance, addressing opposition from partners to facilitate the adoption of modern FP methods

- 1. Support and manage method discontinuation:** Develop strategies to address the support and management of side effects associated with FP methods. Increase knowledge and set realistic expectations around different methods at various stages of life to reduce discontinuation rates
- 2. Align supply with user needs and preferences:** Transition from a supply-led approach to a demand-driven model. Focus on understanding and meeting the specific needs and preferences of users to ensure they have access to the most appropriate FP methods
- 3. Enhance FP communication across media channels:** Develop and implement a consistent FP communication strategy across various media channels. Incorporate branded communication to increase awareness and engagement with FP services
- 4. Support private sector marketing efforts:** Address the issue of low margins for private sector suppliers to enable them to undertake marketing and point-of-sale advertisements effectively
- 5. Leverage trusted information sources:** Recognize that word of mouth is a primary source of contraception information among young people. Develop strategies to ensure that peers and trusted individuals have accurate information to share

Recommendation 4: Enhance financing support for private sector involvement in family planning

1. **Fulfill government commitments:** Ensure that the Ministry of Health (MoH) fulfills its commitment to spend 1% of its revenues on purchasing contraceptives to reduce reliance on donor funding
2. **Diversify funding sources:** Mitigate the downward trend in donor funding by encouraging private sector investments in FP commodities. Reduce dependence on UNFPA and bilateral funding, which currently account for 95% of commodity funding
3. **Promote market creation:** Create incentives for importers and distributors to expand their portfolios and invest in market creation, especially in rural areas for short-acting methods (SAM). Encourage initiatives like the import, sales of condoms, OCPs, EC, and which indicate a developing market
4. **Improve access to formal financing:** Facilitate access to formal financing for importers and distributors by improving forecasting and managing cash flow cycles. Address these financial constraints to enable better market participation and growth

Recommendation 5: Improve market intelligence for catalyzing private sector investments and participation

- 1. Develop formal market intelligence systems:** Establish a formal market intelligence system to replace the outdated sales data and import data triangulation for private sector. This system should provide better insights into market dynamics and project demand-based supply estimates that reflect current realities. Specifically, this should incorporate a deep understanding of user needs and preferences. This system should address information blind spots in the private sector supply chain to ensure comprehensive market coverage
- 2. Leverage new data for better estimates:** Utilize the recently available DHS 2022 data to provide better estimates that can inform and shape national strategies. This presents an opportunity to update and improve market intelligence
- 3. Bridge information gaps:** Identify and bridge information gaps in the private sector supply chain. Collect and analyze data to gain a clearer picture of supply and demand, enabling better decision-making and resource allocation

Recommendation 6: Establish and strengthen stewardship for AYSRH and private sector engagement

Enhance the focus on adolescents and youth reproductive health, engage the private sector effectively, and create actionable policies and guidelines to improve access to FP for young people

- 1. Prioritize adolescents and youth reproductive health:** Focus on adolescent and youth reproductive health (AYRH) as a key area for development and intervention
- 2. Create a public-private platform:** Establish a public-private platform to engage the private sector constructively in addressing reproductive health challenges
- 3. Translate National Strategy into action:** Implement the intentions outlined in the “National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage” by developing policies and guidelines that remove restrictive administrative and legal barriers for youth access to family planning
- 4. Develop a self-care strategy:** Assist MoHS to develop a self-care strategy that allows an expanded range of FP service provision by diverse providers, including pharmacies. Clarify and disseminate guidelines on the types of FP services different private sector channels can offer to youth
- 5. Adopt a segmented strategy for youth demand:** Develop and implement a segmented strategy to drive youth demand for FP. Encourage social marketing organizations (SMOs) and private sector actors to address the specific needs of adolescents in accessing FP services

05. Draft Market Constraints

A summary of key constraints identified, by market function, using the AIM framework

Key market constraints: Core market

AIM analysis for market system performance in Sierra Leone

Market characters	A Absent	I Inadequate	M Missing	Observations
Core Market				
	Supply		X	<ul style="list-style-type: none"> There is a mismatch between supply and adolescent/youth needs. The mismatch is across method, point-of-service, sales, and information provision. All contraceptives distributed through the public sector are donated and in 2022 NMSA reported stock outs incidences 61% when measured. All private sector commodities are imported and time to indent and distribute is 180 days. While private sector stockouts were not measured, choice of methods is constrained in public sector. Getting commodities to the last mile is a real challenge for the private sector, which is concentrated in urban areas. An estimated 50% are in Freetown, the capital city.
	X			<ul style="list-style-type: none"> Demand appears to be led by supply: Based on what is available rather than what a user needs and may prefer. There is no evidence of consistent FP communications across media channels. Branded communication is absent. CHWs who create demand as front-line workers are restricted to the provision of only condoms and pills which limits expanded choice to meet user needs.

Key Market Constraints: Supporting functions

AIM analysis for market system performance for Sierra Leone

Market characters		A Absent	I Inadequate	M Missing	Observations
Supporting Functions	F i n a n c i n g			X	<ul style="list-style-type: none"> There is little information about the promotion or marketing of FP and associated costs. It appears that radio is a medium that reaches the young. Costs and funding information for the FLW/NGO ecosystem is missing Private sector suppliers indicate low margins to undertake marketing or point of sale advertisements <u>Main source of information on contraception is word of mouth</u>: Young people discuss sex and contraception with their peers, people who are close to them and whom they trust (and from the ones who don't have the correct information)
			X		<ul style="list-style-type: none"> MoH is not fulfilling its commitment to spend 1% of its revenues on buying contraceptives. UNFPA and bilateral account for 95% of commodity funding Generally downward trend of donor funding and not adequately supported by private sector investments
		X			<ul style="list-style-type: none"> Importers and distributors depend on SMO or public procurement. Currently no incentives to expand portfolio and invest in market creation in urban areas for SAM Import of Durex in 2022-2023 appears to be a promising development as a proxy. Similarly, sales of EC and Miso with combi kits indicate a developing market <p>Access to formal financing remains restricted for importers and distributors due to poor forecasting, and long cash flow cycles</p>

Key Market Constraints: Supporting functions

AIM analysis for market system performance for Sierra Leone

Market characters		A Absent	I Inadequate	M Missing	Observations	
Supporting Functions	Info	Supply	X		<ul style="list-style-type: none"> RHSC import data, DKT sales stats and GHSPSM CS indicators must be used to estimate a range No formal market intelligence and the last costed implementation plan in 2017 projected demand-based supply estimates which have not come to fruition No forecasting system that accounts for a deep understanding of what user needs are and there are information blind spots on the private sector supply chain 	
		Demand	X		<ul style="list-style-type: none"> Completely absent. Given DHS 2022 is now available, there is an opportunity to provide better estimates to inform national strategies 	
	Skills, Capacity				X	<ul style="list-style-type: none"> Lack of confidentiality at health providers' facilities Health personnel training, Personnel turnover, and deployment to other regions discourage investments in training which are of long duration (10 to 21 days) Healthcare professional associations are not prominent or influential enough
	Stewardship		X			<ul style="list-style-type: none"> High political commitment but weak or absent follow-through There is a lack of urgency to transition to a segmented FP stewardship across sectors. Decreasing donor funding is an imminent challenge

Key market constraints: Rules & Regulations

AIM analysis for market system performance for Sierra Leone

Market characters		A Absent	I Inadequate	M Missing	Observations
Rules and Regulations	Regulations			X	<ul style="list-style-type: none"> Barriers through Legal rules on child marriage and age of consent prevents supply chain and solution providers from fearlessly providing services to adolescents Community Health Workers (CHWs) are limited by what family planning methods they can offer clients. Currently, they can only provide condoms and refills of contraceptive pills Unnecessary medical and administrative barriers from Ministry of Health and Sanitation (MoH&S) guidelines, such as notification or consent requirements for adolescents and young people
	Tariffs, Taxes			X	<ul style="list-style-type: none"> The government has been supportive in terms of obtaining duty waivers, but sometimes lack of clarity of how to clear products from customs / lack of support
	Standards	X			<ul style="list-style-type: none"> There is a department of Pharmaceuticals that looks exclusively at licensing. Absence of clear standards and pharmacovigilance. No monitoring of the quality of products and quality of services provided in pharmacies
	Norms				
	Supply			X	<ul style="list-style-type: none"> Importing, selling commodities, or operating as a private health provider requires contacting multiple government offices and multiplying red tape, making it a restrictive process
	Demand			X	<ul style="list-style-type: none"> Some censorship around contraception / FP communication. Misalignment with stated objectives of increasing use with underserved populations with high unmet need

THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT:

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