

PMNCH Partner-Led Approach to Advocacy and Accountability for Women's, Children's, and Adolescents' Health Commitments

Government's Commitments towards Women's, Children's, and Adolescents' Health and Wellbeing in Sierra Leone

Scoping and Assessment Report

November 2024

Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AfDB	African Development Bank
AWB	Adolescent Health and Wellbeing
CH	Child Health
CHAI	Clinton Health Access Initiative
CHC	Community Health Centre
CHW	Community Health Worker
CMAM	Community Management of Acute Malnutrition
CMO	Chief Medical Officer
CS	Child Survival
CSA	Child Survival Action
CSAP	Child Survival Action Plan
CDs	Communicable Diseases
DHIS-2	District Health Information System-2
DHMTs	District Health Management Teams
DHS	Demographic and Health Survey
DMOs	District Medical Officers

DPPI	Directorate of Policy Planning and Information
ENAP	Every Newborn Action Plan
EPI	Expanded Programme on Immunization
EPMM	Ending Preventable Maternal Mortality
ETAT	Emergency Triage Assessment and Treatment
FCDO	Foreign, Commonwealth & Development Office
FMCs	Facility Management Committees
Gavi	Global Alliance for Vaccines and Immunization
GFF	Global Financing Facility
HCW	Health Care Worker
HWs	Health Workers
HMIS	Health Management Information System
iCCM	Integrated Community Case Management
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illnesses
IMNCI	Integrated Management of Newborn and Childhood Illnesses
JDs	Job Descriptions
LRTIs	Lower Respiratory Tract Infections
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MMR	Maternal Mortality Ratio
MNCH	Maternal Newborn and Child Health
MoH	Ministry of Health

MoU	Memorandum of Understanding
MTNDP	Medium-Term National Development Plan
NCDs	Non-Communicable Diseases
NHSP	National Health and Sanitation Policy
NMCP	National Malaria Control Programme
NMSA	National Medical Supplies Agency
PHC	Primary Health Care
PHUs	Peripheral Health Units
PMNCH	Partnership for Maternal, Newborn and Child Health
QMP	Quality Management Programme
QoC	Quality of Care
RMNCAH	Reproductive Maternal Newborn Child and Adolescent Health
RMNCAH&N	Reproductive Maternal Newborn Child and Adolescent Health and Nutrition
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SLeSHI	Sierra Leone Social Health Insurance
SOPs	Standard Operating Procedures
SWAp	Sector-wide Approach
ToR	Terms of Reference
TWG	Technical Working Group
U5MR	Under-Five Mortality Rate
UHC	Universal Health Coverage

UN	United Nations
VDCs	Village Development Councils
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

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Executive Summary

Introduction

This report presents a comprehensive scoping and assessment of Sierra Leone's commitments to Women's, Children's, and Adolescents' Health (WCAH), with a particular focus on aligning these commitments with the Sustainable Development Goals (SDGs). The assessment was conducted by the Clinton Health Access Initiative (CHAI) in collaboration with the Partnership for Maternal, Newborn, and Child Health (PMNCH) as part of the Collaborative Advocacy Action Plan (CAAP) initiative. The Government of Sierra Leone has demonstrated its dedication to improving health outcomes for vulnerable populations by making numerous commitments across key health domains. This report evaluates these commitments, assesses the extent of their implementation, and identifies areas where further action is needed.

Key Findings

The scoping and assessment report aimed to map the commitments made by the Government of Sierra Leone (GoSL) concerning Women, Children and Adolescent health (WCAH) across 3 thematic areas, Maternal, Newborn, and Child Health (MNCH); Sexual and Reproductive Health and Rights (SRHR); and Adolescent Health and Well-being (AWB). The report also evaluated the quality and implementation status of these commitments and prescribed evaluation ratings using criteria from the PMNCH guide. Sierra Leone's commitments towards the advancement of WCAH were made across various national, regional and global platforms. At the global level, platforms such as the International Conference on Population and Development (ICPD25) and the Global Financing Facility (GFF) highlight Sierra Leone's efforts to align with international health priorities. Regionally, policy frameworks like Africa's Agenda 2063 and the Maputo Protocol underscore Sierra Leone's dedication towards the improvement of WCAH standards across the African region. Nationally, under the MoH Sierra Leone has implemented strategies such as the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) strategy in 2021 which exemplifies a vision of strengthening health policies that directly impact WCAH. These platforms collectively reinforce the country's efforts to advance WCAH through comprehensive, multi-level pledging commitments.

Overall, the assessment identified over 90 commitments made by the GoSL under the three thematic areas aforementioned. About 20 commitments were made towards global

pledging platforms while over 50 commitments were directed towards national voluntary commitments. Across the thematic areas, over 30 MNCH commitments were made to the MNCH; 24 were SRHR commitments; and 16 were AWB commitments.

In the MNCH domain, most of the commitments were prioritized towards the reduction of MMR, neonatal mortality rates, infant mortality rates, stillbirth rates and under 5 mortality rates. The findings indicate that significant progress has been made, particularly in reducing maternal mortality by at least 40% between 2013 and 2019¹. Under this commitment other subdomains that were identified to need strengthening included the integration of MNCH interventions into UHC streams, increased training of healthcare workers to strengthen service delivery, health system strengthening including MNCH data, accountability and responses and enhanced elimination of mother to child transmission (MTCT) of HIV/AIDS and syphilis.

For the second thematic area in the SRHR domain, the commitments identified for assessment included those that aimed to improve the legal and policy environments for advancing SRHR for women. These efforts focused on aligning national policies with global standards and creating a more conducive legal framework to support reproductive health services, such as access to safe abortion, eradicating sexual and gender-based violence (SGBV), and ensuring gender equality in healthcare. Key commitments also included the integration of family planning (FP) into other primary healthcare initiatives and increasing the modern contraceptive prevalence rate (mCPR) among women. Despite increased access to family planning, the mCPR remains low, hindered by cultural beliefs, gender norms, and other barriers. These commitments aimed to provide a broader range of contraceptive options to women of reproductive age, allowing them to make informed choices regarding family planning, including postpartum FP options. There were also efforts to strengthen national integrated supply chain systems to reduce the incidence of contraceptive stock-outs. There was a strong focus on improving the sustainable financing of health budgets for family planning. Commitments in this domain aimed to secure government budget allocations for family planning commodities and service consequently reducing reliance on donor funding and ensuring that financial resources were available for continued access to modern contraceptives. While commitments to providing legal abortion services were not explicitly outlined, the government subscribed to global and regional protocols aimed at reducing unintended pregnancies and unsafe abortion. This included commitments to ensuring that safe abortion services are available where legally permissible and to improving access to post-abortion care in line with international best practices.

The third domain which prioritizes commitments for the advancement of AWB, included those focused on expanding the Free Health Care Initiative (FHCI) to include school-going

children, addressing mental health, promoting physical activity and nutrition, and reducing barriers to education for adolescents. While there has been marginal progress in establishing adolescent-friendly services such as the implementation of mental health services in some health facilities, the implementation of these commitments remains uneven, with gaps in financing, resource allocation, service delivery, stakeholder coordination, and accountability mechanisms. This area was identified as being given the least attention in comparison to MNCH and SRHR with limited commitments of financial support or strategic objectives for implementation.

Recommendations

To address the gaps identified, the report recommends several key actions. Strengthening policy frameworks is crucial to ensure that commitments are clearly defined, attainable, and aligned with national priorities. Increasing resource allocation is necessary to support the effective implementation of these commitments, particularly in areas such as maternal health, family planning, and adolescent health services. Enhancing stakeholder engagement will help to ensure that all relevant parties are involved in the implementation process thus improving coordination and accountability. Additionally, improving data collection and monitoring systems is essential to track progress, identify challenges, and make informed decisions that will enhance the effectiveness of WCAH interventions.

Conclusions

The findings of this report underscore the importance of sustained political commitment and leadership by the leadership of the Government of Sierra Leone and coordinated efforts by all stakeholders to achieve the SDG targets related to WCAH in Sierra Leone. While there has been significant progress in some areas, the ongoing challenges highlight the need for continued action to address gaps in implementation and resource allocation. By following the recommendations outlined in this report, the Government of Sierra Leone, with the support of its partners, can significantly improve health outcomes for women, children, and adolescents across the country. A multi-sectoral approach, including education, nutrition, and social protection, will be essential to holistically address the challenges related to WCAH (and its drivers), and to ensure that the commitments made are fully realized.



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1. Introduction

In the wake of evolving global health challenges, nations across the world are increasingly prioritizing the health and well-being of their most vulnerable populations. Sierra Leone, like many countries, faces complex health challenges, particularly concerning maternal, newborn and child health. The Government of Sierra Leone, recognizing the critical importance of addressing the unique health needs of women, children, and adolescents, has made several commitments to enhance their health outcomes. The Government's dedication to mitigating these challenges and fostering a healthier future for its citizens is reflected in a multitude of policies, programs, services, and strategic actions. This report presents a comprehensive scoping and assessment of the Government of Sierra Leone's commitments, initiatives, and progress towards improving the health and welfare of women, children, and adolescents.

This report aims to delve into the depth and breadth of these commitments, identifying the existing commitments, evaluating their quality and extent of implementation, identifying gaps, and making recommendations for additional commitments. As we embark on this exploration, the report will traverse the spectrum of health initiatives, from maternal health interventions ensuring safe pregnancies, and deliveries, to targeted programs addressing the unique health needs of Newborns, Children and Adolescents.

2. Background

Sierra Leone has made significant progress in reducing maternal mortality by at least 40% between 2013 and 2019, with the 2019 Demographic and Health Survey (DHS) showing a high maternal mortality ratio of 717 deaths per 100,000 live births.² The UN estimates for 2020 place the MMR at 443 deaths per 100,000 live births.³ This relatively high MMR could

indicate a lack of access to reproductive health care and a weakened health system. Hemorrhage, postpartum sepsis, and hypertensive disorders are the leading causes of maternal morbidity and mortality.⁴ The 2020 Maternal Death Surveillance and Response (MDSR) report highlighted that over 80% of maternal deaths occurred in health facilities, indicating poor quality of care.⁵

The DHS of 2019 also estimated neonatal and under-five mortality rates of 31 per 1,000 and 122 per 1,000 live births respectively.⁶ Neonatal and under-five mortality rates remain far from the SDG targets, with over 70% of under-five deaths occurring during the post-neonatal period.⁷ The main causes of morbidity and mortality among children under five years include malaria (33%), pneumonia (20%), and diarrhea (14%), with malnutrition remaining an important underlying cause.⁸ To attain the SDG targets for neonatal mortality and U5 mortality, the government should accelerate interventions to reduce mortality in both neonates and children under 5.

Sierra Leone has made strides in expanding access to family planning (FP) and reducing teenage pregnancies, but the modern contraceptive prevalence rate (mCPR) remains relatively low, exposing women to a high risk of unplanned pregnancies and potential maternal deaths. The mCPR increased from 16% in 2013 to 21% in 2019 among currently married women, and from 21% in 2013 to 24% in 2019 among all women.⁹ Teenage pregnancy rates vary between 28.3% and 34% with an average adolescent fertility rate of 102 per 1000.^{10,11} Approximately 40% of the 857 maternal deaths per 100,000 live births reported in the 2019 DHS are recorded among adolescents.¹² This places an additional burden on families and communities, weakening the social fabric and contributing to a cycle of poor health outcomes across generations. The World Bank reports that early childbearing significantly reduces a woman's lifetime earning potential, with potential

earnings lost ranging between 30% to 50%.¹³ As such, the Government of Sierra Leone (GoSL) responded by convening a cross-ministerial and multi-agency team in 2013 to develop the National Strategy for the Reduction of Teenage Pregnancy,¹⁴ (hereafter referred to as 'the National Strategy').

Barriers such as religious and cultural beliefs, gender norms, unequal power dynamics, stigma, and health worker capacity have been cited as barriers to accessing family planning services.

Several factors contribute to poor health outcomes in Sierra Leone, including frequent stockouts of medical supplies, shortage of skilled and motivated health workers, and prevalence of sexual and gender-based violence (SGBV). Major bottlenecks to the availability and use of quality reproductive and non-communicable diseases interventions include demand-side barriers, Human Resources for Health (HRH) challenges, unstable commodities and supplies, weak referral systems, sub-optimal care delivery, and lack of financing for Reproductive, Maternal, Newborn and Child Health (RMNCAH) and nutrition programs.

To accelerate progress on national WCAH commitments, PMNCH has introduced the Collaborative Advocacy Action Plan (CAAP) initiative which aims to improve accountability for WCAH commitments (specifically related to MNCH, SRHR and Adolescent Well-Being issues) through the collaborative efforts of partners. The process involves an initial inclusive, partner-led, scoping and assessment of WCAH commitments in each participating country. Based on this evidence, partners then identify a set of advocacy actions to be undertaken collaboratively by WCAH stakeholders to improve the quality and implementation of existing WCAH commitments, while responding to the need for new

commitments where critical gaps exist. PMNCH envisages that the CAAP initiative will add value to the efforts of partners through:

- **Improved evidence** on existing commitments and policy gaps at country level;
- **More meaningful engagement of underrepresented constituencies** in national policy processes, through multi stakeholder convenings, strengthened alignment, and coordination among PMNCH partners and other WCAH actors;
- **Enhanced visibility of national WCAH commitments** and, ultimately, increased accountability for WCAH commitments.

Clinton Health Access Initiative (CHAI) partnered with the Partnership for Maternal, Newborn, and Child Health (PMNCH) to coordinate partner efforts in relation to the CAAP initiative in Sierra Leone. As part of this process, CHAI has conducted a scoping to identify existing national women's, children's, and adolescents' health and well-being (WCAH) commitments (made in the context of the SDG era) and assess the quality of these extent to which they have been implemented by the Government of Sierra Leone. This report highlights those commitments and additional commitments and gaps which should be considered by the government of Sierra Leone.

The breadth of CHAI's experience and respected support to governments, including the Government of Sierra Leone, positions the organization well to coordinate the CAAP initiative in Sierra Leone. CHAI is a global health organization, working in 36 countries, committed to saving lives and reducing the burden of disease in low- and middle-income countries, while strengthening the capabilities of governments and the private sector in those countries to create and sustain high-quality health systems that can succeed without CHAI's assistance. By formulating close and trusted relationships at all levels within Sierra

Leone's national systems CHAI has gained unique insight into practical realities of policy, planning, implementation, and outcomes in the country.

2.1 Objectives

Main Objective: The main objective of the WCAH commitments scoping and assessment is to document, assess, and communicate the government's efforts, policies, and progress in improving the health and well-being of these vulnerable populations in Sierra Leone.

Specific Objectives:

- To identify existing government commitments on 'women's, children's, and adolescents' (WCAH) health and well-being in Sierra Leone
- To assess the quality of the existing commitments in relation to national needs and priorities as well as for accountability and transparency purposes.
- To evaluate the progress of the implementation of the WCAH commitments by the government of Sierra Leone
- To identify other critical commitments for policy development, budget allocation, strategy development necessary for contributing to the overall improvement of WCAH.

3. Methodology

3.1 Data Collection Techniques

This section outlines CHAI's approach to collecting information on the commitments made by the Government of Sierra Leone regarding Women's, Children's, and Adolescents' Health (WCAH). The approach included the following components:

3.1.1 Desk review

CHAI conducted a comprehensive desk review of various national and international documents, policies, and reports relevant to WCAH in Sierra Leone.: All strategic, policy and operational documents within the last ten years were reviewed based on their pertinence to initiatives, domains and subdomains suggested by PMNCH in the scoping and assessment guide. These documents were related to MNCH, SRHR and AWB commitments that were of relevance to Sierra Leone. The documents reviewed encompassed a wide range of sources, including but not limited to:

- National health policies and strategies, such as the Health Sector Strategic Plan and the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH & N) Strategy 2017 to 2025.
- International agreements and conventions pertaining to WCAH.
- Reports of Ministry of Health programs aimed at improving WCAH.
- Academic research articles and studies addressing WCAH issues in Sierra Leone.
- Reports and publications from non-governmental organizations (NGOs) active in the WCAH sector.
- Donor commitments and agreements related to WCAH initiatives in Sierra Leone.

During the review process, CHAI extracted relevant data on commitments from these documents that were in alignment with the guidelines of PMNCH, including key indicators,

goals, and outcomes. The information gathered was summarized and synthesized into a comprehensive list of commitments for WCAH in Sierra Leone. This approach ensured that CHAI obtained a holistic understanding of the commitments made by the government and other stakeholders in the WCAH sector, facilitating further analysis and assessment of these commitments.

3.1.2 Key Informant Interviews (KIIs)

i. Selection of Key Informants

CHAI employed a rigorous selection process where a list of all the key directorates and key stakeholders supporting the RMNCAH+N platform was drawn. Due to time constraints and the stakeholders' limited availability, this list was narrowed down to six key interviewees from the original list based on their key expertise and involvement in Women's, Children's, and Adolescents' Health (WCAH) commitments. The aim was to ensure diversity among the informants, encompassing government officials, health professionals, representatives from non-governmental organizations (NGOs), and other relevant stakeholders.

To illustrate a robust methodological approach, we aimed to incorporate a diverse range of perspectives, which enabled us to gather comprehensive insights into the commitments, implementation status, and challenges related to Women, Children, and Adolescent Health (WCAH). This inclusive framework not only provided a balanced distribution of viewpoints but also enriched the report with valuable insights that reflect the complexities of the issues at hand. By capturing this spectrum of perspectives, we ensured that the informants represent the multifaceted nature of WCAH commitments and their implementation challenges.

ii. Unstructured Interview Guide

A meticulously crafted unstructured interview guide was developed for discussions with Key Informants. The guide encompassed key thematic areas, including:

- Knowledge of government commitments
- Perceptions of government commitments based on which commitments participants were aware of
- Effectiveness of implemented programs
- Challenges faced in healthcare delivery
- Recommendations for improvements

iii. Informed Consent

Prior to conducting interviews, explicit informed consent was obtained from all participants. The consent process included a clear articulation of the interview's purpose, the voluntary nature of participation, and the measures taken to ensure confidentiality. This ethical standard underscored our commitment to respecting participants' autonomy and safeguarding their privacy throughout the interview process.

iv. Data Collection

One-on-one interviews were conducted, either in-person or through virtual platforms, based on logistical considerations and participant preferences. Each session was meticulously documented, with participants' consent obtained for audio recording.

Detailed notes were also taken during the interviews to capture nuances and contextual insights.

v. Transcription of collected data

After data collection, audio recordings of the interviews were transcribed verbatim, ensuring an accurate representation of the discussions. Following transcription, rigorous quality checks were conducted to verify the fidelity and completeness of the transcribed data. This meticulous process laid the foundation for robust data analysis, facilitating the extraction of meaningful insights from the Key Informant Interviews.

3.2 Mapping of existing commitments

The mapping and assessment encompassed three core domains: Maternal, Neonatal, and Child Health (MNCH); Sexual and Reproductive Health and Rights (SRHR); and Adolescent Health and Well-being (AWB). Within each domain, a range of topics and subtopics were evaluated, as outlined in Table 1 (informed by the guidance provided by PMNCH, please see Annex 1 for the Scoping and Assessment guide). The assessment drew upon various sources of data, including national health policies and strategic documents from the Ministry of Health (MOH) and the Ministry of Social Welfare, Gender, and Children's Affairs (MSWGCA). Additionally, academic research articles, international documents related to WCAH, and publications from multilateral organizations (NGOs) such as UNFPA, UNESCO, and WHO were reviewed.

The identification of existing government commitments was a key aspect of the assessment. These commitments, articulated in national policies and strategic documents, academic

research, and international agreements, serve as guiding principles for WCAH initiatives in Sierra Leone. Examples of such commitments included those focused on the reduction of MMR, neonatal mortality rates and infant mortality rates as well as the advancement of SRHR by increasing women's access and options to modern contraception, promoting women's empowerment, and addressing unmet adolescent health needs through targeted interventions.

By systematically analyzing these commitments across the MNCH, SRHR, and AHWB domains, the assessment aimed to provide insights into the current landscape of WCAH in Sierra Leone and identify areas for further action and improvement.

3.3 Quality assessment of the commitments

In the context of Sierra Leone's ongoing efforts to prioritize and improve the health outcomes of women, children, and adolescents, only key commitments directly focusing on improving WCAH were selected from the mapping for assessment. This was done to ensure that the evaluation process remained focused and efficient. This strategic focus allowed for deeper analysis and a more thorough understanding of the impacts of the commitments from the policy and technical perspective. By concentrating on these key commitments, the assessment methodology (as informed by the guidance provided by PMNCH) and implementation process remained streamlined, actionable, and directly aligned with the broader objectives of improving WCAH outcomes in Sierra Leone. The quality of commitments was assessed along two dimensions related to policy and technical considerations (please see Annex 1 for methodological details).

3.4 Assessment of the extent of implementation of the commitment

The section provides an overview of the process undertaken by CHAI, in collaboration with the Ministry of Health (MoH) and other key stakeholders (and leveraging guidance provided by PMNCH), to assess the implementation status of WCAH commitments. The assessment focused on three main aspects: i) Operationalization of Commitments ii) Institutionalized Accountability Process and iii) Documentation and Transparency (please see Annex 1 for methodological details).

4. Findings

Government Commitments Related to WCAH

The PMNCH platform offers a focused framework for tracking commitments aimed at advancing Women, Children, and Adolescent Health (WCAH) by organizing them into three thematic areas: Maternal, Newborn, and Child Health (MNCH); Sexual and Reproductive Health and Rights (SRHR); and Adolescent Health and Well-being (AHWB). Our analysis revealed that the Government of Sierra Leone (GoSL) has developed and pledged a significant number of commitments focused on reducing maternal and child mortality rates, enhancing access to family planning, and ensuring the health and well-being of adolescents through comprehensive education and healthcare services. In total, we identified over 90 commitments proposed by the GoSL to advance WCAH. The majority of these commitments align with international pledging platforms such as the **Global Financing Facility (GFF)**, **ICPD25**, and the **FP2030 initiative**. Additionally, several commitments were made on **national platforms**, while fewer were pledged under **regional commitments**. The commitments also covered *policy, financing, and/or service-delivery* priorities, and were made in relation to major national, international, and regional commitment pledging

platforms and initiatives. See Table 1. in Annex 2 for a comprehensive listing of these commitments.

4.1 Assessment of Quality of Key Commitments

Key commitments identified for assessment within these thematic areas include those that, if fully implemented, would result in significant improvements in WCAH outcomes. This assessment can be found in Table 2 and Table 3 (in Annex 2), from a policy and technical perspective respectively. The quality of these commitments was assessed using criteria from the PMNCH Guide, which prescribed an evaluation rating of 'Very Good' or 'Good' or 'Average' or 'Poor' based on their strategic alignment, equity, attainability, relevance, and inclusiveness; as well as based on how measurable, specific; time-bound; and representative of good value for money these commitments were.

For SRHR, commitments include increasing the modern contraceptive prevalence rate (mCPR) to at least 32% by 2027 and ensuring the availability of family planning services even during emergencies. The commitments prioritized for assessment included those that aimed for improved legal and policy environments for advancing SRHR and the integration of family planning (FP) to other primary healthcare initiatives; expanded family planning access and choice; strengthened national integrated supply chain systems to reduce incidence of stock-outs of any modern contraceptives; improved sustainable financing of health budgets for FP; empowering citizens to make informed choices for FP, including postpartum FP; scaled up comprehensive and holistic package of information, including comprehensive sexuality education in schools; eradication of sexual and gender-based violence; and improved access to safe abortion.

For AWB, key commitments involve expanding the Free Health Care Initiative (FHCI) to cover school-going children and improving the lives of adolescents affected by mental health disorders. The commitments prioritized for assessment included those that aimed for improved and expanded FHCI to cover school-going children; improved lives of those affected by mental health disorders; promoting physical activity and school-based nutrition; revision of national protocol for community management of acute malnutrition (CMAM); removal of barriers to access to health services for adolescents and the reduction of adolescent fertility rate; improving the policy and legal environment for the protection of adolescents; and ensuring innovative and sustainable health financing for vulnerable and underserved adolescents.

4.2 Progress in Implementation

The implementation of these key commitments shows varying levels of progress as shown in table 4 in Annex 2.

For MNCH, commitments related to reducing maternal and neonatal mortality are making 'Moderate Progress,' with efforts hampered by challenges such as insufficient resources and weak health systems.

In the SRHR domain, while there has been some progress in increasing access to family planning services, cultural barriers and logistical issues have slowed implementation, resulting in 'Insufficient Progress' in some areas. For AWB, the expansion of adolescent-friendly services and the implementation of mental health policies are 'On Track', though gaps remain in resource allocation and service delivery. This report provides a detailed narrative of these observations, identifying specific areas where progress is lagging and recommending actions to accelerate implementation.

Summary Assessment of Key Commitments (Quality and Implementation) traffic light coded

The quality of these commitments was assessed using criteria from the PMNCH Guide, which prescribed an evaluation rating of 'Very Good' or 'Good' or 'Average' or 'Poor' based on their strategic alignment, equity, attainability, relevance, and inclusiveness; as well as based on how measurable, specific; time-bound; and representative of good value for money these commitments were. Selected commitments were extracted from each domain to evaluate the quality of commitments and their progress of implementation for advancement of WCAH, providing a representative overview

Progress of implementation No Progress Insufficient progress Moderate Progress On Track

Commitment / Policy		Assessing the quality of commitment	Assessing the progress of implementation
MNCH			
High-quality MNCH services for mothers, newborns, and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.			
1	Reduce Maternal Mortality ratio from 717 per 100,000 live births (in 2019) to 300 per 100,000 live births by 2025.	The commitment demonstrates strong alignment with global goals, such as the Sustainable Development Goals (SDG 3.1), and from a technical perspective is both measurable and time-bound. However, it lacks strategic operational activities, including how to address systemic barriers	Maternal mortality declined to 443 per 100,000 live births by 2022, reflecting substantial progress. While this reduction is significant, achieving the 2025 target requires accelerated efforts. Progress of this commitment is moderate in consideration of the timeframe. (Unicef, 2024)

		and financial constraints in service delivery which limits the extent of technical considerations. The quality of this commitment is average.	
2	Reduce Neonatal mortality rate from 31 per 1000 live births (in 2019) to 23 per 1000 live births by 2025.	This commitment is average from a technical perspective as it demonstrates attainability within the stated time frame however there are no stated guidelines or strategy on how this can be achieved within the proposed timeframe as well as consideration of bottlenecks.	The neonatal mortality rate is 34 per 1000 live births in 2024 (Unicef, 2024) which is only marginal progress. The implementation progress could be greater considering the proposed timeframe.
3	Reduce Stillbirth rate from 24 per 1,000 total births to 18 per 1,000 total births by 2025	This commitment is moderately strong. It is specific, measurable, and time-bound, aligning with global and national maternal health priorities (e.g., RMNCAEH+N). However, it lacks detailed, actionable strategies	Minimal to moderate progress. While national strategies outline the importance of reducing stillbirths, significant gaps remain in funding, health worker training, and facility upgrades. 22.1 Stillbirth rate (World Bank, 2022)
4	Promote interventions to support elimination of mother to child transmission of HIV and congenital syphilis including promoting early detection, treatment, care and support for HIV exposed infants and infants with congenital syphilis.	This commitment is strong in terms of domesticating alignment with international priorities, such as the Global Health Sector Strategy on HIV and WHO's targets for congenital syphilis elimination. However, it	Implementation remains inconsistent. Coverage of antenatal screening for HIV and syphilis has increased, but gaps persist, particularly in rural and underserved regions.

		lacks specificity from a technical perspective in terms of measurable targets, timelines, or resource allocation. While it identifies essential components (detection, treatment, care), the framework for operationalization is vague.	
5	Reduce Under-five Mortality rate from 122 deaths per 1000 live births in 2019 to 71 deaths per 1,000 live births by 2025. Reduce infant mortality rate from 78 per 1,000 live births (in 2021) to 25 per 1,000 live births by 2025	This commitment is well-articulated with a clear target and timeline. However, it lacks details about specific strategies, such as addressing the leading causes of under-five mortality (e.g., malaria, pneumonia, and diarrheal diseases (UNICEF,2021). Stronger operational plans, including resource allocation and monitoring frameworks, would enhance its feasibility.	Progress toward this goal is evident, as under-five mortality dropped to 111 deaths per 1,000 live births by 2022 (WHO). Despite this improvement, the annual rate of reduction is insufficient to achieve the 2025. Challenges like limited access to healthcare and malnutrition continue to hinder progress.
6	Promote interventions to strengthen the national immunization program ensuring that children have access to and uptake vaccines for vaccine-preventable diseases as per national guidelines.	Quality of this commitment is good as it is strongly aligned with global immunization goals, such as WHO Global Vaccine Safety Initiative and the GAVI Alliance's mission. However, there is a lack of clear targets or vaccination coverage and timelines for nationwide implementation. The quality of this commitment was	There have been notable efforts to improve immunization coverage and new vaccines. Sierra Leone reduced the number of zero-dose unvaccinated children by 35 percent within a month. Between February and March 2023, the Sierra Leone Ministry of Health vaccinated 8,750 out of 25,000 children (ICAP, 2023).

		average.	
UHC schemes, including financial protection and MNCH financing			
1	Contribute to improved health promotion and delivery services in Sierra Leone through an adequately trained, motivated, and equitably distributed CHW workforce to deliver health promotion and essential health and nutrition services towards achieving the goals set in the UHC Roadmap for Sierra Leone and other health-related national goals and the SDGs by 2030.	This commitment is strategically aligned with the Universal Health Coverage (UHC) Roadmap and the broader SDGs, specifically targeting health equity, community-based care, and improved health outcomes. But does not mention a supporting financial commitment to support effective implementation.	Implementation has been underway with initiatives aimed at strengthening the CHW workforce, such as the government's efforts to train and equip CHWs, especially in rural and underserved areas. Despite these efforts, challenges remain, including a lack of sufficient remuneration, inconsistent training quality, and inadequate logistical support for CHWs in remote regions.
2	Increase financing to the health sector aiming to achieve the Abuja Declaration by at least 15% (Abuja Declaration 2001) by 2025 schemes.	The commitment is clear in its technical objective but lacks specific details about the financing mechanisms and strategic activities to ensure equitable utilization of funds. This commitment should be further operationalized to demonstrate its attainability.	As of 2023, the health sector's allocation remains below the 15% target. In 2020, health expenditure was about 7% of the national budget, which is significantly lower than the target. .
3	The Government of Sierra Leone has committed itself in the agenda for prosperity to work towards providing universal quality health care by 2035.	From a technical viewpoint, this commitment provides an attainable time frame for its achievement but considerably lacks in terms of policy considerations of specific targeted activities to address bottlenecks.	The implementation of this commitment can be said to have minimal progress as of 2024 as there have been no substantial strides towards achieving UHC through health insurance schemes.

4	MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing	The quality of this commitment is poor from a technical and policy perspective as it lacks clear, time-bound targets and specific plans on how financial protection and MNCH financing will be achieved. While the political will is evident, practical implementation could be hindered by resource constraints etc. Clear financial strategies are also needed to ensure that there is consistent funding for these services.	Sierra Leone has made strides in improving MNCH services through FHCI, which started in 2013. This program has led to increased healthcare facility deliveries and prenatal visits. This coverage has not yet been expanded to be inclusive of AWB.
5	Improve and expand FHCI to cover school going children, as part of GoSL's Human Capital Development initiative	The quality of this commitment is average as it identifies measures to improve equity to school going children who currently do not have healthcare coverage past age 5. However, it lacks measurability and the strategy to achieve implementation.	There have been no reported strategies on the practical implementation of this commitment.
6	Minimize or eliminate financial barriers hindering access to services for all persons requiring health and related services.	The commitment is relevant to the high levels of out-of-pocket payments in accessing health services outside of MNCH domain and demonstrates equity in increasing access for all people. But lacks an attainable, timebound strategy to demonstrate its practical implementation.	The UHC Roadmap (2021) under the National Health Policy 2021-2030 focused on resource mobilization for SLeSHI.

SRHR: Access and choice to effective contraception methods			
1.	Increase the number of adolescents reached with modern contraceptive methods per year from 47,769 (2018) to 93,088 by 2025;	Quality of this commitment provides a realistic timeframe for implementation.	
2.	Raise the contraceptive prevalence rate (for women aged 15–49 currently married or in a union who are using a modern or traditional contraceptive method) from 22.5 per cent in 2017 to 50 per cent by 2028.	The specific target of nearly doubling the number of adolescents receiving contraceptives is measurable, time-bound, and relevant. But not equitable to the underserved areas that lack access or cultural stigmas that are a consistent issue for uptake.	Progress towards this commitment is moderate. While there have been efforts to expand access to family planning services, including contraceptive methods for adolescents, coverage remains uneven, especially in rural areas. Some of the progress has been through donor-funded initiatives, but challenges like cultural stigma, lack of awareness, and limited healthcare access for adolescents persist
3	To achieve Universal Health Coverage by 2030 through effective integration of family planning in the national development plans as a vital driver of human capital development.	Highly aligned with international goals (SDG 3.8). Integration of family planning as a central driver in UHC highlights its strategic relevance to MNCH and economic growth. The focus on human capital development aligns with Sierra Leone's national priorities. From a technical perspective, it is specific, measurable and time bound. The quality of this commitment is very good	Family planning is integrated into the National Health Sector Strategic Plan 2021–2025, focusing on addressing barriers like cost, availability, and stigma.

4	To increase the modern contraceptive prevalence rate (mCPR) for all women to at least 32 percent using evidence- and rights-based practices and services to expand family planning access and choice across the country, including ensuring continuity of services during emergencies, by 2027.	This commitment is robust in technical considerations of measurability and applying an attainable time frame. It also mentions an actionable strategy towards its achievement and is in alignment with WHO frameworks to increase women's choice and access to contraception. Quality of commitment is very good.	Coverage of family planning services has increased moderately, with the contraceptive prevalence rate (CPR) improving from 22.5% in 2017 to 30.4% in 2021. This is on track for 2030 (UNFPA, 2022).
5	To establish and strengthen community, district and national mechanisms to change social and gender norms that hinder the agency and autonomy of women and girls, and limit access to rights-based family planning and sexual and reproductive health information and services for young people, people living with disability, key vulnerable populations and men, by 2030.	It reflects a comprehensive strategy by addressing not only access to services but also underlying social and cultural constraints. The focus on inclusivity, particularly for vulnerable populations, aligns with global human rights frameworks such as the Maputo Protocol and SDG 5 Policy and technical considerations are very good.	The Ministry of Gender and Children's Affairs has supported initiatives to strengthen legal protections and ensure women's autonomy, including the passage of the Child Marriage Prohibition Bill. - Challenges: Persistent cultural resistance and inadequate funding mechanisms remain significant barriers. Coverage and monitoring of programs in rural and underserved areas are insufficient.
6	Promote access to counseling and provision of postpartum family planning services.	The National Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy, 2017-2021 National	Global
Prevention and treatment/referrals for Sexual and Gender-Based Violence			

1.	Enact the prohibition of Child Marriage Bill in Sierra Leone which will criminalize child marriage for all types of marriages by the end of 2020.	High-quality commitment with clear, measurable goals aligned with international frameworks like the Sustainable Development Goals (SDG Target 5.3 on ending child marriage).	Although there were initial delays in passing the legislation affected the timeline. Successfully passed in 2024. Passage of the bill signifies strong political commitment to protect girls and uphold human rights.
2	GoSL has demonstrated its commitment to addressing sexual and gender-based violence. by making provision for the increase of the maximum penalty for rape and sexual penetration of a child from fifteen years to life imprisonment; to make provision for the introduction of the offence of aggravated sexual assault; to make provision for an alternative conviction of aggravated sexual assault; to make provision for the prosecution of offences under the Act; to make provision for the making of rules, by the Rules of Court Committee, to further regulate the practice and procedure under the Act and to provide for other related matters.	Very good commitment that showcases strong legal commitment to enhancing penalties, demonstrating a firm stance against sexual violence. The commitment demonstrates Clear, specific, and measurable action. Aligns with international best practices for addressing SGBV	The law has received strong support from women's rights groups and is seen as a step forward in addressing SGBV. While the act has been passed, the enforcement and application of the law are ongoing concerns. There have been reports of increased awareness and some cases where the law has been applied. However, challenges such as limited judicial resources and delayed case processing still persist, affecting the full impact of the law.
3	The Government of Sierra Leone commits to the overall goal of zero Gender Based Violence and harmful practices by 2030. Specifically, the Government of Sierra Leone commits to: Enact the Prohibition of Child Marriage	Quality of policy and technical considerations are good as it aligns with global standards under SDG goal 5/ human rights framework and is specific in timeline, objectives and scope.	The Prohibition of Child Marriage Bill was successfully enacted (WHO), reflecting strong political will to address child marriage across Sierra Leonean society. This commitment holds significant promise for full implementation by 2030, with

	Bill in Sierra Leone which will criminalize child marriage for all types of marriages by the end of 2020.		ongoing efforts to integrate enforcement mechanisms and ensure widespread adherence. Some bottlenecks exist in areas of enforcement in rural areas.
Cervical cancer			
1	Reduce the incidence of oncogenic HPV infections through nationwide scaling up of the HPV vaccination programme to cover 75 percent of the eligible population by 2028.	This is a very good commitment from a technical perspective as it relevantly targets the reduction of a major risk factor of cervical cancer, which is the second most common cancer for women in Sierra LEONE (CITE). It also has measurable targets and demonstrates equity considerations in targeting young girls. The commitment further aligns with WHO's global targets for cervical cancer elimination.	The Government of Sierra Leone has made significant progress in reducing the incidence of oncogenic HPV infections by integrating the HPV vaccine into the routine immunization program and launching a nationwide campaign. This program, supported by partners such as Gavi, UNICEF, and WHO, specifically targets 10-year-old girls, with an initial goal of vaccinating 153,991 girls in 2022 through schools. The vaccination schedule includes two doses administered over a six-month period. These efforts align with Sierra Leone's broader strategy to eliminate cervical cancer, as HPV is a major risk factor for the disease
2	Decrease age-standardized incidence and mortality rate from cervical cancer by 2025 through promoting screening, early detection, and treatment of precancerous and cancerous lesions with an effective see-and-treat programme that covers 50 per cent of the target population. (pg 45-47 of document).	This commitment shows technical considerations by including a measurable target of it also in alignment with WHO's global commitments Policy consideration.	Partial implementation. Reproductive health centers in urban areas like Freetown are operational for cervical cancer screening and treatment, with technical and financial support from UNFPA and GAVI. - Expanded access in rural regions remains limited due to inadequate healthcare infrastructure and a shortage of trained personnel. Coverage of

			the target population is below 50%, with challenges such as public awareness and screening uptake
3	The Ministry of Health and Sanitation (MoHS) – with support from Gavi, the Vaccine Alliance (Gavi), UNICEF and WHO – will administer HPV vaccines nationwide through schools, targeting 153,991 10-year-old girls, who will each receive two doses over a six-month period (GAVI,2022).	Clear and specific target population, integration into school-based programs ensures high coverage. Backed by reputable partners (Gavi, UNICEF, WHO), ensuring technical and financial support.	Globally, cervical cancer was responsible for 604,000 new cases and 342,000 deaths in 2020, with a significant burden in Sub-Saharan Africa (WHO, 2022). In Sierra Leone, cervical cancer ranks among the top causes of cancer-related deaths for women. Limited historical access to screening and vaccination has compounded the issue. In 2022, Sierra Leone, with support from Gavi and UNICEF, launched a school-based HPV vaccination program targeting 153,991 eligible girls aged 10 years. Initial campaigns reported vaccination in over 70% of schools in urban areas but faced logistical challenges in rural regions, including vaccine cold chain management and limited healthcare worker capacity. National coverage estimates for the first dose during the 2022 campaign ranged between 45%-55% due to supply chain and access limitations (Gavi report, 2022)
Adolescents' wellbeing			
1	The Government has committed to improve and expand the FHCI to cover school going children, as part	The quality of this commitment is average. Although it demonstrates a relevant target and	There is no evidence of this commitment being implemented

	of GoSL's Human Capital Development initiative.	seeks to increase equity by providing coverage to school going children, it lacks measurable and time bound targets.	
2	Review, define and support the implementation of a comprehensive and holistic package of information (including comprehensive sexuality education) and health services for adolescent health that goes beyond sexual and reproductive health services as per WHO and national guidelines.	<p>This is a very good commitment in its policy considerations as it aligns with global frameworks such as WHO adolescent health guidelines and Sustainable Development Goal (SDG) 3 (Good Health and Well-being) and SDG 5 (Gender Equality) Recognizes the interconnected needs of adolescents, extending beyond sexual and reproductive health (SRH) to include mental health, nutrition, and substance abuse.</p> <p>- Addresses critical gaps in existing adolescent health policies by promoting inclusivity for marginalized groups.</p> <p>Technical Considerations: - Holistic approach enhances adolescent health outcomes by integrating education, healthcare, and community support.</p>	<p>In 2022, Sierra Leone launched a pilot CSE program in collaboration with UNFPA, covering 25% of secondary schools. Early evaluations suggest improved adolescent awareness of SRH rights and services (UNFPA, 2023).</p> <p>In 2021, only 30% of adolescents had access to holistic health services (WHO Adolescents Health Statistics, 2022). A revised implementation strategy is planned for 2024.</p> <p>UNICEF reports that Sierra Leone is among 60 countries that have made progress towards achieving the 48 child related SDG targets (UNICEF, 2023b). However, progress has been slow and is not on track to achieve the SDGs and key national development goals. Key challenges include GBV against children, learning proficiency, adolescent health issues and rising mental health problems.</p>
3	The government has committed to have an available sustainable and accessible mental health system of care and support that guarantees	Strong alignment with global mental health frameworks such as the WHO's Comprehensive Mental Health Action Plan	Reports highlight that over 85% of the population in need of mental health services lack access to care due to infrastructure and workforce limitations (WHO 2023,

	promotion, prevention, curative and rehabilitation services at all levels of care.	2013–2030. The commitment recognizes the need for integrated care and the inclusion of mental health at all levels of the healthcare system. Technical Considerations: Lacks detailed implementation strategy (e.g., workforce development or funding models) and measurability to facilitate accountability mechanisms.	PIH 2023).
4	The government of Sierra Leone is committed to create an efficient and responsive TVET system that produces quality skilled workforce to transform Sierra Leone into a medium income country by 2039, and commits to providing quality basic education for all as enshrined in the constitution	Whilst this is a very good long-term, visionary commitment that aligns with national development goals. There is a lack of detailed implementation strategies or information on how sustained finance will back implementation	Reports indicate that TVET programs are still underfunded, with limited availability in rural areas. Enrollment rates in TVET remain low compared to secondary education. Efforts to partner with private institutions and donors like the World Bank have begun to show promise, but a robust framework to scale these programs nationally is still lacking (World Bank, 2023; GoSL Education Report, 2023).
5	Improve the policy and legal environment for the protection of adolescents and to improve the capacity of implementing agencies to implement laws, policies, and protocols affecting adolescents.	This commitment is essential for safeguarding adolescent rights and ensuring they have access to necessary services. The emphasis on improving legal and institutional frameworks is a strong policy approach. However, the commitment Requires strengthening the capacity of local authorities or updating relevant laws and	Sierra Leone has made some strides in improving policies related to adolescent protection, particularly through the implementation of National Adolescent Health Policy (2010). According to UNICEF, adolescent girls continue to face high rates of early marriage and gender-based violence (GBV) despite legal protections (UNICEF, 2023). In 2023, a significant barrier was reported regarding the lack of a

		ensuring their enforcement so needs a set of action targets on how to achieve this	fully functional adolescent-friendly legal and health service system across the country. Additionally, there is limited awareness among communities about the legal rights of adolescents, particularly in rural areas (GoSL, 2023; UNICEF, 2023).
6	Committed to establish innovative and sustainable health financing mechanisms that support resilient, quality healthcare delivery with a special focus on the most vulnerable and disadvantaged populations by the year 2025.	This reflects an understanding of the importance of financing in ensuring consistent and equitable access to health services, which is a core principle in Universal Health Coverage (UHC). The focus on innovation indicates an openness to alternative models of health financing; the commitment aligns with global health financing frameworks, including the WHO recommendations on strengthening health systems through financial sustainability. It also highlights the importance of equity, ensuring that disadvantaged populations, including adolescents, are prioritized.	According to the World Bank and UNICEF, while the government has initiated some reforms, there has been slow progress in establishing innovative financing models that specifically target adolescent health needs (World Bank, 2023; UNICEF, 2023). The Sierra Leone National Health Financing Strategy 2020–2025 outlines the framework for financing, but there are challenges in its full implementation, particularly regarding the commitment to financing adolescent health services. In 2023, UNICEF reported that funding for adolescent health services remained inadequate, and innovations such as national health insurance have yet to be fully implemented (UNICEF, 2023).
Access to safe and legal abortion services			

1	<p>Promote availability of and access to interventions for management of unintended pregnancy through ensuring availability and provision of safe abortion and post-abortion care services as is allowed by Sierra Leone laws.</p>	<p>This commitment reflects a critical effort to ensure access to safe and legal reproductive health services, including abortion and post-abortion care. It is aligned with global health frameworks, such as the WHO guidelines on safe abortion and post-abortion care. The commitment acknowledges Sierra Leone's laws on abortion, which permit abortion under specific conditions, and emphasizes ensuring that women and girls have access to these services.</p> <p>Strengths: The policy is clear but the challenge lies in the practical implementation of this policy considering the legal environment of abortion laws in Sierra Leone.</p>	<p>According to UNFPA (2021) and WHO (2022), access to safe abortion services remains limited, particularly in rural areas, due to infrastructure and workforce challenges.</p>
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Critical Commitments Needed

To fully realize the envisaged gains in WCAH, additional commitments are required. These include enhanced financial investments in health systems which can be achieved through

meeting the threshold of the Abuja Declaration, stronger legal frameworks to protect adolescent health rights, and comprehensive strategies to address cross-functional issues such as gender equality and social protection. The report also highlights the need for improved stakeholder coordination and data monitoring systems to ensure that new and existing commitments are effectively implemented. Without these critical interventions, the overall objectives of improving WCAH outcomes in Sierra Leone may not be achieved.

Additional Commitments

The additional commitments to be considered by the government were identified to address unmet health needs that were not fully covered by the existing commitments. Despite the progress made in areas such as maternal and child health, significant challenges remain, including persistently high maternal mortality rates, limited access to quality reproductive health services, and inadequate adolescent health services. The new commitments were identified to specifically target these areas, aiming to close the gaps in service delivery and health outcomes for vulnerable populations.

While previous commitments have made efforts to improve health outcomes, they often fall short of addressing the deep-rooted inequities that affect marginalized groups, such as women in rural areas, adolescents, and people with disabilities. Additional commitments were selected with a focus on enhancing equity and inclusiveness to already existing commitments, aiming to reduce disparities in health access and outcomes. These commitments include targeted interventions for these vulnerable groups, ensuring that the benefits of health improvements are shared across all segments of the population.

These additional commitments also recognize the importance of integrating cross-sectoral approaches to health. Health outcomes are influenced by a range of social determinants, including education, nutrition, water and sanitation, and gender equality. The new commitments were identified to address these broader determinants of health, ensuring a more holistic approach to improving WCAH outcomes. By linking health with other critical areas such as education and social protection, these commitments aim to create a more supportive environment for health improvements.

In addition to the commitments, through the Medium-Term National Development Plan (MTNDP) 2019-2023, the Government of Sierra Leone (GoSL) pledges to implement a comprehensive and multisectoral strategy aimed at enhancing national development. The MTNDP outlines and categorizes proposed and prioritized policies and programs into eight broad policy clusters. Among these clusters are:

Human Capital Development: The MoH should coordinate and engage with other relevant line ministries to address key drivers and determinants of WCAH, in doing so, GE and social protection are such key determinants that would benefit from engagement with the MoH.

Cluster 1. *Free Quality Basic and Senior Secondary Education*

1. Implement Free Quality Education:

- Ensure that by 2023, all children have access to free, quality basic and senior secondary education.
- Remove any financial barriers to education by covering tuition fees, providing textbooks, and other necessary learning materials.

2. Increase Access, Equity, and Completion Rates:

- Improve access to education for marginalized and underserved populations by building more schools in rural and remote areas.

- Develop targeted programs to increase enrollment and retention rates for girls and children with disabilities.
- Implement scholarship programs and incentives to reduce dropout rates and improve completion rates above the 2018 levels.

3. Improve Learning Environments:

- Upgrade school infrastructure, including classrooms, sanitation facilities, and access to clean water, to create safe and conducive learning environments.
- Equip schools with necessary learning resources such as libraries, laboratories, and technology.
- Ensure adequate teacher-to-student ratios by recruiting and training more teachers.

4. Strengthen Educational Systems and Governance:

- Review and update the curriculum to meet contemporary educational standards and needs.
- Enhance the governance architecture by decentralizing education management to improve accountability and efficiency.
- Implement robust monitoring and evaluation systems to track progress and ensure quality education delivery.

Cluster 2. *Higher and Tertiary Education*

1. Increase Access to Quality Higher Education:

- Expand higher education institutions and increase the number of available seats to accommodate more students.
- Provide scholarships and financial aid to deserving students, especially from low-income backgrounds.

2. Promote Functional Adult Literacy:

- Implement adult education programs to improve literacy rates among adults, focusing on practical and functional literacy skills.
- Partner with community organizations to facilitate adult literacy classes and vocational training.

3. Universal Civic Education:

- Integrate civic education into the curriculum at all educational levels to promote informed and active citizenship.
- Conduct nationwide civic education campaigns to raise awareness about civic duties and rights.

4. Enhance Research and Academic Excellence:

- Invest in research facilities and provide grants to encourage academic research and innovation.
- Promote partnerships between universities and industries to enhance practical and applied research.

Cluster 3. *Health Care Improvement*

1. Expand and Improve Free Health Care Management:

- By 2023, ensure that free health care services are effectively managed and accessible to all, particularly vulnerable populations.
- Increase funding and resources for free health care programs to improve service delivery.

2. Improve Health Governance and Human Resource Management:

- Strengthen health governance by improving transparency, accountability, and efficiency in health service delivery.
- Implement robust human resource management strategies to recruit, train, and retain health care professionals.

3. Increase Health-Care Budget:

- Raise the national health-care budget to 15 percent of the overall budget to ensure adequate funding for health services.

4. Implement the Social Health Insurance Scheme:

- Establish the Sierra Leone Social Health Insurance Scheme to provide financial protection and improve access to health care for all citizens.

Cluster 4. *Social Protection*

1. Establish Integrated National Identity Card System:

- Implement a national identity card system by 2023 to streamline access to social services and improve data management.

2. Create a Social Safety Net Fund:

- Develop a social safety net fund for emergency response to provide immediate support to individuals and families affected by disasters or crises.

3. Provide Social Protection for Vulnerable Populations:

- Ensure that at least 30 percent of vulnerable populations, including children, receive social protection services by 2023.
- Implement targeted programs to support the elderly, disabled, and those living in extreme poverty.

4. Integrated Birth Registration System:

- Establish an integrated birth registration system to ensure that all births are registered, providing children with legal identity and access to social services.

Cluster 5: Empowering Women, Children, and Persons with Disabilities

Women

1. Increase Women in Leadership:

- Ensure that by 2023, there are more women in leadership positions in government compared to 2018.
- Implement policies and programs to mentor and support women aspiring to leadership roles.

2. Support Women Entrepreneurs:

- Provide financial and technical support to women entrepreneurs to help them start and grow their businesses.
- Facilitate access to credit, markets, and training for women in entrepreneurial activities.

3. Manage Gender-Based Violence (GBV):

- Develop and implement a national data and information management system on GBV cases by 2023.
- Aim to reduce the number of women experiencing GBV by more than 50 percent compared to 2018 levels.
- Increase budgetary resources for the implementation of the Sexual Offences Act of 2012.
- Strengthen knowledge about the referral pathway for sexual abuse survivors and ensure services are accessible.

4. Promote Gender Balance in Legislation:

- Strengthen legislative frameworks to promote gender balance and support legislation that mandates increased female representation in political parties and institutions.
- Review and implement policies and strategies such as the National Referral Protocols on Gender-Based Violence and the National Strategy for the Reduction of Female Genital Mutilation/Cutting.

Children

1. Reduce Violence Against Children:

- By 2023, reduce the incidence of violence, abuse, and neglect against children compared to 2018 levels.
- Implement programs to raise awareness and prevent violence against children in communities and schools.

2. Address Policy Inconsistencies:

- Harmonize child-related policies and acts, particularly those related to the age of consent for marriage.
- Align the Registration of Customary Marriages Act with the Child Rights Act to ensure consistency in the age of consent for marriage.

3. Combat Child Marriage:

- Design and implement policies to combat child marriage, ensuring that laws are harmonized and standardized.
- Review and update the Child Rights Act of 2007 to address emerging issues related to child protection.

4. Address Child Labor:

- Develop a comprehensive strategy to combat child labor in all forms and increase opportunities for children to access quality education.
- Implement programs to provide alternative livelihoods for families reliant on child labor.

Cluster 6: *Youth Employment, Sports, and Migration*

Youth Employment

1. Increase Youth Employment:

- By 2023, increase youth employment by 15 percent, with a focus on gender equity.
- Develop and implement policies that create job opportunities for young people in various sectors.

2. Skills Training for Youth:

- Conduct skills training programs for youth through technical and vocational education and training (TVET) institutions.
- Partner with industries to provide apprenticeships and on-the-job training for young people.

Selected Progress and Achievements

- In 2020, 0.03% of the health budget was allocated to family planning services, though it was reportedly not disbursed.
- A family planning unit has been established within the Ministry of Health and Sanitation (MoHS) to monitor ICPD commitments.
- By 2021, the unmet need for family planning had declined to 20.8% for all women and 21.2% for modern methods.
- Trained service providers in family planning are now available across all 16 districts, and there has been an increase in the procurement and distribution of family planning methods.

- The maternal mortality ratio decreased from 1,165 per 100,000 live births to 717 per 100,000 live births by 2019, achieving a 38.45% reduction towards the ICPD goal of a 50% reduction by 2028.
- From 2019 to 2020, 406 midwives, 24 surgical assistants, and 50 nurse anesthetists were trained.
- Significant efforts have been made to combat child marriage, including community campaigns, the "Hands Off Our Girls" campaign, engagement with traditional and religious leaders, a review of the Child Rights Act 2007, and life skills sessions on ending child marriage.
- The adolescent birth rate declined from 125.1/1,000 in 2013 to 102/1,000 in 2021.
- The National Secretariat for the Reduction of Teenage Pregnancy has been established as a flagship project to reduce teenage and adolescent pregnancy rates.
- Adolescent and Youth Friendly Services have been established.
- Media engagement has been undertaken to address adolescent pregnancy.
- Comprehensive sexuality education has been integrated into the Basic Education curriculum framework and key subjects.

Findings from Key Informant Interviews

Six key informants from the Ministry of Health (MoH) and civil society organizations participated in interviews aimed at gaining insights into government commitments regarding Women's, Children's, and Adolescents' Health (WCAH) in Sierra Leone. The interviews were transcribed verbatim to ensure accuracy in capturing the informants' responses and to maintain the integrity of the data. The transcripts were read multiple times to gain a deep understanding of the content. Initial codes were generated to represent recurring concepts or statements related to government commitments on WCAH.

For example, codes such as "awareness of policies," "reference to specific strategies," and "mention of healthcare priorities" were created. Codes were then grouped into broader themes that captured the key aspects of the informants' responses. In this case, a primary theme identified was "Awareness of Government Commitments." Under this theme, sub-themes were developed based on the specific policies and strategies mentioned by the informants, such as the "Midterm National Development Plan," "National Health Sector Strategic Plan," and "Free Healthcare Initiative". Each theme and sub-theme was described in detail, summarizing the key points made by the informants. For instance, under the theme "Awareness of Government Commitments," the analysis noted that all informants demonstrated comprehensive awareness of key policies and frameworks and described the specific documents they referenced. The analysis interpreted the findings by considering the implications of the informants' awareness levels. For example, the widespread awareness of the Midterm National Development Plan and the National Health Sector Strategic Plan suggests a strong alignment between government efforts and stakeholder knowledge. It also indicates that these documents are central to the discourse on WCAH in Sierra Leone. To ensure the reliability of the findings, the analysis included cross-referencing with other existing literature on WCAH in Sierra Leone. This step helps to confirm that the themes identified are consistent with broader trends and knowledge in the field. The final step involved reporting the findings in a structured manner, ensuring that each theme was presented with supporting quotes or references to the interview data. The findings are categorized into these specific themes:

Awareness of Government Commitments

All six key informants demonstrated a comprehensive awareness of government commitments in family planning, policies, and financing related to WCAH. They cited various policy documents and frameworks that articulate these commitments, including:

- Midterm National Development Plan (MTNDP) (2023-27)
- National Health Sector Strategic Plan (2021-25)
- National Strategy for the Reduction of Teenage Pregnancy and Child Marriage (2019)
- Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCH+N Strategy (2017)
- Family Planning 2030 (FP2030)
- Free Health Care Initiative (2010)
- Radical Inclusion Policy (2019)
- Gender Equality and Women's Empowerment Act (2020).
- School Health Policy (2017)
- National Health Policy (2021):
- Global Financing Fund (GFF) (2015)
- International Conference on Population and Development (ICPD 25) (2019)
- Every Newborn Action Plan (ENAP) (2014)
- Ending Preventable Maternal Mortality (EPMM) (2014).

Prioritization and Actionable Plans

The government demonstrates a commitment to prioritizing WCAH initiatives, although financial constraints present significant challenges. International donors and partners play a crucial role in maintaining these priorities. Key informants emphasized high prioritization of policies such as the Free Health Care Policy and FP2030, as evidenced by their endorsement at the highest government levels.

One key informant highlighted,

"There is a strong emphasis on gender equality, women's empowerment, and adolescent health programs. These priorities are reflected in legislative measures such as the 50/50

Act, which ensures gender parity in governance, and various adolescent health initiatives aimed at preventing teenage pregnancies."

Another key informant added,

"There is high prioritization of the Free Health Care policy and FP 2030. The commitment to FP 2030 was signed at the highest government levels, demonstrating substantial support for family planning services. The Free Health Care policy is also prioritized, with sustained efforts to ensure its continuation."

Financial and Budgetary Allocations

Despite strong commitments, financial allocations remain limited. Over the last 5 years, the GoSL has allocated between 6-7% of total expenditure towards the health sector which falls short of the 15% threshold established by the Abuja Declaration in 2001. Although the government contributes to free health care and vaccine co-financing, a significant portion of funding is consequently sourced from international partners. Specific budgetary allocations for commitments like FP2030 are lacking, although funds are allocated to support the Free Health Care policy within the national budget.

One key informant noted,

"Financial constraints pose significant challenges to implementing WCAH commitments. While the government contributes to free health care and vaccine co-financing, much of the funding comes from international partners. Specific budgetary allocations for commitments like FP2030 are lacking, which hampers efforts to expand access to family planning services."

Partnerships and Collaborations

Partnerships between various local and international organizations are vital for prioritizing and implementing government commitments. Donor agencies, UN agencies, international NGOs, local organizations, and specialized bodies like the FP 2030 Secretariat collaborate to support these commitments.

One key informant emphasized,

"Partnerships with local and international organizations are essential for achieving our WCAH goals. Donor agencies, UN agencies, and international NGOs provide financial and technical support, while local organizations and specialized bodies like the FP 2023 Secretariat play key roles in program implementation and advocacy."

Challenges

The KII indicates that financial constraints, lack of coordination, and supply chain challenges, including occasional stockouts of commodities, access to equipped health centers and motivating health workers in remote areas are major obstacles to implementing government commitments. Addressing these challenges requires sustained government support and collaboration with stakeholders.

One key informant highlighted,

"Financial constraints pose significant challenges to implementing WCAH commitments. Limited budgetary allocations cover less than 25% of the required funding, with much of the funding coming from international partners. Supply chain challenges, including occasional stockouts of commodities, also hinder program implementation"

5. Conclusion

The government of Sierra Leone has made several commitments toward the advancement of women, children and adolescent health and wellbeing, encapsulated by a diverse array of strategies and policies on national and global platforms. The comprehensive awareness of government commitments among key informants underscores the significance of policy frameworks in advancing the health and well-being of women, children, and adolescents in Sierra Leone. A total of 90 commitments were highlighted in this report

Central to these initiatives is the recognition of the interconnectedness of health, education, and social inclusion. Policies such as the Midterm National Development Plan (MTNDP), the National Health Sector Strategic Plan, and the RMNCH+N Strategy highlight the government's dedication to improving health outcomes through targeted investments in healthcare infrastructure, human resources, and community-based programs. Additionally, the National Strategy for the Reduction of Teenage Pregnancy and Child Marriage and the Family Planning Agenda 2030 emphasize the importance of empowering women and adolescents by expanding access to sexual and reproductive health services.

Moreover, initiatives like the Free Health Care Initiative and the Radical Inclusion Policy aim to eliminate financial and social barriers that hinder access to essential services, particularly for marginalized and vulnerable populations. The Gender Equality and Women's Empowerment Act and the School Health Policy further reinforce the government's commitment to creating an enabling environment where women and adolescents can thrive.

While there have been positive strides in the formulation of policies related to MCH, SRHR, and AWB, notable challenges persist in their implementation. There is a significant disparity in the commitments made towards MCH and SRHR compared to AWB, particularly in terms of policy development, service delivery, and financial resources. The GoSL and its partners are primarily focused on reducing mortality rates among women, children, and infants, and there is a growing commitment to establishing a supportive policy environment for SRHR that aligns better with global standards, particularly for young girls and women. The introduction of the Child Marriage Bill represents great progress particularly in the area of SRHR; however, all three areas—MCH, SRHR, and AWB—suffer from insufficient and unsustainable budgetary allocations that do not support the successful implementation of a significant proportion of the commitments made. Among these, AWB receives the least financial support and lacks clear timelines for the implementation of mental health services

in schools. Despite recognizing the importance of cross-ministerial collaboration among health, education, and youth ministries, for AWB many policies have not been adequately operationalized. For instance, while some adolescent-friendly services are available, access remains limited, especially for those in rural areas.

The awareness and understanding of these commitments among stakeholders are crucial for ensuring their effective implementation and for driving meaningful progress in achieving improved health outcomes for all.

6. Recommendations

While there have been significant improvements in committing to national and global policy frameworks to support MNCH, SRHR, and AWB, some of the commitments still lack the specificity needed to drive real progress. To accelerate the advancement of WCAH, the following recommendations are proposed as prerequisites for developing a Collaborative Advocacy Action Plan (CAAP):

- **Strengthen policy frameworks:** Policy frameworks should be further strengthened to ensure commitments are clearly defined, measurable and aligned with national priorities as well as international targets under the Sustainable Development Goals (SDG's) and other global commitments. Policies must include concrete milestones to enable regular assessments of progress.
- **Increase Domestic Resource Allocation:** GoSL must prioritize domestic resource allocation towards WCAH. This includes increasing and mobilizing sustainable sources of health finance to ensure that all commitments, particularly those in underfunded areas like AWB are effectively implemented.
- **Enhance Stakeholder Engagement and Accountability Mechanisms:** Platforms must be established to maintain coordination, transparency and accountability amongst stakeholders to effectively track the progress of WCAH commitments. There is a need for stakeholder engagement to be enhanced to ensure active participation in the implementation process.

- **Improve Data Collection and Monitoring Systems:** There is a need for improved data collection and robust monitoring systems to track progress, identify gaps and challenges to inform decision making
- There is a need for stronger accountability mechanisms in the operationalisation of commitments across all subdomains to ensure transparency and progress measures towards implementation
- **Prioritize AWB :** AWB remains a critical area in WCAH advancement that has the least financial and policy specific commitments under its domain. Therefore, it is advisable that GoSL prioritizes AWB in the policy agenda and advocate for increased financial support from domestic and international partners for the implementation of specific objectives such as mental health services in schools. There should be clear timelines attached to the attainment of these commitments.

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Annex 1

Delivering on country commitments for women's, children's and adolescents' health and well-being

Guide for Country Commitment Mapping and Assessment

1. Background

In 2022 PMNCH partners developed a [revised approach](#) for commitment mobilization and accountability on women, children and adolescents' health (WCAH) to drive progress towards deliverables under the PMNCH 2021-2025 Results Framework. Over the next two years, the revised approach will be implemented in 30 countries in accordance with the PMNCH Results Framework. This partner-led collaborative approach places emphasis on greater accountability for existing WCAH commitments while also identifying gaps where new commitments are required. In all cases, the analysis and the evidence generated will inform advocacy and accountability efforts incorporated under the Collaborative Advocacy Action Plan (CAAP) at country level. In support of these partner efforts, PMNCH Secretariat teams collectively developed a Guide for Commitment Mapping and Assessment (the Guide).

2. Aim and Description

In implementing their respective CAAP processes, partners will essentially need to answer the following main questions:

- What commitments related to WCAH has the government made?
- For each commitment – Is the commitment of adequate quality (as defined below) to significantly improve WCAH?
- For each commitment - Is adequate progress being made in the implementation of this commitment based on accountability mechanisms to deliver the expected results within the envisaged timelines?
- What other critical commitments are required, without which envisaged overall gains in WCAH cannot be realized?

By providing partners with parameters to consider in undertaking mapping and assessment of commitments, the Guide aims to ensure that partner accountability efforts are robust, impactful and comparable across countries.

The Guide consists of three mutually reinforcing elements which provide guidance for partner efforts:

- Definition of a commitment¹
- Specific domains and sub-domains (under the three PMNCH themes – Maternal, Newborn and Child Health (MNCH), Sexual and Reproductive Health Rights (SRHR), and Adolescent Health and Well-being (AHWB) for mapping and assessment
- Parameters which should be considered as a basis for assessing the quality of commitment included under each of the sub-topics
- Considerations for assessing the status of commitments
- Guidance in identifying commitment gaps based on accountability mechanisms to deliver the expected results

3. Definition of a commitment

For the purposes of the CAAP process, a 'commitment' is *a statement of intent by the government to contribute to a significant improvement in WCAH. This can be expressed as a specific financial, policy or programmatic pledge*. While it is understood that WCAH benefits from the pledges and actions of a wide range of constituencies, the CAAP process will focus specifically on commitments made by governments.

4. Topics and Sub-topics to be Mapped and Assessed

¹ This is provided as check and balance. It is not the objective of the Framework to accurately identify commitments. However, the assessment stage informed by this Framework can identify commitments included which may not be consistent with the agreed definition

In shaping the CAAP process, PMNCH partners identified selected key topics within the areas of MNCH, SRHR and AWB where further effort is required. For each of these topics, sub-topics have further been identified to provide the frame for the scoping and assessment effort (Table 1). Adoption of this shared approach allows comparison across countries as well as consolidation to provide a global synthesis which, in turn, provides the platform for joint advocacy at a global level.

Table 1: Topics and sub-topics to be mapped and assessed

MNCH	SRHR	AHWB
<p>High-quality MNCH services for mothers, newborns and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.</p> <p>Maternal:</p> <ul style="list-style-type: none"> • Preconception care • Antenatal care • Skilled birth attendants • Postnatal care • Emergency obstetric care <p>Newborn</p> <ul style="list-style-type: none"> • Small and vulnerable newborn care • Prevention of stillbirths <p>Child:</p> <ul style="list-style-type: none"> • Child health services including • Breastfeeding and child nutrition • Immunization services <p>MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing</p> <ul style="list-style-type: none"> • UHC Schemes • Country health expenditure per capita on MNCH financed from domestic sources and ODA for MNCH • Out-of-pocket expenditure for MNCH services (% of current health expenditure) 	<p>Access and choice to effective contraception methods (family planning).</p> <ul style="list-style-type: none"> • Family planning needs satisfied • Strengthened autonomy and access to contraceptive services • Comprehensive sexual health education <p>Access to safe and legal abortion services.</p> <ul style="list-style-type: none"> • Legalized abortion and access to safe abortion services <p>Prevention and treatment/referrals for Sexual and Gender-Based Violence.</p> <ul style="list-style-type: none"> • Legal mechanisms for addressing GBV • Training and support for health workers on GBV • Violence against women and girls including intimate partner violence 	<p>Policy: National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)</p> <ul style="list-style-type: none"> • Health education for children and adolescents – including mental health • Provision of quality education and training opportunities to ensure their future employability • Nutrition programs and physical activity for children and adolescents • Pregnant adolescent support • Financial protection for adolescent health <p>National standards for delivery of AHWB information and services to adolescents, including on user fee exemption</p> <ul style="list-style-type: none"> • Health services for adolescents – user fee exemptions for health services (contraceptives, immunizations)

<p>Health systems strengthening including MNCH data and accountability, human resources for health - especially midwifery and nursing - and essential medicines and commodities</p> <ul style="list-style-type: none"> • MNCH information systems and accountability mechanisms including birth registration and disaggregation of data (sex, age) • Training and support for health workers for service delivery • Essential medicines, vaccines, commodities, technologies and innovations • Health information systems • Health system financing • Leadership and governance <p>Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality</p> <ul style="list-style-type: none"> • Nutrition schemes and food security across the life course: pregnancy nutrition, breastfeeding support, child nutrition, adolescent nutrition • Financing for WCAH • Education • Shelter • WASH facilities and services • Protection from pollutants and toxicants and excessive heat • Social protection • Child Protection • Women in the workforce and leadership positions 	<p>Prevention, detection and management of reproductive cancers, especially cervical cancer.</p> <ul style="list-style-type: none"> • Cervical cancer screening programs • HPV vaccine programs <p>Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing.</p> <ul style="list-style-type: none"> • Coverage of all essential SRH interventions • Country health expenditure per capita on SRHR financed from domestic sources and ODA for SRHR • Out-of-pocket expenditure for SRHR services (% of current health expenditure) 	<p>Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)</p> <ul style="list-style-type: none"> • Legal provisions against child marriage • Interventions to eliminate female genital mutilation • protection from violence (including physical, sexual, gender-based and electronic violence) and injury. <p>AHWB is embedded in national policies and plans with dedicated financing for AHWB programs</p> <ul style="list-style-type: none"> • Country health expenditure per capita AHWB financed from domestic sources and ODA for AHWB • Out-of-pocket expenditure for AHWB services (% of current health expenditure)
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5. Assessing the Quality of commitments

The quality of a commitment is multifaceted, influenced by policy and technical considerations. The nature of commitments is influenced by the prevailing context. However, there are some universal considerations which should be considered in developing commitments. Commitments of high quality are those which incorporate as many as possible of the following attributes.

5.1 Policy considerations

In assessing the quality of a commitment from a policy point of view, partners must consider the extent to which the commitment is:

- *Strategic* - strategically prioritizes a set of targeted activities to address major bottlenecks, to achieve significant improvement for health outcomes of WCAH and beyond
- *Equitable* - identifies and targets policy/financial/programmatic measures to tackle thematic gaps and inequities, and address needs of most marginalized populations
- *Attainable* - refers to a realistic context, which can feasibly be grounded in national plans/budgets/programs and based on availability of human and financial resources as well as level of progress achieved in the past
- *Relevant* - reflects national priorities and the challenges it faces, and builds on evidence, latest data, including inputs from different population groups and stakeholders collected via social accountability mechanisms, independent analysis etc.
- *Inclusive* - has been developed/and is being monitored and progress reviewed with participation/buy-in by relevant stakeholders, partners, those who either have responsibilities or will receive the services/expected benefit from the commitment

5.2 Technical considerations

In assessing the quality of a commitment from a technical point of view, partners must consider the extent to which the commitment is:

- *Specific* - refers to a specific action (financial, policy and/or service delivery) and indicates the population group who will benefit from the action.
- *Measurable* - can be monitored through an indicator or a set of indicators to enable progress and achievement of the commitment to be tracked.
- *Time bound* - with clear key milestones, and realistic timeframe for achievement of the commitment
- *Represents good value for money* - commitment reflects the five dimensions of VfM: economy, effectiveness, efficiency, equity and sustainability

6. Assessing the extent of implementation of commitments

- *The commitment has been made operational*
 - The government has ascribed clear roles and responsibilities for the implementation of the commitment
 - The government has allocated adequate resources (budgets, human resources, etc. allocated and accepted) for implementation of the commitment
 - Government responsibilities are supported by other stakeholder commitments/responsibilities
- Implementation is linked to a formal/institutionalized accountability process, including:
 - clear roles and timelines - across monitor, review, and act/remedy processes
 - clear risk mitigation plan
- Information about this commitment and progress of implementation is well documented
 - relevant stakeholders have been informed about the commitment
 - the information is publicly available

Identifying Gaps Where New Commitments are required

AHWB has generally been more neglected than MNCH and SRHR. It is therefore envisaged that the majority of new commitments will most likely be in the area of AHWB. Accordingly, PMNCH has provided partners with [guidance](#) on identifying gaps in relation to AHWB. In summary:

- All commitments must be demonstrably linked to one or more of the [five domains](#) of adolescent wellbeing
- The commitment making process should be informed by evidence based, global consensus on health and wellbeing, include young people in a meaningful way, and adopt a whole-of-government approach including provision for cohesive programming and monitoring. Provisions for implementation should be inclusive of all partners and incorporate prioritizing AHWB in broader, multisectoral planning.
- Wherever possible, new commitments should align with or build on existing national commitments in support of global goals or platforms for action.

Annex 2

Table 1: Existing government commitments on women's, children's and adolescents' health in Sierra Leone

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
MNCH	High-quality MNCH services for mothers, newborns, and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric	Maternal	Reproductive, Maternal, Newborn, Child Health & Nutrition Strategy (Extended edition@2023)	MoH	2023	2017-2025	Reduce Maternal Mortality ratio from 717 per 100,000 live births (in 2019) to 300 per 100,000 live births by 2025.	GFF (International)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
	and newborn care, and the prevention of stillbirths.		ICPD Commitment Statement	Government of Sierra Leone	2019		Reduce maternal mortality from 1,165 per 100,000 live births by 50% in 2028.	ICPD25 (International)	Policy
		Newborn	Reproductive, Maternal, Newborn, Child Health & Nutrition Strategy (Extended edition@2023)	MoH	2023	2017-2025	Reduce Neonatal mortality rate from 31 per 1000 live births (in 2019) to 23 per 1000 live births by 2025	GFF (International)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							Reduce Stillbirth rate from 24 per 1,000 total births to 18 per 1,000 total births by 2025	GFF (International)	Program
			RMNCAH Policy 2017-2021	MoH	2017	2017-2021	Promote interventions to support elimination of mother to child transmission of HIV	Voluntary (national)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							and congenital syphilis including promoting early detection, treatment, care and support for HIV exposed infants and infants with congenital syphilis		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							Support interventions for prevention of birth defects including promotion of folic acid supplementation to women of reproductive age	Voluntary (National)	Service Delivery
							Put in systems to strengthen	Voluntary (National)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							the implementation of maternal and perinatal death surveillance and response at all levels of service delivery		
							Support review, development of and implement	Voluntary (National)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							ation of national package of services for essential newborn care in line with WHO guidance and emerging practices.		
		Child	Reproductive, Maternal, Newborn, Child Health & Nutrition Strategy	MoH	2017 - 2025	2017-2025	Reduce Under-five Mortality rate from 122 deaths	GFF (International)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							per 1000 live births in 2019 to 71 deaths per 1,000 live births by 2025. Reduce infant mortality rate from 78 per 1,000 live births (in 2021) to 25 per 1,000 live births by 2025		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							Reduce percentage of children under age 5 who are stunted from 30% (2019) to 20% by 2025	GFF (International)	Policy
	High-quality MNCH services for mothers, newborns, and children, including stillbirths: essential antenatal, childbirth and		RMNCAH Policy 2017-2021	MoH	2017	2017-2021	Promote interventions for prevention and management of leading	Voluntary (National)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
	postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.						killers of children under-five as outlined in WHO and national guidelines.		
							Promote interventions to strengthen the national immunization program	Voluntary (National)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							ensuring that children have access to and uptake vaccines for vaccine-preventable diseases as per national guidelines.		
			RMNCAH Policy 2017-2021				Put in place systems including building capacity of	Voluntary (National)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
			Every Newborn Action Plan		2015		health workers to scale up implementation of approaches for integrated management of childhood illnesses (IMNCI and iCCM).		
							GoSL pledged to reduce the NMR to	ENAP (International)	

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
			Medium-Term National Development Plan 2024-2030	GoSL	2024	2024-2030	fewer than 12 deaths per 1000 live births by 2030. Reduce the stillbirth rate to fewer than 12 deaths per 1000 total births by 2030 Reduce the MMR to fewer than 70 deaths per 100,000	EPMM Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							live births by 2030. The GoSL additionally pledges to address disparities in maternal health outcomes by focusing on vulnerable populations and ensuring equitable access to		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							<p>quality maternal health services.</p> <p>To build a resilient and responsive healthcare system that provides equitable access to affordable quality healthcare services to</p>		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							all Sierra Leoneans across the life stages, including reducing Maternal mortality ratio by 50% (from a baseline of 443 per 100,000 livebirths); reducing infant mortality rate by 50%		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							(from a baseline of 75 per 1,000 livebirths); increasing life expectancy (from a baseline of 54.0 years); and increasing healthcare worker density by 50% (from a baseline		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							of 13.4 per 10,000 population)		
	MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing	UHC schemes	National school health policy	Ministry of Basic and senior secondary school education.	2020		Improve and expand the Free Healthcare Child Initiative (FHCI) to cover school going children, as part of GoSL's Human Capital	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							Development initiative.		
		Out-of-pocket expenditure for MNCH services (% of current health expenditure)	National Health Account	MoH	2019		The Government of Sierra Leone has committed itself in the agenda for prosperity to work towards providing universal quality health care by 2035.	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
			Health sector strategic plan	MoH	2021	2021-2025	Increase financing to the health sector aiming to achieve the Abuja Declaration by at least 15% (Abuja Declaration 2001) by 2025 scheme.	Voluntary (National)	Financial
							All people in Sierra Leone have	Voluntary (National)	Financial

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							equitable access to quality and affordable health and sanitation services whether public or private at all times without any undue financial hardship by 2030.		

							Minimize or eliminate financial barriers hindering access to services for all persons requiring health and related services	Voluntary (National)	Financial
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Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
	Health systems strengthening including MNCH data and accountability, human resources for health - especially midwifery and	MNCH information systems and accountability	Results and Accountability Framework	MoH	Jan 2012	2010-2015	Commitment to reduce inequalities and improve the health of the people, especially mothers and children through strengthening national health	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
	nursing – and essential medicines and commodities	mechanisms					systems to enhance health related outcomes and impact indicators.		
		Training and support for health workers for	National Community Health Workers Policy	MoH	2016	2016-2020	To contribute to improved health promotion and delivery services in	Voluntary (National)	Policy Financial

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
		service delivery					Sierra Leone through an adequately trained, motivated, and equitably distributed CHW workforce to deliver health promotion and essential health and nutrition		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							services towards achieving the goals set in the UHC Roadmap for Sierra Leone and other health-related national goals and the SDGs by 2030		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
		Essential medicines, vaccines, commodities, technologies, and innovations	Sierra Leone Basic Package of Essential Health Services	MoH	2015	2015-20205	To maintain and improve the health of all citizens of Sierra Leone by defining a functional and resilient national health system, which delivers	Voluntary (National)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							efficient, high quality primary and secondary health care services that are accessible, equitable and affordable for all.		
		Health system financing	Health Care financing strategy Abridge version	MoH	2021	2021-25	The Government of Sierra has committed	Voluntary (National)	Financial

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							to progressively increase public health expenditure to 15% of the GDP.		
							Establish a UHC fund to be integrated into Sierra Leone Social Health Insurance (SLeSHI),	Voluntary (National)	Financial

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							once Operationalized		
	Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality	Nutrition schemes and food security across the life course:	National Food and Nutrition Security Implementation plan	MoH	2013	2013-2017	To prioritize Nutrition and Food Security as a key project in the Poverty Reduction Strategy (Agenda for Prosperity) In terms of	National (Voluntary)	Policy Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							actions related to food security, the government has reflected its commitment to 'an adequate diet for all' by renaming the 'Ministry of Agriculture and		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							Forestry' to 'Ministry of Agriculture, Forestry and Food Security.		
									Policy
			RMNCAH Policy 2017-2021	MoHS	2017	2017-2021	End all forms of malnutrition, and address the nutritional needs of newborns, children, adolescents	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							and pregnant and lactating women		
							Promote programs and interventions to ensure appropriate infant and young child feeding practices including exclusive	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							breastfeeding for 6 months and continued breastfeeding and complementary feeding from 6 months.		
		Nutrition schemes	RMNCAH Policy 2017-2021	MoH	2017	2017-2021	Promote appropriate feeding practices for the family,	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
		and food security across the life course:					especially pregnant and lactating women and other vulnerable groups at facility and community levels.		
		Financing for WCAH	Global Financing facility for Women, Children and Adolescents. (RMNCAH strategy)	MoH	2017	2017-2021	Committed to allocate resources and financing specially targeted at	GFF	Financial

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							the well-being and health of Women, Children, and Adolescents through programs focusing on maternal health care, Child health services and Adolescent		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							health education.		
			School Health Policy & Strategy	MoH and of Basic	2020				

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
		Education		and Senior Secondary			Government has committed to improve and expand the Free Health Care Initiative (FHCI) to cover school going children as part of GoSL's Human Capital Development	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							nt Initiative. It promises to transform the health sector from an under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							national health care delivery system that is affordable to everyone and accessible for all.		

		Social protecti on	National Social Protection Strategy for Sierra Leone	Governme nt of Sierra Leone	2022	2022- 2026	The Governmen t has declared its commitme nt to developing a solid national social protection system and delivering quality social protection services to the population to enhance human capital	Voluntary (National)	Policy
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Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
SRHR	Inclusion of essential packages of SRHR services in UHC and PHC schemes including financial protection and SRHR financing		Nairobi Summit Commitments on ICPD25 (https://www.nairobisummiticpd.org/commitment/management-and-coordination-country-programme)	Government of Sierra Leone	2019		Allocate at least of 1% of the health budget for Family Planning by 2022;	ICPD25 (International)	Financial
	Access and choice to effective contraception methods (family planning).	Family planning needs satisfied	Nairobi Summit Commitments on ICPD25 (https://www.nairobisummiticpd.org/commitment/management-and-coordination-country-programme)	Government of Sierra Leone	2019		Increase the number of adolescents reached with modern contraceptive methods per year	ICPD25 (International)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							from 47,769 (2018) to 93,088 by 2025;		
	Access and choice to effective contraception methods (family planning).	Family planning needs satisfied	Nairobi Summit Commitments on ICPD25 (https://www.nairobisummiticpd.org/commitment/management-and-coordination-country-programme)	Government of Sierra Leone	2019		Raise the contraceptive prevalence rate (for women aged 15–49 currently married or in a union who are using a modern or traditional	ICPD25 (International)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							contraceptive method) from 22.5 per cent in 2017 to 50 per cent by 2028.		
	Prevention and treatment/referrals for sexual and gender-based violence	Legal mechanisms for addressing GBV	Nairobi Summit Commitments on ICPD25 (https://www.nairobisummiticpd.org/commitment/management-and-coordination-country-programme)	Government of Sierra Leone	2019		The Government of Sierra Leone commits to the overall goal of zero Gender Based Violence and	ICPD25 (International)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							harmful practices by 2030. Specifically, the Government of Sierra Leone commits to: Enact the Prohibition of Child Marriage Bill in Sierra Leone which will criminalize child		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							marriage for all types of marriages by the end of 2020.		
SRHR	Access and choice to effective contraception methods (family planning).	Family planning needs satisfied	Family Planning 2030	MoH	2023	2023-2030	– To achieve Universal Health Coverage by 2030 through effective integration of family planning in the	FP2030 (International)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							national development plans as a vital driver of human capital development.		
							To increase the modern contraceptive prevalence rate (mCPR) for all women to at least	FP2030 (International)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							32 percent using evidence- and rights-based practices and services to expand family planning access and choice across the country, including ensuring continuity		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							of services during emergencies, by 2027.		
		Strengthened autonomy and access to contraceptive services	Family Planning 2030	MoHS	2021	2023-2030	To strengthen the national integrated Supply Chain management system to improve the incidence of 'no stock-out'	FP2030 (International)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							of any modern contraceptive method to 60% by 2027 (from the 2022 levels of 39.3%)		
SRHR	Access and choice to effective contraception methods (family planning).	Strengthen autonomy and access to contraceptive service	Family Planning 2030	MoHS	2021	2023-2030	To establish and strengthen community, district and national mechanisms to change	FP2030 (International)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							social and gender norms that hinder the agency and autonomy of women and girls, and limit access to rights-based family planning and sexual and reproductive health		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							information and services for young people, people living with disability, key vulnerable populations and men, by 2030.		
							To improve sustainable financing for Family Planning by	FP2030 (International)	Financial

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							allocating a minimum of 1% of the national health budget annually and exploring additional innovative domestic financing mechanisms to increase financing		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							for family planning by 2030.		
			National Health and Sanitation Policy	MoH	2021	n/a	Government has committed to ensuring that all services meet basic standards of quality and safety, and that these are tailored to the health needs and	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							priorities of patients. Improving the quality of health care services requires a focus on the performance across the entire health system.		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
	Access and choice to effective contraception methods		The National Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy, 2017-2021	MoH			Promote interventions that increase access to and uptake of family planning services, especially long-term family planning methods, at the various levels of service	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							delivery points in both public and private health facilities.		
	Access and choice to effective contraception methods		The National Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Policy, 2017-2021	MoHS			Promote access to counseling and provision of postpartum family planning services.	FP2030 (International)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
	Prevention and treatment/referrals for Sexual and Gender-Based Violence	Comprehensive sexual health education	Review of national curriculum framework and guidelines for basic education using the sexuality review and analysis tool (SERAT)	MoHS			Government of Sierra Leone is committed to reduce the high prevalence of teenage pregnancy and child marriage in the country.	Voluntary (National)	Policy
			The National Reproductive, Maternal, Newborn, Child and	MoH			Review, define and support the	Voluntary (National)	Policy/

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
			Adolescent Health (RMNCAH) Policy, 2017-2021				implementation of a comprehensive and holistic package of information (including comprehensive sexuality education) and health services for adolescent health that goes beyond		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							sexual and reproductive health services as per WHO and national guidelines.		
			National strategy for the reduction of adolescent pregnancy and child marriage	Government of Sierra Leone	2018	2018-2022	The overall goal of the strategy is to reduce the adolescent fertility rate to 74 per 1,000 (from a 2013	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							baseline of 125 per 1,000), and the percentage of women aged 20 to 24 years who were first married or in union before the age of 18 to 25 per cent by 2022 (from a 2013		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							baseline of 38.9%).		
	Access to safe and legal abortion services.	Legalized abortion and access to safe abortion services	MAPUTO Protocol	Parliament of Sierra Leone	2 nd July 2015		Under Article 14 (2) (c) of the Maputo Protocol, States Parties are called upon to take all appropriate	MAPUTO Protocol (Regional)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							measures to “protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus".		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
			The National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy, 2017-2021	MoHS			Promote availability of and access to interventions for management of unintended pregnancy through ensuring availability and provision of safe	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							abortion and post abortion care services as is allowed by Sierra Leone laws.		
	Prevention and treatment/referrals for Sexual and Gender-Based Violence	Legal mechanisms for addressing GBV.	National male involvement for the prevention of Sexual and Gender Based Violence in Sierra Leone	Ministry of Gender and children's affairs	2020		GoSL has demonstrated its commitment to addressing sexual and gender-based	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							violence. by making provision for the increase of the maximum penalty for rape and sexual penetration of a child from fifteen years to life imprisonment; to make		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							provision for the introduction of the offence of aggravated sexual assault; to make provision for an alternative conviction of aggravated sexual assault; to make		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							provision for the prosecution of offences under the Act; to make provision for the making of rules, by the Rules of Court Committee, to further regulate the practice		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							and procedure under the Act and to provide for other related matters.		
							Enact the prohibition of Child Marriage Bill in Sierra Leone which will criminalize child marriage	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							for all types of marriages by the end of 2020.		
		Violence against women and girls including	Sierra Leone National Action Plan (SiLNAP II) for the full Implementation of the United Nations Security	Ministry of Social Welfare Gender and	2019	2019-2023	Government commits to a resilient nation where	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
		g intimate partner violence.	Council Resolutions 1325 (2000) and 1820 (2008)	children's affair.			communities are secured and women's, adolescents', and girls' rights are upheld, and they actively realize the benefits of the full tenets and provisions of UNSCR 1325 (2000)		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							and 1820 (2008) and related sister resolutions with support, also, of male champions.		
			Sierra Leone's B30 Report : UN Women	Ministry of Social Welfare Gender and children's affairs.	2020		The government of Sierra Leone is committed to promote gender	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							equality and women's empowerment.		
	Prevention, detection and management of reproductive cancers, especially cervical cancer	Cervical cancer screening programs	National Policy and Strategy for the elimination of Cervical Cancer	Government of Sierra Leone	2023	2023-2028	i. Reduce the incidence of oncogenic HPV infections through nationwide scaling up of the HPV vaccination	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							<p>programme to cover 75 percent of the eligible population by 2028.</p> <p>ii. Decrease age-standardized incidence and mortality rate from cervical cancer by 2025 through</p>		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							promoting screening, early detection, and treatment of precancerous and cancerous lesions with an effective see-and-treat programme that covers 50 per cent of		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							the target population. iii. Improve the quality of life of women with incurable cancer through provision of supportive, palliative and survivorship care in alignment with the		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							NCDs policy. iv. Intensify mobilization for public support of HPV vaccination and cervical cancer screenings. v. Improve training programmes for health care workers involved in		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							the cervical cancer elimination programme. vi. Strengthen hospital information systems and cancer registries.		
		HPV vaccine programmes	Introduction of HPV Vaccine to Sierra Leone's routine immunization schedule	MoH	2022		The Ministry of Health and Sanitation	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
			to protect girls from cervical cancer				(MoHS) – with support from Gavi, the Vaccine Alliance (Gavi), UNICEF and WHO – will administer HPV vaccines nationwide through schools, targeting 153,991 10-year-old		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							girls, who will each receive two doses over a six-month period (GAVI,2022).		
	Inclusion of essential packages of SRHR interventions	Coverage of all essential SRH	Sierra Leone Basic Package of Essential Health Services	MoH	2015	2015-2020	Government is committed to ensure	Voluntary (National)	Service Delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
	within UHC and PHC schemes, including financial protection and SRHR financing.	interventions					comprehensive Sexual and Reproductive Health services by working towards the coverage of all essential interventions. It includes access to family planning, maternal		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							health services, HIV/AIDS prevention and care and all comprehensive sexuality education.		
		Country health expenditure per capita on SRHR financed from domestic	Health care financing strategy	MoH	2021	2021-2025	Establish systems and structures for the implementation of UHC under	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
		c sources and ODA for SRHR					SLeSHI on a pilot basis		
							Increase government budgetary allocation from 9.7% to 15% of the GDP as envisioned in the NHSP	Abuja Declaration (International)	Financial
AWB	National policy and programs for adolescent well-being (10-19 years) offering information and	Health education for children and adolesce	Sierra Leone School Health Policy	Ministry of Basic and Senior Secondary School	2020		The Government has committed to improve and expand	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
	services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)	nts – including mental health.	The National Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy, 2017-2021				the FHCI to cover school going children, as part of GoSL's Human Capital Development initiative. It promises to transform the health sector from an under-resourced,	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							ill-equipped, and inadequate delivery system into a well-resourced and functioning national health-care delivery system that is affordable to everyone and		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							<p>accessible for all.</p> <p>Review, define and support the implementation of a comprehensive and holistic package of information (including comprehensive sexuality education)</p>		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							and health services for adolescent health that goes beyond sexual and reproductive health services as per WHO and national guidelines.		
			Mental Health policy and Strategic plan	MoH	2017		The government has committed	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							to have an available sustainable and accessible mental health system of care and support that guarantees promotion, prevention, curative and rehabilitation services		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							at all levels of care.		
		Provision of quality education and training opportunities to ensure their future employability	Sierra Leone Education Sector Plan	Ministry of Education Science and Technology	2022 - 2026	Five years	The Government of Sierra Leone is committed to ensure that every child, regardless of circumstances should have the opportunity to access and	Voluntary (National)	Financial

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							complete quality education, whilst showing proficiency in all assessed areas.		
			National Technical and Vocational Education and Training	National Education Policy	2010		The government of Sierra	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							Leone is committed to create an efficient and responsive TVET system that produces quality skilled workforce to transform Sierra Leone into a medium income		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
				National Technical and vocational education and training (TVET) policy for Sierra Leone.			country by 2039 , and commits to providing quality basic education for all as enshrined in the constitution		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
			Sierra Leone National food & Nutrition Security Policy	MoHS	2012	2012-2016	Community-based Management of Acute Malnutrition (CMAM) approach should be integrated into child survival and development initiatives	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
			National School feeding policy	Ministry of Basic and Senior Secondary Education	2021		Reduced chronic and acute malnutrition, including reduced protein-energy and micronutrient deficiencies by providing pupils in pre primary and basic schools with	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							healthy, diverse, and nutritionally sufficient meals on every school day, alongside with complementary interventions such as deworming and increased nutritional		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							awareness and skills of children and parents.		
		Legal provisions against child marriage	National strategy for the reduction of adolescent pregnancy and child marriage	Government of Sierra Leone	2018	2018-2022	Reduce the adolescent fertility rate to 74 per 1,000 (125 per 1,000 in 2013), and the percentage of women aged 20 to 24 years who were	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							first married or in union before the age of 18 years to 25 per cent by 2022 (from 38.9% in 2013).		
							Improve the policy and legal environment for the protection of adolescents	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							and to improve the capacity of implementing agencies to implement laws, policies, and protocols affecting adolescents.		
							Engage with community	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
							es and empower them so that they take individual and collective responsibility for the reduction of adolescent pregnancy and child marriage.		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
		Interventions to eliminate FGM.	Sierra Leone: The Law and FGM	Thomson Reuters Foundation	2018		Committed to promote equality and protection of human dignity, to address violence against women and girls,	National (Voluntary)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							harmful practices or FGM.		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
		Protection from violence (including physical, sexual, gender-based and electronic violence) and injury.	National Male involvement strategy for the prevention of Sexual and Gender Based Violence in Sierra Leone	UNFPA Sierra Leone	2020		The government of Sierra Leone has demonstrated its commitment to addressing sexual and gender-based violence (SGBV) by amending sexual offenses Act in 2019.	Voluntary (National)	Policy

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (Financial; Policy; Service delivery)
	AHWB is embedded in national policies and plans with dedicated financing for AHWB programs.								
		Out-of-pocket expenditure for AHWB services (% of current health expenditure)	National Health Sector Strategic Plan Abridged version	MoHS	2021	2021-2025	Committed to establish innovative and sustainable health financing mechanisms that support resilient, quality healthcare delivery with a	Voluntary (National)	Service delivery

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							<p>special focus on the most vulnerable and disadvantaged populations by the year 2025.</p> <p>Enhance healthcare services by allocating resources to healthcare</p>		

Domain	Topic	Sub-topic	Document	Author	Date	Period Covered	Commitment Statement	Pledging Platform /Initiative (International, Regional, or National)	Type of commitment (<i>Financial; Policy; Service delivery</i>)
							infrastructure, education, and access to health services for adolescents' well-being.		

Table 2: Assessment of the quality of the WCAH commitments from a policy viewpoint

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
MNCH	High-quality MNCH services for mothers, newborns, and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric	Maternal	Reduce Maternal Mortality ratio from 717 per 100,000 live births to 300 per 100,000 live births by 2025.	Yes	Yes	Yes	Yes	Yes
			Train and employ 1000 midwives, 180 nurse anesthetists, 72 surgical assistants by 2025.	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
	and newborn care, and the prevention of stillbirths.	Newborn	Reduce Neonatal mortality rate from 31 per 1000 live births to 23 per 1000 live births by 2025	Yes	Yes	Yes	Yes	Yes
			Reduce Stillbirth rate from 24 per 1,000 total births to 18 per 1,000 total births by 2025	Yes	Yes	Yes	Yes	Yes
			Reduce infant mortality rate from 78 per 1,000 live births (in 2021) to 25 per 1,000 live births by 2025.	Yes	Yes	Yes	Yes	Yes
			Promote interventions to support	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			elimination of mother to child transmission of HIV and congenital syphilis including promoting early detection, treatment, care and support for HIV exposed infants and infants with congenital syphilis					
			Support interventions for prevention of birth defects including promotion of folic acid supplementation	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			to women of reproductive age					
			Put in systems to strengthen implementation of maternal and perinatal death surveillance and response at all levels of service delivery	Yes	Yes	Yes	Yes	Yes
			Support review, development of and implementation of national package of services for essential newborn care in line with WHO guidance and	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			emerging practices.					
		Child	Reduce Under-five Mortality rate from 122 deaths per 1000 live births to 71 deaths per 1,000 live births by 2025	Program				
			Reduce percentage of children under age 5 who are stunted from 30% (2019) to 20% by 2025	Program				
	High-quality MNCH services for mothers, newborns, and children, including		Promote interventions for prevention and management of leading killers of children under-	Service Delivery				

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
	stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.		five as outlined in WHO and national guidelines.					
			Promote interventions to strengthen the national immunization program ensuring that children have access to and uptake vaccines for vaccine-preventable diseases as per national protocol	Yes	Yes	Yes	Yes	Yes
			Put in place systems including building capacity of health workers	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			to scale up implementation of approaches for integrated management of childhood illnesses (IMNCI and iCCM) at facility and community level					
			Promote interventions for prevention, early detection and treatment of common non-communicable diseases and conditions among children including disabilities, cancers, and cardiovascular	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			conditions among others.					
	MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing	UHC schemes	Improve and expand the FHCI to cover school going children, as part of GoSL's Human Capital Development initiative. It promises 'to transform the health sector from an under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning national health-care delivery	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			system that is affordable to everyone and accessible for all					
		Health expenditure	Allocate more resources to improve healthcare infrastructure, access to essential medicines, and the quality of Health care services. The effort is to address various health challenges for maternal, Newborn, and Child health.	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
		Out-of-pocket expenditure for MNCH services (% of current health expenditure)	Implement policies to minimize financial barriers to accessing essential health services.	Yes	Yes	Yes	Yes	Yes
			Increase financing to the health sector aiming to achieve the Abuja Declaration and develop new financing mechanisms including a social health insurance scheme.	Yes	Yes	Yes	Yes	Yes
			Ensure regular health donor mapping and	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			align funding with government policies and priorities.					
			Minimize or eliminate financial barriers hindering access to services for all persons requiring health and related services	Yes	Yes	Yes	Yes	Yes
			The Government of Sierra Leone is committed to improve data collection, analysis, and reporting for MNCH through various initiatives. Example, the	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
	Health systems strengthening including MNCH data and accountability, human resources for health - especially midwifery and nursing – and essential medicines and commodities	MNCH information systems and accountability mechanisms	implementation of electronic health records, regular health facility assessment and establishment of monitoring and evaluation frameworks.					
			Ensure transparency and effectiveness in the MNCH sector, the Government commits Accountability, mechanisms such as community engagement, audits and	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
		performance reviews.						
		Training and support for health workers for service delivery	The Government made a commitment to enhance training and support for health workers regarding MNCH service delivery. Training programs focusing on prenatal care, safe delivery practices, neonatal, child healthcare, and family planning services.	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			Committed to strengthen the healthcare system by providing ongoing support, supervision, and mentorship to health care workers	Yes	Yes	Yes	Yes	Yes
		Essential medicines, vaccines, commodities	Ensure access to affordable quality health care services to all populations in Sierra Leone, with the aim of improving access to vital healthcare supplies, including	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
		, technologies, and innovations	essential medicines, vaccines for Maternal, Newborn, and Child Health services.					
			Strengthen the supply chain management system to ensure consistent availability of essential medicines and vaccines across MNCH health sector.	Yes	Yes	Yes	Yes	Yes
			Foster innovation in healthcare include	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			supporting research and development initiatives to improve healthcare technologies and practices tailored to the specific needs of the population, including MNCH.					
			Increase government budgetary allocation from 9,7 % to 15 % of the GDP	Yes	Yes	Yes	Yes	Yes
			Ensure that public spending on healthcare is allocated to high	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
		Health system financing	impact interventions with the greatest impact on healthcare outcome.					
			Establish a UHC fund to be integrated into Sierra Leone Social Health Insurance (SLeSHI), once operationalized	Yes	Yes	Yes	Yes	Yes
			Government is committed to strengthen financial mechanisms to ensure the sustainability of healthcare	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
		Health system financing	financing by exploring diverse funding sources, improving budget allocation efficiency, and working on strategies to reduce reliance on out-of-pocket payments					
			Commitment towards improving transparency and accountability in health financing by implementing measures to track expenditures, prevent misuse of funds and optimize resource	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			allocation within the healthcare system.					
	Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality	Nutrition schemes and food security across the life course:	Government committed to implement programs focusing on maternal nutrition education, the promotion of breastfeeding, and the distribution of nutritional supplements to support pregnant and lactating women	Yes	Yes	Yes	Yes	Yes
			End all form of malnutrition, and	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			address the nutritional needs of newborns, children, adolescents and pregnant and lactating women					
			Protect, promote and support early and exclusive breastfeeding of infants including HIV infected infants from birth until six months, followed by introduction of nutritious and appropriate complementary foods with continued breastfeeding for	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			up to two years and beyond.					
		Nutrition schemes and food security across the life course:	Promote appropriate feeding practices for the family, especially pregnant and lactating women and other vulnerable groups at facility and community levels.	Yes	Yes	Yes	Yes	Yes
		Financing for WCAH	Committed to allocate resources and financing specially targeted at the well-being and health of Women, Children, and Adolescents	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			through programs focusing on maternal health care, Child health services and Adolescent health education.					
		Education	Government shows commitment to education initiatives focusing on Maternal, Newborn, and Child Health, aiming at raising awareness, imparting knowledge, and promoting healthy practices	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			among communities, particularly concerning maternal health					
			Commitment towards providing educational campaigns that emphasize prenatal care, safe childbirth practices, essential newborn care, breastfeeding, vaccination schedules and general child health.	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
SRHR	Access and choice to effective contraception methods (family planning).	Family planning needs satisfied	Improve policy and legal environment - Achieve Universal Health Coverage by 2030 through effective integration of family planning in the national development plans as a vital driver of human capital development.	Yes	Yes	Yes	Yes	Yes
			Increase the modern contraceptive prevalence rate (mCPR) for all women to at least 32 percent using evidence- and	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			rights-based practices and services to expand family planning access and choice across the country, including ensuring continuity of services during emergencies, by 2027					
			Strengthen the national integrated supply chain management system to improve the incidence of “no stock-out” of any modern	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			contraceptive method to 60 per cent by 2027 (from the 2022 levels of 39,3 per cent).					
		Strengthened autonomy and access to contraceptive services	Strengthen the national integrated Supply Chain management system to improve the incidence of 'no stock-out' of any modern contraceptive method to 60% by 2027.	Yes	Yes	Yes	Yes	Yes
			2. To provide Sustainable financing for	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			Family Planning by allocating a minimum of 1% of the national health budget annually and exploring additional innovative domestic financing mechanism to increase financing for family planning.					
			The Government of Sierra Leone shall empower the population to make informed choices regarding sexual activities and behaviors	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			that do not lead to ill-health and disease.					
			Promote interventions that increase access to and uptake of family planning services, especially long-term contraceptive methods, at the various levels of service delivery points in both public and private health facilities and including for adolescents	Yes	Yes	Yes	Yes	Yes
			Promote access to counselling	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			and provision of post-partum family planning services.					
		Comprehensive sexual health education	The Government of Sierra Leone is committed to launch a National program on Sexual and Reproductive health for adolescents and to initiate discussions towards the reintroduction of family life education in school.	Yes	Yes	Yes	Yes	Yes
			Support and facilitate the	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			implementation of comprehensive sexuality education in the school curriculum, as provided for in the Schools Health Policy					
			Review, define and support the implementation of a comprehensive and holistic package of information (including comprehensive sexuality education) and health services for adolescent	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			health that goes beyond sexual and reproductive health services as per WHO and national guidelines					
			Ensure all adolescents have access to comprehensive sexuality education and that the learning environment is enabling for adolescent girls and boys to thrive.	Yes	Yes	Yes	Yes	Yes
	Access to safe and legal	Legalized abortion and access to	Ensure not only to permit abortion under	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
	abortion services.	safe abortion services	specific circumstance, but also take positive measures to guarantee access to safe abortion services					
			Promote availability of and access to interventions for management of unintended pregnancy through ensuring availability and provision of safe abortion and post abortion care services as is allowed by Sierra Leone laws.	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
	Prevention and treatment/referrals for Sexual and Gender-Based Violence	Legal mechanisms for addressing GBV.	Government of Sierra Leone is committed to eradicating sexual and gender-based violence, promoting gender equality and upholding the rights and dignity of women and girls.	Yes	Yes	Yes	Yes	Yes
			Enact the prohibition of Child Marriage Bill in Sierra Leone which will criminalize child marriage for all types of	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			marriages by the end of 2020					
		Training and support for health workers on GBV.	Government is committed to protect and promote the rights of women to be free from violence and ensure that its laws, policies, and program reflects.	Yes	Yes	Yes	Yes	Yes
		Violence against women and girls including intimate partner violence.	Government made a commitment as well as accountability in ensuring the security of women and girls and enhancing	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			their direct participation in conflict prevention, resolution, and peacebuilding efforts in Sierra Leone.					
			The government of Sierra Leone has demonstrated its commitment to the promotion of gender equality and women's empowerment by not only developing and enacting policies and laws, but the appointment of women in	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			governance and leadership positions					
	Prevention, detection and management of reproductive cancers, especially cervical cancer	Cervical cancer screening programs	Government is committed to combat cervical cancer through screening programs, by raising awareness, access to screening and vaccination campaigns against HPV.	Yes	Yes	Yes	Yes	Yes
			Expand healthcare services and improve infrastructure contribution to	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			the accessibility of screenings, ultimately aiming to reduce the burden of cervical cancer in the country.					
		HPV vaccine programs	Government has shown commitment to reduce likelihood of human papillomavirus (HPV) by including the HPV vaccine as part of the routine immunization schedule in Sierra Leone.	Yes	Yes	Yes	Yes	Yes
			Implement HPV vaccine programs	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			targeting young girls to provide them with protection against HPV to reduce risk of cervical cancer.					
	Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing.	Coverage of all essential SRH interventions	Government is committed to ensure comprehensive Sexual and Reproductive Health services by working towards the coverage of all essential interventions. It includes access to family planning, maternal health services, HIV/AIDs	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			prevention and care and all comprehensive sexuality education.					
AHWB	National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)	Health education for children and adolescents – including mental health.	The Government has committed to improve and expand the FHCI to cover school going children, as part of GoSL's Human Capital Development initiative. It promises to transform the health sector from an under-resourced, ill-equipped, and inadequate delivery system	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			into a well-resourced and functioning national health-care delivery system that is affordable to everyone and accessible for all.					
			Commitment was made to improve the lives of people impacted by mental disorders and join the global fight for mental health issues.	Yes	Yes	Yes	Yes	Yes
		Nutrition	Efforts are made to implement nutrition programs and	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
		programs and physical activity for children and adolescents	promote physical activity for children and adolescents through school-based nutrition interventions, awareness campaigns on healthy eating habits and other programs like sport, football, etc. to encourage physical activities.					
			Strengthen preventive measures against nutrition deficiency and other related diseases	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			Provide curative services to malnourished individuals	Yes	Yes	Yes	Yes	Yes
			Enhance the nutrition and health of learners through the provision of balanced and nutritious meals on every school day.	Yes	Yes	Yes	Yes	Yes
		Financial protection for adolescent health	Committed to improve policy and legal environment, increase access to quality Family Planning Services, strengthen supply chain and	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			to transform social and gender norms.					
		Health services for adolescents – user fee exemptions for health services (contraceptive immunizations)	To remove financial barriers in accessing health services, for adolescents, and to increase access to essential health by providing free or subsidized services such as contraceptives and immunization.	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
	National standards for delivery of AHWB information and services to adolescents, including on user fee exemption	Legal provisions against child marriage	Reduce the adolescent fertility rate to 74 per 1,000*, and the percentage of women aged 20 to 24 years who were first married or in union before the age of 18 to 25 per cent* by 2022.	Yes	Yes	Yes	Yes	Yes
			Improve the policy and legal environment for the protection of adolescents and to improve the capacity of implementing agencies to implement laws, policies, and	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			protocols affecting adolescents.					
			Engage with communities and empower them so that they take individual and collective responsibility for the reduction of adolescent pregnancy and child marriage.	Yes	Yes	Yes	Yes	Yes
		Interventions to eliminate FGM.	To actively engage in addressing Female Genital Mutilation (FGM) through legislation, awareness	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			campaigns and community dialogue with societal heads.					
	Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)	Protection from violence (including physical, sexual, gender-based and electronic violence) and injury.	The Government of Sierra Leone has demonstrated its commitment to address sexual and gender-based violence (SGBV) by amending the Sexual Offences Act in 2019. As a result, the Act now focuses on the protection of rights holders and offers strategic	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			guidance to duty bearers.					
	AHWB is embedded in national policies and plans with dedicated financing for AHWB programs.	Country health expenditure per capita AHWB financed from domestic sources and ODA for AHWB	Improve adolescent health and well-being through various initiatives. The commitment is often reflected in its budgetary allocations and policies directed towards healthcare services for adolescents.	Yes	Yes	Yes	Yes	Yes
		Out-of-pocket expenditure for AHWB services (% of current	Enhance healthcare services by allocating resources to healthcare	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
		health expenditure)	infrastructure, education, and access to health services for adolescents' well-being.					
			Ensure innovative and sustainable healthcare financing for quality health services that provide financial risk protection for the population, with special focus on vulnerable and disadvantaged groups in the population	Yes	Yes	Yes	Yes	Yes
			Minimize or eliminate	Yes	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Policy Viewpoint				
				Strategic	Attainable	Relevant	Equitable	Inclusive
			financial barriers hindering access to services for all persons requiring health and related services.					

Table 3: Assessment of the quality of the WCAH commitments from a technical viewpoint

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
MNCH	High-quality MNCH services for mothers, newborns, and children, including stillbirths: essential antenatal, childbirth, and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.	Maternal	Reduce Maternal Mortality ratio from 717 per 100,000 live births to 300 per 100,000 live births by 2025.	Yes	Yes	Yes	Yes
			Train and employ 1000 midwives, 180 nurse anesthetists, 72 surgical assistants by 2025.	Yes	Yes	Yes	Yes
		Newborn	Reduce Neonatal mortality rate from 31 per 1000 live births to 23 per 1000 live births by 2025	Yes	Yes	Yes	Yes
			Reduce Still birth rate from 24 per 1,000 total	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			births to 18 per 1,000 total births by 2025.				
			Reduce infant mortality rate from 78 per 1,000 live births (in 2021) to 25 per 1,000 live births by 2025	Yes	Yes	Yes	Yes
			Promote interventions to support elimination of mother to child transmission of HIV and congenital syphilis including promoting early detection, treatment, care and support for HIV exposed infants and infants with congenital syphilis	No	No	No	Yes
			Support interventions for prevention of birth defects including	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			promotion of folic acid supplementation to women of reproductive age				
			Put in systems to strengthen implementation of maternal and perinatal death surveillance and response at all levels of service delivery	No	No	No	Yes
			Support review, development of and implementation of national package of services for essential newborn care in line with WHO guidance and emerging practices.	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
		Child	Reduce Under-five mortality rate from 122 deaths per 1000 live births to 71 deaths per 1,000 live births by 2025	Yes	Yes	Yes	Yes
			Reduce percentage of children under age 5 who are stunted from 30% (2019) to 20% by 2025	Yes	Yes	Yes	Yes
	High-quality MNCH services for mothers, newborns, and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency		Promote interventions for prevention and management of leading killers of children under-five as outlined in WHO and national guidelines.	No	No	No	Yes
			Promote interventions to strengthen the national immunization program ensuring that	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	obstetric and newborn care, and the prevention of stillbirths.		children have access to and uptake vaccines for vaccine-preventable diseases as per national.				
			Put in place systems including building capacity of health workers to scale up implementation of approaches for integrated management of childhood illnesses (IMNCI and iCCM) at facility and community level	No	No	No	Yes
			Promote interventions for prevention, early detection and treatment of common non-communicable	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing	UHC schemes	diseases and conditions among children including disabilities, cancers, and cardiovascular conditions among others.				
			Improve and expand the FHCI to cover school going children, as part of GoSL's Human Capital Development initiative. It promises 'to transform the health sector from an under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning national health-care delivery	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			system that is affordable to everyone and accessible for all				
		Health expenditure	Allocate more resources to improve healthcare infrastructure, access to essential medicines, and the quality of Health care services. The effort is to address various health challenges for maternal, Newborn, and Child health.	Yes	Yes	No	Yes
		Out-of-pocket expenditure for MNCH services (% of current health expenditure)	Implement policies to minimize financial barriers to accessing essential health services.	No	No	No	Yes
			Increase financing to the health sector	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			aiming to achieve the Abuja Declaration and develop new financing mechanisms including a social health insurance scheme.				
			Conduct regular health donor mapping and align funding with government policies and priorities.	Yes	No	No	Yes
			Minimize or eliminate financial barriers hindering access to services for all persons requiring health and related services	No	No	No	Yes
			The Government of Sierra Leone is committed to improve data collection, analysis, and reporting	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	Health systems strengthening including MNCH data and accountability, human resources for health - especially midwifery and nursing - and essential	MNCH information systems and accountability mechanisms	for MNCH through various initiatives. Example, the implementation of electronic health records, regular health facility assessment and establishment of monitoring and evaluation frameworks.				
			Enhance transparency and effectiveness in the MNCH sector, the Government commits Accountability, mechanisms such as community engagement, audits and performance reviews.	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	medicines and commodities	Training and support for health workers for service delivery	The Government made a commitment to enhance training and support for health workers regarding MNCH service delivery. Training programs focusing on prenatal care, safe delivery practices, neonatal, child healthcare, and family planning services.	Yes	Yes	No	Yes
			Committed to strengthen the healthcare system by providing ongoing support, supervision, and mentorship to health care workers	Yes	Yes	No	Yes
			Enhance access to affordable quality	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
		Essential medicines, vaccines, commodities, technologies, and innovations	health care services to all population in Sierra Leone, with the aim of improving access to vital healthcare supplies, including essential medicines, vaccines for Maternal, Newborn, and Child Health services.				
			Strengthen the supply chain management system to ensure consistent availability of essential medicines and vaccines across MNCH health sector.	Yes	No	No	Yes
			Foster innovation in healthcare include supporting research and development	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			initiatives to improve healthcare technologies and practices tailored to the specific needs of the population, including MNCH.				
		Leadership and governance	Government is committed to upholding democracy, justice, the well-being, and safety of citizen remain unweaving.	Yes	No	No	Yes
			Increase government budgetary allocation from 9,7 % to 15 % of the GDP	Yes	Yes	No	Yes
			Ensure that public spending on healthcare is allocated to high impact interventions with the	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
		Health system financing	greatest impact on healthcare outcome.				
			Establish a UHC fund to be integrated into Sierra Leone Social Health Insurance (SLeSHI), once operationalized	Yes	No	No	Yes
			Government is committed to strengthen financial mechanisms to ensure the sustainability of healthcare financing by exploring diverse funding sources, improving budget allocation efficiency, and working on strategies to reduce reliance on out-of-pocket payments	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
		Health system financing	Commitment towards improving transparency and accountability in health financing by implementing measures to track expenditures, prevent misuse of funds and optimize resource allocation within the healthcare system.	No	No	No	Yes
	Intersectoral approaches for MNCH across the life-course, including nutrition, WASH,	Nutrition schemes and food security	Government is committed to implement programs focusing on maternal nutrition education, the promotion of breastfeeding, and the distribution of nutritional supplements to	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	environment, and gender equality	across the life course:	support pregnant and lactating women				
			Committed towards enhancing food security, through agricultural support programs.	No	No	No	Yes
			End all form of malnutrition, and address the nutritional needs of newborns, children, adolescents and pregnant and lactating women	Yes	No	No	Yes
			Protect, promote and support early and exclusive breastfeeding of infants including HIV infected infants from birth until six months, followed by	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			introduction of nutritious and appropriate complementary foods with continued breastfeeding for up to two years and beyond.				
		Nutrition schemes and food security across the life course:	Promote appropriate feeding practices for the family, especially pregnant and lactating women and other vulnerable groups at facility and community levels.	Yes	No	No	Yes
		Financing for WCAH	Committed to allocate resources and financing specially targeted at the well-being and health of Women, Children, and Adolescents through	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			programs focusing on maternal health care, Child health services and Adolescent health education.				
		Education	Government shows commitment to education initiatives focusing on Maternal, Newborn and Child Health, aiming at raising awareness, imparting knowledge, and promoting healthy practices among communities, particularly concerning maternal health	No	No	No	Yes
			Commitment towards providing educational campaigns that emphasize prenatal	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			care, safe childbirth practices, essential newborn care, breastfeeding, vaccination schedules and general child health.				
SRHR	Access and choice to effective contraception methods (family planning).	Family planning needs satisfied	Improve policy and legal environment - Achieve Universal Health Coverage by 2030 through effective integration of family planning in the national development plans as a vital driver of human capital development.	Yes	Yes	Yes	Yes
			Increase the modern contraceptive prevalence rate (mCPR) for all women	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			to at least 32 per cent using evidence- and rights-based practices and services to expand family planning access and choice across the country, including ensuring continuity of services during emergencies, by 2027				
			Strengthen the national integrated supply chain management system to improve the incidence of “no stock-out” of any modern contraceptive method to 60 per cent by 2027 (from the 2022 levels of 39,3 per cent).	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
		Strengthened autonomy and access to contraceptive services	Strengthen the national integrated Supply Chain management system to improve the incidence of 'no stock-out' of any modern contraceptive method to 60% by 2027.	Yes	Yes	Yes	Yes
			Provide Sustainable financing for Family Planning by allocating a minimum of 1% of the national health budget annually and exploring additional innovative domestic financing mechanism to increase financing for family planning.	Yes	Yes	No	Yes
			The Government of Sierra Leone shall	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			empower the population to make informed choices regarding sexual activities and behaviors that do not lead to ill-health and disease.				
			Promote interventions that increase access to and uptake of family planning services, especially long-term contraceptive methods, at the various levels of service delivery points in both public and private health facilities and including for adolescents	No	No	No	

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			Promote access to counselling and provision of post-partum family planning services.	Yes	Yes	No	Yes
		Comprehensive sexual health education	The Government of Sierra Leone is committed to launch a national program on Sexual and Reproductive health for adolescents and to initiate discussions towards the reintroduction of family life education in school.	Yes	Yes	No	Yes
			Support and facilitate the implementation of comprehensive sexuality education in the school curriculum	Yes	Yes	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			Review, define and support the implementation of a comprehensive and holistic package of information (including comprehensive sexuality education) and health services for adolescent health that goes beyond sexual and reproductive health services as per WHO and national guidelines	Yes	Yes	No	Yes
			Ensure all adolescents have access to comprehensive sexuality education and that the learning environment is enabling for	Yes	Yes	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			adolescent girls and boys to thrive.				
	Access to safe and legal abortion services.	Legalized abortion and access to safe abortion services	Ensure not only to permit abortion under specific circumstance, but also take positive measures to guarantee access to safe abortion services	No	No	No	Yes
			Promote availability of and access to interventions for management of unintended pregnancy through ensuring availability and provision of safe abortion and post abortion care services as is allowed by Sierra Leone laws.	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	Prevention and treatment/referrals for Sexual and Gender-Based Violence	Legal mechanisms for addressing GBV.	Government of Sierra Leone is committed to eradicating sexual and gender-based violence, promoting gender equality and upholding the rights and dignity of women and girls.	Yes	Yes	No	
			Enact the prohibition of Child Marriage Bill in Sierra Leone which will criminalize child marriage for all types of marriages by the end of 2020	Yes	Yes	Yes	Yes
		Training and support for health workers on GBV.	Government is committed to protect and promote the rights of women to be free from violence and ensure that its laws,	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			policies, and program reflects.				
		Violence against women and girls including intimate partner violence.	Government made a commitment in ensuring the security of women and girls and enhancing their direct participation in conflict prevention, resolution, and peacebuilding efforts in Sierra Leone.	No	No	No	Yes
			The government of Sierra Leone has demonstrated its commitment to the promotion of gender equality and women's empowerment by not only developing and enacting policies and	Yes	Yes	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			laws, but the appointment of women in governance and leadership positions				
	Prevention, detection and management of reproductive cancers, especially cervical cancer	Cervical cancer screening programs	Government is committed to combat cervical cancer through screening programs, by raising awareness, access to screening and vaccination campaigns against HPV.	Yes	Yes	No	Yes
			Expand healthcare services and improve infrastructure contribution to the accessibility of screenings, ultimately aiming to reduce the	Yes	Yes	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			burden of cervical cancer in the country.				
		HPV vaccine programs	Include HPV vaccine as part of the routine immunization schedule in Sierra Leone.	Yes	Yes	No	Yes
			Implement HPV vaccine programs targeting young girls to provide them with protection against the human papillomavirus (HPV) to reduce risk of cervical cancer.	No	No	No	Yes
	Inclusion of essential packages of SRHR interventions within UHC and PHC schemes,	Coverage of all essential SRH interventions	Government is committed to ensure comprehensive Sexual and Reproductive Health services by working towards the coverage of all	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	including financial protection and SRHR financing.		essential interventions. It includes access to family planning, maternal health services, HIV/AIDs prevention and care and all comprehensive sexuality education.				
		Country health expenditure per capita on SRHR financed from domestic sources and ODA for SRHR	Government is committed to provide adequate medical and healthcare facilities for all persons in Sierra Leone irrespective of color, race, geographical location, religion, and political affiliation, having due regard to the resources of the State". Also, the Government of Sierra Leone (GoSL) has	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			made commitments to achieving the Sustainable Development Goals (SDGs), particularly SDG 3, which calls for good healthcare and well-being, and Universal Health Coverage (UHC) that seeks to ensure that all people in the country can receive quality healthcare services without suffering financial hardship.				
AHWB	National policy and programs for adolescent well-being (10-19 years) offering information and services in the	Health education for children and adolescents – including mental health.	The Government has committed to improve and expand the FHCI to cover school going children, as part of GoSL's Human Capital Development initiative.	Yes	Yes	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)		It promises to transform the health sector from an under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning national health-care delivery system that is affordable to everyone and accessible for all.				
			Commitment was made to improve the lives of people impacted by mental disorders and join the global fight for mental health issues.	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
		Provision of quality education and training opportunities to ensure their future employability	The Government of Sierra Leone has made education and human capital development the foundation of its Mid Term National Development Plan, showing a strong commitment to improving the educational outcomes of its citizens	No	No	No	Yes
			Government made a commitment to develop the human capacity needed to transform the economy of Sierra Leone into a medium income country.	No	No	No	Yes
			Efforts are made to implement nutrition	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
		Nutrition programs and physical activity for children and adolescents	programs and promote physical activity for children and adolescents through school-based nutrition interventions, awareness campaigns on healthy eating habits and other programs like sport, football, etc. to encourage physical activities.				
			Strengthen preventive measures against nutrition deficiency and other related diseases	No	No	No	Yes
			Provide curative services to malnourished individuals	Yes	Yes	No	No

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			Revise national protocol on CMAM	Yes	Yes	No	No
		Financial protection for adolescent health	Committed to improve policy and legal environment, increase access to quality Family Planning Services, strengthen supply chain and to transform social and gender norms.	Yes	Yes	No	Yes
		Health services for adolescents – user fee exemptions for health services (contraceptive immunizations)	Remove financial barriers in accessing health services, for adolescent, and to increase access to essential health by providing free or subsidized services such as contraceptives and immunization.	Yes	Yes	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	National standards for delivery of AHWB information and services to adolescents, including on user fee exemption	Legal provisions against child marriage	Reduce the adolescent fertility rate to 74 per 1,000*, and the percentage of women aged 20 to 24 years who were first married or in union before the age of 18 to 25 per cent* by 2025.	Yes	Yes	Yes	Yes
			Improve the policy and legal environment for the protection of adolescents and to improve the capacity of implementing agencies to implement laws, policies, and protocols affecting adolescents.	Yes	Yes	No	Yes
			Engage with communities and empower them so that	No	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
			they take individual and collective responsibility for the reduction of adolescent pregnancy and child marriage.				
	Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment)	Interventions to eliminate FGM.	Actively engage in addressing Female Genital Mutilation (FGM) through legislation, awareness campaigns and community dialogue with societal heads.	Yes	No	No	Yes
		Protection from violence (including physical, sexual, gender-based and electronic	The Government of Sierra Leone has demonstrated its commitment to address sexual and gender-based violence (SGBV) by amending the Sexual Offences	Yes	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
	without parental consent)	violence) and injury.	Act in 2019. As a result, the Act now focuses on the protection of rights holders and offers strategic guidance to duty bearers.				
	AHWB is embedded in national policies and plans with dedicated financing for AHWB programs.	Country health expenditure per capita AHWB financed from domestic sources and ODA for AHWB	Improve adolescent health and well-being through various initiatives. The commitment is often reflected in its budgetary allocations and policies directed towards healthcare services for adolescents.	No	No	No	Yes
		Out-of-pocket expenditure for AHWB services (% of current	Enhance healthcare services by allocating resources to healthcare infrastructure,	Yes	No	No	Yes

Domain	Topic	Sub-topic	Commitment	Quality Dimensions from Technical Viewpoint			
				Specific	Measurable	Time-bound	Value for Money
		health expenditure)	education, and access to health services for adolescents' well-being.				
			Ensure innovative and sustainable healthcare financing for quality health services that provide financial risk protection for the population, with special focus on vulnerable and disadvantaged groups in the population	No	No	No	Yes
			Minimize or eliminate financial barriers hindering access to services for all persons requiring health and related services.	Yes	Yes	No	Yes

Table 4: Assessment of the extent of the implementation of the WCAH commitments

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
MNCH	High-quality MNCH services for mothers, newborns, and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn	Maternal	Reduce Maternal Mortality ratio from 717 per 100,000 live births to 300 per 100,000 live births by 2025.	Yes	Yes	Yes
			Train and employ 1000 midwives, 180 nurse anesthetists, 72 surgical assistants by 2025.	Yes	Yes	Yes
		Newborn	Reduce Neonatal mortality rate from 31 per 1000 live births to 23 per 1000 live births by 2025	Yes	Yes	Yes
			Reduce Stillbirth rate from 24 per 1,000 total	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	care, and the prevention of stillbirths.		births to 18 per 1,000 total births by 2025			
			Reduce infant mortality rate from 78 per 1,000 live births (in 2021) to 25 per 1,000 live births by 2025	Yes	Yes	Yes
			Promote interventions to support elimination of mother to child transmission of HIV and congenital syphilis including promoting early detection, treatment, care and support for HIV exposed infants and infants with congenital syphilis	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			Support interventions for prevention of birth defects including promotion of folic acid supplementation to women of reproductive age	Yes	Yes	Yes
			Put in systems to strengthen implementation of maternal and perinatal death surveillance and response at all levels of service delivery	Yes	Yes	Yes
			Support review, development of and implementation of national package of services for essential newborn care in line with	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationaliz ed	Implementation is linked to a formal/institution alized accountability process	Information about this commitment and progress of implementation is well documented
			WHO guidance and emerging practices.			
		Child	Reduce Under-five Mortality rate from 122 deaths per 1000 live births to 71 deaths per 1,000 live births by 2025	Yes	Yes	Yes
			Reduce percentage of children under age 5 who are stunted from 30% (2019) to 20% by 2025	Yes	Yes	Yes
	High-quality MNCH services for mothers, newborns, and children, including stillbirths: essential		Promote interventions for prevention and management of leading killers of children under-five as outlined in WHO and national guidelines.	Yes	Yes	Yes
			Promote interventions to strengthen the national	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.		immunization program ensuring that children have access to and uptake vaccines for vaccine-preventable diseases as per national			
			Put in place systems including building capacity of health workers to scale up implementation of approaches for integrated management of childhood illnesses	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			(IMNCI and iCCM) at facility and community level			
			Promote interventions for prevention, early detection and treatment of common non-communicable diseases and conditions among children including disabilities, cancers, and cardiovascular conditions among others.	Yes	Yes	Yes
	MNCH interventions embedded in UHC schemes, including financial protection and	UHC schemes	Improve and expand the FHCI to cover school going children, as part of GoSL's Human Capital Development initiative. It promises 'to transform the health sector from an	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	MNCH financing		under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning national health-care delivery system that is affordable to everyone and accessible for all			
		Health expenditure	Allocate more resources to improve healthcare infrastructure, access to essential medicines, and the quality of Health care services. The effort is to address various health challenges for maternal, Newborn, and Child health.	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		Out-of-pocket expenditure for MNCH services (% of current health expenditure)	Implement policies to minimize financial barriers to accessing essential health services.	Yes	Yes	Yes
			Increase financing to the health sector aiming to achieve the Abuja Declaration and develop new financing mechanisms including a social health insurance scheme.	Yes	Yes	Yes
			Ensure regular health donor mapping and align funding with government policies and priorities.	Yes	Yes	Yes
			Minimise or eliminate financial barriers hindering access to	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			services for all persons requiring health and related services			
	Health systems strengthening	MNCH information	The Government of Sierra Leone is committed to improve data collection, analysis, and reporting for MNCH through various initiatives. Example, the implementation of electronic health records, regular health facility assessment and establishment of monitoring and evaluation frameworks.	Yes	Yes	Yes
			Ensure transparency and effectiveness in the MNCH sector, the	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	including MNCH data and accountability, human resources for health - especially midwifery and nursing – and essential medicines and commodities	systems and accountability mechanisms	Government commits Accountability, mechanisms such as community engagement, audits and performance reviews.			
		Training and support for health workers for service delivery	The Government made a commitment to enhance training and support for health workers regarding MNCH service delivery. Training programs focusing on prenatal care, safe delivery practices, neonatal, child healthcare, and family planning services.	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			Committed to strengthen the healthcare system by providing ongoing support, supervision, and mentorship to health care workers	Yes	Yes	Yes
		Essential medicines, vaccines, commodities, technologies, and innovations	Ensure access to affordable quality health care services to all population in Sierra Leone, with the aim of improving access to vital healthcare supplies, including essential medicines, vaccines for Maternal, Newborn, and Child Health services.	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			Strengthen the supply chain management system to ensure consistent availability of essential medicines and vaccines across MNCH health sector.	Yes	Yes	Yes
			Foster innovation in healthcare includes supporting research and development initiatives to improve healthcare technologies and practices tailored to the specific needs of the population, including MNCH.	Yes	Yes	Yes
			Government is committed to upholding democracy, justice, the	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		Leadership and governance	well-being, and safety of citizen remain unweaving.			
			Increase government budgetary allocation from 9,7 % to 15 % of the GDP	Yes	Yes	Yes
			Ensure that public spending on healthcare is allocated to high impact interventions with the greatest impact on healthcare outcomes.	Yes	Yes	Yes
			Establish a UHC fund to be integrated into Sierra Leone Social Health Insurance (SLeSHI), once operationalized	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		Health system financing	Government is committed to strengthen financial mechanisms to ensure the sustainability of healthcare financing by exploring diverse funding sources, improving budget allocation efficiency, and working on strategies to reduce reliance on out-of-pocket payments	Yes	Yes	Yes
		Health system financing	Commitment towards improving transparency and accountability in health financing by implementing measures to track expenditures, prevent misuse of funds and optimize resource	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality	Nutrition schemes and food security across the life course:	allocation within the healthcare system.			
			Government committed to implement programs focusing on maternal nutrition education, the promotion of breastfeeding, and the distribution of nutritional supplements to support pregnant and lactating women	Yes	Yes	Yes
			Committed towards enhancing food security, through agricultural support programs.	Yes	Yes	Yes
			End all form of malnutrition, and address the nutritional	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			needs of newborns, children, adolescents and pregnant and lactating women			
			Protect, promote and support early and exclusive breastfeeding of infants including HIV infected infants from birth until six months, followed by introduction of nutritious and appropriate complementary foods with continued breastfeeding for up to two years and beyond.	Yes	Yes	Yes
			Promote appropriate feeding practices for the family, especially	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		Nutrition schemes and food security across the life course:	pregnant and lactating women and other vulnerable groups at facility and community levels.			
		Financing for WCAH	Committed to allocate resources and financing specially targeted at the well-being and health of Women, Children, and Adolescents through programs focusing on maternal health care, Child health services and Adolescent health education.	Yes	Yes	Yes
			Government shows commitment to education initiatives focusing on Maternal,	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		Education	Newborn and Child Health, aiming at raising awareness, imparting knowledge, and promoting healthy practices among communities, particularly concerning maternal health			
			Commitment towards providing educational campaigns that emphasize prenatal care, safe childbirth practices, essential newborn care, breastfeeding, vaccination schedules and general child health.	Yes	Yes	Yes
			Government commitment towards	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		Social protection	developing a solid national social protection system and delivering quality social protection services to the population to enhance human capital. It encompasses various programs and policies designed to provide social assistance, improve livelihoods, and enhance the well-being of vulnerable groups.			
			Commitment made towards social protection initiatives aimed to supporting vulnerable populations, including	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			women, children, and families in need			
SRHR	Access and choice to effective contraception methods (family planning).	Family planning needs satisfied	Improve policy and legal environment - Achieve Universal Health Coverage by 2030 through effective integration of family planning in the national development plans as a vital driver of human capital development.	Yes	Yes	Yes
			Increase the modern contraceptive prevalence rate (mCPR) for all women to at least 32 per cent using evidence- and rights-based practices and services to expand family planning access	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			and choice across the country, including ensuring continuity of services during emergencies, by 2027			
			Strengthen the national integrated supply chain management system to improve the incidence of “no stock-out” of any modern contraceptive method to 60 per cent by 2027 (from the 2022 levels of 39,3 per cent).	Yes	Yes	Yes
		Strengthened autonomy and access to contraceptive services	Strengthen the national integrated Supply Chain management system to improve the incidence of ‘no stock-out’ of any	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			modern contraceptive method to 60% by 2027.			
			2. To provide Sustainable financing for Family Planning by allocating a minimum of 1% of the national health budget annually and exploring additional innovative domestic financing mechanism to increase financing for family planning.	Yes	Yes	Yes
			The Government of Sierra Leone shall empower the population to make informed choices regarding sexual activities and behaviors	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			that do not lead to ill-health and disease.			
			Promote interventions that increase access to and uptake of family planning services, especially long-term contraceptive methods, at the various levels of service delivery points in both public and private health facilities and including for adolescents	Yes	Yes	Yes
			Promote access to counselling and provision of post-partum family planning services.	Yes	Yes	Yes
		Comprehensive sexual	The Government of Sierra Leone is	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		health education	committed to launch a National program on Sexual and Reproductive health for adolescents and to initiate discussions towards the reintroduction of family life education in school.			
			Support and facilitate the implementation of comprehensive sexuality education in the school curriculum, as provided for in the Schools Health Policy	Yes	Yes	Yes
			Review, define and support the implementation of a comprehensive and holistic package of	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			information (including comprehensive sexuality education) and health services for adolescent health that goes beyond sexual and reproductive health services as per WHO and national guidelines			
			Ensure all adolescents have access to comprehensive sexuality education and that the learning environment is enabling for adolescent girls and boys to thrive.	Yes	Yes	Yes
	Access to safe and legal	Legalized abortion and access to safe	Ensure not only to permit abortion under specific circumstance, but also take positive measures to	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	abortion services.	abortion services	guarantee access to safe abortion services			
			Promote availability of and access to interventions for management of unintended pregnancy through ensuring availability and provision of safe abortion and post abortion care services as is allowed by Sierra Leone laws.	Yes	Yes	Yes
	Prevention and treatment/referrals for Sexual and Gender-Based Violence	Legal mechanisms for addressing GBV.	Government of Sierra Leone is committed to eradicating sexual and gender-based violence, promoting gender equality and upholding	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			the rights and dignity of women and girls.			
			Enact the prohibition of Child Marriage Bill in Sierra Leone which will criminalize child marriage for all types of marriages by the end of 2020	Yes	Yes	Yes
		Training and support for health workers on GBV.	Government is committed to protect and promote the rights of women to be free from violence and ensure that its laws, policies, and program reflects.	Yes	Yes	Yes
		Violence against women and	Government made a commitment in ensuring the security of women	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		girls including intimate partner violence.	and girls and enhancing their direct participation in conflict prevention, resolution, and peacebuilding efforts in Sierra Leone.			
			The government of Sierra Leone has demonstrated its commitment to the promotion of gender equality and women's empowerment by not only developing and enacting policies and laws, but the appointment of women in governance and leadership positions	Yes	Yes	Yes
			Government is committed to combat	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	Prevention, detection and management of reproductive cancers, especially cervical cancer	Cervical cancer screening programs	cervical cancer through screening programs, by raising awareness, access to screening and vaccination campaigns against HPV.			
			Expand healthcare services and improve infrastructure contribution to the accessibility of screenings, ultimately aiming to reduce the burden of cervical cancer in the country.	Yes	Yes	Yes
		HPV vaccine programs	Government has shown commitment to by including HPV vaccine as part of the routine	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			immunization schedule in Sierra Leone.			
			Implement HPV vaccine programs targeting young girls to provide them with protection against the human papillomavirus (HPV) to reduce risk of cervical cancer.	Yes	Yes	Yes
	Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial	Coverage of all essential SRH interventions	Government is committed to ensure comprehensive Sexual and Reproductive Health services by working towards the coverage of all essential interventions. It includes access to family planning, maternal	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	protection and SRHR financing.		health services, HIV/AIDs prevention and care and all comprehensive sexuality education.			
		Country health expenditure per capita on SRHR financed from domestic sources and ODA for SRHR	Government committed to provide adequate medical and healthcare facilities for all persons in Sierra Leone irrespective of color, race, geographical location, religion, and political affiliation, having due regard to the resources of the State". Also, the Government of Sierra Leone (GoSL) has made commitments to achieving the Sustainable Development Goals	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			(SDGs), particularly SDG 3, which calls for good healthcare and well-being, and Universal Health Coverage (UHC) that seeks to ensure that all people in the country can receive quality healthcare services without suffering financial hardship.			
AHWB	National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector	Health education for children and adolescents – including mental health.	The Government has committed to improve and expand the FHCI to cover school going children, as part of GoSL's Human Capital Development initiative. It promises 'to transform the health sector from an	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	(e.g., health, education including CSE, nutrition, financial protection, and vocational training)		under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning national health-care delivery system that is affordable to everyone and accessible for all.			
			Commitment was made to improve the lives of people impacted by mental disorders and join the global fight for mental health issues.	Yes	Yes	Yes
			The Government of Sierra Leone has made education and human capital development the	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		Provision of quality education and training opportunities to ensure their future employability	foundation of its Mid Term National Development Plan, showing a strong commitment to improving the educational outcomes of its citizens			
			Government made a commitment to develop the human capacity needed to transform the economy of Sierra Leone into a medium income country.	Yes	Yes	Yes
		Nutrition	Efforts are made to implement nutrition programs and promoting	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
		programs and physical activity for children and adolescents	physical activity for children and adolescents through school-based nutrition interventions, awareness campaigns on healthy eating habits and other programs like sport, football, etc. to encourage physical activities.			
			Strengthen preventive measures against nutrition deficiency and other related diseases	Yes	Yes	Yes
			Provide curative services to malnourished individuals	Yes	Yes	Yes
			Revise national protocol on CMAM	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			Enhance the nutrition and health of learners through the provision of balanced and nutritious meals on every school day.	Yes	Yes	Yes
		Financial protection for adolescent health	Committed to improve policy and legal environment, increase access to quality Family Planning Services, strengthen supply chain and to transform social and gender norms.	Yes	Yes	Yes
		Health services for adolescents –	To remove financial barriers in accessing health services, for adolescent, and to	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	National standards for delivery of AHWB information and services to adolescents, including on user fee exemption	user fee exemptions for health services (contraceptive immunizations)	increase access to essential health by providing free or subsidized services such as contraceptives and immunization.			
		Legal provisions against child marriage	Reduce the adolescent fertility rate to 74 per 1,000, and the percentage of women aged 20 to 24 years who were first married or in union before the age of 18 to 25 per cent by 2022.	Yes	Yes	Yes
			Improve the policy and legal environment for the protection of adolescents and to improve the capacity of implementing	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			agencies to implement laws, policies, and protocols affecting adolescents.			
			Engage with communities and empower them so that they take individual and collective responsibility for the reduction of adolescent pregnancy and child marriage.	Yes	Yes	Yes
		Interventions to eliminate FGM.	To actively engage in addressing Female Genital Mutilation (FGM) through legislation, awareness campaigns and community dialogue with societal heads.	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)	Protection from violence (including physical, sexual, gender-based and electronic violence) and injury.	The Government of Sierra Leone has demonstrated its commitment to address sexual and gender-based violence (SGBV) by amending the Sexual Offences Act in 2019. As a result, the Act now focuses on the protection of rights holders and offers strategic guidance to duty bearers.	Yes	Yes	Yes
	AHWB is embedded in national policies and plans with	Country health expenditure per capita	Improve adolescent health and well-being through various initiatives. The commitment is often	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
	dedicated financing for AHWB programs.	AHWB financed from domestic sources and ODA for AHWB	reflected in its budgetary allocations and policies directed towards healthcare services for adolescents.			
		Out-of-pocket expenditure for AHWB services (% of current health expenditure)	Enhance healthcare services by allocating resources to healthcare infrastructure, education, and access to health services for adolescents' well-being.	Yes	Yes	Yes
			Ensure innovative and sustainable healthcare financing for quality health services that provide financial risk protection for the population, with special	Yes	Yes	Yes

Domain	Topic	Sub-topic	Commitment	Operationalized	Implementation is linked to a formal/institutionalized accountability process	Information about this commitment and progress of implementation is well documented
			focus on vulnerable and disadvantaged groups in the population			
			Minimize or eliminate financial barriers hindering access to services for all persons requiring health and related services.	Yes	Yes	Yes

Table 5. Additional WCAH commitments to be considered by the Government of Sierra Leone.

Domain	Topic	Sub-topic	Additional Commitment	Comments
MNCH	High-quality MNCH services for mothers, newborns, and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths	Maternal	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization sufficient resources including financial and human.
		Newborn	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization of sufficient resources including financial and human.
		Child	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization of sufficient resources including financial and human.
	MNCH interventions embedded in UHC schemes, including	UHC schemes	Accelerate the implementation of Sierra Leone Social	To reduce financial burden for the populace when seeking healthcare, the government

Domain	Topic	Sub-topic	Additional Commitment	Comments
	financial protection and MNCH financing.		Health Insurance (SLeSHI)	should accelerate the implementation of SLeSHI
		Health expenditure	Government should explore additional sources of revenue generation in order to increase government resources towards Health	Possible sources of revenue could include sin taxes or levies on luxury goods.
		Out-of-pocket expenditure for MNCH services (% of current health expenditure)	Reduce the percentage of out-of-pocket expenditure from for MNCH services to align with global standards Household out of pocket expenditure (OOP) marginally declined from 53.9% in 2019 to 52.3% in	Implement subsidization policies and strengthen health insurance schemes to reduce the financial burden on households.

Domain	Topic	Sub-topic	Additional Commitment	Comments
	Health systems strengthening including MNCH data and accountability, human resources for health - especially midwifery and nursing - and essential medicines and commodities.		2020 (National health accounts, 2020).	
		MNCH information systems and accountability mechanisms	Establish mechanisms for accountability, such as regular audits, performance reviews, and public reporting of MNCH outcomes	A designated regulatory body should oversee such mechanisms and reviews
		Training and support for health workers for service delivery	Ensure equitable distribution of midwives and nurses across the country, prioritizing areas with the highest need.	
			Monitor and address workforce imbalances to	

Domain	Topic	Sub-topic	Additional Commitment	Comments
			improve access to quality care.	
		Essential medicines, vaccines, commodities, technologies, and innovations	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization of sufficient resources including financial and human.
		Leadership and governance	Strengthen governance structures to ensure effective oversight and implementation of health initiatives.	Establish clear lines of accountability and integrate health governance into broader national governance frameworks.
		Health system financing	Explore innovative financing mechanisms, including public-private partnerships, to augment	This source of financing can be directed towards the service delivery funding gap by 2030.

Domain	Topic	Sub-topic	Additional Commitment	Comments
	Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality.		government spending on health.	
		Nutrition schemes and food security across the life course:	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization sufficient resources including financial and human.
		Education	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization of sufficient resources including financial and human resources.
		Social protection	Expand social protection programs to include maternal and child health services	
SRHR		Family planning needs satisfied	None	The existing commitments made by the government are sufficient. The government

Domain	Topic	Sub-topic	Additional Commitment	Comments
	Access and choice to effective contraception methods (family planning).			should prioritize the implementation of those commitments through mobilization of sufficient resources including financial and human resources.
		Strengthened autonomy and access to contraceptive services.	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization of sufficient resources including financial and human.
		Comprehensive sexual health education	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization of sufficient resources including financial and human.
	Access to safe and legal abortion services.	Legalized abortion and access to safe abortion services	Enact the Safe Motherhood and Reproductive Health Bill (SMRHB) which was developed in	The Safe Motherhood and Reproductive Health Bill (SMRHB), developed in 2022, is still awaiting enactment in Parliament. It is crucial for the Ministry of Health (MoH) to prioritize

Domain	Topic	Sub-topic	Additional Commitment	Comments
			2022 awaiting to be passed.	the passage of this bill to ensure that the provisions for safe motherhood and reproductive health are not only legislated but also effectively implemented.
	Prevention and treatment/referrals for Sexual and Gender-Based Violence	Legal mechanisms for addressing GBV.	Strengthen and enforce laws against GBV, ensuring that survivors have access to justice and support services	
		Training and support for health workers on GBV	Train healthcare workers to identify, treat, and refer GBV survivors appropriately	
		Violence against women and girls including intimate partner violence.	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization sufficient resources including financial and human.

Domain	Topic	Sub-topic	Additional Commitment	Comments
	Prevention, detection, and management of reproductive cancers, especially cervical cancer	Cervical cancer screening programs	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization sufficient resources including financial and human.
		HPV vaccine programs	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization sufficient resources including financial and human.
	Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing.	Coverage of all essential SRH interventions	Ensure that SRH services are integrated into UHC and PHC schemes, with financial protections in place	
		Country health expenditure per capita on SRHR financed from domestic sources	Increase domestic financing and seek additional ODA for SRHR to ensure	

Domain	Topic	Sub-topic	Additional Commitment	Comments
		and ODA for SRHR	sustainability and scalability of services	
AHWB	National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)	Health education for children and adolescents – including mental health.	Integrate mental health education into school curricula and provide training for teachers and counselors	
			Involve young people in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives	
		Provision of quality education and training opportunities to ensure their	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization of

Domain	Topic	Sub-topic	Additional Commitment	Comments
		future employability		sufficient resources including financial and human.
		Nutrition programs and physical activity for children and adolescents	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization of sufficient resources including financial and human.
		Financial protection for adolescent health	Provide free or subsidized healthcare services for adolescents to reduce financial barriers to accessing care	
			Provide young people sufficient support and resources, including	This includes giving appropriate priority to funding and officially partnering with adolescent and youth-led organizations.

Domain	Topic	Sub-topic	Additional Commitment	Comments
			financial resources, in a timely manner	
	National standards for delivery of AHWB information and services to adolescents, including on user fee exemption	Health services for adolescents – user fee exemptions for health services (contraceptives, immunizations)	Enact policies to provide user fee exemptions for essential health services for adolescents	
	Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)	Legal provisions against child marriage	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization sufficient resources including financial and human.
		Interventions to eliminate female genital mutilation	Strengthen enforcement of laws against FGM and provide support services for survivors	

Domain	Topic	Sub-topic	Additional Commitment	Comments
		Protection from violence (including physical, sexual, gender-based and electronic violence) and injury.	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization sufficient resources including financial and human.
	AHWB is embedded in national policies and plans with dedicated financing for AHWB programs.	Country health expenditure per capita AHWB financed from domestic sources and ODA for AHWB	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization sufficient resources including financial and human.
		Out-of-pocket expenditure for AHWB services (% of current health expenditure)	None	The existing commitments made by the government are sufficient. The government should prioritize the implementation of those commitments through mobilization of sufficient resources including financial and human.

Domain	Topic	Sub-topic	Additional Commitment	Comments