Country Profile: Sierra Leone

Introduction

Sierra Leone, a coastal West African nation of over 8 million people, continues to face significant maternal and child health challenges. Sierra Leone has not made significant progress in achieving the target of reducing anemia among women of reproductive age.[1] According to data from the World Health Organization's Global Health Observatory, 53.7% (87,400) of pregnant women were anemic in 2023,[2] and 6.9% of women of reproductive age were underweight in 2022,[3] reflecting widespread micronutrient deficiencies during pregnancy. Data show that Sierra Leone has one of the highest maternal mortality rates in the world.[4] Poor birth outcomes remain a concern: the prevalence of stillbirth is at 20.21 per 1000 total births in 2023,[5] 10.3% of newborns had low birthweight in 2020,[6] and infant mortality stood at 56.17 per 1,000 live births in 2023.[7] These indicators underscore the urgent need for more comprehensive maternal nutrition interventions.

Historically, Sierra Leone has relied on iron-folic acid (IFA) supplementation through antenatal care (ANC) services to combat maternal anemia. However, coverage and adherence remain inconsistent, and IFA alone does not address the broader spectrum of micronutrient deficiencies contributing to adverse pregnancy outcomes.[8] Modelling research on optimizing nutrition investment in Sierra Leone shows that replacing IFA supplementation with multiple micronutrient supplements (MMS), although more expensive in the short term, is more efficient in preventing maternal anemia during pregnancy. This could lead to better birth outcomes along with a reduction in maternal mortality. Research shows that replacing existing investment in IFA supplementation with MMS could result in 24,600 fewer pregnant women with iron-deficiency anemia.[1]

The government of Sierra Leone has published a "National Multi-sectoral Strategy to Prevent and Control Anemia (2018-2025), which includes the transition to MMS as a priority action. Although the strategy is still focused on improving IFA supplementation, there is a major political shift towards transitioning to MMS. Low compliance is a significant challenge in IFA supplementation programs.**Error! Bookmark not defined.** Thus, transitioning to MMS may also increase adherence to supplementation, as research has shown that adherence to MMS was higher (47% of women taking MMS up to six months before delivery), supported by monthly ANC visits and positive perceptions of MMS compared to IFA.[9] With strong political commitment and growing community support, Sierra Leone is poised to make MMS a cornerstone of its maternal health strategy.

This country profile presents a concise overview of Sierra Leone's status in transitioning from IFA supplementation to MMS for pregnant women. This document aims to inform policymakers,

partners, and stakeholders about the current progress, challenges, and opportunities for scaling up MMS within maternal nutrition and health strategies.

MMS Policy and Regulatory Status

National protocols for the management of anemia in pregnancy still focus on IFA supplementation. MMS was integrated into ANC guidelines in August 2022 and does not have a standalone implementation plan. Nevertheless, the "National Multi-sectoral Strategy to Prevent and Control Anemia (2018-2025) has prioritized the transition from IFA to MMS as a key policy priority action. MMS has been added to the Essentials Medicines Lists (EMLs) Standard Treatment Guidelines (March 2021). The Essential Package for Health Services (May 2021) and the work plan for sixteen districts have been included in the Annual Nutrition Review meeting.[9–11].

UNICEF NutriDash data showed that the national government and/or partners have a standalone coordination mechanism that supports the planning and implementation of MMS programmes and activities nationwide.[12] This shows significant political interest in transitioning from IFA to MMS.

Implementation Status

The National Anemia Working Group (NAWG), created in 2016, developed the National Multi-Sectoral Strategy to Prevent and Control Anemia. Program partners and research groups have conducted acceptability and feasibility studies to examine the focus factors, enablers, and barriers that affect the optimal consumption of MMS supplements during pregnancy. The study also focused on product acceptability and the best ways to integrate MMS into ANC services.[13]

Implementation of MMS programs to date has largely been pilot- or NGO-led, with distribution and research, and with pockets of MMS delivered through maternal services. A project implemented by Helen Keller International (HKI) titled "Improving implementation models to scale-up effective coverage of Antenatal Multiple Micronutrient Supplementation in Sierra Leone"[11] aimed at scaling up MMS at the national level by 2023, as reported by the Ministry of Planning and Economic Development (MoPED). The project aimed to roll out MMS across nine districts, create an enabling environment for antenatal MMS, test implementation strategies, and document lessons learned for the future.**Error! Bookmark not defined.**

Over 1,400 health workers have been trained to transition from IFA to MMS, and initial training (pre-service) for healthcare students is ongoing.[9] In addition, following awareness-raising activities to scale up MMS programs in 2024 were implemented in Sierra Leone.

- Demand creation through advocacy, communication, and social mobilization (ACSM),
- Held meetings, seminars, and/or workshops on MMS and maternal nutrition (UNICEF NutriDash).[12]

MMS Coverage and Utilization

UNICEF NutriDash data reports that in Sierra Leone, MMS were delivered to pregnant women freely through ANC facilities.[12] MoPED Sierra Leone reported that the HKI project on the national scale-up of MMS imported 250,000 180-count bottles of MMS in October 2021, which were consigned to CARE International. However, there is no clear report on how much of the available MMS has been distributed. HKI, in partnership with the Ministry of Health and supported by Vitamin Angels and Kirk Humanitarian, has reported that it distributed MMS as a donation to 1,400 facilities.[11] In a separate blog, "Championing Prenatal Vitamins in Sierra Leone," HKI reported that community health workers were trained to provide education and services and distribute MMS locally, with 100,000 pregnant women across Sierra Leone receiving MMS in 2023.[14]

Development and prototyping of delivery strategies (e.g., SBCC strategies and engagement with community and health workers) have been implemented. To increase the uptake, mass media campaigns, community maternal support groups, individual and group counseling at health centers, and community-based outreach sessions have been used.[15] These efforts target pregnant women and may extend to postpartum and lactating mothers. However, the ANC coverage for women in Sierra Leone was only 22% in 2019,[16] which could pose a significant challenge to the distribution of MMS to pregnant women.

Key Program Actors and Partners

Sierra Leone's Ministry of Health and Sanitation (MoHS) is leading the potential transition from IFA to MMS. The National Anemia Working Group (NAWG) is leading anemia-related activities and ensuring the advocacy, implementation, and evaluation of anemia interventions in Sierra Leone.

Furthermore, the list of national and international partners working with the government of Sierra Leone is presented in Table 1.

Table 1: List of national and international partners working to scale up MMS in Sierra Leone

National Partners	International Partners
CARE Sierra Leone	Bread and Water for Africa
Ministry of Health and Sanitation (MoHS)	Foreign, Commonwealth & Development Office (FCDO)
The Hunger Project – Sierra Leone	Helen Keller International
World Vision Sierra Leone	Kirk Humanitarian
	Vitamin Angels
	UNICEF Sierra Leone
	World Health Organization (WHO)

Supply Chain

MMS in Sierra Leone is currently procured primarily through international donations and imports, particularly through partners such as Kirk Humanitarian and Vitamin Angels. While partner funding has enabled procurement and nationwide distribution, sustainability remains a key challenge. Although the government has shown its commitment by including MMS in national guidelines, the lack of domestic manufacturing capacity poses a challenge to long-term supply stability. [15]

In addition, the health sector budget has been reduced, raising concerns about the government's capacity to allocate domestic resources to ensure long-term MMS procurement and distribution.[9] Supply chain challenges include limited visibility into stock levels, last-mile delivery challenges, and reliance on partner-led donations. However, national discussions are underway to strengthen domestic supply chains and explore the production and manufacturing of MMS.[15]

Monitoring, Evaluation, and Research

MMS implementation monitoring has been increasingly integrated into Sierra Leone's national health information systems, including District Health Information Software (DHIS2). Indicators such as the percentage of pregnant women receiving MMS and the proportion of women attending ANC visits who receive either IFA or MMS will start to be tracked. [17]

Lessons learned indicate that MMS is well accepted among pregnant women due to its broader nutrient profile compared to IFA. MMS is well integrated into national health systems; however, the lack of stable government funding poses a challenge for research and implementation.[15]

Financing and Sustainability

The financing of MMS in Sierra Leone is mainly supported by international partners, who donate MMS products and provide technical assistance for program delivery. While these partners have ensured initial access to MMS, the lack of consistent government budget allocation remains a significant hurdle.[9]

Challenges and Next Steps

Despite significant progress in piloting and scaling up MMS, Sierra Leone faces persistent barriers, including insufficient government financing, limited supply chain capacity, and incomplete monitoring systems. Technical and programmatic needs include developing robust MMS training programs for health workers, strengthening data systems to capture MMS uptake distinct from IFA, and expanding advocacy to secure sustainable budget allocations.[18] In addition,

there is a need for supply and manufacturing support for MMS, support for integrating MMS into national health financing schemes, and coordination with pharmaceutical suppliers for improved access. [16]

Priority next steps include advocating for long-term funding, training central and district staff on MMS distribution and reporting, and cascading training to healthcare workers nationwide. Moreover, raising awareness through community-level stakeholder engagement, revising health facility forms to capture MMS-specific data, and improving supervision of last-mile distribution are essential. Stable funding and strong political will are critical to sustaining momentum and ensuring MMS integration within ANC services nationwide.[19]

MMS Tools and Resources

The key documents available for Sierra Leone provide a situation analysis of maternal, infant, and child nutrition and ANC care services.

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4. MMS Training Manual for Health Workers - Sierra Leone

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The information and country-level data provided herein were received from our partners as of 2025 and are shared with permission for public dissemination. This profile will be updated periodically. If you have updates or additional information to share, please fill out this feedback form. For questions, contact us at HMHB@micronutrientforum.org.

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