Liberia

Country Focus Areas

- Reduce fragmentation and better align financial support through improved resource mapping and tracking.
- Build resilience, improve capacity, and strengthen policies and system to reduce maternal and neonatal mortality and increase adolescent access to health services.
- Improve the quality of care in hospitals and the **utilization** of primary care while building the capacity of county health teams.
- Expand civil registration service **delivery points**, revise registration forms, develop registration manuals, strengthen death registration and recording and the coding of causes of death, and develop an integrated civil registration management information system.

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RMNCAH-N Core Indicators

LIBERIA

Maternal mortality ratio: 1,072 per 100,000 live births

Neonatal mortality ratio: 26 per 1,000 live births

Under-five mortality ratio: 94 per 1,000 live births

Adolescent birth rate: 149 per 1,000 women

Percent of births <24 months after the preceding birth: 15.5%

Stunting among children under 5 years of age: 32%

Moderate to severe wasting among children under 5 years of age: 6%

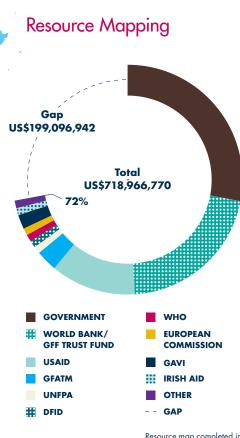
Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: US\$9.73

to total government expenditures: 3.86%

Percent of current health expenditures on primary/outpatient health care: 67.71%

Incidence of catastrophic and impoverishing health expenditures: Not available catastrophic Not available impoverishing



The resource mapping

presented here covers FY 2016-2020. There are

approximately 10 donors in Liberia that are aligned with and committed to

investing in the IC. Domestic government

resources account for approximately 28% of total financing for the IC. Libera is committed to reducing the financing gap for the IC, both through resource mobilization and better use of existing financing.

As such, there is an ongoing expenditure analysis focusing on

how to improve efficiency of spending and strategic purchasing.

Resource map completed in 2017

Civil registration and vital statistics (CRVS) made a priority

Management of medicines and supplies / supply chain interventions

Monitoring the Country-Led Process

Investment case for RMNCAH-N or equivalent (e.g., national healthplan)

Set of evidence based priorities financed

Results monitoring strategy and framework in support of IC*

Country-led multi- stakeholder platform (e.g., new or established from an existing platform)

Government focal point

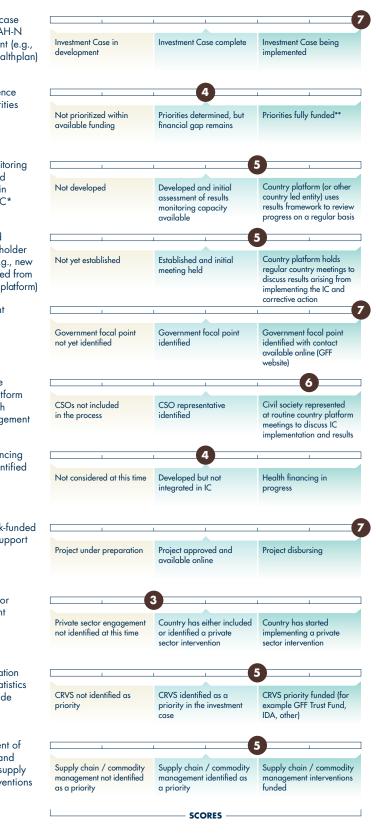
An inclusive country platform process with CSO engagement

Health financing reforms identified

World Bank-funded project in support of the IC

Private sector engagement

Ratio of government health expenditure



* Both included in the IC document or a separate document

- ** Meaning that funding was allocated, disbursed and released payment done *** ANC4 = four antenatal care visits
- ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria. Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.