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.

RMNCAH-N Core Indicators

- 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 women
- Adolescent birth rate: 149 per 1,000 women
- Percentage 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%
- Under-five wasting: 32%
- Stunting among children under 5 years of age: 32%
- Moderate to severe wasting among children under 5 years of age: 6%
- Under-five wasting: 32%

Health Financing Core Indicators

- Health expenditure per capita financed from domestic sources: US$97.3
- Ratio of government health expenditure to total government expenditures: 3.86%
- Percent of current health expenditures on primary/ouptatient health care: 67.71%
- Incidence of catastrophic and impoverishing health expenditures: Not available: catastrophic. Not available: impoverishing

Resource Mapping

- Government
- World Bank/GFF Trust Fund
- USAID
- GFATM
- UNFPA
- DFID
- WHO
- European Commission
- Other

Total: US$778,966,770
Gap: US$199,096,942

72%

Health Financing

The resource mapping presented here covers FY 2018-2020. There are representation of 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. Liberia is committed to reducing the financing gap for the IC, both through resource mobilization and better use of existing financing. The focus of this process is on how to improve efficiency of spending and strategic purchasing.

Private sector engagement

- Private sector engagement not identified at this time
- Country has either included or identified a private sector intervention
- Country has started implementing a private sector intervention

Civil registration and vital statistics (CR/VS) made a priority

- CR/VS not identified as priority
- CR/VS identified as priority in the investment case
- CR/VS priority funded (example GFF Trust Fund, G1A, other)

Management of medicines and supplies / supply chain interventions

- Supply chain / commodity management not identified as priority
- Supply chain / commodity management identified as a priority
- Supply chain / commodity management interventions funded

Monitoring the Country-Led Process

- Investment case for RMNCAH-N or equivalent (e.g., national health plan)
- Results monitoring strategy and framework in support of IC*
- Health financing reforms identified
- World Bank-funded project in support of the IC
- Private sector engagement
- Civil registration and vital statistics (CRVS) made a priority
- Management of medicines and supplies / supply chain interventions

Scores

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

Notes:

- * 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; PMN = polio vaccine.