



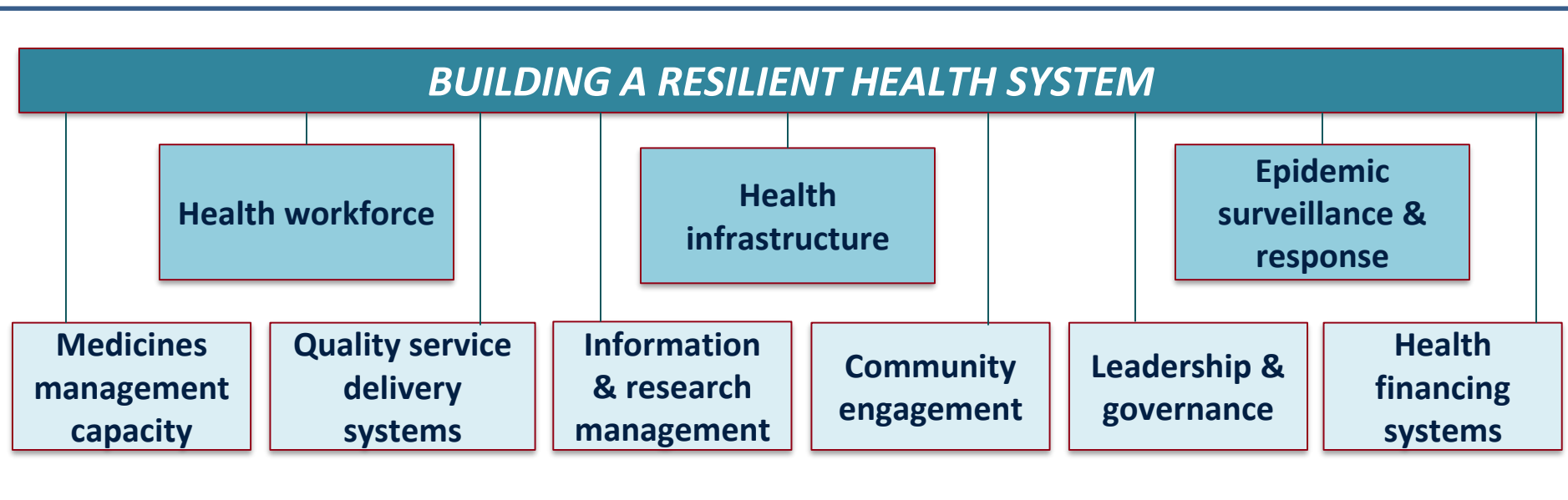
GFF IN LIBERIA: PROGRESS, VALUE-ADD, & CHALLENGES

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RMNCAH Investment Case: Process and Progress

- The Investment Plan for Building a Resilient Health System 2015-2021 provides the overall blueprint for Liberia's health sector investments post-Ebola
 - 9 investment areas, including 3 priorities



- The Investment Plan was used as a starting point to develop Liberia's RMNCAH Investment Case

Investment Case development has been led by the MOH, and developed by multi-agency, multi-sector teams

Role of the Investment Case

- A subset of the “National Investment Plan for building a resilient health system” (2015)
- An update of “Accelerated Action Plan to Reduce Maternal and Neonatal Mortality” (2012), reflecting more analyses and lessons from the EVD crisis

Team

- A Core team of MOH, MFDP, UN Agencies (WHO, UNFPA, UNICEF), WB, bilaterals (USAID TA), NGOs (e.g., CHAI, LMH), with TA support from the GFF Secretariat
- Consultations with county multi-sector team, civil society groups

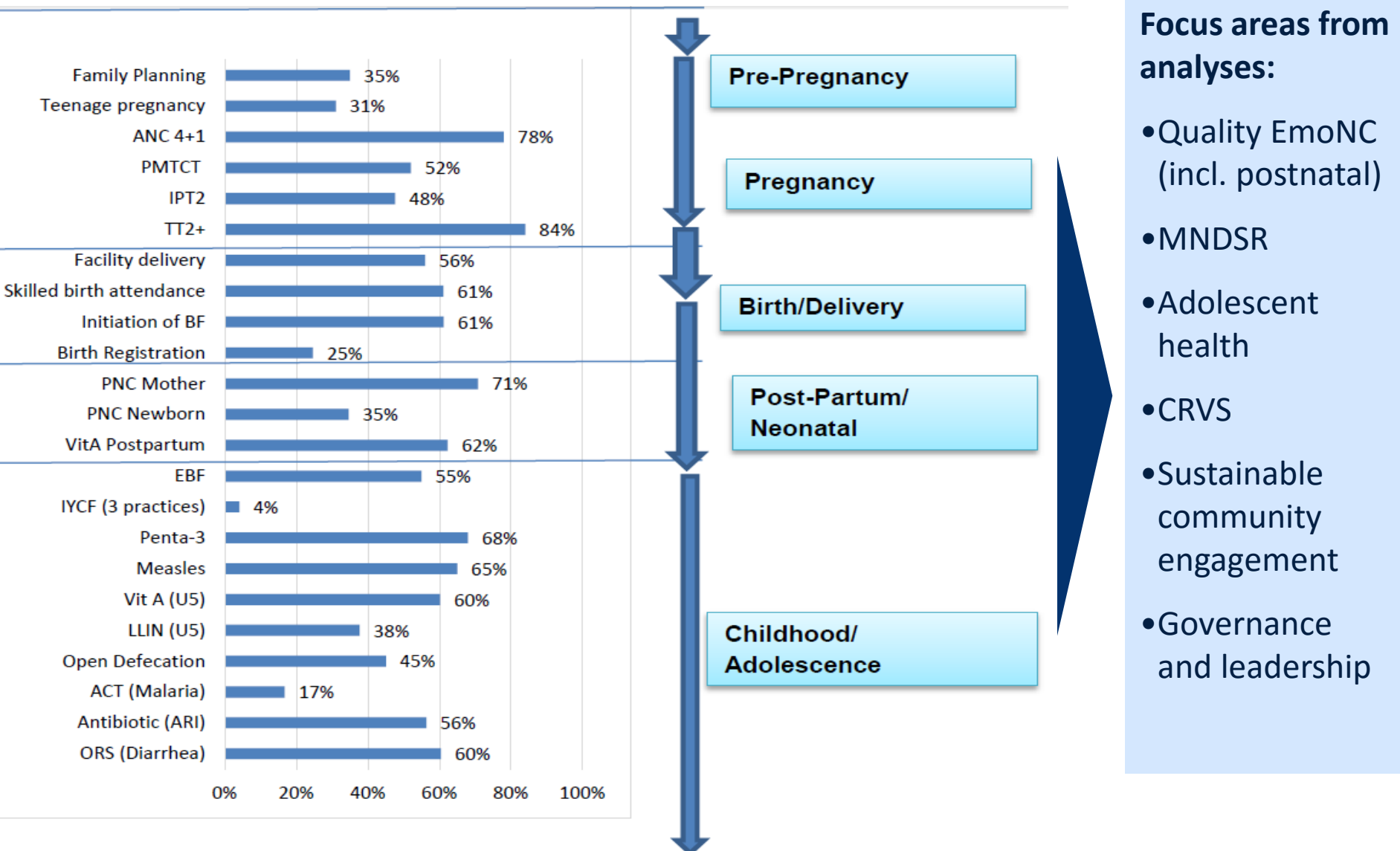
Process/ Timeline

- October 2015 – **November 2016** (over 1 year)
- Bottleneck analysis; prioritization of focus areas and counties; development of packages for each focus area by groups; experts inputs; costing; and resource mapping

GFF and Investment Case Value-Add

Rigorous analysis & bold prioritization for smart investment

Coverage of interventions across the continuum of care:



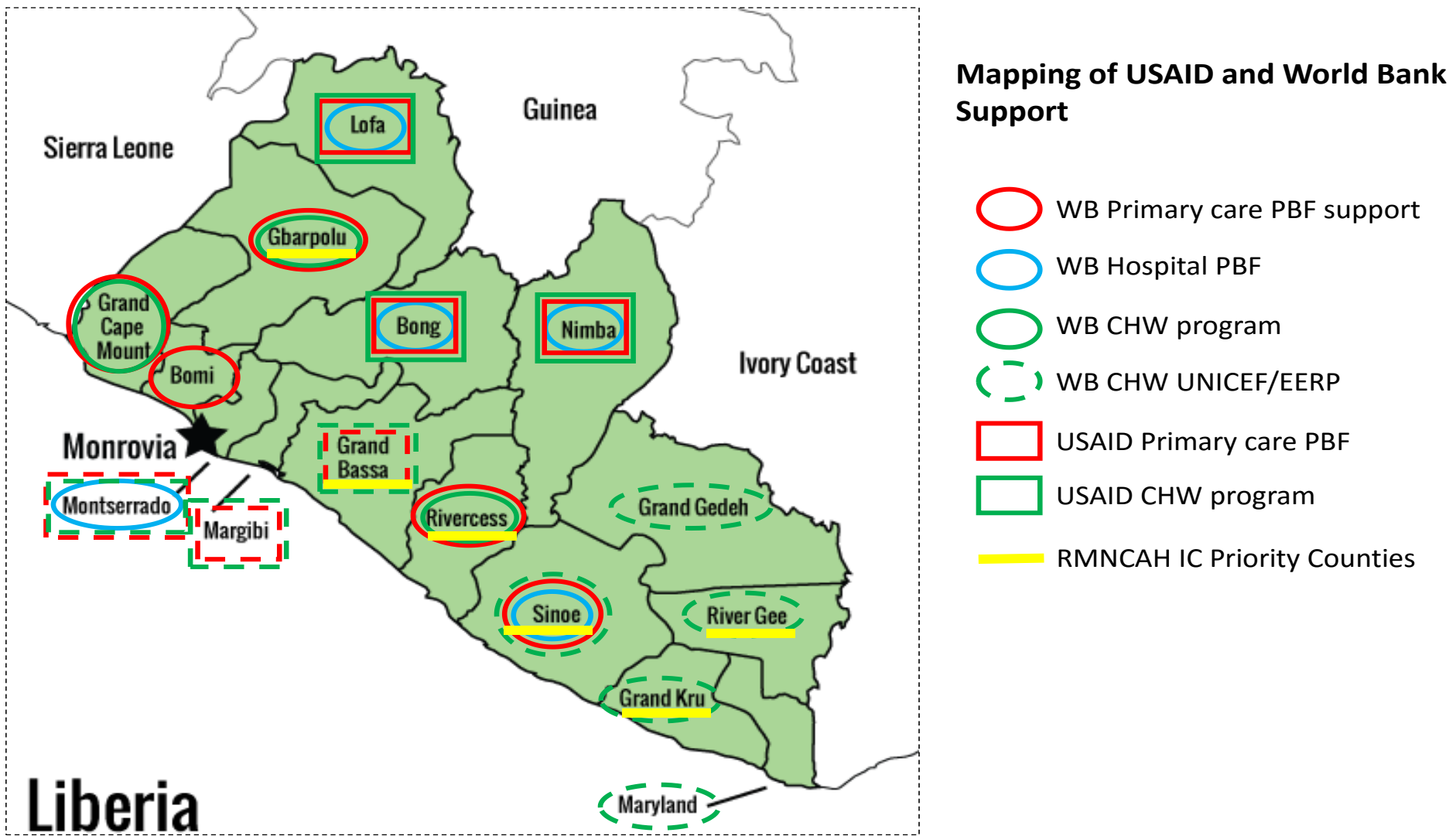
County prioritization analysis of ~20 service indicators

No	Intervention (DHS 2013)	Liberia	Bomi	Bong	Gbarpol u	Grand Bassa	Grand Cape	Grand Gedeh	Grand Kru	Lofa	Margibi	Marylan d	Montser rado	Nimba	Riverces s	Rivergee	Sinoe
1	Family Planning	19%	19%	20%	25%	8%	19%	18%	18%	10%	20%	23%	28%	9%	20%	31%	23%
2	ANC 4+ (HMIS 2014)*	46%	51%	58%	31%	61%	31%	65%	42%	53%	36%	55%	34%	60%	31%	45%	54%
3	IPT2	48%	52%	52%	34%	36%	58%	35%	33%	40%	45%	46%	50%	55%	37%	50%	36%
4	Delivery in facility	56%	64%	35%	48%	40%	39%	69%	51%	76%	51%	54%	73%	48%	59%	53%	51%
5	SBA	61%	69%	45%	52%	42%	44%	73%	58%	72%	5%	55%	81%	50%	63%	58%	60%
6	PNC Mother	71%	73%	58%	62%	32%	72%	81%	56%	81%	80%	56%	77%	82%	78%	63%	55%
7	PNC Newborn	35%	51%	38%	32%	8%	35%	43%	19%	28%	15%	26%	45%	42%	23%	30%	21%
8	IYVF (3 Practices)	4%	0%	2%	4%	0%	5%	4%	6%	4%	2%	1%	8%	4%	1%	2%	2%
9	Penta-3	71%	91%	62%	63%	53%	86%	62%	42%	81%	79%	58%	80%	69%	61%	57%	54%
10	ACT (Malaria)	17%	47%	24%	3%	9%	25%	11%	12%	15%	12%	25%	13%	13%	18%	39%	19%
11	ARI Symptoms	7%	5.70%	6.70%	6.00%	5.60%	9.10%	7.40%	11.50%	4.20%	8.70%	5.20%	6.30%	3.30%	12.20%	10.40%	9.80%
12	Fever Treatment	37%	62%	38%	21%	23%	60%	41%	23%	34%	49%	37%	49%	22%	29%	42%	23%
13	Diarrhea Not Treated	8.4%	4%	8%	7%	8%	0%	15%	10%	7%	14%	11%	7%	6%	11%	10%	10%
14	Women's Access Problem	67%	64%	74%	55%	73%	75%	59%	70%	80%	59%	66%	50%	78%	79%	70%	53%
15	Birth Registration	24%	42%	21%	31%	9%	23%	22%	11%	33%	12%	14%	13%	35%	13%	22%	17%
16	ORT	62%	70%	62%	73%	50%	87%	55%	66%	76%	62%	74%	54%	66%	52%	72%	59%
17	Stunting	32%	33%	35%	25%	38%	29%	31%	31%	29%	31%	33%	27%	36%	35%	43%	32%
18	Unmet need for FP	31%	33%	34%	36%	33%	32%	29%	31%	36%	29%	41%	27%	35%	37%	23%	35%
	# of Low Performing Indicators		2	8	9	14	6	7	13	6	11	10	5	8	12	12	11



Working towards alignment

Alignment mapping of community and primary interventions



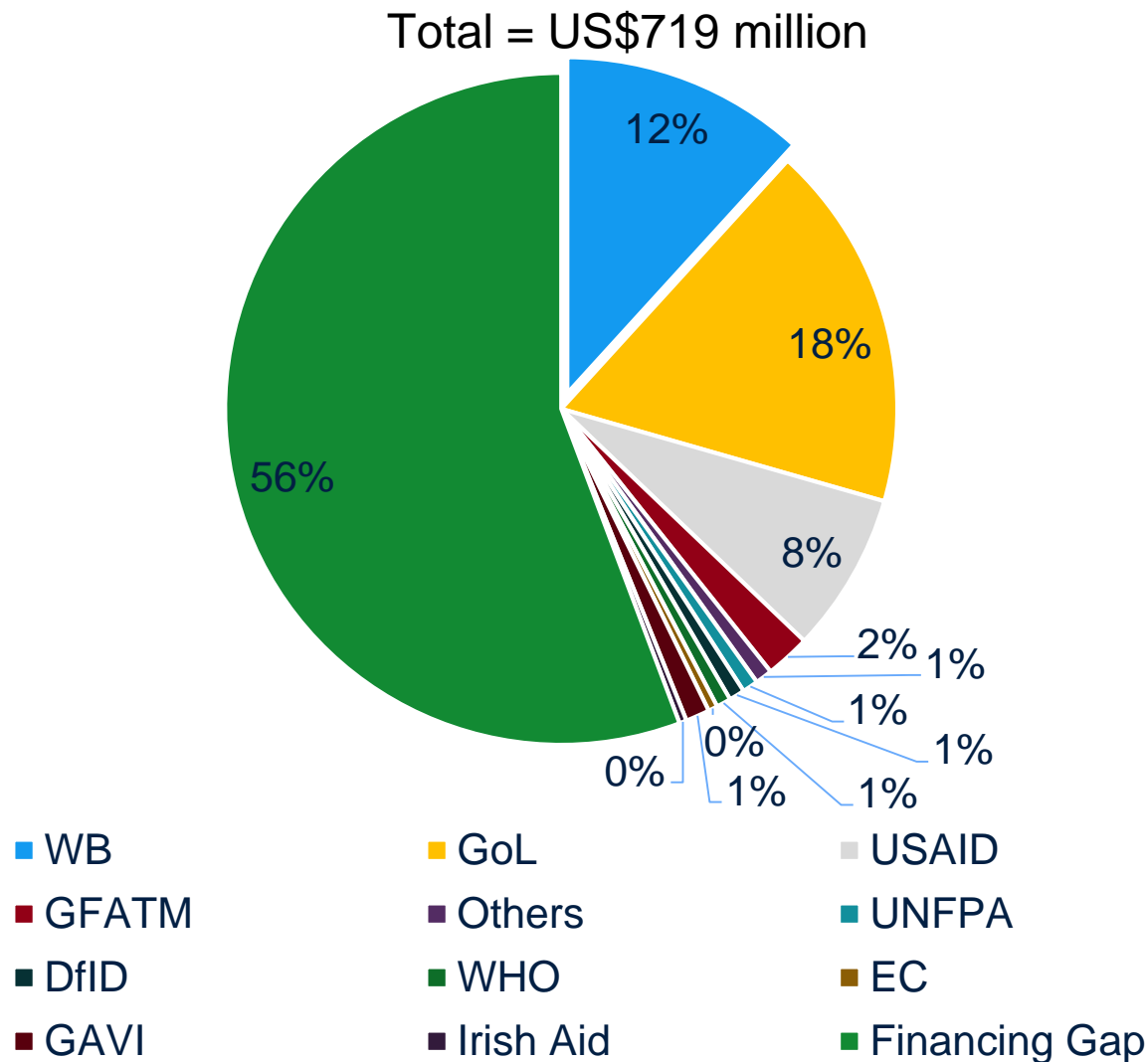
Challenges and Way Forward

Health Financing

- > Government of Liberia (GOL) funding amounts to 20% of spending in the health sector; 80% is from external sources
- > 94 non-GOL organizations working in Health in Liberia
 - 12 Bilateral, 15 Multilateral, 54 NPOs, 7 FBOs, 2 PPPH, 3 CSOs, 1 FPO
 - Need for coordination and alignment



RMNCAH IC funding needs and mapping (2016-21)



- RMNCAH IC would require US\$719 million in the next five years, with a US\$400.6 million (56%) financing gap.
- Domestic resources is estimated to be about US\$201 million (40% of committed resources and 18% of total cost)

Leveraging GFF and IHP+



- Advocacy for financial reforms across donors, organizations, programs and government
 - > Reciprocity of accountability for governments and donors
- > Liberia is using GFF and IHP+ to advance alignment and consolidation of funding mechanisms
 - > Pool Fund
 - > Consolidated Program Coordination Unit (PCU)

Investment Case monitoring mechanism, using existing system

National Level Platform

(Health Sector Coordination Committee (HSCC))

(Health Coordination Committee (HCC))

(RMNCAH IC Financiers meetings)

(Multi-sectoral Committee (Adolescent Health))

(RHTC, SCM, CRVS, HFU, Community Health, etc.)

FHD representation at committees

Led by Dep. Minister Planning

County Level Platform

(County Health Development Committee)

(Health Facility Management Committee)

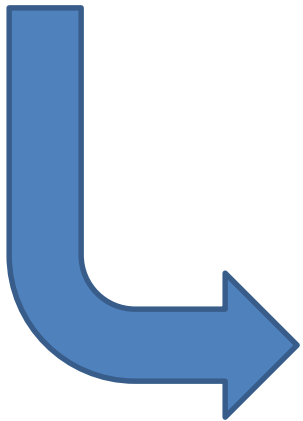
(Community Health Development Committee)

Liberia will move to the implementation and monitoring of RMNCAH IC, and further pursuit of better health financing approaches

RMNCAH Investment Case	<ul style="list-style-type: none">• Implementation monitoring through the country platform to be led by the Health Services Division, and the Department of Planning at the MOH, involving partners, county health teams, and FBOs, CSOs
Further alignment of resources	<ul style="list-style-type: none">• Regular financiers meeting for improved alignment led by the Deputy Minister of Planning (in line with IHP+ process)• Strengthening of resource mapping database combined with NHA dataset
Health financing strategy support	<ul style="list-style-type: none">• Liberia Health Equity Fund (LHEF) concept note to be finalized• Technical support to revolving drug fund (R4D), resource allocation formula (WB), and strategic purchasing through PBF

Vision:

- True country ownership
- Mutual accountability and transparency (govt and donors)
- Consolidated implementation



- Resilient health care delivery system
- Reduced maternal, neonatal, and child mortality
- Healthier lives for our people

Thank you

