

2ND EDITION  
FEBRUARY 2020



SPOTLIGHT ON  
GLOBAL  
FINANCING  
FACILITY  
IN LIBERIA

*...to enhance civil society engagement*



LIBERIA HEALTH  
CSOs' NETWORK



Empowering communities to save lives.

## ACRONYMS

- EVD** – Ebola Virus Disease
- FMoH** – Federal Ministry of Health
- HRITF** – Health Results and Innovation Trust Fund
- HSSP** – Health System Strengthening Project
- IC** – Investment Case
- IDA** – International Development Association
- LiHCON** – Liberia Health CSOs Network
- GFF** – Global Financing Facility
- MNDSR** – Material and Neonatal Deaths Surveillance and Response
- PHIL** – Public Health Initiative Liberia
- RMNCAH+N** – Reproductive, Maternal, Newborn, Child and Adolescent Health plus Nutrition

## ABOUT THE SPOTLIGHT IN LIBERIA

The GFF Spotlight is an advocacy and accountability tool aimed at improving civil society engagement, accountability and transparency of GFF implementation at country level. It is a product of content analysis and review of RMNCAH+N Investment Case and Project Appraisal Document through guided analytical questions.

The Spotlight provides information about; Liberia's HSSP and HRITF as well as health challenges, key issues and priorities as identified by the IC and

the earmarked funds from the IDA loans and GFF Trust Fund for Liberia, the 6 targeted counties for implementation, disbursement timeline and key recommendations for actions.

The Spotlight would be used to advocate and sensitize stakeholders including members of the country multi stakeholders' platform, civil society organizations, advocates, professional bodies, parliamentarians and relevant government agencies about the GFF at country level.

## WHAT ARE THE HEALTH CHALLENGES IN LIBERIA?

The Liberia country context was re-defined with the Ebola Virus Disease (EVD) crisis which resulted in reduced economic growth for the country.

01

02

The Ebola Virus Disease (EVD) outbreak eroded a number of previous gains, and further weakened the already fragile health system.

Deliveries by skilled birth attendants, for example, declined by 7 percent from 2013 to 2014; Antenatal Care 4th visits dropped by 8 percent; measles coverage declined by 21 percent from 2013 to 2014; and health facility utilization plummeted by 40 percent.

03

04

Continuing poor health outcomes have been linked to, and compounded by the fact that Liberia lost 10 percent of its doctors and 8 percent of its nurses and midwives to Ebola.

A 2015 study estimates that the deaths of these health workers may result in an increase in the maternal mortality ratio by 111 percent relative to pre-Ebola rates.

05

06

Post-conflict conditions, coupled with the more recent impact of the EVD outbreak, place Liberia at the bottom of global rankings for maternal, neonatal and child health (MNCH).

## KEY ISSUES, GAPS, AND PRIORITIES

- Large variations and gaps exist in key RMNCAH+N services and intervention
- Poor quality of care is a major cause of high maternal and under-five mortality.
- There are large geographical disparities in health services that need to be urgently addressed.

### WHAT DOES THE LIBERIA RMNCAH+N INVESTMENT CASE IDENTIFIED AND PRIORITIZED?

Six counties based on a comparison of 20 health indicators/interventions across the 15 counties were identified. The results revealed large differences in the number of low performing indicators (i.e., lower than national average) across counties. Based on this analysis, the RMNCAH+N IC identified the following six priority counties, which are both remote and have comparatively worse RMNCAH+N indicators

1. Gbarpolu
2. Grand Bassa
3. Grand Kru
4. Rivercess
5. Rivergee
6. Sinoe

### RATIONALE FOR THE IDENTIFICATION OF THE 6 PRIORITY COUNTIES

The identification was based on a comparison of key health indicators across the 15 counties which revealed large differences in the number of low performing indicators (i.e., lower than national average) across counties. The 6 counties selected were both remote and have comparatively worse RMNCAH+N indicators as listed below:

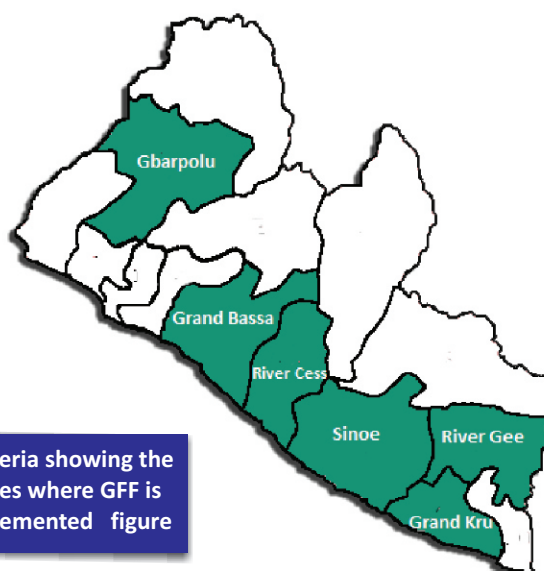
- Skilled birth attendance at birth.
- Birth delivered at health facility.
- Child vaccination 12-23 months fully vaccinated.
- Improved drinking water source.

## WHAT ARE THE PRIORITY RMNCAH+N INTERVENTION AREAS?

Based on the health sector performance analysis and health system assessment, the RMNCAH+N IC has identified six priority investment areas across the continuum of care.

- 1 Quality Emergency Obstetric and Newborn Care (EmONC) including antenatal and postnatal care and child health
- 2 Strengthening the civil registration and vital statistics (CRVS) system.
- 3 Adolescent health interventions to prevent mortality and morbidity during the antenatal, childbirth, postpartum periods, unsafe abortion, early and unintended pregnancy, sexually transmitted infections and gender-based violence.
- 4 Emergency preparedness, surveillance and response, especially maternal and neonatal deaths surveillance and response (MNDSR)
- 5 Sustainable community engagement
- 6 Leadership, governance and management at all levels.

Figure 1

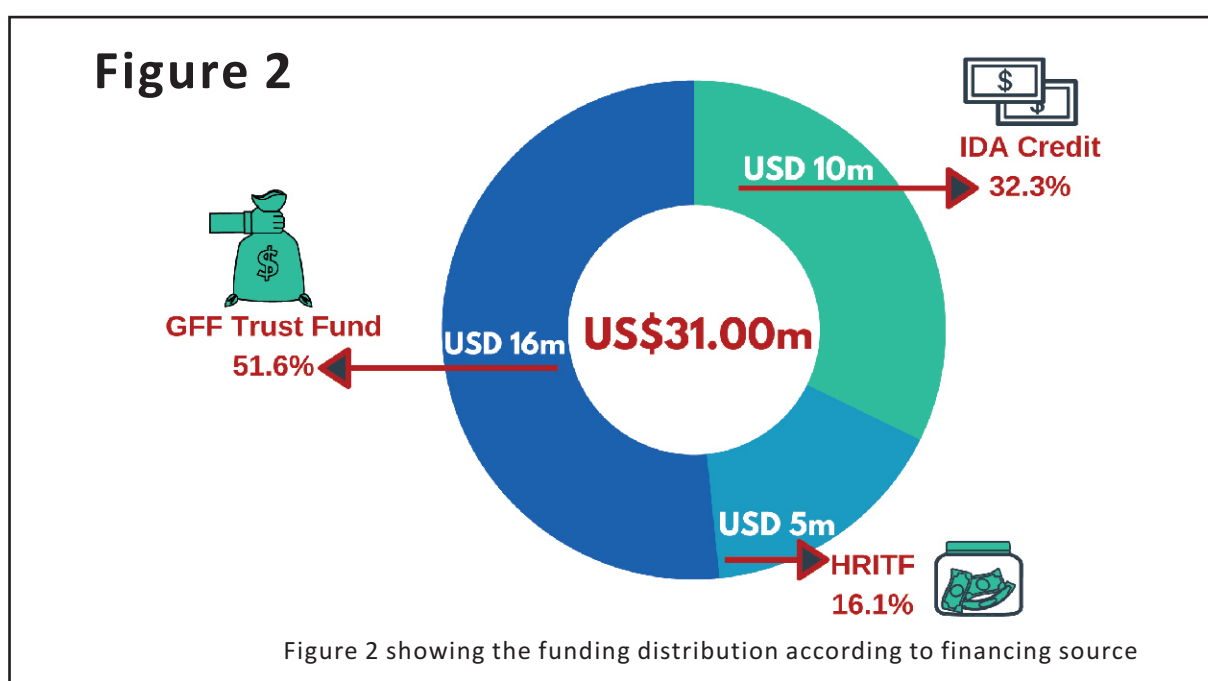


## FINANCING THE RMNCAH+N INVESTMENT CASE

The RMNCAH+N Investment Case built on an existing Health System Strengthening Project (HSSP) which consists of;

- An IDA Credit of SDR 6.7 million (US\$10 million equivalent).
- A US\$5.0 million Grant from the Health Results and Innovation Trust Fund.

With the support of the GFF Trust Fund of US\$16 million to co-finance the RMNCAH+N IC, which together with the original HSSP allocation of US\$15 million makes the total financing of US\$31.00 million.



## DISBURSEMENT TIMELINE (IN USD MILLION) FOCUSING ON HSSP AND GFF

Fiscal Year	2015	2016	2017	2018	2019	2020
<b>Annual</b>	6.00	1.00	5.00	8.00	8.00	3.00
<b>Cumulative</b>	6.00	7.00	12.00	20.00	28.00	31.00

## THE COUNTRY COORDINATION STRUCTURES THAT ALIGN WITH GFF IMPLEMENTATION IN LIBERIA

### Membership

FMOH, Development Partners (Financiers & Technical Agencies), CSOs, Private Sector. Expected to meet quarterly chaired by the Minister of Health

### Oversight

Health Sector Coordinating Committee

### Membership

FMOH, Implementing Partners, CSOs, Private Sector. Expected to meet monthly chaired by the Deputy Minister of Health

### Managerial

Health Coordinating Committee

Inter-ministerial Country Coordination Mechanism

### Membership

FMOH, Implementing partners, CSOs, Private Sector at county level. Expected to meet monthly or as of when needed

### Operational

Technical Working Groups (TWGs)

County Health Services Board/CHTs

Desk Officers

### TWGs:

- 1 Reproductive Health Technical Committee for service Delivery
- 2 Human Resources, Supply Chain and Financing Committee
- 3 M&E, CRVS & Communications Committee

The Health Sector Coordinating Committee serves as the Liberia Country Multi-stakeholder Platform chaired by the Minister of Health. It serves as a forum where GFF is being discussed at the highest level and provides overall oversight in terms of reviewing progress of implementation, funding, disbursement, transparency and accountability.

The committee also provides oversight and ensures Health Coordinating Committee and the Inter-ministerial Country Coordination Mechanism are providing the needed managerial leadership and support to the technical working groups and county health services board to fully implement activities as captured in the RMNCAH+N Investment case.



## KEY RECOMMENDATIONS FOR ACTION

**01**

Facilitate meetings and dialogue with relevant senior government officials, GFF Liaison and focal officers and development partners to ascertain the role of GFF in catalyzing any related domestic financing towards addressing funding gaps for RMNCAH+N in Liberia.

**02**

Use the GFF spotlight to continue to educate and sensitize civil society organizations and relevant stakeholders about GFF implementation in Liberia especially in the 6 targeted counties.

**03**

Use the GFF Spotlight to improve access to information and promote accountability for the GFF in Liberia

**04**

Use the GFF spotlight to facilitate meetings to ascertain the level of progress and compliance to the agreed disbursement Timeline focusing on HSSP and GFF

**05**

Use the GFF spotlight to facilitate meetings to review implementation, key challenges and commitment of partners supporting the government's targeted intervention throughout the period of implementation.

## ABOUT LIBERIA HEALTH CSOs NETWORK

The Liberia Health CSOs Network comprises of non-governmental organizations, women groups and young people, committed to promoting civil society participation, engagement, accountability and transparency in the implementation of RMNCAH+N including GFF in Liberia. Public Health Initiative is hosting the secretariat of the network

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