

FP2030, GOVERNMENT OF LIBERIA COMMITMENT

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1. LIBERIA’S 2030 VISION STATEMENT

“By the end of 2030, Liberia envisions a nation where everyone including adolescents, young people and those marginalized populations make informed choice, have equitable and affordable access to quality Sexual Reproductive Health and Rights (SRHR) including rights based family planning services that empowers them to fully participate in national development”.

Commitment I

Commitment Area 1:	Adolescence and Young People
Objective Statement	Strengthen the delivery of quality rights based adolescent and youth friendly family planning services targeting various age groups and demographics of adolescents and young people including those marginalized aimed at reducing unwanted pregnancy by 10% among adolescent girls by the end of 2030
Timeline	2023-2030
Rationale	Liberia has approximately 5.2 million people of which Adolescent and youth constitute approximately 64%. Females account for nearly 60% of the country's population ¹ . By the age of 18, a Liberian girl has a 50% chance of being in a union

¹ 2022 National Census provisional data

	<p>and a 30% chance of experiencing motherhood.² The unmet need for Family planning among girls 15-19 years is 47.2% and among women 20-24, is 35.8 %, much higher than the national average of 33.4%³. More than 60 percent of women in Liberia have their first birth before age 20. Teenage pregnancy rate is 30.1% nationwide. It is worth noting that there are regional variations, as revealed by demographic Health Survey of 2019/2020. The 2019/2020 DHS report indicates that adolescent girls in the central and northern region are more likely to experience teen pregnancy compared to those in the southeastern region when the mCPR nearly doubles the national average. There is also a growing numbers of sexual and gender-based violence especially rape occurring among adolescents⁴. Adolescents and young people engaged in risk sexual behavior results in high rates of unplanned pregnancies, unsafe abortion, misconception about family planning, sexually transmitted and reproductive tract infections including HIV/AIDS. Harmful practices to including FGM, early/forced marriage among are common occurrences among adolescent girls. Healthy and informed adolescents and youth have greater opportunities to remain in school and engage in meaningful activities in communities and reach their full potential.</p> <p>At the level of service delivery, multiple factors contribute to impeding access to services for adolescent and young people. For example, limited trained personnel in adolescent friendly RH services, inadequate space for privacy and confidentiality coupled with frequent stock out of commodities render services inaccessible to adolescents and young people. Additionally, negative social norms are also barriers to addressing the SRH needs of adolescent and young people in Liberia. With the aim of reducing teen pregnancy from 31% to 27%, Liberia is committed to working towards the implementation of the below listed strategies in an effort to reduce teen pregnancy by 2030.</p>
Strategies	<ol style="list-style-type: none"> a. Scale up the three-access points model to provide adolescent and youth friendly services linking Health facilities services with primary and secondary schools and communities b. Strengthen capacity to scale up comprehensive sexuality education in primary and secondary schools c. Strengthen the capacity of young people themselves in higher learning institutions including local universities, colleges, and TVET programs to establish health clubs that integrate SRHR and Pregnancy Prevention awareness for young people d. Enhance capacity for mass media engagement to reach a wide range of populations with quality SRHR messaging including Family Planning targeting young people. e. Expand the scope of family planning champions by engaging Social Influencers and local entertainers in awareness of Adolescent and youth friendly SRHR services f. Promote positive communication with key community gate keepers (parents, Teachers, religious leaders, traditional leaders, and community leaders) to minimize stigma while promoting behaviors change

² 2019/2020 Demographic Health Survey for Liberia

³ IBID

⁴ Ministry of Gender Reports

	g. Enhance capacity to promote positive masculinity among young people and adolescents as part of awareness on early parenthood prevention
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Commitment II

Commitment Area 2:	Private Sector Engagement
Objective Statement	The private sector capacity is strengthened to provide a broad range of contraceptive methods offered by trained personnel with reporting system in place to reflect quality data in the National Health Management Information System.
Timeline	2023-2030
Rationale	<p>The private health sector both non-for-profit and for-profit, supply a significant proportion of healthcare services. At least 49.1 percent of health facilities are privately owned. Some faith-based facilities, typically non-for-profit, do not provide family planning services. In addition, it is estimated that there are over 600 medicine shops and 223 registered pharmacies in Monrovia alone, where community members also access medicines and Family Planning Commodities⁵. The private sector is a growing source of family planning services. The overall contribution of private sector as a source for family planning commodities has seen a steady increase of 30 percent between 2007 and 2013. Women and girls ages 15 to 49 who use public and/or private source for FP reported as 45% and 43% respectively (LDHS 2019/2020). Additionally, women of childbearing age reported private hospitals as a source almost doubled, from 8 percent to 14 percent in 2007 and 2013 respectively. This figure nearly tripled for medicine shops, from 0.9 percent in 2007 to 2.5 percent in 2013. As compared with other methods, private source stands at 71% for condom distribution while public stand at 81% and 56% for implant and injectable respectively, LDHS 2019/2020. The private sector offers a potential platform for scaling family planning services nationwide, while complimenting public sector, but it faces several challenges. First, the private sector lacks appropriate incentives (policy and system) to provide family planning services. Second, private providers have limited opportunities to attend government-organized training, and hence they may lack information concerning current best practices, which would raise concern about their ability to meet quality standards in delivering comprehensive family planning services. The involvement of the private sector in widening the array of safe and affordable contraceptive services is essential to the achievement of the overall commitment.</p>

⁵ MoH Pharmaceutical Service Report

Strategies	<ul style="list-style-type: none"> a. Strengthen and broaden the Public-Private partnership to in the delivery of quality family planning services in an effort to ensure access to a wide range of contraceptive methods through the private health facilities b. Enhance the capacity of private pharmacies and medicine stores personnel in the dissemination of standardized messages and basic counseling information on the correct use of FP products c. Strengthen the capacity of local CBOs, CSOs, leaderships of women and youth networks to integrate practices geared to changing norms to improve access to quality reproductive health including family planning d. Expand the current social marketing platforms and ensure a stable supply of mixed Family Planning products to Private Pharmacies and Medicine Stores and support training needs in high burdened communities
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Commitment III

Commitment Area 3:	Supply Chain Management of Products
Objective Statement	To strengthen the national family planning supply chain aimed at reducing stock out of contraceptive methods by over 15%, increase product visibility and enhance nationwide capacity in inventory management and reporting of consumption data to inform commodity quantification and forecasting processes in an effort to improve family planning programming by 2030
Timeline	2022-2030
Rationale	<p>The availability of a reliable supply of high-quality contraceptives is essential to ensuring that family planning demand is met at all levels of the healthcare delivery system. Commodity security is an essential part of a functional supply chain system, which requires, among other things, sufficient and sustainable financing, a strong supply chain system, supportive policies and regulations, and active coordination among partners. Several initiatives by the GOL and partners to address commodity security challenges at various levels of the health system have reduced stock out, regardless, frequent stock out of some contraceptive methods at service delivery points (health facility, community level, and during outreach activities) pose serious challenges with services access. As revealed by the UNFPA supported Annual Supplies Survey, there is an improved trend on the availability of RH commodities with average 74.8 percent of health facilities experiencing no stock out of tracer commodities in the last three months before the survey in 2015 to 2018. Following COVID-19 there was a decline and in 2021, Reproductive Health Commodity Security (RHCS) compliance monitoring report states that stock out stands at 54% of health facilities with no stock out. These figures are troubling and indicate that there is more to be done to ensure that health facilities have uninterrupted supply of contraceptives with key attention to health facilities in hard to reach communities.</p>

Strategies	<ul style="list-style-type: none"> a. Strengthen advocacy for domestic resource mobilization and sustainable financing for the procurement of family planning products and ensure implementation of the Compact Agreement as an initial step towards a sustainability b. Enhance capacity for innovation in the delivery of commodities in hard to reach populations through the utilization of existing and new approaches, ie; transportation unions, use of drones, tracking of progress using scorecard to monitor progress, as well as prepositioning of supplies during periods of inaccessibility. c. Strengthen inventory management for improved product visibility and reporting at national and subnational levels to inform National FP commodity quantification, supply planning and procurement and distribution at national and subnational levels d. Enhance capacity of the supply chain systems to improve inventory management, data quality and accountability of family planning commodities at all levels as well as strengthen assurance processes e. Strengthen private sector reporting on national data platforms and databases including the eLMIS and HMIS through capacity development for effective and timely reporting systems
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Commitment IV

Commitment Area 4:	Innovative financing for family planning commodities
Objective Statement	To improve the domestic financing environment for Family Planning by allocating 2% of the national health budget in 2023 as a contribution to the procurement of contraceptives with a 1% annual increment from 2024 to 2030
Timeline	2022-2030
Rationale	<p>During the previous 2020 commitment, Liberia pledged a 5 % commitment to domestic financing that was not achieved as per planned. The country does not have a financing strategy is heavily reliant on donor contribution to procure commodities and fund it family planning program including capacity development. Advocacy for domestic financing has not been successful. From 2021 to 2022, there has been some progress made with support from the West African Health Organization in close collaboration with the Ministry of health to procure FP products for private health facilities. Closely 700k worth of injectable methods and implants produced. In the same year 2022, UNFPA signed a compact agreement that commit 2% of the total cost of the annual contribution of commodities procured by UNFPA in 2023.⁶ There is anticipation that</p>

⁶ UNFPA and Government of Liberia Compact Agreement

	<p>the Government will implement the Compact Agreement as a stepping-stone to annual increment of national contribution building on the current Compact.</p> <p>Additionally, Liberia has recently launched the Liberia equity bill that ensure vulnerable populations have access to FP services. There is a need to monitoring implementation of this Bill in an effort ensure FP services are provides accordingly. There is need for more innovation and strategic advocacy for domestic financing for family planning. Creating an innovative and sustainable mechanism for financing in essential for Liberia building on the current Compact.</p>
Strategies	<ol style="list-style-type: none"> a. Enhance the capacity of the Ministry of finance and Health to implement the current compact and build on the agreement for further expansion and consolidation of a clear funding strategy b. In line with a new National Investment Case for Family Planning, strengthen advocacy for national budgetary allocation to procure contraceptive and ensure an 80% disbursement and use of allocated funds for the intended purpose c. Improve the availability of data and evidence on return on investment for family planning and utilize the information to inform the development of a national financing strategy for family planning programming. d. Strengthen advocacy to levy sin tax on products and allocate funds to health care services including family planning services. e. Implement mechanisms to ensure that the Liberia Equity Funds strategy allocated for family planning services is fully utilized

Commitment V:

Commitment Area 5:	Prioritization and implementation of Proven High Impact Practices including during humanitarian response adapted to the national context
Objective Statement	By the end of 2030, access and choices of family planning methods results in an increase of the national contraceptive prevalence rate by 25% through the scale up of high-impact family planning practices interventions that responsive to the unmet need for family planning in the population particularly young people
Timeline	2022-2030
Rationale	Liberia's progress towards the increase in mCPR has been slow over the past 6 years. In 2013, the mCPR was 19% and in 2020, this proportion increased by only 29% compared to the 80% increase seen between 2007 and 2013. Populated counties in Western, North Central and South Central Regions have made slower progress than expected. In Montserrado, the county with the highest population, there was a decrease in uptake by 18% from 2013 to 2020. Adolescent pregnancy rate has not improved in the past two decades, remaining at 30%. The unmet need for contraceptives remains high at 34%. With these facts, Ministry of Health and its stakeholders committed to reduce teenage pregnancy among girls thus, increasing the CPR among adolescent from 24 percent to

	<p>39.7% percent by 2030. With the revision of the current Costed Implementation Plan for Family Planning and the availability of new information, the commitment document, driven by the need to address existing, new gaps and challenges in family planning programs across Liberia will seek to implement high impact interventions to enhance the accessibility, utilization, and overall outcomes of family planning services. These HIP interventions have been tested and proven effective in Liberia and the region in reducing unintended pregnancies, maternal and infant mortality, empowering women to take control of their reproductive health and rights and promoting overall well-being and sustainable development. The need to focus on proven context specific HIP will be useful to this commitment area.</p>
<p>Strategies</p>	<ul style="list-style-type: none"> a. Enhance the capacity of county health teams to take ownership and rollout proven HIP interventions that increase access to family planning services, specifically targeting women and adolescents in remote communities, DMPA-SC and Self-Injection (SI) program scale up. b. Enhance capacity for improve data quality in the Health Information System (HIS) that informs mentorship, monitoring and evaluation of family planning services. c. Enhance capacity for family planning Research and studies on various aspects of FP programming aim at improving uptake of contraceptive methods d. Promote community dialogues about benefits of long-acting family planning methods, with a specific focus on lesser-used methods including Intrauterine Contraceptive Devices (IUCDs) and female condoms, through targeted communication and educational campaigns. e. Ensure that care centers are adequately prepared to provide family planning services by addressing service provision readiness. f. Strengthen routine provision of FP, including PPFPP information and services in all service delivery points and existing platforms such as ANC, PNC, outreaches, immunization campaigns and outdoor events for young people g. Address the high demand for FP in the immediate post-partum and post-abortion period through high quality counseling and service at all service delivery points and scaling up services across all health facilities in the country h. Ensure that the health care delivery system has preparedness and response mechanisms in place to adequately and effectively provide emergency SRHR services through the Minimum Initial Service Package approach

2. COMMITMENT CONSULTATION PROCESS

Liberia has adopted an inclusive and participatory process in the development of the family planning commitments for 2030. Bringing on board key stakeholders from civil society, youth groups, National and International NGOs, UNFPA, USAID and key line ministries to ensure a carefully crafted commitment document that reflects current realities and needs based on the country context. Against this background, the Ministry of Health through the Family Health Program with technical support from the Family Planning 2030 Secretariat, UNFPA, USAID and key stakeholders conducted three consultative meetings including a validation session with key stakeholders. The first meeting was held with Liberia's Development Partners was on Sept 16, 2021 and a second engagement meeting was held with Youth, Adolescents and Civil Society groups to review and take stock of progress of FP 2020 commitment made in 2012. This meeting was in October 2021. These meetings aimed to reposition and redefine priorities as well as develop key strategies focused on youth and adolescents' access and use of Family Planning. A final consultative meeting was held with all stakeholders to finalize and validate on June 1st 2023 Liberia's FP 2030 commitments.

Purpose

- To review and analyze progress of Liberia's Family Planning 2020 commitment.
- Determine whether targets set for those commitment were achieved
- Redefine targets not met and maintain those that can still be achieve.
- Discuss and come up with proposed commitments for FP 2030.
- Gather CSO, Youth and Adolescents inputs in developing FP 2030 Commitments.
- Present the developed FP2030 to the Minister
- Launch the 2030 Commitment for Family Planning

Outcomes

- Discussions held with Stakeholders, partners, CSO, Youth and Adolescents.
- Proposed FP 2030 commitment reviewed, re-define, consensus built and launched.

3. COMMITMENT ACCOUNTABILITY APPROACH

- A. Liberia will continue to use the DHIS 2 platform, the FP2030 Analytic tools (Track20), the DHS and other surveys to track process overtime. The eLMIS platform will be use to track commodity movement and stock out of products at service delivery points to determine progress.
- B. The country has routine reporting platforms and a data housed at the Liberia Institute of Statistics and Geo-Information Studies (LISGIS) for reporting national progress on services delivered. The above-mentioned platforms will continue to use to monitor progress reported national and international.
- C. Civil society organizations and other social institutions, the news media, and others adolescent and youth groups will be use to disseminate FP messages in both rural and urban areas.
- D. The role of civil society groups will be to link new and continue users of FP to service outlets aimed to increasing coverage. CSO will continue to engage in more advocacy roles to ensure accessibility and utilization of services.
- E. Periodic coordination meetings with key stakeholders to review progress, discuss and define solutions to major bottlenecks will be established to form part of progress tracking mechanisms
- F. Liberia will provide annual update to Track20 and will provide annual consent for the publication of progress made against our commitment over the year. This will support visibility and

transparency

G. Liberia remains committed to letting the world know about our progress toward FP services through all approved outlets to ensure visibility.

4. Description of the country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.

Liberia practices a decentralized and inclusive data review process on a periodic basis. Quarterly review meetings conducted by each county or subnational level teams in an effort to track progress and at the central level, a similar action will be implemented involving key national level stakeholders. FP service provision (achievements, lessons learned, success stories, challenges, and recommendations) will form an integral part of these meetings. These meetings bring together actors including CSOs, health partners, national level staff of the Ministry of health and Donors.

The Central Ministry of Health also hosts annual conferences to make known progress and challenges over the year. Additionally, the annual celebration of World Contraceptive Day has been celebrated both at National and sub-national levels to increase awareness and services provision on FP services. Moving forward the WCD celebration will be a good opportunity to disseminate progress information across counties and districts. An annual progress family planning 2030 national report will be developed and disseminated to all partners.

4.1. Description of remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately 200 words:

Liberia recognizes women and girls' sexual reproductive health and rights, right to education, privacy, quality of life, and the right to be free from torture, and the prohibition of discrimination. The Liberian government has obligations to respect, protect and fulfill rights related to women and girls' sexual and reproductive health. Considering Family Planning a human rights issue, the country team will adopt robust mechanisms in the event of slow or no progress towards the achievement of results outlined in this commitment document. The following additional higher advocacy mechanisms will be actioned in an effort to boost the commitment implementation;

- Adopt higher level advocacy with senior government officials
- Invitation of international FP advocate to dialogue with higher level government official on FP as a national development tool
- National call to action for the adherence to CEDAW and other international frameworks that guarantees women equal rights in deciding "freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.

We believe that elevating the advocacy to the highest level of authority as a country, bringing together key members of government will ensure adherence to the national commitment

4.2. Describe how the above accountability approach will be funded:

The Ministry of Health relies heavily on funding supports from partners and donors, with a very limited domestic financing from government to implement this commitment initially. While the government through the Ministry of Health will continue to liaise with health partners to ensure accountability of the commitment results, over the next 6 years, Liberia will adopt gradual incremental steps towards increasing domestic financing for family planning programming. Private sector engagement and support from unorthodox donors including the business community will form part of potential funding sources. As contained in the commitment document, much advocacy with national institutions including government is committed for implementation.

4.3. Please define technical assistance needed to fully implement the above accountability approach:

The Country will require periodic experienced sharing and lessons from best practices in the area of domestic financing, private sector engagement and the development of a national health financing strategy. Additionally, the invitation of Liberian finance officials and members of the house of Legislature to key international advocacy dialogue along with technical teams will also be useful over the next six years. This may boost national government interest for increased budgetary allotment for FP programming. Opportunities for additional seed funds to enhance the capacity of CSOs and youth groups will be essential in sharing lessons for youth engagement and active involvement in FP discussions. Technical support in knowledge sharing in the use of social media, social influencing platforms in reaching young people will be useful in generating the enthusiasm among young people. Technical support in sharing best practices on effective in country coordination and review meetings bring together officials of the central ministry, RMNCAH partners, Civil Society Organizations, Line Ministries, Professional Boards, County Health Officers and County Reproductive Health Officers will be useful in focusing on relevant issues. Together the platform can monitor progress, challenges and identify next steps with technical assistance. Periodic joint meeting with the FP2030 regions hub focal point will be useful in tracking accountability

4.4. Additional information:

The Country will utilize existing opportunities to increase mCPR annually by at least 1% to 2%. Key interventions will focus on the adolescent and young age group. Reaching them where they are and ensuring sustained availability of mix methods and actively involving them in the actual service delivery will be critical to success. Strong and robust advocacy for increased domestic financing and private sector engagement and the involvement of traditional, religious and community leaders will drive the new 2030 FP agenda for Liberia.

5. COMMITMENT LAUNCH TIMELINE

No	Activity	Targeted Participants	Timeline
1	Review Previous Commitment	Government of Liberia, Civil Society Organizations, Adolescent, and Development Partners	Sept 16, 2021
2	Liberia's FP2030 Consultation	Government of Liberia, Civil Society Organizations, Adolescent, and Development Partners	October 26 2022 and June 1 2023,
3	Launch Liberia's Family Planning Commitment	Government of Liberia, Civil Society Organizations, Adolescent, and Development Partners and media	July 5 th , 2023
4	Share Commitment with FP2030 Secretariat	FP2030 Secretariat	July 12, 2023