

Summary of Liberia's National Family Planning Costed Implementation Plan 2018–2022

HP+ POLICY Brief
January 2019



Liberia Family Planning
Costed Implementation Plan

2018-2022



Liberia's Commitment to Family Planning

For more than six decades, the Government of Liberia has remained steadfast in its commitment to ensure that all Liberians are able to benefit from high-quality family planning programs, including equitable access to family planning and autonomous management of fertility choices. Liberia demonstrated its continued commitment to this vision when it joined 24 countries in pledging commitments to family planning (known as FP2020) at the 2012 London Summit on Family Planning.

In July 2017, with support from the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project, the Liberian government embarked on a journey to develop a national family planning costed implementation plan (CIP) to translate its international commitments and national goals into a common, actionable roadmap to guide investments and implementation by stakeholders. The CIP for 2018–2022 guides family planning programming across all levels, sectors, and implementing partners, focusing on priority interventions, performance targets, and resource requirements to meet the country's family planning goals.

This brief provides an overview of the family planning challenges in Liberia, a summary of the CIP goals to address those challenges, and the resources needed to execute the plan.

Family Planning Trends

Data from Liberia's *Malaria Indicator Survey 2016* and *Demographic and Health Survey 2013* illustrate the advances that have been made in family planning in Liberia as well as some of the challenges. Liberia initiated the CIP planning process at a time when the country's total fertility rate had decreased from 6.7 children per woman in 1986 to 4.2 children per woman in 2016, largely due to a declining fertility rate among urban women. The modern contraceptive prevalence rate, or mCPR, had nearly tripled over the preceding decade, reaching 30.7 percent as of 2016. Almost three-quarters of Liberians (72.4 percent) access contraceptive services through government health facilities; more than half of all facilities, irrespective of level, provide some short-acting contraceptive methods and implants and one-third provide intrauterine devices. However, coverage and quality of family planning at the facility level is affected by an inadequate number and inequitable distribution of skilled health providers. Frequent stockouts

of contraceptive commodities at service delivery points is also a barrier to quality health services.

The total demand for contraceptives over time has been sizable and is gradually rising (from 44.5 percent in 2007 to 49.5 percent in 2013). Women's exposure to family planning messages via mass media more than doubled between 2007 and 2013 (from 35.9 to 77 percent). However, a gap exists between urban and rural audiences: women in urban areas are twice as likely to have been exposed to family planning messages through mass media channels than women in rural areas.

Teenage pregnancy is at an all-time high—33.5 percent of young women ages 15–19 had begun childbearing as of 2016. For a youthful country such as Liberia, preventing teenage pregnancy is of high priority to the nation. Low contraceptive use among adolescents is a key contributing factor to the high rates of teenage pregnancy. Only about 16.4 percent of adolescents were using contraceptives in 2013.

Meeting National Goals through the CIP

Goals

The Liberia CIP maps out a plan to address some of the family planning challenges in the country, with a primary goal to increase mCPR from 30.7 percent in 2016 to 39.7 percent in 2022. Outcomes are structured around the following five areas:

1. **Service delivery:** The percentage of demand satisfied by modern methods among all women and men, including adolescents, increases from 41.5 to 45 percent.
2. **Commodity security:** The percentage of facilities with no stockouts of modern contraceptives in the last three months increases from 33.8 to 75 percent.
3. **Demand:** The percentage of women of reproductive age demanding family planning increases from 49.5 to 55.5 percent.
4. **Youth:** The percentage of teenage women who have begun childbearing decreases from 31 to 25 percent.
5. **Enabling environment:** The percentage of the government's annual health budget allocated to family planning increases from 0.25 to 5 percent.

If the CIP is fully executed, family planning interventions will avert more than 600,000 unintended pregnancies and nearly 216,000 abortions by 2022. It will also prevent an additional 3,300 maternal deaths between 2018 and 2022. Achieving CIP goals will save nearly US\$143 million in maternal and infant healthcare costs during the five-year timeframe.

To meet its goal, mCPR will need to grow at an average of 1.5 percentage points per year. This translates into an estimated total of 515,000 modern contraceptive users, of which 30 percent (153,000) would be new users. Given the country's current population profile, at least 40 percent of users fall into the 15–24-year age group.

Strategic Priorities

The Liberian government and stakeholders have identified several priority interventions for implementation and investment. To boost access to services, Liberia intends to introduce community-based distribution of injectables—particularly Sayana Press; include emergency contraceptives in the procurement supply plan; reduce stockouts; and scale-up family planning integration into immunization services. To increase demand for family planning, Liberia has identified the following as priority efforts: increase coverage of family planning media campaigns and ensure regular and continuous delivery of messages; engage with the faith-based community to promote the use of family planning among

community members; and engage males to be effective enablers and/or primary users of family planning methods.

Consistent with the country’s *Investment Case for Reproductive Maternal, Newborn, and Child Health and Nutrition*, Liberia also intends to mainstream youth-friendly service delivery into existing health services (at all levels) at scale. In addition, the country aims to support scientifically accurate and comprehensive sexual education programs (both inside and outside of schools) that include information on contraceptive use and where contraceptives can be obtained.

Resource Requirements

Implementation of the CIP will require approximately US\$46 million (LRD 6 billion) over the five-year period, an average of US\$9 million per year, as shown in Figure 1. Overall, US\$11.5 million (LRD 1.8 billion), or 25 percent of the overall costs, cover commodities and consumables. Among the activity-based, or programmatic, costs per

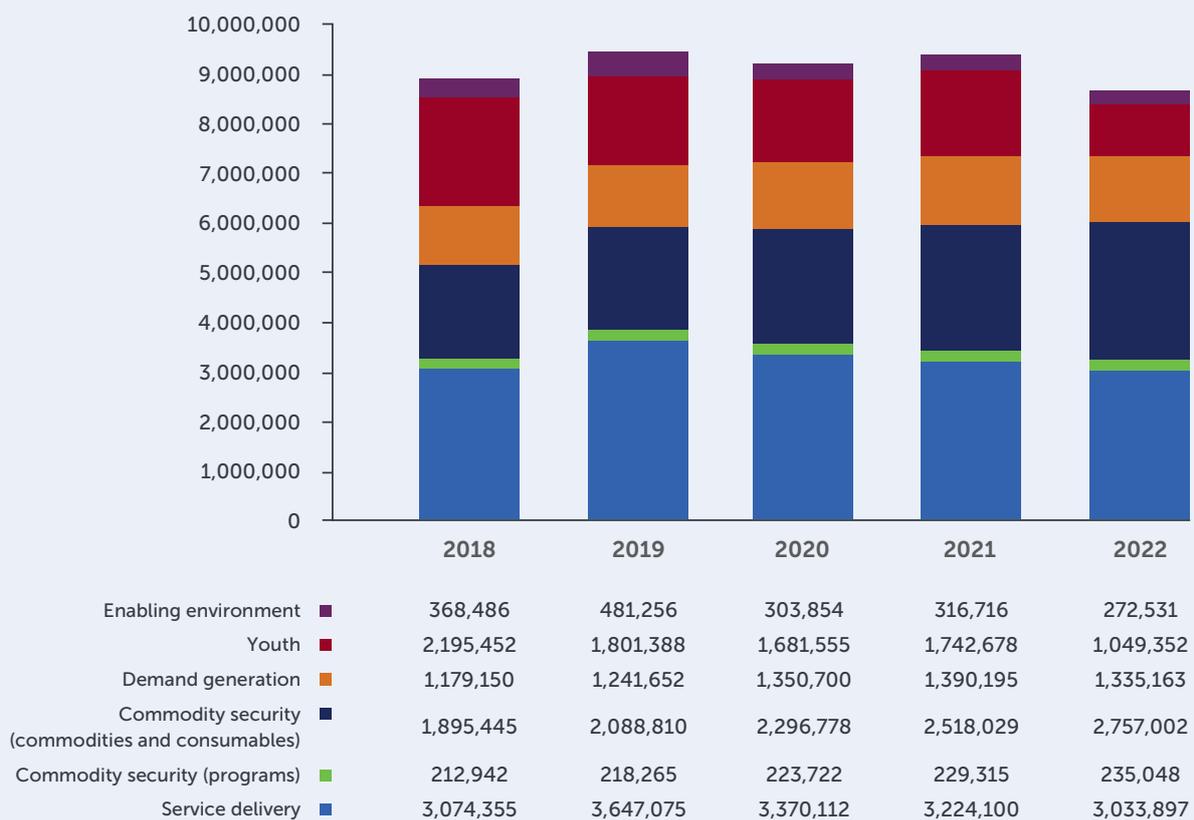
thematic area, service delivery and youth-related activities comprise the highest percentages (36 percent and 19 percent of total cost, respectively), followed by demand generation, enabling environment activities, and programmatic commodity security efforts (comprising 14 percent, 4 percent, and 2 percent of total cost, respectively).

More funds will be needed to increase uptake of contraceptives. Stakeholders in Liberia intend to boost advocacy efforts to support allocation and disbursement of funding under a dedicated budget line item for family planning in the national budget, and gain support for family planning from the House of Representatives, Ministry of Health senior leadership, and the public.

Execution

The Liberian government, through the Ministry of Health, shoulders responsibility for governance and stewardship of the national family planning program and services, and is therefore responsible for CIP execution and implementation. In

Figure 1. Annual Costs by Thematic Area (US\$)



September 2018, Liberia's vice president, Chief Dr. Jewel Howard-Taylor, launched the country's CIP at the National Family Planning Conference, publicly affirming the government's commitment to the plan and emphasizing investing in family planning with the aim of reaping a demographic dividend (defined as growth in an economy that results from a change in the age structure of a country's population) and creating opportunities for the country's youthful population.

To achieve the goals outlined in the CIP, stakeholders must ensure that execution of family planning interventions is in alignment with the priorities identified in the plan, and that funding gaps are reduced. With continued support from HP+, Liberia is currently working on establishing a performance monitoring system for the CIP to support routine tracking of progress toward national goals—which, once achieved, would save lives and money for the country.

The full Liberia CIP can be accessed at www.healthpolicyplus.com/pubs.cfm?get=10246.

Sources

Government of Liberia. 2017. "Family Planning 2020 Commitment." Available at: http://www.familyplanning2020.org/sites/default/files/Liberia_FP2020_Commitment_2017.pdf.

Government of Liberia. 2018. *Liberia Family Planning Costed Implementation Plan (2018-2022)*. Monrovia: Ministry of Health and Social Welfare.

Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health and Social Welfare, National AIDS Control Program, and ICF International. 2014. *Liberia Demographic and Health Survey 2013*. Monrovia, Liberia: LISGIS and ICF International.

National Malaria Control Program, Ministry of Health (MOH), Liberia Institute of Statistics and Geo-Information Services (LISGIS), and ICF. 2017. *Liberia Malaria Indicator Survey 2016*. Monrovia, Liberia: MOH, LISGIS, and ICF.

CONTACT US

Health Policy Plus
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
www.healthpolicyplus.com
policyinfo@thepalladiumgroup.com

Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This publication was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this document is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.