Liberia

# Collaborative Advocacy Action Plan (CAAP)

## Delivering on country commitments for women's, children's and adolescents' health and well-being

December 2025

Hosted by the World Health Organization

## Section 1 |CAAP overview

### The CAAP Process

The aim of the Collaborative Advocacy Action Plan (CAAP) initiative is to improve accountability for women's, children's, and adolescents' health (WCAH) through the collaborative efforts of partners. The process involves an initial inclusive, partner-led, scoping and assessment of WCAH commitments in each participating country. Based on this evidence, partners identify a set of advocacy actions to be undertaken collaboratively by WCAH stakeholders to improve the quality and implementation of existing WCAH commitments, while responding to the need for new commitments where critical gaps exist. PMNCH envisages that CAAPs will add value to efforts of partners through:

- **Improved evidence** on existing commitments and policy gaps at country level;
- **More meaningful engagement** of underrepresented constituencies in national policy processes, through multi-stakeholder convenings, strengthened alignment, and coordination among PMNCH partners and other WCAH actors;
- **Enhanced visibility of national WCAH commitments** and, ultimately, increased accountability for WCAH commitments.

**PMNCH facilitates the CAAP process through:**

- **Convening country stakeholders through the strengthening/development of a Multi-Stakeholder Platform (MSP)** to agree on policy advocacy/accountability goals and priorities. This will be complemented by the development of a PMNCH-supported national "Digital Advocacy Hub", through which partners can share ideas, strategies, tools and information to enhance coordination, and linkages with/enhancing synergies with existing initiatives;
- **Compile and disseminate information** through a national scoping review of existing WCAH-related commitments relevant to national planning and programming, enabling gap areas to be identified for increased partner advocacy and engagement; and assessing the implementation of the commitments;
- **Develop a country-specific Collaborative Advocacy Action Plan** for joint partner action to improve the quality and implementation of WCAH commitments while mobilizing new or additional commitments to address gap areas; and strengthen advocacy and accountability for commitments and their implementation.

### CAAP Process in Liberia

The Public Health Initiative Liberia (PHIL) coordinated the CAAP process in Liberia with strong leadership from the Ministry of Health (MoH) and close engagement with the Ministry of Gender, Children and Social Protection (MOGCSP). A central focus was placed on inclusive stakeholder engagement, while ensuring coordination and synergy across sectors. The CAAP process in Liberia involved representatives across constituencies, ensuring a comprehensive and participatory approach. The inputs of stakeholders were

instrumental to the development of the scoping and assessment report and the CAAP plan.

Validation and finalization meetings were organized brought together a diverse group of stakeholders, including officials from the MoH, MOGCSP, Parliamentarians, United Nations agencies, academic institutions, development partners, youth-led organizations, faith based organizations and professional associations.

The CAAP plan reflects shared priorities and proposed actions as discussed at a multi-stakeholder convening in September 2025 and is intended as a dynamic, living document that will be updated periodically. Its successful implementation relies on active collaboration among all stakeholders. Interested partners are encouraged to engage further through the Liberia Country Digital Advocacy Hub and by contacting PMNCH at pmnch@who.int.

## Section 2 |Background

### Overview of women's, children's and adolescents' health in Liberia

Liberia's maternal mortality ratio (MMR) is amongst the highest in the world at 628 deaths per 100,000 live births.[1] Its newborn mortality rate is 30 per 1,000 livebirths; its infant mortality rate is 53 per 1,000 livebirths; and its under-five mortality rate is 73 per 1,000 livebirths.[2] The high MMR indicates that a woman in Liberia has about a 1 in 40 lifetime risk of dying from complications related to pregnancy and childbirth.[1] Liberia's maternal and new-born deaths are mostly attributable to preventable and treatable complications. The leading causes of maternal mortality included haemorrhage (41.6%), sepsis (20.2%) and eclampsia (17.2%); other contributing factors including anaemia (3.9%), ruptured uterus (3%), abortion (3%) and obstructed labour (2.6%).[3] Neonatal deaths are attributable to the following leading factors including prematurity (40.8%), birth asphyxia (24.6%), lower respiratory infections (8.3%) and neonatal sepsis (5.9%).[4] Malaria (22%), measles (11%), lower respiratory infection (10%) and diarrhoeal diseases (6%) are the leading causes of death among children aged 1-59 months, which comprise 61% of under-five deaths.[4] Importantly, biodemographic factors of their mothers could put children in Liberia at greater risk of under-five mortality, and these factors include young mother's age at birth (<20 years), short previous birth interval (<2 years), and high birth order (>3), highlighting the impactful potential for healthy timing and spacing of pregnancy.[5]

Adolescents (10-19 years) account for nearly 25% of the country's population.[5] Teenage pregnancy rate is 30% with high regional specific rates.[5] The growing numbers of sexual

1. Trends in maternal mortality estimates 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2025.
2. United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), Levels & Trends in Child Mortality: Report 2024, Estimates developed by the United Nations Inter-Agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 202489
3. Ministry of Health. 2022. National Health Sector Strategic Plan. A Roadmap to Universal Health Coverage (2022-26)
4. Ministry of Health. 2024. RMNCAH+N Policy (2024-31)
5. Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health [Liberia], and ICF. 2021. *Liberia Demographic and Health Survey 2019-20*. Monrovia, Liberia and Rockville, Maryland, USA: Liberia Institute of Statistics and Geo-Information Services (LISGIS), Ministry of Health, and ICF.

and gender-based violence, especially rape, is also alarming. Currently, in Liberia, adolescents face major challenges that include risky behavior and sexual practices which results in high rates of maternal mortality and morbidity, unsafe abortions, unplanned pregnancies, misconception about family planning, sexually transmitted and reproductive tract infections, including HIV/AIDS, cervical cancer, harmful practices to include female genital mutilation and cutting (FGM/C), early/forced marriage among others. Healthy adolescents and youth possess great potential to contribute to their families, communities, and the nation, both, at present and in the future. However, there is a significant knowledge gap among adolescents and youth on sexual and reproductive health issues. The unmet need for family planning among girls 15-19 years is 47.2%.[5] While there are numerous factors contributing to these statistics, issues related to personnel and services are compounded by i) limited capacity and technical skills among health providers to deliver quality sexual and reproductive health and rights (SRHR) services, ii) understanding of youth and iii) negative social norms.

**Overview of commitments for women's, children's and adolescent's health and well-being**

A total of 132 Maternal, Newborn and Child Health (MNCH) commitments; 57 SRHR commitments; and 65 adolescent well-being (AWB) commitments were mapped and assessed, spread across the sub-domains (as listed in annex 1).

The government has shown sustained commitment to advancing WCAH outcomes through a robust suite of policy and strategic frameworks developed in collaboration with development partners and civil society. These frameworks—including the National Development Plan (2025–29), National Health Policy (2022–31), RMNCAH+N Policy (2024–31), and the Essential Package of Health Services (EPHS-II)—are well-aligned with global and regional commitments such as the SDGs, FP2030, EWENE, ICPD@2030, and the Maputo Protocol. This coherence reinforces principles of human rights, gender equality, universal health coverage (UHC), and youth empowerment, and translating global agendas into locally relevant strategies.

Overall, Liberia's health policy environment demonstrates moderate to strong quality across most technical and policy dimensions, and often with ambitious targets. Key national strategies are grounded in a Primary Health Care (PHC) approach with strong equity and community-based components. However, to further enhance impact and accountability, the specificity of certain policy targets should be improved, comprehensive costing should be incorporated (as feasible), monitoring and evaluation frameworks should be strengthened, and sustainable financing mechanisms should be secured.

Implementation of Liberia's WCAH commitments is underway, with notable progress in aligning programs and service delivery with national policy priorities. Key interventions such as the rollout of the Essential Package of Health Services (EPHS-II), expansion of community health services, and integration of adolescent and youth-friendly health services demonstrate movement from policy to practice. The government, with support from partners, has also strengthened coordination platforms and technical working groups to improve oversight and accountability. However, implementation remains uneven across regions, with rural and hard-to-reach communities facing persistent access and quality gaps.

Despite these efforts, several systemic challenges hinder full realization of Liberia's WCAH goals. Financial and human resource constraints, limited availability of real-time data, as well as weak monitoring and evaluation systems reduce implementation efficiency. Additionally, while some policies are supported by costed operational plans, others lack adequate budgeting or sustainable financing pathways, affecting scalability and long-term impact. Strengthening implementation capacity—particularly at sub-national levels—and ensuring greater resource mobilization and performance tracking will be essential for achieving Liberia's commitments to health, gender equality, and youth empowerment.

## Section 3 | Advocacy Goals

**Summary of Advocacy Goals in Liberia**

| Advocacy Goal | Description |
|---|---|
| **Advocacy Goal 1** | **Accelerate reductions in maternal mortality and morbidity in alignment with the resolution passed at the 77th World Health Assembly (with a focus on addressing teenage pregnancies and unsafe abortions) as well as increasing government allocation to the health sector from 10.8% in 2024 to 15% by 2027**<br><br>This is important because MNCH outcomes remain a critical challenge, and targeted investments are essential to ensure accessible, quality services (including a focus on averting teenage pregnancy and unsafe abortions) for these population groups. The planned activities include conducting policy dialogues with government and legislature to address key drivers of maternal mortality (especially teenage pregnancy and unsafe abortion) as well as increase maternal health financing, while budget advocacy workshops will train CSOs and journalists on budget tracking. Parliamentary hearings and youth dialogues will be organized to advocate for increased youth-friendly SRH services (especially in relation to the drivers of maternal mortality mentioned above), and a national accountability forum will review progress. These actions aim to strengthen transparency and ensure increased funding to deliver measurable improvements in MNCH outcomes. |

| Advocacy Goal | Description |
|---|---|
| **Advocacy Goal 2** | **Strengthen sustainable financing for adolescent health and well-being issues focusing on provision of adolescent and youth friendly services (SRHR services and mental health support) and vocational training by 2027**<br><br>Sustainable financing is needed for adolescent health and well-being issues given that Liberian youth face significant vulnerabilities related their health, mental well-being, and economic opportunities. The development of youth is key to helping Liberia achieving the demographic dividend. The advocacy activities include co-developing an advocacy brief that outlines how sustainable/dedicated investments can be made in priorities for adolescent and youth health and well-being, especially ASRHR services (including combatting harmful cultural practices, the impact of FGM/C, ensuring free services at the point of delivery, tax reductions for menstrual products ), mental health support, and vocational training to advance national development priorities. They also involve organizing multi-sectoral stakeholder dialogues and parliamentary hearings to identify priority actions, secure political commitments, and establish a roadmap for strengthening financing. |
| **Advocacy Goal 3** | **Secure reintegration and psychosocial support for adolescent mothers and drug-affected youth, with youth-led accountability tools by 2028**<br><br>This is critical because adolescent mothers and substance-affected youth face significant barriers to education, social inclusion, and mental health support, and targeted interventions are needed to reduce vulnerability and promote equitable opportunities. Currently, while a dedicated reintegration framework for adolescent mothers does not exist, the proposed efforts are part of broader program for adolescent girls. The planned activities include advocating for the development, adoption, and operationalizing of a National Reintegration Framework for adolescent mothers (including dimensions and implications related to rape) and drug affected youth as well as producing annual accountability reports to track progress and inform policy decisions. Collectively, these actions will strengthen reintegration pathways, enhance psychosocial support, and ensure that youth themselves play an active role in monitoring and improving services. |
| **Advocacy Goal 4** | **Ensure a multisectoral approach to implementation of the RMNCAH+N (2024-31) policy through the strengthening of a multisectoral coordinating platform and meaningful engagement of underrepresented voices in national policy processes.**<br><br>Liberia's health sector is at a critical moment where stronger coordination, inclusive participation, and evidence-driven decision-making from a multisectoral perspective are essential for advancing WCAH through the implementation of the RMNCAH+N (2024-31) policy. The advocacy goal focuses on unifying government, civil society, youth, and partners around coordinated multisectoral implementation of commitments that can accelerate coordinated progress of the policy despite resource constraints. By elevating underrepresented voices, the approach seeks to build a more accountable and coordinated implementation of the policy. |

# Liberia Collaborative Advocacy Action Plan

| Activity | Target Audience | | Coordinating Partner | Contributing Organization(s) [TBC] | Timeline/ Milestones [Implementation till December 2027] | Linked accountability mechanisms, as applicable |
|---|---|---|---|---|---|---|
| | Decision-Makers | Influencers | | | | |
| **Advocacy Goal 1: Accelerate reductions in maternal mortality and morbidity in alignment with the resolution passed at the 77th World Health Assembly (with a focus on addressing teenage pregnancy and unsafe abortions) as well as increasing government allocation to the health sector from 10.8% in 2024 to 15% by 2027** | | | | | | |
| **Conduct national policy dialogue to distill key asks and advocate for addressing key drivers of maternal mortality and morbidity (especially teenage pregnancy and unsafe abortion) and advocate for increased financing for the health sector** | Ministry of Health leadership and health financing/planning units, Ministry of Finance and Development Planning (MFDP) budget and planning units, Legislative committees responsible for health and budgets | County health officers, County Superintendents, professional associations (health cadres), Community and traditional leaders, Media practitioners | PHIL | Civil society coalitions, county health coordination platforms, media networks, development partners in health | Q3 2026: Budget analysis of health sector financing (including on MNCH programs including those addressing teenage pregnancy and unsafe abortions) completed<br><br>Q4 2026: National policy dialogue convened to prioritize key asks<br><br>Q4 2026: Parliamentary hearing convened to discuss outcomes and recommendations discussed with key decision makers as an input into budget processes | National budget development process under the Public Financial Management Act, Legislative budget hearings and oversight processes |
| **Conduct budget advocacy and tracking capacity strengthening workshop to train CSOs and journalists** | Civil society coalitions working on health and transparency, Journalists and media associations, MFDP budget officers, MoH finance and planning staff | Budget analysts, Health economists, Accountability and transparency advocates | PHIL | CSO networks, Media associations, Citizen budget monitoring platforms, Technical support platforms for public finance | Q2 2026: Program and materials for national workshop for CSOs and journalists developed<br><br>Q3 2026: National workshop delivered, and outcomes disseminated<br><br>Q3 2026; Q3 2027: MNCH budget-tracking brief published and disseminated (including at relevant budget hearings in 2026 and 2027) | National budget cycle and reporting obligations under the Public Financial Management Act, MoH expenditure tracking and sector performance reporting |
| **Organize youth dialogues and parliamentary hearings to champion financing for adolescent and youth-friendly SRHR services (in particular to address teenage pregnancies and unsafe abortions), as well as identify key bottlenecks and priorities** | Parliamentary committees on health, gender and youth; MOH, MGCSP, Ministry of Youth and Sports (MYS), County health and education authorities | Youth groups and student associations, Community and religious leaders, School administrators and parent-teacher structures, County Health Officers and SRH focal persons | PHIL | Youth-led groups, Community-based organizations, Civil society networks focused on adolescent SRH, Health care professional associations | Q1 2026: Mapping of youth, CSO partners and champions completed<br><br>Q2 2026; Q2 2027: Youth dialogues and citizens hearings held<br><br>Q3 2026; Q3 2027: Policy and implementation gaps documented and briefed to parliament | National adolescent and youth health policy review processes, Legislative policy and oversight hearings |

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|---|---|---|---|---|---|---|
| | Decision-Makers | Influencers | | | | |
| **National WCAH accountability forum (co-created with youth) organized to convene partners to review WCAH financing, WHA commitments as well as MNCH (and AWB) outcomes** | MOH leadership and RMNCAH program managers, MFDP representatives, Legislative oversight committees | Health care professional associations, Civil society coalitions, Development partner representatives, Community stakeholder representatives | PHIL | National WCAH coordination platforms, TWGs and technical forums, Civil society networks | Q4 2026; Q4 2027: National WCAH accountability forum convened, and financing status presented. Priority actions and follow-up commitments documented and shared publicly | National WCAH performance monitoring systems, Reporting channels for global and WHA commitments through the MOH |
| **Advocacy Goal 2: Strengthen sustainable financing for adolescent health and well-being issues focusing on provision of adolescent and youth friendly services (adolescent SRHR services and mental health support) and vocational training by 2027** | | | | | | |
| **Co-develop advocacy brief highlighting practical pathways on how sustainable investments in AHWB can be ensured ((focusing on delivery of AY-friendly SRHR services, including those related to combatting practices such as FGM, ensuring free services at the point of delivery, tax reductions for menstrual products etc.) and vocational training)** | MOH, MYSP, MFDP, National Legislature ( Budget and Youth committees) | Youth Coordinators, Civil society coalitions working on youth health, SRHR, and mental health, Media institutions reporting on youth health and social issues | Action for Girls' Empowerment (AGE) | NGOs working in SRHR, mental health and youth Development; UN agencies | Q2 2026: Analysis on pathways, including on increased financing, and also addressing existing burdens such as high taxes on commodities; fees for services at the point of delivery etc.<br><br>Q3: 2026: Advocacy brief developed<br><br>Q4 2026: Advocacy brief validated and mechanisms/pathways for policy/ budget influence identified | National adolescent and youth policy review processes, Child and Adolescent Health TWG, MoH supported multisectoral TWGs |
| **Hold multi-sectoral dialogues (Health, Education, Youth & Sports, Gender) involving CSOs, HCPAs, youth organizations etc. to identify and prioritize specific ways to strengthen sustainable financing for AHWB issues (focusing on SRHR and mental health services and vocational training)** | MOH, MYS, MFDP, Ministry of Education (MOE), MGCSP, National Legislature (Budget and Youth committees) | Youth-focused civil society networks, Technical advisors in health and youth sectors, UN agencies, HCPAs | AGE | NGOs working in SRHR, mental health and youth development, UN agencies | Q1 2027; Q3 2027: Multisectoral dialogues held<br><br>Q2 2027; Q4 2027: Outcomes of dialogues discussed with key decision makers and agreements reached on next steps | National adolescent and youth policy review processes, Child and Adolescent Health TWG, MoH supported multisectoral TWGs |

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|---|---|---|---|---|---|---|
| | Decision-Makers | Influencers | | | | |
| **Organize and institutionalize parliamentary hearings and secure commitment from parliamentarians on issues related to sustainable financing for AHWB issues (focusing on SRHR services, mental health and vocational training)** | MOH, MYSP, MOF MFDP, MGCSP, National Legislature (Budget and youth committees ). | Civil society and youth-led organizations advocating for accountability, Technical working groups in health, mental health, and social protection sectors, UN Agencies | AGE | National Youth Council of Liberia, UNFPA Liberia, MFDP, Media partners. | Q3 2026; Q3 2027: Parliamentary hearings held, and key agreements reached<br><br>Q4 2026; Q4 2027: Outcomes of hearing discussed with key decision makers and agreements reached on next steps | National budget development process, Parliamentary oversight through Health and Finance Committees |
| **Advocacy Goal 3: Secure reintegration and psychosocial support for adolescent mothers and drug-affected youth, supported with youth-led accountability tools by 2028** | | | | | | |
| **Advocate for development and operationalization of a dedicated National Reintegration Framework for adolescent mothers (including addressing dimensions related to rape) and drug-affected youth** | MOGCSP,MOH, MOE, National Legislature Committees | Community leaders, Local government authorities, Media, Youth and child representative bodies | Help a Mother and Newborn Initiative (HMNI) | Civil society organizations, Community-based organizations, UN Agencies, International development partners | Q2 2026: Stakeholder consultation organized<br><br>Q3 2026: Key asks and recommendations finalized for engagement with decision makers<br><br>Q4 2026: Advocacy meeting organized with key decision makers and agreement to develop the national reintegration framework<br><br>Q2 2027: National reintegration framework developed<br><br>Q1 2028: National re-integration framework adopted<br><br>Q4 2028 (onwards): Publication of annual accountability report on implementation, with scorecards and reports discussed with key policy makers and legislators to accelerate progress | National review processes within Gender, Social Protection, Health, and Youth sectors |
| **Advocate for piloting of innovative school re-entry support approaches (fee waivers, re-entry packages, childcare)** | MOE; County and district education authorities | Parent–teacher structures, School administrators, Local government | HMNI | Education-focused CSOs; NGOs; Development partners supporting education access | | |
| **Advocate for expansion of guidance counseling and adolescent-focused psychosocial services in schools** | MOE, MOH | Professional associations, Educators, School leadership, Media | HMNI | Organizations supporting mental health, psychosocial support, and school health | | |
| **Advocate for MOH and MOE to institutionalize peer support groups and mentorship models in schools and communities** | MOH, MoE,National coordination bodies for adolescents and youth | Community volunteers, Parent–teacher structures, Youth groups, Local authorities | HMNI | Youth-focused CSOs; Community organizations; Development partners supporting adolescent participation | | |

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|---|---|---|---|---|---|---|
| | Decision-Makers | Influencers | | | | |
| **Advocate for the establishment of a youth-led National Adolescent Scorecard to assess service quality** | MoH, MOGCSP, MOE | Youth representatives, County-level health and education teams, Media | HMNI | Youth-led CSOs; UN Agencies, Development partners supporting monitoring and participation | Q2 2026: Stakeholder consultation organized<br><br>Q3 2026: Key asks and recommendations finalized for engagement with decision makers<br><br>Q4 2026: Advocacy meeting organized with key decision makers and agreement to develop the national reintegration framework<br><br>Q2 2027: National reintegration framework developed<br><br>Q1 2028: National re-integration framework adopted<br><br>Q4 2028 (onwards): Publication of annual accountability report on implementation, with scorecards and reports discussed with key policy makers and legislators to accelerate progress | National review processes within Gender, Social Protection, Health, and Youth sectors |
| **Produce annual national accountability reports from the National Adolescent Scorecard** | MOH, MOGCSP | Legislators, Media | HMNI | Youth-led CSOs; Partner organizations supporting data and reporting | | |
| **Advocacy Goal 4: Ensure a multisectoral approach to implement the RMNCAH+N (2024-31) policy through the strengthening of a multisectoral coordinating platform and meaningful engagement of underrepresented voices in national policy processes** | | | | | | |
| **Strengthen RMNCAH+N multisectoral coordinating platform for multisectoral implementation of the policy through agreed steps on revised structure and functioning** | MoH, MFDP, MGCSP, MYS | Legislature Health and Gender Committees, UN agencies, World Bank | Coordinating Partner (TBC) | UN Agencies, Civil Society Organizations, National Coalition of Civil society organizations | Q3 2026: Agreement on revised platform structure and functioning | RMNCAH+N Policy monitoring & reporting processes; MFDP national planning and performance monitoring systems, Legislature oversight via sector committees |

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|---|---|---|---|---|---|---|
| | Decision-Makers | Influencers | | | | |
| **Conduct targeted advocacy with Ministries of Education, Agriculture, and Finance for cross-sectoral integration** | Ministry of Education, Ministry of Agriculture, MFDP, County Superintendents | MOH, MFDP, MGCSP, County Health Teams, National Civil Society Council, National and County Development Planning processes | Coordinating Partner (TBC) | UN Agencies, Civil Society Organizations | Q3 2026: Multisector consultations completed and agreements on modalities of integration through the platform achieved | Sectoral review cycles (Health, Education, Finance & Agriculture) |
| **Leverage traditional and digital media to highlight multisectoral approaches and mobilize public support** | MoH Health Promotion Division; Ministry of Information, Cultural Affairs and Tourism | Local/community radio networks, Liberia Broadcasting System, Press Union of Liberia, MoH Health Promotion Division | Coordinating Partner (TBC) | Youth media groups, Local media associations | Q2 2026: Media briefings completed | Press Union of Liberia media monitoring |
| **Advocate for strengthening functionality of the platform by enhancing its ways of working** | MoH Planning Directorate; MFDP Budget & M&E Departments; | County Health Teams, Civil Society Health Coalition, Legislature Health Committee | Coordinating Partner (TBC) | UN Agencies, Civil Society Organizations, National Coalition of Civil Society Organizations | Q4 2026:Steps to strengthen the functionality of the platform agreed | RMNCAH+N policy implementation reporting |
| **Facilitate meaningful engagement of underrepresented constituencies in national RMNCAH+N policy processes by securing their participation in the coordination platform** | MOH, MGCSP, MYS | Women's groups, Youth networks, Disability organizations, National Civil Society Council, Traditional/community leaders | Coordinating Partner (TBC) | Civil Society Organizations, Women's NGO Secretariat of Liberia, Youth CSOs, Alliance on Disability in Liberia | Q1 2026: Mapping of underrepresented groups completed<br><br>Q2 2026: Representation/roles of underrepresented constituencies included in TOR | RMNCAH+N Policy review mechanisms, MOH review mechanisms |

# ANNEX 1: MNCH, SRHR, and AHWB Sub Domains

| MNCH | SRHR | AHWB |
|---|---|---|
| **High-quality MNCH services for mothers, newborns and children, including stillbirths: essential antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.**<br><br>Maternal:<br>• Preconception care<br>• Antenatal care<br>• Skilled birth attendants<br>• Postnatal care<br>• Emergency obstetric care<br>Newborn<br>• Small and vulnerable newborn care<br>• Prevention of stillbirths<br>Child:<br>• Child health services including<br>• Breastfeeding and child nutrition<br>• Immunization services<br><br>**MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing.**<br>• UHC Schemes<br>• Country health expenditure per capita on MNCH financed from domestic sources and ODA for MNCH<br>• Out-of-pocket expenditure for MNCH services (% of current health expenditure)<br><br>**Health systems strengthening including MNCH data and accountability, human resources for health – especially midwifery and nursing – and essential medicines and commodities**<br>• MNCH information systems and accountability mechanisms including birth registration and disaggregation of data (sex, age) | **Access and choice to effective contraception methods (family planning).**<br>• Family planning needs satisfied<br>• Strengthened autonomy and access to contraceptive services<br>• Comprehensive sexual health education<br><br>**Access to safe and legal abortion services.**<br>• Legalized abortion and access to safe abortion services<br><br>**Prevention and treatment/referrals for Sexual and Gender-Based Violence.**<br>• Legal mechanisms for addressing GBV<br>• Training and support for health workers on GBV<br>• Violence against women and girls including intimate partner violence<br><br>**Prevention, detection and management of reproductive cancers, especially cervical cancer.**<br>• Cervical cancer screening programs<br>• HPV vaccine programs<br><br>**Inclusion of essential packages of SRHR interventions within UHC and PHC schemes, including financial protection and SRHR financing.**<br>• Coverage of all essential SRH interventions<br>• Country health expenditure per capita on SRHR financed from domestic sources and ODA for SRHR<br>• Out-of-pocket expenditure for SRHR services (% of current health expenditure | **Policy: National policy and programs for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including CSE, nutrition, financial protection, and vocational training)**<br>• Health education for children and adolescents – including mental health<br>• Provision of quality education and training opportunities to ensure their future employability<br>• Nutrition programs and physical activity for children and adolescents<br>• Pregnant adolescent support<br>• Financial protection for adolescent health<br><br>**National standards for delivery of AHWB information and services to adolescents, including on user fee exemption**<br>• Health services for adolescents – user fee exemptions for health services (contraceptives, immunizations)<br><br>**Legal systems to protect the rights of adolescents (both female and male) with a specific focus on minimum age of consent (e.g. for marriage, sexual activity, and medical treatment without parental consent)**<br>• Legal provisions against child marriage<br>• Interventions to eliminate female genital mutilation<br>• protection from violence (including physical, sexual, gender-based and electronic violence) and injury. |

| | | |
|---|---|---|
| • Training and support for health workers for service delivery<br>• Essential medicines, vaccines, commodities, technologies and innovations<br>• Health information systems<br>• Health system financing<br>• Leadership and governance<br><br>**Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment, and gender equality**<br>• Nutrition schemes and food security across the life course: pregnancy nutrition, breastfeeding support, child nutrition, adolescent nutrition<br>• Financing for WCAH<br>• Education<br>• Shelter<br>• WASH facilities and services<br>• Protection from pollutants and toxicants and excessive heat<br>• Social protection<br>• Child Protection<br>• Women in the workforce and leadership positions | | **AHWB is embedded in national policies and plans with dedicated financing for AHWB programs**<br>• Country health expenditure per capita AHWB financed from domestic sources and ODA for AHWB<br>• Out-of-pocket expenditure for AHWB services (% of current health expenditure) |

## ANNEX 2: List of partners engaged in the CAAP development process

**Government**

- Ministry of Health
- Ministry of Gender, Children and Social Protection
- Ministry of Youth and Sport

**Development Partners**

- WHO (email correspondence)
- Global Financing Facility of the World Bank, Liberia Office

**Civil Society Organizations**

- Action Aid Liberia
- Action for Gender Equity
- Americares Liberia
- Amplifying Rights Network
- Community Healthcare Initiative
- Christian Health Association of Liberia
- Help a Mother and Newborn Initiative
- JHPIEGO
- Médecins Sans Frontieres Liberia
- Liberian Women in Public Health
- Last Mile Health
- Partners in Health
- Paramount Young Women Initiative
- Swedish Association of Sexuality Education
- Women's NGO Secretariat of Liberia

**Youth Led Organization**

- Big Sisters Organization
- Help a Mother and Newborn Initiative
- Action for Girls' Empowerment


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