

Country: Liberia

EU-Lux-WHO UHC Partnership

Date: 30 th October 2015	Prepared by: WHO CO/RO/HQ
Reporting Period: Year 4	
Main activities as planned in the Road Map.	
Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result	
SO I: To support restoration of services in the health sector and development and implementation of robust and resilient national health policies, strategies and plans to increase coverage with safe, and equitable essential health services, financial risk protection and health equity;	
ER 1: Liberia will have prepared/developed/updated/adapted its robust and resilient NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity;	
Activity 1: facilitate and support development and implementation of the strategic investment plan for Liberia Activity 2: support MOH (central and counties) develop an annual bottom up plan for the counties and a consolidated country plan for 2015,	
ER. 2 The country will have put in place expertise, monitoring and evaluation systems and annual health sector reviews,	
Activity 3: support regional level independent performance monitoring and reviews to inform a national health sector review conference,	
SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue;	
ER 2. Liberia will be supported and developed mechanism for sustainable health care financing strategy and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable:	
Activity 1: build capacity of national, county and health facility managers on health system ML (CLP) and tools, such as, M&E framework, SARA tool, and RDQA Activity 2. Support and undertake RDQA covering the 15 counties	
ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared.	
Activity 3: facilitate and organize a session on generation of evidence briefs around health financing options for Liberia, including NHA 2013/14 and fiscal space analysis,	

SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles, including efforts around rebuilding of the health systems and services post Ebola crisis.

ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated. Other results expected for IHP+ are defined in the Partnership's agreed programme of work.

Activity 1: support evidence generation and capacity building around donor coordination and aid effectiveness at national and sub-national levels, lessons and challenges,

Main activities achieved and progress made:

Please estimate **approximate percentage of achievement** for each roadmap activity.

Please note which activities were undertaken with the technical support of WCO (potentially in collaboration with existing initiatives of UN agencies, NGOs etc.)

What are some concrete and visible outputs of Partnership activities?(ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)

Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.

SO1

- **Activity 1 (ER1): (100% Achievement):** With the support of the WHO and partners, the country has conducted a comprehensive, joint health system analysis and risk assessment around the health care delivery systems; developed and implemented a *national roadmap* for restoration of essential health services and *strategic investment plan (2015-2021)* for resilient health systems,
- **Activity 2 (ER1): (100% Achievement);** with technical support from WHO and partners the country has completed a comprehensive, and evidence-based bottom up post Ebola operational plans at national and subnational levels. Guide and tools were developed and utilized for the preparation of the national operational plan, 2015. The process for the development of the guide and tool was very detailed and involved a number of working sessions with various partners with MOH assuming the lead role. This was followed by a validation and pre-testing prior to the use of the tool for the development of the operational plan at both the central and county levels. The guide and tool were highly instrumental in facilitating the timely preparation and action post Ebola recovery plans and for development of the 2015 operational plans at both levels.
- **Activity 3 (ER 2); (100% achievement):** Following seven months (April – October 2015) implementation of its recovery plan, the country conducted a three days joint national and sub-national review of progress and performance that pooled about one hundred fifty participants from the counties, key national ministry of health staff, development and implementing partners.

SO2

- **Activity 1. (ER 3); (70% achieved):** As part of the post Ebola recovery and health system strengthening effort and with the support of the WHO and partners, sessions were facilitated and conducted to build technical capacities on health management and leadership for senior staff of the central MOH and county health teams. Trainings took a systemic perspective to undertake a problem diagnosis, better project design and more effective monitoring and evaluation and application of some of the tools

(RDQA, health system diagnosis, and NHA).

- **Activity 3 (ER 5); (80% achievement):** With WHO, WB and other relevant partners' support, the MOH has completed 2013/14 NHA data collection and conducted a fiscal space analysis to provide the policy makers with an evidence for possible financing options and a sense of how and over what time their intent to implement the investment plan can be achieved.

S03

- **Activity 1 (ER 6); (100% Achievement):** with a technical and financial support from the WHO, the ministry of health had expanded and strengthened the aid coordination unit at central and county levels. This aimed at strengthening stakeholder coordination, improved grant management and to ensure alignment and harmonization of donor resources along the national health policy and investment plan. The EVD outbreak completely devastated the health sector resulting in its near collapse. The country being declared Ebola free and realizing the need to build a resilient health system by putting in place robust frameworks, and in particular, governance, the MOH and partners deemed it appropriate to re-assess all of the existing coordination mechanisms and structures. This became necessary as the number of new stakeholders increased as well as the need for effective coordination at all levels of the health system. To date, coordinating mechanisms at all levels of the health system have been assessed with new and comprehensive terms of reference (TOR). Prominent among the coordinating committee is the Health Sector Coordinating Committee (HSCC) whose terms of reference have been updated and its membership expanded, and chaired by the Ministry of Health. The HSCC is a high level body whose core function is to support the ministry of health coordinate activities of the sector as indicated in its terms of reference. Updating of the terms of reference and re-constitution of membership of all of the coordinating committees at all levels have resulted in a marked improvement in coordination of health activities at these levels.

Some of the concrete and visible What are some concrete and visible outputs of Partnership activities? (Ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)

- The ministry of health in partnership with its development partners, CSOs and the private sector has developed, implemented and jointly reviewed its recovery plan phase of the investment plan,
- MOH has strengthened partnership at national and subnational levels; sustained stakeholders dialogue (HSCC) once a month, on regular bases, around the priority issues in line with the priority areas of the national plan for recovery and investment health system development (2015 – 2021),
- MOH undergone its restructuring to better support implementation of plan in line with the investment plan priorities and along the decentralization approach,
- MOH introduced new initiatives and polices: including; the Quality Assurance unit; health sector pool fund management through program coordination units; partnership or AID Coordination unit; community health work force policy; and strengthening the national supply Chain and procurement systems,

- The country has established an inter-ministerial coordination body in support of key investment areas e.g. inter-ministerial task force for Health Workforce programs,
- Capacity building for operational planning, and synchronization of national and sub-national planning cycles along the investment plan (2015-2021),
- Improved budget support from donors – improved pooling of funds (pool fund), aligning donor funding with public annual planning and budget cycle (policy actions),
- The counties and national MOH developed annual plans for the counties and consolidated through a bottom up planning process,
- The country demonstrated significant achievement in terms of strong community engagement with the various community structures, CSOs and local NGOs, amidst Ebola disease outbreak response, and restoration of essential health services.

Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.

Table

	Indicator	Target	Status	Remarks
So I				
ER1	Country costed investment plan (2015-2021) and an integral M&E result framework	100%	100%	
	Annual operational plan for FY 2015/16	100%	100%	
ER2	Inclusive national policy dialogue roadmap defined, agreed and rolled out	100%	100%	
	Host joint annual review	100	100	
So II				
ER3	# National and subnational health managers with required health system ML related capacities built	100	70%	Due other competing priorities
ER5	Country operationalized NHA 2013/14	100%	80%	Write up is underway to publish by the end of the year
So III				
ER6	% Of Development Partners' activities and budget reflected in the MOH's plan	60%	40%	

Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:

Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).

1. Due to the post-Ebola context of the health care delivery recovery requirement, an investment plan was developed to transition in a phased manner, the health system to a resilient one. In this regard, the original roadmap was revised (as sent before) to reflect the current post-Ebola context along with the inclusion of additional new activities as indicated in the work plan.

Proposed modifications to Programme Road Map resulting from changes above: *see attached original roadmap and added activities as indicated in the annual work plan.*

If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.

One activity (activity 2 of ER 2 under SO II) has been postponed and a total of seven new activities that were not on the original roadmap have been added and implemented during the year. These changes have been in response to the on-going dynamics of recovery activities at different levels of the ministry of health and in collaboration with partners. All changes were discussed and endorsed by all parties.

Activity Postponed:

Activity 5 - postponed – due to limited resources and other competing priorities over the recovery period. The activity, however, is prioritized for the 2016 fiscal year.

List of activities added:

These activities have been added in response to the on-going post Ebola dynamics of recovery to a resilient health system taking into account country context, actors and process for the health system development;

1. Conduct resource mapping and record all funds for health in the national budgets - (100% achievement). *Reason – to better coordinate all health funds from all sources (government, donors and the private sector) along the implementation of investment plan in general and for the operational plans, 2015/16.*
2. Support revision of a community health services policy and strategic plan (2016-2021) - (100% achievement). *Reason: this activity became necessary in view of prioritizing a people centered and family oriented primary health care services using community health workers as the country intends to enhance access and coverage of essential services and prevention of communicable and non-communicable disease through community engagement.*
3. Support development of a comprehensive and integrated health information system - (100% achievement): *Reason: the need to develop a standardized, simplified and integrated national health information system.*
4. Support development of a roadmap to the design and implementation of the Liberia Health Equity Fund (LHEF), outlining the key actions and a timeline for its rolling-out in line with the universal health coverage goals - (100% achievement). *Reason: as part of the health care financing strategic plan development.*
5. Facilitate and develop a national standardized Technical Assistance plan for Liberia. *Reason. This has been necessitated in view of aid effectiveness along the implementation of the strategic investment plan - (100% achievement).*
6. Support MOH undertakes a systemic assessment of the health sector pool fund management. *Reason. Intent has been to explore status of MOH readiness to take over its full management and to better attract more donors - (100% achievement).*

Lessons learned:

Please describe the principal lessons learned during the first year of implementation of the Policy Dialogue Program:

1. The policy dialogue partnership program has been part of the intent to best add value for setting the agenda for appropriate reforming of the health sector policies and strategies along the recovery and for development of a sustained and resilient health system taking into account context, actors and process.
2. The policy dialogue has served as a platform for sustained harmonization and alignment of stakeholders' programs. The program has played a critical role in facilitating partnership among the various health actors by responding and building capacity at the national and subnational level leadership. The regular dialogues for the restoration of essential health services during the post-Ebola period have demonstrated this. This has also been evident by the generation of evidence-based data and information that give rise initiating a post-Ebola recovery response plan and its implementation towards developing and sustaining a resilient health system
3. Enhanced, sustained country leadership, and galvanized national and global momentum in promptly responding to the need for building a robust health system
4. Provided the basis for priority investment for building technical and institutional capacities at all levels of the system
5. Generated impetus for initiating the development of a national unified health equity fund for sustained health care financing

Road Map and timeline for 2016:

*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2016. **These activities should be related to objectives/ER and have clear timeline and indicators.***

Strategic Objective	Expected Result	Activity	Indicator	Timeframe	Budget (US\$):
Ob. 1 To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity	ER1. The country will have developed and implemented a bottom up, inclusive evidence based annual operational plans, through an inclusive policy dialogue process resulting in improved coverage with essential health services, financial risk protection and health equity;	1. Support joint performance reviews 2. Support ministry at all levels develop and implement operational plans, national and operational levels (2016/17) 3. Develop a dashboard to monitor the investment plan implementation at national and sub-national levels	<ul style="list-style-type: none"> • Annual operational plan • # Of midterm and annual reviews 	April – May 2016 May – June 2016	421,000.00
	ER2. Liberia will have put in place expertise, monitoring and evaluation systems and joint health sector				10,000.00

	reviews				
Ob. 2 To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue	ER3. The ministry of health and sub-national level experts will have developed the required level of skills to apply tools such as RDQA, SARA,	4. Support MOH undertake systemic capacity building along the hierarchy of needs for evidence based planning and decision-making at operational levels,	<ul style="list-style-type: none"> • # Of experts with skills • Updated HCF strategy • Report on implementation status of Liberia Health Equity Fund roadmap • NHA report • Report on resource mapping 	Jan – Feb 2016	45,000.00
	ER4. Liberia will have updated its HCF strategy in line with UHC	5. Provide technical support to the MOH develop and operationalize a standardized and integrated health information system,		Jan – Feb 2016	25,000.00
	ER5. Liberia would have implemented its LHEF roadmap,	6. Build capacity of MOH and decentralized levels to undertake RDQA, SARA-M to inform quality of service delivery and information use culture,		Jan – March 2016	40,000.00
	ER6. Liberia will have institutionalized its NHA and the resource mapping exercise,	7. Strengthen systems and capacities for financial evidence-based planning, budgeting, resource utilization and accountability through building capacities of the public financial management systems,		Feb – Apr 2016	30,000.00
		8. Collaborate with stakeholders and provide technical and financial support to the MOH generate evidence to establish a health equity fund to ensure financial risk protection		Jan – March 2016	
	9. Strengthen health financing evidence by institutionalizing systems for regular financial monitoring using the NHA, PET, etc.,	Sep – Nov 2016	20,000.00		

					12,000.00
Ob. 3 To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles to improve financing the health sector	ER7. The health sector will have strengthened the capacity of counties and districts to institutionalize policy dialogue, ER8. The MOH and county health offices will have established a functional partner and aid coordination structures ER8. The health sector will have implemented and enhanced inclusive ways of working for results in line with the IHP+ principles (establish JFA, develop compact, and conduct JANS)	10. Support improved partnership and aid coordination and effectiveness mechanisms including development of a compact and its implementation,	<ul style="list-style-type: none"> • Report on policy dialogue and lessons, • MOH and counties with functional partner coordination structures 	Jan 2016	55,000.00
		11. Support and strengthening policy dialogue at central and sub-national levels,	<ul style="list-style-type: none"> • Report on compact • Report on JANS 	Feb – March 2016	64,000.00
		12. Support MOH and partners conduct JANS and review of health sector performance,	<ul style="list-style-type: none"> • Report on JFA 	Apr – June 2016	
		13. Develop and implement a guide on a systematic monitoring of policy dialogue process and outcomes at country level	<ul style="list-style-type: none"> • Policy dialogue monitoring guide 		

Visibility and communication

Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure). Please describe how communication of programme results to the public has been ensured

1. Communities, civil societies and all other stakeholders (development partners, NGOs and faith based organizations) informed on the performance of the health sector during preparation of the investment plan and validation of the operation plan; through working sessions, workshops and conferences,
2. Quarterly publication of a dashboard card on performance of the health sector partnership performance in health service delivery,
3. Monthly meetings of the HSCC at national level have facilitated dialogue around priority issues in the health sector,
4. Weekly health partners coordination meetings facilitated coordinated response to the EVD outbreak and restoration of essential health services in the country,
5. The president of Liberia testimonial of the relevance and effectiveness of partnership in health in Liberia/ press briefings.

Impact assessment:

Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an “external” reader understand the added value of the Partnership. If possible, indicators should support those broader results.**

Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

A. Better coordination and involvement of stakeholders (fig. 1),

- Liberia, in collaboration with its development partners has developed and successfully implemented the first of its health sector post Ebola crisis recovery plan as the first phase to the investment plan. Stakeholders have praised the government of Liberia in general and the ministry of health in particular on its commitment and leadership.
- On 26th of October 2015, stakeholders held a high level dialogue around key issues of the recovery effort, solutions and implementation arrangement ahead



Figure 1. Stakeholders reviewing efforts towards health sector recovery targets, 26th October 2015

Key features of the discourse were:

- It discussed major policy and organization reforms undertaken by MOH/GOL
- Recovery plan funding and related challenges
- Progress on use of evidence for development of a policy and strategies and operational plans
- The policy dialogue allowed discussions around managerial, technical capacity and accountability related issues,
- It helped review and sharing of best practices to better guide implementation
- The forum allowed for frank deliberations and identification of issues and challenges
- It allowed the MOH deliver specific requests to donors and partners

B. Key policy and organizational reforms undertaken by MOH in collaboration with partners

- MOH restructuring to better support implementation of plans,
 - New units to support key elements including HRH unit, Quality Assurance unit, AID Coordination unit
- New initiatives, policies and plans e.g. community health services and community health workforce program; emergency health worker hiring and management plan; Sexual Reproductive, Maternal, New-born and Adolescent Health (SRMNAH) policy; Supply Chain policy (outsourcing of NDS) and the Liberia health equity fund in view of the UHC.
- Inter-ministerial coordination in support of key investment areas e.g. inter-ministerial task force for Health Workforce programs,
 - Evidence gathering to guide establishment of National Public Health Institute,
 - GOL committed to standardize staffing and motivation including of clear roles for health workforce
 - Private-public partnership in support of housing for health workers in rural and remote areas.

C. For Liberia, as indicated in figures 2, 3 & 4, below, the Post Ebola recovery efforts have demonstrated improvement in service availability and utilization of essential services along with increased uptake rate for the various high impact interventions for maternal, newborn, and prevention of other high burden diseases,

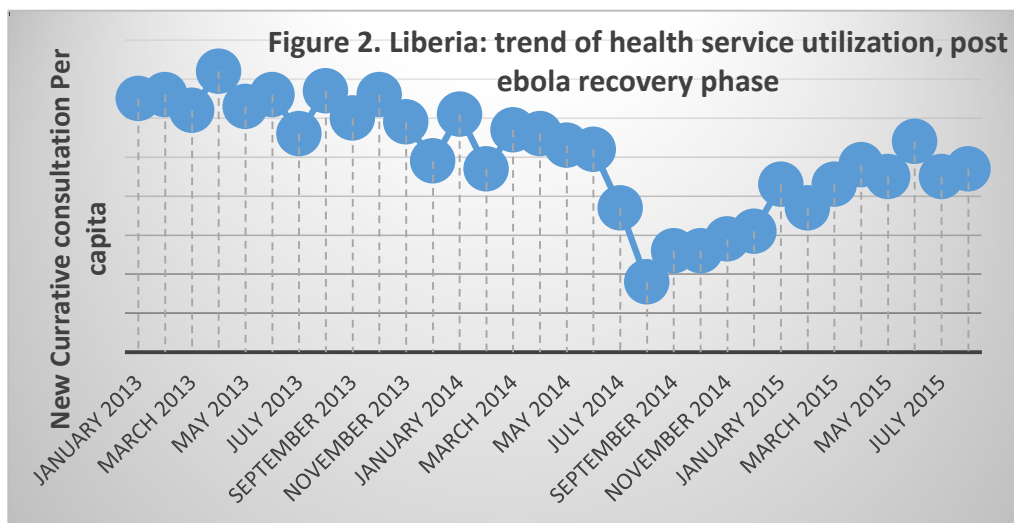


Figure 3. Liberia: Health Service Utilization Rate (Jan. '13 - Aug. '15), post ebola recovery phase

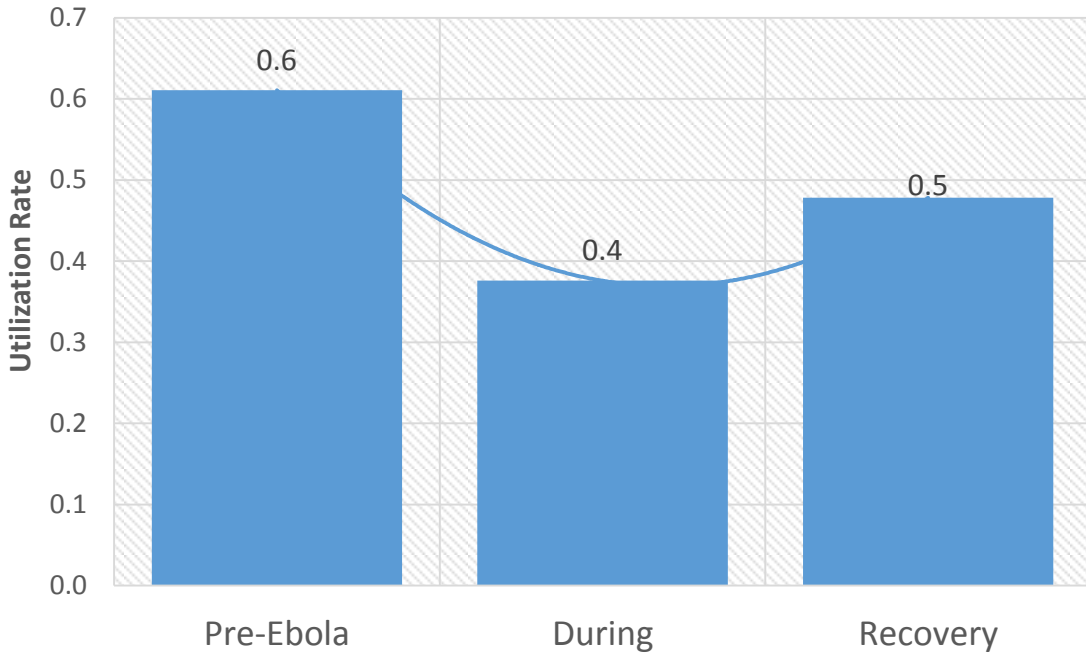


Figure 4. Liberia: trend of immunization Coverage based on Penta 3 & Measles Vaccine uptake

