

Year 3 Report (2014 activities)

Country: LIBERIA

EU-Lux-WHO UHC Partnership

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Prepared by: WHO CO/RO/HQ

Reporting Period: 2014

Main activities as planned in the Road Map

The ministry of health and social welfare of Liberia, in 2014, initially planned activities under the support of the EU-WHO policy dialogue program. Due to the Ebola disease outbreak, implementation of planned activities was delayed and for some of them was revised (roadmap updated) to fit to the current revitalization of essential services amidst Ebola response. New activities were considered in view of supporting health system functions amidst Ebola response and rebuilding of a resilient systems for health for the country: Health stakeholders coordination, strengthening direct technical support to the ministry of health and financial support to the national health system assessment and development of a rebuilding plan were amongst those prioritized for support from the EU-WHO policy dialogue program. A total of \$US 84,000 was reprogrammed for the purpose.

SO I: 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

ER 1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity

Activity 1: Develop Counties Operational Plans and consolidated national plan

Activity 2: Build the capacity of county health managers on situation analysis and planning in line with decentralized management

ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews

Activity 3: Facilitate and conduct comprehensive but rapid review/assessment of the health system and set an agenda for rebuilding a resilient health systems

Activity 4: Train health managers and health workers, both national and county level, on data management, and data quality assessment

Activity 5: Support Annual Health Sector Review and printing of sector performance report

SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue

ER 3: Countries requesting health financing support will have modified their financing strategies and systems to move more rapidly towards universal coverage with a particular focus on the poor and vulnerable

Activity 6: Collate and analyze data and define resource envelope (resource mapping)

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 across countries

Activity 7: Country level assessment on feasible health care financing options done and presented to the cabinet

SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles

ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.

Activity 8: Facilitate and support stakeholder mapping and analysis and improve policy dialogue for better coordination amidst Ebola response.

Main activities achieved and progress made

Activity 1 (ER1): (100% achievement): The country had developed and implemented a bottom up county plans, which were consolidated into a national health sector annual plan for the 2013/14. The WHO in coordination with other relevant partners provided technical and financial support at all stages of the process.

Activity 2 (ER1): (100% achievement): County health teams and national experts were trained and supported on situation analysis on how to develop operational plans and synthesis of respective costed plans, including development of monitoring and evaluation frameworks.

Activity 3 (ER2): (75% achievement): Due to the unprecedented Ebola viral disease outbreak in the country, set activities were not implemented as planned. However, the monitoring and evaluation unit of the MOH had trained to counties and health facility managers on data management and data quality assessment using the dhis2 and health facility records as the basis.

Activity 4 (ER2): (75% achievement): In view of rebuilding a resilient health system for Liberia and based on the recommendations of the HLM in Geneva (10-11 Dec, 2014), the country has initiated a comprehensive but rapid health system assessment and development of a costed investment plan to inform possible resource mobilization for the immediate and medium term. This is believed to have policy implications to the current national health sector policy and strategic plan implementation framework. The WHO has played a key role in every stage of the process, right from the development of a concept note, guides and tools for data collection and synthesis; costing of and provision of 8 field vehicles to do validation of collected information from the field. The WHO has provided a total of 84,000 \$US (source: EU Policy dialogue program

funding) for the process.

Activity 5 (ER2):(0% achievement): this activity, however, has been postponed due to the current Ebola crisis but planned as part of the ongoing health sector review and rebuilding of a resilient health system.

Activity 6 :(100% achievement): the WHO supported development of a resources mapping tool or template; trained national experts and facilitated the development of a resource envelope and its analysis for the health sector.

Activity 7 :(100% achievement): this activity was a continuation of the 2013 exercise on reviewing and documenting regional experiences and assessment of feasible options on health care financing approach for Liberia. Findings were presented to the cabinet for possible discussions around the universal health coverage approach for the country.

Activity 8 :(100% achievement): this exercise was done with intent of getting an awareness of who the stakeholders are in Liberia and the level of participation and input they can/should contribute to the health systems development. The exercise helped group the stakeholders depending on their level of influence and involvement in the health sector and suggest ways to influence the stakeholders' behavior towards the desired level of involvement.

	Indicator	Target	Status	Remarks
So I				
ER1	Developed county plans and consolidated national plan	100%	100%	
ER2	Inclusive national policy dialogue roadmap defined, agreed and rolled out	100%	100%	
	Proportion of identified bottlenecks analysed and addressed during annual reviews	100	0	AJR postponed due to EVD
	# Health managers trained on data management	45	32	
So II				
ER3	Agreed health care financing strategy linked to NHPSP and geared towards more rapid progress towards UHC	100	60%	Activity compliment postponed
ER4	Roll out of the equity fund by 2014	50%	20%	Activity postponed
ER5	Evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared	100%	100%	Activity done in the quarter of the year
SO III				
ER6	% Of Development Partners' activities and budgets reflected in the MOHSW's plan	100%	40%	Some NGOs work with shadow alignment

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

The program implementation has been severely affected by the current Ebola disease outbreak that has affected all of the 15 counties in the country. Consequences have been with immense economic, social wellbeing and health system performance and loss of health outcomes and gains so far made. The routine responsibilities of different departments at central ministry of health and county levels has been completely diverted to responding the Ebola outbreak and other activities blurred and laissez faire pervaded the behavior of local authorities; health facilities closed and services disrupted due to fear and death of health workers and interruption of essential medicines and supplies.

The following activities were **postponed** due to the Ebola outbreak in the country

1. **Activity 5 (ER2):** Conduct quarterly county performance reviews (mentoring and coaching)

The following were **added** amidst Ebola response and to enhance partners coordination and responsibilities

2. **Activity 3:** Facilitate and conduct comprehensive but rapid review/assessment of the health system and set an agenda for rebuilding a resilient health systems,
3. **Activity 8:** Facilitate and support stakeholder mapping and analysis and improve policy dialogue for better coordination amidst Ebola response.

Proposed modifications to Programme Road Map resulting from changes above

The ministry of health in consultation with its development partners has therefore discussed and proposed the following amendments on the 2015 road map and in response to the on-going reforms in the health sector of the country with intent to building a resilient health system.

1. Undertake a comprehensive and integrated assessment of the health sector, covering the period pre Ebola and the impact of the Ebola crisis demonstrating the weak links. The findings of the assessment will inform setting the post Ebola health agenda and investment priorities for the medium and long term;
2. Build technical and institutional capacity at different levels and in line with the policy of decentralization process for improved health service delivery;
3. Strengthening district health systems in line with decentralization policy;
4. Enhance and institutionalize community strategy for health;
5. Improved partnership for health through enhanced stakeholder coordination and harmonization (development of a SWAP).

Concrete and visible outputs

- Sustained stakeholders meeting (NHCCC) once a month, on regular bases, around the priority issues in line with the NSWPP (2011-2021)
- Capacity building for operational planning, and synchronization of national and sub-national planning cycles
- Costing of the NSWPP (2011-2021) and subsequent operational plans was done using the one-Health tool
- 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 MOHSW developed annual plans for the counties and consolidated through a bottom up planning process
- The country demonstrated significant achievement in terms of stakeholder coordination and partnership, both at national and sub-national levels, amidst Ebola disease outbreak response, and restoration of essential health services
- The ministry of health in partnership with its development and implementing partners has embarked a national assessment of the health system for rebuilding a resilient system for health in the immediate and medium term

Service delivery improvement indicators

As of December 2013, the health service delivery for Liberia achieved the following improvements.

- Service utilization (per capita) has improved from 0.8 in 2010 to 1.9 in 2013 (DHS 2008 and 2013) respectively
- Vaccination (penta₃) of children under one year has improved from 50.3% in 2007 to 71.4% in 2013 (DHS 2007,2013)
- There is improved availability of tracer drugs at the periphery level (reports, 2013)
- Delivery assisted by skilled personnel improved from 37% in 2007 to 61.1% in 2013 (DHS 2013)

However, majority of the gains on health outcome indicators were negatively impacted by the Ebola disease outbreak. For instance

- Health facility delivery services gone down to less than 10% from 61% in 2013
- Penta3 dropped from 88% in 2013 to 49% by Nov 2014
- Measles vaccination coverage dropped from 74% in 2013 to 46% in Nov 2014

Lessons learned

1. The policy dialogue program has provided the bases for sustained harmonization and alignment among stakeholders in the health sector and along the national priority health issues as stipulated in the national health sector plan: This has been demonstrated by the sustained dialogue among stakeholders around the restoration of essential health services amidst Ebola outbreak and generating evidence for setting the post Ebola health systems rehabilitation and development of a resilient health system.
2. Recognizing the inherent weak health system, the policy dialogue program played a critical role in reaching consensus on the need to do comprehensive but integrated review of the health system and development of a resilient health systems for Liberia.
3. Promoted the need for rebuilding institutional capacity on governance, functional health workforce and evidence for action at national level and according to the policy of decentralization the need to strengthen the sub-national levels, with special focus to the district and community engagement.
4. Promoted the need for investment for building technical and institutional capacities within the health sector.
5. Gave impetus to reforming the national health care financing plan and development of a national unified health equity fund.

Road Map and timeline for 2015

SO I

Activity 1 (ER1): Support MOH and partners implement the planned comprehensive assessment of the health system and findings to inform development of a resilient health systems and services; by March 2015,

- **Indicator:** Develop county plans and consolidated national plan for rebuilding a resilient health systems for Liberia

Activity 2 (ER1): develop an operational bottom up plan for the counties and a consolidated one for the country, by May 2015

- **Indicator:** country with M&E framework put in place

Activity 3 (ER2): build capacity of national, country and health facility managers on M&E, SARA tool, RDQA and NHA, by September 2015

- **Indicator:** expertise built for health system synthesis at country level

Activity 4 (ER 2): Facilitate and support capacity building action for county and district health managers on health system diagnosis, monitoring and evaluation, by October 2015

- **Indicator:** # of countries with capacity for health system analysis

SO II

Activity 5 (ER6): Finalization of the revised health care financing strategic plan for the country, by June 2015

- **Indicator:** country with an updated HCF strategy

Activity 6 (ER6): operationalize and roll out of the equity fund, by July 2015

- **Indicator:** a unified national equity fund operationalized

SO III

Activity 7 (ER3): facilitate and undertake JANS in coordination with development partners, by August 2015

- **Indicator:** country conducted JANS

Activity 8 (ER3): facilitate and support development of a SWAP and a code of conduct for the partners in health along the national health sector policy and rebuilding strategic plan, by August 2015

- **Indicator:** country developed/established a code of conduct to ensure IHP+ in action

Visibility and communication

1. Communities, civil societies and all other stakeholders (development partners, NGOs and faith based organizations) have been regularly informed on the performance of the health sector at annual health conference, usually held in October every year for the last two years (2012-2013).
2. Quarterly publication of a scored card on performance of the health sector partnership performance in health service delivery.
3. A monthly meeting of the HSCC at national level has facilitated dialogue around priority issues in the health sector.
4. Weekly health partners coordination meeting facilitated coordinated response to the EVD outbreak and restoration of essential health services in the country.
5. The president of Liberia testifying the effective partnership dialogue in health in Liberia.

Impact assessment

As expected outcomes or impact of the health system have changed or improved over the previous three years implementation of the ten-year strategic plan for Liberia, the EU-WHO policy dialogue program has a potential contribution to these achievements.

Improved Health partnership promoted dialogue along the priority area of the health strategy and enhanced H&A along operationalization of the operational local and consolidated national plans. The country implemented regular monitoring and an inclusive review of performance based on set indicators prior to the Ebola virus disease outbreak.

1. Service utilization (per capita) has improved to reach 72% (DHS 2013)
2. Vaccination (penta₃) of children under one year has improved from 50.3% in 2007 to 71.4% in 2013 (DHS 2007,2013)
3. There is improved availability of tracer drugs at the periphery level (reports, 2013)
4. Delivery assisted by skilled personnel improved from 37% in 2007 to 61.1% in 2013 (DHS 2013)
5. Staffing of facilities improved and vacancy rate has gone down to less than 15% (compared to more than 30% in 2011)

Note: the report emphasis contribution of the partnership program to the health sector performance prior to the current two waves of Ebola disease outbreak that has severely impacted health and social wellbeing of the Liberian population. Most of the health outcomes and gains to date have been reversed. However, the momentum on health partnership has been sustained and frequency and participation improved even amidst Ebola disease outbreak response.