



World Health Organization

**EU-WHO Universal Health Coverage Partnership:
Supporting policy dialogue on national health policies, strategies
and plans and universal coverage**

**Year 1 Report
Oct. 2011 – Dec. 2012**



EUROPEAN UNION

Abbreviations

AFRO/IST	World Health Organization Africa Regional Office/Inter-country Support Team
CHPP	Country Health Policy Process
CoIA	Commission on Information and Accountability
EU	European Union
HPG	Health Partnership Group
HQ	Headquarters
IHP+	International Health Partnership
JHR	Joint Annual Health Review
JANS	Joint Assessment of National Strategies
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
NHPSP	National Health Plan/Strategic Plan
NHSSP	National Health Sector Strategic Plan
NHSWPP	National Health and Social Welfare Policy and Plan
PHC	Primary Health Care
PNDS	Plan National du Développement Sanitaire
PNS	Politique Nationale Sanitaire
RO	Regional Office
SO	Specific Objective
TA	Technical Assistant
UC	Universal Coverage
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCO	World Health Organization Country Office
WHO	World Health Organization
WR	World Health Organization Representative

Country Report

Liberia

Year 1 Report

EU-WHO Policy Dialogue Programme

Date: April 2013	Prepared by: WHO CO/RO/HQ
Reporting Period:	
October 2011 – December 2012	
Main activities as planned in the Road Map.	
<ol style="list-style-type: none">1. Validate, finalize, print and disseminate M&E Plan for better comprehensiveness, broader acceptance by stakeholders, and well-monitored implementation2. Strengthen capacity for data analysis at county level3. Quarterly County Performance Review4. Draft sector performance report5. Develop a research agenda and plan from the research areas prioritized in the 3-year operational plan6. Development/revision of planning and budgeting guidelines7. Consolidate operational plans (county & central) into sector Annual Operational Plan (AOP)8. Capacity building on costing of operational plans9. Data collection and analysis to define resource envelope10. Assess feasibility for introducing the prioritized health financing options (economist)	
Main activities achieved and progress made:	
<p><i>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) Please describe expected outcomes, targets and specify partners What are some concrete and visible outputs of policy dialogue? (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?) What are some concrete and visible outputs of other activities (linked to policy dialogue)?</i></p> <ol style="list-style-type: none">1. Validate, finalize, print and disseminate M&E Plan for better comprehensiveness, broader acceptance by stakeholders, and well-monitored implementation – 100% implemented	
A one week workshop to validate and finalize the M&E Plan was held in Tubmanburg, Bomi County (one of the fifteen counties of Liberia) with the broad participation of various	

stakeholders from the other fourteen counties in February 2012.; following the workshop, the plan was refined printed and widely disseminated to partners in the health sector, i.e., UN agencies, INGOs, local NGOS, etc.

Currently, the M&E plan is being implemented at all levels of the health system.

2. Strengthen capacity for data analysis at county level -- 100% implemented

This activity which was scheduled to take place in 2012, but did not due to a number of competing activities at the MHSW, however, the modalities for the implementation of this activity were finalized in 2012. In early 2013, this activity; a one week workshop was held in Kakata, Margibi (one of the fifteen counties of Liberia) with participants being data managers from four other counties. The workshop focused on strengthening the capacity of the data managers in the collection, analysis, dissemination, and use of data; both epidemiological and management data (finance, HRH, etc) for informed decision making to enhance improvement in health services delivery. The Workshop was jointly organized by the Statistical Department of the Ministry of Health and Social and the WHO, and was executed by the Statistical Department with technical support from WHO. Activities of such nature are routinely carried out by the ministry with local technical support from WHO and other partners, and did not require the presence of a TA from aboard. As per the roadmap, three of these workshops (strengthen capacity for data analysis) were planned; 2012, 2013, 2014); with the completion of the 2012 activity constitutes its full implementation; 100% for the year 2012.

3. Quarterly County Performance Review – 100% implemented

Several weeks were spent preparing the County Performance Reviews: a planning template was developed, a training module was established, central-level teams trained and then deployed to the counties to train county-level health teams. WHO CO's technical support was key in facilitating the development of county two-year operational plans based on the performance reviews; the plans will be costed in March 2013.

4. Draft sector performance report – 100% implemented

The MoH successfully hosted a National Review Conference which helped set the tone for the 2-year operational plans to be formulated for both central and county levels, based on the results from the Quarterly County Performance Reviews. The sector performance report has been finalized and is available on the Ministry of Health web site www.mohsw.gov.lr.

5. Develop a research agenda and plan from the research areas prioritized in the 3-year operational plan – 10% implemented

Due to several competing demands within the MoH, this activity was postponed to 2013. Please see below for more details. That being said, preparatory meetings for purposes of information sharing have been conducted, which will continue into 2013.

6. Development/revision of planning and budgeting guidelines – 100% implemented for Year 1 as this activity is supposed to be implemented across the 3 years of the Policy Dialogue Programme

As a prelude to this activity, a review and updating of the various MoH departments' budgets and source of funds was carried out by a WHO consultant. Preliminary work has commenced on the review of the planning and budgeting guidelines. The finance dept. of the MoH has prepared a draft working document which needs review by stakeholders and experts. This review will be coupled to a costing training planned for March 2013. on the One Health Costing Tool

7. Consolidate operational plans (county & central) into sector Annual Operational Plans (AOP) – 100% implemented

A county and central planning tool was developed jointly by the MoH and WHO CO which were used to support the development of the County Health and Social Welfare Plans. Policy Dialogue Programme funds and technical expertise directly supported this work.

8. Capacity building on costing of operational plans – 100% implemented; this activity is to be implemented across 3 years

Participation of staff from MHSW and WHO CO at the one week orientation workshop on the One Health Costing Tool was funded by IST/WEST. Policy Dialogue Programme funds allowed 2 staff members from the MoH and 2 from WHO CO to participate in a one-week training workshop on the One Health Costing Tool organized by WHO AFRO in April 2012 in Bo, Sierra Leone. Specific Liberian data for the tool was preliminarily collected and a national training workshop is planned for March 2013. A timeline and plan of action have been formulated and 5 MoH staff members have been assigned to work on this exercise.

9. Data collection and analysis to define resource envelope – 0% implemented

Another donor came forward with funding for this activity so the decision was made to keep the Policy Dialogue Programme funding earmarked for this for another activity in 2013.

10. Assess feasibility for introducing the prioritized health financing options (economist) – 100% implemented

The Health Financing Coordinating Group meets on a regular basis to discuss health financing activities in Liberia. It was decided in this group that this activity could be easily funded by USAID through one of their health financing consultants. WHO CO will still be involved technically in this activity but will put the funds originally planned for this elsewhere.

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,...).

No activity has been altered; all activities remained the same as reflected in the Roadmap. However, the unavailability of the long term Technical Assistant, competing activities at the MoH (given the lack of sufficient numbers of MoH staff to cover all necessary activities), and delays in the receipt of funds through the WHO system were Programme implementation

challenges. Recently, a comprehensive MoH-WHO work plan was developed to fast track the timely implementation of Programme activities for 2013.

Some activities (four activities in implemented in 2012) might be amalgamated in 2013 for efficiency purposes.(A concept note has been developed by the ministry on the restructuring and replacement of four activities that could not be implemented in 2012. The concept note is now being discussed with the ministry, and when finalized, the restructured/replacement activities will be reflected in the roadmap The issue of the long term Technical Assistant (TA) will be resolved soon once the Senior Expert Roster is set up (by summer 2013). In the interim, a list of short term consultants was drawn up and discussed with AFRO/IST W. Africa as a stop gap measure pending the arrival of the long-term TA.

Proposed modifications to Programme Road Map resulting from changes above:

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.

The only modification would be regarding the source of funding for some activities on the Road Map which were originally supposed to be funded by the Policy Dialogue Programme. Fortunately, other donors expressed their interest to fund these activities (described above) in donor coordination forums and it was decided to keep the Policy Dialogue Programme funds for other related activities for 2013. The details of these activities will be worked out between MoH and WHO when defining the priority areas for collaboration for 2013.

Lessons learned:

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

1. The Policy Dialogue Programme has added value to policy and plan development efforts of the MoH especially at the level of the counties with the broad participation of county authorities, other sectoral ministries, development partners, etc, in the process. This has to a large extent improved the quality of operational plans being developed at the level of the counties, and the overall national policy and plan
2. Seed funding can help in introducing new approaches to health planning at the level of the county, with active participation of county staff
3. Current improvement in operational plan development and data quality suggest that the EU Policy Dialogue Programme is having some positive impact vis-à-vis strengthening of county health team staff capacity in planning and analytical skills, This improvement is reflected in current county level operational plans, and the quality of data being produced.

Road Map and timeline for 2013 (Refer to annex):

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2013

1. Consensus workshop on M & E Plan; June 2013
2. Strengthen capacity in data analysis; July 2013
3. Quarterly county performance review; 1st Quarter- April-May 2013; 2nd Quarter- June -July 2013
4. Develop sector performance report; October 2013
5. Planning and Budgeting Guide;
6. Capacity building in costing; March 2013,
7. Consolidations of AOPs July- August 2013 ;
8. Access feasibility for health financing options; July 2013
9. Feedback mechanisms on for appropriate intervention; September-October 2013

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. Series of meetings held between MoH, EU, and WCO
2. EU-WHO Policy Dialogue Programme presented at the Liberia National Health Conference
3. Press releases through the various news outlets on policy dialogue

Preliminary impact assessment:

*Please explain to which extent country level activities have already contributed towards achieving the **overall programme objectives and results indicators**. Please demonstrate how WHO strengthened its role as facilitator/ convener of policy dialogue and contributed, through its sector expertise, to improved UHC (in its three dimensions) at country level. 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.*

1. The EU-WHIO Policy Dialogue Programme has enhanced the leadership role of WHO as a major broker and advocate for improvement in health system planning and management. The organization, convening and hosting and participation in a number of meetings, annual reviews, workshops, etc. bringing together partners from all sectors has led to improved quality of planning and plans that are being produced; especially county operational plans; thus impacting positively the quality of services being provided at the county level.
2. The programme has also improved the visibility of WHO as the provider of technical planning and management tools. The orientation of the staff and the use of these tools have to a large extent improved their planning and analytical capacities; thus contributing immensely to the quality of planning and data.

3. Acquisition of skills by nationals in the use of the costing tool, and the on-going costing of the national plan made possible by the programme has demonstrated greater visibility of the role of the EU and WHO, the latter as the lead agency in assisting the Government to cost the national health and social welfare plan, the first of its kind during this post-conflict period. It is anticipated that the costing of the plan will put the ministry of health and social welfare in a leverage position to advocate and negotiate with the ministry of finance on increased budgetary support to the ministry of health and social welfare. Additionally, the costed plan will enable the ministry of health and social welfare to engage and dialogue with partners for additional financial and technical support for the sector, and also be used as an instrument for resource mobilization.

