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

Year 2 Report

Jan. 2013 -- Dec. 2013

[Version August 2014]

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LE GOUVERNEMENT  
DU GRAND-DUCHÉ DE LUXEMBOURG



Country: LIBERIA

EU-LUX-WHO Universal Health Coverage Partnership

Date: January 30, 2014

Reporting Period: January – December 2013

**Main activities as planned in the Road Map.**

In early 2012, the Ministry of Health and Social Welfare had secured funding from other sources for most of the activities programmed under the EU-WHO Project for 2012. Given the availability of the funds, the Ministry proceeded to implement the activities (and to ensure the judicious use of scarce resources), and requested a modification of the remaining 2012 activities in June of 2013. The modification was approved and reflected in the original roadmap at WHO/HQ. To implement these activities the balance amount of US\$39,000 of the 2012 budget was released in June 2013 to the Ministry. However, implementation of the modified activities was affected due to a number of factors; competing demands at the Ministry of Health and a strike by public sector health workers in July that paralyzed the public health sector for three weeks, etc. Indicated below are the modified (new) activities

Also, following months of delay, in August 2013, the Ministry of Health and Social Welfare submitted a request for the implementation of the 2013 activities in the roadmap as indicated below. Funding request through GSM was approved on 19<sup>th</sup> September 2013 and funds transferred to the ministry in October. Due to the late receipt of funds, most of the 2013 activities were expected to be completed by February 2014. Contained in this report is the current status of implementation of both the modified 2012 and 2013 activities.

**Modified 2012 Activities – Postponed to 2013**

1. Analyze current corporate involvement/support in health activities in Liberia (Partners: CR Forum, UNDP, & MOF)
2. Collate and analyze data and define resource envelop; deferred to 2013
3. Support National Health Accounts (NHA 2011/2012)
4. Print, Validate and Disseminate Resource Allocation Formula Report
5. Conduct Study on Community Perception of the Quality of Health Care Delivery in Liberia
6. Development of National Policy on Health Research

**Activities 2013**

1. Operationalization of M&E Plan of NHSWPP 2011-2021
  - a. Review M&E Policy and Plan and incorporate the Commission On Information and Accountability (COIA) Recommendations
  - b. Conduct training in data analysis for informed decision making and evidenced-

based interventions in two counties

- c. Conduct regional quarterly performance reviews
  - d. Organize and Conduct Annual Health Sector review Conference; Develop Health Sector FY2012/2013 Performance Report
2. Operational planning and budgeting 2012-2015
    - a. Develop guidelines on planning and budgeting
    - b. Consolidate central and county levels operational plans
    - c. Conduct training in costing and operational plan development
  3. Operationalization of health financing strategic plan
    - a. Conduct study on FP uptake and compliance rate
  4. Responsiveness of health services to people's needs and demands
    - a. Establish Feedback Mechanisms for Appropriate Interventions (guidelines, tools)

#### **Main activities achieved and progress made:**

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*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)?*

#### **Modified 2012 Activities – Postponed to 2013**

1. Analyze current corporate involvement/support in health activities in Liberia (Partners: CR Forum, UNDP, & MOF): **Implementation 70%**;

Mapping of activities and entities contributing to health contributing to health have been completed; what is pending is the analysis and preparation and validation of the final report. Technical support was provided by WHO country office in the development of the mapping tool.

2. Collate and analyze data and define resource envelop; deferred to 2013: **Implementation 100%**;

Resource mapping data from 17 donors collated, analyzed and with report drafted reflecting total budgetary commitment from various donors for 2013/2014. Dissemination of report

relevant partners completed by 18 February 2014

3. Support National Health Accounts (NHA 2011/2012: **Implementation 60%**;

Training in the use of the SHA 2011 NHA Tool has been completed, relevant budget and expenditure data from various sources collected and analyzed; still awaiting incorporation of household data from DHS to be followed by the drafting of the report and its validation by March 13, 2014.. Technical support to this activity has been provided by WCO and HQ. The results of this activity will form the basis for policy dialogue on exploring alternative means of health care financing in the country; especially the introduction of a national health insurance program referred to as the National Health Equity Fund (NHEF).

4. Print, Validate and Disseminate Resource Allocation Formula Report: **Implementation 100%**;

Mapping of the activities and entities contributing to health have been completed; costing has been completed with resource allocation formula report available. Technical support was provided by WHO country office in the development of the mapping tool. Now completed, the results of this exercise will enable the ministry and partners in program planning and resource alignment so as to avoid duplication of efforts

5. Conduct Study on Community Perception of the Quality of Health Care Delivery in Liberia: **Implementation 100%**;

Relevant data collected, analyzed, and report has been drafted with key findings on community perception on quality of care in the health sector, along with key recommendations for consideration by the health authorities; report is available. The results of this report will contribute immensely to the on-going public perception on the delivery of health and social welfare services in the public sector and will support the updating of the “code of conduct” that has been developed.

6. Development of National Policy on Health Research: **Implementation 80%**;

Necessary formalities for the recruitment of a consultant to conduct the exercise have been completed, and development of the policy expected to commence in early March 2014.

**Status of Implementation of 2013 Activities**

1. Review M&E Policy and Plan: **Implementation 80%**;

M&E policy and action plan has been reviewed with stakeholders and validated with COIA indicators incorporated; validated M&E document available. M&E Policy and Plan indicator reference sheet/Dictionary to be printed

2. Conduct training in data analysis: **Implementation 20%**;

Plans have been finalized to conduct data analysis training and information dissemination in two counties

3. Conduct regional quarterly performance review meetings: **Implementation 0%**

Activity is still pending

4. Organize and conduct National Health Review Conference: **Implementation 100%;**

The 6<sup>th</sup> Annual National Health and Social Welfare Review Conference was held from 14-16 October, 2013, with the theme, "Universal Health Coverage: Health and Social Protection For All. Over 425 participants participated in the conference with representation from all levels to include; members of the national legislative, county superintendents, county health and social welfare boards, development partners, UN Family, head of training institutions, non-governmental organizations, other government ministries and agencies, etc. The conference reviewed amongst other things, progress made in the implementation of year two (July 2012 to June 2013) of the Ten Year National Health and Social Welfare Policy and Plan, with specific reference to each of the components of the national health and social welfare plan; Essential Package of Health Services, Essential Package of Social Services, Human Resources for Health, Infrastructure, Health Financing, Partnership and Coordination, and Other Support Systems. The conference noted with great satisfaction progress made in year two in each component of the plan, and took cognizant of the many challenges that continue to beset the sector. The conference therefore resolved on a number of essential recommendations implementation of three year activities in the national plan; these to include; engage development partners and key government ministries and agencies to develop a SWAPs for the Health Sector, Explore a variety of innovative health financing mechanisms that will boost domestic contributions to health, while ensuring equity and sustainability of the Liberian Health System, Integrate counties' priorities, plans, and resources into the common Plan and Budget as well as make allocations of the basis of past expenditure, priority, and future implications, the ministry to liaise with the ministry of finance to explore the possibility of placing of the proposed EU Budget Support Fund to the health sector in the Pool Fund, pursue a roadmap for UHC legislation and implementation by 2015, and the establishment of a National Health Insurance Program to be referred to as "National Health Equity Fund, etc. A draft report of the proceedings of the review conference is being prepared, and will be an annex to this report when finalized

5. Develop, Guidelines on Planning and Budgeting: **Implementation 0%;**

Activity is still pending

6. Consolidate Central and County Levels Operational Plans: **Implementation 100%;**

2013-2014 operational plans at both levels have been consolidate, and are available

7. Conduct training in costing: **Implementation 0%**;

Activity is still pending.

8. Conduct study FP uptake and compliance rate: **Implementation 0%** ;

activity is still pending

9. Establish feedback Mechanisms for Appropriate Interventions (guidelines, tools): **Implementation 0%**;

Activity is still pending

**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,...).*

**Activities Modified/Changed and Reasons**

1. Analyze current corporate involvement/support in health activities in Liberia (Partners: CR Forum, UNDP, & MOF); The Ministry has embarked on the path to increase domestic spending/investment on health. Discussions to tap on existing sin taxes being levied by MOF/GOL have reached the level of the cabinet for endorsement and subsequent legislation. However, tapping into the corporate industry remains a gap, There the need to modify the current activity by the CSR survey
2. Collate and analyze data and define resource envelop; 2012 activity but was deferred to 2013 due to competing demands in the Bureau of Planning and Policy
3. Support National Health Accounts (NHA 2011/2012); This activity is being replaced to augment budgetary support to develop the MHSW National Health Accounts (NHA) for FY 2011/2012. Training will be conducted to build the capacity of the NHA core team responsible for costing in the use of the new Systems of Health Accounts (SHA 2011)
4. Print, Validate and disseminate Resources Allocation formula and Report; Resource allocation to County Health Teams still remains a challenge. Operational plans for the 15 counties (CHTs) have been completed. Resource allocation formula still not finalized, and needs to be validated, and to be printed later.
5. Conduct Study on Community Perception of the Quality of Health Care Delivery in Liberia;2012 activity was deferred to 2013 due to competing demands in the Research Unit in 2013.
6. Development of National Research Policy on Health Research; due to the availability of guidelines on feedback mechanisms in the sector and to avoid redundancy, necessitated the replacement of the activity

**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 changes (modified 2012 activities) were approved by HQ and reflected in the original roadmap.

**Lessons learned:**

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

1. A recurrent problem of delay in the timely submission of requests from the Ministry of Health and Social Welfare
2. Results attained thus far from implementation of project activities have contributed immensely in enhancing policy dialogue in a number of areas; ie; sustainability of the health and social welfare sector; code of conduct for health workers, program planning and alignment of partner support, costing, data analysis, etc.
3. The provision of evidenced-based data has intensify national debate on Universal Health Coverage and the establishment of a National Health Insurance labeled, "National Health Equity Fund"

**Road Map and timeline for 2014:**

*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2014*

1. Strengthen capacity in data analysis at count level ; March -June, 2014
2. Conduct quarterly county performance reviews (mentoring and coaching)- June -August, 2014
3. Improve quality of health sector performance review process (a)Develop draft sector performance report October-November, 2014
4. Develop/revise planning and budgeting guide; provide staff training based on new/revise guide; June –August; 2014
5. Consolidate operational plans (county and central) into sector Annual Operational Plan (AOP); August-September; 2014
6. Build capacity for costing of operational plans; July –August; 2014
7. Conduct quarterly performance review meetings; 2013 brought forward to 2014
8. Develop guidelines on planning and budgeting; 2013 brought forward to 2014
9. Conduct study on FP uptake and compliance
10. Establish feedback mechanisms on appropriate interventions; 2013 brought forward to 2014

**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. Review meetings held between the MHSW, EU and WHO
2. Details of project activities implementation documented and reported in Annual Health Review Conference Reports
3. Programming meetings between the MOF, MHSW, WHO, and Partners

**Preliminary impact assessment:**

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*Please explain to which extent country level activities have already contributed towards achieving the overall programme objectives. 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. Project has contributed immensely to imparting knowledge in the use of the OneHealth Costing Tool by staff of the Ministry of Health and Social Welfare. Due to the use of the tool, the ministry now has the cost projections for funding the national health and social welfare plan over the next ten years. This has placed the ministry in a more favorable position to negotiate with Government and partners on the resource envelope and Government's budgetary commitment to the health sector.
2. Data analysis at the level of the county has improved tremendously owing to intensive capacity building of staff; thus resulting in the timely preparation of consolidated reports and the health dashboard at the level of central etc.
3. WHO technical advice and support through the various costing exercises set the basis for government's consideration of the establishment of a social health insurance program; referred to as National Health Equity Fund (NHEF). The concept was endorsed at the Annual Review Health Conference in October and a detailed roadmap has been developed and implementation ongoing. A study tour was supported by the project to get an overview of the National Health Insurance Scheme of Ghana to guide the development of the Liberian scheme
4. Appropriate resource allocation once a problem in the health sector is anticipated to improve due to the development of a resource allocation formula that is now under consideration.