

Year 6 Report (2017 activities)

An annex of the Specific Objectives (SO) and Expected Results (ER) has been prepared at the end of the document for your convenience

Country: LIBERIA

EU-Luxembourg-WHO UHC Partnership

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Reporting Period: 2018

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INTRODUCTION

The template is structured into IV sections.

Section I: Results

We recommend completing section II prior to section I.

This section is to serve as an exhaustive listing of the results and outputs that have arisen from the UHC Partnership in 2017. Kindly relate these to Specific Objectives, SO I, SOII and SOIII (see Annex). Please note that this section focuses on results achieved through the (partial) completion of activities indicated in the roadmap, with activities having contributed directly or indirectly to listed results and outputs. In brief, section I puts emphasis on the results achieved; section II focuses on the activities per se. Hence our recommendation to complete section II prior to section I.

To take an example, a result could be an improved health sector coordination (as measured or perceived by the actors), as part of an enhanced governance and leadership of the health sector by the MoH or the Government. An activity that has contributed to above-mentioned result could be holding regular meetings, or organization of the joint annual review on a regularly basis. Another example could be to get an increased share of the government budget allocated to the MoH, as a result of the elaboration and utilization of the Health Accounts (which is here considered as an activity).

Section II: Activities

This section includes four subsections pertaining to the roadmap activities.

The first subsection is a list of the activities completed or partially completed as per your country's roadmap in 2017. Please provide a more detailed overview of how activities were undertaken, including the role of the partnership, as well as key documents accomplished (finalized reports, plans, case studies etc.).

The second subsection is for information on any obstacles encountered, or changes in circumstances that affected your original plan as per the roadmap. Please also list here and report on all *additional* activities that were funded by the UHC Partnership which were not included in the original roadmap.

The third subsection serves to understand key takeaways and learning points as a result of the activities or changes this year.

The fourth and final subsection includes a summary and relevant evidence of how the programme activities or results have been communicated to the public.

Section III: Impact Assessment

This section is intended to be a more in-depth exploration into one of the activities, or perhaps two to three interlinking activities that may showcase the impact of the UHC Partnership in a broader context beyond the specifics laid out in the roadmap. The purpose of this is to highlight the more intangible value of the UHC Partnership beyond the outlined metrics, and its contributions in wider scope towards universal health coverage, and should ideally include enough details to be understood by an external reader with no background knowledge of universal health coverage or the UHC Partnership.

Section IV: Roadmap for 2018

The purpose of this section is to look forward and consider what the goals are for 2018 and how those may be reached. Please list the planned activities as well as the time frame for those activities for calendar year 2018, and relate activities to SO's and ER's (see Annex).

SECTION I: RESULTS

Main results

Put here all results as set in the Logical Framework and Roadmap and link them to SO I, SO II or SO III. You may also want to relate to the overarching dimensions of universal health coverage (coverage, financial protection, quality of care, equity etc.). Explain how activities implemented have contributed to the results achieved.

We advise filling out section II prior to filling out this section. The reasoning behind is that section II is a description of the activities undertaken, while section I is for the results achieved and the key outputs from those activities. Example, a result could be an improved handling of antibiotic usage, with a key documentation as to a finalized antibiotic guideline. An activity that has contributed to above-mentioned result is holding training workshops on rational use of medicines for providers on a regularly basis.

SECTION II: ACTIVITIES

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 (e.g. annual review report, plans and strategies, case studies, publications)?

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.

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.

Roadmap Activity: support ministry of health, all levels, develop an integrated evidence based bottom up operational plans for the 15 counties and a consolidated national plan for the fiscal year 2017,

% of completion
100

Activities undertaken: the ministry of health with a technical and financial support from the EU LUX-WHO UHC partnership program, prepared and validated annual operational plans for the fiscal year 2017. To this end, main activities facilitated and supported by the WHO included;

- Updating planning guides and tools and training of health managers,
- Helped gathering and synthesis of relevant information and issues as well as timely sharing of information to all stakeholders to facilitate the policy dialogue,
- Encouraged various actors actively participate in situation analysis, agreeing on priority health issues and in the planning process to enhance ownership and buy-in,
- Updated partner mapping, including activity and resource mapping for informed planning and budgeting,
- Facilitated and supported costing of the essential package of the health services,
- *Concrete progress made included: Regular updating of guides and tools; creating discussion forums and timely sharing of information and engagement of stakeholders in the health sector planning process have been instrumental for a wider buy-in and ownership of the annual operational plans as accorded with the increasing and consistent funding support by all stakeholders in Liberia. The UHC partnership program,*

Key Outputs:
evidence based integrated bottom up 15 county and a national consolidated operational plan (2017 fiscal year) developed and validated,

<p><i>through the WHO country office played a pivotal role in building a systemic capacity buildign and institutionalization of evidence based and integrated annual operational plans in the health sector. This way, Liberia successfully developed, endorsed and implemented a haromonized operational plans that have specified quality service delivery along with the universal health coverage goals set in the national health sector policy and strategy.</i></p>	
<p>ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>	
<p>Roadmap Activity: support joint health sector performance reviews,</p>	<p>% of completion 100</p>
<p>Activities undertaken: WHO provided technical and financial support to the health sector and collaborated with partners in conducting the following main activities;</p> <ul style="list-style-type: none"> • rendered techncial assistance to update health sector performance review guidelines and tools; • developed concept note outlining specific objectives, methods and instruments for data gathering, • facilitated a national dialogue among stakeholders that approved the standardization and haromoinization of monitoring, evaluation and review tools and mechanisms between priority programs and health system; the SDG/UHC targets have been domesticated and a national health indicator reference book prepared and validated. • trained national core team in support to the sub-national level analytic review and report preparation, • provided technical and financial support to the district/county level analytic review process. WHO rechnical experts facilitated and supported county and district level joint dialgoue that identified implementation chalenges and gaps in each counties and generated priorities for next actions, • Annual health sector analytic review reports informed the national health sector joint review meeting held in December 2017. • • The UHC partnership program of the EU/LUX and WHO provided the technical and financial basis for a sound poicy dialogue process along implementation of the national strategic health sector plan for building a resilient health system and services for universal health coverage objectives and health security. The annual joint review domenstrated the commitment of by all stakeholders as revealed by the level all partners adhered to the national health sector Monitoring and evaluation framework. • 	<p>Key Outputs: 1) an integral monitoring, evaluation and review framework 1) 15 county annual joint review reports, 2) a national joint health sector performance review report that outlined and ensorsed priority areas for joint monitoring.</p>
<p>SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue</p>	
<p>ER 3: Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.</p>	
<p>Roadmap Activity: institutionalize NHA, support public health expenditure reviews and resource mapping</p>	<p>% of completion 100</p>
<p>Activities undertaken: in order to build capacity of the ministry of health for effective planning and management of resources and for tracking true spending to priorities in the health sector, the</p>	<p>Key Outputs: 1) NHA report (2015/16)</p>

<p>WHO undertook the following main activities;</p> <ul style="list-style-type: none"> Supported regular updating of the NHA tool; supported data collection and analyse and dissemination of results, Facilitated integrated appraisal of budget and public expenditure review along the investment plan implementation in the context of donor funding, Facilitated and supported conduct of comprehensive resource mapping, analysis and report preparation along the annual sector operational planning process, 	2) Report on resource mapping
ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.	
Roadmap Activity: support health care financing reform implementation based on evidence,	% of completion 85%
<p>Activities undertaken: supported development of a roadmap to implement a reform in the medium and long term; the WHO collaborated with the MOH and key stakeholders, namely, the WB, USAID/CSH and CHAI in prioritized the following activities;</p> <ul style="list-style-type: none"> Supported synthesis of evidence on priority interventions for health care financing for the immediate and medium term for Liberia along the recommendations of the recent fiscal space analysis. Immediate actions included, developing strategies to improve efficiency gains through technical and institutional capacity building for public financial management; building mechanisms for strategic purchasing with improved pooling of revenues in the health sector; piloting of revolving drug funding and streamlining of performance based financing in the health service delivery systems. For the medium and long term, guidance and support has been provided for the ministry of health to consider development of prepayment mechanisms, and its institutional capacities pre-requisite. Facilitated and supported a national stakeholder dialogue on how to address financing challenges for moving towards UHC – participants reached consensus on the need to develop mechanisms for domestic and public financing options and contributed to the development of a country roadmap. 	Key Outputs: a report on reform implementation roadmap,
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.	
Roadmap Activity	% of completion
Activities undertaken:	Key Outputs:
ER 6. All categories of the population including adolescents and women and girls are involved in and benefit from the interventions carried out. This includes maternal, new born & child health (MNCH)	
Roadmap activity: support MOH and counties develop a costed investment action plan for community health services,	% of completion 100
Activity undertaken – the WHO collaborated with USAID and Global fund and accomplished the following activities.	Key Outputs: report on a costed

<ul style="list-style-type: none"> • Support to situation analysis through development of guidelines and information tools, • Supported identification of priority program components and activities, • Supported costing of main activities • Supported development of training modules and study of sites in consultation with the existing training institutions, • Supported training of supervisors for community health program, 	national action plan for community health services,
Roadmap activity: review of health workforce policies and plans	% of completion 100
Activity undertaken: the WHO, in collaboration with World Bank, USAID and CHAI, supported review of existing plans and developed improvement plans for human resources for health. Main activities conducted by the WHO included; <ul style="list-style-type: none"> • Conduct of comprehensive reviews with focus to critical gaps in implementation of policies and strategic plans; identification of critical health workforce imbalances in terms of shortage, distributional and issues related to attrition in the sector, • Support to establishment of health workforce databases at national and sub national levels, • Facilitated and trained health managers on application of the WISN technique in order to optimize health workforce planning and management in the health sector, 	Key Outputs: 1) report on analysis of policies and strategies 2) report on WISN tool adaptation and training of health managers,
Roadmap activity: (new) - Support to update essential drug list and development of guides	% of completion 100
Activity undertaken: <ul style="list-style-type: none"> • The WHO helped revise the national medicines list and technical guidelines to monitor implementation. • With the technical and financial support from the WHO, a comprehensive medicines and technology supply chain assessment was done and a costed strategic master plan developed; • national essential medicines list revised and updated and a functional technical coordination team that oversees operations has been put in place. • The WHO trained 20 pharmacists (12 male and 8 female) to serve as trainers of trainees using the guidelines. 	Key Outputs: 1) costed strategic master plan, 2) report on updatead natioanl essential medicines list
Roadmap activity: support MOH conduct Data Quality Review (DQR) using the standard tool (a collaborative work with GF and GAVI)	% of completion 75%
Activity undertaken: Facilitated and supported national data quality review through data verification and assessment of data management support systems to ensure quality information on service delivery and for informed planning and resource allocation. Main activities supported included; <ul style="list-style-type: none"> • Development of a concept note and a costed action plan that facilitated timely release of additional funding from GF and GAVI, • Facilitated and established a national multi-stakeholder technical working group that enhanced stakeholder 	Key Outputs: 1) adapted DQR guides and tools, 2) draft report on DQR report

<p>engagement,</p> <ul style="list-style-type: none"> • In consultation with WHO/HQ and AFRO/IST teams, facilitated and adapted standard WHO data verification and system assessment guides and tools to country context, • Currently, supporting development of an improvement plan for the respective administrative levels to address issues related to data verification and system support components, 	
<p>Roadmap activity: facilitate and develop a national health system research plan and priority setting through a consultative process,</p>	<p>% of completion 100</p>
<p>Activity undertaken: The WHO facilitated and developed a national health system research strategic plan and priority setting through a consultative process. To that effect, through technical and financial support of the EU LUX WHO UHC partnership program, main activities conducted were;</p> <ul style="list-style-type: none"> – national guidelines and tool developed and health managers reoriented on use, – facilitated identification of health system research priorities and stakeholders dialogue and consensus, – supported developed and validation of the strategic plan, 	<p>Key Outputs: A national strategic plan on health system research,</p>
<p>ER 7. Integrated Disease Surveillance and Response (IDSR) systems are included in the national health plans to strengthen the capacity at country level with a view to implement the International Health Regulations (IHR) as the legal, regulatory and institutional framework for planning and monitoring disease surveillance and response activities</p>	
<p>Roadmap activity (new). Support integration of IDSR and IHR interventions into annual health sector plans</p>	<p>% of completion 100</p>
<p>Activities undertaken: The WHO through the EU LUX UHC partnership program facilitated and coordinated development of annual operational plans the integrated IDSR and IHR core activities. Main activities included;</p> <ul style="list-style-type: none"> – Integrating situation analysis and planning of identified capacity gaps for IDSR and core activities related to implementation of the IHR core components; 	<p>Key Outputs: IDSR/IHR an integral plan of the annual national health sector operational plan, 2017/18</p>
<p>SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	
<p>ER 8: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>	
<p>Roadmap Activity 1: support the partner coordination unit at central ministry of health to strengthen the platform for regular policy dialogue and health sector coordination (HSCC and HCC) meetings,</p>	<p>% of completion 100</p>
<p>Activities undertaken: through technical and financial support from the EU LUX WHO UHC partnership program, the following specific activities were conducted to maintain regularity of coordination mechanisms;</p> <ul style="list-style-type: none"> – Updated guidelines and documentation tools – Provided office stationaries and equipments, such as, multipurpose printers, photocopiers and laptops, – Reoriented technical staff on use of guides and tools, – Facilitated dialogue at technical meetings (health sector coordination meetings) through technical advice, develop 	<p>Key Outputs: Report on stakeholder mapping analysis;</p>

<p>policy briefs that analyze issues and sharing these timely to relevant stakeholders,</p> <ul style="list-style-type: none"> – Development of methods in preparation to the regular partner meetings, including to the national annual health sector conferences, and – Supporte preparation of review recommendations and action plans, 	
<i>Roadmap Activity 2: facilitate and support MOH and partners establish country compact along the IHP+ principles,</i>	% of completion 100
<p>Activities undertaken: through technical and financial support of the WHO (UHC partnership program), main activities conducted by WHO included the following;</p> <ul style="list-style-type: none"> – Analysis of country stakeholders, including defining interests and concerns of various entities (development partners, international NGOs, FBOs, civil society representatives, representatives of parliament, government line ministries, mainly ministry of finance, ministry of Labor and civil service agency), including the private sector; – Facilitated and conducted a comprehensive and inclusive consultations with the varioius stakeholders, through individual and at multiple small forums, – Facilitated national and sub-national level dialogues (four sessions) led by the ministers of health and inclusive of the various health secto development partners around the content of the country compact, – Faciliated the sharing of the draft compact document with all stakeholders, incorporated inputs and suggestions, – On the 10th of April 2017, facilitated and organized a national stakeholder conference that signed and rectified the country compact, 	Key Outputs: Country health compact established and signed

Changes in circumstances or problems encountered that affected the original plan:

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

Activities eliminated, changed, postponed: None

Roadmap Activity	Reasoning to eliminate/change/postpone activity

Activities added

Added Activity 1: Support integration of IDSR and IHR interventions into annual health sector plans	% of completion 100
Activities undertaken: The WHO through the EU LUX UHC partnership program facilitated and coordinated development of annual operational plans the integrated IDSR and IHR core activities. Main	Key outputs: IDSR/IHR an

activities included;
Integrating situation analysis and planning of identified capacity gaps for IDSR and core activities related to implementation of the IHR core components;

integral plan of the annual national health sector operational plan, 2017/18

Lessons learned:

Please describe the principal lessons learned during the last 12 months of the implementation of the UHC Partnership.

- The health policy dialogue program introduced in Liberia late in 2012 by the UHC partnership program helped the ministry of health, development partners and other stakeholders recognized the diverse nature of health sector constituents and the relevance of the policy dialogue in context; to see problems from each other's perspectives and focus on mutual issues of health system development regardless of power differences and side interests. these have been the lessons during development and implementation of the post ebola investment plan and country compact for building a resilient health system - *a lesson that led to better understanding and brought about a meaningful improvement to policy and plan implementation along universal health coverage goals.*
- *Successful implementation of a policy dialogue, both process and implementation of outcomes required effective stewardship.*
- The UHC partnership program noticed that Effective policy dialogue requires resources to effectively translate if impact. It demands investment in building the capacities of health managers in two dimensions: firstly, in building skills, attitudes and practices to engage effectively in dialogue and secondly, the ability to develop and apply skills, attitudes and practices relevant to implement and monitor agreements reached through the dialogue.

Visibility and communication:

Please give a short overview of visibility and communication events that took place and attach evidence: scanned newspapers, pictures, brochures, etc.; also if only available in the local language. Please describe how communication of the programme results to the public has been ensured.

Policy dialogue sessions facilitated and supported by the EU LUX WHO UHC Partnership Program in Liberia along development of the country compact:



Picture Liberia - demonstrates a structured WHO convening meeting between Minister of Health and key development partners and UN agencies along issues related to the content of

SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

Impact assessment / results chain:

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, those broader results should be supported by indicators.

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.

Key contributions of the The EU/Luxembourg/WHO UHC partnership program:

1. Health Policy Dialogue enhanced UHC oriented Policies and Planning in Liberia -

Liberia's health sector is featured by a plethora of national and international actors and services delivery system is pluralistic with a variety of direct services providers (government, civil society including faith based organizations (FBOs), and local and international non-governmental organizations (NGOs), and the private sector. **The EU/Luxembourg/WHO UHC partnership program** initiated in late 2012 in Liberia **advanced** series of dialogues that mediated interactions among the stakeholders in a constructive manner. These interactions marshaled decisions on health services priority needs, resources and targets through development of an inclusive and integrated *annual operational plans*. This way, the policy dialogue served as a powerful advocacy and negotiation platform and enhanced a better understanding and improvement of annual plans consistent with the national strategic investment plan objectives and facilitated and encouraged diverse stakeholders to find common ground for results.



Figure 1: showing policy dialogue events facilitated by the ministry of health with a technical and financial support of the WHO: central level, see county levels??

In December 2017, the ministry of health in collaboration with stakeholders conducted an annual joint health sector performance review that jointly reviewed the health sector performance retrospectively. Recognizing gaps, the review meeting reaffirmed concrete progress investments made in priority areas, such as **human resource for health, health**

infrastructure, quality health service delivery and in epidemic preparedness and response (Figure 2).

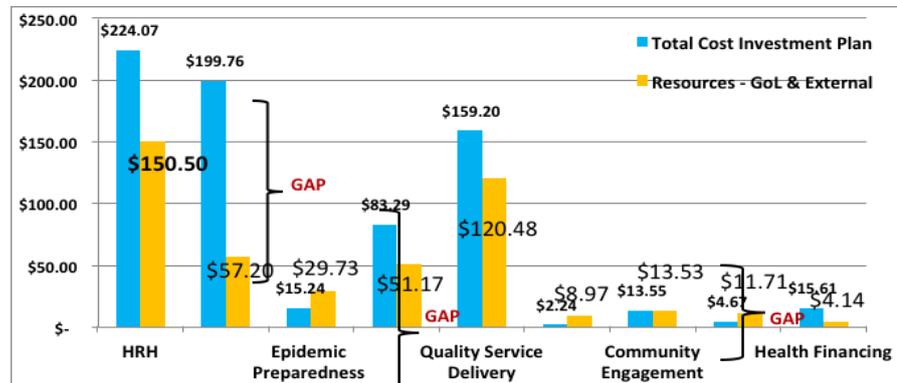


Figure 2: Source – Ministry of health resource mapping, 2017-2020: presented at the 2017 joint annual health sector review conference, Monrovia, Liberia.

In consequence, outputs and coverage of essential health services have proportionately improved in the 15 counties. Approximately, 94% of health facilities offer child health services including immunization services. By the end of 2017, 90% of health facilities offered antenatal care and family planning services. About 89% of health facilities provided basic obstetric care services. Effective immunization coverage raised and maintained at 86% for Pent3 and skilled birth assistance improved to 65% in 2017 compared to below 35% in 2015.

The Government of the Republic of Liberia commended good performing counties, development partners, the UN agencies, implementing partners and individuals who played pivotal role. (Fig.3)



Figure 3: health sector donors and stakeholders engaged in direct health service provision receiving recognitions of performance, 6-8 December 2017, Monrovia, Liberia.

2. PROMOTING EFFECTIVE GOVERNANCE FOR RESULTS – COUNTRY COMPACT FOR HEALTH,

The EU/LUX WHO UHC Partnership Program in Liberia fostered effective governance for results and setting the stage for UHC objectives. To maximize the impact of the partnership for UHC, the world health organization facilitated policy dialogue through generation of evidence and its timely sharing among stakeholders, convening of gatherings of all relevant stakeholders in the health sector (government authorities, donors, service providers, civil societies, academia, professional associations and private sector) aimed at establishing a solid and sustainable donor support that can blend investments, technical cooperation and

knowledge and capacity building to the health sector.

The 2017 was notable for the way in which health governance for effective development cooperation became an increasingly important strategic focus to ensure moving towards universal health coverage objectives. a series of policy dialogue activities between the government and development partners realized establishment of the country health sector compact for a joint governance platform.



Figure 4: The Government of the Republic of Liberia, development partners and civil society organizations (CSOs) have signed the new country compact in support to the national strategic investment health sector plan, 2015-2021.

The EU-LUX-WHO partnership program, since 2012, technically and financially supported the health sector overcome constraints on health service delivery and improve efficiency and effectiveness of services through improved coordination efforts, technical assistance, policy dialogue and coordination actions with key donors, implementing partners, civil societies and the private sector.

On 10th April 2017 at the national health conference meeting, the government of Liberia and development partners signed and ratified the country health sector compact. The compact accompanied by a set of common principles elaborated a broader partnership where all stakeholders are held mutually accountable for development results, a concept embedded in the Paris declaration, 2005), and the Bussan partnership for effective development cooperation (2011). The compact at country level, monitors alignment and harmonization of donor support with the national policy and plans along with the seven behaviors for effective development cooperation as defined in the IHP+.

Galvanizing more funding from donor this work helped the country to implement on priority foundational and institutions strengthening activities in the health sector. This way more efficient health outputs have been observed to ultimately contribute to better health outcomes.

At the occasion of the signing ceremony (Fig. 4), Dr. Bernice Dahn, Minister of Health, expressed her gratitude to all development partners for their unwavering support and commitment and to the EU/LUX UHC partnership program in Liberia for its pivotal role in making this process a reality.

SECTION IV: ROADMAP 2018

roadmap/timeline for 2018:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2018. **These activities should be related to SO's/ER's and have clear timeline and indicators.**

If applicable, we also advise you to define key milestones for each activity, to be able to report on key achievements/progress made on the road towards completion of an activity. In this regard, an 'activity' means a distinct output of the UHC Partnership program, meaningful in terms of the UHC Partnership's overall specific objectives and expected results, and constituted by a report, a document, etc. A "milestone" means control points within an activity that help to chart progress. Milestones may correspond to the completion of a key sub-activity, allowing the next phase of the work to begin. They may also be needed at intermediary points so that, if problems have arisen, corrective measures can be taken. A milestone may be a critical decision point within an activity where, for example, the consortium must decide which of several options to adopt for further development.

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.

Roadmap Activity: support development of integrated evidence based operational plans in line with the national health strategic plan targets (15 county plans and a consolidated national plan, June 2018),

Update annual plans based on recommendations of the joint annual health sector performance review held in December 2017 (Jan – Feb 2018).

Update annual planning tools and guides with focus to people centered integrated health services delivery (March 2018)

Train health managers, both national, counties and health facilities using guides and tools

Facilitate and support inclusive policy dialogue at national and operational levels to develop a bottom up integrated operational plans for the 15 counties in line with the investment plan components and targets;

Undertake integrated supportive supervision in select counties and health facilities to monitor implementation progress

Indicator: # of counties and districts with evidence based integrated annual operational plans in line with priorities of the national health sector strategic plans,

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

Roadmap Activity 1: Support and undertake quarterly integrated review of operational plan activity implementation at operational levels (counties/districts, health facility and community levels) – (March, June and september 2018)

Roadmap Activity 2. Facilitate and conduct integrated 15 county semi-annual health sector performance reviews (June and september 2018)

Roadmap Activity 3. Support ministry of health and partners jointly conduct annual health sector performance review through synthesis of data and information and related research findings.

Indicator: 1) monitoring and evaluation mechanisms for programs and health systems strengthening integrated, 2) all partners adhere to the national monitoring and evaluation framework,
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 (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.
Roadmap Activity: support capacity building and production of NHA 2016/7, review of public expenditure and resource mapping in the health sector (reports of NHA, PER and resource mapping, October 2018).
Indicator: NHA findings published and information applied for decision-making through an inclusive policy dialogues
ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UHC.
Roadmap Activity 1: Facilitate and support generation of evidence on country progress towards universal health coverage based on recommended indicators (data sources: HICS 2017/18 and LDHL 2018), March – June 2018),
Indicator: 1) report on level of household spending of income on health and its determinants, 2) report on proportion of population accessing essential quality health services,
Roadmap Activity 2: support ministry of health and collaborate with partners to implement the Liberia Health equity fund (LHEF) roadmap
ER 5: Accurate, up-to-date evidence on what works and what does not work for universal coverage is available and shared across countries.
Roadmap Activity: Establish and model 'universal health coverage district/counties in four regions of the country in collaboration with the ministry of health and implementing partners,
Indicators: 1) The proportion of a population that can access essential quality health services, 2) The proportion of the population that spends a large amount of household income on health: catastrophic and impoverishment,
ER 6. All categories of the population including adolescents and women and girls are involved in and benefit from the interventions carried out. This includes maternal, new born & child health (MNCH),
Roadmap Activity 1. support development of health workers motivation and retention strategies and implementation guidelines, and training of health managers with focus to RMNCAH services improvement, (May-June 2018),
Roadmap Activity 2. support application of the workload indicator staffing need (WISN) technique as an optimization tool for health workforce planning and management (report on analysis and action plans, March 2018)
Indicator: 1) national health workforce retention strategy in place, 2) number of counties with WISN techniques applied for health workforce planning and management,
Roadmap Activity 3. Facilitate and undertake a follow up assessment on facility based service readiness and quality of care assessment based on sample (Jan - March 2018)
Roadmap Activity 4. support development of data quality and system support improvement plan in all the 15 counties based on findings of the 2017 data verification and data system assessment (Jan – March 2018)
Roadmap Activity 5. Facilitate and collaborate with GAVI health system strengthening funding support and implement equity focused programming of immunization services in 8 counties in Liberia.
Indicator: % pent 3 uptake reduction in number of un immunized children
ER 7. Integrated Disease Surveillance and Response (IDSR) systems are included in the

national health plans to strengthen the capacity at country level with a view to implement the International Health Regulations (IHR) as the legal, regulatory and institutional framework for planning and monitoring disease surveillance and response activities,

Roadmap Activity: Facilitate and support development of operational plans that integrate IDSR and IHR core interventions at all levels of the three tier systems (integrated health sector plan document, June 2018).

Indicator: # of counties and districts that have integrated IDSR and IHR core interventions

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

ER 8. WHO increasingly becomes the effective (co)-convener and co-facilitator of HSPD and monitors at country level procedures to follow agreed harmonization and alignment of health aid with national health plans, consolidated with the Seven Behaviors defined through the IHP+; ensuring that the IHP+ secretariat produces tools and facilitates dialogue and compliance of global actors with Aid Effectiveness principles.

Roadmap Activity 1. Support and strengthen capacities in terms of knowledge and skills related to policy dialogue, availing guides and tools as well as operations costs for improved coordination structures and mechanisms at central ministry of health and in the 15 counties putting in place regular forums and joint governance mechanisms (health sector steering and coordinating committees) through provision of technical and institutional capacity building in terms of, training on communication to the national and sub national joint coordination mechanisms and units (Jan March 2018).

Roadmap Activity 2. Support ministry of health and partners on progress application of the country COMPACT through development of action plans and monitoring progress in making health aid more effective against targets set in the country compact, (action plan, Jan – Feb 2018)

Indicators: annual evidence reports on progress made on partner coordination and against targets set in the country compact

Annex:

Specific Objectives and Expected Results of the EU-Luxembourg- WHO Universal Health Coverage Partnership

Specific objectives (SO)	Expected Results (ER)
<p>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.</p>	<p>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.</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.</p>	<p>ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC.</p> <p>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.</p>
<p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>