

Year end report (2016 activities, related expected results and objectives)

Country: LIBERIA

EU-Lux-WHO UHC Partnership

Date: December 31st, 2016

Prepared by: WHO Liberia country office

Reporting Period: January – December 2016

Main activities as planned in the Road Map.

Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result

SO I: To support 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;

Activity 1 (ER1) Prepare and consolidate operational plans (county and central) into sector Annual Operational Plan (AOP); August-September; 2016

Activity 2 (ER1): Support development and implementation of community health strategic and operational plans to enhance effective community engagement.

Activity 3 (ER1): support MOH assess and develop strategies for health workforce development to address a people centered health service delivery,

Activity 4 (ER1): collaborate with MOH and partners and support development of a harmonized plan for the national drug and supplies procurement, distribution and management systems,

Activity 5 (ER2): Strengthen capacity in leadership and governance for implementation of the investment plan at all levels of the health system including organization of a process for an inclusive multi-stakeholder involvement; May - July, 2016

Activity 6 (ER2): support and facilitate establishment and rolling out of coordination mechanisms (HSCC, HCC) for improved policy dialogue,

Activity 7 (ER2): Conduct health facility assessment using the WHO standard tool of service availability and readiness assessment (SARA) and quality of care (QoC) for service delivery; March –July; 2016

Activity 8 (ER2): Conduct annual health sector performance review and develop draft sector performance report November-December, 2016

Activity 9 (ER2): Support MOH develop a standardized and harmonized performance monitoring, evaluation and reviews of programs and national health Plans, including, DASHBOARDS and policy briefs,

Activity 10 (ER2): Support MOH and partners conduct joint annual review (JAR) missions and annual review of health sector performance

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

Activity 1 (ER3): Strength health financing evidence for innovative financing of the national health equity fund (a platform for moving towards UHC) by institutionalizing systems for regular financial monitoring through NHA, fiscal space analysis and public financial reviews as part of the national health sector performance review; July –November; 2016

Activity 2 (ER4): Provide technical and logistic support to department of planning to strength capacity for effective implementation of health care financing interventions in line with the investment plan, costing of annual work plans and management of health services and policy dialogue; March-September, 2016.

Activity 3 (ER5): Support and facilitate collation and analyze data to define resource envelope (resource mapping) for effective resource allocation to national and sub-national levels.

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

Activity 1 (ER6): Facilitate and implement partner coordination mechanisms at national and sub-national levels to enhance alignment and harmonization with the investment plan; including strengthening of health boards and HSCC secretariat,

Activity 2 (ER6): Facilitate and support performance appraisal of the health sector pool fund and strengthen capacity for financial evidence-based planning, budgeting, resource utilization and accountability,

Activity 3 (ER6) Support improved partnership and aid coordination and effectiveness mechanisms at national/counties, including development of a compact and its implementation,

Activity 4 (ER6) Support and facilitate MOH and partners conduct joint annual review of the health sector performance

Main activities achieved and progress made:

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

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

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

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

SO I

Activity 1 (ER1) Prepared and consolidated operational plans (county and central) into sector Annual Operational Plan (AOP); August-September; 2016; **(100% Achievement): central and county levels operational plan for 2016-2017 were developed and validated and line with the national investment plan. These plans comprised of the second year core activities of the investment plan.**

Activity 2 (ER1): Supported development and implementation of community health strategic and operational plan to enhance effective community engagement. **(100% achievement): the WHO supported MOH and collaborated with relevant partners (UNICEF, Las mile health and USAID), a community health policy, strategic plan and annual work plans that have been endorsed by the government and implemented. Also, a detailed training circular has been developed along with a roadmap for training of community health assistants; this to be followed by recruitment.**

Activity 3 (ER1): supported MOH assess and develop strategies for health workforce development to address a people centered health service delivery; **(100% achievement): the WHO collaborated with MOH and partners conducted a comprehensive situation analysis on health workforce and service delivery; collaborated in developing plans to address retention and motivation as well as production developed and implemented.**

Activity 4 (ER1): collaborated with MOH and partners and supported development of a harmonized plan for the national drug and supplies procurement, distribution and management systems, **(80% achievement): the WHO offered technical support and facilitated negotiations; government has initiated reforming the NDS, structural and functional and its implementation accordingly.**

Activity 5 (ER2): Strengthened capacity in leadership and governance for implementation of the investment plan at all levels of the health system including organization of a process for an inclusive multi-stakeholder involvement; May - July, 2016; **(80% Achievement); governance structure at the central level has been put in place through the HSCC and HCC secretariat. At county level, a number of boards have been revitalized and are currently functional. Effective leadership and governance at the county level remains a challenge due to HRH constraints.**

Activity 6 (ER2): facilitated and supported MOH conduct health facility assessment using the WHO standard tool of service availability and readiness assessment (SARA) and quality of care (QoC) for service delivery; March –July; 2016 **(100% Achievement); The SARA exercise was fully implemented covering all fifteen counties of the country. The assessment covered 701 health facilities indicating the skewedness of facilities towards Montserrado county (71%) where the nation's capital is located. The report revealed that majority of the nation's facilities were clinics constituting 87%, health centers 8% and hospitals 5%, and that 53% of the facilities are located the rural areas. The report also determined inter-alia, the country's health facility density (facilities per 10,000 persons) as 1.7, which is lower than the recommended WHO average of 2 per 10,000 populations.**

Activity 7 (ER2): facilitated and supported MOH and partners develop a standardized and harmonized performance monitoring, evaluation and reviews of programs and national health Plans, including, DASHBOARDS; **(100% achievement); the WHO collaborated and supported MOH and partners conduct a comprehensive assessment of existing monitoring and evaluation materials; the MOH developed and validated a standardized and coherent monitoring, evaluation and review framework along the national strategic investment plan (2015-2021); developed and validated core national indicators, targets and data sources and**

this has taken into account priority programs and the various sub-national plans.

Activity 8 (ER2). Facilitated and supported conduct annual health sector performance review and develop draft sector performance report November-December, 2016; ***(100% Achievement); the 8th Annual Health Review Conference (the 1st since Ebola) reviewed the first year implementation of the national investment plan, under the theme; “Reflecting on the Gains: Building a Resilient and Sustainable Health System in Liberia Post Ebola. The conference took stock of the performance of the health sector focusing on achievements, challenges and evolved an agreed plan of action to enhance performance of the sector during the next fiscal year. Particular emphasis was placed on progress registered on the nine pillars of the investment plan; ie: HRH development and employment, reforming the health care financing strategy in line with UHC objectives; expansion of infrastructure, increased access to health services, increased resource mobilization, etc.***

Activity 9 (ER2). Supported MOH and partners conduct JARs and review of health sector performance; ***(100% Achievement); The 2016 Joint Annual Review exercise appraised the overall performance of the phase one of the investment plan, the progress made, challenges encountered and experiences gained. Findings from the exercise indicated that there is strong political commitment to accelerate expansion of (primary) health care service, and however, it was noted that there is variation in meeting the 2015/16 annual health targets across counties.***

SO II

Activity 1 (ER3): Strengthened health financing evidence for innovative financing of the national health equity fund (a platform for moving towards UHC) by institutionalizing systems for regular financial monitoring through NHA, fiscal space analysis and public financial reviews as part of the national health sector performance review; July – November; 2016; ***(100% achievement): the WHO collaborated with key stakeholders, such as the WB, USAID, and MOF and undertaken fiscal space analysis that informed the design of the Liberia health equity fund, a national health financing strategy, as a means to move towards UHC taking into account country context.***

Activity 2 (ER3). Strengthened health financing evidence by institutionalizing systems for regular financial monitoring through NHA; July –November; 2016; ***(80% Achievement); the ministry was supported in completing the 2013/14 NHA and the commencement of the 2015/16 exercise which is currently on-going. The completed report shows that the main flow of funds to the health sector is through external constituting around 50%, followed by out-of-pocket, 35%. The WHO provided technical and financial support to the institutionalization of NHA,***

Activity 3 (ER4). Provided technical and logistic support to department of planning to strength capacity for effective planning and management of health services and policy dialogue; March-September, 2016. ***(100% Achievement); logistic support in various forms; equipment, stationery, salary support, etc., was provided the department to enhance its capacity to effective planning, management, and monitoring of health services at all levels. This support has enabled the department to strengthen the capacity of county teams in developing operational plans, data collection, analysis and report, among others.***

Activity 4 (ER5): Supported and facilitated collation and analyze data to define resource envelope (resource mapping) for effective resource allocation to national and sub-national levels; ***(100% Achievement); a comprehensive report on the resource envelop has been developed estimated the aggregated amount of financial inflows into the health sector. However, the report revealed that there is a substance amount of off-budget support, and this being a major challenge to the sector, as these funds tend to undermine effective planning and allocation of financial resources to various levels of the health systems. Efforts are underway to address the issue of off-budget support to the health sector***

SO III

Activity 1 (ER6): Facilitated and implemented partner coordination mechanisms at national and sub-national levels; strengthening of health boards and HSCC; **(80% Achievement); the Health Services Coordinating Committee (HSCC), the core policy decision-making body of the ministry of health has been reconstituted, expanded and terms of reference broaden. The committee is currently functional and is headed by the Minister of Health and co-chair by the WHO. The committee has taken a number of decisions to effect reform in the health sector.**

Activity 2 (ER6): Facilitated and supported performance appraisal of the pool fund and strengthen capacity for financial evidence-based planning, budgeting, resource utilization and accountability; **(100% Achievement); the pool fund, a SWAP mechanism established by the ministry of health to pool financial resources into the health sector was completely assessed, and has been aligned with the financial management system of the ministry. A major challenge of the mechanism was the low participation of development partners.**

Activity 3 (ER6) Supported improve partnership and aid coordination mechanisms at national/counties, including development of a compact and its implementation, **(90% achievement): the MOH with the technical and financial support of EU-WHO UHC partnership program, strengthened the partner coordination mechanisms at central (HSCC and HCC secretariat), and sub-national level (health boards and county level coordination units). The MOH with the support of the WHO developed the country compact that involved a series of negotiations and consultations.**

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

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

1. Documentation of lesson learned from the EU/LUX Partnership Project in Liberia (added); findings shared with the regional office.
2. Strengthening of MOH HRH Unit (added),
3. Supported development of a comprehensive investment case for the RMNCAH for Liberia (added); technical support provided and the country developed and endorsed the strategic plan,

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 modifications did not have a significant impact on future and these were to a large extent discussed with the MOH and EU delegation.

Lessons learned:

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

1. The partnership program served as the basis for sustained harmonization and alignment of stakeholders along implementation and joint appraisal of the investment plan for building resilient health systems: The

policy dialogue program strengthened partnership for health through policy dialogue around a number of critical issues. It has also played a critical role in facilitating partnership among health actors around responding and building the capacity for the national and subnational level leadership. This has been demonstrated by the regular dialogue for the restoration of essential health services; enhanced joint assessment of progress in health service recovery and development of costed annual work plans at national and sub-national levels to address identified gaps; the dialogue further enabled ministry of health hold accountable development partners as well as implementing partners along the one plan and joint monitoring of performance indicators.

2. Promoted the need for systems capacity building through a well designed and implemented policy dialogue and negotiations along the hierarchy of the health system in developing a resilient health system that could assure UHC and health security,
3. Enhanced development of awareness for development of innovative scenarios and policy directions to move towards universal coverage, through reforming health financing strategies, emphasizing the shifting of health-care delivery towards integrated people-centred health services, and the need to protecting and promoting the health of communities and building capacity to deal with future challenges

Road Map and timeline for 2016:

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

2016 activities	Timeline	Responsible bodies
1. Support and implement systemic capacity building along the hierarchy of needs for evidence based planning, monitoring and decision-making at operational levels,	Jan – Feb 2016	MOH, WHO, USAID/CSH, UNICEF, UNFPA, UNDP, WB, NGOs
2. Cooperate with MOH and partners to develop, implement and monitoring of health workforce development and regulation systems and plans,	May- June 2016	MOH, WHO, USAID/CSH, UNICEF, UNFPA, UNDP, WB, NGOs
3. Cooperate with the MOH and partners to strengthen and develop a harmonized plans for the national drug and supplies procurement, distribution and management systems,	May- June 2016	MOH, WHO, USAID/CSH, UNICEF, UNFPA, UNDP, WB, NGOs
4. Support MOH develop a standardized and harmonized performance monitoring, evaluation and reviews of programs and national health Plans, including, DASHBOARDS and policy briefs,	Jan – March 2016	MOH, WHO, USAID/CSH, UNICEF, UNFPA, WB,
5. Provide technical support to the MOH develop and operationalize a standardized and integrated health information system, including, HF surveys and reviews, RDQA, etc.,	Feb – June 2016	MOH, WHO, USAID/CSH, UNICEF,
6. Strengthen systems and capacities for financial	May – June 2016	MOH, WHO,

evidence-based planning, budgeting, resource utilization and accountability through building capacities of the public financial management systems		USAID/CSH, WB,
7. Collaborate with stakeholders and provide technical and financial support to the MOH generate evidence to establish a health equity fund to ensure financial risk protection,	Feb – March 2016	MOH, WHO, USAID/CSH, WB,
8. Strengthen health financing evidence by institutionalizing systems for regular financial monitoring using the NHA, PET, etc.,	Sep – Nov 2016	MOH, WHO, USAID/CSH, WB,
9. Support improved partnership and aid coordination and effectiveness mechanisms at national/counties, including development of a compact and its implementation,	Feb – April 2016	MOH, WHO, UN agencies, USAID, WB, NGOs, CSOs
10. Support MOH and partners conduct JARs and review of health sector performance	June – July 2016	MOH, WHO, UN agencies, USAID, WB,
11. Support implementation of community health services operational plan and community engagement strengthening activities	Feb-Apr 2016	MOH, WHO, UNICEF, UNFPA and USAID,

Visibility and communication

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

1. Communities, civil societies and all other stakeholders (development partners, NGOs and faith based organizations) were regularly informed on the performance of the health sector through different for a, and in particular at the annual health conference held in November; the 8th Annual Health Review Conference; the first since Ebola
2. Quarterly publication of a score card on performance of the health sector partnership performance in health service delivery
3. Quarterly meetings of the HSCC at national level has facilitated dialogue around priority issues in the health sector
4. Weekly health partners coordination meetings facilitated coordinated response to post EVD outbreak and restoration of essential health services in the country,
5. Through press releases posted on the WCO Website

Impact assessment:

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

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

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The health sector has begun to register some remarkable gains during this post Ebola period. The EU-WHO policy dialogue program has contributed to a large extent to these achievements. Improved Health national and sub-national health coordination and partnership has promoted dialogue along priority areas of the health system and has enhanced ownership and accountability by government authorities and donors resulting in the development and operationalization of central and county plans; joint monitoring and reviews. Some visible signs of improvement are;

1. Geographic access and readiness of health facilities to provide essential quality health services has increased to 65% (source: SARA+ and QoC study, 2016),
2. Health services utilization increased from 0.8 to 1.4 visits per year per capita,
3. *Majority of the health facilities (92%) had basic equipment and medicines and commodities for family planning services and 57% of hospitals and health centers with at least one tracer item to provide CEmONC services,*
4. Coverage of essential services such as skill birth attendance improved from 49% in 2015 to 61% in 2016. Immunization coverage for under one children has raised to 86.3% for penta3 and to 66% to fully immunized children. However, disparity prevails among the counties.

Linking activities to overall Objectives:

Please see below list of overall programme monitoring indicators and select the ones, which apply to your country Road Map. Please describe if this target has been met and how.

The below indicators apply to the Liberian EU LUX WHO UHC partnership program monitoring roadmap. These indicators have been developed and agreed in line with the development, implementation and review of the national health sector investment plan for building a resilient health system and to move towards UHC objectives. Status of progress in achieving the stated indicators and their targets have been monitored along with the overall health sector performance review conducted at the end of the 2016 fiscal year.

Targets for the following indicators have been achieved;

1. National Monitoring & Evaluation framework indicators developed and used;
2. NHPSP is in line with JANS attributes
3. An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible
4. Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health
5. Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out
6. Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)
7. Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation
8. Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews
9. Positive trend seen in stakeholders' alignment with NHPSP
10. Existence and implementation of an IHP+ compact or equivalent at the country level
11. Agreed or strengthened mutual accountability mechanisms such as joint annual reviews

Targets for the following indicators have been partially achieved though further detailed analysis and evidence is considered.

12. Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%
13. Fall in the incidence of financial catastrophe and impoverishment due to out-of-pocket payments
14. Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent,

Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership

Strategic objectives (SO)	Expected Results (ER)
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; ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

<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>