

**TOWARDS *MEASURABLE RESULTS* FOR HEALTH THROUGH NATIONAL
INVESTMENT PLAN FOR RESILIENT HEALTH SYSTEM, 2015-2021**

COUNTRY COMPACT BETWEEN

GOVERNMENT OF THE REPUBLIC OF LIBERIA AND DEVELOPMENT PARTNERS

REPUBLIC OF LIBERIA

31 May 2017

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1. Introduction

1.1 Background and Context

Over the last ten years, the government of Liberia has worked with its development partners to establish effective and efficient systems for policy and project development, health sector financing, and donor coordination. Despite significant progress, fragmentation persists as manifested by the multiple project coordination units within MOH, including the Pool Fund Secretariat, the World Bank Project Implementation Unit, the Global Fund Program Coordination Unit, the FARA Management Unit, etc.

Strong partnership for health system strengthening is top on the agenda of the government and its international and national partners. There is also an increasing demand by the citizens for high quality and effective healthcare provision. Most health indicators however remain sub-optimal due to fragmentation in service delivery that contributes to inadequate coverage and quality of services. Building resilience in the health system, ensuring health security and paving the way towards universal health coverage as ultimate goals necessitate a robust health system through unified support to health system.

Against this background, Liberia signed the IHP+ Global Compact in April 2016 as a demonstration of the Country's aspirations towards a more harmonised and coordinated health system that aims at making development assistance more effective and ensuring it is oriented towards tangible results and that it contributes to the delivery of Universal Health Coverage. A unified and harmonised approach of health system support will enhance alignment to one country plan, minimize fragmentation, ensure more transparent funding for the sector, and enhance mutual accountability and achievement of results.

Liberia already has the fundamental components in place for implementing IHP+, but there still remain weaknesses and deficiencies in the system that the country hopes to address through this compact.

1.2 Support for one National Strategy and Plan

Liberia's Ministry of Health (MOH) has effectively led inclusive planning processes for the health sector. In 2006 the MOH along with partners, developed the first National Health Policy and Plan (2006-2011). The subsequent iteration of the national policy and plan was done to cover period 2011-2021. The Investment Plan for Building a Resilient Health System was developed in the aftermath of the devastating 2014-15 Ebola Virus Disease (EVD) outbreak and is an addendum to the 2011-2021 National Health Policy and Plan. The MOH has also been doing annual operational plans at the county and national levels. However, the budgeting process (of both GoL and partners) is not adequately aligned to the operational planning process, which is a remaining weakness. At times, some plans are not realistically achievable. Another point of fragmentation is caused by vertical programming, which is not aligned to the county operational plans (e.g. malaria, TB, HIV). Additionally, there is scope to improve alignment and integration of implementing partners' plans with county plans. Although the private sector is a significant part of the health system, there is no coordinated way of working and planning with them.

1.3 Resources on Budget

Of the US\$301 million total health expenditure in Fiscal-Year 2013/2014, donor funds accounted for 39% while government and out of pocket expenditure accounted for 16.4% and 42% respectively (NHA, 2013/2014).

According to the 2015/16 resources mapping for the health sector, donor contribution was approximately 80% of which 43% was off budget. Off-budget support can be less predictable, facilitate duplication and be less well aligned to national priorities.

1.4 Funding Modalities

The Government of Liberia's preferred funding modality is budget support. However, there are multiple funding modalities in operation.

The Government of Liberia established the Health Sector Pool Fund (HSPF) in April 2008 because the large number of health sector actors presented a major challenge to achieving alignment behind the National Health and Social Welfare Plan (NHP), which translated into excessive transaction costs for the government. Since its establishment in 2008, the Pool Fund has received over \$ 82 million in revenues (contributions and bank interest), of which 96 per cent has been committed to unfunded priorities and 85 per cent has been spent. We see the IHP+ process as building on those successes.

The United States Government (USG) and the Government Of Liberia (GOL) established the Fixed Amount Reimbursement Agreement in 2011. This is a form of budget support in which the GOL pre-pays for activities and receives reimbursement from USG based on achievement of pre-agreed targets. The FARA mechanism can only be utilized up to the amount that GOL is capable of pre-paying. This limits utilization of the modality, with the additional funding being given directly to NGOs which is difficult to track.

Several vertical projects initiated their own health system strengthening funding over the years. However, this systems support is fragmented and weighted towards program-specific system strengthening as opposed to comprehensive sector support. This does not contribute to the resilience of the system overall in spite of the large investments. All of our efforts are not yielding the intended results, because of the modalities that are being used.

1.5 Financial Management

The Ministry of Health, supported by DFID, established the Office of Financial Management in 2011. Price Waterhouse Cooper worked with government staff to build the systems and capacity within MOH before transitioning out after two years.

The system has functioned fairly well over the years. With the expansion of resources there is a need for continuous strengthening of the system, as the 2016 Joint Financial Management Assessment (JFMA) noted. The 2016 JFMA recommended a number of measures aimed at strengthening the financial management systems and support alignment of all resources provided for the health sector, with those of Ministry of Health/Ministry of Finance and Development Planning.

1.6 Procurement, Supply Chain Management

Liberia has a national procurement system; of which the MOH procurement office is an integral part. Not all partners are using the government procurement system. The 2016 JFMA noted several strengths of the MOH procurement system and made a number of recommendations to strengthen the system even further.

The supply chain for health commodities is currently the weakest link despite long-standing technical assistance and investments by government and partners into the National Drug Service and the Supply Chain Management Unit of the MOH. As such, parallel systems continue to be used. The MOH has initiated a reform process and looks forward to fully reforming the national supply chain in a holistic manner with support from all its partners.

1.7 Information, Accountability, Monitoring and Evaluation

The government is held to be accountable to its partners; however, more accountability is required between government and partners as well as among partners. Shared information and monitoring systems allow for mutual accountability.

The MOH and partners have conducted annual reviews starting from year one of the first National Health Plan. However, the annual review leads to the production of annual operational plans to which budgets are not aligned.

1.8 Capacity Building

Liberia has received significant technical assistance (TA) over the years. The process of identification of TA needs and the provision of TA to meet these needs is not well coordinated. Use of technical assistance is not maximized by the government so the desired benefits are not achieved. Sometimes technical support provided not well aligned to identified national priorities. There is room for improvement in terms of strategic planning for TA and use of standardized national TA guidelines in Liberia.

1.9 Civil Society Engagement

Civil Society is represented on several coordination mechanisms of the Ministry of Health. Despite this, the Ministry has yet to maximize the potential contribution and collaboration with civil society as well as the private sector.

1.10 Private Sector

As with Civil Society Engagement, the Ministry of Health has not yet made maximize use of the potential contribution and collaboration in the private sector.

2. Purpose and Structure of Country Compact

2.1 Purpose

The main purpose of the Liberia compact is to set out a framework for increased and more measurable and effective development cooperation in the health sector. This will enhance implementation of the national health sector strategic investment plan in line with the best practices of the International Health Partnership (IHP+) and accelerate progress towards achievement of Universal Health Coverage (UHC) goals and Sustainable Development Goals (SDGs).

The country compact, while setting out the common understandings achieved between the Government of Liberia and partners that includes development Partners (DPs,) Implementing Partners (IPs/NGOs), Civil Society Organizations (CSOs) and the private sector, specifically outlines;

- Guiding principles and management arrangements that will be used by all partnering entities,
- The specific commitments and obligations jointly agreed for implementation of the compact,

2.2 Guiding Principles

The Liberia country compact is in principle based upon the Busan agreement for effective development cooperation, and the seven behaviours that the partnership needs to implement;

- **Ownership of development priorities by developing countries.** Partnerships for development can only succeed if they are led by developing countries, implementing approaches that are tailored to country-specific situations and needs
- **Focus on results.** Investments and efforts must have a lasting impact on eradicating poverty and reducing inequality, on sustainable development, and on enhancing developing countries themselves.

- **Inclusive development partnerships.** Openness, trust, and mutual respect and learning lie at the core of effective partnerships in support of development goals, recognizing the different and complementary roles of all actors
- **Transparency and accountability to each other.** Mutual accountability and accountability to the intended beneficiaries of development cooperation, as well as to the respective citizens, organizations, constituents and shareholders, is critical to delivering results. Transparent practices form the basis for enhanced accountability.
- **Strengthen and increasingly use country systems.** A strong country system is the foundation for Liberia's ability to achieve the desired results and effectively use its domestic and external resources. Strengthening those systems should therefore be the overarching goal of any assistance, and using robust country systems would not only reduce transaction cost but also increase efficiency.

The Compact is not considered a legally binding document, nor does it supersede existing bilateral agreements. However, it demonstrates collective commitment in reinforcing the principles of effective development cooperation.

Government entities, development partners, NGOs and community representatives, signatories to this compact, commit to reflect the principles outlined in the compact in any new bilateral agreement with the government or other partners in Liberia.

2.3 Definition of Terms

Accra Agenda for Action (AAA): An agenda adopted in Accra on September 4 2008 that focuses the aid effectiveness agenda on the main technical, institutional and political challenges to the full implementation of the Paris Principles. The Accra Principles include:

- **Predictability:** donors will provide 3-5 year forward information on their planned aid to partner countries
- **Country Systems-** partner country systems will be used to deliver aid as the first option, rather than donor systems

Civil society organizations: means non-governmental organizations, faith based organizations, community based organizations and youth serving organizations working in the health sector.

Development partners: means any and all parties contributing to achieving the health related SDGs in Liberia.

Government signatories: means the ministries of health and finance and development planning which will be signing the compact on behalf of the Liberian government.

Health sector coordination committee: means a joint coordination committee chaired by the minister of health and consisting of representatives of government departments and agencies, heads of development partners' agencies and representatives of civil society organizations, private sector and professional associations.

Implementing partners – means central, county, districts and health facilities, civil society organizations, development agencies and private sector actors contracted by donors or government to implement health programs in the health sector.

International health partnerships and related initiatives (IHP+) means a global health partnership between different governments and developmental organizations including civil society, with the aim of supporting national processes and aligning behind country led efforts for improved health outcomes.

Mutual Accountability: an agreement between two or more parties under which each can hold the other responsible for delivering on its commitments.

Private Sector – means all private, for-profit entities working in the health sector.

Technical Assistance: refers to the transfer, adaptation, mobilization and utilisation of services, skills, knowledge and technology. In practical terms, it is mostly the provision of national and international consultants/experts needed to support the MOH in its work. Technical Assistance should increase capacity through at least the transfer of skills and knowledge.

Transparency: Full accurate and timely disclosure of information. Greater transparency provides everyone a better understanding of how the partnership and programmes are working and in turn, places greater pressure on management to produce results that are acceptable to all stakeholders.

3. Areas of Mutual Commitments

3.1 Commitments of Government

Recognizing partners' willingness to commit to longer-term partnerships or financial support depends on mutual confidence in the transparency, predictability and efficiency of national planning and budgeting systems and processes; the Government will

3.1.1 One National Strategy and Plan:

- Continue to lead the development of the national strategy, sub-sector strategies and underpinning plans (including annual operational plans) through an inclusive and consultative process that addresses Liberia's health priorities; ensures value for money; has realistic funding envelope (government & donors) and budget.
- Engage all stakeholders (development partners, implementing partners, private sector, civil society, faith based organizations..) in the annual development of a costed annual plans informed by evidence generated by the joint annual sector reviews,

3.1.2. Resources on budget:

Funding modalities:

The government of Liberia's **preferred funding modality**¹ is, in order of priority:

- **Budget support**, either linked to specific health sector indicators, or earmarked as sector budget support using government procedures. This enables both domestic and external resources to be aligned to priorities in the sector.
- **Pooled funding** that uses government procedures,
- **Project/program support** aligned with the government's annual plans (both at central and county levels). *For development partners' with project funding, mainly due to restrictions from their host governments and or funding agencies, the Ministry of Health of Liberia will however work closely, both at national and operational levels, in the planning, use and reporting of funds to enhance their coordination and alignment with the sector priorities, implementation and reviews.*

¹ The terminology regarding the different modalities may need adjustment

² Not sure about the formalities here, whether we can say approved.

³ External financing including programme and project financing and its intended use are reported in the budget documentation. On Parliament: External financing is included in the revenue and appropriations approved by Parliament. Source: (Source: *Collaborative Africa Budget Reform Initiative (CABRI)* 2010)

In view of the funding modalities, the government commits to;

- Prepare a transparent budget including all sources of income known to it, endorsed² by the Ministry of Finance and development planning, including a 3year-rolling budget, and expenditures audited in a timely manner,
- Execute its budget in time and in accordance with PFM standards, including at decentralised level
- Improve on accurate recording and timely sharing of information on financial and technical reports,
- Ensure adequate capacity, both at central and operational levels, to manage and coordinate resources,
- Regularly provide information to all stakeholders on resource allocation of combined donor and government funds, consistent with national priorities,

3.1.3. Financial Management:

- Continue to regularly assess and continuously strengthen its PFM systems in an inclusive and transparent manner
- Implement, together with Development Partners, the recommendations of the 2016 Joint Financial Management Assessment to strengthen national PFM systems,

3.1.4 Procurement and Supply Chain Management:

- Assess its procurement and supply chain systems in an inclusive and transparent manner, and based on the strengths and weaknesses identified establish a credible plan to strengthen the procurement system and supply chain management in the health sector.

3.1.5 Information, accountability, monitoring and evaluation:

- Establish, with support of partners, a comprehensive Monitoring and Evaluation system, with sufficient data quality including verification process and appropriate data analysis to benefit management at all levels of the system, and which is made publicly available.
- Implement and report on a single results based framework for the National Health Sector Plan, which will be reviewed as appropriate.
- Implement, with engagement of all stakeholders, annual joint review of the national health strategy and plan

3.1.6. Capacity Building:

- Conduct a Technical Assistance (TA) needs assessment and develop capacity building plan for the sector
- Identify counterpart(s) for TA to ensure appropriate transfer of knowledge and skills
- Establish clear guidelines for TA needs

3.2 Commitments of Development Partners

Development Partners commit to

3.2.1 National Strategy and Plan:

² Not sure about the formalities here, whether we can say approved.

- Adhere to and support the national strategic plan and the annual operational plans at national and county level and ensure plans are fully coordinated and integrated into the central and sub-national levels
- Provide funding support to contribute to addressing identified funding gap for priorities stipulated in the health sector strategic investment plan, 2015-2021,
- Gradually use country systems as and when they become sufficiently robust to satisfy the individual DP requirement.

3.2.2. Resources on budget:

- Provide resources on budget³, aligned with the country budget cycle as well as the Medium Term Expenditure Framework (MTEF) and national plans.
- Provide to MOH, by the first quarter of each calendar year, information on expected resources and disbursements in terms of sector's budget support and/or project assistance (at levels they operate). This information should cover at least two to three years period.

3.2.3. Financial Management:

- Support Government-led, joint assessment of national financial management systems
- Support the implementation of the recommendations of the 2016 Joint Financial Management Assessment (JFMA)
- Use elements of the government PFM systems as and when they become sufficiently robust to satisfy the individual DP requirements, eventually using the full system.

3.2.4. Procurement/Supply Chain System:

- Assist the government to strengthen its procurement system and supply chain management in the health sector.
- Use the government procurement system and supply chain management as and when they become sufficiently robust to satisfy the individual DP requirement.

3.2.5. Information, accountability, monitoring and evaluation:

- Use the country's information and accountability system, both for overall sector monitoring as well as sub-sector support.
- Support Governments' efforts to strengthen data quality, analysis or other matters are identified.
- Support joint monitoring, evaluations, review and reporting.

3.2.6. Capacity building

- Support the government's plan for systems strengthening and capacity building in a well-coordinated manner,
- Provide TA requested by the country partner as per the TA guideline, ensuring that TA supports the national priorities and focus on institutional capacity building
- Involve the country partner (mostly government, but could also be NGOs or private sector) in deciding on which TA is needed, approving the TOR and choosing the TA.

³ External financing including programme and project financing and its intended use are reported in the budget documentation. On Parliament: External financing is included in the revenue and appropriations approved by Parliament. Source: (Source: *Collaborative Africa Budget Reform Initiative (CABRI)* 2010)

- Establish clear reporting and accountability of TA to the relevant government or other country partner including joint performance assessment
- Ensure that external support for health systems related research contributes to capacity building, and follow the same principles of harmonization and alignment.

3.2 Commitments of Implementing Partners, Civil Society and Private Sector

3.3.1 Implementing Partners commit to;

- Formalize their plans through Memoranda of Understanding (MOU) with the Ministry of Health that include project documents with detailed budgets
- Ensure that plans are fully aligned and integrated to the national, county and health facilities operational plans,
- Ensure their budgets are fully aligned and integrated with sector plans at central and operational levels (counties and health facilities),
- Use the elements of the government PFM systems, such as common reporting instruments, as and when they become sufficiently robust to satisfy the individual partners requirement,
- Use the elements of the government procurement system and supply chain management as and when they become sufficiently robust to satisfy the individual partners' requirement.

3.3.2 Civil Society Organization

- Abide by the country strategies pertaining to their area of interventions.
- Report and use data as required by the government.
- Provide information and data as required, in a timely manner
- Create and assume roles that will ensure transparency and accountability of implementing partners to citizens and beneficiaries
- Participate in policy development and planning exercises

3.3.3 Private Sector

- Abide by the country strategies pertaining to their area of interventions.
- Participate in policy development and planning exercises
- Abide by regulations
- Submit in a timely fashion required data and information
- Report and use data as required by the government.

4. Implementation Arrangements

4.1 Coordination Mechanism

Health sector governance in the context of the strategic investment plan for building a resilient health system Liberia is organized and managed through the leadership of the Ministry of Health. It encompasses the capacity to formulate strategic policy directions; capacity to regulate, including building partnerships and collaborations across the sector; and the capacity to harness relevant intelligence. The ten-year health policy and strategic plan (2011-2021) and complementary 2015-2021 Investment Plan for building a resilient health system outline the expected contribution of the diverse health sector partners. A number of structures and coordination arrangements to facilitate consultation and a joint decision making process are functional at national and sub-national level.

The Health Sector Coordination Committee (HSCC) is the highest governance body, which decides, oversees and facilitates the implementation of the national health policy and strategic plan and strategic investment plan, 2015-2021. It is also a forum for dialogue and consultations on overall policy, reform and institutional issues of the health sector between the government, development

partners and civil society organizations. The HSCC plays a leading role in mobilizing resources to make the sector fundable on a sustainable basis; in promoting alignment and harmonization for aid effectiveness in the sector; and in closely monitoring the implementation of priority programs in the health sector. The HSCC has a defined term of reference. The Minister of Health chairs the HSCC and WHO co-chairs. Its members include high-level representatives of the relevant government authorities, head of multilateral and bilateral development agencies, CSOs, the private sector and health professional bodies.

The joint health coordinating committee (HCC) is the core committee that serves as the technical arm of the HSCC. The HCC assists and works closely in following up implementation of the decisions of the HSCC. Currently, the Policy, Planning and Research Department through the development coordination unit serve as the secretariat to the HSCC.

Technical working groups, sub-committees and other coordination forums are forums that facilitate a focused and effective implementation of priority interventions of the national health plan.

4.2 Joint Programme Coordination Unit

The Ministry of Health (MOH) shall, in consultation with relevant partners, establish a Joint Programme Coordination Unit (JPCU) arrangement⁴ that would do donor related fund management and reporting, and integrate the current arrangements specific to donor funded programs and projects.

Institutional structure, roles and relationships: The JPCU shall replace all current project or program management units in the ministry of health with the term of reference containing clearly defined purpose, roles and responsibilities, and line management, etc. Relevant programs/projects entering into the envisaged JPCU include the following: HSPF, GF, GAVI, FARA, and WB.

Roles and responsibilities of the JPCU: coordinates and manages all donor funding to the ministry of health, either in a program (disease specific) or project specific funding models or pooled funding arrangements. The coordination unit shall function closely with the Office of Financial Management (OFM) and relevant technical departments and units of the ministry of health. To facilitate its work and to enhance linkages the unit shall create a database and a platform for networking that will serve as a tool for sharing integrated information in a timely manner among stakeholders.

Structural arrangement: A dedicated coordinator and deputy coordinator will manage the JPCU with a full accountability and being answerable to the Minister of Health. There should be flexibility in merging existing multiple coordination units and establishing the new joint coordination unit. There will be consultations and discussions with all the main stakeholders in order to ensure efficiency of the mechanisms. In addition to the coordinator and deputy coordinator, it is envisaged that the JPCU will have staff complement that include managers for the respective program/project areas, grant managers (accountants), technical as well as administrative staff.

Role of the JPCU:

- Oversee implementation and governance of the compact and development coordination in the health sector serving as the secretariat for the HSCC and HCC,
- Grant management, including support provided for project development and costing/budgets of the various project components,
- Coordinate all inflowing funds according to agreed modalities in using the OFM with additional safeguards,
- Liaise with M&E Unit to support close monitoring of all project specific indicators

⁴ Such arrangements are seen in other countries, e.g. Rwanda and Sierra Leone

- Prepare programme specific progress reports as well as develop in close collaboration with concerned MOH units
- Actively participate in all coordination meetings related to technical and financial matter,
- Coordinate and integrate all donor requirement related missions, assessment and reviews,
- Facilitate and undertake dialogue and advocacy roles with donors and MOFDP and other relevant line ministries,
- Create a platform for a regular sharing of information and updates

4.3 . Monitoring the Compact⁵

The Health Sector Coordination Committee (HSCC) will serve as the main oversight and steering body for monitoring the implementation of the compact. It will specifically review:

- At least quarterly whether the signatories are on track with their commitments to support implementation of the National Health Plan
- At least annually whether Government has met its commitments with respect to implementation of the National Health Plan. This will be based on evidence from annual review meetings and periodic budget implementation reports.
- At least annually, whether Government and partners have met their mutual commitments to finance and support the implementation of the National Health Plan.

4.4 Resolution of Disputes

Partners commit to consult each other prior to any action taken that would change the adherence to the principles of this Compact. The government of Liberia and its partners will work in trust and spirit of openness, transparency and consultation. Timely and accurate information sharing inclusive dialogue are critical in building trust and confidence among all signing parties. When an issue arises regarding the implementation of the principles and understandings described in the present commitments, signatories will engage in dialogue to resolve the issues. The health sector coordinating committee will serve as the platform to address issues in a all-inclusive manner.

In the event that government or one or more partner (s) is not able to meet its commitments, the HSCC will convene a special meeting to discuss and find mutual solution to address the situation in subsequent planning phases.

5. Joint Statement of Declaration

We, the government of Liberia, the international organization and bilateral donors, the civil societies and the private sector are collectively in full agreement with the content, requirements and implementation arrangement as stipulated in the country compact – *named as 'Liberia health sector compact'*. We also express our joint commitment to work together in an efficient ways to strengthen the health system of Liberia and ensure improved national governance and to build on and use existing systems for planning, coordination and management of the health country health systems within the overall national transformation framework to move towards the SDGs and UHC. We also collectively commit to be held accountable in implementing this country compact.

⁵ see list of select indicators (annex 4)

6. Signatories

6.1 GOVERNEMENT OF THE REPUBLIC OF LIBERIA

MINISTRY OF FINANCE AND DEVELOPMENT PLANNING	MINISTRY OF FOREIGN AFFAIRS
MINISTRY OF HEALTH	NATIONAL GOVERNANCE COMMISSION
HEALTH COMMITTEE OF LIBERIA SENATE	HEALTH COMMITTEE OF LIBERIA HOUSE OF REPRESENTATIVES

6.2 PARTNERS

AFRICAN DEVELOPMENT BANK	GLOBAL FUND FOR AIDS, TB and MALARIA (GFATM)
CLINTON HEALTH ACCESS INITIATIVE (CHAI)	Government of GERMANY
GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION (GAVI)	IRISH AID

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)	UNITED NATIONS JOINT PROGRAMME ON AIDS (UNAIDS)
REPRESENTATIVE OF CIVIL SOCIETY	UNITED NATIONS POPULATION FUND

ORGANIZATIONS	(UNFPA)
REPRESENTATIVE OF IMPLEMENTING PARTNERS (INTERNATIONAL NGOs)	REPRESENTATIVE OF IMPLEMENTING PARTNERS (LOCAL NGOs)
REPRESENTATIVE OF PRIVATE SECTOR	US CENTRES FOR DISEASE PREVENTION AND CONTROL
UNITED KINGDOM DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID)	WORLD BANK
UNITED NATIONS CHILDREN FUND (UNICEF)	WORLD HEALTH ORGANIZATION
UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

7. Annexes

7.1 Indicators for monitoring implementation of the country compact,

1. Percentage of Partners' plan aligned to the health sector plan and strategic investment plan,
2. Percentage of DPs and IPs that are engaged and participating in health sector joint performance reviews,
3. Percentage Of DP's funding disbursed according to national planning cycle,
4. Percentage Of development assistance to the health sector reported on budget
5. Percentage Of development funding using national procedures
6. Percentage Of development assistance that uses national procurement and supply systems,
7. Percentage Of development assistance partners that provide technical assistance in line with the national plan,
8. Percentage Of CSOs getting funding and technical assistance from government and development partners to enhance their effective participation in national health policy and planning process,
9. Percentage DPs using the national results matrix for reporting needs,

7.2 National Investment Plan Results Matrix

Domain	Description / area	Indicators	Baseline	Year	Source	June 2017	Target (2021) ⁶
Goal	Improved health status of the Liberian population	Neonatal mortality rate per 1000 live births	38	2013	LDHS		19
		Infant Mortality Rate per 1000 live births	54	2013	LDHS		--
		Under-5 mortality rate per 1000 live births	94	2013	LDHS		57
		Maternal mortality ratio per 100,000 live births	1072	2013	LDHS		497
Purpose	Build a resilient health system through improved <ul style="list-style-type: none"> Access to safe and quality services Health emergency risk management Enabling environment and restoring trust 	Percentage of infants fully immunized	65	2013	AR	75	91
		Percentage of pregnant mothers attending 4 ANC visits	54.4	2013	AR	75.8	85
		Percentage of deliveries attended by skilled personnel	61	2013	DHS	72	80
		Percentage of pregnant mothers receiving IPT-2	48	2013	DHS	60	80
		TB case detection rate (all forms)	56	2013	AR	75	85
		Total Couple Years Protection (all methods)	71,714	2013	AR		
		HIV positive pregnant women who received antiretroviral treatment	42	2013	AR	60	80
		Percentage of new/re-emerging health events responded to within 48 hours as per IHR requirements	0	2014	AR	80	100
Outputs per investment area	Health workforce	Skilled health workforce (physicians, nurses, midwives, physician assistants) per 1,000 persons	0.86	2015	Personnel	1.1	1.4
	Health infrastructure	Percentage of population living within 5 km from the nearest health facility	71	2013	RBHS	80	85
		Functional health facilities per 10,000 persons	1.63	2015	H/SA	2	2
		Percentage of health facilities with all utilities, ready to provide services (water, electricity)	55	2015	HSA	80	100
	Epidemic preparedness, surveillance and response system	Percentage of counties with funded outbreak preparedness and response plans	0	2014	HSA	90	100
		Proportion of counties reporting information using event-based surveillance	0	2014	IDSR	80	80
		Proportion of counties with Public health risks and resources mapped	0	2014	IDSR	80	80
	Medical supplies and diagnostics	Percentage of health facilities with no stock-outs of tracer drugs during a given period (<i>amoxicillin, cotrimoxazole, paracetamol, ORS, iron folate, ACT, FP commodity</i>)	62.3	2011	Accreditation	85	95
	Quality service delivery systems	Number of blood units collected	836	2013	AR	10,000	100,000
		Percentage of facilities practicing IPC according to standards	65	2014	HSA	100	100
		Percentage of facilities reaching two star level in accreditation survey, including clinical standards	9.3	2011	Accreditation	90	90
		OPD consultations per inhabitant per year	1.9	2013	DHS	2	2
	Information and communication management	Percentage of timely, accurate and complete HIS reports submitted to MOH during the year	36	2013	AR	75	90
		Percentage of counties with harmonized data collection systems (<i>HMIS with LMIS, FMIS, iHRIS, CBIS</i>)	45	2013	AR	100	100
	Community engagement	Percentage of communities with 2 / more general community health volunteers	28	2013	CMR	75	80
		Proportion of communities with functional community health committees ⁷	25	2013	AR	80	100
	Leadership and governance	Proportion of county health teams fully established and functional ⁸	65	2013	AR	100	100
		Counties with functional stakeholders forums (County health boards)	0		AR		8
		Percent of bilateral aid that is untied	25	2013	AR	75	80
	Health financing systems	Per capita public health expenditure (US\$)	65	2013	AR	70	80
Public expenditure in health as % of total public expenditure		12.3	2013	AR	15	20	
Out of pocket payment for health as a share of current expenditure		51	2014	HFU	20	15	

⁶ Targets are from the National Health Plan, unless indicator is missing, or had no target

⁷ Functional implies there is evidence the committee (1) has all the staff as per the guidelines; (2) held at least 80% of their scheduled meetings in past 12 months; (3) Ensured all CHVs submitted required reports in the past 3 months in a complete and timely manner; (4) held at least 2 meetings with the CHVs and health facility in the past 6 months

⁸ Functional implies there is evidence health teams (1) have all the staff as per the guidelines; (2) held at least 80% of their scheduled meetings in past 12 months; (3) submitted all required HMIS reports in the past 3 months in a complete and timely manner; (4) held at least 2 stakeholder meetings in the past 12 months; and (5) conducted supervision and mentorship visits to at least 80% of their facilities in the past 12 months

Domain	Description / area	Indicators	Baseline	Year	Source	June 2017	Target (2021) ⁶
		on health					

ABBREVIATIONS: AR (Annual Report); ARR (Annual Review Report); HFU (Health Financing Unit); H/SA (Health System Assessment Report)

