IHP+ 2016 MONITORING ROUND

COUNTRY REPORT TEMPLATE

COUNTRY	Liberia
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1 Process of the 2016 IHP+ Monitoring Round

The IHP+ Monitoring exercise in Liberia was quite difficult as I had to take over from my predecessor during the month of September with little work done. Therefore I had a very huge task ahead but I was able to liaise with Mr. Momolu V.O. Sirleaf, the Director of External Aid at the Ministry of Health who gave me a lot of support to have this task undertaken. We had some problems from the beginning of the work but at certain stage things started to flow with Dps, CSO and private sector stakeholders. Nine of the fifteen DP's that were invited participated in the process; 15 out of thirty CSO's that were invited to complete the online survey, participated in the process; we later took a sample the 30 CSOs and invited 15 of them for the focus group discussion, but finally just 6 of them attended it. The Private sector only took part in the focus group discussion and out of the 15 institutions that were invited also 6 of them participated.

The Health Coordinating Committee meeting- HCC that is being held on monthly basis and represented by all stakeholders was a country mechanism that was used for these forums.

We had a lot of constrains, including:

- Most of the selected participants never had time for the discussion
- Most participants said it was time consuming
- Reaching out to participants was an issue
- Participants had series of other engagements so they never had time for the process.
- The Ministry was not taking the lead in the process.

2 Commitment to establish strong health sector strategies which are jointly assessed and strengthen mutual accountability

2.1 EDC Practice 1: Partners support a single national health strategy

All DP's align their support with the national priorities. In order to better align the support with the national priority areas of development effectively is crucial to continue to build national capacity and DPs engagement in the Ministry of Health led Technical Working Groups and in the Health Sector Coordinating Committee which is convened by the Ministry of Health

It is important as well to allow the Ministry to be in the driver's seat, looking at ways to channel cash grants through health pool funds. The country has a well-defined strategic investment plan; partner coordination mechanism is being strengthened (health sector steering body, health sector coordinating committee); the country has signed the IHP+ and currently developing a country compact with an aim to strengthen joint effort of support to the national plan and its priorities along the three ones (one plan, one budget and one monitoring and evaluation framework).

The development of the national health sector plan, which includes the period 2015-2021 was very inclusive as several ministries participated including the MoH, the Ministry of Finance and Development Planning, Ministry of Gender Development, Ministry of Internal Affairs, and the House committee on Health, as well as several multilateral and bilateral agencies, CSOs, mainly international ones (Mercy, CHAI, RBHS, MTI, SCUK, CHAL, Merci , BRAC , MSF , Last Mile Health, ACF) and even the private sector represented by the Cooper Hospital , Benson Hospital, and St. Joseph Catholic Hospital. It was jointly assed by 57% of DPs, including. WHO, GFTAM, USAID and the World Bank but there have always been annual review meetings with the participation of the DPs of the NHP which includes findings from assessments conducted of the sector. However, stakeholders are not using the JANS to review and align their activities. So far it is only the National health accounts reports and resource mapping reports that provides evidence of inefficiencies or over investment in certain areas.

Although the Government does not agree, around half of DPs consider that subsector assessments are necessary to ensure accountability and transparency in order to access the expected outcomes. Among the main constraints about joint assessments they mentioned they are time consuming and costly. DPs consider that the fact that there is a jointly developed NHPSP and operational plans is an opportunity as well as the leverage financial investments for the country by avoiding duplications and maximizing impact and informing strategic planning, discussing and agreeing with all partners on the areas of support required to overcome bottlenecks and potential needs for HSS reallocation or programming. Joint assessments are also effective to acquire practical and comprehensive feedback and easy to apply the sense implementing partners and recipients countries are working together

2.2 EDC Practice 5: Mutual accountability is strengthened

There is a detailed M&E framework for the national health sector strategy/plan, but just 43% of DPs use a monitoring and results framework solely based on the national results framework and M&E system with indicators and targets identical with the national system's (including for sub-sectors and national programs). The M&E framework plan includes mechanisms for strengthening mutual accountability but DPs consider there are lots of constraints with regards to indicators that are not updated to include information needed by DPs, the unavailability of required indicators, the lack of a functional community-based information system, targets not always identical to the National Strategic Plan, the quality of data and timeliness of reporting, and that the system is not integrated and fully harmonized.

There are lot opportunities to improve the monitoring and evaluation framework, including the presence of the national health policy and strategic plan and a national HIS strategy with core national indicators and data sources, a joint way of working together under the on-going JANS and development of the compact, to provide support to the implementation of the NHP investment, to support one reporting Coordinates funding for action plan, cost effective, easy to share the outcomes and indicators among partners. The MoH should ensure a well-coordinated Health Sector Coordination Committee highlighting the need for data collection and analysis alignment regardless of reporting system. The HSCC, joint annual health sector reviews between DPs and the MOH, national review conferences, the on-going joint financial management assessment and development of joint financial management arrangements, the development of the compact, JRS, the Steering committee meetings and series of discussions among partners, are processes that are in place to promote mutual accountability.

There is a compact or partnership agreement for the health sector, which includes measurable targets and has been jointly assessed through the HSCC and HCC, with the participation of

some DP's, most CSOs, the PS, Parliamentarians and other ministries and agencies. These mechanisms are in place to foster mutual accountability for effective development cooperation. 86% of DP's are participating in mutual accountability processes. Mutual Accountability can be strengthen through more participation, continued dialogue and partnership, inclusiveness, transparency and regular information sharing within the partnership (progress reports, outcomes of the projects) among partners and recipient government, the creation of conditions (enabling technical and institutional capacities) that enhance implementation and through joint results monitoring and learning. The MoH should ensure as well a coordinated Health Sector Coordination Committee highlighting the need for data collection and analysis alignment regardless of reporting system. The IHP+ is considered by the Government to be the best opportunity to strengthen mutual accountability to the commitments by all partners.

3 Commitment to improve the financing, predictability and financial management of the health sector

3.1 Practice 2a/b: Health Development Cooperation is more predictable

The total value of the approved annual budget for the health sector (including budget support) was 72618517 USD, from which 88% of GOV funds and 61% of DP funds of health sector development cooperation for the government sector were disbursed respectively according to agreed schedules, which represented around 70% of all DPs disbursements, including CSO and other entities. In the fiscal year 2014/2015 there was an under-disbursement of the health sector annual budget. The areas that are substantially underfunded are the Mental Health (under the service delivery component of the investment plan), leadership and governance, including central and decentralized levels, the comprehensive information and research management of the investment plan and also there are low investments addressed to community health initiatives.

In the case of DPs, the GFATM, UNFPA and the WB there was an under disbursement and just provided 50-60% of funds due to poor absorptive capacity resulting from inaccurate health commodity quantifications/orders and limited capacity to execute activities in a timely manner, among other reasons. However, some DPs like WHO and JICA had over disbursement through supplementary budget or special funds in the case of emergencies due to the Ebola crisis.

The Government budget for the health sector is for a period of three years and the contributions from DPs are reflected: 5 out of the 7 DPs that participated shared their future spending plans scheduled with the Government for the next three years. Some DPs like WHO and the Irish Aid have a biennium budget that could be due to the uncertainty of funding or an annually agreed pooled funding. The MoH developed its annual plans of funding priorities and presented to the PFSC for approval. The information flow to government can be improved by bringing all DP's to the planning process, making support for the sector to the government and sharing the investment plan to all donors.

3.2 Practice 2c: Health Aid is on Budget

According to the information provided by DPs, 28 % of DP funds were reported on budget, being 0% in the case of WHO, JICA & UNFPA and just 8% for the WB. On the contrary, all resources from the Irish Aid and UNICEF were included in the national budget. However, there

are discrepancies with the government data, who gave a higher figure of 41% for all of DPs. In the case of WHO and JICA, funds are disbursed either through Direct Financial Cooperation (DFC) or through direct implementation.

There are few constraints and opportunities for a balance budget. A recent Resource Mapping study for this year shows a projection of investments into the health sector that will be concentrated on activities that are centrally located. This can be translated into management and administrative functions. Budgetary allocation is not based on informed decision, but the Ministry is working on a defining allocation formula that would help identify priorities based on needs. There are also restrictions on sharing detailed budgets and an increase duplication of resources. Opportunities exist to include the organization resources in the national budget; however, this depends on the harmonization of the national policy and the financial protocols of the organization. This can be improved by the IHP+ but better donor coordination is needed.

4 Commitment to establish, use and strengthen country systems

4.1 Practice 3: PMF systems are used and strengthened

There is a reform programme in place to strengthen the Public Financial Management system. The HP initiative is one, which began with a Joint Financial Management Assessment for identifying systemic gaps and recommending how could be addressed within the system. The Government had already developed a PFM law in 2010 for all public institutions.

Although there is a political will, policies from the public side to encourage DP's to better harmonise the PFM system that will be better aligned a one PFM system have not been developed. However, the External Aid Unit at the MOH and the AID Coordination Unit at the MFDP are now empowered to the extent of request DPs certain standards prior to obtaining clearance or accreditation. Only DPs that are implementing through the pool fund PFM adhere to the PFM standards and use the public financial management system, mainly the national budget execution (88%) and the national financial reporting procedures (83%), while the others use their own PFM system.. There are other mechanisms that are in place for harmonization. Some DPs like the GF use of a parallel system due to customized reporting requirements. In addition, annual audits are currently conducted using an external firm.

4.2 Practice 4: Procurement systems are used and strengthened

The Ministry of Health in Liberia has a National Supply and Procurement System in place which allows for global or regional procurement mechanisms. Most DP's are not using it as they have their own procurement and supply system, with the exception of the World Bank that uses a joint harmonize procurement system. The current practice is to utilize either global, regional or HQ procurement mechanisms with the aim to reduce cost and time, and increase the efficiency. In the case of the GFATM, the procurement of health commodities is done through the GFATM Pooled Procurement Mechanism. However, financial transactions are done following the Office of Financial Management process and procedures and some non-health procurement follows the Public Procurement Committee and or MoH procurement unit.

57% of DPs provide support to strengthen the national procurement and supply system, but some DPs consider that the country does not have sufficient support on systems strengthening in procurement and supply chain management consisting of limited capacity in central level warehouse storage, management and distribution and county/health facility level storage, management and reporting (consumption).

The use of the P&S system can be improved by strengthening technical and institutional capacities of the OFM/PFM of the central MOH; the on-going effort on harmonization of

financial management systems along the MOH and the presence of a harmonized IFMIS, giving priority focus to organizations that are currently supporting health system strengthening. There is the need to create opportunities to discuss with other DP's, through a better coordination with national actors and donors including national quantification and planning of procurement, the use of the national essential drug list, standardization of instruments and alignment of all along the leadership of the national authorities and regulations and also through a Joint assessment of the procurement system by several partners. Recently it has been a point of great concern by all under the heath sector development partnership and effort is being put to strengthen the national system, the national drug services (NDS), harmonize DPs mechanisms and use of the national system.

4.3 Practice 6: Technical support is coordinated and SSC and TrC supports learning

The Ministry does not have a national TA plan. There is no institution involved with the development of ToR for TA and there are no mechanisms in place to monitor the performance of TA; it is just done through the reports sent to the Government. 57% of DP's support government to strengthen a National TA. In line with the on-going work of developing the country compact, work is being done to updating and standardizing the TA along with the national strategic plan priorities.

All DP's provide TA mainly according to agreed identified areas of need within the ministry systems and have their own rules and regulations about TA provision. Technical Assistance is usually provided through a selection and a comprehensive process in which the Ministry of Health is involved. All DPs agree TORs for TA with the recipient country institutions and include building national capacity as part of it. The alignment of TA can be improved by a strategic approach to define TA needs linked to national health priorities, the coordination between partners - who provide which TA, ensuring TA leads to improved capacity and through further dialogue among implementing countries and recipients countries; however, having a national TA plan would be the first step.

The Government is benefiting from some modalities of south south cooperation, but did not provide any additional information about it. Regarding the DPs, all of them, except the Irish Aid, support regional technical cooperation in the form of knowledge sharing and learning or funding by development partners for inter-country learning and collaboration (known as triangular cooperation) or for meetings at country or regional levels bringing together professionals from various country from the South and North. South-south collaboration or TRC could be used more effectively by further dialogue among implementing countries and recipient countries and also by enhancing regional and inter country forums and initiatives on knowledge sharing and learning along the global initiatives and strategies, such as health system strengthening to ensure UHC and health security.

5 Commitment to create an enabling environment for CSO and PS to participate in health sector development cooperation

5.1 Practice 7: Engagement of CSO

According to the Government, Civil Society Organizations are consulted for the design, implementation and monitoring of national health sector policies to a limited extent. Major partners involved in the development of health strategies are public entities, DP's TAs etc. There is a Freedom of Information Act, which all government entities adhere to and in addition the MOH policies and reports are available in the web, but there are no mechanisms to

facilitate CSOs constructive and coordinated input into health policy processes. Although the Government stated that there are feedback mechanisms about the inputs from different stakeholders, it is not so clear how this happens and whether it is systematic or well defined, resulting in repetition of issues over the years.

While 71 % participating DPs stated they consult CSO when developing their cooperation programme, 64% of CSO confirmed that they are involved in programme development and oversight. There are institutionalized mechanisms established to involve CSOs like the national and sub-national partnership arrangements or the development of joint assessment and reviews of the health sector. Liberia in the process of developing its compact has extensively established a forum whereby DPs, government entities and the CSOs dialogue. CSOs are members of the Country Coordinating Mechanism (CCM) which is the entity that submits proposals to TGF on behalf of the country and were included during the country dialogue/feedback session involved in the submission process, mainly those that are health service providers - non for profit NGOs, FBOs, and professional associations. CSOs national and international are also part of the Interagency coordination mechanism (ICC) led by the MOH that has the role to oversight all GAVI grants in the country. This is a national level mechanism.

The Government and DPs (71%) are mainly providing training and technical assistance to CSOs to facilitate their participation in health policy processes, but no financial resources. However, there is discordancy from the CSOs point of view as just 23% and 27% among them considered they received support from DPs in the respective two areas. Some DPs like USAID and the WB also provide support in the areas of advocacy, organizational capacity building, financial management. All DPs, except the Irish Aid, share information on their CSO support with the government through the annual heath sector resource mapping exercise, partner meetings at country level and other mechanisms.

The presence of umbrella organizations at the national level and their representation in all the counties of the country is an opportunity to invite and involve them in the health sector partnership for effective development cooperation process and the prevailing annual bottom up planning exercise and annual review, etc.

5.2 Practice 8: Engagement of PS

According to the Government the HCC and the HSCC processes facilitate participation of private sector groups, unions, professional associations or others in health policy processes. At the HCC and the HSCC, information is shared with the PS in a timely manner; the Joint Annual Review is the common platform used as a feedback mechanism for private stakeholders.

Just around 50% of the agencies include private sector organizations in stakeholder consultations and other participatory structures of their programmers'. They serve on various technical committees and task forces and they are as well members of the CCM. The GF also supports the roll out of the Private Sector Engagement strategy to increase the availability of malaria commodities (ACTS and Rapid Tests) at private facilities and pharmacies as well as testing services. Over the time there have been several achievements ranging from cross fertilization of ideas, commitment but one of the major constraints of collaborating with the private sector is their lack of involvement as well as weak leadership, the lack of coordination, the proliferation of many representative groups, etc. The private sector typically functions differently than government institutions in terms of management, goals, and oversight and this can cause delays and varied approaches.

To increase participation and alignment of the private sector in health policy processes there is the need to continue dialogue with these groups through better engagement along the Public private partnerships and along the implementation of the NHPSP priorities. The engagement and alignment can be improved by continued invitation in the planning processes. Information from the private sector is captured in the national health information system and in the sector M&E framework.

6 Other observations

Not any.

7 Discussion of findings

No discussion of findings took place until the end of May 2017.

8 Annex 1: list of DPs that were invited and those that participated

Nr	List of DPs active in the health sector	DPs invited to participate in 5th IHP+ Monitoring Round	DPs that participated
1	WHO	X	X
2	EU	X	
3	GAVI	X	X
4	World Bank	X	X
5	UNFPA	X	X
6	UNICEF	X	X
7	GIZ		
8	USAID	X	X
9	JICA	X	X
10	UNAIDS	X	
11	Irish Aid	X	X
12	SDC	X	
13	CDC	X	
14	DFID UK AID	X	
15	WFP	X	X (NO funding health sector)
16	CHAI	X	
17	USAID Delivery		
18	USAID/ OFDA		
19	USAID CSH Project		
20	GF/LCM	X	X

9 Annex 2: list of participating CSOs

Nr	List of CSOs active in the health sector	CSO participated in online survey	CSO participated in focus group discussion
1	Christian Health Association of Liberia CHAL		X
2	MERCI	X	X
3	Medical Teams International-MTI	X	X
4	CRS		
5	MSF		
6	Save the Children	X	
7	Plan Liberia		
8	Oxfam GB	X	
9	EQUIP Liberia	X	
10	FACE Africa		
11	Partners for Health		
12	PSI		
13	Samaritan Purse	X	
14	ACDI/VOCA		
15	Action Aid International Liberia		
16	Adventist Development and Relief Agency-ADRA	X	
17	AmeriCares	X	X
18	AIR		
19	Care International Liberia		
20	Caritas Monrovia		
21	Medecins Du Monde		
22	Child Fund Liberia		
23	Concern Worldwide	X	
24	EDC		
25	Ehealth Africa		
26	JSI		
27	Last Mile Health		
28	NARDA		
29	RTI		
30	LINNK		
31	NCSCOL		
32	NCSOAC		
33	ACF	X	X
34	BRAC Liberia	X	
35	SHALON INC	X	
36	Water Aid Liberia and Sierra Leone	X	
37	MCAI	X	
38	Medical Emergency and Relief	X	
39	Liberia Immunization Platform-LIP		X
40	MOH / Nutrition		X

10 Annex 3: list of participating private sector organisations

Nr	List of private sector active in the health sector	Private sector organisation participated in focus group discussion
1	Benson Hospital	
2	Seven Day Adventist Cooper hospital	X
3	BRAC Liberia	X
4	St. Joseph Hospital	
5	Symthe Institute	
6	Mother Pattern College of Health Sciences MPCHS	X
7	Liberia Pharmarcy Board LPB	X
8	Face Africa	
9	Itter Pharmarcy	
10	Liberia Nurses Association	X
11	Lonestar GSM	
12	Cellcom GSM	
13	African Methodist Episcopal University-AMEU	X
14	UMU	