

2016 IHP+ Monitoring Round

Monitoring of Commitments
on Effective Development
Cooperation in Health

Presentation of the findings for Liberia

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IHP+ 5th Monitoring Round



INTRODUCTION

- 30 countries participated in the 5th IHP+ Monitoring Round
- It measures 8 Effective Development Cooperation (EDC) practices with contributions from the Government, Development Partners (DPs), Civil Society Organisations (CSOs) and the private sector (PS).
- In our country, data was collected for 2015, 53% of DPs participated (including: Gavi, GFATM, Irish Aid, JICA, WHO, UNFPA, UNICEF, USAID, World Bank), representing 70% of total external support in 2014 (source: OECD/CRS database);
- 15 out of 30 CSO's that were invited participated in online survey and 6 CSOs from the 15 invited participated in the focus group discussion (FGD);
- The Private sector only took part in the focus group discussion and out of the 15 institutions that were invited just 6 of them participated.
- It was the first time Liberia participated in the IHP+ monitoring. It was quite difficult, starting in practice quite late in September, almost 6 months delayed, due to some difficulties with the previous national expert support.

IHP+ 2016 Monitoring Process

Collecting data

Discussion of findings

Actions



OBJECTIVE OF DISCUSSION









“to stimulate country-level dialogue between all partners, under the leadership of the Ministry of Health, on EDC in health and to strengthen mutual accountability for EDC performance at country level”

The presentation and discussion of the findings provide an opportunity for all partners to jointly:

- **Review performance** against the eight EDC practices
- **Identify barriers** to progress
- **Agree on actions** to improve accountability and performance of EDC in health.



Eight EDC practices, four commitments

EDC PRACTICE		COMMITMENT
 EDC 1	Partners support a single national health strategy	1 COMMITMENT TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY
 EDC 5	Mutual accountability is strengthened	
 EDC 2	Health development cooperation is more predictable and health aid is on budget	2 COMMITMENT TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR
 EDC 3	Public financial management (PFM) systems are strengthened and used	3 COMMITMENT TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS
 EDC 4	Procurement and supply systems are strengthened and used	
 EDC 6	Technical support is coordinated and south-south cooperation supports learning	
 EDC 7	Civil Society Organisations are engaged	4 COMMITMENT TO CREATE AN ENABLING ENVIRONMENT FOR CSO AND PS PARTICIPATION IN THE HEALTH SECTOR
 EDC 8	Private sector are engaged	

FINDINGS OF DATA COLLECTION



1. COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED AND STRENGTHEN ACCOUNTABILITY





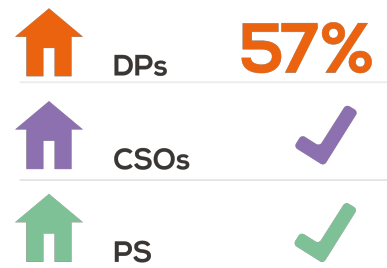
PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy



- All DPs confirm support is aligned
- The development of the national health sector plan 2015-2021 was very inclusive as several ministries, multilateral and bilateral agencies, CSOs (mainly international) and even the private sector participated
- The signing of the Country compact for the IHP+ can serve as a platform for committing partners to meet the obligation of alignment with the national health plan or strategy in Liberia

Joint assessment of health sector plan

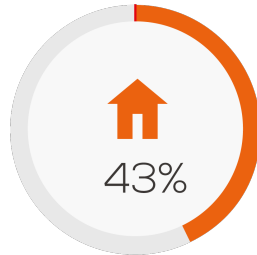


- The Global Fund, WHO, USAID and the World Bank participated in joint assessment
- Around half of DPs consider that subsector assessments are necessary to ensure accountability and transparency but not the Government.
- Stake Holders are not using the JANS to review and align their activities .



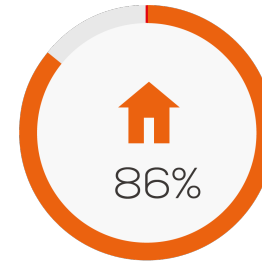
MUTUAL ACCOUNTABILITY IS STRENGTHENED

Monitoring and Evaluation



- There is a detailed M&E framework for the national health sector plan/strategy but most DP's don't use it; they have their own.
- WHO, Ireland, and USAID confirmed they only use national health sector indicators to monitor their support.
- There are some constraints to use the national M&E system such as the lack of updated information, unavailability of required indicators and the quality of data.
- The M&E framework includes mechanisms for strengthening mutual accountability

Mutual accountability processes



- The GFATM, Ireland, WHO, JICA, USAID and the WB participated in mutual accountability processes
- There is a compact or partnership agreement for the health sector with measurable targets
- Mechanisms for strengthening mutual accountability include the HSCC, with meaningful participation of some DP's, most CSOs, the PS, Parliament and other ministries and agencies, as well as the HCC.

2. COMMITMENT

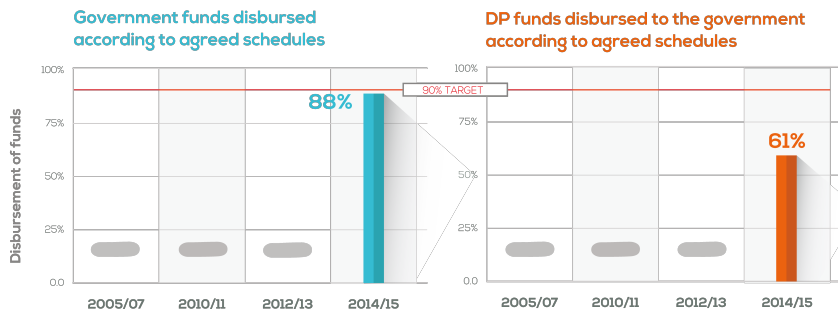
TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL
MANAGEMENT OF THE HEALTH SECTOR





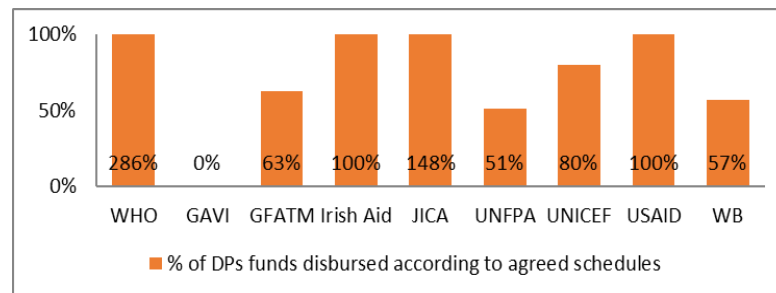
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (1)

Disbursements of funds



- In the fiscal year 2014/2015 there was an under-disbursement of the health sector annual budget
- Contributions from DP's are reflected in the national health sector budget.
- There are areas substantially underfunded such as Mental Health, leadership and governance, information and research management and community health initiatives.

% of funding disbursed according to agreed schedules by DP

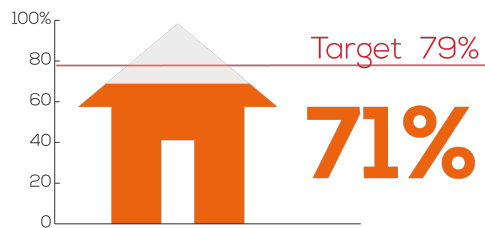


- Over disbursement by some DPs through supplementary budget or special funds for emergencies due to the Ebola crisis.
- Under disbursement from GFATM, UNFPA and the WB due to poor absorptive capacity resulting from inaccurate health commodity quantifications/orders and limited capacity to execute activities in a timely manner, among other reasons.



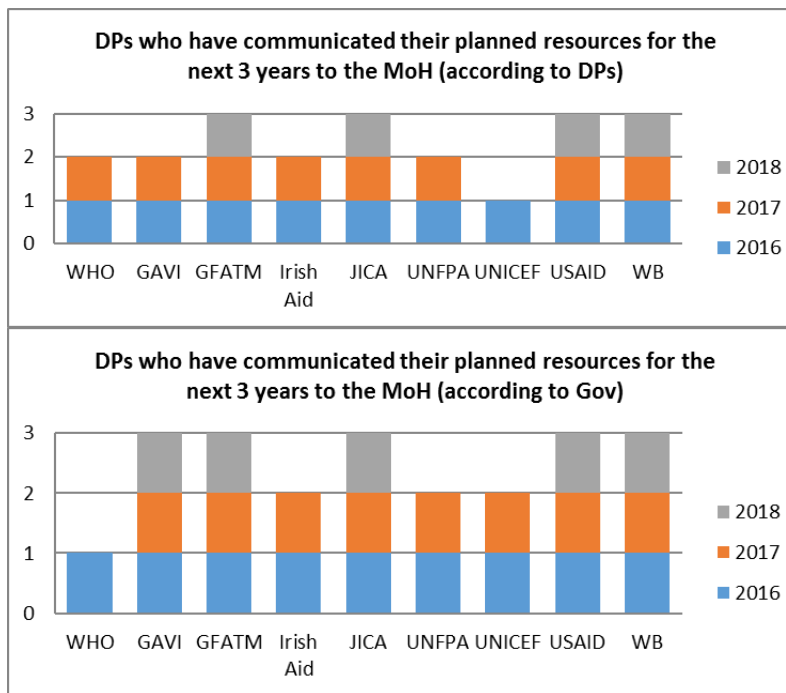
HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

Future funding



- GAVI, GFATM, JICA, USAID and WB all communicated planned resources for the next 3 years according to MOH.
- The Government budget for the health sector is for a period of three years and the contributions from DPs are reflected

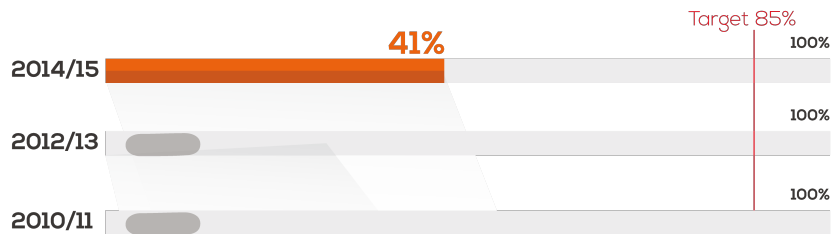
Communication of planned resources for next 3 years by DP





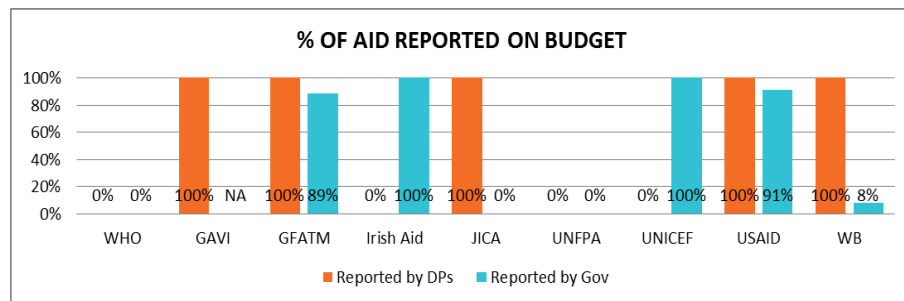
HEALTH AID IS ON BUDGET

% of DP aid reported on budget



- There are discrepancies between the data provided by the Government and the 8 DP's (28%) regarding DP funds recorded on budget.

% of aid reported on budget by DP



- In the case of WHO and JICA, funds are disbursed either through Direct Financial Cooperation (DFC) or through direct implementation.
- Harmonization of the national policy and the financial protocols of the organization could improve recording of resources in the national budget.

3. COMMITMENT

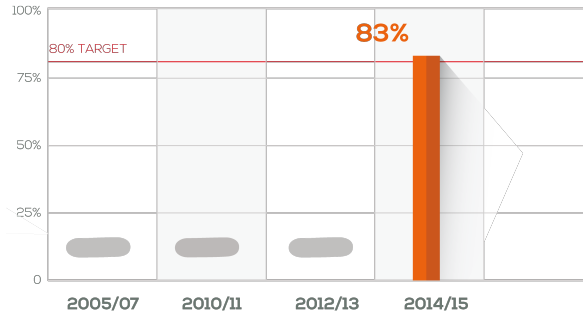
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS





PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Strength and use of PFM system



% of DP funding using national procedures

	budget executing	reporting	auditing
WHO	2647%	29%	29%
GAVI	NA	NA	NA
GFATM	304%	0%	0%
Irish Aid	125%	100%	100%
JICA	0%	0%	0%
UNFPA	114%	96%	300%
UNICEF	16%	100%	100%
USAID	139%	91%	91%
WB	30%	94%	99%

Comments and key findings

- 43% of participating DPs confirm that sufficient support on PFM system strengthening and capacity building is in place

- Only DPs that adhere to the pool fund use national budget execution, financial reporting and auditing procedures.

- There is a reform programme in place to strengthen the Public Financial Management system.

- Although there is a political will, public policies to encourage DP's better harmonization & alignment to a one PFM system have not been developed

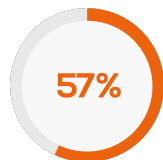


PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

Existence and use of national procurement and supply systems

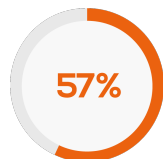


A national procurement and supply strategy exists



% of DPs that use national procurement and supply systems

Capacity Strengthening



% of DPs confirm that sufficient capacity strengthening support is available

Use of national supply and procurement systems

DPs who use national supply and procurement system:

- Gavi
- WHO
- Ireland
- World Bank

DPs who don't use the national supply and procurement system

- The Global Fund
- JICA
- USAID

Comments and key findings

•The current DP's practice is to utilize global, regional and HQ procurement mechanisms with the aim to reduce transaction cost and increase efficiency.

•Effort is being put to strengthen the national system, the national drug services (NDS), harmonize DPs mechanisms and use of the national system.

•DP's are trying their best in providing their support for capacity building.



TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

Technical support is coordinated



A national plan for technical assistance is not in place



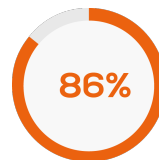
% of DPs provide TA in line with the national plan

- According to DPS, Gavi, WHO and the World Bank provide TA in line with the national plan
- There are discordances among DPs about the availability of a TA plan. They provide TA mainly according to agreed identified areas of need.
- 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

South-south cooperation



The MOH benefits from south south cooperation



% of participating DPs support south south cooperation

- Gavi, The Global Fund, JICA, USAID, WHO and the World Bank support SSC
- Regional technical cooperation is provided in the form of knowledge sharing and learning or funding by DPs for inter-country learning and collaboration
- SSC or TRC could be used more effectively by further dialogue among implementing and recipient countries

4. COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR



CIVIL SOCIETY ENGAGEMENT

CSOs who participated in focus group discussion:

- Christian Health Association of Liberia
- MERCI
- Medical Teams International-MTI
- AmeriCares
- ACF
- Liberia Immunisation Platform





CIVIL SOCIETY ENGAGEMENT (1)

What space is provided by the Government to effectively participate in health sector policy, planning and monitoring?

Key findings from Gov survey and CSO online survey



Government consults CSOs in the design, implementation or monitoring of national health policies



80% of CSOs confirm they are consulted



Government provides financial resources



29% of CSOs receive financial resources



Government provides training support



40% of CSOs receive training support

Key findings from CSO focus group discussion

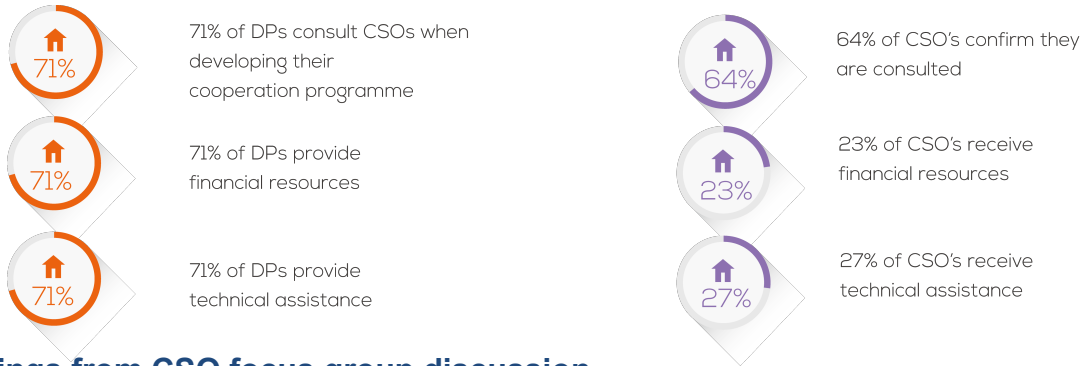
- Health policy processes are usually facilitated with technical assistance from external actors. In most instances, CSOs are brought in to validate the policy after it has already been developed and their input is not fully influential.
- CSOs access to government resources for training, financial and technical assistance is very limited
- There are representatives from CSOs to the MoH Policy making Committee, the HSCC where policies are developed, discussed and finally accepted through a vote.
- Just 50% of CSO think that they have timely access to information on major national health policy initiatives



CIVIL SOCIETY ENGAGEMENT (2)

How effectively is the participation of CSOs in national health policy processes supported by international development partners?

Key findings from DP survey and CSO online survey



Key findings from CSO focus group discussion

- International partners consult with CSOs on health programming but usually based on the partners interest. In view of this the results are often not sustainable because local ownership and responsibility for the action is patronized.
- In order to improve CSOs participation, there should be clear delineation of functions between CSOs and international actors. DPs could work on capacity building, resource mobilization and systems strengthening; while CSOs focus on implementation & delivery of services at the grass-roots of community.



CIVIL SOCIETY ENGAGEMENT (3)

How effective are the mechanisms that assure that CSOs working in health are accountable for their contributions to effective, efficient and equitable health policies?

- CSOs- managed processes are very limited and in most cases these processes are managed by a donor or international funder of a group of CSOs.
- **There is no** jurisdiction over of CSOs groupings. However, a group of CSO working for a particular donor hold regular Quarterly or Annual meetings to review implementation of programs related to the Health Sector.

How conducive is the national legal and regulatory environment to the maximisation of CSO contribution to national health policy?

- 61,5% of the CSOs that participated in the online survey think that the national legal and regulatory environment is conducive to the maximisation of CSO contribution to national health policy, but only partially effective.
- According to almost 70% of the CSOs the legal and regulatory environment is enabling for CSOs formation, registration and operation. However, the processes for accreditation and other legal initiatives take long time.
- Liberia lacks guidelines on registration.
- The legal and regulatory environment does not prevent certain groups from participating in health policy processes (based on gender, ethnicity, religion, sexual orientation, etc.). The major constraints relates to capacity, accessing the needed resources, and sustainability.

PRIVATE SECTOR ENGAGEMENT

Private sector that participated in focus group discussion:

- Seven Day Adventist Cooper hospital
- BRAC Liberia
- MPCHS
- Liberia Pharmacy Board LPB
- Liberia Nurses Association
- AMEU



PRIVATE SECTOR ENGAGEMENT (1)

What space does the government provide for the private sector to effectively participate in health sector policy, planning and monitoring?

- Government doesn't include the PS in Health policy and doesn't allow equal and active participation of them.
- The main constraint is the level at which information has been disseminated.
- To some extent PS activities are aligned with national health priorities and national health policies.
- There is the need to stress the importance of health policy partnership and alignment and to make sure they all work together for the benefit of the citizenry.

How effectively is the participation of the private sector in national health policy processes supported by international development partners?

- DPs don't consult the PS on their health sector programme and they do not support PS participation in the health partnership fora.
- Most of the international resources go to the pool fund and DPs don't support the PS.
- Government should inform DPs about the key role of the PS in the improvement of the health sector.
- There are several constraints:
 - Dissemination of information
 - Actively moving out to the PS
 - DPs give all their support to the MoH.



PRIVATE SECTOR ENGAGEMENT (2)

How effective are the mechanisms that assure that professional and industrial associations in the health sector are accountable for the delivery of quality products and effective services?











- There are few private sector membership organizations that exist in Liberia: Liberia Nurses Association, Liberia Pharmacy Board and National Nurses of Liberia
- PS stakeholders do not share information with Government about their operations and resources.
- There are few certification and regulation mechanisms been put in place by Government like the Liberia Pharmacy Board (LPB)
- Commission on Higher Education (CHE) is there to accredit and certificate professionals institutions in Liberia.
- Transparency of the membership organizations is limited; they don't publicly make their annual report on internet site.

How conducive is the national legal and regulatory environment to the maximisation of private sector contribution to national health policy?

- PS organizations are free to organise and to present their views. The relationship is conducive, but there is the need for improvement in the collaboration of Private stake holders and the Government.
- There are few constraints like the need of capacity building of the PS, getting resources from the government and the maintenance of the private stake holders.
- The private sector should be able to set up interest groups once they go through the proper requirements. They are allowed to develop relationships and get resources locally and internationally, without restraints from the government.

OVERVIEW OF DP PERFORMANCE





EDC PRACTICE	INDICATOR	WHO	Gavi	GFATM	Irish Aid	JICA	UNFPA	UNICEF	USAID	WB
 EDC 1	DP participated in joint sector or sub-sector assessments	✓	✗	✓	✗	✗	?	?	✓	✗
 EDC 2a	% of funds disbursed according to agreed schedules	286%	NA	63%	100%	148%	51%	8%	100%	57%
 EDC 2b	Planned resources communicated for 3 years	✗	✗	✓	✗	✓	✗	✗	✓	✓
 EDC 2c	% of funds registered on budget	0%	NA	89%	100%	0%	0%	100%	91%	8%
 EDC 3	% of funds using national budget execution procedures	29%	NA	0%	100%	0%	96%	100%	91%	94%
	% of funds using national reporting procedures	29%	NA	0%	100%	0%	300%	100%	91%	99%
	% of funds using national auditing procedures	29%	NA	0%	0%	0%	0%	100%	?	33%
 EDC 4	DP uses the national procurement system	✓	✓	✗	✓	✗	?	?	✗	✓
 EDC 5	DP only uses national health sector indicators to monitor their support	✓	✗	✗	✓	✗	?	?	✓	✗
	DP participates in joint mutual accountability processes	✓	✗	✓	✓	✓	?	?	✓	✓
 EDC 6	DP supplies TA in line with agreed national plan	✓	✓	✗	✗	✗	?	?	✗	✓
	DP supports south south collaboration	✓	✓	✓	✗	✓	?	?	✓	✓
 EDC 7	DP supports CSOs with financial resources	✓	✓	✓	✗	✗	?	?	✓	✓
	DP supports CSOs with training	✓	✓	✓	✗	✗	?	?	✓	✓
	DP supports technical assistance	✓	✓	✓	✗	✗	?	?	✓	✓
 EDC 8	DP provides financial or technical support to strengthen the private sector in health	✗	✓	✓	✗	✗	?	?	✓	✓




DISCUSSION OF FINDINGS






MAIN POINTS FOR DISCUSSION (1)

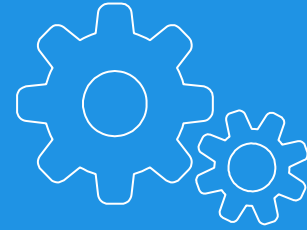
EDC PRACTICE	ISSUES IDENTIFIED
 <p>EDC 1 (Health sector plan)</p>	<p>How the national policy dialogue in the health sector could be improved? What mechanisms are needed to put in place to better align stakeholders support?</p> <p>How could joint assessments be better used for programming decisions? What are the main constraints to use the JANS by all stakeholders?</p>
 <p>EDC 2 (Predictability of funding)</p>	<p>How could disbursement of health sector aid be improved according to funding scheduled ?</p> <p>What strategies should be defined to improve capacity in order to avoid underdisbursements?</p> <p>What mechanisms could be established at country level to ensure that all DPs that support pooled funding provide forward looking expenditure for 3 years?</p> <p>Clarify why there are discordances between GOV and DP data regarding funds reported on budget. How could on budget support be increased?</p>

MAIN POINTS FOR DISCUSSION (2)

EDC PRACTICE	ISSUES IDENTIFIED
 <p>EDC 3 (PFM systems)</p>	<p>What kind of policies are needed to encourage DPs that are not supporting the pooled fund to adhere to PFM national standards?</p>
 <p>EDC 4 (Procurement and supply systems)</p>	<p>What platform is needed to better harmonize and align procurement with the National Supply and Procurement System?</p> <p>What are the main needs to strengthen the national procurement and supply system?</p>
 <p>EDC 5 (Mutual accountability)</p>	<p>How could the M&E framework for the national health sector strategy/plan be reviewed in order to ensure the availability of required and updated indicators?</p> <p>What should be the role of a Health Sector Coordination Committee?</p> <p>Are processes in place effective for to promote mutual accountability?</p>

MAIN POINTS FOR DISCUSSION (3)









EDC PRACTICE	ISSUES IDENTIFIED
 <p>EDC 6 (Technical support and SSC)</p>	<p>To define with all stakeholders the strategic approach to develop a national TA plan (participants, content, timeline, etc)</p> <p>How to identify needs for TA based on national health priorities?</p> <p>How could regional and inter country forums and initiatives on knowledge sharing and learning be enhanced?</p>
 <p>EDC 7 (CSO engagement)</p>	<p>Are the institutionalized mechanisms in place such as national and sub-national partnership arrangements or joint assessments and reviews, the CCM, ICC effective enough to facilitate CSOs engagement in national health policy dialogue ?</p> <p>What are the main needs of CSOs to maximize its engagement to health sector development at country level (training, technical assistance, resources, etc)?</p>
 <p>EDC 8 (Private sector engagement)</p>	<p>Are the HCC and the HSCC processes enough to facilitate PS participation in health sector development? What other mechanisms are needed to improve their engagement and alignment in health policy processes?</p> <p>Should Public Private Partnerships play a role?</p>



PLAN OF ACTION



AGREED ACTIONS

EDC PRACTICE	ISSUES IDENTIFIED	ACTION TO BE TAKEN	RESPONSIBLE FOR IMPLEMENTATION	DEADLINE	HOW WILL IT BE MONITORED?	COMMENTS
 EDC 1						
 EDC 2						
 EDC 3						
 EDC 4						
 EDC 5						
 EDC 6						
 EDC 7						
 EDC 8						
OTHER ACTIONS						



Thanks!

Any questions?

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Colour coding



Slide Blue: #1d7fde



Development partners
Graph Orange: #F36D26



Private sector
Graph green: #77C29A



IHP Icons: #3A7CC0



Government
Graph light blue: #32C1D2



Civil society
Graph purple: #e6dae3

