**COMMITMENT**

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

Alignment of support against the Health Sector Strategy

- **100%** of participating DPs confirm they align their support with the national (or sub-national/sector) Health Sector Strategy.

**100%**

Was the national health sector plan jointly assessed?

- Yes

Stakeholders that supported the joint assessment

- **57%** DPs
- **71%** PS
- **70%** CSOs

Around half of DPs consider that subsector assessments are necessary to ensure accountability and transparency.

**MUTUAL ACCOUNTABILITY IS STRENGTHENED**

A national M&E plan for the National Health Strategy exists?

- **100%**

43% of participating DPs only use national health sector indicators to monitor their support.

43%

68% of participating DPs confirm they participated in the mutual accountability processes.

68%

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.

**HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE**

Predictability of funds for the future

- **71%** of participating DPs have communicated their planned resources for the next 3 years to the MoH.

Over disbursement by some DPs through supplementary budget or special funds for emergencies due to the Ebola crisis.

**HEALTH AID IS ON BUDGET**

% of DP funds reported on budget

- **41%** in 2014/15
- **86%** in 2012/13
- **86%** in 2005/07

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

**LIBERIA**

**2016 IHP+ MONITORING ROUND**

National performance review

HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (9 DPs out of 15 participated), civil society organisations (14 CSOs participated) and private sector representatives (6 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). Where relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.net/liberia.

**NATIONAL HEALTH EXPENDITURE**

Total health expenditure per capita

- **$46.27**

Sources of national health expenditure

- **DOMESTIC 50.9%**
- **PUBLIC 31.5%**
- **PRIVATE 58.5%**

49.1% **EXTERNAL**

Source: WHO, National Health Accounts 2014

**COMMITMENT**

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

**HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE**

Predictability of funds for the future

- Rolling 3 year budget or Mid-Term Expenditure Framework in place:
  - **2005/07**
  - **2010/11**
  - **2012/13**
  - **2014/2015**

71% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

Over disbursement by some DPs through supplementary budget or special funds for emergencies due to the Ebola crisis.

**HEALTH AID IS ON BUDGET**

% of DP funds reported on budget

- **2014/15** (41%)
- **2012/13** (86%)
- **2005/07** (86%)

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

**LEGEND**

- **Government**
- **Private Sector**
- **Development Partners**
- **Civil Society**

Symbols

- Yes
- Did not participate in monitoring round
- No
- Unknown or not applicable

**2016 IHP+ MONITORING ROUND**

ihp results
COMMITMENT
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

- Are PFM systems of sufficiently good quality?
- Percentage of DP funds using PFM systems

43%

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

PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

- A government plan for national procurement and supply exists?
- Percentage of DP funds using PFM systems

57%

57% of participating DPs use the national procurement and supply systems.

PRIVATE SECTOR ENGAGEMENT

- Does the Ministry of Health benefit from south-south cooperation?
- Percentage of DP funds using PFM systems

86%

86% of participating DPs support South-South cooperation.

TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

- An agreed national TA plan exists?
- Percentage of DP funds using PFM systems

29%

29% of participating DPs provide TA in line with the national plan.

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

How effectively is the participation of CSOs in national health policy processes supported by development partners? (Sources: DP qualitative surveys and CSO online survey)

71% of DPs consult CSOs when developing their cooperation programme

64% of CSOs confirm they are consulted

71% of DPs provide financial resources

23% of CSOs receive financial resources

71% of DPs provide technical assistance

27% of CSOs receive technical assistance

Government doesn’t include the private sector in health policy dialogue and according to the private sector, their activities are aligned to some extend with national health priorities and policies.

Private sector stakeholders do not share information with Government about their operations and resources with the Ministry of Health.

International partners don’t consult the private sector on their health sector programme and don’t support the private sector participation in the health partnership fora.

In Liberia, Private sector organizations are free to organise and to present their views and are allowed to develop relationships and get resources locally and internationally, without restrictions.

There are health institutions that are in the country that have been accredited by the higher commission on education who are not practising at the standards.