

United States Government

Global Health Initiative

Liberia Strategy

September 2011

List of Abbreviations

| | |
|---------|--|
| BPHS | Basic Package of Health Services |
| BCC | Behavior Change Communication |
| CHSWT | County Health and Social Welfare Team |
| CDCS | Country Development Cooperation Strategy |
| DHS | Demographic and Health Survey |
| DOD | Department of Defense |
| EPHS | Essential Package of Health Services |
| EPI | Expanded Program on Immunizations |
| EU | European Union |
| FBOs | Faith-based Organizations |
| GAVI | Global Alliance Vaccines Initiative |
| GFATM | Global Fund for HIV, TB and Malaria |
| GHI | Global Health Initiative |
| GOL | Government of Liberia |
| HAWG | Humanitarian Advisory Working Group |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |
| HSCC | Health Sector Coordinating Committee |
| HSS | Health Systems Strengthening |
| iCCM | Integrated Community Case Management |
| IMNCI | Integrated Management of Newborn and Childhood Illnesses |
| IPT | Intermittent Preventive Treatment |
| ITN | Insecticide Treated Nets |
| LIBR | Liberia Institute for Biomedical Research |
| LMIS | Liberia Malaria Indicator Survey |
| M&E | Monitoring and Evaluation |
| MMR | Maternal Mortality Ratio |
| MDGs | Millennium Development Goals |
| MOHSW | Ministry of Health and Social Welfare |
| MSRP | Mission Strategic Resource Plan |
| NAC | National Aids Commission |
| NAMRU-3 | Naval Medical Research Unit 3 |
| NDS | National Drug Service |
| NGOs | Non-governmental Organization |
| NHA | National Health Accounts |
| NHP | National Health Plan, 2007-2011 |
| NHSWP | National Health and Social Welfare Plan, 2011-21 |
| NMCP | National Malaria Control Program |
| NTDs | Neglected Tropical Diseases |
| OSC | Office of Security Cooperation |
| PBCs | Performance-Based Contracts |
| PCT | Program Coordination Team |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PMI | President's Malaria Initiative |
| PRS | Poverty Reduction Strategy |
| SCMP | Supply Chain Master Plan |
| THE | Total Health Expenditure |

| | |
|--------|--|
| UNICEF | United Nations Children's Fund |
| UNFPA | United Nations Population Fund |
| USAID | United States Agency for International Development |
| USG | United States Government |
| WHO | World Health Organization |

Table of Contents

| | |
|--|-----------|
| 1. GHI Vision | 5 |
| 2. Country Context | 6 |
| 2.1 <i>Background</i> | 6 |
| 2.2 <i>Demographic Description</i> | 6 |
| 2.3 <i>Health Status Summary</i> | 6 |
| 3. Current Health System and Programming | 7 |
| 3.1 <i>GOL Priorities and Challenges Implementing the 2007-11 NHP</i> | 7 |
| 3.2 <i>Donor Coordination in Support of the 2007-11 NHP</i> | 8 |
| 3.3 <i>Current USG Programming Under the 2007-11 NHP</i> | 8 |
| 4. GHI in Liberia | 10 |
| 4.1 <i>GHI Goals and Targets</i> | 10 |
| 4.2 <i>GHI Principles and Focus Areas</i> | 11 |
| 4.2.1 <i>Service Delivery</i> | 12 |
| 4.2.2 <i>Health Systems Strengthening</i> | 14 |
| 5. USG Linkages | 15 |
| 6. Implementation | 16 |
| 6.1 <i>Use of Host Country National Systems</i> | 16 |
| 6.2 <i>The Results Framework</i> | 16 |
| 6.3 <i>Monitoring and Evaluation</i> | 16 |
| 6.4 <i>Communication</i> | 16 |
| Annex 1a. Joint GHI-MOHSW Results Framework | 19 |
| Annex 1b. Liberia National Health and Social Welfare Plan Performance Monitoring Matrix | 21 |
| Annex 1c: Liberia GHI Country Strategy Matrix | 23 |
| Annex 2: Women, Girls and Gender Equality | 28 |
| Annex 3: Linking High-level Goals to Programs | 30 |
| Annex 4: Health Systems Summary Under the 2007-11 NHP | 31 |
| Annex 5: Non-USG Donor Support to the Health Sector Under the 2007-11 NHP | 32 |
| Annex 6: List of Reference Documents | 33 |
| Annex 7: Global Health Initiative Core Principles | 34 |

1. GHI Vision

Through the Global Health Initiative (GHI), the United States Government (USG) is pursuing a comprehensive, whole-of-government strategy to achieve significant health improvements and foster sustainable, effective, efficient country-led public health programs. Liberia's GHI Strategy development coincides with the development Liberia's 2011-21 National Health and Social Welfare Policy and Plan (NHSWP) – a process led by the MOHSW. This timing affords the opportunity for coordination and close alignment of USG health investments in support of successful implementation of Liberia's 2011-21 NHSWP.

Demonstrating commitment to host country priorities, the USG has adopted a joint results framework which incorporates the 2011-21 NHSWP goal and objectives, as well as key USG results and GHI Principles. The joint results framework provides the opportunity for both the USG and GOL to leverage existing resources and platforms, cultivating effective linkages to maximize investment impact. To further operationalize the GHI Principles, the USG has selected two key Focus Areas for its investments: 1) health service delivery and 2) health systems strengthening. In addition to ensuring smart integration towards accelerated progress on health outcomes, these Focus Areas (selected through a consultative process) also reflect the priorities established by the MOHSW and are critical to achieving USG targets, GOL objectives, and Millennium Development Goals (MDGs) for health in Liberia. In close coordination with other donors under MOHSW stewardship, the USG will invest in these two Focus Areas through a three-tiered approach:

- Tier 1: Nationwide investment in capacity building and technical assistance for systems strengthening
- Tier 2: Intensive investment in three target counties of Bong, Lofa, and Nimba
- Tier 3: Strategic investment in six development corridor counties (comprised of the Tier 2 counties plus Montserrado, Margibi, and Grand Bassa) to complement other donor support

Building from the USG's commitment to the Paris Declarations on Aid Effectiveness, the Accra Agenda for Action, and the MOHSW's commitment to sector leadership, Liberia's GHI strategy incorporates groundbreaking use of Liberia's national systems to channel USG health investments for service delivery, accompanied by robust support for HSS. Additionally, the USG proposes to commit to a joint-financing arrangement between the GOL and several other donors to the health sector. Together these represent a significant change in the way the USG approaches development in Liberia – substantially maximizing resources by supporting more efficient funding channels. This remarkable shift in Foreign Assistance implementation will pave the way for other donors to entrust the MOHSW with implementation of their assistance programs and channel more of their funds through MOHSW systems. Additionally, it allows the USG to galvanize a multilateral approach to health sector development, simultaneously supporting an increase in GOL and MOHSW's legitimacy to lead the sector.

2. Country Context

2.1 Background

Founded in 1847, Liberia is the oldest republic in Africa. However, many years of minority rule and inequitable distribution of resources resulted in a civil conflict that lasted from 1989 to 2003. The conflict devastated all forms of infrastructure, including the health system, and caused an economic collapse from which Liberia has yet to recover. In 2007, as part of the national reconstruction effort, the MOHSW led a participatory process of revising the National Health Policy and developed a four-year transitional National Health Plan (NHP) to cover 2007-11. The cornerstone of the 2007-11 NHP was the Basic Package of Health Services (BPHS), a package of high impact interventions that the Government of Liberia (GOL) committed to providing to the entire population. Overall, implementation of the 2007-11 NHP is considered to have been a success, and as a result Liberia is seeing progress on some health indicators. As the 2007-11 NHP came to a close, the MOHSW led another participatory process to develop an evidence-based health policy and plan framework aimed at guiding decision-makers through the next ten years.

2.2 Demographic Description

The 2008 Liberia National Population and Housing Census reported a total population of 3,476,608. With an estimated growth rate of 2.8, Liberia's population will reach five million by 2021. Fifty-two percent of the population is 19 years of age or younger, and the average life expectancy at birth is 59 years. Of the 15 administrative counties, the "big six" (Montserrado, Nimba, Bong, Lofa, Grand Bassa and Margibi) account for 75 percent of the total population, with one-third of the entire population living in the capital of Monrovia. Liberia continues to be one of the world's poorest countries, ranked 162nd out of 169 countries in the 2010 United National Development Programme Human Development Index, and (depending on source and definition) between 64% and 84% of the population live in extreme poverty, defined as less than \$1.25 day.¹ Thus, Liberia has a high proportion of its growing population living in poverty, concentrated in densely populated urban and sparsely populated rural areas.

2.3 Health Status Summary

Despite the relative success of the 2007-11 NHP, Liberia continues to have very poor health indicators – especially among women and girls in rural areas – with a heavy burden of infectious disease. The 2007 Liberia Demographic and Health Survey (DHS) measured the Maternal Mortality Ratio (MMR) at 994 deaths per 100,000 live births, a total fertility rate of 5.2 (7.5 for rural areas), and a modern contraceptive prevalence rate of just 10 percent (7 percent for rural areas). Only 37 percent of deliveries take place in a health facility (26 percent in rural areas), and adolescent pregnancy has increased from 29 percent in 2000 to 32 percent in 2007.

In contrast to the rising MMR, Liberia has seen improvements in the under-five mortality (U5M) rate, which declined from 220 deaths per 1,000 live births in 1986 to 110 deaths per 1,000 live births in 2007; however, this U5M rate of 110 is still high, and Liberia is not on track to meet its MDG of 64.² Similar to the U5M rate, Liberia has experienced improvement in childhood malaria prevalence, which has been reduced from 66 percent in 2005 to 32 percent in 2009; however even at this lowered prevalence, malaria

¹ Liberia Institute for Statistics and GeoInformation Services (LISGIS). (2007). *Core welfare indicators questionnaire survey 2007*. Monrovia: LISGIS. World Bank, *Liberia - poverty headcount ratio*. See <http://data.worldbank.org/indicators/SI.POV.DDAY>.

² *Liberia Demographic and Health Survey 2007*. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and Macro International Inc. Hereafter: LDHS 2007.

remains the leading cause of morbidity and mortality in Liberia.³ Despite improvements in malaria and the overall U5M rate, child health in Liberia still faces daunting challenges, most notably chronic undernutrition, as the stunting prevalence has steadily risen over the last decade and is currently measured at 42 percent.⁴

Liberia is also faced with other infectious diseases burden that hampers development. In 2007, Liberia's HIV prevalence was reported as 1.5 percent in the general population (ages 15-49), and in 2008 the World Health Organization (WHO) estimated the incidence rate for all forms of tuberculosis to be 326 per 100,000. And finally, epidemiological mapping shows a wide spread of neglected tropical diseases (NTDs), such Onchocerciasis, Lymphatic Filariasis, and Soil-Transmitted Helminthes affecting all 15 counties in Liberia, and in Bong, Lofa, and Nimba, the prevalence of Shistosomiasis is over 20 percent.

3. Current Health System and Programming

3.1 GOL Priorities and Challenges Implementing the 2007-11 NHP

In response to the health challenges facing the population, the MOHSW outlined five main priorities in the 2007-11 NHP:

- i. Improve child health
- ii. Improve maternal health
- iii. Increase equitable access to quality health care services
- iv. Improve prevention, control and management of major infectious diseases
- v. Improve nutrition status

Drawing on the WHO's Building Blocks for Health System Development, the main components of the 2007-11 NHP addressed service delivery, health infrastructure, financing, human resources, pharmaceuticals, information systems and leadership through coordination and partnership. Please see Annex 4 for a table summarizing the current status of each major component, progress made during the transitional health plan and challenges experienced during implementation.

3.2 Donor Coordination in Support of the 2007-11 NHP

The MOHSW established a Program Coordination Team (PCT) to oversee implementation of the 2007-11 NHP and ensure the strategic coordination of all health sector inputs, including activities and financial resources. The PCT is comprised of MOHSW senior staff, as well as long-term technical assistance embedded within the Ministry. The PCT is chaired by the Chief Medical Officer and reports to the Minister for Health and Social Welfare, who is the Chairperson of the Health Sector Coordinating Committee (HSCC). The PCT recommendations are meant to be vetted through the HSCC, which is tasked with making final recommendations on major program, technical and policy issues to ensure successful implementation of the 2007-11 NHP. Members of the HSCC (including the USG) are also represented on the Steering Committee for the Health Sector Pool Fund, an innovative multi-donor funding mechanism managed from within the MOHSW intended to support implementation of the 2007-11 NHP by using a common strategic results framework and programming procedures.

The overwhelming majority of resources leveraged by the HSCC for implementation of the 2007-11 NHP

³ *Liberia Malaria Indicator Survey 2009*. Monrovia, Liberia: National Malaria Control Program (NMCP), Ministry of Health and Social Welfare (MOHSW) and Macro International Inc. Hereafter: LMIS 2009.

⁴ *National Comprehensive Food Security & Nutrition Survey, 2010*. Monrovia, Liberia.

were in direct support of service delivery and/or health system strengthening. Please see Annex 5 for a table summarizing non-USG donor support to the health sector.

3.3 Current USG Programming Under the 2007-11 NHP

The USG's investment goals in Liberia as articulated in its Fiscal Year 2010 Mission Strategic Resource Plan (MSRP) are:

- i. Regional Peace and Security
- ii. Economic Growth
- iii. Strengthened Governance and Rule of Law
- iv. Improved Literacy
- v. Improved Health of Women and Children

Total 2010 MSRP investments exceeded \$229 million, making the USG the largest donor in Liberia. The USG's mission supports implementation of the 2007-11 NHP through a strategically coordinated investment managed by the United States Agency for International Development (USAID), whose 2010 health sector budget for Liberia exceeded \$47 million.

USAID works closely to harmonize its investments with other U.S. agencies in Liberia that program smaller amounts of funding in the health sector. For example, Peace Corps Response Volunteers supported the development of an integrated infectious disease curriculum and training institutions in collaboration with USAID-funded projects. The U.S. Department of Defense (DOD) programs PEPFAR funding focused on HIV prevention and services for members of the Armed Forces of Liberia (AFL) and provides additional ad hoc support for the general population through its Humanitarian Assistance programs.

GHI Principle in Action:

DOD-USAID Support MOHSW's Inaugural Blood Drive

DOD and USAID joined forces to provide technical assistance and mentoring to MOHSW's National AIDS Control Program's Blood Safety Program to support Liberia's first-ever voluntary blood drive. Chronic blood shortages pose a large challenge for health services in Liberia, including emergency obstetric care. Therefore the blood drive had the dual objective of reinforcing a culture of community service within the Liberian uniformed personnel while also increasing the national blood supply in support of GOL/MOHSW goal to reduce maternal mortality. Targeting Liberia's Armed Forces and National Police, over 115 military and police donated during the weeklong event – capped off with donations from the U.S. Ambassador and DCM, promoting a truly whole-of-government approach.

USG health investments support the "Delivering Basic Services" component of Liberia's Poverty Reduction Strategy (PRS) and efforts to achieve the MDGs. Current USG investments in health target two levels: 1) *Nationwide* investment in priority programs, technical assistance and health systems strengthening and 2) *County-level* investment in service delivery and capacity building.

County-level support: USG county-level investment is primarily focused on service delivery and capacity building for the MOHSW's County Health and Social Welfare Teams (CHSWTs). This service delivery includes both facility-based and community-based support under a combination of performance-based contracts (PBCs) and grants with non-governmental organizations (NGOs). Currently, the USG supports partners to deliver the BPHS at 112 facilities and surrounding communities in seven counties (Bomi, Bong, Grand Cape Mount, Lofa, Montserrado, Nimba and River Gee). This grant and PBC service delivery support has enabled scale-up of high-impact, cost-effective interventions targeting the leading causes of morbidity and mortality.

The PBCs also contribute to strengthening the CHSWTs' and partners' capacities to ensure quality services, increase availability of essential medicines, improve facility supervision and strengthen reporting. Presently, however, the USG does not provide full countywide coverage in any of its target counties; its support ranges from two supported facilities in Bomi (out of 19 total) to 35 facilities in Nimba County (out of 42 total). Being spread across too many county health systems without district and countywide coverage has diluted the potential impact of USG investment towards CHSWT capacity building and has made it difficult to effectively monitor and evaluate overall USG county-level investment.

Nationwide Support: A major area of nationwide investment is the provision of technical assistance for policy formulation, strategy development and health systems strengthening. The USG supported the development of two dozen national policies, strategic plans, and tools for building health systems during implementation of the 2007-11 NHP, which itself was a major area of investment by the USG. Similarly, in response to a call for partner support to develop a long-term vision for the health sector, the USG made substantial direct investments in both the Roadmap for Development of the 2011-21 National Health and Social Welfare Policy and Plan, as well as development of the actual ten-year National Health and Social Welfare Policy and Plan.

Implementation of new national policies has required the development of numerous detailed strategic and

GHI Principle in Action:
Developing a National SCMP in coordination with GFATM

The USG combined efforts with GFATM to assist the MOHSW in developing a comprehensive Supply Chain Master Plan (SCMP). During and after the conflict, a series of parallel supply chains had been set up by various partners for different commodities rather than addressing the more systemic issues that lead to poor functioning of the existing supply chain. With robust donor coordination and synchronization of technical assistance, an integrated and comprehensive SCMP has been developed that provides the MOHSW with a rational tool to prioritize supply chain system strengthening activities. The implementation of the SMCP is now being supported with funding under GFATM Round 10 grants and USG funds, including PEPFAR and PMI.

operational plans, to which the USG also contributes significant technical assistance. The BPHS was an important area of USG investment – particularly in the selection and design of high impact interventions. Subsequent investments in the *Family Planning and Adolescent and Reproductive Health Strategies*, *Basic Package of Mental Health Services*, *National Malaria Strategic Plan (2010-2015)*, and the *Road Map for Accelerating the Reduction of Maternal and Newborn Morbidity and Mortality in Liberia (2011-15)* are all examples of USG support that translate policy into action.

USG investments in health system strengthening include critical areas such as health management information systems (HMIS), health financing, supply chain and commodities, and human resources for health. For example, the USG has provided assistance in the development of an integrated national HMIS with standardized indicators, and USAID technical support helped establish Liberia's first-ever National Health Accounts (NHAs). As a President's Malaria Initiative (PMI) focus country, USAID and the Centers for Disease Control (CDC) invest in technical assistance in various areas, such as entomology or monitoring and evaluation (M&E), and provision of drugs for treatment and preventive treatment during pregnancy, as well as long lasting insecticide treated mosquito nets to fill gaps in meeting needs of the country. Additionally, the USG supports national multi-media campaigns to promote insecticide-treated net (ITN) use and early case management of malaria. Similarly, support for family planning includes procurement of contraceptive commodities for the entire country and a nationwide campaign to reduce teenage pregnancy. In human resources, the USG is providing sustained technical assistance to strengthen pre-service training institutions and in-service training, including curricula revisions and improvements in effective teaching skills. The USG also assisted in the development of educational and clinical standards,

which have since been adopted by the MOHSW and form the basis of a new quality assurance approach that will be taken to scale nationally.

USG investments in policies, strategic plans and health systems are evidence-based and informed by investment in critical analysis of information, such as the *Synthesis Report of Health Financing Studies* and the *Country Situational Analysis Report*, which served as the basis for revision of the National Health and Social Welfare Policy and Development of the 2011-21 NHSWP (see Annex 6: Reference Documents).

4. GHI in Liberia

4.1 GHI Goals and Targets

GHI is the USG vehicle for ensuring all USG global health investments are efficiently coordinated with recipient country's health priorities in order to achieve maximum ownership and results. The USG is developing this GHI country strategy at an important juncture in Liberia's health system development, coinciding with the GOL's transition from a post-conflict orientation to a long-term vision for sustainable progress in health outcomes. To achieve this vision, the MOHSW led the process of revising the National Health and Social Welfare Policy and developing the 2011-21 NHSWP. Thus, the central guiding principle of this GHI strategy is to ensure all USG health investments align with and complement Liberia's 2011-21 NHSWP with the goal of *improved health status of the population*. Specifically, the GHI strategy will directly support activities oriented towards achieving the three objectives of the 2011-21 NHSWP:

- i) Increasing access to and utilization of high quality services;
- ii) Making services more responsive to the population, with attention to equity; and
- iii) Providing services that are affordable to the country.

To achieve these objectives, the MOHSW has expanded the BPHS, renaming it the Essential Package of Health Services (EPHS) and introduced two-year county level costed action plans. To further support the achievement of these objectives, the USG will complement MOHSW efforts by concentrating its resources on two key Focus Areas, selected to reinforce GHI Principles.

4.2 GHI Principles and Focus Areas

All of the GHI Principles (see Annex 7) underlie both the framework of the *government-owned* 2011-21 NHSWP and the USG’s own GHI Strategy for Liberia. As discussed earlier, the 2011-21 NHSWP development process was consultative and led by the MOHSW, with input from local communities, civil society, religious groups, and development partners (including the USG), as well as district, county and national government representatives. *Gender equity* is a key principle of the 2011-21 NHSWP, and the EPHS is a gender-sensitive service delivery package with strong linkages to the community and household, as well as gender-specific health messages (see Annex 2 for further discussion). A commitment to *strengthening the health systems* serves as the foundation for the 2011-21 NHSWP, and the MOHSW has developed sub-sector policies and plans for each of the health system building blocks. The MOHSW also developed guidelines and procedures for several support systems, such as *monitoring and evaluating* health system performance against key indicators. As implementation of the 2011-21 NHSWP unfolds, information gathered through routine HMIS and through *operations research* will inform *innovation* in health practice, especially related to revision of the service delivery package and allocation of related resources to the different levels of the health system.

Similarly, the USG looked towards these GHI Principles in selecting key Focus Areas to maximize its investments. Believing that coordinated application of GHI Principles will result in significant and sustained health improvements, the USG will operationalize these principles through investment in the following two Focus Areas:

1. Improving service delivery through the EPHS
2. Strengthening health systems to increase institutional capacity and sustainability

Selected to reflect GOL priorities and complement MOHSW activities towards the common goal of improved health status of Liberians, these two Focus Areas represent an opportunity for effective collaboration between USG and the GOL. They also hold the potential for efficient programming among USG agencies to maximize resources and leverage integrated platforms to accelerate results.

The USG will invest in these two Focus Areas through a three-tiered approach.

Table 3: Tiers of Operational Support

| | |
|--|---|
| <p style="text-align: center;"><u>Tier 1</u> Investment Nationwide</p> | <p>The USG will increase investment in capacity building and technical assistance for policy formulation, strategy development, health systems strengthening, and countrywide BCC initiatives benefitting Liberia as whole. In the immediate future, USG support in health system strengthening will prioritize critical areas that have been jointly identified, such as HMIS, Health Financing, Pharmaceutical/Commodities Supply Chain, and Human Resources for Health.</p> |
| <p style="text-align: center;"><u>Tier 2</u> Intensive Investment in Three Target Counties</p> | <p>In the three target counties of Bong, Lofa and Nimba, the USG will use MOH systems to provide both facility-based and community-based support under performance-based contracting with NGOs for specific health facilities and their catchment communities. The USG will also provide complementary technical assistance for quality assurance, in-service training, and supportive supervision, which will target <u>all</u> health facilities and communities within the three counties. This approach supports the MOHSW’s desire for a cohesive and efficient county-wide health system.</p> |

| | |
|--|---|
| <p style="text-align: center;">Tier 3</p> <p>Strategic Investment in Six Development Corridor Counties</p> | <p>As the USG’s lead development agency, USAID is targeting six counties along the GOL’s Development Corridors, and (as noted above) the health portfolio is focusing efforts on three of these counties. As funding levels allow, however, the USG will make limited investments in Montserrado, Margibi, and Grand Bassa to complement and leverage other partner investments in critical areas such as malaria, family planning, nutrition, and immunizations. These limited investments will be strategically designed to extend the USG’s technical expertise in areas of comparative advantage and to fill gaps in implementation of national programs.</p> |
|--|---|

4.2.1 GHI Focus Area 1: Service Delivery

Current support for the provision of the BPHS enables USG funds for maternal, newborn, and child health; family planning; nutrition; malaria; TB; WASH; and HIV to be seamlessly integrated and aligned with the MOHSW’s priority health interventions. Therefore, the USG commits to *doing more of what works* by maintaining at least current levels of support provided under the BPHS for implementation of the EPHS. The EPHS includes all components of the 2007-11 BPHS (*gender-sensitive* maternal, newborn, and child health; reproductive and adolescent health; mental health; communicable diseases; and emergency care), as well as non-communicable diseases, NTDs, environmental health, nutrition and school health.

The USG service delivery investments currently support a variety of high impact interventions that reinforce attainment of the overall targets of the 2011-21 NHSWP. Moreover, expanding geographic, cultural, and economic access to quality services delivered closer to where people live is reducing the burden on women and advancing *gender equity* goals shared by the GOL and USG. Many of these are demonstrating success, and the USG will continue its support, for example:

- Reducing maternal and newborn mortality by continuing to expand access, availability and improve the quality of emergency obstetric and neonatal care (EmONC) services.
- Further reducing child mortality by supporting Expanding Program on Immunizations (EPI) and Integrated Management of Newborn and Childhood Illnesses (IMNCI) through facility- and community-based case management of common childhood illnesses.
- Increasing the use of modern contraceptives and family planning practices by supporting provision of both facility- and community-based family planning services.
- Further reducing malaria prevalence through distribution of ITNs and providing Intermittent Preventive Treatment (IPT) for malaria to pregnant women.
- Reducing stunting by scaling up support for Essential Nutrition Actions (ENA) and creating synergies with WASH initiatives to reduce diarrheal disease.
- Reducing TB burden by continuing support for community-based DOTS.
- Improving HIV prevention and control by supporting IEC/BCC, PMTCT, HIV counseling and testing, care and treatment through integrated platforms of BPHS.

Based on the National Policy for Contracting Health Services and the National Health Policy, the MOHSW has already initiated a contracting approach with NGOs and faith-based organizations to

support service delivery using funds from the Health Sector Pool Fund.⁵ By using national systems, USG investments in service delivery will **build on a Liberia-owned platform** that, with appropriate system strengthening support, holds the potential for a sustainable approach to service delivery. The partnership approach – enshrined in the health policy and operationalized through an Implementation Letter to channel USG funds through the MOHSW to finance priority activities – also ensures an opportunity for the USG’s current partners to continue to play an important role in service delivery. This direct funding – complemented by systems strengthening technical assistance – provides the MOHSW with the opportunity to mainstream performance-based financing, building off successful PBC models developed by the USG through its bilateral projects and partners.

This USG investment in health service delivery will be geographically leveraged with the two other major sources of support for provision of the EPHS: the European Union (EU) and the Health Sector Pool Fund. As presented above in “Tiers of Operational Support,” the USG, in consultation with MOHSW, decided they would consolidate their geographic focus for service delivery – targeting Lofa, Nimba and Bong counties. The USAID Health Team initiated conversations with the EU and the Pool Fund, and through **robust donor coordination**, developed a plan for “facility swapping.” This transition/handover plan, which is endorsed by GOL, will take place over the course of the next 18 months. The consolidated outcome will allow all donors to reduce transaction costs, maximize county-level capacity building, and enable greater monitoring oversight.

Research and innovation will be integral components of the USG’s support towards high quality service delivery, particularly in the areas of family planning, nutrition, and maternal and child health. Specifically this support includes pilots of new interventions such as: 1) an innovative maternal waiting home (MWH) project to increase facility births; 2) community-based use of misoprostol for the prevention of postpartum hemorrhage; and 3) community-based provision of injectable contraceptives. All of these have built in operational research components, which will be evaluated after a defined period following initiation, and these evaluations will inform adaptation plans for scale-up based on lessons learned.

4.2.2 GHI Focus Areas 2: Health Systems Strengthening

In order to build on HSS successes under the 2007-11 NHP – and ensure the support systems necessary to underpin delivery of the EPHS continue to improve – the USG commits to **doing more of what works** by increasing its investments in HSS at both central and decentralized levels. The USG will expand its support for capacity building at the central and county levels, while the facility and community components will be addressed through the Implementation Letter described above. Expanded USG investments in health system strengthening at the central and decentralized (county) levels will be based upon a joint MOHSW / USG assessment of HSS needs and priorities in order to **ensure country ownership**, foster strong systems and increase sustainability. Anticipated areas of HSS investment include:

- Institutionalizing capacity for management of PBCs at central and county levels and exploring ways to incorporate and mainstream MOHSW’s approach to quality assurance through use of clinical standards and accreditation.
- Continuing support for the institutionalization of the integrated national HMIS system and mainstreaming data culture at all levels.

⁵ Currently, one CHSWT and six NGOs (local and international) have PBCs with the MOHSW to support provision of the BPHS at a total of 120 GOL-owned health facilities.

- Continuing to strengthen pre-service and in-service training, as well as addressing recruitment, deployment, and retention of health workers through Human Resources (HR) best practices, such as supportive supervision and annual performance appraisals.
- Improving integration and management of the pharmaceutical supply chain by rolling out the new Logistics Management Information System (LMIS), coordinating forecasting and procurement, and supporting active distribution of commodities.
- Strengthening governance by continuing to improve the policy framework and initiating support for strengthening regulatory capacity.
- Testing promising models for sustainable healthcare financing to include community-based health insurance schemes, social insurance, taxes, and reintroduction of user fees for certain services.

USG will coordinate its short-, medium- and long-term investments in HSS with other donor partners in order to leverage and maximize the potential impact of each partner's investment. In *collaboration* with the World Bank, the USG will continue to provide technical assistance for performance-based health financing and expand its investment in building MOHSW capacity to award and manage performance-based contracts with NGOs and faith-based organizations (FBOs).

All USG investments in health system strengthening and service delivery will form part of MOHSW's improved metrics and M&E system. The USG will participate in the *innovative use of one national monitoring framework* of the 2011-21 NHSWP to improve results. This mechanism is MOHSW-owned and reflects the National Health Policy and Plan's move towards a sector budget and sector-wide approach, in which efforts of all partners and those of the GOL will be coordinated within one resource, activity, and results framework.

5. USG Linkages

The USG Mission in Liberia has established a Humanitarian Assistance Working Group (HAWG) for interagency dialogue, and a sub-group will act as the GHI 'core team.' Under the overall leadership of the U.S. Ambassador to Liberia, membership of the HAWG/GHI core team includes the DOD's Office of Security Cooperation (OSC), the CDC, Peace Corps, USAID, and Department of State. This working group will be tasked with operationalizing Liberia's GHI strategy within a whole-of-government environment to maximize USG health investments.

As the Planning Lead for GHI, USAID will support other USG agencies engaged in health work, as well as coordinating overall USG health investments with external stakeholders. For example, USAID ensures that research projects being proposed by the Naval Medical Research Unit 3 (NAMRU-3) fit within the research agenda of the MOHSW and works closely with NAMRU-3 to coordinate their entomological support to the Liberia Institute for Biomedical Research (LIBR) to also benefit the National Malaria Control Program and complement the technical assistance from CDC under PMI. Also, USAID is working with Peace Corps to support the integration of health promotion messaging into secondary school curricula, as well as secondary community health projects for the 34 education-focused volunteers in Liberia.

In addition to organizational coordination, USAID ensures that all USG program strategies are harmonized. For example, USAID has designed diet diversification strategies to complement health-related nutrition activities within the Feed the Future Liberia Country Strategy.

6. Implementation

6.1 Use of Host Country National Systems

Until now, the USG has relied on the valued efforts of partners, both national and international, to operationalize USG health support in Liberia. In line with the USG's commitment to the Paris Declaration on Aid Effectiveness and USAID FORWAD Principles – and in response to leadership demonstrated by the MOHSW – the future mechanism for provision of USG investments in service delivery will be gradually shifted to the MOHSW systems under the 2011-21 NHSWP. This groundbreaking implementation approach marks the first time the USG has directly funded a line ministry in Liberia and promises to effectively and efficiently maximize resources. Through a Fixed Amount Reimbursement Agreement (FARA) that will channel funds directly through MOHSW accounts, the USG will use GOL national systems for procurement, contracting, financial management, and M&E.

The transition to using MOHSW systems will require a step-change in USG health programming, beginning in the last quarter of Fiscal Year 2011 with the signing of the FARA. As mentioned above, The FARA will signal a major step in materializing USG's commitment to aligning with MOHSW's vision and the commitments to the Paris Declaration on Aid Effectiveness. Following the signing of the FARA, the USG will provide technical assistance to the MOHSW to develop a request for proposals (RFP) from local and international NGOs.

The USG expects the MOHSW will award the first tranche of PBCs to support service delivery by January 2012 – with the final transition being completed by July 2012. All USG investments in maternal newborn child health, family planning, nutrition malaria, HIV, and TB will be designed to accommodate and support this transition to using MOHSW systems under the leadership responsibility of USAID.

6.2 The Results Framework

The revised 2011 National Health and Social Welfare Policy and 2011-21 NHSWP direct a shift away from fragmented annual project and budget expenditure to a sector-wide budget framework and medium term expenditure framework – in line with the Liberia Aid Policy and 2009 Public Financial Management Act. As described previously, the USG will participate in the innovative use of one national results framework for monitoring implementation of the 2011-21 NHSWP to improve results. (See Annex 1a and Annex 1b.)

The USG is currently in negotiations with the MOHSW for a Joint Financing Arrangement to include USG earmarked investments made through national systems. The goal is for USG health investments to be 'on budget' and part of the single health sector resource and monitoring framework articulated in the revised National Health and Social Welfare Policy and 2011-21 NHSWP.

As a member of the HSCC and the Pool Fund Steering Committee, USAID will ensure that an appropriate, incremental review of the common results framework will be jointly conducted between the USG, other donors and the MOHSW. Joint review will ensure strategic collaboration and maximum leveraging between different donor, multilateral, and GOL investments.

6.3 Monitoring and Evaluation

A robust M&E system is critical to inform future decision-making and ensure programmatic accountability. However as a post-conflict country, Liberia faces an especially challenging data environment with a lack of up-to-date research and comprehensive assessments. The 2007 Liberia DHS and the 2009 Liberia MIS have been enormously helpful in setting baselines and providing key health status statistics, and forthcoming reports from LMIS 2011 and the pilot Lot Quality Assurance Sample

surveys (LQAS) 2011 will be instrumental in assessing progress and will assist in setting appropriate five-year targets. There continues, however, to remain a dearth of quantitative and qualitative assessments to accurately (or definitively) identify the ‘causes’ and ‘factors’ behind these statistics. The lack of data is compounded by a nascent data ‘culture’ and fledgling data use in decision-making processes. For these reasons, the USG has prioritized M&E as part of its GHI Focus Area 2: Health Systems Strengthening with well-defined support in each of the key areas.

Evaluation: In addition to routine project and program external evaluations, the USG supports an MIS every two years and a DHS every five to seven years. These national surveys provide the gold standard for impact evaluation and present excellent opportunities for USG-GOL collaboration and M&E skills building.

Monitoring: In order to address data quality issues, as well as to cultivate a data culture, the USG is adopting a comprehensive monitoring plan, which includes regular field visits by team members, strengthening of the MOHSW’s HMIS, supportive supervision to improve the quality of routine data, and performance-based financing to nurture a data culture. This performance-based financing will be linked with achievement of negotiated quantitative targets for specific indicators. An important feature of this plan is the new Lot Quality Assurance Sampling (LQAS) survey, which involves annual data collection on health outcomes and county-level reporting to support evidence-based decision making. This effort is uniquely designed to incorporate a dual objective of capacity building for MOHSW central and county level officials.

Operational Research: Finally as discussed earlier, innovation is an integral part of the USG’s strategy to improve health outcomes in Liberia, and specifically this includes pilots of new interventions such as the integrated community case management (iCCM) of malaria, diarrhea, and pneumonia, the maternal waiting home project to increase facility births, and community-based use of misoprostol for the prevention of postpartum hemorrhage. These pilots all have built in operational research components, which will be evaluated after a defined period following initiation, and the USG will use these results to adapt plans for scale-up, maximizing health intervention impact.

Reporting: Using the annual Performance Plan and Report (PPR), the USG will report annually on progress towards GHI targets and goals. In addition to applicable standard indicators provided by FACTS Info, the Liberia USG team will craft custom indicators – consistent with GHI performance metrics – to report on program performance of activities under the joint Results Framework.

6.4 Communication

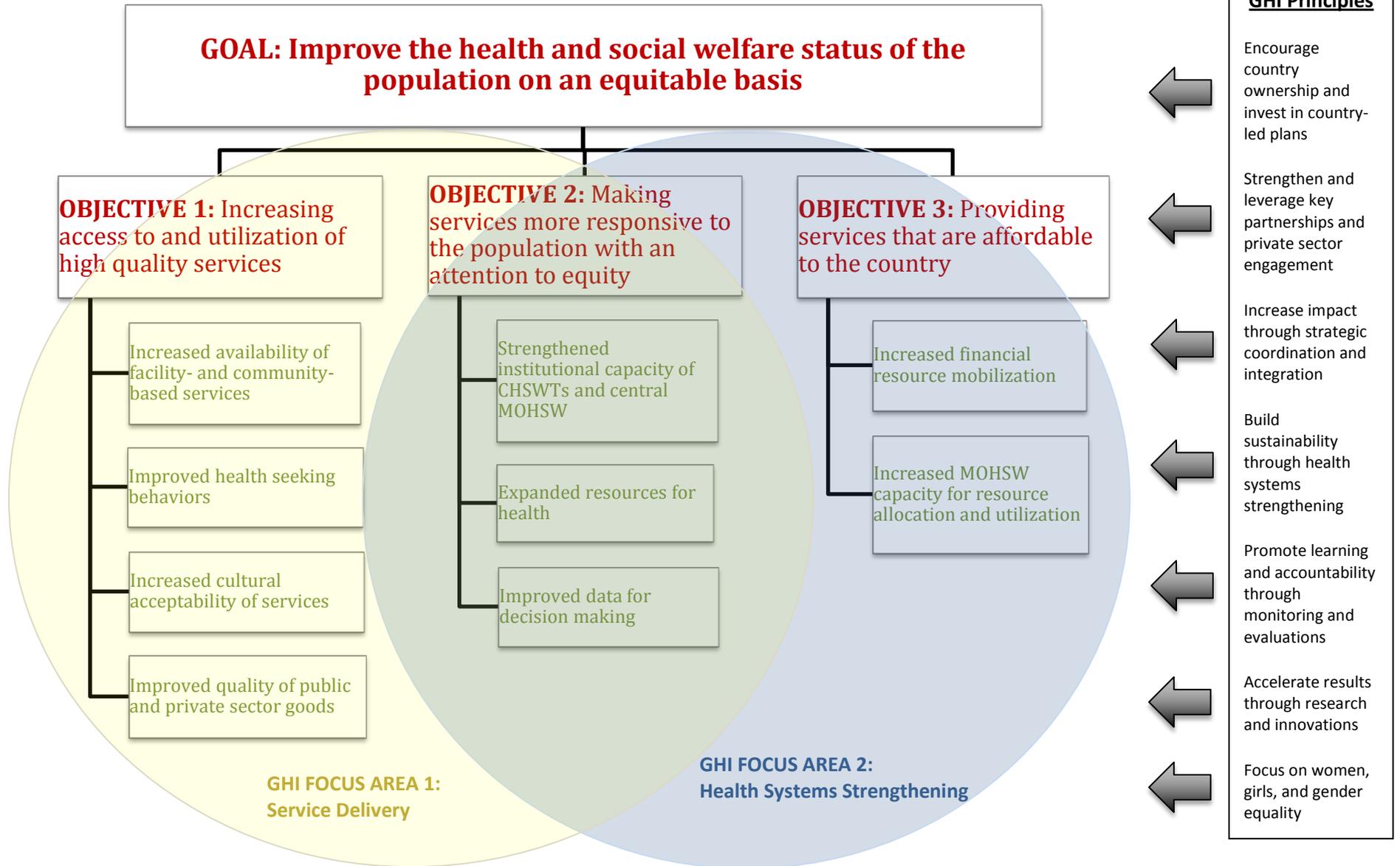
As the GHI Planning Lead, USAID will continue to ensure that communication of the GHI Liberia strategy development, content, and progress is effectively shared with all stakeholders, including internal USG agencies, relevant GOL Ministries, other donors and multilaterals, as well as civil society, faith-based and non-governmental organizations.

Development of this Liberia GHI strategy has been an inclusive process initiated by consultation and dissemination of GHI Principles, solicitation of feedback for inclusion in this strategy and publically vetted drafts for comment. The USG will widely disseminate the final approved version of this GHI strategy to all stakeholders, and each year the USG will draft an annual GHI country strategy report for dissemination.

Going forward, the USG will continue its best practice of conducting joint portfolio reviews with GOL for all programs, including review of GHI implementation. Additionally, the Public Affairs Office of the U.S. Embassy and the Development and Outreach Coordinator of USAID will be engaged to include

relevant GHI information in USG press releases, fact sheets and public information forums whenever appropriate.

Annex 1a. Joint GHI-MOHSW Results Framework



Liberia MOHSW Goal and Objectives in Red
U.S. Government Results in Green

Based on MOHSW's NHSWP, 2011-2021, this Results Framework incorporates the two GHI Focus Areas and is closely linked to the NHSWP, 2011-21 Performance Monitoring Matrix in Annex 1B (next page).

This Results Framework (and the accompanying Performance Monitoring Matrix) provides the USG and MOHSW with a harmonized tool to monitor progress towards the national goal to improve the health and social welfare status of the population by increasing access, equity and responsiveness, and financial protection.

The MOHSW deliberately selected indicators for service delivery and health system performance that could be monitored at the county level through routine HMIS, enabling the CHTs to actively participate in monitoring progress towards the national goal and objectives.

The Performance Monitoring Framework is provisional, both in the selected indicators and the baselines and targets. A working group with members from different MOHSW departments and partner organizations will produce for endorsement by the HSCC a definitive set of indicators, their definitions, and the agreed upon baselines and targets.

Annex 1b. Liberia National Health and Social Welfare Plan Performance Monitoring Matrix

| GOAL/OBJECTIVE | INDICATOR | BASELINE | YEAR | SOURCE | TARGET 2021 | |
|--|---|--|--------|---------|-------------|-----|
| Indicators monitoring Liberia's goal of improved health status (these indicators will be measured at least every 5 years) | | | | | | |
| Healthier population | Maternal Mortality Ratio (per 100,000 live births) | 994 | 2007 | LDHS | 497 | |
| | Child Mortality Rate (per 1,000 live births) | 114 | 2009 | LMIS | 57 | |
| | Life Expectancy at Birth (years) | 59 | 2010 | UNDP | TBD | |
| Indicators monitoring the objectives of the National Health Plan (to be measured every 1-3 years) | | | | | | |
| Increased access and utilization of health services | % population living within 5 km from the nearest health facility | 69% | 2010 | RBHS | 85% | |
| Responsiveness to users' expectations, ensuring a fair degree of equity | Equity index: ratio contacts (head count)/head in the 25% of population (counties) with highest consumption over 25% population with lowest consumption | 2.39 | 2010 | HMIS | 1.5 | |
| Financial protection | Public expenditure in health & social welfare as % of total public expenditure | 7.8% | 2010 | MOF/OFM | >10% | |
| Indicators monitoring health systems performance (to be monitored annually) | | | | | | |
| Service Provision | Maternal Health | # and % of deliveries that are facility-based with a skilled birth attendant | 22% | 2010 | HMIS | 80% |
| | Family Planning | Couple-years protection with Family Planning Method | 45,798 | 2010 | HMIS | TBD |
| | Child Health / EPI | # and % of children under 1 year who received DPT3/pentavalent-3 vaccination | 74% | 2010 | HMIS | 90% |

| | | | | | | |
|----------------------------|----------------------------|--|-------|------|----------------------|------|
| | Service Consumption | OPD consultations per inhabitant per year | 0.9 | 2010 | HMIS | 2 |
| | Malaria | # and % of pregnant women provided with 2nd dose of IPT for malaria | 29% | 2010 | HMIS | 80% |
| | HIV/AIDS | Number of pregnant women testing HIV+ and receiving a complete course of ARV prophylaxis to reduce the risk of MTCT | 1,613 | 2011 | HMIS | TBD |
| | Tuberculosis | Number of smear positive TB cases notified per 100,000 population | 103 | 2010 | NLCP | 127 |
| System Components | Human Resources | Number of skilled birth attendants (physicians, nurses, midwives & physician assistants)/10,000 population | 5.7 | 2010 | HMIS | 14 |
| | Drugs | # and % of facilities with no stock-out of tracer drugs during the period (amoxicillin, cotrimoxazole, paracetamol, ORS, iron folate, ACT, FP commodity) | TBD | - | HMIS | 95% |
| | HMIS | # and % of timely, accurate and complete HIS reports submitted to the MOH&SW during the year | 76% | 2010 | HMIS | 90% |
| | Financing | % of execution of annual GoL health budget allocation | 64% | 2010 | MOF/OFM | 95% |
| | Quality | # and % of public facilities reaching two star level in accreditation survey including clinical standards | 9.3% | 2011 | Accreditation report | 90% |
| Sector coordination | | Percentage of bilateral aid that is untied (increasing predictability and decision-making space) | TBD | - | MOF/OFM | >50% |

Annex 1c: Liberia GHI Country Strategy Matrix

| Focus Area: Service Delivery | Baseline Indicators | 2021 National Target | USG Actors | Key Partners | GHI Principles |
|---|--------------------------|----------------------|--------------------|------------------------------|--|
| Illustrative Key Actions | | | | | |
| <p>Reduce maternal mortality by:</p> <ul style="list-style-type: none"> Improving skills of midwives through pre- and in-service training and providing technical assistance for midwifery schools Ensuring complete provision of AMSTL Improving quality and expand access to EmONC (including provision of hardware and equipment) Piloting community-based distribution of misoprostol as part of a remote area strategy Supporting maternal waiting homes and introducing incentives for deliveries with SBAs Increasing safe blood supply with voluntary blood drives and walking blood banks | Facility SBA: 22% (2010) | 80% | USAID, DOD | MOHSW, UNFPA, WHO, Pool Fund | <ul style="list-style-type: none"> Focus on women, girls, and gender equality Encourage country ownership and invest in country-led plans |
| <p>Prevent unintended pregnancies by:</p> <ul style="list-style-type: none"> Supporting scale-up of injectables at the community level Expanding method mix by exploring acceptability of additional methods, such as LAPM and standard days method Piloting community and religious leaders engagement activities and exploring potential male partner engagement models Providing embedded technical assistance for MOHSW and improving contraceptive security through Supply Chain Master Plan (SCMP) | CYP: 45,798 (2010) | TBD | USAID | MOHSW, UNFPA, Pool Fund | <ul style="list-style-type: none"> Leverage key multilateral organizations, global health partnerships and private sector engagement Accelerate results by linking research and innovation to the EPHS |
| <p>Decrease child mortality by:</p> <ul style="list-style-type: none"> Piloting iCCM activities for gCHVs, including treatment for ARI, diarrhea and malaria | Penta-3: 74% (2010) | 90% | USAID, Peace Corps | MOHSW, UNICEF, GAVI, | |

| Focus Area: Service Delivery | Baseline Indicators | 2021 National Target | USG Actors | Key Partners | GHI Principles |
|--|--|----------------------|--------------------------------|---|----------------|
| Illustrative Key Actions | | | | | |
| <ul style="list-style-type: none"> Improving GOL's EPI 'Reaching Every District' strategy and vaccine cold chain Supporting community-based hygiene and sanitation promotion with emphasis on schools and health facilities Increasing number of providers with neonatal resuscitation skills | | | | GFATM, Pool Fund | |
| Reduce child undernutrition by: <ul style="list-style-type: none"> Supporting Vitamin A distribution Supporting scale up of 'Essential Nutrition Actions' (ENA) Supporting integrated and synergistic WASH activities Leveraging agriculture extension workers platform to promote diet diversification | U5 stunting: ⁶ 42% (2010) | N/A | USAID, USDA, Peace Corps | MOHSW, MOA, WFP, UNICEF | |
| Reduce burden of malaria by: <ul style="list-style-type: none"> Supporting LLIN distribution through campaigns and ANC Conducting IRS in target districts Improving IPT2, diagnosis, and case management, including IEC/BCC and quality improvement Procuring and distributing drugs and RDTs in accordance with the SCMP | IPT2: 29% (2010) | 80% | USAID, CDC, NAMRU-3 | GFATM, MOHSW | |
| Support prevention, care, and treatment for HIV/AIDS by: <ul style="list-style-type: none"> Improving HIV/AIDS services as part of EPHS, including IEC/BCC and quality improvement Conducting prevention campaigns targeting MARPs Providing Technical Assistance to leverage and maximize | PMTCT Clients: 1,613 (2010) | TBD | USAID, DOD | MOHSW, NAC, GFATM, UNAIDS, UNICEF | |

⁶ This indicator is not included in the NHSWP 2011-21 but is taken from the FtF Multi-Year Strategy

| <i>Focus Area: Service Delivery</i> | Baseline Indicators | 2021 National Target | USG Actors | Key Partners | GHI Principles |
|---|---|-----------------------------|-------------------|-------------------------|-----------------------|
| Illustrative Key Actions | | | | | |
| GFATM investments | | | | | |
| <p>Contribute to treatment of new SS+ TB cases by:</p> <ul style="list-style-type: none"> Continuing support for community and facility-based DOTS as part of EPHS, including IEC/BCC and quality improvement Providing technical assistance to leverage and maximize GFATM investments, including support to culture laboratory | Case notification: 103/100,000 (2010) | 127 | USAID | GFATM, MOHSW, WHO | |

| <i>Focus Area: Health Systems Strengthening</i> | Baseline Indicators | 2021 National Target | USG Actors | Key Partners | GHI Principles |
|--|---|-----------------------------|-------------------|-------------------------|---|
| Illustrative Key Actions | | | | | |
| Strengthen human resources for health by: <ul style="list-style-type: none"> Supporting pre-service training institutions Providing in-service training Updating salary scale and improving supervision systems | Number of SBA / 10,000 5.7 (2010) | 14 | USAID | MOHSW, MOE | <ul style="list-style-type: none"> – Build sustainability through health systems strengthening – Improve metrics, monitoring and evaluation – Increase impact through strategic coordination and integration |
| Improve pharmaceuticals management by: <ul style="list-style-type: none"> Conducting quarterly End Use Verification Operationalizing the Logistics Management Information System Including stock-out indicator in PBCs | Percent of facilities with no stock-outs TBD (2011) | 95% | USAID | MOHSW, GFATM, NDS, CHAI | |
| Strengthen information systems by: <ul style="list-style-type: none"> Supporting provision of timely feedback Facilitating synthesis and analysis at local levels Including HMIS submission and accuracy indicator in PBCs | Percentage of timely, accurate, and complete HMIS reports 76% (2010) | 90% | USAID, CDC | MOHSW, WHO | |
| Improve health financing by: <ul style="list-style-type: none"> Supporting the MOHSW Office of Financial Management and Procurement Improving coordination and advocacy with Ministry of Finance and Legislature | Percentage of annual government budget allocation 64% (2010) | 95% | USAID | MOF, MOHSW | |
| Improve quality by: <ul style="list-style-type: none"> Integrating clinical standards in accreditation survey Implementing quality improvement measures Improving infrastructure and equipment | Percentage of two-star public facilities in accreditation survey 9.3% (2011) | 90% | USAID, DOD | MOHSW, NGOs | |
| Strengthen MOHSW coordination to increase predictability & decision-making by: | Percentage of bilateral aid that is | >50% | | Donors, MOF, | |

| | | | | | |
|--|---------------|--|--|-------|--|
| <ul style="list-style-type: none">• Building MOHSW leadership and strategic capacity• Support Medium Term Expenditure framework | untied TBD | | | MOHSW | |
|--|---------------|--|--|-------|--|

Annex 2: Women, Girls and Gender Equity

For many of the same reasons discussed in the background of this narrative (e.g. prolonged conflict, limited educational opportunity), Liberia ranked very low on the Gender Development Index— 142 out of 155 countries – in 2009. Since assuming leadership, President Sirleaf and her administration have made a strong commitment to gender equality articulated in Liberia’s Poverty Reduction Strategy (PRS). Similarly, the USG mainstreams gender in all projects and programs to support the achievement of these PRS goals. In FY 2010, the USG spent over \$12 million on gender-related programming in Liberia through the security, governance, health, education, and economic growth sectors.

In 2010, USAID/Liberia conducted a gender assessment, which concluded both men and women struggle with poverty exacerbated by low literacy and education and a paucity of resources. The assessment found the incidence of these factors was higher among women than men and higher in rural than urban areas.

For the health sector, high maternal mortality and systemic inequities — especially related to health service access and quality – have a major impact on women and girls. High maternal mortality is linked to a high fertility rate, insufficient numbers of skilled birth attendants and low utilization of health facilities for delivery, compounding the risks associated with complications. Liberia’s maternal mortality ratio is one of the highest in the world at 994 deaths per 100,000 live births. The fertility rate is also high at 5.2 (7.5 in rural areas), and the contraceptive prevalence rate is just 10 percent. One-third of adolescent girls have their first pregnancy by the age of nineteen, only 46 percent of deliveries are attended by a skilled provider (32 percent in rural areas), and just 37 percent take place in a health facility (26 percent in rural areas). Low rates of facility delivery are attributed to several factors, especially distance (two-thirds of rural households must travel more than one hour to the nearest facility) and the cost of services and associated expenses (54 percent of women rated this as the number one barrier to services).

To address these critical issues, the USG is supporting the MOHSW to implement its National Health and Social Welfare Policy and Plan, 2011-21, in which gender equity is a guiding principle and improving health outcomes among women and girls is critical to the overall goal. The three objectives of the NHSWPP, 2011-21 capture the MOHSW’s strategy to equitably improve gender equality and the health status of women and girls:

1. To increase access and utilization of services, especially for women and girls at the community level, by expanding access to quality services delivered closer to where people live. Coupled with investments in strengthening human resources, the target is to increase facility-based deliveries by a skilled birth attendant from 22 to 80 percent.
2. To make services for women and girls more responsive, the cornerstone of 2011-21 NHSWP is the Essential Package of Health Services (EPHS), a gender-sensitive service package with strong linkages to the community and household, as well as gender-specific health messages. The target is for 90 percent of facilities to be fully accredited and providing the EPHS.
3. To provide services that are affordable against a backdrop of ensuring social protection through a combination of prepayment schemes and free services for priority interventions that directly affect the health of women and girls.

Leveraging USG investments with other donor and private investments, as well as increasing the proportion of GOL funding are critical to achieving Liberia’s ambitious goal of reducing maternal mortality by 50 percent. With substantial increase and consistent funding over the next 10 years, the USG would engage the MOHSW and partners in considering the introduction of conditional cash transfers to support assisted deliveries as an innovative new intervention to support the Roadmap for Accelerating the Reduction of Maternal and Newborn Morbidity and Mortality in Liberia. This funding must also be

complemented by smart program integration – both across the health sub-sectors, as well as across the overall development portfolios.

Annex 3: Linking High-level Goals to Programs

USG health investment goals in Liberia align with the goal of the 2011-21 NHSWP to improve the health status of the population. In pursuit of this goal, the USG will support increasing access and utilization of a responsive set of services that are affordable to the country by investing in service delivery and strengthening health systems. Liberia’s GHI strategy is the vehicle for ensuring all USG health investments are efficiently coordinated internally and leveraged externally to enable Liberia to achieve its health priorities – all while ensuring maximum host country ownership and results. The USG will stagger its implementation according to the MOSHW’s 2011-21 NHSWP phases over the next five years. The table below illustrates the milestones associated with each focus area during the phased implementation of this strategy, thereby linking high-level goals to program activities.

| Phase | Service Delivery | Health System Strengthening |
|--------------------------------|---|--|
| <i>Phase One 2011-2012</i> | <ul style="list-style-type: none"> • Establishment of an Implementation Letter • Initiating MOHSW-managed procurement for service delivery • Establishing the reimbursement mechanism for HCC • Award of performance-based contracts for support to 114 health facilities | <ul style="list-style-type: none"> • Use of national systems assessment • Joint health systems strengthening needs assessment • Design of USAID technical assistance package • Supporting key health system areas at the central and county levels |
| <i>Phase Two 2012-2015</i> | <ul style="list-style-type: none"> • Implementation of service delivery support through the HCC approach • Ongoing monitoring of performance against GHI targets • Assessment of HCC’s effectiveness and modify accordingly • Contracting-in service delivery with CHSWTs | <ul style="list-style-type: none"> • Assess effectiveness of HSS strategy • Consolidate gains according to unmet needs, coordinating with other donors throughout • Increase emphasis on decentralization |

As discussed in the main narrative, the transition to using MOHSW systems will require a step-change in USG health programming, beginning in the last quarter of FY2011 with the signing of an Implementation Letter. All USG investments in maternal newborn child health, family planning, nutrition and malaria will be designed to accommodate and support this transition to using MOHSW systems under the leadership responsibility of USAID. As the Planning Lead for GHI, USAID will support other USG agencies engaged in health work, as well as coordinate overall USG health investments with external stakeholders. The HAWG for interagency dialogue and sub-group will act as the GHI ‘core team.’ USAID will continue to ensure that communication of the GHI Liberia strategy development, content, and progress is effectively shared with all stakeholders, including internal USG agencies, relevant GOL Ministries, other donors and multilaterals, as well as civil society, faith-based and NGOs.

Annex 4: Health Systems Summary

| Plan Area | Status | Progress | Challenges |
|------------------------------------|---|---|--|
| Service Delivery | BPHS achieved a harmonized package of services ⁷ | 82% of GOL facilities were accredited for the BPHS in 2011 (up from 36% in 2008) | Accreditation to date has only focused on facility inputs; quality improvement and rollout of community-based services has been slow |
| Health Infrastructure | Too few and poorly distributed service delivery points | 376 functioning GOL health facilities (up from 306 in 2006) | One-size-fits-all facility prototypes are inefficient |
| Human Resources | Only 30% of the workforce is skilled (e.g. doctors, nurses, midwives) | Pre-service institutions reopened and curricula revised for mid-level health workers | Limited coherence between strengthening, producing and deploying skilled workers; inefficient, rigid staffing patterns remain |
| Health Financing | Health expenditure is \$29 per capita: donors provide 47%; out-of-pocket accounts for 35%; and GOL makes up remaining 15% | Health spending has remained 8% of the GOL budget, but more than doubled in absolute terms since 2007 | Highly fragmented funding for health makes it difficult to increase efficiency; continued need to consider other sources of funding |
| Pharmaceuticals | 51% of women cite lack of drugs in GOL facilities as a critical barrier to health care ⁸ | MOHSW developed a Supply Chain Master Plan (SCMP) | Implementing the SCMP has been slow and stock-outs continue |
| Information Systems | Roll-out of national integrated HMIS underway (previously facilities were submitting 30+ different reporting forms monthly) | 76% of 2010 HMIS reports were submitted accurately and on time to the MOHSW | Roll-out of new HMIS has been slow and lack of institutionalized data culture at the decentralized level persists |
| Leadership and Coordination | Implementation of the BPHS was contracted out to NGOs at 292 health facilities | MOHSW uses Pool Fund to contract support for 120 facilities, reducing transaction costs | MOHSW institutional capacity for contract performance management requires strengthening |

⁷ These services included maternal and child health, reproductive and adolescent health, as well as mental health, communicable diseases, and emergency care.

⁸ LDHS 2007.

Annex 5: Non-USG Donor Support to the Health Sector (in \$US)

| <i>Service Delivery</i> | | <i>2010-2011 Investment</i> |
|--|---|-----------------------------|
| EU | Support for the Basic Package of Health Services in GOL health facilities primarily through procurement of pharmaceuticals and commodities or funding for non-governmental organizations to support service delivery. | 14,409,090 |
| Pool Fund | | 10,966,936 |
| UNICEF | | 11,747,500 |
| UNFPA | | 2,650,000 |
| GFATM | | 18,261,090 |
| <i>Health Systems Supported and Duration</i> | | <i>2010-2011 Investment</i> |
| GFATM | Medicines, supply chain management and M&E (2013) | See above |
| WHO | Information support to surveillance (annual) | 4,361,500 |
| World Bank | Support for health financing and infrastructure (2011) | 2,441,523 |
| EU | Support for HR policy and plan implementation (2013) | See above |
| GAVI | Filled HSS funding gaps in key leadership areas (2011) | 1,521,928 |

Annex 6: List of Reference Documents

01. Basic Package of Health Services Accreditation Final Results Report, Ministry of Health and Social Welfare, 2010
02. Basic Package of Health Services, Ministry of Health and Social Welfare, 2007
03. Comprehensive Food Security and National Survey (CFSNS), 2010
04. Country Situational Analysis Report, Ministry of Health and Social Welfare, 2011
05. Demographic and Health Survey, Liberia Institute for Geo-Information Services, 2007
06. Human Development Report, United Nations Development Program, 2010
07. Liberia Malaria Indicator Survey, Ministry of Health and Social Welfare, 2009
08. Liberia Poverty Reduction Strategy, Government of Liberia, 2008
09. Liberia Rebuilding Basic Health Services (RBHS) Geographic and Demographic Distribution of Health Facilities in Liberia Report, November 2010.
10. National Census of Health and Social Welfare Workers in Liberia, Ministry of Health and Social Welfare and Liberia Institute for Geo-Information Services, 2010
11. National Health Accounts, Ministry of Health and Social Welfare, 2009 (for FY 2007-2008)
12. National Health Policy and Plan, Ministry of Health and Social Welfare, 2007
13. Policy Options to Retain Nurses in Rural Liberia: Evidence from a Discrete Choice Experiment, Ministry of Health and Social Welfare & The World Bank, 2010
14. Population and Housing Census Final Results, LIGIS, 2008
15. Supply Chain Master Plan, Ministry of Health and Social Welfare, 2010
16. Synthesis of Health Financing Studies and Alternative Health Financing Policies in Liberia, Health Systems 20/20, 2009
17. Wang, Hong, Dereje, Tesfaye, and Harris, Benedict (2010). Who Benefit from Government Subsidies to Public Health Facilities? A Benefit Incidence Analysis in Liberia. Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.

Annex 7: Global Health Initiative Core Principles

GHI is rooted in the seven core principles outlined below:

1. Focus on Women, Girls, and Gender Equality: A core objective of GHI is to improve health outcomes among women and girls, both for their own sake and because of the centrality of women to the health of their families and communities. Over the long term, improving the health of women enhances their productivity and social and economic participation. Improving women's health also benefits, now and in the future, the social and economic development of families, communities and nations.
2. Encourage country ownership and invest in country-led plans: GHI will help build the capacity of partner countries to develop, manage, oversee, and implement their national health plans. GHI will build from existing government health plans, as a framework for common investment, demonstrating commitment to country priorities, and will work to ensure that civil society and the private sector are engaged.
3. Strengthen and leverage other efforts: Ultimately, improving global health outcomes is a shared responsibility. Through GHI the U.S. Government will work to leverage the investment of other bilateral and multilateral donors, foundations, partnerships, and the private sector to improve health outcomes.
4. Increase impact through strategic coordination and integration: GHI will promote health delivery systems that focus on comprehensive primary health care and prevention. It will promote joint programming among U.S. Government agencies, other donors (bilateral, multilateral, and foundations), partner country governments, and other institutions.
5. Build sustainability through health systems strengthening: Through GHI, existing health systems will be strengthened to enable efficient, effective and sustained provision of health care services and public health programs. GHI will adopt metrics to assess the robustness of health systems, and promote both improved access to and utilization of quality health services, particularly for marginalized and disadvantaged populations, in order to improve key health outcomes.
6. Promote learning and accountability through monitoring and evaluation: GHI will emphasize data-driven decision-making to track progress, resolve critical problems, and promote cost-effective service delivery approaches. The U.S. Government will work with partners to prioritize sets of indicators aligned to national reporting systems and timelines that permit cross-country analysis and minimize reporting burdens.
7. Accelerate results through research and innovation: GHI will foster research to address key questions with immediate relevance to both GHI and partner country goals and objectives. GHI will spur the discovery, development, translation and implementation of new interventions and technologies, thus enhancing program effectiveness while strengthening country-based research capacity.