



Republic of Liberia

Ministry of Health
Monrovia, Liberia



REPORT ON THE 8TH JOINT ANNUAL REVIEW CONFERENCE



Theme: Reflecting the Gains: Building A Resilient And Sustainable Health System in Liberia, Post-Ebola

Venue: Paynesville City Hall

Date: November 7- 9, 2016

Time: 9:00a.m. - 5:00 p.m. Daily

List of Acronyms

BPHS	Basic Package of Health Services
CHO	County Health Officer
CHT	County Health Team
EPHS	Essential Package of Health Services
FBO	Faith-Based Organization
GOL	Government of Liberia
HMIS	Health Management Information System
INGO	International Non-Governmental Organization
JFKMC	John F. Kennedy Medical Center
LIBR	Liberia Institute for Biomedical Research
LISGIS	Liberia Institute for Statistics and Geo-Information Services
MOE	Ministry of Education
MOGD	Ministry of Gender, Child and Social Protection
MOFDP	Ministry of Finance and Development Planning
MOH	Ministry of Health
MOJ	Ministry of Justice
RMNM	Reduction of Maternal and Newborn Mortality
MYS	Ministry of Youth and Sports
NDS	National Drug Service
NGOs	Non-Governmental Organization
NHPP	National Health Policy and Plan
NMCP	National Malaria Control Program
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WHO	World Health Organization
CSH	Collaborative Support for Health
OP	Operation Plan

Table of Contents

1. The Joint Annual Review Conference	2
<i>1.1 Conference Goal</i>	2
<i>1.2 Conference objectives</i>	<i>Error! Bookmark not defined.</i>
2. Conference summary	4
<i>2.1 Joint Annual Review Conference highlights</i>	5
3. Best Performing Counties	13
4. Cross cutting issues	15
5. Lessons Learned	15
6. Next steps and closing	16

1. The Joint Annual Review Conference

1.1 Conference Goal:

To reach an agreement on priorities for actions to facilitate the implementation of the Investment Plan for Building a Resilient Health System in Liberia

1.2 Specific objectives

Conduct stocktaking of FY2015/16 Operation Plan implementation achievements, constraints and lesson learnt;

Recommendations to inform the validation of FY2016/17 Operation Plan

1. Service delivery and preparedness and response
2. Expenditure Review
3. Physical Access
4. Health Workforce: global and national
5. M&E Framework: achievement of targets
6. Lessons from decentralized PFM
 - Performance across counties
 - Recognition of best performing counties
 - Remarks/enabling factors for best performing counties
 - Progress with IHP+ country compact
 - Overview of OP process and consolidated OP
 - Highlights of SARA & HR Census Results
 - Overview of Resource Envelope FY2016/17
 - Operational Research findings on service delivery before, during, and post Ebola
 - Group work on OP

1. Summary

1.2 Joint Annual Review Conference highlights

The Joint Annual Review conference kicked off on November 7, 2016 under the theme: “Reflecting the gains: Building a resilient and Sustainable Health System in Liberia. The official program began after the offering of prayer by the Chief Pharmacist of the Republic of Liberia, Rev. Tijli Tyee, who asked for God’s blessings on the 3-day conference of evaluation and stocktaking of the Ministry of Health plan and its activities. Following that, MOH developmental partners, agencies and Faith-based organizations recounted their healthy relationship and collaboration with the MOH and promised to maintain support to the health sector.

Speaking on behalf of the Council of Superintendents, the Superintendent of Bong County, Ms. Selena Mappy thanked the Ministry for organizing Joint Annual Review. She praised the leadership of the MOH for its role in truly decentralizing health sector programs in the country.

The WHO Representative Dr. Alex Gasasira also made statement during the opening ceremony on behalf of all UN agencies said that he appreciated the efforts of the Ministry in organizing the Joint Annual Review meeting. He mentioned that this

was the 8th Joint Annual Review but this was the first time to discuss the Investment Plan so the review meeting was extremely important. He also added that during the last UN general Assembly on health employment and Economics recognized that Liberia has done much for Health Workforce development.

The Minister of Health Dr. Bernice T. Dahn spoke of the importance of the Joint Annual Review (JAR) conference and the goals of the conference. She said that this is a tradition of the Ministry that every year is a way of taking stock of what we have done and review what needs to be done in terms of implementation and lessons learned to plan for the following year. She said the MOH launched the Post-Ebola Recovery and Investment Plan through a concerted and consultative process.

She thanked development partners, donors and organization for the support and commitment to the Ministry of Health Investment Plan. She said the Ministry would continue to build a resilient health care sector.

WHO and the CDC moderated the first plenary session where five (5) speakers presented the Investment Plan overviews.

Dr. Catherine Cooper presented on the Ministry of Health performance review of the health services provision indicating that health services utilization increased from 0.8 visits to 1.4 visits per annual while the global targets is 5. In Liberia our inpatient beds 1000 per population is 17 while global targets is 25. She said a number of policies were developed including the National Laboratory Policy and Strategic Plan, the Health Sector Revised M&E plan, the Mental Health policy, Community Health Program Policy, Communication Policy, Tuberculosis and multi drugs Resilient Policy and Expansion Plan.

On the performance review of public health emergencies, Deputy Minister Tolbert Nyenswah said lessons learned from the Ebola is to build core IHR capacities that is prepared for early detection and response. He said Laboratory capacity has now improved to diagnose six (6) priority diseases; Lassa fever, rabies, measles, cholera, Ebola and yellow fever and disease surveillance infrastructure is now established in all health districts (91 of them). Weekly Epi-surveillance reporting coverage and timeliness is over 95%. He disclosed that between January- October this year 2016, 254 mental deaths were reported of which 80% (203) of them occurred in health facilities and 20% (51) from the communities.

Assistant Minister Benedict C. Harris presented the performance review of financial resources and mobilization. He noted that the Government's contribution to the health from 2005 was 6.8% and was 11.7% for 2016. Health sector allocation was \$65,000,000 and expenditure was about \$63,000,000 also partners and some donors also contributed through the Health Sector Pool Fund; He said that there has been a lot of health financing reforms from the level of the Cabinet to the Global Health Partnership IHP+.

The Assistant Minister for Vital statistics, Mr. Sanford Wesseh presented the overview of the Health infrastructure in Liberia. The total of 727 health facilities, 37 hospitals, 46 health centers and 644 clinics, which means for every 10,000 person to 1.9 health facilities while the global targets is 2. At least 71% of the population have access to health care within 1 hour distance; 54% of them have electricity; 63% have water and at least 75% have cell phone coverage. He said other infrastructure plan includes the hiring of contractors to build 20 staff housing units for health care workers in the South East and the completion of 13 permanent triages are ongoing and the construction of 10 new clinics.

The outcome of the high level panel of health, employment and economics growth was presented by the Minister of Education Mr. George Werner and his team. He highlighted the need for Global Health workforce and collaboration spirit. He mentioned that the panel consisted of ILO, WHO, among others. He pointed out that the panel discussed economic growth and health employment and Liberia has been ahead with the health workforce restructured plan.

Human Resource Presentation

The presentation was the performance review of human resources for health, presented by the Director for Human Resource Mr. James Beyan. He said there is currently 16,064 health workers in the country (10,672) are public worker workers. 38% core health workers which include: MD= 234, PA= 518, Nurses= 3,077, CM= 927, Dentist= 14, Lab. Tech= 300, Pharmacists= 109 and Dispensers= 962, out of these numbers 68% (7,214) Public health workers are on pay roll. Interestingly, he highlighted the percentage of health workers placed on GOL payroll increased from 58% in 2015 to now 68%. Today, a lot of progress has been made with respect to personal payroll Audit and that each employee now has a file.

Mr. Luke Bawo Coordinator for Research, HMIS and M&E made a presentation on strengthening health information and monitoring system. He said currently most of the MOH data source is from the HMIS. He stated that the M&E Policy and Strategy has been updated while health facility registry in advance stage and nearing completing.

Ms Floride Nyihire of the CSH/USAID Project presented the last presentation for the day. Her presentation centered on the strengthening of public financial system in the three 3 FARA supported counties (Bong, Lofa and Nimba).

Areas of achievements, she said, included the development of Leadership Management and Government of MOH capacity at all levels; strengthened WASH activities, Quality Assurance; strengthened human resources for health; improved supply chain management; increased financial sustainability and health information system.

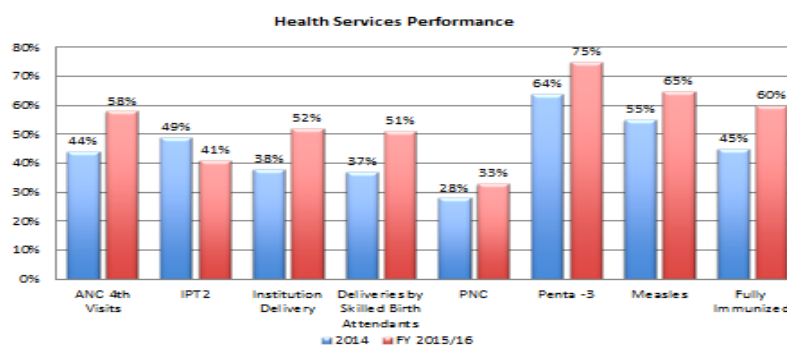
Health Service Delivery and Quality of Care Highlights

- 77% of facilities have essential basic amenities (water, electricity, etc)
- 73% facilities have standard precautions for infection prevention and control
- 57% facilities have basic equipment to provide health service
- 42% of facilities have diagnostic capacity to check for various tests
- 44% of facilities have essential medicines in stock for treatment of common illnesses

Over view of health service performance

Health Services utilization increased from 0.8 visits to 1.4 visits per annual (Global Target is 5)

- In-patient beds per 10,000 population is 17 (Global Target is 25)
- 103,892 pregnant women attended ANC received LLINs at first attendance.
- Distributed 2.8 Million LLINs through mass campaign
- Developed the National Laboratory Policy and Strategic Plan
- Developed the Health Sector Monitoring and Evaluation Policy and Strategic Plan
- Developed Mental Health Policy
- Developed Community Health Program Policy and Strategic Plan and launched the National Community Assistant Program
- Developed the National Health Promotion Policy and Strategic Plan
- Developed a Risk Communication Plan and a National Health Promotion Communication Strategy
- Developed National Tuberculosis Multi-drugs Resistance Expansion Plan and Standard Guidelines for the Management of Drug Resistance TB in Liberia.



Performance Review and Public Health Emergencies Highlights

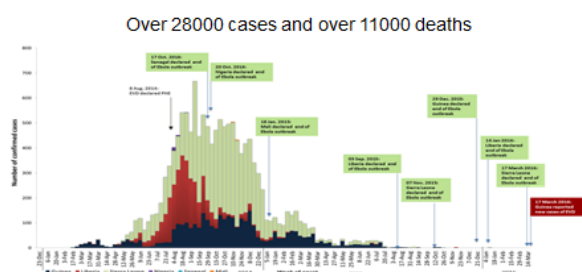
A randomized controlled clinical trial of 2 vaccine candidates

PREVAIL III: (Ebola Survivors) Clinical, Immunologic, and Virologic Follow-up of Survivors of Ebola Virus Disease. PI. Dr. Fallah

PREVAIL IV: Clinical, Immunologic, and Virologic Follow-up of Survivors of Ebola Virus Disease. PI: Dr. Cooper

A randomized two part (treatment and long term follow-up) two arm Phase 2 trial of Gilead GS-5734 to evaluate the safety, anti-viral activity, and long term clearance of Ebola virus from Ebola survivors with persistent Ebola virus.

- Reminded us that we need to urgently support building core IHR capacities-**preparedness, alert, early detection, and response**



- Lab Capacity improved to diagnosed six priority diseases; Lassa Fever, Rabies, Measles, Cholera, Ebola, and Yellow Fever
- Disease surveillance infrastructure establishment in all health districts (91)
- 97 surveillance officers received in-service training for 3 months in frontline Field Epidemiology Training Program (FETP),
- 3 staffers acquired advanced degrees (MPhil) in FETP
- 3 staff are enrolled in the Ghana FETP this 2016/17 academic year
- Conducted an integrated risk assessment of public health treats and IHR self-assessment
- Completed the Joint External Evaluation (JEE) of IHR implementation
- Established one health committee as a coordinated approach/platform to address public health events such as high impact infectious diseases arising at the intersection of human, animal (domestic and wildlife) and environmental interface
- Established Rapid Response Teams in all counties and health districts and support simulation activities

- Procured and prepositioned emergency stock supplies to 15 counties to support outbreak response efforts

Disease Surveillance

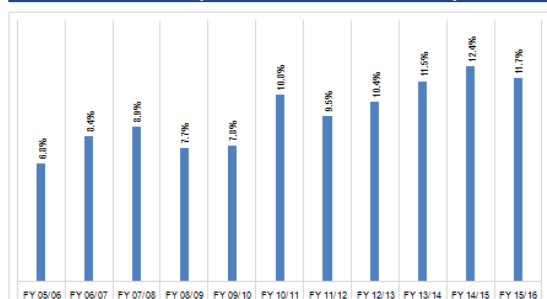
- Weekly Epi Surveillance reporting coverage and timeliness is over 95%
- 916 cases vaccine preventable diseases reported in 2016 (123 confirmed & 481-EPI linked)
- 56 cases of AFP reported in 2016 (Zero confirmed)
- 67 cases of Lassa fever reported with 2 deaths in 2016 (12 confirmed). Bong account for 58% of total cases
- Zero case of Yellow Fever and Meningitis confirmed (37-suspected cases of YF and 26 cases of Meningitis)
- 75 whooping cough cases clinically confirmed in Grand Gedeh and Grand Bassa
- 902 suspected cases of Rabies including 8 deaths (Lab confirmation is not available in Liberia)
- 147 suspected cases of severe acute watery diarrhea (Cholera) including 2 deaths
- 316 suspected cases of bloody diarrhea (Shigellosis)

Maternal and New born death

- 254 maternal were reported from Jan – October 2016, of which 80% (203) occurred in health facilities and 20% (51) from communities (On average a mother dies each day in Liberia while giving birth)
- Primary causes of deaths were anemia, obstructed labor, multiple organ failure, herbal intoxication, acute renal failure and eclampsia.
- 433 neonatal deaths reported from Jan – October 2016 (On average 10 neonates die per week in Liberia)
- Primary causes of deaths were birth sepsis (3), asphyxia (3), prolonged labor (2) and hypoglycemia (1).

Health Sector Financing and Expenditure Highlights

Government of Liberia Appropriation to Health (FY 05/06-FY 15/16)



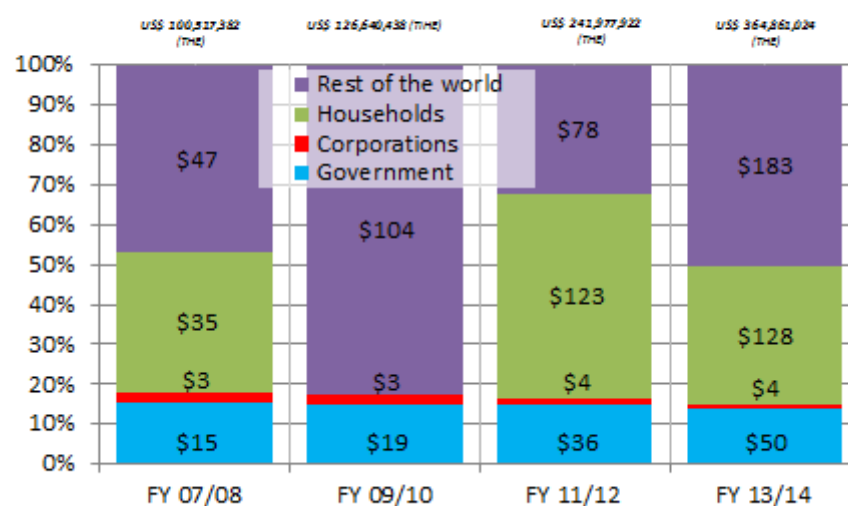
Source: IFMIS, Liberia.

Government Health Sector Expenditure and Absorptive Capacity, Historical Trend (FY 12/13-FY 15-16)

Fiscal Year	Health Sector Appropriation in Budget	Health Sector Allocation	Health Sector Actual Expenditure	% Utilization of Appropriation	% Utilization of Allocation
FY 12/13	\$ 70,651,983.31	\$ 62,863,231.51	\$ 62,829,589.02	88.93%	99.95%
FY 13/14	\$ 66,246,408.91	\$ 58,466,974.08	\$ 55,105,049.58	83.18%	94.25%
FY 14/15	\$ 72,828,586.75	\$ 71,518,439.50	\$ 69,843,524.35	95.90%	97.66%
FY 15/16	\$ 72,618,517.00	\$ 65,008,255.92	\$ 63,861,835.91	87.94%	98.24%

Source: IFMIS, Liberia, 2016

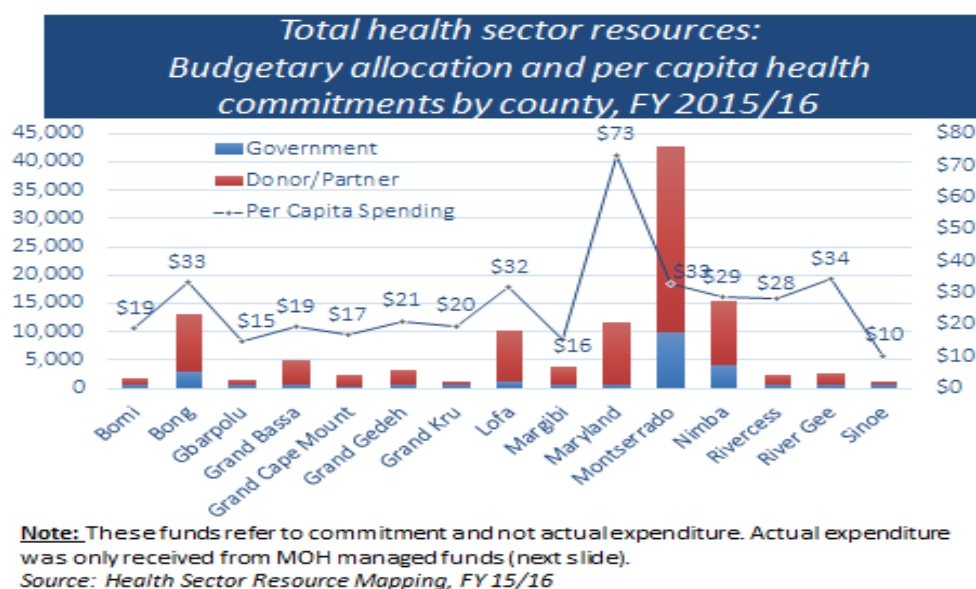
Trend in health sector expenditure



Source: NHA Liberia

Achievements: Health Financing Highlights

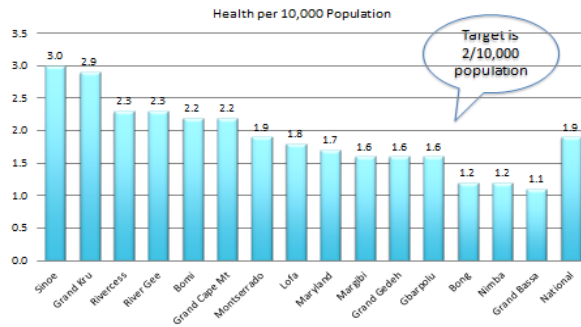
- The President formed the Cabinet Committee on Health Financing in February 2016 to advise on health financing reforms.
- Progress on Revolving Drug Fund
- Held Stakeholders' Consultation Workshop on RDF with GOL and partners
- Completed RDF concept note and pricing model
- Conducted studies on consumers' preference and willingness to pay study on RDF
- GOL allocation to health as a percentage of the total government allocation reached 12.4% in FY 14/15 and 11.7% in FY 15/16, showing the government's commitment to reaching the Abuja target of 15%.
- Innovative domestic financing mechanisms are under discussion. A working group on earmarking tax revenue for the health sector has been formed and the feasibility analysis has begun with the goal to accrue additional domestic revenue starting FY 17/18.
- Liberia has joined the International Health Partnerships (IHP+) platform for increased coordination between government and donors to align resources to the country's health sector priorities.



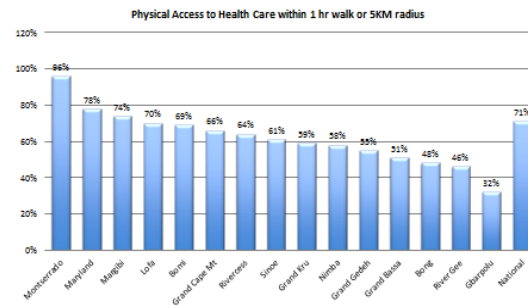
Health Infrastructure performance High lights

- 727 health facilities (37-hospitals; 46-health centers & 644-clinics)
- 1.9 health facilities per 10,000 population (Global target is 2)
- 71% of the population have access to health care within 1 hr of walk or 5KM radius (2013 DHS)
- 54% of health facilities have electricity (SARA)
- 63% of health facilities have water (HR Census)
- 75% of health facilities have GSM coverage (HR Census)

Health facility density



Physical Access to Health Care



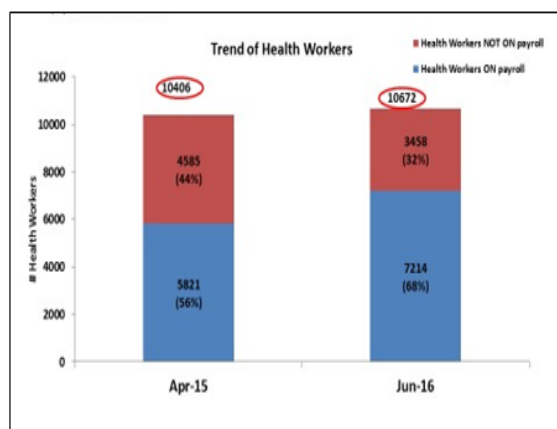
Health Work force highlights

- 16,064 health workers (10,672 public health workers)
- 38% core health workers (MD-234; PA-518; Nurses-3,077; CM-927; Dentist-14; Lab Tech-300; Pharmacist-109 & Dispensers-962)
- 22% clinician Aids (Vaccinators, Nurse Aids, Lab Aids, etc)
- 68% (7,214) of public health workers are on payroll
- 55% (8,822) of health workers are males
- 76.8% (12,125) are between the ages 28-52years
- Health workers population density ratio is 11.8/10,000 (target is 23/10,000)

Health Workforce Distribution

#	County	Core Health Workers					Others	Total
		Midwives	Nurses	PAs	Medical Doctors	Total		
1	Bomi	26	111	10	6	153	351	504
2	Bong	110	281	21	20	432	783	1,215
3	Gbarpolu	26	52	10	3	91	174	265
4	Grand Bassa	35	145	21	5	206	409	615
5	Grand Cape Mt	34	76	32	4	146	338	484
6	Grand Gedeh	34	77	23	3	137	513	650
7	Grand Kru	21	38	15	2	76	224	300
8	Lofa	95	249	37	9	390	881	1,271
9	Margibi	42	162	24	13	241	599	840
10	Maryland	33	80	14	6	133	380	513
11	Montserrado	322	1,277	207	127	1,933	4,583	6,516
12	Nimba	82	329	49	30	490	1,262	1,752
13	Rivercess	20	50	18	2	89	202	290
14	River Gee	17	58	15	3	93	242	335
15	Sinoe	30	92	22	2	146	371	517
Total		927	3,077	518	234	4,756	11,308	16,064

Health workers Payroll Status



National Investment Plan Highlights

The goal of the Investment Plan is to improve the health status of the Liberian population through building a resilient health system, that contributes to the achievement of the health outcomes described in the National Health Policy and Plan 2011 – 2021 by restoring the gains lost due to the EVD crisis, optimizing the delivery of quality services towards universal health coverage and reducing risks due to epidemics and other health threats.

National Health Plan

- 2011-2021
- Based on WHO health system framework
- Has seven pillars
- Contains 19 performance indicators
- Estimated at US\$ 1.25 billion
- Vision: healthy population

Investment Plan

- 2015 – 2021
- Based on WHO health system framework
- Has nine investment areas
- Has 34 performance indicators
- Estimated at US\$ 1.7 billion for best case, 1.6 billion for moderate and 1.05 billion for baseline scenario
- Vision: healthy population

2 Best performing counties

One of the highlights of the conference was the recognition of best performing counties. The first place went to **Bong County** with the following high marks indicators.

- Bong has 393,801 population
- 49 health facilities
- 48% of the population has access to healthcare within 5KM or 1 hour of walk
- 1.2 health facilities per 10,000 population (Global target is 2)
- 1,215 health workers (36% core health workers)
- 11 core health workers per 10,000 population (Global target is 23)
- 92% of health facilities have electricity, 83% have water and 82% GSM phone coverage
- GOL per capita health expenditure is US\$ 1.82

Second place is Bomi County with the following high marks indicators.

- Bomi has 99,334 population
- 24 health facilities
- 69% of the population has access to healthcare within 5KM or 1 hour of walk
- 2.4 health facilities per 10,000 population (Global target is 2)
- 504 health workers (30% core health workers)
- 15.4 core health worker per 10,000 population (Global target is 23)
- 96% of health facilities have electricity, 73% have water and 91% GSM phone coverage
- GOL per capita health expenditure is US\$ 5.08

Third place recognition went to Lofa County with the following high marks indicators.

- Lofa has 326,942
- 59 health facilities
- 70% of the population has access to healthcare within 5KM or 1 hour of walk
- 1.8 health facilities per 10,000 population (Global target is 2)
- 1,271 health workers (31% core health workers)
- 11.9 core health workers per 10,000 population (Global target is 23)
- 95% of health facilities have electricity, 64% have water and 63% GSM phone coverage
- GOL per capita health expenditure is US\$ 4.34

Criteria for selection

- 10 service delivery indicators were selected (Service utilization, ANC 4th visit, Institutional delivery, Delivery by SBA, PNC, Penta-3, Measles, IPTp2, Fully Immunized, and General Readiness index)
- Selected the best five counties for each indicator
- Identified counties with the highest occurrences among the best performing of each indicator

Using the same criteria for selection and recognition, other counties were also selected in their Region for being the best during the review. They are Grand Bassa, Grand Gedeh, Sinoe and Gbarpolu Counties.

3 Cross cutting Issues and concerns

- Getting staff on pay roll
- Essential drugs/supply chain
- Facilities and storage
- Delay in getting GOL allotments
- Lack of physical access in some hard to reach districts
- No dedicated funds for response activities
- Lack of water and electricity in some facilities
- Stock out of essential drugs and supplies
- High maternal mortality and neo natal deaths reported and 19 neonatal deaths
- Drugs stock out
- Difficult road network and limited GSM coverage.
- Lack of staff quarters
- Limited Logistics
- Lack of county drugs depot
- Bad road conditions
- Inadequate staffing
- Inadequate availability of essential drugs and medical supplies
- Staff concerns about salary and incentive levels
- Increase in number of maternal deaths unacceptable
- Increase in number of neonatal deaths unacceptable
- More clinicians (doctors, CMs)
- Triages, latrines, placenta, hand pumps

- Maternal Waiting Home and additional ambulance
- Staff quarters.
- Inadequate and delay of timely budgetary allotments to county.
- Deliveries are still been conducted in communities especially by TTMs coupled with delay in referring patients to hospital.
- Abandonment of patients especially pregnant women at Maternal Waiting Homes
- Frequent stock out of drugs in facilities
- Permission of clinics by LMDC to operate in county without the initial involvement of the CHT.
- Staff attrition
- Long delay in the referral system from community to the nearest HF and onward to county Hospital

4 Next steps and recommendations

- Provide adequate supply of essential drugs
- Ensure the construction staff quarters to hard to reach communities
- Provide adequate logistics to match the current needs and challenges
- Ensure the construction of a County Drugs Depot & County Health Team Offices.

5 Lessons Learned For an improved Health Care Delivery

- * Improved Coordination with partners
- * Community engagement/social mobilization
- * Bottom up approach in crisis
- * Prepositioning of medical supplies and items
- * Monitoring and supervision
- * Strengthen referral system