

Republic of Liberia



Ministry of
Health and
Social Welfare

National
Health and
Social Welfare
Decentralization
Policy and Strategy



June 2012



Foreword

It is my honour to present the 2012 National Health and Social Welfare Decentralization Policy and Strategy. This policy and strategy represent our collective commitment to progressively decentralize the public health sector in Liberia.

Under the strong leadership of President Ellen Johnson-Sirleaf, we, the people of Liberia, continue the process of transforming our country into a more secured, more prosperous and healthier nation. To guide our efforts, the Government has developed the Medium-Term Social and Economic Development and Growth Strategy, which sets the stage for Liberia becoming a middle-income country by 2030.

Recognizing that health and social protection are key determinants of human development and that decentralization is a critical component to success, the Ministry of Health and Social Welfare carried out a rigorous participatory validation process to develop this decentralization policy and strategy.

Many individuals and organizations from across the country and outside Liberia, have generously contributed to its development and we gratefully acknowledge all their contributions.

The goal for the National Health and Social Welfare Decentralization Policy and Strategy is to provide direction to the process of decentralizing Liberia's health system in a progressive and pragmatic way. In order to attain our goal the mission of the Ministry is to reform and manage the sector to effectively and efficiently deliver comprehensive, quality health and social welfare services that are equitable, accessible and sustainable for all people in Liberia.

With this National Health and Social Welfare Decentralization Policy and Strategy in place, built on a solid foundation of partnership, collaboration and validation, we pledge to continue the march towards our ultimate goal of a decentralized and healthy Liberia with social protection for all our citizens.

Walter T. Gwenigale, MD

Minister

Ministry of Health and Social Welfare

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Abbreviations

CDC	County Development Council
CHDC	Community Health Development Committee
CHO	County Health Officer
CHSWB	County Health and Social Welfare Board
CHSWT	County Health and Social Welfare Team
CSA	Civil Service Agency
CSO	Civil Society Organization
DHO	District Health Officer
DHSWT	District Health and Social Welfare Team
DMSS	Decentralized Management Support Systems
EPHS	Essential Package of Health Services
EPSS	Essential Package of Social Services
GDP	Gross Domestic Product
GoL	Government of Liberia
GC	Governance Commission
HMIS	Health Management Information System
HR	Human Resources
HRH	Human Resources for Health
LISGIS	Liberia Institute of Geographic Information System
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MF	Ministry of Finance
MoHSW	Ministry of Health and Social Welfare
MoPEA	Ministry of Planning and Economic Affairs
MSS	Management Support System
NCDS	National Capacity Development Strategy (2011)
NPDLG	Liberia National Policy on Decentralization and Local Governance (2010)
NDS	National Drug Service
NFP	Not-For-Profit
PFP	Private-For-Profit
PMU	Program Management Unit
SOPs	Standard Operating Procedures
WHO	World Health Organization

Chapter 1: Introduction

Policy Context

The Government of Liberia (GoL) has embarked on an ambitious process of decentralization with a short to medium-term goal of health sector de-concentration and delegation of authority and responsibilities to County Health and Social Welfare Teams (CHSWTs), and a long-term goal of devolving authority over several fiscal and administrative responsibilities directly to County Administrations. Guided by the Liberia National Policy on Decentralization and Local Governance (January 2011), the National Health and Social Welfare Policy and Strategic Plan (2011-2021), the Public Sector Reform Statement (2010) and with external technical and financial assistance, the GoL is currently undertaking a number of relevant activities representing the roadmap towards decentralization.

It is then the duty of this Health and Social Welfare Decentralization Policy to provide a broader picture of the MoHSW plans and on-going activities towards decentralization that will bring a multi-layer structural re-arrangement along the decentralization process.

The Inter-Ministerial Committee for Decentralization Implementation, Decentralization Task Force and the Governance Commission, in collaboration with the Ministry of Internal Affairs, have assumed its leadership role on matters of implementing decentralization on a national scale. In addition they also provide technical guidance and support to relevant line Ministries' efforts towards decentralization.

Situational Analysis

After almost two decades of social and political upheaval from the 1980s to the early 2000s, the Government of Liberia's intent to decentralize comes at a time of formidable challenges to ensure peace and security, improve human development, capacity building, economic development, and the health system.

The expansion of the health facilities network and the health staff must be accompanied by a massive process of rebuilding clinical, managerial and administrative capacities to develop a workforce with the skills and the knowledge to professionally implement the Essential Package of Health Services (EPHS). As Liberia rebuilds, improving nationwide health will require sustained commitment in bettering health system performance. Health indicators suggest that Liberia has still far to go to reach the Millennium Development Goals (MDGs) targets 4, 5 and 6.¹ Liberia's growing population will create new pressures on the health system as well. With a population estimated at 3.49 million and a growth rate of 2.1 percent,² Liberia's total fertility rate of 5.9 children per woman is one of the highest in the world.³ In this context, achievement of health-related MDG indicators will require long-term and sustained commitment.

¹ 4 - Reduce child mortality; 5 - Improve maternal health; 6 - Combat HIV/AIDS, malaria and other diseases.

² Republic of Liberia. Liberia Institute of Statistics and Geo-Information Services: 2008 National Population and Housing Census

³ Republic of Liberia. Liberia Institute of Statistics and Geo-Information Services, Volume Three. No. 01. Monrovia, Liberia, December 2011.

According to the 2011 National Capacity Development Strategy (NCDP), the Liberia Civil Service does not have enough people with the requisite skills, competencies and work culture for delivering responsive, effective, and efficient services to the population. The NCDP further observes that: "... the current perception is that many civil servants are de-skilled and de-motivated. Most have had no opportunity for training, personnel development or access to modern ways of working. Across all sectors, and within the Civil Service, concepts of merit, independence, performance management, transparency, accountability, gender equality, and other tenets of a modern and viable organization is lacking. In the sphere of local administration, where public services such as health and related social development infrastructure are directly delivered to the grassroots, institutional capacity for fostering balanced and equitable development, democracy, and citizen participation at the local level is weak."⁴

Rationale for the National Health and Social Welfare Decentralization Policy and Strategy

The Ministry of Health and Social Welfare (MoHSW) is actively contributing to Liberia's recovery by developing sub-sector policies, standard operating procedures, rebuilding implementation capacity and creating detailed work plans to effectively respond to the evolving needs of the Liberian health system during the next decade.

The development of the National Health and Social Welfare Decentralization Policy and Strategy was informed by several studies, research reports, drafts and sub-sector policies, including those related to health care and social welfare financing, human resources for health, pharmaceuticals and infrastructure. These are in line with the World Health Organization's six building blocks and priorities, *i.e.*:⁵

1. **Service delivery:** packages; delivery models; infrastructure; management; safety and quality; demand for care.
2. **Health workforce:** national workforce policies and investment plans; advocacy; norms, standards and data.
3. **Information:** facility and population based information and surveillance systems; global standards and tools.
4. **Medical products, vaccines and technologies:** norms, standards, policies; reliable procurement; equitable access; quality.
5. **Financing:** national health financing policies; tools and data on health expenditures; costing.
6. **Leadership and governance:** health sector policies; harmonization and alignment; oversight and regulation.

In addition, the Ministry of Health and Social Welfare carried out a rigorous participatory approach to validate this policy and strategy, which culminated in the adoption and signing of a *Resolution of Delegates at the Ministry of Health and Social Welfare National Decentralization Policy and Strategy Validation Workshop, held in the City of Gbarnga, Bong County, Republic of Liberia, Friday 29th thru*

⁴ Ministry of Planning and Economic Affairs. National Capacity Development Strategy. 2011.

⁵ World Health Organization. 2007. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva.

Saturday 30th June 2012.⁶ The *Resolution of Delegates* provides for, *inter alia*, recommendations for the decentralization process in the Ministry of Health and Social Welfare, which have been incorporated in this National Health and Social Welfare Decentralization Policy and Strategy.

Of particular relevance to this policy and strategy is that the MoHSW has committed itself to decentralization in broad terms, wherein the County level shall be responsible for service delivery and partner oversight, while the Central level will focus on establishing policies and standards, resource mobilization and allocation, aggregate planning, monitoring and evaluation, and research and development.

The MoHSW is therefore committed to progressively decentralizing numerous responsibilities, firstly, to County Health and Social Welfare Teams (CHSWTs) and District Health and Social Welfare Teams (DHSWTs), and ultimately to the County Departments for Health and their Directors as part of an established wider County Administration. This will come to fruition as these institutions become more equipped with the necessary capacities, and are able and committed to assume decentralized responsibilities within a unitary state.

There are many ways in which decentralization of authorities can improve performance of the health system. Efficiency in, and access to service provision will improve as local health and social welfare systems are better able to supply services in ways that are responsive to local health needs and priorities. An equitable access to quality health care services may also improve as local links of accountability are strengthened between those providing and receiving health services, and whereas citizens and communities take ownership, and actively participate in the implementation of the planned incremental decentralization process.

It is anticipated that satisfaction levels with services will increase as a result of increased use of better health services and improved health for all. This is a challenge in itself since a higher demand and use of quality health services may result, if not carefully planned, in a concomitant shortage of facilities and staff. At the same time it is also possible that Liberia's health system as a whole may become more inefficient, ineffective and inequitable if disparities between Counties' fiscal ability to raise and use resources, and/or administrative capacities to oversee service provision, remain stagnant or even widen. Liberia's overall health system may experience fragmentation if there is weak capacity to coordinate core public health activities within a decentralized framework. Inequalities in health outcomes may persist or deepen within and across Counties if flawed resource allocation formulas result in inequitable resource distribution across Counties. The responsiveness of health providers may also decline if County authorities fail to incorporate the voices of previously disadvantaged communities, and if citizens do not succeed to keep providers accountable for a lack of service delivery and quality thereof.

Therefore, since decentralization initiatives often carry some risks as well as benefits, further guidance is warranted as outlined in the following sections of this document and related implementation plans. This document elaborates on the decentralization cross-cutting sub-sector policy and strategy to ensure that the decentralization process is envisioned and implemented in ways that assist the MoHSW in achieving its overall mandate and sector specific functions and objectives.

⁶ The validation workshop comprised a broad based representation at all levels and drawing over 70 delegates including: County Superintendents, relevant line Ministries, Agencies, Commissions, County Health and Social Welfare Boards, County Health and Social Welfare Teams, development partners, donor agencies and non-governmental organizations.

Chapter 2: Policy Foundations

Goals and Objectives

The **goal** of the National Health and Social Welfare Decentralization Policy and Strategy is to provide direction to the process of decentralizing Liberia's health system in a pragmatic way, so as to facilitate achievement of the MoHSW overall mission, vision and goal as enshrined in the National Health and Social Welfare Policy and Plan (2011-2021), *i.e.*:

“The **mission** of the Ministry of Health and Social Welfare is to reform and manage the sector to effectively and efficiently deliver comprehensive, quality health and social welfare services that are equitable, accessible and sustainable for all people in Liberia; Liberia's **vision** is a healthy population with social protection for all; The **goal** is to improve the health and social welfare status of the population of Liberia on an equitable basis.”

The National Health and Social Welfare Decentralization Policy and Strategy provides the framework and guidance for future decisions on roles, responsibilities and expectations at each level of the health system in order to facilitate the MoHSWs commitment to decentralize significant resources, responsibilities, decision-making and managerial authority to Counties, Districts and other local community administrative structures.

Therefore, the National Health and Social Welfare Decentralization Policy and Strategy aims to:

1. Provide health and social welfare policy makers, other key stakeholders and beneficiaries with broad guidelines for furthering the national health and social welfare decentralization process;
2. Create an appropriate institutional framework, enabling environment, and structures that promote the national decentralization process in the health sector in a systematic way;
3. to promote the democratic involvement and representation of all stakeholders in the national decentralization process in overseeing the provision of health and social welfare services; and
4. Establish mechanisms to assess the progressive acquisition of sub-national capacities in managing health sector decentralization and endorse progression to deeper stages of decentralization.

Therefore, this National Health and Social Welfare Decentralization Policy and Strategy encompass the following key **objectives**:

1. Establish an appropriate and relevant organizational framework to support the decentralization process.
2. Restructure the Ministry of Health and Social Welfare to make it more effective and efficient to respond to the operational challenges of Decentralization.
3. Develop and implement coherent de-concentration mechanisms that shift functions, authority and resources to the local level (Counties, Districts and Communities).

4. Strengthen capacity development of health and social welfare at local government level.

Guiding Principles

Decentralization in the health sector will be subject and guided by the following principles:

- 1. Consistency with the Liberia National Policy on Decentralization and Local Governance (2011):** The GoL, the Governance Commission and the Ministry of Internal Affairs have developed a National framework that will guide all line Ministries to decentralize services to the Counties. This Policy therefore becomes aligned with the National Health and Social Welfare Policy and Plan (2011-2021), the pillar of the future administrative and political decentralization in Liberia.
- 2. Consistency with the National Health and Social Welfare Policy and Plan (2011–2021), health sector objectives and other sectoral policies:** This Policy and Strategy is therefore designed to be consistent with the National Health and Social Welfare Policy and Plan and to complement all other relevant sector and sub-sector policies.
- 3. Maintain unity at national level:** The Liberian national public health system shall remain united during the decentralization process and steps will be taken to avoid system fragmentation, to promote consolidation of achievements, and to prevent major interruptions in health service delivery during the process of establishing decentralized health administrations.
- 4. Consistency with the National Capacity Development Strategy (NCDS - 2011):**⁷ This Policy and Strategy aims to align, follow and be consistent with the vision, scope, and relevant health sector related guiding principles and framework of the NCDS. In terms of the NCDS: "... capacity development is understood as a process through which individuals, organizations and society obtains, strengthens and maintains the capabilities to set and achieve their own development agenda. As such, Capacity Development is advanced through a comprehensive and holistic working approach, which shall be nationally-driven to be effective and relevant."
- 5. Ensuring a match between health sector functional authorities and capacities through incremental decentralization:** Subject to the NCDS, this Policy and Strategy also emphasises that the decentralization of the health sector must be implemented in the context of Liberia's unique and diverse economic, social, demographic, spatial, infrastructural and institutional realities. This Policy and Strategy intends to provide guidance in ensuring alignment between capacities to manage the decentralization process at all levels of the health system, and subsequent increased sub-national authority over health system powers and. In particular, this Policy and Strategy is committed to a process of incremental decentralization (de-concentration first) in which decision-making authority over health functions are progressively expanded to Counties, Districts and communities. However, this will be ultimately conditional upon their respective demonstration that the required capacities are in place to execute decentralized authority in ways consistent with the overall objectives of the health sector. Incremental decentralization will therefore involve expanding the scope of sub-national decision-making authority commensurate with evidence of adequate sub-national capacities to manage health system functions. Parsimonious planning, a decisive and careful implementation, and a forceful capacity development strategy will represent the strategic pillars of this Policy and Strategy.
- 6. Prioritizing the development of effective implementation capacities:** Creating conditions required for successful incremental decentralization will necessitate an enormous institutional and financial investment in building organizational, inter-organizational and institutional

⁷ Ministry of Planning and Economic Affairs. National Capacity Development Strategy. Approved 2011.

capacities and strengthening the health system at all levels — National, County, District and communities. Assessing and ensuring that the appropriate capacity exists will be a precursor to rolling out decentralization. Functions, responsibilities, operations, approaches and implementation modalities must be modified and adapted according to changes in the County administrative structures, lessons learned, difficulties encountered, solutions found, and particular care will be provided to avoid disruption of services.

7. **Flexibility in implementation:** Decentralization is a process that requires continuous monitoring and evaluation of activities and may necessitate adjustments or revisions to laws, policies and plans in the light of implementation experiences and challenges. This is to ensure that implementation of decentralization is consistent with achieving the goals outlined in the National Health and Social Welfare Policy and Plan (2011-2012). The Decentralization Policy therefore defines the institutional framework by which the national decentralization process will be initially incorporated into health system activities. This Policy and Strategy also commits the MoHSW to regularly analyze and document achievements of objectives during implementation and to revise or adjust strategies and the institutional framework to align implementation findings. Functions, responsibilities and operations will be modified and adapted according to changes in the County administrative structures, and particular care will be provided to be consistent with the national decentralization process under implementation by the GoL.
8. **Accountability and transparency:** This Policy and Strategy is oriented towards openness in decision-making and management and emphasizes transparency and accountability of the health system to local constituencies to deliver equitable, sustainable health services in an equitable, efficient and effective manner.
9. **Citizen participation and active involvement in decision-making, service delivery and monitoring:** This Policy and Strategy recognizes the critical roles that health sector stakeholders in Counties, Districts and communities must play in promoting their own role in health and development and improving health system performance. Institutionalized mechanisms and appropriate National legislation to articulate and to provide legislative support to community and civil society participation need to be developed to provide the appropriate setting to guarantee local involvement and accountability.

Chapter 3: Policy Orientation

Model of Decentralization

The Ministry of Health and Social Welfare shall strive to ensure that health services are not fragmented and become homogeneous and united along the decentralization process. The Ministry shall further ensure that health services do not suffer from major interruptions during the process of establishing de-concentrated and devolved health administrations at County level.

The MoHSW has identified de-concentration of certain health-related responsibilities to County Health and Social Welfare Teams (CHSWTs) as the most appropriate initial institutional model towards deeper devolution of authority to County Administrations as stipulated in the Liberia National Policy on Decentralization and Local Governance (2011). This model will be pursued and implemented incrementally and gradually as capacities of County authorities and institutions are becoming prepared and capacitated to assume such responsibilities. Therefore, the MoHSW shall de-concentrate and transfer to the Counties and the CHSWTs, powers, functions, responsibilities, the necessary financial resources and responsibilities, and concomitant capacity development initiatives to run efficiently and effectively the systemic components and the cross-cutting elements of a new de-concentrated County health system.

The Ministry shall pursue de-concentration in an incremental and pragmatic way by assigning CHSWTs functions and responsibilities when they are equipped to assume their progressively expanding roles and responsibilities.

The MoHSW is aware that devolved health systems might increase the risk of fragmentation, with potentially negative consequences in terms of spatial equity. In mitigation, the MoHSW will explore the possibility of setting up a National Health Service (care delivery system) offering continuity across Counties and being monitored by the relevant CHSWT. A national health service is ideally characterized by a 'split purchaser-provider' scheme to which service delivery tasks are delegated in a devolved health system. This model of a 'split purchaser-provider' system may serve the purpose of ensuring maintenance of international standards, unity and continuity of the care and service delivery components of health and social welfare to guard against the risk of fragmentation. The MoHSW will also examine the option of setting up a semi-autonomous contracting facility, with the function of pooling funds (GoL, health Insurance schemes, and donors) and contracting a mix of public and private providers for the delivery of the EPHS and EPPS in each County.

Whichever institutional shape or form decentralization are pursued, the MoHSW will remain guided by the principle of equity and responsibility for providing overall direction to the process of incremental decentralization as capacities at County level are gradually developed.

Institutional Transformation

Functional Analysis

International experience with decentralization indicates that some functions and sub-functions are likely to benefit from a relatively centralized locus of decision-making control compared to others,

particularly those that require national-level uniformity for reasons of equity or quality,⁸ and/or benefit from economies of scale for reasons of efficiency.⁹ Other functions are likely to benefit from a more decentralized locus of decision-making within national level standards, such as those that may benefit from economies of scope,¹⁰ or for which local authorities have better information about local health needs.¹¹

The MoHSW, as a result of the Liberia Public Health Sector Reform, shall review the overall functions and structure of the National Health and Social Welfare pyramid and it shall implement the relevant findings and recommendations of the MoHSWs final Functional Analysis through a phased approach.

The MoHSW shall oversee appropriate revisions of the Central, County and District health administrative structures to ensure effective integration of the health sector into County and District administrations in preparation of a more advanced, devolved stage of decentralization. A Functional Analysis of the various layers of the MoHSW shall take place during the first phases of the de-concentration phase.

The main objectives of the Health and Social Welfare Functional Analysis are:

- To provide clarity and options of the kind of model/s that Liberia will select as a devolved administrative model for the health sector (split purchase-provider)
- To redefine the future organizational chart of the Central Ministry, County Health administrations and Health Districts, based on the devolved administrative model selected.

Additionally, the Functional Analysis will ensure:

- Reduction of administrative costs by condensing and merging Departments, Divisions and Units;
- Promotion of a more efficient and effective management structure and culture;
- Improved quality of the health system through improved performance of officials and staff
- Matching the number of officials and staff based on a 'reasonable' work load (case definition to be determined);
- Progressive shift from political appointments to transparent competency and experienced based recruitment;
- Progressive shift from central level appointment of officials to County and community recruitment; and
- Increased accountability of County Health and Social Welfare staff towards County administrations, communities and civil society at large.

MoHSW Decentralization Support Unit

Within the MoHSW, a Decentralization Support Unit, under the auspices and supervision of a Director, shall be made operational to serve as a focal advisory body of the MoHSW on decentralization support and implementation matters, including the further development and implementation of the decentralization strategic plan, work plans, and development of a Decentralization Implementation Plan and related regulations. The Decentralization Support Unit will form part of the MoHSW Planning, Research and Development Department. It will represent the institutional and operational arm of the MoHSW on decentralization and will oversee and participate

⁸ Example: national-level procurement of essential medicines.

⁹ Examples: determining the composition of EPHS; defining an essential medicines formulary; setting pharmaceutical safety standards.

¹⁰ Example: Facility-level logistics management of medical goods.

¹¹ Example: County-level organization of Immunization Day campaigns.

in the organization, capacity development, mentoring/supervision and monitoring & evaluation of the transfer of competencies to the Counties.

The Director of the Decentralization Unit shall be, in close collaboration with the Deputy Minister, be the focal point of the MoHSW at the GoL Decentralization Inter-Ministerial Committee on Decentralization Implementation. The responsibilities of the MoHSW Decentralization Implementation Unit will include coordinating with key stakeholders such as: the Decentralization Working Group, the Governance Commission, the Decentralization Inter-Ministerial Committee on Decentralisation, the Civil Service Agency, CHSWTs, and other national and sub-national stakeholders.

Following the principle that ‘structure/form follows function’, the Terms of Reference for the Decentralization Support Unit and its proposed staffing component is under review in accordance with its mandate, role and responsibilities to be assumed, and will be finalised and informed by the Functional Analysis.¹²

Organizational and Institutional Framework

The MoHSW shall establish and strengthen appropriate and relevant organizational frameworks and institutions to support the initial de-concentration process. All relevant structures will be put in place and guidelines/tools provided to ensure good coordination and to avoid duplication of functions. Provision of integrated service delivery at all levels will be promoted.

The MoHSW shall promote the provision of integrated service delivery at all levels. The MoHSW’s Department of Planning, Research and Development will be in charge of planning and monitoring the implementation of this Policy and Strategy and the National Health and Social Welfare Policy and Plan in a de-concentrated environment up to full administrative devolution. The MoHSW County Health Services Division represents the coordination and management unit for the County Health and Social Welfare Teams (CHSWTs) and oversees all matters related to CHSWT support. The MoHSW County Health Services Division shall be the principal point of contact for all communication between the MoHSW, the Decentralization Unit, and County Health Teams and coordinate the CHSWTs decentralization activities.

The management structure of the County Health and Social Welfare Teams will be subject to changes, revisions and modifications after the Functional Analysis has been completed, and during the process from de-concentration to devolution. In the meantime, the MoHSW will intervene in strengthening the operational capacities of County health bodies such as the CHSW Board, the CHSWTs, the Community Health Development Committee and general Community Health Volunteers.

The setting up and shape of future sub-County health systems including District health management bodies will precede both a Functional Analysis and comprehensive health facility survey which will also provide guidance on assets to be transferred to counties as well as information for the development of an infrastructure investment plan. It should be noted that, because of size, population, location and network of health facilities, not all administrative districts will be in need of

¹² The current Operational Plan of the MoHSW on decentralization lays out three strategic objectives, of which strategic objective 2 (SO 2) refers to the re-structuring the Ministry of Health and Social Welfare in compliance with the National Health and Social Welfare Policy’, and foresees ‘to conduct a Functional Analysis of the MoHSW, Counties and District structures by an International Consultant. This analysis, according to the operational plan, is intended to guide the MoHSW in developing its detailed decentralization strategy.

a specific health management institution. These functions may be linked to existing health facilities where necessary.

Decentralized Functions

Provisionally, the main responsibilities to be assumed by each of the main levels of the MoHSW are the following:

The MoHSW will remain the main repository of functions related to policy making, regulation, financing (resource mobilization, pooling and allocation), monitoring and evaluation, emergency preparedness and response on a national scale, setting national standards and guidelines for health workers' management and development, procurement of drugs, setting the investment framework, etc.

The CHSWTs will be responsible for county planning, resource allocation, financial management and implementation of national priorities, facility management, maintenance and supervision, management of personnel, collection and analysis of HMIS-generated data, coordination with local and international partners at this level, and collaboration with the County Health and Social Welfare Board, and all other relevant stakeholders.

Human Resources

Provisionally, and until a full Functional Analysis is completed, the Central MoHSW shall be responsible for central-level deployment as well as recruitment and appointment of CHOs, Medical Directors, County Health Services Administrators, Community Health Services Directors, and other health and social welfare personnel as is currently done. All other HR-related recruitment and appointment at the County level will be assumed by the CHSWTs, being in close collaboration and consultation with the Health Services Department and the Human Resource and Personnel Units. This will be done in accordance with Civil Service and Human Resource guidelines and policy. CHSWTs will play key roles in Human Resources for Health (HRH) deployment by assigning skilled service providers to serve facilities and communities according to the characteristics of the population being served and actual utilization of health services.

Health Financing

During the de-concentration process, the MoHSW will be responsible to directly ensure adequacy of central government resources allocated to the health sector at both National and County levels. As de-concentration progresses towards devolution, more indirect means (through CHSWTs), such as minimum sector allocation levels specified in Performance Agreements with County Administrations, and use of matching grants or earmarking of funds to ensure that adequate levels of financing, will continue to be allocated towards sub-national health systems within the context of the Liberia National Policy on Decentralization and Local Governance (2011).

The MoHSW shall in a transparent manner provide access to County Health Teams the full content of the National Health Budget and the formulas utilized for its compilation, as well as the external resources allocated to each County and District before the development of County Budgets and plans. The MoHSW shall also be responsible for continuous coordination with the donor community for capital and other resource mobilization activities, including the harmonization and pooling of funds.

Responsibilities for other potential sources of financing health and social welfare, including local taxes, Community Based Health Insurance (CBHI) and Social Health Insurance (SHI) schemes, and future user fees for specific services will be determined as evidence becomes available through pilot studies. Because of the deterrent effects user fees may have on the use of health services, the capacities of sub-national authorities to appropriately determine, collect and use proceeds from such fees, will be strengthened.

Health Services

The MoHSW will be responsible for national policies, strategic objectives, setting standards/guidelines/frameworks, and the overall monitoring and supervision of health and social welfare services, while the CHSWTs will have an oversight role and responsibility for health care/social service delivery in the Counties.

Adequate oversight and administrative capacities of the MoHSW, CHSWTs and the DHOs will be built to translate a contracting policy orientation into improved health system performance. This assumption is particularly important given that the National Health and Social Welfare Policy and Plan envisions that contracts (e.g. service delivery agreements) will be formalized between the MoHSW and CHSWTs (“contracting-in”) as well as between the MoHSW/CHSWTs and Not-For-Profit (NFP), Non Governmental Organizations (NGOs) and Private-for-Profit (PFP) organizations (“contracting- out”) for the provision of public health and social welfare services in accordance with this Policy and Strategy.

Requisite Capacities

The MoHSW acknowledges that capacity development needs in a decentralized health sector, at Central, County and District levels, are a huge challenge. Through appropriate assessments such as the Health Facility Survey,¹³ the use of findings from the Pre-investment Study,¹⁴ and the National Capacity Development Strategy, an investment plan will be developed to address the capacity needs of the MoHSW in a decentralized system.

The MoHSW shall ensure the availability of the required human and material capacities needed to manage the decentralization process of the health system at all levels. Where such capacities exist, they will be strengthened so that an appropriate balance of the locus of decision-making across health system functions results in health system strengthening and the achievement of its objectives. Given the context of Liberia’s health system previously described, strengthening these capacities will be an important feature of this Policy and Strategy, and it will represent the core of the next ten years operational plans of the MoHSW.

Capacities will be built and strengthened within both the central MoHSW and CHSWT levels to efficiently use and administer human, financial and material resources.

¹³ Comprehensive survey covering facility size, conditions, types as well as human resources, equipment, etc.

¹⁴ Pre-Investment Study, MoHSW. 2011.

Chapter 4: Legal Framework

The necessary legal framework for full-scale administrative, financial and political decentralization to be implemented will need to be in place. This will include, but not limited to:

1. Revision to the Liberian Constitution to reflect recent and major institutional decisions on decentralization of the public administration reforms of the GOL.¹⁵
2. Appropriate legislation by which the decentralization process in the different areas of the Public Sector Reform process, and particularly in the health sector, will be streamlined.
3. Appropriate legislation that promotes and ensures the democratic participation of all citizens and local organizations (paramount chiefs, chiefs, clans, communities and others) around the setting of a local government that acts for the wellbeing of the population of the Counties, particularly with regard to health, education, and environmental sanitation. This legislation will secure that the decentralization process will consider the need for democratization in all circumstances, since the involvement of democratic political structures in local decision making is essential to concretize the advantages of decentralization, especially in the form of devolution.
4. The Public Health Law of 1976 needs to be revised and updated to effectively govern the decentralized health sector and accommodate the changes that have taken place since 1976.
5. The Liberia National Policy on Decentralization and Local Governance (2011) provides general guidance to the health and Social Welfare decentralization policy. The additional development and validation of a National Decentralization Implementation Plan will provide the tools to guide and orient the different sectors.
6. Considering the newness of de-concentrating and devolving systemic components of the National health system at county level, the MoHSW shall become the promoter of new laws as changing circumstances will dictate.

¹⁵ See - Government of Liberia. Governance Commission: Liberia National Policy on Decentralization and Local Governance (2010). PART VI, CONSTITUTIONAL AMENDMENT, Section 6.0. "The implementation of this National Policy on Decentralization and Local Governance and framework for the devolution of political, fiscal and administrative powers to county governments shall be subject to constitutional amendment. Chapter V Articles 29 and 34, and Chapter VI, Article 54 and all relevant provisions of the Constitution of the Republic of Liberia shall be amended through national referendum for the purpose of implementing this decentralization policy."

Chapter 5: Decentralization Strategy

Decentralization and Governance

Consistent with the Liberia National Policy on Decentralization and Local Governance (2010), the de-concentration of central Health and Social Welfare management responsibilities and the building of performing systems at County level will adapt to the County administrative structure in an incremental and pragmatic way. The MoHSW will progressively relinquish responsibilities to County Administrations as they are equipped to assume them, while counties will incrementally assign responsibility to District Health Officers as District governments are progressively established. Caution will be exerted in the process to ensure continuity of service delivery.

Objectives and Strategies

Objective 1: Establish an appropriate and relevant organizational framework to support the decentralization process

Strategies:

1. Strategies will include establishment of institutions and systems, guidelines and tools to provide directions and guidance for good coordination, avoidance of duplication of functions and promoting integrated service delivery at all levels.
2. The MoHSW Department of Planning, Research and Development will be in charge of planning and monitoring the implementation of the Health and Social Welfare Decentralization Policy and the National Health and Social Welfare Policy and Plan (2011-2021) in a de-concentrated setting, up to full administrative devolution. This shall be done in close collaboration with entities such as the Governance Commission, Ministry of Internal Affairs, the Inter-Ministerial Committee on Decentralisation and the Civil Service Agency.
3. Finalize and operationalize the establishment of a MoHSW Decentralization Support Unit as part of the Planning, Decentralization, Research and Development Department.

Objective 2: Restructure the Ministry of Health and Social Welfare to make it more effective and efficient to respond to the operational challenges of decentralization

Strategies:

In compliance with the Liberia National Policy on Decentralization and Local Governance (2011), and in order to meet the challenges detected by the decentralization policy, a reform process will be required to make it more effective and efficient to respond to the operational challenges of decentralization. Strategies will include the following activities:

1. Conduct comprehensive Functional Analysis involving all levels of the system, identifying the functions that currently are assumed at each of the Administration levels (MoHSW, County, and District), their relevance and how they should be split between MoHSW and Counties. The result will be an organizational chart for each of these institutions, to be implemented as resources are made available.

2. Restructure at Central, County and District level in close coordination with the Governance Commission, Ministry of Internal Affairs, the Inter-Ministerial Committee on Decentralisation Implementation, and the Civil Service Agency.
3. Analyze specifically the split purchaser/provider scheme of the health system.¹⁶ The MoHSW will set up of a National Health Service (care delivery system) to be monitored and evaluated by the relevant CHSWT.
4. Examine and set up a semi-autonomous contracting facility, with the functions of pooling funds (GoL, Social Health Insurance schemes, and donors) and for contracting a mix of public and private providers for the delivery of the EPHS and EPSS where required.

Objective 3: Develop and implement coherent de-concentration mechanisms that shifts functions, authority and resources to the local level (Counties, Districts and Communities)

Strategies:

The strategies will focus on creating local capabilities of County officials to administer and govern efficiently and effectively within a de-concentrated County Health System and include the following activities:

1. Develop a comprehensive supportive de-concentration package for the central Ministry and the CHSWTs with guidelines.
2. Review MoHSW Functional Analysis report with a view for developing relevant documents to support SOPs and training packages for the support services to be decentralized.
3. Produce mapping and evaluation documentation of institutional and operational gaps and interventions by geographical location.
4. Develop a comprehensive capacity development plan focused on planning, management and financial capabilities of all CHSWTs.
5. Develop a monitoring and evaluation framework to evaluate and measure human capacity development of the CHSWTs.

Objective 4: Strengthen capacity development of health and social welfare at local government level

Strategies:

The management structure of the County Health and Social Welfare Teams shall be subject to changes, revisions and modifications during the reform process from de-concentration to devolution. Strategies will include the following activities:

1. In the interim, the MoHSW will intervene by strengthening the operational capacities of County health bodies such as the CHSW Board, the CHSWTs, Community Health Development Committee, general Community Health Volunteers and local authorities.
2. The setting up and a finalised structure of a district health institution shall also be considered. However, due to size, population and network of health facilities, not all administrative Districts

¹⁶ In such a system, the purchaser is the institution that commissions service delivery on its behalf, directly or through an agency. The provider is the institution that actually delivers the services. In the health sector, providers are the facilities, staff and other resources that offer health care to the population. In the current situation, the MoHSW is both purchaser and provider. In a devolved system, and unless there is some split of functions, the CHSWT may also become responsible for purchasing and providing services. Devolved health systems increase the risk of fragmentation, with potentially negative consequences on equity.

will be in need of a specific health institution. These functions may be linked to existing health facilities.

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