WHO/EVD/HGF/REPORT/15.1

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND OTHER PARTNERS' FUNDING

9-11 June 2015
Accra, Ghana

REPORT

PREPARED BY WHO

World Health Organization

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND OTHER PARTNERS' FUNDING

9-11 June 2015
Accra, Ghana

REPORT

PREPARED BY WHO

World Health Organization

© World Health Organization 2015

All rights reserved.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this report.

However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Technical information concerning this publication can be obtained from:

Mr Gerard Schmets

Coordinator, Health System Governance, Policy and Aid Effectiveness

Health Governance and Financing Department

World Health Organization

20, Avenue Appia CH-1211 Geneva 27

Switzerland

Design and layout by Jean-Claude Fattier

Printed by the WHO Document Production Services, Geneva, Switzerland

TABLE OF CONTENTS

LIST OF ABBREVIATIONS v

EXECUTIVE SUMMARY 1

1. BACKGROUND 3

2. AREAS OF WORK AND PRIORITIZATION 5
   - 2.1. Country presentation of recovery and resilience plans 5
   - 2.2. Plenary discussion on the recovery and resilience plans 5
   - 2.3. Panel 1 High priority investment areas in the Ebola affected countries 5
   - 2.4. Group Work I: Areas of work and prioritization 6

3. MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION 7
   - 3.1. Panel 2: Modalities of Support and Opportunities for Integration 7
   - 3.2. Group Work II: Modalities of support and opportunities for integration 8

4. WAY FORWARD TO SUPPORT THE RECOVERY AND RESILIENCE PLANS 9

5. CONCLUSIONS 10

6. RECOMMENDATIONS 10
   - 6.1. For the three countries 10
   - 6.2. For Partners 10

ANNEX 1 COUNTRY NATIONAL – HEALTH RECOVERY PLANS 13

ANNEX 1.1 National Health Recovery Plan – GUINEA 15

ANNEX 1.2 National Health Recovery Plan – LIBERIA 25

ANNEX 1.3 National Health Recovery Plan – SIERRA LEONE 35

ANNEX 2 GROUP WORK I – PRIORITY AREAS 51

ANNEX 2.1 Group Work I PRIORITY AREAS – GUINEA 53

ANNEX 2.2 Group Work I PRIORITY AREAS – LIBERIA 61

ANNEX 2.3 Group Work I PRIORITY AREAS – SIERRA LEONE 67

ANNEX 3 GROUP WORK II – MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION 75

ANNEX 3.1 Group Work II MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION – GUINEA 77

ANNEX 3.2 Group Work II MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION – LIBERIA 81

ANNEX 3.3 Group Work II MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION– SIERRA LEONE 87

ANNEX 4 GROUP WORK III – THE WAY FORWARD 97

ANNEX 4.1 Group Work III THE WAY FORWARD – GUINEA 99

ANNEX 4.2 Group Work III THE WAY FORWARD – LIBERIA 105

ANNEX 4.3 Group Work III THE WAY FORWARD – SIERRA LEONE 109

ANNEX 5 – AGENDA 115

ANNEX 6 – LIST OF PARTICIPANTS 119

LIST OF ABBREVIATIONS

BEHS	Basic Essential Health Services
CDC	Centre for Disease Control
CSO	Civil Society Organization
CCM	Country Coordinating Mechanism
DP	Donor Partners
DFID	Danish Fund for International Development
DHC	District Health Coordinating Committees
DHIS	District Health Information System
DNS	National Drug Service
EVD	Ebola Virus Disease
GAVI	Global Alliance for Vaccination and Immunization
GF	Global Fund
HCC	Health Coordinating Committee
HIMS	Health Information Management System
HRH	Human Resource for Health
HRIS	Human Resource information system
HSS	Health Systems Strengthening
HSCC	Health Sector Coordinating Committee
HTM	HIV/TB/Malaria
IDSR	Integrated Disease Surveillance and Response
IFMIS	Integrated Financial Management Information System
IHP+	International Health Partners Plus
IOM	International Organisation for Migration
IPC	Infection Prevention Control
JICA	apan International Cooperation Agency
LMHRA	Liberia Medicines and Health Products Regulatory Authority
LMIS	Logistics Management Information System
M & E	Monitoring and Evaluation
NHIS	National Health Insurance Scheme
NPPU	National Pharmaceutical Procurement Unit
PFM	Public Financial Management
PS	Patient Safety
PPCC	Public Procurement Concession Committee
QA	Quality Assurance
SWOT	Strength, Weakness, Opportunities and Threats

UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAHO	West African Health Organization
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

The technical meeting to support Ebola-affected countries on the recovery and resilience plans organized in Accra on 9-11 June 2015 brought together 106 participants from the Ministries of Health, Ministries of Finance and civil society of the three countries, bilateral donors such as France, Japan, UK (DFID) and the US (USAID and CDC), global health initiatives (Gavi and the Global Fund), and multilateral organizations (IOM, UNAIDS, UNDP, UNICEF, WAHO, WHO and the World Bank).

The objectives of the meeting were to agree on coordinated and aligned support to the three countries' national health recovery plans; to identify cross-cutting areas and opportunities for integration; to identify ways to improve implementation modalities; and to identify actions including technical assistance needed to support the countries in the process of building resilient health systems[1].

The analysis and discussions were based on the recovery and resilience plans developed and presented by each country. Two expert panels were organized to give technical and policy advice on contents of the plans and implementation modalities. Country based working groups discussed and analyzed priorities and areas of work, modalities of support and opportunities for integration, and the way forward.

While all participants recognized the importance of the priorities of the three national health recovery plans, they also insisted on the need for better coordination among stakeholders and on the need for effective integration between programmes (HIV/TB/malaria/EPI/ RMNCAH) and their alignment with the plans to improve efficiency. Some concerns were raised regarding financial management and procurement, as well as absorption capacity of the requested additional investments. The three countries developed action plans to address weaknesses accordingly. The Global Fund and Gavi also clarified the flexibility they are ready to offer to the three countries.

The outcomes of the meeting consisted in proposed country action plans to move forward with the implementation of the recovery plans. The action plans includes:

- Priorities and areas of work;
- Activities needed to improve implementation modalities;
- Technical Assistance needs;
- A calendar of activities to mitigate identified weaknesses; to apply for/reprogram support from the Global Fund and Gavi; and to better prepare for the forthcoming pledging conference.

The presentations of the country national health recovery plans are presented in **Annex 1**. The outcomes of the working groups on priority areas are presented in **Annex 2**, and the outcomes on implementation modalities are presented in **Annex 3**. The **Annex 4** presents the way forward for each country.

[1] Please see section 1.2 for detailed objectives for the meeting

1. BACKGROUND

Following the *High level meeting for building resilient systems for health in Ebola-affected countries* organized by the World Health Organization along with the African Development Bank, the West African Health Organization and the World Bank from 10-11 December 2014 in Geneva, Switzerland, the governments of Guinea, Liberia and Sierra Leone, as part of their overall multi-sectoral Ebola recovery development strategies, have formulated health systems recovery and resilience plans. A series of conferences and meetings including those hosted by the European Union in March 2015 and the World Bank/International Monetary Fund in April 2015, have aimed to galvanize global and national support for the effective implementation of these health system recovery and resilience plans.

Concurrently, efforts have been made to mobilise partners (including Gavi and the Global Fund) that are actively engaged in supporting the health programmes of the three countries, particularly around health systems strengthening (HSS). Both Gavi and the Global Fund have agreed to provide flexibility to countries for reprogramming their existing grants, while agreeing to support stronger health systems. The availability of the national health system recovery and resilience plans thus serves as a unique opportunity for harmonization of partner efforts and alignment with national plans in order to: maximize synergies, improve efficiencies, and enhance resilience and sustainability.

Against this background, there is a clear need to facilitate coordination and alignment with the priorities in the recovery and resilience plans of the three countries. This also creates an opportunity to explore the best modalities for support from all partners, including Gavi and the Global Fund.

Therefore, WHO convened a technical meeting in Accra, 9-11 June 2015, to facilitate the development of applications materials from Gavi and the Global Fund in the area of health system strengthening .

The meeting was attended by a total of 106 participants from the Ministries of Health, Ministries of Finance and civil society of the three countries, bilateral donors such as France, Japan, UK (DFID) and the US (USAID and CDC), global health initiatives (Gavi and the Global Fund), and multilateral organizations (IOM, UNAIDS, UNDP, UNICEF, WAHO, WHO and the World Bank).

The objectives of the meeting were:

1. To agree on the alignment of support from all partners, including Gavi and the Global Fund, with the national health system recovery and resilience plans, ensuring that the country priorities and needs drive the work.
2. To analyse and agree, for each country, on the elements of the national health system recovery and resilience plans that should be funded under the Gavi proposals and the Global Fund concept notes (this will guide the further development of concept notes (or reprogramming of existing grants) and proposals at the country level and could also inform future pledging exercises).
3. To analyse and agree on how national recovery plans and programme-specific plans can form the basis for funding and minimize the scope and volume of the application-specific processes and procedures, including a framework for accountability and reporting.
4. To discuss in detail the modalities of support from Gavi, the Global Fund and other partners, including fiduciary arrangements needed to ensure effective and safe disbursements and transparent procurement processes.

5. To analyse and agree on technical support needed to develop robust proposals and concepts notes aligned with the national health system recovery and resilience plans as well as programme-specific plans.

The expected outcomes were:

- Identified priorities in the national health system recovery and resilience plans for Gavi, the Global Fund and other partners' support.
- Identified synergies between Gavi, the Global Fund and other partners.
- Identified technical assistance needs for proposal/concept note development.
- Clarified application processes.
- Efficiency gains identified in main areas including financial management, procurement and monitoring and evaluation arrangements.
- Identified activities for proposal/concept note development.

The status of country indicators prior to the EVD outbreak and how these were impacted by the outbreak was shared at the meeting, as well as the contribution of weak health systems to the unprecedented spread of the EVD. The need for restoration to create more resilient health systems in the affected countries was emphasized.

2. AREAS OF WORK AND PRIORITIZATION

2.1 Country presentation of recovery and resilience plans

Discussions on the national health systems recovery and resilience plans focused on top priorities and cross cutting issues for funding. All three countries highlighted similar priority areas in their plans to recover and build resilient and sustainable health systems:

1. Delivery of Basic Essential Health Services (BEHS) at decentralized level (districts/counties)
2. Infection Prevention Control (IPC)
3. Health workforce
4. Health information system/surveillance
5. Community engagement
6. Leadership and governance

2.2 Plenary discussion on the recovery and resilience plans

Participants expressed the need for strong health systems which can deliver an essential package of services for all, including (but not limited to) cost effective interventions such as HIV, TB, malaria, immunization and RMNCAH. Participants also expressed their support for the recovery and resilience plans as presented by the countries, and the need for partners to coordinate better and to use the plans as a basis for funding.

The need for better integration between programmes within essential packages of services, especially at decentralized level, was clearly mentioned by many participants as an essential way to improve efficiency.

The issue of financial management was raised. In general, the capacity in this area is weak in the three countries and there is a big need to support development of strong systems which partners can use to channel the funds. This will further contribute to alignment.

The Global Fund and Gavi announced that there will be certain flexibilities in terms of procedures for the three countries. The Global Fund will allow countries to reprogram instead of having to go through a normal concept note development process. Gavi will waive co-financing requirements and has also increased the allocation for HSS investments to the three countries.

2.3 Panel 1 High priority investment areas in the Ebola affected countries

The objective of Panel 1 was to highlight priority areas and interventions from the three recovery and resilience plans which also cut across investments in the three diseases, EPI and RMNCAH. The panel focused on health workforce, health information system and surveillance, IPC issues, the role of communities, and integrated service delivery.

The discussion on health workforce centered on the need for rapidly expanding the number of health workers in all three countries and systems in place to incentivize and retain staff. The role of community health workers and their specific role in service delivery, especially the last mile services, was also discussed. Plans for training, deployment, remuneration, and retention need to be developed and/or revised, and rolled out in the three countries. Country specific needs will have to be taken into consideration. It is clear from the discussions that a strong health workforce is a necessary condition for resilient health systems.

The discussion on health information systems (HIS) and infection prevention and control (IPC) focused on integration of IPC activities in the basic package of services at a decentralized level, and if and how these activities can be integrated. It was clearly stated that parallel structures contribute to fragmentation of the system and in the end inefficiencies in the sector. How then can IPC be integrated? The recommendations were among other things the following:

- Funding should be comprehensive and not fragmented on specific projects;
- Funding should focus on supporting the district level;
- A strong system for financial management to ensure accountability and transparency needs to be put in place.

The issue of community involvement was also discussed. Lack of human resource and lack of coverage of health services contributed to resistance by the communities in the three countries during the Ebola outbreak. The Ministries of Health in the three countries need to work more closely with the communities and involve Civil Society organizations in the planning of health services. In order to better engage with communities the governments need to create "enabling environments" for communities to engage. There needs to be an understanding that communities are the strongest advocates of their needs.

2.4 Group Work I: Areas of work and prioritization

The objectives of Group Work I was to identify priority areas in the recovery plan, identify resources already available for support, identify the gaps and areas that are still unfunded; identify possibilities to fund gaps under existing committed resources (GAVI, GF, other) or needs to pledge for these identified specific priority gaps. The outcomes of the Group Work 1 are presented in **Annex 2**. Each country has specific priorities and resources gaps. However there are also similarities: the three countries insisted on the need to expand the package of essential services so to improve resilience, to strengthen the decentralized systems (districts and counties), to integrate cost effective interventions within the essential packages and to harmonize and align important functions such as the health information system, the human resources for health strategies, etc.

3. MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION

3.1 Panel 2: Modalities of Support and Opportunities for Integration

Following a presentation on the IHP+ principles of harmonization and alignment, the panel 2 discussion focused on the modalities of support and implementation:

- Coordination of partners
- Financial management arrangements
- CSO involvement and community engagement
- Monitoring and evaluation

The panel concluded that structures for coordination are in place in the three countries, but that these structures need to be stronger. The coordination between the central level and the regional/district (county)/facility levels also needs to be strengthened, and in some cases made clearer. Lessons can be learned from the issues of coordination during the Ebola response. Some of these are the creation of parallel structures, which now need to be re-incorporated into the "normal" health system. It is important that both government and partners commit to a well-functioning coordination mechanism.

The panel also commented on financial management arrangements and the need for these to be further developed in the three countries. Alignment will only be realised if financial management systems are strong and credible. As the countries move towards strengthening their financial management systems, opportunities for joint activities should be explored, such as joint assessments and joint audits, with common recommendations and action plans. It was emphasized that the lack of well-trained staff is often a killing factor. As a matter of facts, the attrition rate among trained and skilled accountants and finance managers is very high in the three countries. Strong capacity building programmes and sustainability strategies are essential in this area.

The discussion on civil society and community involvement recognised the critical importance of strengthening the involvement of the civil society and the communities in the planning and delivery of services. The civil society in the health sector is often a heterogeneous group of organisations and actors with different agendas. There is a need to map CSO's involvement in the health sector in the three countries, what they are doing, what are their capacities, and where are the gaps. A functional platform for civil society organisations and their internal coordination is needed.

The discussion on communities highlighted that communities are both actors in service delivery and beneficiaries of health services. It is important that Ministries of Health, together with partners, find innovative ways of community engagement to re-establish confidence and trust. One way of doing this is to engage in dialogues on experiences from the Ebola epidemic. Another way forward is to establish structures to facilitate community engagement e.g., village health committees. There is a need to recognise the role of traditional leaders in mobilising communities, but also to show transparency in selection of community representatives.

Finally the panel discussed the issue of monitoring and evaluation. Parallel systems for monitoring and evaluation including data reporting are very common in the region. In many cases these systems are stand-alone systems which do not interact with or "talk" to other each other. As the health systems are being recovered and strengthened the three countries need to ensure availability of good quality data in a timely manner, in an integrated system. Good and solid M&E frameworks are the basis for alignment and should constitute a top priority for the three countries. It was agreed that partners should support the development and strengthening of M&E frameworks as well as M&E infrastructure.

3.2 Group Work II: Modalities of support and opportunities for integration.

The objective of Group Work II was to discuss and agree on efficient implementation modalities. The group work specifically focused on coordination mechanisms, procurement and supply systems, monitoring and evaluation, financial management arrangements and how civil society and communities can be involved in building resilient health systems. The groups were also asked to propose modalities of support in each of these areas.

Based on the recovery and resilience plans, the outcome of Group Work I, and input from Panel 2, the groups were asked to Identify and understand strengths and weaknesses in key areas including donor coordination; financial management arrangements; procurement mechanisms; monitoring and evaluation; and involvement of communities, CSOs, and NGOs.

The groups were also asked to identify recommendations and action points to address the implementation challenges for each area.

The specific outcomes of each country working group are presented in **Annex 3**.

4. THE WAY FORWARD TO SUPPORT THE RECOVERY AND RESILIENCE PLANS

The final day of the meeting was very practical and devoted to the way forward to support the national health system recovery and resilience plans in the three countries. The country specific actions to be undertaken were discussed and agreed during Group Work III. These included:

1. actions needed to address identified weaknesses in implementation modalities, with proposed timeline and TA needed to support the work;

2. specific actions needed to meet proposals development milestones related to GAVI, the Global Fund and other partners support;

The three countries presented the proposed way forward to address identified weaknesses in the areas of coordination, financial management arrangements, procurement, monitoring and evaluations, involvement of civil society, and the engagement of communities.

With regard to the area of coordination all three countries mentioned the need to revisit coordination structures in the countries, and need to revise term of reference for different coordinating bodies. Regarding coordination, all three countries highlighted the need for a strong national health compact (IHP+), to be developed before the end of the year, with full commitment from all partners.

In the area of financial management arrangements, all three countries mentioned the need for joint assessments of financial management arrangements, as well as the need to develop strategies for recruitment, training, deployment and retention of skilled staff. The World Bank was identified as a key partner to facilitate this work.

In the area of procurement country specific issues related to procurement capacity and procedures, as well as storage and supply were mentioned. Capacity building of staff was also highlighted as a top priority.

Actions regarding improvements in the area of monitoring and evaluation included the roll out of DHIS-2, training of health staff, and actions to harmonize different information systems in the three countries.

Common themes across the three countries on actions to better involve civil society in health services included mapping exercises of CSOs in the health sector including assessment of institutional capacity, to revise accreditation guidelines, and periodic monitoring and evaluation of CSOs activities
In the area of community involvement a common action point was to reviewer and revise policy and strategy for CHWs.

The complete reports from the three countries are presented in **Annex 4**.

In the final plenary discussion on the way forward, the participants congratulated the countries for the development of their national health recovery and resilience plans, and for the amount of work that had gone into the group work and presentations.

All partners reiterated their support to the recovery and resilience plans. Several participants emphasized that more work needs to be done following the meeting, to concretize the discussions and action plans developed during the last working group session on the "way forward".

The issue of technical assistance needs to support the process going forward was underlined, and development partners reiterated their support and willingness to improve coordination, integration, harmonization and alignment with the recovery and resilience plans in the three countries.

5. CONCLUSIONS

The conclusion from the meeting are that:

- There is a strong support from all participating partners for investing in the recovery and resilience plans in the three countries.
- There is a strong commitment for better coordination among donors
- There is a strong will for better integration between programs (disease specific/EPI/ RMNCAH) within the essential package of services delivered at decentralized level (Districts, Counties), with the aim of improving efficiency in implementation of activities;
- There is better clarity regarding flexibilities the Global Fund and Gavi are ready to offer to countries when the apply for or reprogram support from these two organizations;
- There is a need to improve financial management and procurement, coordination, monitoring and evaluation, absorption capacities. Countries developed suggestions and action points to mitigate assessed weaknesses and improve these modalities, including technical assistance support.

6. RECOMMENDATIONS

6.1 For the three countries

1. Finalize roadmaps on next steps, including proposal development, and share with all stakeholders before the end of June 2015. Specify technical assistance needs and continue dialogue with partners at country levels.
2. Develop consensus on the agreed action points for the implementation modalities for better integration and improved absorptive capacities. Agree on technical assistance needs and share with partners.
3. Finalize gap analysis to better prepare for the July pledging meeting in New York;
4. Strengthen coordination of partners under the leadership of MoH, and build capacities of districts, including the development of compact;
5. Make specific follow up on bilateral agreements with individual partners.

6.2 For Partners

1. Support and complement the country roadmaps and participate in national dialogue organized by the Ministries of Health
2. Provide TA support when and where necessary for the implementation of the roadmaps
3. Discuss and advocate for supporting the countries' national health recovery and resilience plans and their needed replenishments

4. Actively support the development of compacts to support efficiently the national health recovery and resilience plans, in line with the IHP+ principles of aid effectiveness

5. Follow up on individual organizations/Agencies/institutions to formalize commitments made.

ANNEXE 1

COUNTRY NATIONAL
HEALTH RECOVERY PLANS

ANNEX 1.1

National Health Recovery Plan
GUINEA

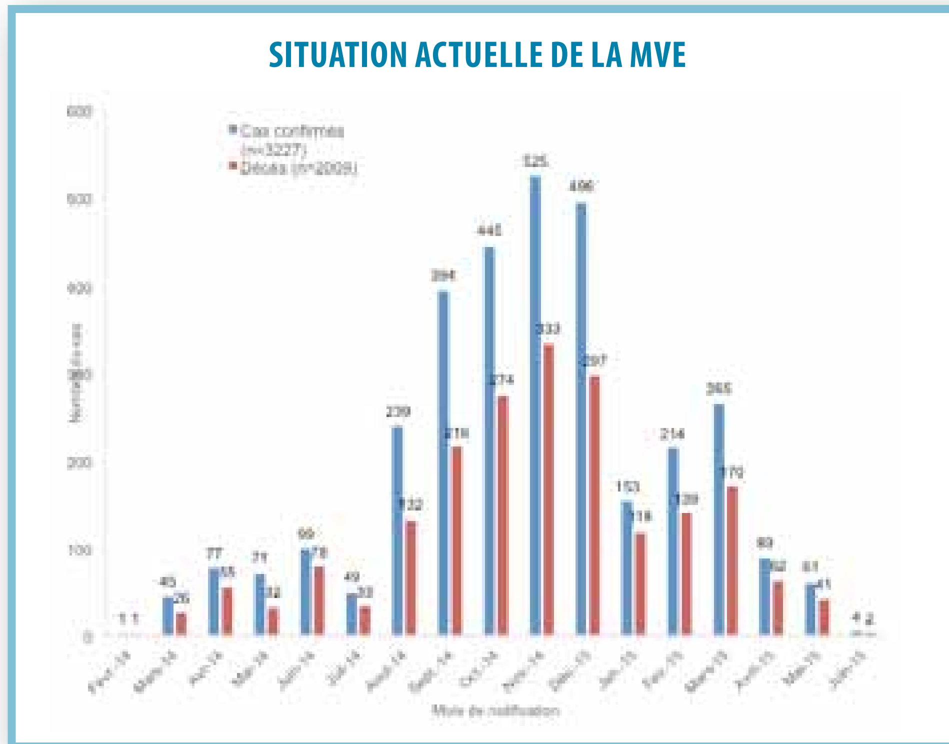
GUINÉE
PLAN DE RELANCE DU SECTEUR DE LA SANTÉ

RÉUNION TECHNIQUE POUR APPUYER LES PAYS AFFECTÉS PAR LA MALADIE À VIRUS EBOLA DANS L'ELABORATION DES PLANS DE RELANCE AVEC UN ACCENT PARTICULIER SUR GAVI, LE FONDS MONDIAL ET LES PARTENAIRES AU FINANCEMENT

ACCRA, 9 JUIN 2015

BACKGROUND: INDICATEURS SANITAIRES CLÉS PRÉ MVE

Indicateurs	Source: EDS 2012
Ratio de mortalité maternelle	**724** pour 100 000 vivantes
Taux de **mortalité infanto-juvénile**	**123‰**
Taux de **mortalité infantile**	**67‰**
Prévalence des principales maladies	Paludisme : 44% Tuberculose : 178 TPM+ pour 100000 hbts VIH/SIDA : 1,7%
Couverture en eau potable en eau potable	Niveau national:75% Milieu rural: 65%
Couverture installations sanitaires salubres	Niveau national:56% Milieu rural:29%
CPN4+	47%
Accouchement assisté	47%
Enfants complètement vaccinés	37%
Nombre de contacts/an /habit	0,20% *(Enquête 2014)*
% Budget santé/Budget ETAT	1,7 % (2013) / 3,9% (2014)



PLAN DE RELANCE DU SECTEUR DE LA SANTÉ

PROCESSUS

Processus d'élaboration inclusif avec participation effective des secteurs de développement (MEF, MATD, MFP, MASPE, etc), du secteur privé, de la société civile dont les associations religieuses et les PTFs.

Dates	Etapes cles
2012-2013	Analyse de situation du secteur de la santé (évaluation du PNDS 2003-2012)
Juin 2014	Etats Généraux de la Santé, Evaluation opérationnalité des districts sanitaires
Decembre 2014 Février, mars et avril 2015	Réunions de haut niveau (Geneve- OMS et Addis Abeba UA, Bruxelle- UE, Washington, BM)
20 au 22 Janvier 2015 1- 2 avril 2015	2 consultations nationales en janvier et en avril 2015 pour l'élaboration du Plan de Relance du système de santé
Avril-Mai 2015	Finalisation du Plan de Relance du Système de Santé

DOMAINES PRIORITAIRES CLÉS

Domaines	Priorités
1: Elimination de la Maladie à Virus Ebola (MVE = 0 cas et 0 déces)	**Engagement communautaire et Communication** **Surveillance épidémiologique** **Prise en charge** **Assainissement et gestion des corps** **Soutien nutritionnel et social** **Prévention et Contrôle des Infections (PCI)** **Soutien à la gestion**
2: amélioration de la performance du système de santé de district	**Mise à l'échelle des paquets de soins et services dans le cadre de la CSU (niveaux communautaire, poste de santé, centre de santé, hôpital de district)** **Amélioration de la gestion du district sanitaire (Prestations, PCI, ME et infrastructures, équipemts, Financement, RHS, information sanitaire, Leadership et gouvernance)**
	Amélioration de la gouvernance de la région sanitaire (Soutien à la gestion, coordination, redevabilité, engagement des communautés, régulation)
3. Amélioration de la gouvernance globale du secteur de la santé	Amélioration de la gouvernance du niveau central (Prestations, PCI, ME et infrastructures, équipemts, Financement, RHS, information sanitaire, Leadership et gouvernance.)
	Planification et gestion, coordination, suivi-évaluation, partenariat et multi-sectorialité, législation sanitaire, régulation

MODALITÉS DE MISE EN OEUVRE

District de santé est le niveau opérationnel de mise en œuvre

Cadre programmatique

Le PNDS;

Le Plan triennal glissant arrimé au CDMT ;

Plans des programmes nationaux

Les Plans d'actions opérationnels national , régionaux et des districts

- Un seul mécanisme national de coordination : COMITE DE COORDINATION DU SECTEUR DE LA SANTE **(CCSS)**,
- Un seul mécanisme de suivi-évaluation : comité national de S&E du PNDS
- Un cadre unique de suivi et évaluation sera mis en place (indicateurs de performance du système de santé),
- La création d'un Observatoire National de Santé
- L'institution des revues annuelles conjointes du secteur et des audits, contrôles de gestion, Inspections, Supervisions intégrées et monitorage,
- Evaluation à mi parcours, Evaluation finale et Evaluation conjointe (JANS)
- Des procédures harmonisées de gestion des ressources : manuels de procédures

RÉPARTITIONS DU BUDGET PAR NIVEAUX D'AFFECTATION BUDGÉTAIRE EN MILLIER USD

Répartition du budget par niveaux d'affectation budgétaire en millier USD

Niveau	District	Région	Central	Total	%
Programmes	605134	86448	172895	864477	43
Systèmes de santé	804600	114943	229886	1149429	57
Total	1409734	201391	402781	2013805	100
%	70	10	20	100	

BUDGET

Budget triennal par niveau du système de santé et par priorité du Plan de relance 2015-17

Budget triennal par priorité du Plan de relance en millier USD / Niveau et Système de santé	2015	2016	2017	Total	%	Ebola	District	Gouvernance – Région	Gouvernance – Niveau central	Total
Communauté (prestations)	32 509	40 482	48 452	121 534		1 667	121 267			121 534
Stratégie avancée (prestations)	22 307	37 086	24 744	85 078			85 078			
Clinique (prestations)	215 963	303 478	132 227	583 667		100 000	481 667			583 667
Coût des programmes	25 360	25 810	23 779	74 608			49 534	12 201	11 [illegible]	74 608
PROGRAMMES DE SANTE	236 177	397 096	240 304	864 177	43					
Infrastructures et Equipements, Labo	94 519	239 193	108 801	446 427		108 [illegible]			212 339	446 427
Ressources Humaines	70 000	8 238	8 401	94 820					94 820	94 820
Médicaments, produits et fournitures	117 840	53 676	55 064	231 024			231 026			231 026
Financement de la santé	98 585	98 550	98 697	295 832					295 832	295 832
Systèmes d'information sanitaire	1 951	856	866	3 754					3 754	3 754
Gouvernance	1 764	7 508	8 401	18 480				2 272	15 788	18 480
SYSTÈME DE SANTE	383 950	332 728	313 751	1 089 429	57					
TOTAL GENERAL	620 417	730 818	673 325	2 028 805		236 871	971 691	32 877	802 463	2 025 805
									828 433	
%	31	36	33	100	100	12	48		41	100

Surveillance	80000
PCI	12815

* Les infrastructures, les ressources humaines et le financement ont mieux niveau affectés par une gestion [illegible] et efficace des ressources […] les bénéficiaires se trouvent au niveau périphérique quant au financement global alloué par niveau du système de santé est : Niveau District […] Niveau Région […] Niveau Central […]

RESSOURCES FINANCIÈRES DISPONIBLES ET PROMISES – ECARTS

Repartition du budget par source de financement et par année du plan de relance du système de santé

Année	2015	2016	2017	Total
Budget global de l'Etat	1 784 245 033	2 183 193 377	2 480 346 748	6 447 785 158
Source de financement (USD)/Année	2 015	2 016	2 017	
Budget du Plan de relance	620 416 879	719 813 333	673 354 906	2 013 805 [illegible]
Estimation des disponibilités financières	538 812 828	567 911 680	477 389 447	1 584 113 961
ETAT	44 326 489	66 745 165	88 254 784	200 326 438
PARTENAIRES	339 952 648	356 772 831	253 740 974	950 606 454
UNICEF	12 072 000	8 350 000	7 482 000	27 904 000
UNFPA	4 275 835	4 074 078	3 731 139	12 085 048
Fonds Français	751 241	751 241	751 241	2 253 723
Fonds Italiens	16 859	16 859	16 859	50 577
GPRHCS	3 250 000	3 250 000	3 250 000	9 750 000
MNTF	180 000	180 000	180 000	540 000
BM	50 000 000	25 755 000	2 265 000	78 020 000
USAID				-
Union Européenne/AFD	3 700 515	19 356 540	4 317 268	27 374 323
OMS	30 417 368	24 455 582	12 338 531	67 211 481
GAVI	32 485 628	38 778 295	38 778 295	110 042 218
FM palu	50 980 808	83 357 417	32 586 599	166 930 824
FM tuberculose	1 404 975	99 891		1 504 866
Action Damien	206 661	156 188	146 188	509 037
FM VIH Sida	106 926 579	95 092 039	200 315 085	302 333 703
ONUSIDA	176 000	176 000	176 000	528 000
FM RSS	2 688 854	1 366 660	1 257 874	5 323 388
FONDS SAOUDIEN	10 266 900	13 200 300	2 933 400	26 400 600
BID	7 872 381	5 962 700	20 799 450	34 634 531
FIAM	3 956 323	3 956 323	3 956 323	11 868 969
JICA	144 000	144 000	144 000	432 000
COLLECTIVITES	460 792	460 792	460 792	1 382 376
ONG ET ASSOCIATIONS	14 650 206	14 650 206	14 650 206	43 950 618
AUTRES	13 198 724	13 198 724	13 198 724	39 596 172
MENAGES	144 393 690	144 393 690	144 393 690	433 181 070
GAP DE FINANCEMENT	81 604 051	151 901 869	195 965 509	429 691 429

ANALYSE DU GAP FINANCIER DES TROIS PROGRAMMES (VIH, TB ET LE PALUDISME)

Programmes	Prévu dans le plan stratégique 2015-2017	Montant disponible	Source	GAP	Commentaires
VIH/sida	304073304	87176461	FM: 60 211 934 ETAT: 17650817 UNICEF 2800000 GIZ 2000000	216406843	Le gap concerne surtout l'extension de la PTME
Tuberculose					
Paludisme	147 934 729	83786828	FM 62 200 441 PMI: 37 500 000 Etat: 3 013 710 UNITAID: 4 017 297 Autres (1 695 000)	64 147 901	Le gap concerne surtout l'achat de 1 500 000 MIILDA et la PID

RESSOURCES FINANCIÈRES DISPONIBLES ET PROMISES – ECARTS

Budget triennal par niveau du système de santé et par priorité du Plan de relance 2015-17

Niveaux du Système de santé						Priorités				
Budget triennal par priorité du Plan de relance en millier USD / Niveaux et Système de santé	2015	2016	2017	Total	%	Ebola	District	Gouvernance – Région	Gouvernance – Niveau central	Total
Programmes de santé	236 677	287 096	340 604	864 377	43					
SYSTÈME DE SANTE	383 960	432 718	332 751	1149 429	57	25 871	972 492	10 977	811 461	2 013 805
%	31	36	33	100	100	1	48	41		100

MÉCANISMES DE COORDINATION

- COMITE DE COORDINATION DU SECTEUR DE LA SANTE (CCSS),
- Comité régional de coordination du secteur de santé (CRCSS)
- Comité Préfectoral de coordination du secteur de santé (CPCSS)

- Comité national de Suivi-Evaluation du PNDS
- Instance de coordination des revues sectorielles santé: (CTC, CTRS, CPTS)
  - Comité technique de coordination au niveau central : (CTC)
  - Comité technique régional de santé (CTRS)
  - Comité technique préfectoral de santé (CTPS)

PROCHAINES ÉTAPES

1. Réunion du comité de coordination du secteur santé pour la validation de la politique de santé du PNDS et du plan de relance 26 juin2015
2. Elaboration des plans trienaux et des PAO des districts et régions juin-juillet 2015;
3. Elaboration du CDMT juin - juillet 2015
4. Elaboration du Plan national du suivi/evaluation du PNDS juillet -Aout 2015
5. L'évaluation conjointe du PNDS (JANS) sept – oct 2015
6. Elaboration et signature Compact national nov-decembre 2015
7. Mise à jour du manuel de procedures de gestion financière janv 2015

14

ANNEX 1.2

National Health Recovery Plan

LIBERIA

LIBERIA: INVESTMENT PLAN FOR BUILDING A RESILIENT HEALTH SYSTEM

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND PARTNERS' FUNDING

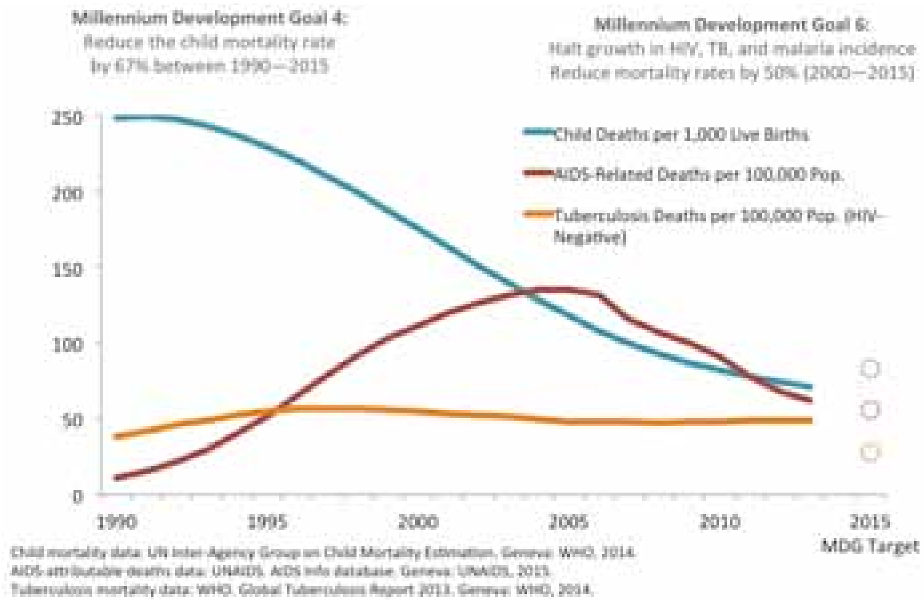
ACCRA, 9 JUNE 2015

Patrick, 6, holds the certificate stating that he has recovered and is now Ebo free. Photo by Morgana Wingard

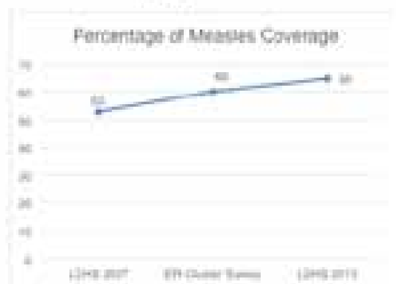
CONTENT

- Background: key health indicators pre EVD
- Ebola epidemic trends in Liberia
- Investment Plan for Building a Resilient Health System
- Recovery Plan Development Process
- Key priority areas (9 investment areas)
- Implementation arrangement
- Implementation Risks and Mitigation
- Budget – financial gap analysis
- TA support – required and gaps
- Proposed coordination mechanisms
- Next steps

BACKGROUND: KEY HEALTH INDICATORS PRE-EVD

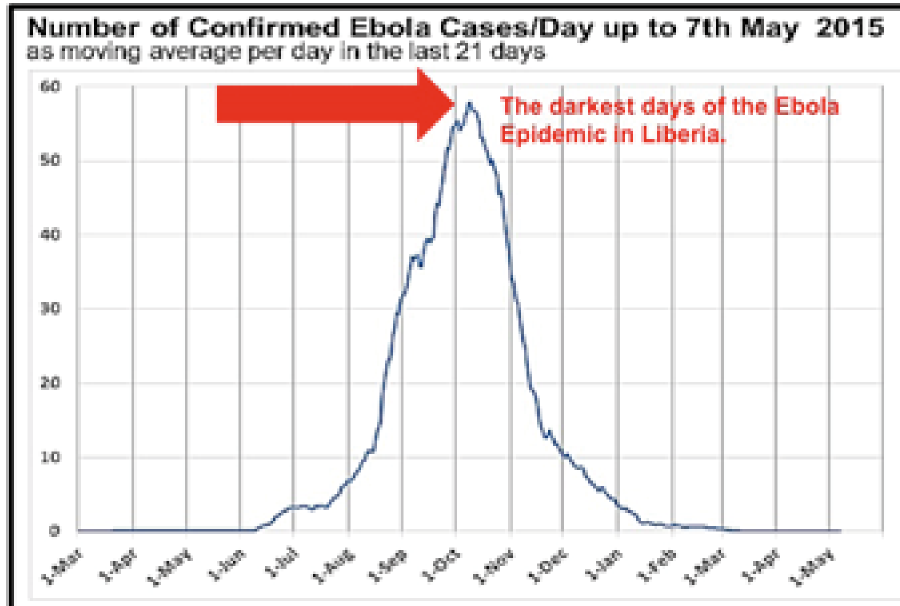


PRE EVD HEALTH INDICATORS



- Increased CPR from 11.4% in 2007 to 20% in 2014 (DHS)
- Deliveries assisted by skilled staff increased from 46% in 2007 to 61% in 2013 (DHS)
- Children under 1yr that received all basic vaccination increased from 39% in 2007 to 55% in 2013 (DHS)
- Access to health services within 5KM or 1hr walk from a health facility increased from 46% in 2007 to 71% in 2013 (DHS)

EBOLA EPIDEMIC TRENDS IN LIBERIA



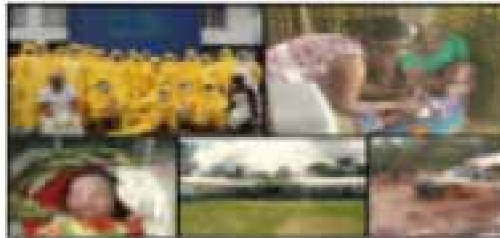
EVD IMPACT

- Deliveries by SBA declined by 7% from 2013 to 2014
- ANC 4th visits dropped by 8%.
- Measles coverage declined by 21% from 2013 to 2014
- Health facility utilization dropped by 40% (5.5 visits in 2013 to 3.3 visits per inhabitant in 2014)
- Community/population distrust in the health care delivery system
- Closure of Schools for nearly 10 months

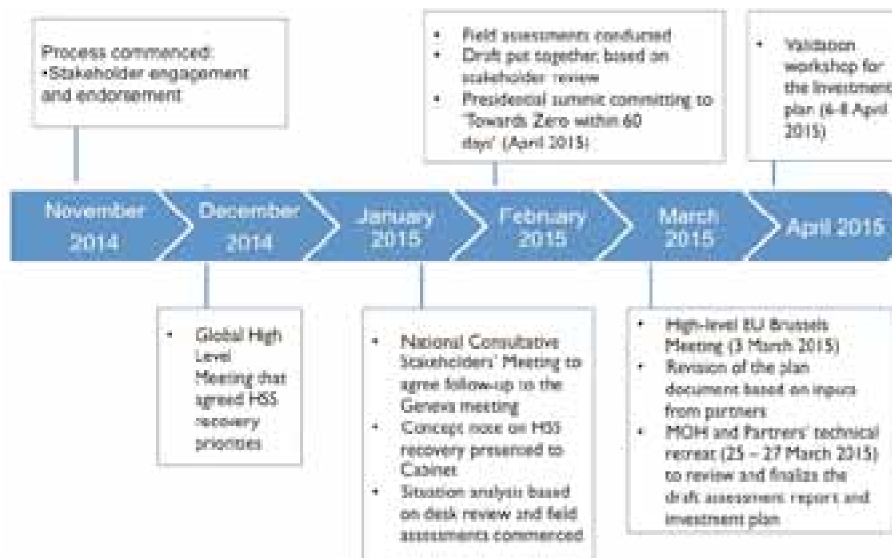
INVESTMENT PLAN FOR BUILDING A RESILIENT HEALTH SYSTEM

Investment Plan for Building a Resilient Health System in Liberia

2015 to 2021



INVESTMENT PLAN DEVELOPMENT PROCESS



KEY PRIORITY AREAS

- Fit-for-purpose productive & motivated health workforce
- Re-engineer health infrastructure
- Strengthen Epidemic Preparedness and Response System
- Management capacity for medical supplies and diagnostics
- Enhancement of quality service delivery and system
- Comprehensive Information, Research and Communication Management
- Sustainable Community Engagement
- Strengthen Leadership and Governance Capacity
- Efficient Health Financing Systems

IMPLEMENTATION ARRANGEMENTS

1. Health system recovery plan will be implemented in the context of the National Health Policy and Plan using the same structures
2. Annual implementation plans will be developed jointly and collaboratively (public and private health sector, development partners, NGOs, Civil Society Organizations, Communities, etc)
3. Health Sector Coordination Committee (HSCC) will coordinate planning and implementation
4. County health teams will coordinate their implementation plans using a stakeholders' coordination mechanism at that level
5. Central level will collate annual implementation plans from counties and allocate appropriate budgets
6. Central level will provide oversight, guidance and support to the lower levels
7. Funds will be released, used and accounted for using the existing Government financial management systems
8. Central and the county levels will report on the progress of implementation on a quarterly and annual basis.

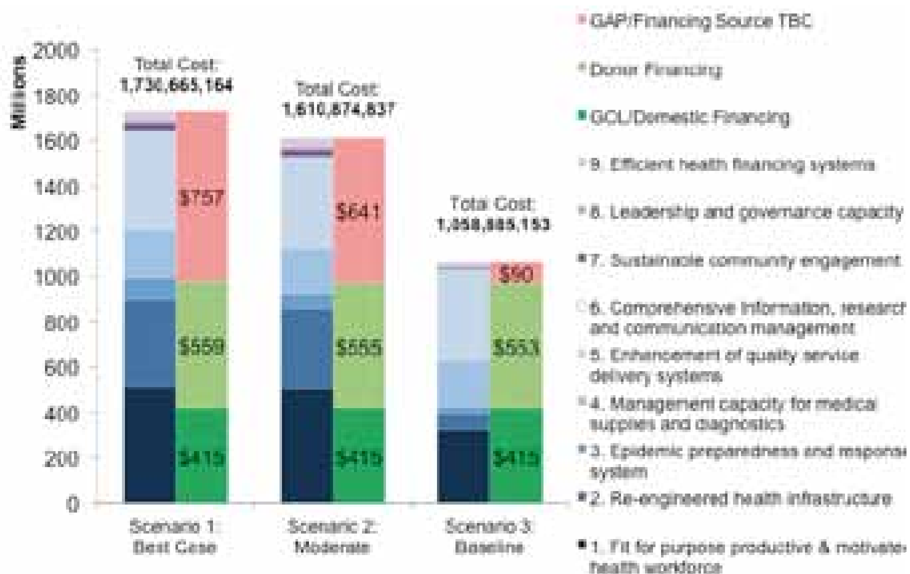
IMPLEMENTATION ISSUES AND MITIGATION

Implementation Issues	Mitigation
Inadequate funding to implement the Investment Plan	• Pro-active and accelerated resource mobilization efforts
Unpredictable external support	• Strengthen public & private domestic sources of funding • Reinforce efficiency monitoring
Emergence of another outbreak	• Accelerate and prioritize epidemic preparedness, response and early warning systems

FISCAL GAP ANALYSIS: SCENARIOS

LIBERIA HEALTH SECTOR INVESTMENT PLAN Q4 GY 14/15 – FY 21/22 DATA AS OF 18 MAY 2015

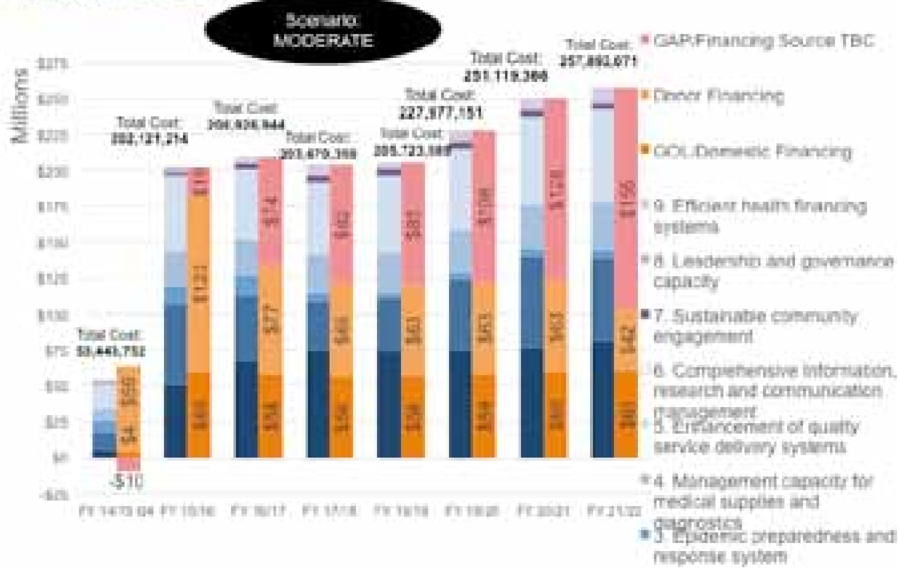
ADJUSTED TO ACCOUNT FOR INITIATION (WB 2015 DATA)



FISCAL GAP ANALYSIS: FISCAL YEARS

LIBERIA HEALTH SECTOR INVESTMENT PLAN Q4 GY 14/15 – FY 21/22 DATA AS OF 18 MAY 2015

ADJUSTED TO ACCOUNT FOR INITIATION (WB 2015 DATA)



FISCAL GAP ANALYSIS: INVESTMENT AREAS

LIBERIA HEALTH SECTOR INVESTMENT PLAN Q4 GY 14/15 – FY 21/22 DATA AS OF 18 MAY 2015

ADJUSTED TO ACCOUNT FOR INITIATION (WB 2015 DATA)

AVAILABLE/COMMITTED TECHNICAL SUPPORT AND GAPS

Component	Available	Gaps
Governance	2	0
Health Service Delivery decentralization	1	5
Health Care Financing	2	0
Human Resources for Health	2	1
Pharmaceuticals and supplies	0	2
Infrastructure, logistics development	0	1

PROPOSED COORDINATION MECHANISMS

- Expand and strength Health Sector Coordination Committee (HSCC) for improved coordination and oversight
- Conduct annual health sector performance review and planning exercises
- Expand and strength the Health Coordination Committee
- Link all health committees (ie: Health Sector Pool Fund Steering Committee, FARA, ICC, HCC, LCM, etc) to the HSCC

NEXT STEPS

1. Develop a bottom up and harmonized operational plan for FY 2015/16 linked to the Recovery Plan
2. Complete the resource mapping exercise
3. Mobilize resources to implement the recovery plan
4. Strengthen coordination and partnership

ANNEX 1.3

National Health Recovery Plan

SIERRA LEONE

SIERRA LEONE: HEALTH SECTOR RECOVERY PLAN

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND PARTNERS' FUNDING

ACCRA, 9 JUNE 2015

OUTLINE OF PRESENTATION

Background

Status of EVD

Health Sector Recovery Plan

Process

Health sector priorities

Key Priorities for 6-9 months

Interventions in the Medium Term

Long term priorities.

Indicators.

Coordination mechanism

Implementation arrangement

Budget

Next steps

BACKGROUND: KEY HEALTH INDICATORS PRE-EVD

Organization of the health system & Health system performance prior to EVD

# and type of health facilities	• 1,264 in total • 1,224 **(98%)** PHUs (**MCHPs, Community Health Posts and CHCs**) • 40 hospitals (23 Government-owned)

- **Health Coverage before Ebola (DHS 2008 vs 2013)** ↑
- **Modern contraception (7 to 16%)** ↑
- **Skilled birth attendance (42 to 62%)** ↑
- **Malaria bed net utilization (26 to 49%)** ↑
- **Malaria treatment (6 to 77%)** ↑
- **Diarrhea management (68 to 88%) and** ↑
- **Basic immunization (DPT-3 54% to 78%).** ↑

STATUS OF EVD

of new confirmed EVD cases by epidemiological week (May 2014 - 31 May 2015

Source: Weekly Ebola Surveillance Report - MOHS. Sierra Leone (09 June 2015)

INTERNATIONAL SUPPORT CRUCIAL...

We appreciate the support of many that came to show solidarity with our nation.

We are now right-sizing:

- UNMEER decreased in size, exit panned for June 2015
- Ghana foreign medical team departed in March 2015
- Cuban medical team departed in March 2015
- South Africans handed over the Lakka lab and departed
- Other FMTs have also reduced operations (incl. AU)
- We no longer have to scout for beds for Ebola patients – we now have empty beds
- Hazard pay for health workers discontinued on 31 March 2015

Strengthening border screening to prevent re-introduction after getting to zero

NOT OUT OF THE WOODS YET!!

- Getting to Zero and staying at Zero is still our priority
- Working towards that goal
- Growing consensus that risk of morbidity and mortality from other diseases outweighs risk of contracting Ebola
- So there is a case for commencement of restoration of essential health services

HEALTH SECTOR RECOVERY PLAN

PROCESS: IT HAS BEEN A JOURNEY…

November 2014	• HSS Hub established within MOHS • Worked with UN partners in conducting various assessments • New MOHS vision conceived, framed around building a strong health system
December 2014	• New MOHS vision presented to partners on 4th Dec 2014 • High-level Ebola Recovery meeting in Geneva 10-12th Dec 2014 • Mobilized technical assistance , in particular WHO and other UN partners • Revitalization of Governance structures (HSCC & HSSG) – had been dormant • Health Sector Recovery Investment framework developed
Jan- Feb 2015	• Directorate of Health Systems Strengthening , Policy,Planning & Information strengthened • HSSG WGs conducted a desk review on JPWF and issue analysis • Same groups formulated solutions/strategies and key interventions. • A Health Sector Recovery Investment Framework was contextualized to Sierra Leone • Revised the basic package of essential health services
March - April 2015	• District (sub-national) Planning • Validation of Recovery Plan components • Working with the Office of the President to align with national recovery

ASSESSMENT: FINDINGS ON HEALTH COVERAGE

Child health utilization dramatically reduced all levels

Decreased utilization of health facilities: 48/1,185 (4.1%) PHUs closed;

23% decrease in institutional deliveries;

39% decrease in children treated for malaria;

21% decrease in childhood immunization

A much lower proportion of women reporting pregnancy-related care

As much as a 90% drop in family planning visits (Government-of-Sierra-Leone 2014)

ASSESSMENT: ISSUE ANALYSIS

Inadequate human resources (quantity & quality) and maldistribution.

Weak infection prevention & control practices at all levels.

Weak integrated disease surveillance & response (IDSR) system including and emergency preparedness plan.

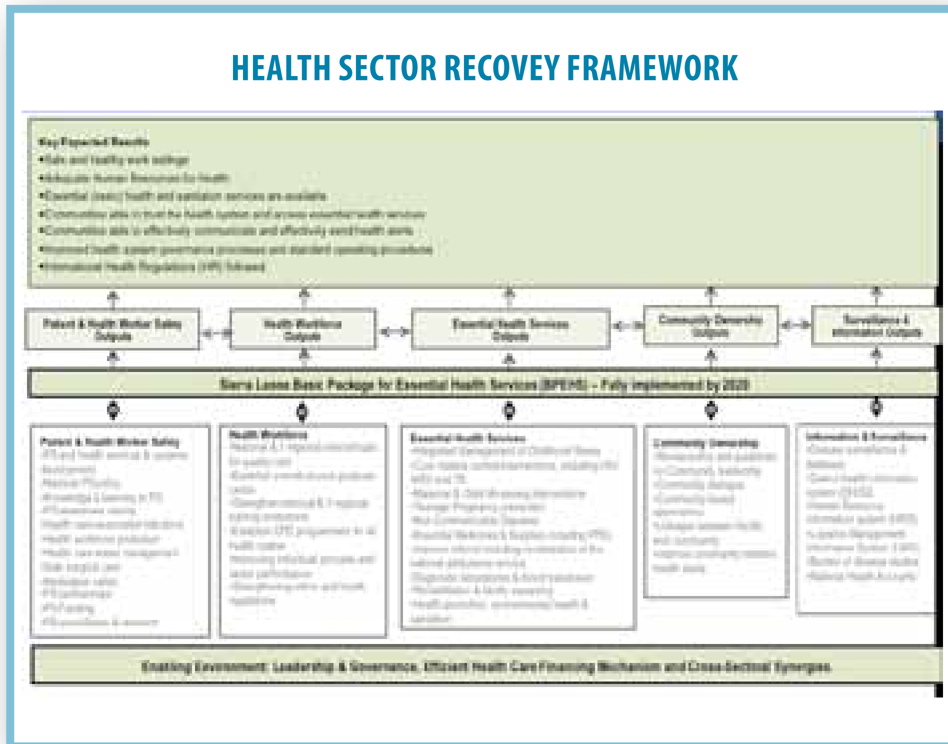
Inadequate health technologies (medicines, supplies, laboratory) & weak supply chain management (quality & quantity).

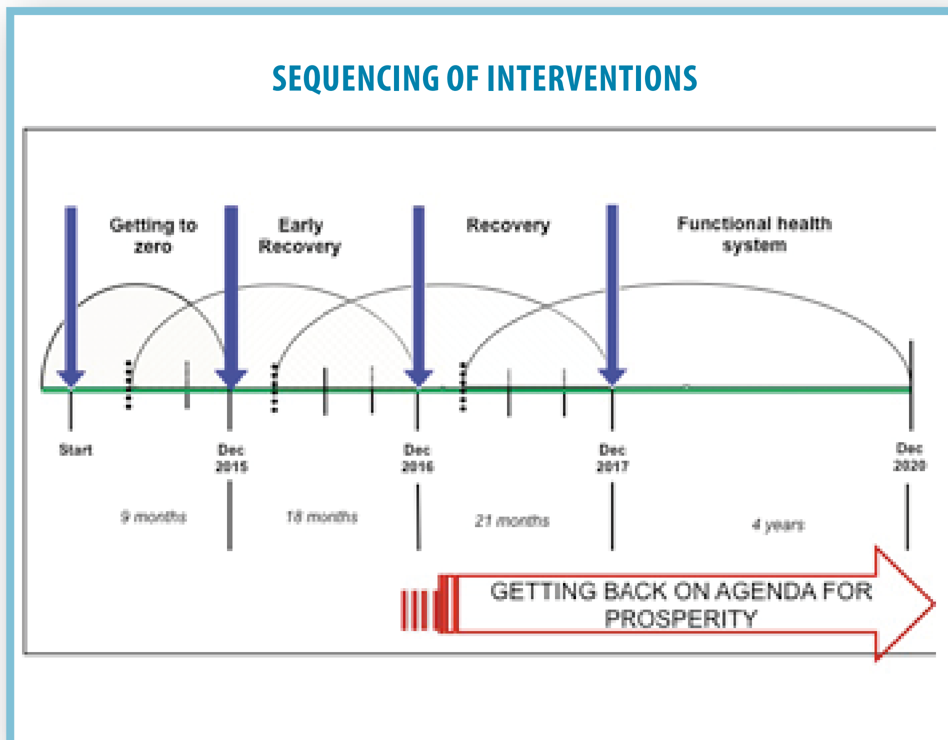
Ineffective referral system.

Poor institutionalization of quality assurance programmes.

Weak coordination.

Lack of community ownership in health service delivery.


HEALTH SECTOR RECOVEY FRAMEWORK


SEQUENCING OF INTERVENTIONS
Getting to zero
Early Recovery
Recovery
Functional health system
Start
Dec 2015
Dec 2016
Dec 2017
Dec 2020
9 months
18 months
21 months
4 years
GETTING BACK ON AGENDA FOR PROSPERITY

KEY PRIORITIES FOR 6-9 MONTHS (UNFUNDED)

	Expected outcomes	Funding gap (USD million) 6-9 months	Funding gap (USD million) Year 2016
Health	**Ensure that 40 hospitals and 1,224 primary health care facilities are safe and have capacity to provide essential health care** • Zero cases of health care facility acquired Ebola • Children and mothers receive free essential healthcare • TB, HIV and Malaria patients will return to long term treatment • 3,500 Ebola survivors receive free care and support	79 28.3% of total	–
	Bring all kids back to school, maintaining safe and actively learning • Maintain zero cases in schools • Enroll all students back to school • Accelerate learning	46	69
	Support vulnerable groups and establish sustainable social welfare • Deliver income/support to 150,000 households and 36,500 EVD-affected • Increase capacity of government MIS to drive anti-poverty initiatives • Build capacity in districts to provide long term social welfare support	78.2	80.8
	Draw 100,000+ subsistence farmers/unemployed into the formal economy • Support 100,000 farm families to plant, reap and sell bumper crop in 2015 • Help SMEs and small traders with affordable finance • Community-led cash for basic infrastructure work for roads, WASH, etc	67	11+
	Build delivery and accountability architecture, systems and capacity • Monitor programs, resolve issues and ruthlessly communicate results • Create governance and drive financial oversight and mutual accountability • Drive productivity, transparency and accountability through reform	9.4	7.2
		279.6	168 +

HEALTH SECTOR PRIORITIES (6-9 MONTHS)

	Key initiatives	Target impact	Funding gap (USD million) 6-9 months	Funding gap (USD million) Year 2016
Health care safety	**Ensure patient and health care worker safety:** 1. Assure effective IPC at health care units 2. Establish triage/isolation in all hospitals and CHC including referral capacity 3. Implementation of integrated disease surveillance and response at HCU, District and national levels 4. Support IPC with improvements to WASH, laundry and waste disposal at HCUs 5. Implement a continuous improvement program for IPC	• Zero cases of HCF-acquired Ebola • All EVD suspect cases identified, reported to district/public health authority and referred correctly for treatment • Enable good IPC by improving WASH • Improve IPC through compliance monitoring	31	–
Essential health services	**Restore the critical elements of the basic package of essential health service:** 1. Restore critical RNMCH services safely 2. Conduct intensive targeted immunization campaigns 3. Provide free health care to adults with malaria and recapture defaulted TB and HIV patients 4. Audit and reform HR and supply programs 5. Provided free health service for 3500 Ebola survivors		48	–

INTERVENTIONS IN THE MEDIUM TERM

Essential Health Services	• Strengthen communicable and non-communicable diseases control with strong emphasis on surveillance and response at all levels • Establish demand-driven essential medicines list supply system • Strengthen laboratory diagnostic and imaging services capacities, improve safe transfusion and emergency services, • Improve support and enabling environment for BPEHS delivery • Revitalize the national ambulance service and improve referral system
Health Workforce	• Increase district/facility skilled workforce with emphasis on underserved areas and community-based delivery • Stop gap with Foreign Medical Teams – strengthening training at medical school • Establish and deliver in-service health worker training package on Sierra Leone BPEHS

Note: All the interventions listed are further described in the Sierra Leone health sector recovery plan (2015 – 2016). An example follows..

INTERVENTIONS IN THE MEDIUM TERM…

Community Ownership	• Ensure community groups of key stakeholders (dialogue structures including women and youth) and networks are established and systematically engaged in BPEHS implementation • Ensure key community groups and networks are engaged in community surveillance, case investigation and other key operational events • Ensure key policies, strategies and guidelines on community engagement are developed to support the implementation of the BPEHS • Explore community based approaches (CBAs) to deliver health care- with a strong health promotion and prevention component
Information & Surveillance	• Implement integrated disease surveillance and response systems (including Ebola) • Establish a functional national laboratory network with increased capacity of quality assessment, information system, and supervision • Strengthen health information system

IN THE LONGER TERM…

Universal health coverage

- Expand Free Health Care
- Develop and implement National Health Insurance
- Community Based Approaches to health care service provision (including review of HCWs policy and training

PBF (Plus + Normal)

- Support piloting of PBF Plus in one district (Bombali)
- Accelerate implementation of PBF in other districts
- Improve operations for PBF and unlock bottlenecks

Governance structures

- Improve leadership & Management
- Improve performance management and development system in health

Cross Sector collaboration

- Line Ministries
  - Energy
  - Education
  - Water Resources
  - Social Welfare, Gender and Children's Affairs

Full Implementation of the Basic Package

INDICATORS…

Patient & Health Worker Safety

- Percentage of health facilities safely reactivated by end of 2015
- Percentage of health facilities compliant with infection prevention and control measures
- Number of regulatory documents and procedures, guides developed

Health Workforce

- Percentage increase in skilled health workforce at all levels with special focus outside Western Area
- Percentage of total workforce trained on the Basic Package of Essential Health Services

Essential Health Services

- Percentage of 1 year-old children fully immunized
- Percentage of births attended by a skilled health personnel
- Percentage of children under five who are underweight
- Percentage of PHUs reporting uninterrupted supply of tracer drugs
- Percentage of children under 5 years with confirmed diagnosis out of those who receive ACT according to National Guidelines in the Health facility.
- Percentage of public health laboratory and blood transfusion services and systems that are functional

INDICATORS

Community Ownership

- Percentage of chiefdoms with functional community structures
- Annual citizen satisfaction survey progress report
- Availability of policies, strategies and guidelines on community level implementation.
- Percentage of targeted villages with at least one CHWs delivering iCCM in the health workforce

Information & Surveillance

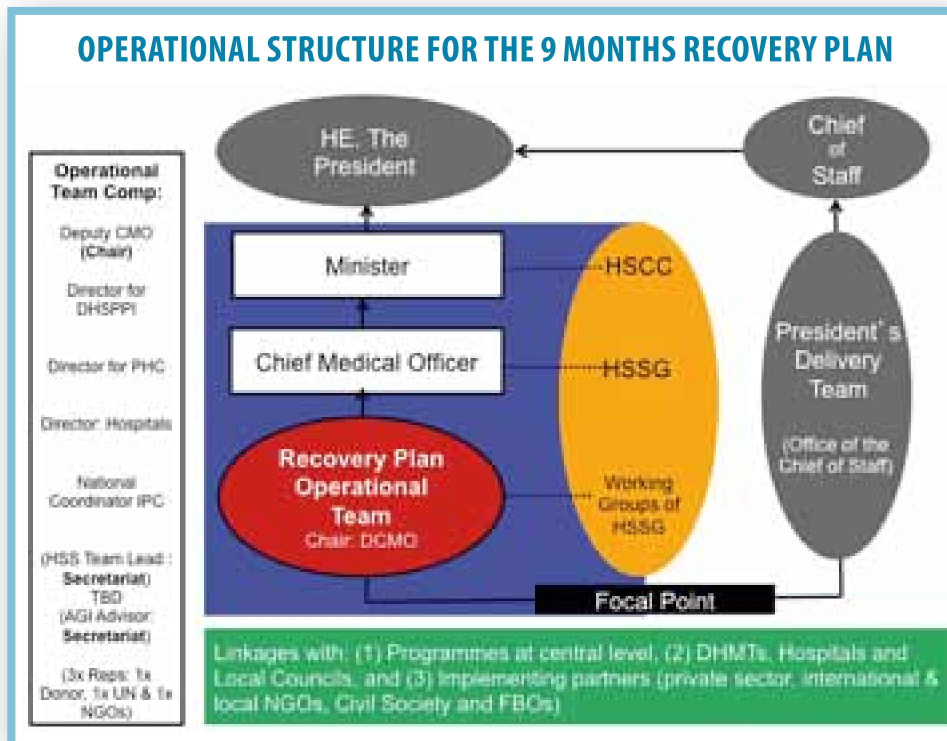
- Percentage of districts which are IDSR compliant
- Percentage of laboratories participating in national EQA programme, and of laboratories supervised
- IHR compliance annual report
- % of monthly HIS reports submitted on time by PHUs to districts

COORDINATION MECHANISMS

- HSCC (Health Compact, 2011)
  - National ownership + mutual accountability
  - Lead role of the MOHS, with partner support
  - Use of national structures (help us establish them or strengthen existing)
- HSSG – all working groups
  - Operational Team (linked to Delivery Team in the OP)
- Ministry Directorates and Programmes will be at the forefront
- Health Implementing Partners - including technical agencies, international and local NGOs
- DHMTs and local councils – Service Level Agreement (SLAs) with partners intending to work in their district. Central level monitors progress

"The world has enough for everybody. What the world doesn't have enough for is the greedy" **Mahatma Ghandi**

"To build functional and resilient national and sub-national health systems that deliver safe, efficient and high quality health care services that are accessible, equitable and affordable for all Sierra Leoneans"



IMPLEMENTATION ARRANGEMENTS

- **Integrated Health Project Administration Unit (IHPAU)** – Management of Donor funds
- **National Pharmaceutical Procurement Unit (NPPU)** - Will be responsible for the procurement supply management (PSM)
- **M&E** - An M&E framework has been developed to monitor progress in the implementation to achieve desired results
- Health Management Information System (HMIS) – This includes the DHIS, HRIS,LMIS focusing on health facility forms, Human resources and Logistics management

"To build functional and resilient national and sub-national health systems that deliver safe, efficient and high quality health care services that are accessible, equitable and affordable for all Sierra Leoneans"

RISK ANALYSIS AND MITIGATION

RISK	MITIGATION MEASURE/S
Recurrence of EVD	• Strengthening surveillance system that includes an early warning system
Insufficient Funding	• Early engagement of donors, UN and NGOs to access to funding • Work with MOFED & partners to increase domestic financing • Step up efforts on operational efficiency
Implementation delays at the district level	• Empowering districts for increased district-level implementation • Develop a mechanism to fast track fund flow from central to district level
Partners misaligned with the plan	• SLAs will be introduced, with operational areas and targets to be measured agreed ahead of implementation
Unforeseen economic crisis	• Government of Sierra Leone will engage relevant stakeholders to plan for a contingency fund. A regional fund is already being discussed at the MRU level.

"To build functional and resilient national and sub-national health systems that deliver safe, efficient and high quality health care services that are accessible, equitable and affordable for all Sierra Leoneans"

BUDGET

COSTING: BASELINE (ONE HEALTH TOOL)

Summary costs (United States Dollars) - SIERRA LEONE HEALTH SYSTEM RECOVERY & RESILIENCE PLAN [illegible]

Total costs	2015	2016	2017	2018	2019	2020	Total
Total Programme Costs	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Medicines, commodities, and supplies	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Logistics	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Health Information Systems	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Governance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Subtotal	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Human Resources	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Subtotal	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Infrastructure	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Grand Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

59% on Drugs, Medical Supplies & related logistics

COSTING: MODERATE (ONE HEALTH TOOL)

Summary costs (United States Dollars) - SIERRA LEONE HEALTH SYSTEM RECOVERY & RESILIENCE PLAN [illegible]

Total costs	2015	2016	2017	2018	2019	2020	Total
Total Programme Costs	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Medicines, commodities, and supplies	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Logistics	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Health Information Systems	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Governance	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Subtotal	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Human Resources	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Subtotal	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Total Infrastructure	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Grand Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

51% on Drugs, Medical Supplies & related logistics

COSTING: AGGRESSIVE (ONE HEALTH TOOL)

Summary costs (United States Dollars) - SIERRA LEONE HEALTH SYSTEM RECOVERY & RESILIENCE PLAN Aggressive Skilled							
Total costs	2015	2016	2017	2018	2019	2020	Total
Total Programme Costs	$8,793,550	$7,354,047	$5,531,337	$6,300,902	$4,753,181	$3,984,867	$36,717,383
Total Medicines, commodities, and supplies	$79,615,485	$46,914,273	$53,442,287	$57,291,358	$61,233,971	$66,266,527	$333,174,900
Total Logistics	$26,478,101	$26,339,777	$26,405,338	$26,675,688	$24,750,238	$26,830,304	$159,880,144
Total Health Information Systems	$6,189,589	$2,233,536	$3,708,891	$3,577,921	$2,464,553	$3,246,100	$21,420,089
Total Governance	$36,337	$40,882	$46,673	$47,391	$48,436	$45,115	$264,853
Subtotal	$81,112,581	$81,123,014	$91,335,721	$92,891,262	$95,540,699	$102,473,113	$546,477,393
Total Human Resources	$26,585,765	$28,496,758	$35,491,302	$42,544,181	$44,455,174	$44,619,818	$222,193,199
Subtotal	$26,585,765	$28,496,758	$35,491,302	$42,544,181	$44,455,174	$44,619,818	$222,193,199
Total Infrastructure	$13,526,885	$24,694,393	$28,794,494	$22,586,412	$21,306,600	$3,320,629	$114,444,443
Grand Total	$121,225,231	$136,313,145	$155,621,721	$158,023,818	$161,302,473	$150,426,589	$883,115,034

55% on Drugs, Medical Supplies & related logistics

AVAILABLE/COMMITTED FINANCIAL RESOURCES AND GAPS FOR 9 MONTHS PLAN

Health $ Million					
	BUDGET, 119	GOSL, 4	PARTNERS, 74	GAP, 41	
IPC, triage and isolation	29.8	0	21.0	8.6	
IDSR – disease surveillance	1.3	0	1.3	0	
Water and sanitation	10.5	0	8.9	1.6	
RMNCH	30.8	0	19.8	11	
EPI – immunization	10.7	0	10.7	0	
HIV, TB, Malaria	6.4	0	3.1	3.3	
EVD Survivors	3.7	0	0.1	3.6	
Supply chain & logistics	22.0	3.0	8.6	12.4	
HRH	3.0	1.0	1.0	1.0	

NEXT STEPS

- Feedback and stakeholder consultation to validate priorities
- In –country financing dialogue process to continue post Accra for early, medium to long term plan
- Development of proposals/reprogramming/ concept note development

ANNEXE 2

GROUP WORK I

PRIORITY AREAS

ANNEX 2.1

Group Work I

PRIORITY AREAS

GUINEA

GROUP WORK I
AREAS OF WORK & PRIORITIZATION

COUNTRY: GUINEA

REPORT BACK

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND OTHER PARTNERS' FUNDING

9-11 June 2015 – Accra, Ghana

DOMAINES PRIORITAIRES CLÉS

Domaines	Priorités
1: Elimination de la Maladie à Virus Ebola (Lutte intégrée contre la maladie)	• Surveillance épidémiologique (SMIR, RSI) • Prévention et Contrôle des Infections (PCI)
2: Amélioration de la performance du système de santé de district	• Système de soins et services de qualité ✓ Mise à l'échelle des paquets de soins et services intégrés, de qualité et centrés sur la personne dans le cadre de la CSU (niveaux communautaire, poste de santé, centre de santé, hôpital de district) : Interventions à haut impact ✓ Prévention et Contrôle des Infections

DOMAINES PRIORITAIRES CLÉS

Domaines	Priorités
2: Amélioration de la performance du système de santé de district	• **Amélioration de la gestion du district sanitaire** ✓ Système d'approvisionnement (ME, sang et équipements) ✓ Infrastructures y compris Labo ✓ Système de de gestion des RHS (Renforcement des capacités, Recrutement des prestataires de santé et ASC, fidélisation) ✓ Système d'information sanitaire et de redevabilité (surveillance épidémiologique, renforcement des capacités du SNIS, Suivi Evaluation, supervision intégrée, Revues sectorielles santé, audits & contrôle, DHIS) ✓ Système de gestion financière (FBP/PBF, Procédures de gestion fiduciaire, Fonds d'achat CSU); ✓ CPCSS, Contractualisation des activités à base communautaire à la société civile, aux privés et aux ASC

DOMAINES PRIORITAIRES CLÉS

Domaines	Priorités
3. Amélioration de la gouvernance globale du secteur de la santé	• Amélioration de la gouvernance de la région sanitaire • Soutien à la mise en œuvre du paquet de soins et services intégrés, de qualité et centrés sur la personne dans le cadre de la CSU ✓ Système de de gestion des RHS (Renforcement des capacités) ✓ Système d'information sanitaire et de redevabilité (surveillance épidémiologique, renforcement des capacités du SNIS, Suivi Evaluation, supervision intégrée, Revues sectorielles santé, audits & contrôle, DHIS) ✓ Système de gestion financière (FBP/PBF, Procédures de gestion fiduciaire, Fonds d'achat CSU); ✓ CRCSS

DOMAINES PRIORITAIRES CLÉS

Domaines	Priorités
3. Amélioration de la gouvernance globale du secteur de la santé	Amélioration de la gouvernance du niveau central ✓ Système d'approvisionnement (ME, sang et équipements) ✓ Infrastructures y compris Labo ✓ Système de de gestion des RHS (Renforcement des capacités, Recrutement des prestataires de santé et ASC, fidélisation) ✓ Système d'information sanitaire et de redevabilité (surveillance épidémiologique, renforcement des capacités du SNIS, Suivi Evaluation, supervision intégrée, Revues sectorielles santé, audits & contrôle, DHIS) ✓ Système de gestion financière (FBP/PBF, Procédures de gestion fiduciaire, Fonds d'achat), ✓ CCCSS, Contractualisation des activités à base communautaire à la société civile, aux privés et aux ASC

FINANCEMENT DU PLAN DE RELANCE ET DES PRIORITES

FINANCEMENT DU PLAN RELANCE ET DES PRIORITÉS

DOMAINES PRIORITAIRES	PRIORITES DU PLAN DE RELANCE	BUDGET	Priorités à financer	BUDGET
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	TOTAL DISTRICT	[illegible]		[illegible]
	Total	[illegible]		[illegible]

FONDS DISPONIBLES ANNONCÉS PAR PARTENAIRES (1)

Partenaires	Fonds Disponibles	GAP de financement
GVT	200 326 438	
FM	124 938 313	
GAVI	3 336 332	
UNICEF	27 904 000	
OMS	67 211 481	
BM	78 020 000	
UNFPA	12 085 048	
Fonds Saoudien	26 400 600	
BID	34 614 531	
PAM	118 68 969	
JICA	432 000	

FONDS DISPONIBLES ANNONCÉS PAR PARTENAIRES (2)

Partenaires	Fonds Disponibles	GAP de financement
ONUSIDA	528 000	
Fonds Franç	2 253 723	
USAID/PMI	37 500 000	
Union Euro	27 374 323	
Autres	1 099 614	
MONTANT TOTAL	**655 893 372**	**640 123 675**

GAP PAR PRIORITÉS

Domaines	Priorités	GAP	Source Financement
EBOLA		113 875 000	Banque Mondiale, BAD, BID, CDC
DISTRICT	PMA	101 500 000	GAVI, UE, OMS, UNICEF
	PCI	30 000 000	USAID
	Surveil Epi	40 000 000	OMS
	Infrast/Equi/lab	153 291 676	BID
	Médicaments	95 550 000	UNICEF, UE, BM
	RHS	31 530 000	BM
	SNIS	1 200 000	UE, OOAS
	Financement	50 000 000	BM
GOUVERNANCE	Régional	18 410 000	BM
	National	74 697 000	BM

BESOINS EN ASSISTANCE TECHNIQUE

N°	Domaines	Expertise	Court Terme	Moyen Terme	Long Terme
	Elaboration des plans trienaux et des PAO des districts et régions	**Consultants (4 experts, 1 par région naturel**	juin- juillet 2015		
	Elaboration du CDMT	**Expert SM (consultants 2 mois)**	juin - juillet 2015		
	Elaboration du Plan national suivi/ evaluation du PNDS	**Experts SIS OMS HQ (2 à 3 missions)**	juillet -Aout 2015		
	Evaluation conjointe (JANS)	**Consultants (2 mois)**	Sept – Oct 2015		
	Compact national		Nov-2015 -Dec 2015		
	Manuel de procédures de gestion financière			janv 2016	
	Elaboration des Propositions GAVI des notes conceptuelles Fonds mondial	**Consultants (2experts, 4 mois)**	juin-octobre 2015		

RECOMMENDATIONS/DOMAINES PRIORITAIRES

RHS:

- ✓ **Mettre en place des mécanismes d'incitation pour la fidélisation des professionnels de santé dans les zones éloignées et difficiles d'accès; PBF/FBP**

PCI:

- ✓ **Inclure la PCI dans le paquet de services de santé intégrés à tous les niveaux du système national de soins**

ANNEX 2.2

Group Work I

PRIORITY AREAS

LIBERIA

GROUP WORK I
AREAS OF WORK & PRIORITIZATION

COUNTRY:
LIBERIA

REPORT BACK

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND OTHER PARTNERS' FUNDING

9-11 June 2015 – Accra, Ghana

TOP PRIORITES & CROSS-CUTTING ISSUES

1. Health workforce
2. Health Infrastructure
3. Emergency Preparedness Response
4. Health Information System and Surveillance
5. Medical supplies and diagnostics
6. Health care financing
7. Leadership and Governance
8. Community engagement
9. Quality health services

PRIORITY AREAS	CROSS CUTTING ISSUES			
Health Workforce	Community Health Workers capacity development and motivation	Strengthening Regulatory Authority for QA	Pre-service and In-service Training	Health workers motivation (ie: Top up incentive, accommodation, etc)
Health Infrastructure	Infection Prevention and Control (ie: waste management, isolation wards, etc)	Utilities (water, electricity, etc)	Up-grading existing laboratories and facilities	Storage facilities (ie: drug depots, etc)
Medical Supplies and Diagnostics	Strengthening the Liberia Medicines and Health Products Regulatory Authority (LMHRA) for QA	Procurement of New innovative diagnostics equipment	Strengthening the National Drug Service (NDS)	Up-grade Medicines QA Laboratory
Epidemic Preparedness Response	Strengthen National Reference Lab	Establish 4 Regional Labs		
Health Information System and Surveillance	Strengthen and harmonize health information systems (ie: LMIS, IHRIS, HMIS, etc)	Strengthen Operational Research Capacity	Establish electronic patients records system	

PRIORITY AREAS	CROSS CUTTING ISSUES			
Community Engagement	Strengthen Community Health systems and structures			
Leadership and Governance	Strengthen County and district health teams			
Health Financing	Establish health Equity Fund and ensure financial risk protection	Establish and expand performance based financing		

PARTNERS ALLOCATION OF RESOURCES – BROAD DIRECTIONS

Areas	Projected Cost	Partners	Available	Gap	Donor mapping gaps
Health workforce	406,171,447	GF, HSPF, USAID, WB, CDC	70,634,411	335,537,036	GF, GAVI
Infrastructure	115,458,196	WB, CDC, SDC, IDB, USAID	25,497,475	89,960,721	
EPR	33,385,622	USAID, SDC, IDB, WB, CDC	13,878,720	19,506,902	GF, GAVI
HIS and surveillance	1,730,969	GF, WB, USAID	10,425,000	-8,694,031	GF, GAVI
Medicines Supplies and diagnostics	58,006,089	GAVI, EU, GF, SDC, UNICEF, PF, UNFPA, WB, WHO, CDC	56,162,306	1,843,783	GF, GAVI
Health care financing	4,690,551	USAID, WB, GF	2,750,000	1,940,551	
Community engagement	4,645,173	EU, USAID	12,460,000	-7,814,827	
Quality health service delivery	110,898,928	USAID and CDC,	100,502,704	10,396,224	GF, GAVI
Governance and Leadership	7,195,002	USAID	29,770,000	-22,574,998	

RECOMMENDATIONS/PRIORITY AREAS

Liberia aims at responding to the recognized needs (gaps) through GAVI and GF support in the following major areas:

1. **Build a fit-for-purpose productive health workforce that is appropriately motivated;**
    1. Strengthen health workforce management (motivation, retention, pre-service and in-service training and health workforce information systems
2. **Health information systems and M&E**
3. **Procurement and logistics supplies systems**
4. **Quality health service delivery systems**

GAVI/GF SUPPORT: COST-RESULT LINKS

1. Expansion of EPHS
    1. Improved immunization coverage
    2. Reduced incidence of HIV and TB
    3. Reduced deaths due to malaria
2. Ensure availability of a motivated health workforce
3. Ensure comprehensive, integrated HIS and surveillance systems

ANNEX 2.3

Group Work I

PRIORITY AREAS

SIERRA LEONE

GROUP WORK I
AREAS OF WORK & PRIORITIZATION COUNTRY:

COUNTRY:
SIERRA LEONE

REPORT BACK

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND OTHER PARTNERS' FUNDING

9-11 June 2015 – Accra, Ghana

OUTLINE

- Top Priorities
- Partners allocation of resources – Broad directions
- Remaining Gaps
- Recommendations

TOP PRIORITIES: HIV

- Intensive defaulter tracing
- Re-establishing services at HF level with focus on the Key Populations
- Strengthening outreach services
- Universal access
- Reducing stigma index

CH/EPI

- Improve uptake of Immunization Service through nationwide catch up Campaigns for all antigens in children less than 2 years, and conduct quarterly PIRI in priority districts.
- advocacy and Communication
- Coordination and Programme Management
- Data Management
- Refresher Training of Staff to accelerate EPI service delivery (IIP)
- Monitoring, Evaluation and Supportive Supervision
- Improve Logistics and Cold chain Management at National and district levels

MALARIA

- Community education, sensitization, and mobilization for malaria
- Capacity building for health staff
- Development and pinting of strategic malaria documents
- Procurement
- Distribution of supplies

TB

- Defaulter and contact tracing
- Quality inpatient and outpatient care
- Quality laboratory services
- MDR

RMNCAH

- Develop and review of FP Policy/Strategy, Technical Guideline and Action Plan
- Development of Human Resource Capacity: Training of HCWs on Reproductive Health interventions
- Development of Systems for Improving Performance in family planning: Logistic support, monitoring and supervision, FIT assessment
- Develop, review of Policy/Strategy, Technical Guideline and Action Plan on EmONC
- Development of Human Resource Capacity in EmONC: training of HCWs on EmONC
- Development of Systems for Improving Performance in EmONC: Upgrading of Health facilities to become EmONC Compliant, expanding access to free EmONC services.

HSS CROSS CUTTING PRIORITIES

- Setting up and implementation of the M and E Framework for the recovery and resilience plan
- Strengthening of Governance and Coordinating structures at the National and District Levels
- Strengthening of the HMIS (DHIS, LMIS, HRIS, IDSR)
- Creating enabling environment for the implementation of the Basic package of Essential Health Services- Improvement in Health infrastructure and amenities.
- Strengthen Patient and Health worker safety in Health facilities: IPC and WASH
- Support to the procurement supply management system
- Support to performance based financing
- Support to laboratory and Blood Services

PARTNERS ALLOCATION OF RESOURCES – BROAD DIRECTIONS

Global Fund

- Early recovery - Ongoing grants of 20 million available for 2015 (TB/ HIV/Malaria/HSS).
- This includes support to the health workforce (5m per year) and supply chain support (3m over 3 years)
- Reprogramming process ongoing for HIV.
- $ 80 million is the ceiling for 2016 -2017. Budget split to be through a country dialogue process
- Flexibility for accessing new funding starting January, 2016. Request for new funding to be submitted by 31st July 2015
- Budget split discussion will continue at country level (Country dialogue process)
- TA could be provided for the country

PARTNERS ALLOCATION OF RESOURCES – BROAD DIRECTIONS

GAVI comments:

- Short term: Re-programming has already been done for EPI
- 12 – 18 months plan has been approved for EPI and funds will be transferred soon.
- The longer term support will depend on when the country is ready to submit the request.
- Timing of the request not subject to the standard windows
- Subsidies will be provided for state of the art cold chain equipment: maintenance and human resources capacity building component incorporated in addition to procurement of cold chain

PARTNERS ALLOCATION OF RESOURCES – BROAD DIRECTIONS

GAVI contd…..

- TA could be provided to support development of proposals
- Possibility of a joint fiduciary arrangement with other partners like Global Fund to avoid duplication
- Need for investment in highly skilled supply chain management personnel
- Flexibility of GAVI :Sierra Leone Government Co-financing in the area of vaccines procurement has been waved off for 2 years
- Need to coordinate/ integrate supply chain management system across programs
- The ceiling for HSS has been doubled ($16 Million). The country needs to agree on when they need to submit proposal for this funds

RESOURCES – BROAD DIRECTIONS

World Bank

- IHPAU creation to be a priority to build capacity to absorb resources and for donor confidence
- Accountability through IHPAU – is a unit for accountability and will help in management of resources both donor and domestic funds

- Requirements for IHPAU include

➢ Finance and Procurement Management specialists to be recruited+ Internal Audit (5 positions are needed)

➢ Automated accounting system: producing one statement of account for all donors including the MoHS

➢ Could be audited together by the auditor General

➢ The chart for accounts of the Gov. to be used in the system

REMAINING GAPS (AREAS/AMOUNTS) FOR 9 MONTHS PLAN

Health $ Million	BUDGET, 119	GOSL, 4	PARTNERS, 74	GAP, 41
IPC, triage and isolation	29.8	0	21.0	8.6
IDSR – disease surveillance	1.3	0	1.3	0
Water and sanitation	10.5	0	8.9	1.6
RMNCH	30.8	0	19.8	11
EPI – immunization	10.7	0	10.7	0
HIV, TB, Malaria	6.4	0	3.1	3.3
EVD Survivors	3.7	0	0.1	3.6
Supply chain & logistics	22.0	3.0	8.6	12.4
HRH	3.0	1.0	1.0	1.0

The gap above is for the short term. Details could be found in the comprehensive plan. The gap for the 5 years plan is still being developed (2016 -2020).

RECOMMENDATIONS

- Prioritize setting up of IHPAU for donor confidence
- Need to build on capacity to absorb funding: Recruitment and training of highly skilled PSM and finance management personnel
- Proposed an automated accountability system (common accounting and auditing system for all donor funds.
- Finalize technical assistance for reprogramming needed for GF and request for GAVI
- Request for New funding for the Global funding to be submitted preferably against 31st July.
- Country dialogue and cross programme engagement to consolidate consensus on cross cutting priorities
- Focus on integrated supply chain management system

- Current priorities on in-depth analysis based on the lessons learnt from the EVD out break
- PFM Strategy through the Ministry of Finance could be replicated in Sierra Leone especially lessons learnt from other countries.

ANNEXE 3

GROUP WORK II
MODALITIES OF SUPPORT
AND OPPORTUNITIES
FOR INTEGRATION

ANNEX 3.1

Group Work II

MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION

GUINEA

GROUP WORK II
MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION

COUNTRY:
GUINEA

REPORT BACK TO PLENARY

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND OTHER PARTNERS' FUNDING

9-11 June 2015 – Accra, Ghana

Thématique : Mécanisme de mise en œuvre efficiente

Forces	Faiblesses	Recommandations	Opportunités	Besoins AT
Coordination				
Existence d'une coordination nationale du secteur santé (CSS), avec un secrétariat technique	- Faible fonctionnalité de la coordination - Manque de ressources (financières, matérielles) pour le fonctionnement - Absence de représentativité des partenaires techniques et financiers - Absence de comité de sages de santé	- Doter des ressources (financières, matérielles) pour le fonctionnement du secrétariat - Réviser les TDR de la coordination pour une meilleure fonctionnalité - Faire un plaidoyer des PTF auprès du MS pour la tenue régulière des sessions - Mettre en place un comité de sage comprenant des personnes ressources du MS et des anciens fonctionnaires du SNU et nationaux - Mise en place d'une plateforme au niveau programmes élargie aux activités communautaires - Renforcement des capacités des équipes de districts	- Intégration des paquets d'activités au niveau des structures de soins - Existence de partenaires - Existence d'un plan de relance du secteur santé 2015-2017 centré sur les districts - Existence d'un paquet de service qui intègre les différents programmes	-
Existence d'une coordination de PTF du secteur santé	Absence de partenaires nationaux aux réunions	Faire participer selon les thématiques des cadres nationaux aux réunions de PTF	Existence d'une coordination du système des nations Unies	
Bonne marche des coordinations thématiques ([illegible], CCM, CCIA-PEV, SNRA)	Faiblesse de concertation nationale entre les entités	Intégrer les sous-coordinations à la coordination nationale		Besoins d'AT pour un intégration des programmes et projets de santé
Coordinations Nationales lutte contre les maladies	Verticalisation de la lutte	Mettre en place un plan de collaboration entre les programmes de lutte contre les maladies	Existence d'une coordination nationale des programmes et projets	

Système de gestion financière

Forces	Faiblesses	Recommandations	Opportunités	Besoins AT
Engagement financier de l'Etat	- Allocation faible du BND - Faible absorption de fonds - Retard dans le décaissement des fonds vers le niveau déconcentré	- Augmenter l'allocation budgétaire - Accélérer les procédures de décaissement - Améliorer la capacité d'absorption des fonds alloué - Rendre autonome les districts - Préconiser le financement de paquet d'activités dans le district sanitaire - Redynamiser le système de recouvrement de coût	- Existence de plusieurs sources de financement - Existence d'un projet de fonds d'achat de prestation dans le plan de relance du système de santé - Existence d'une politique de décentralisation de la gestion financière	Renforcement de la capacité de gestion financière et de redevabilité au niveau district
Engagement financier des partenaires	- Procédures de décaissement contraignant - Difficultés de décaissement - Multiplicité de procédures de financement - Non alignement des partenaires	- Alléger les procédures de décaissement - Améliorer la capacité financière des districts - Renforcement et/ou mise en place des unités de gestion financières à tous les niveaux		

Système d'approvisionnement

Forces	Faiblesses	Recommandations	Opportunités	Besoins d'AT
Existence d'une Direction nationale des Pharmacies et des Laboratoires dotée d'une politique pharmaceutique	- Existence d'un marché parallèle - Prolifération de grossistes pharmaceutique	- Renforcer la lutte contre la vente illicite de médicaments - Réglementer la fonction de grossiste - Réglementer la politique de don de médicaments		Renforcement du système d'approvisionnement
Existence d'une centrale d'achat et d'approvisionnement, la PCG avec des Dépôts régionaux avec une autonomie de gestion	- Absence d'achat groupé - Faiblesse de financement - Faible capacité de stockage - Faible capacité de logistique de transport et de distribution	- Mettre en place un mécanisme d'achat groupé au niveau national - Renforcer les capacités de stockage et logistique de la PCG	Existence d'une centrale régionale au niveau de l'OOAS pour les Etats de la CEDEAO	Analyse du renforcement des capacités de gestion de la PCG
Existence d'un service d'achat au niveau de l'UNICEF	- Gestion centralisée au niveau UNICEF - Insuffisance dans la quantification	- Rediscuter de la quantification avec le niveau national - Faire participer le niveau national à la gestion		
Participation au mécanisme d'achat groupé (VPP) du Fonds mondial	Durée longue de livraison	Revoir à la baisse durée de livraison		

Système d'information sanitaire				
- Existence du SNIS doté d'outils de gestion - Cadre de Suivi-évaluation relié au plan de relance - Existences des Revues à tous les niveaux	- Défaillance du système d'information sanitaire - Multiplication des sous système - Faiblesse de ressources humaines - Faible mise en œuvre des stratégies pour le développement du SNIS	- Renforcer le niveau décentralisé du SNIS - Recrutement et formation des agents du SNIS - Redynamiser les systèmes de monitorage et revues trimestrielles et semestrielles - Mettre en place le système d'information stratégique du district	Existence de DHIS	Renforcement du SNIS pour développer les besoins actuels

Participation communautaire				
- Existence d'une Direction Nationale de la Prévention et Santé Communautaire au niveau du MS dotée d'une politique et un plan de santé communautaire - Existence d'un Comité de Gestion au niveau des Centres de Santé - Existence de comité de veille EBOLA - Existence des textes de participation communautaire (Code de collectivité décentralisée) - Structuration de la société civile	- Faible implication des associations professionnelles de santé - Relâchement d'activités des COGES - Fragmentation de la plateforme d'intervention des agents communautaires - Non application du code de collectivité - Multiplicité des groupes de sociétés civiles	- Implication des socio-anthropologues sur les questions de santé - Implication de la médecine traditionnelle - Renforcer la coordination de la gestion des agents communautaires - Relancer les équipes cadre du district - Renforcer la plateforme de la société civile pour le soutien à la santé		- Bilan des expertises fournies - Elaborer les TDR pour déterminer les volets d'assistance technique

ANNEX 3.2

Group Work II

MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION

LIBERIA

GROUP WORK II
MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION

COUNTRY:
LIBERIA

REPORT BACK TO PLENARY

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND OTHER PARTNERS' FUNDING

9-11 June 2015 – Accra, Ghana

COORDINATION MECHANISMS WEAKNESSES - ACTION POINTS

Strengths	Weaknesses	Actions
Presence of Coordination mechanisms at National and County Levels	• Multiple coordination mechanisms • Poor coordination of investments • Poor cross border coordination with neighboring countries	• Plan to rationalize coordination mechanisms • Strengthen national and county levels coordination mechanisms • Synchronize investments across different areas to ensure they are ready as needed • Limit investments require other investments that are not progressing as planned • Develop Cross Border Coordination Plan for disease surveillance
National Level: HSCC (chaired by the Minister of Health), HCC (chaired by the Chief Medical Officer), LCM, ICC, IMS, Pool Fund Steering Committee, etc		
County Level: Health Sector Coordination Committee chaired by County Health Officer		

PROCUREMENT WEAKNESSES & ACTION POINTS

Strengths	Weaknesses	Actions
• Central Procurement Unit for non medical products procurement • National Drug Service for medical products procurement • National Public Procurement Concession Committee (PPCC): procurement regulatory authority • Supply Chain Technical Committee	• Centralized procurement system • Limited capacity: (human, logistics, etc) • Inadequate coordination of supply mechanism (decentralized levels) • Inadequate storage facilities (warehouses) at the 3 levels, • Weak Logistics Management Information System (LMIS) • Limited forecasting capacity for quantification of essential medicines and supplies • Erratic supervision • High attrition rate of staff	• Strength cold chain facilities • Construct 4 regional warehouses • Strength NDS capacity (ie: HR, management, logistics, storage, distribution, etc) • Build staff capacity • Improve LMIS

FINANCIAL ARRANGEMENTS WEAKNESSES AND ACTION POINTS

Strengths	Weaknesses	Actions
Presence of: • Office of Financial Management • Internal Audit Unit • Financial Management SOPs and Manuals • Compliance Unit • Regular financial audits by Government and Donors	• High attrition of staff • Separate accounting software (IFMIS-MOFDP, Sage ACCPAC-MOH) • Limited absorptive capacity of the country • Weak financial management capacity • Delay liquidation and reporting	• Conduct stakeholder analysis on the need to put in place Joint Financial Arrangement (JFA). • Strengthen FM at all levels • Develop an Integrated Financial Management Information System (IFMIS) for all users • Conduct periodic financial management assessment

MONITORING & EVALUATION WEAKNESSES & ACTION POINTS

Strengths	Weaknesses	Actions
• Standardized and harmonize data collection tools • Single HMIS data reporting instrument • One national HMIS data repository (DHIS) • National and county levels M&E teams • National indicator list • National M&E framework	• Poor data quality (ie: less than 80% coverage, completeness, accuracy and timeliness) • Weak M&E capacity • Weak research capacity	• Ensure accuracy, completeness and timeliness of data • Strengthen and harmonize information systems (ie: HMIS, LMIS, FMIS, iHRIS, CBIS) • Strengthen national health research capacity • Conduct periodic population based surveys • Improve monitoring and evaluation capacity

COMMUNITIES WEAKNESSES & ACTION POINTS

Strengths	Weaknesses	Actions
• Availability of community structures • Availability of Community Health Workers • CSOs network • CSOs representation at HSCC	• Weak community structures • Weak CSO capacity • Multiple CSOs	• Strengthen Community structures (ie: CHDC, TTMs network, etc) • Revitalize community ownership and involvement • Strengthen CSOs network and capacity

MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION

- NHPSP (2011-2021) and investment plan priorities
- HSCC approved annual plans and budgets for use of donors and partners (ie: WB, USAID, EU, GF/ GAVI HSS, etc) .
- Progress report presented on a quarterly and annually to HSCC and stakeholders
- Expand and strengthen PBF as a preferred mechanism to purchase services
- JFA and integrated procurement
- Develop compact and its joint monitoring mechanism

PRIORITY AREAS FOR CAPACITY BUILDING

- Systemic capacity building
- Strengthen Financial Management
- Systems for unified procurement and regulatory functions
- Storage and supply systems
- M&E and HIS

ANNEX 3.3

Group Work II

MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION

SIERRA LEONE

GROUP WORK II
MODALITIES OF SUPPORT AND OPPORTUNITIES FOR INTEGRATION

COUNTRY:
SIERRA LEONE

REPORT BACK TO PLENARY

TECHNICAL MEETING TO SUPPORT EBOLA-AFFECTED COUNTRIES ON THE RECOVERY AND RESILIENCE PLANS WITH A FOCUS ON GAVI, THE GLOBAL FUND AND OTHER PARTNERS' FUNDING

9-11 June 2015 – Accra, Ghana

OUTLINE

- Coordination mechanism: Strengths, weaknesses and action points
- Financial arrangements
- Procurement arrangements
- M and E arrangements
- Community and Civil Society involvement

COORDINATION MECHANISMS STRENGTHS

Coordinating structures:

Health sector coordinating committee (HSCC)

- Higher level, sector-wide decisions, Minister of Health chair.
- Country ownership
- Regular meetings
- Inclusive – donors, MoF, CSOs, Permanent Secretary, other ministries eg water resources, education, energy and power
- ToRs clear

HSSG (Health Sector Steering Group)

- CMO chair, coordinating body with almost all programmes, donor and Health implementing Partners
- ToRs clear
- Technical working groups according to the MoHS 5 key priorities
- Existence of a compact

Donor/ NGO liaison office

DHMTs, councils, CSOs, implementing partners, MDAs), clear ToRs

District health coordinating committees (DHCC).

- Chaired by the Council Chairman and DHMT provides the secretariat
- Lessons learnt from the Ebola coordination mechanisms strengthens – feedback, follow up, timely

COORDINATION MECHANISMS WEAKNESSES

- Feedback loop between HSCC and HSSG and DHCC weak
- Dissemination of information limited
- Compact
  - Implementation agreements not clearly defined
  - Low implementation of compact agreement: signatories not honouring agreements in the compact
- ToRs of donor liaison office not clearly defined
- District health coordinating committees (DHMTs, councils, CSOs implementing partners, MDAs) not fully functional
  - Not completely functional (not meeting regularly)
  - Information flow/link from central level can be strengthened
  - Need for refresher training at district level on the role of the DHCC

COORDINATION MECHANISMS ACTION POINTS

- Strengthen formal linkages between HSCC, HSSG and DHCC (Adopt strengths from Ebola coordination structures (feedback, timeliness, information flow, etc.)
- Update the Compact: Define implementation arrangements (Service level agreements to be put in place)
- Strengthen consultative process
- Strengthen capacity of the secretariat of donor/ NGO liaison office including the ToRs
- Revisit ToRs of the coordinating structures and linkages between them
- Support to reinforce capacity of DHCC
- Senior management coordinating committee (SMCC) being established (ToRs currently being developed). Mainly MoHS senior Directors – will be linked to the DHCC (DHMT will report to the SMCC)

FINANCIAL ARRANGEMENTS STRENGTHS

- **IHPAU being formed for the management of donor funds**
- **IFMIS system for the management of the GoSL funds**
- **Directorate of internal audit**

FINANCIAL ARRANGEMENTS WEAKNESSES

- Inadequate number appropriately qualified finance officers at the Directorate of Financial Resources and Districts
    - Low salaries and remuneration
    - Reporting lines to MoF instead of MoH
- Lack of adequate training and supervision of financial staff
- Lack of adequate training of health managers in planning, budgeting, execution and reporting
- Lack of harmonized reporting requirements from donors/partners
- Varying standards among donors and different financial software
- Weak Internal financial and management controls (directorate of internal audit) needs to be strengthened – monitoring compliance to be strengthened and ensure actions can be taken
- Guidelines/SOPs on financial management not disseminated and used

FINANCIAL ARRANGEMENTS ACTIONS POINTS

- Recruitment of highly skilled financial management specialists in IHPAU
- Engage with MOF for deployment of qualified finance officers to the Ministry of Health and Sanitation
- Capacity building of financial management staff at all levels including skills transfer from IHPAU to the other MoHS finance staff
- In the short-term, deploy a system/ software that can be used by MoHS and can produce reports that meet donor requirements (IHPAU)
- Regular in-service training and monitoring and supervision of finance staff at all levels
- Training of Health Managers in planning budgeting, execution and reporting
- Transition in the medium/long-term extention of the use of IFMIS for both Government and Donor funds in the MoHS.
- Strengthen directorate of internal audit – put in place a system for compliance and to ensure appropriate actions for non- compliance
- Guidelines/ SOPs on financial management to be disseminated and used

PROCUREMENT STRENGTHS

- **National Pharmaceutical Procurement Unit (NPPU) established (health products – central level)**
  - Roadmap to make NPPU functional agreed with GF – progress on track
  - DFID, CHAI other key partners supporting the process
  - Legal standing – national procurement act of parliament
  - Will be independently funded
  - Land for warehouse identified
  - LMIS system in place
- **Working group on procurement and supply chain in existence (as part of HSSG – involves partners – NPPU plan shared with group)**
- **Procurement unit within directorate of support services**

PROCUREMENT WEAKNESSES

- **NPPU still lacking full functionality – uncertainty around when it will be in fully functional: capacity issues**
  - Funding issues – under-resourced
  - Lack of buy in from other partners
  - Systems still largely paper-based at PHU level
  - Infrastructure, M&E and human resource issues:
  - Parallel procurement systems by partners
- **Gaps in national regulatory authority: Pharmacy board (neither ISO-certified or WHO pre-qualified)**
- **Push system – needs to be changed so that supplies are based on consumption**

PROCUREMENT ACTION POINTS

- Mobilize Human and financial resources to make NPPU fully functional.
- Partners to be supportive of the functionality of the NPPU
- Improve on the functionality of the channel software for logistics management or install more effective software
- Improve on storage availability at the central, district and PHU Levels
- Improve on the regulatory body to become ISO and WHO prequalified
- Move from the push system of supplies to the pull system based on drug utilization data

MONITORING & EVALUATION STRENGTHS

- Existence of results and accountability framework
- DHIS-2 in place (web-based and roll out in all districts)
- Existing M and E and HMIS staff at district and national levels
- Data collection tool available at the health facility level
- DHIS 2 addresses the KPIs for all the programmes

MONITORING & EVALUATION WEAKNESSES

- **Inadequate number of qualified M&E officers and HMIS staff at national and district levels**
  - Existing staff paid by donors – sustainability implications
  - Attrition
- **Need to strengthen DHIS-2**
  - Lack of harmonization of the DHIS with the IDSR
  - Lack of capacity/regular supervision of staff – need for continuous training
  - Stock outs of the reporting forms (data capturing/reporting tools
  - Hardware management needs strengthening.
- **Inadequate analysis of the DHIS data at national and District levels**
- **Inadequate demand creation for the data: inadequate district and national level review**
- **Data quality, timeliness and completeness) weak**

MONITORING & EVALUATION ACTION POINTS

- HR plan to incorporate recruitment and retention strategies of qualified M and E and HMIS staff at all levels
- Harmonization of the DHIS and the IDSR
- Revise results and accountability framework to incorporate the current situation
- Undertake holistic planning for HMIS
- Need to strengthen capacity for data analysis/use at national and District levels
- Refresher training of HCWs and data entry staff on the reporting tools with focus on data quality, completeness and timeliness
- Need to create demand for data use (institutionalizing National and district level reviews).

COMMUNITIES/CSO ENGAGEMENT STRENGTHS

- Recovery plan includes strong component on communities involvement and participation
- Existence of community involvement plan – reviewed as priority area in the recovery and resilience plan)
- Existence of a CHW Policy and strategy though may need to be reviewed
- Existence of facility Management committees (interface between health facility and community with ToRs)
- CSOs part of HSCC/HSSG DHCC/chiefdoms and active in planning processes and monitoring the implementation of the health interventions
- Community health programme established under Directorate of Primary Health Care
- Community health workers consortium of partners involved in CHW activities

COMMUNITIES/CSO ENGAGEMENT WEAKNESSES

- Issue of transitioning the community structures used for Ebola (incentives, training, etc.)
- Facility Management Committees not completely functional: Irregular meetings, Awareness of the ToRs
- Weak coordination between line ministries regarding community structures e.g. CAG (MSWGC) and CHWs (MoHS)
- Weak data collection for community interventions
- Inadequate funding of the CHW strategy

COMMUNITIES/CSO ENGAGEMENT ACTION POINTS

- Make functional the Facility Management Committees (train, monitor and supervise)
- Mobilize funding for community component of recovery plan
- Development of a sustainable incentive strategy for the CHWs
- Inter-sectoral collaboration regarding the activities of community health structures
- Incorporate data from community interventions into the health management information system

THE NEED FOR THE REQUIRED HR

- Training: Support health training institutions including post graduate training
- Support staff retention strategies
- Address misdistribution of trained personnel: Pull factors to hard to reach areas
- Strengthen the HRIS: make it more responsive
- Improvement of remuneration and review career progression pathways
- Regular in-service training
- Strengthen HR management at the National and mainly at the District level.
- Recruitment and retention of qualified support staff: Finance and procurement, M and E

ANNEXE 4

GROUP WORK III

THE WAY FORWARD

ANNEX 4.1

Group Work III

THE WAY FORWARD

GUINEA

Groupwork III: Guinea – The Way Forward

Domaines	Délivrables	Processus	Dates limites	Acteurs impliqués	Commentaires si nécessaire
Finalisation du Plan de Relance					
Bilan de l'Assistance Technique	Des Besoins en AT sont identifiés	Préparation et Soumission de requêtes aux partenaires	Fin juin	BSD	
Finaliser le mapping des sources de Finan-cement du Plan de relance	Les sources de financement sont connues	Déclaration des donateurs	Fin juin	Sect tech UNICEF, BM, OMS, France	
Revoir et Finaliser le costing	Un coût réaliste assorti des scenarios pro-gressifs	Besoin d'AT pour la finalisation prenant en compte le mapping et costing	Fin juin	Sect tech UNICEF, BM, OMS, France	Revoir les hypothèses des coûts
EBOLA : contrôle de l'épidémie et consolida-tion des acquis	Pays débarrassé d'EBOLA	Adéquation des mesures de prévention, PEC et de contrôle (surveillance, engagement communaut),	Juin à Décembre	GVT PTF	
Finalisation du PNDS	Un PNDS finalisé et mis en œuvre	▪ Adaptation du coût ▪ Planification triennale région et district ▪ Evaluation conjointe ▪ Signature du COMPACT	Juin à Décembre	MS PTF	Besoin AT

Continued: Groupwork III: Guinea – The Way Forward

Modalités de mises en œuvre					
Domaines	Delivrables	Processus	Dates	Acteurs	Commentaires
Mécanisme de coordination Nationale	Le Comité de coordination du SS fonctionnel est en place.	■ Plaidoyer PTF autorités ■ Réviser les TDR de la CCSS ■ Doter le ST en ressources ■ Mise en place d'un comité technique de la CCSS	Juin Juillet Continu Juillet	Secr Tech PTFs Gouv	
Mécanisme de coordination des PTFs	Un mécanisme de coordination des PTFs fonctionnel est en place.	■ Evaluation rapide de l'AT déjà fournie ■ Identification des besoins	Fin juin	PTFs	
Dispositif de gestion financière	Un dispositif de gestion financière fonctionnel est en place	■ Harmoniser les procédures de gestion ■ Mettre en place des unités de gestions financières décentralisées	Juin Juillet		Besoin d'AT
Approvisionnement	Un mécanisme d'approvisionnement fonctionnel est en place	■ Mettre en place un mécanisme d'achat groupé au national (Mécanisme CDEAO/OOAS) ■ Renforcer les capacités de la PCG (GAS et SIG)	Juin-Déc	MS PTF	Besoin AT

Continued: Groupwork III: Guinea – The Way Forward

Système National d'Information Sanitaire	Un cadre de suivi et évaluation fonctionnel est en place	Doter le SNIS de RH nécessaire Renforcer la décentralisation du SNIS Elaborer un plan national de SE (stratégie nationale) Mettre en place du DHIS	Juin-Déc	MS PTF	Besoin AT
Communautés	La question de la participation communautaire est clarifiée	Mettre en place la plateforme Rétablir l'engagement communautaire (Comité de Veille, COGES, Forum de Partenaires, planification conjointe des districts, motivation)	Juin-Déc	MS M. Décent PTF	Besoin d'AT
Renforcement du système de santé du District	Une équipe de district forte et fonctionnelle	Ressources Humaines Equipements Logistique Ressources financières	Juin 2015 Juin 2016	MS PTF	Besoin AT

Etapes Spécifiques : GAVI, GF et PTFs					
Reprogrammation du financement du Fonds Mondial	Dossier de reprogrammation prêt pour soumission au Panel de Revue Technique	Revue des programme TB Révision du Plan stratégique TB Rédaction NC TB Négociation Palu Négociation VIH	Août Dec Juin Juin	Initiative 5% OMS	Consultants pour la préparation de la revue Allocations des économies du NFM à d'autres activités du PMA, SNIS, GAS
Proposition RSS à GAVI	La proposition RSS à GAVI est prête pour soumission	Evaluation du Plan de relance GAVI Lancement du Plan de relance Rédaction de la proposition RSS/GAVI	Juillet Juillet Juil-Sept		
Conférence des donateurs	Les manques de fonds identifiés sont prêts à être présentés lors de la conférence des donateurs	Finaliser la préparation du plan de relance selon les étapes ci-dessus Validation et intégration au plan national de relèvement socio-écono-mique Réunion du SNU à NY (9-11/07/15)	Juillet		

ANNEX 4.2

Group Work III

THE WAY FORWARD

LIBERIA

Groupwork III: Liberia – The Way Forward

Areas (modify as needed)	Deliverables (Describe the deliverables)	Process (Describe the process to prepare the deliverables)	Dates (process)	Actors involved	Comments if any
Modalities of implementation					
Donor coordination mechanism	National and county level coordination mechanisms strengthened	Review of coordination structure and TORs Implement recommendation	30 July 2015 ongoing	WB, EU, Irish Aid, UN agencies, CSOs and NGOs, Line ministries, MoH, GF, GAVI, others	
	Cross Border Coordination Plan for disease surveillance strengthened	Support develop coordination mechanisms to implement the current IDSR/IHR cross border strategy		WHO, Unicef, CDC, USAID, IOM, WAHO, MRU, others	
Financial management arrangement	Functional FMA in place at all levels	Conduct stakeholder analysis on the need to put in place Joint Financial Arrangement (JFA) Integrate Financial Management Information System (IFMIS) Conduct periodic financial management assessment	September 2015 December 2015	WB, MoH, MFDP, WHO, IMF,	
Procurement	Procurement mechanisms functional	Complete installation of the two regional cold rooms Construct 4 regional warehouses Strength NDS capacity (ie: HR, management, logistics, storage, distribution, etc) Build staff capacity Improve LMIS	July 2015 December 2017		

Continued: Groupwork III: Liberia – The Way Forward

M&E	Functional M&E	■ Ensure accuracy, completeness and timeliness of data ■ Strengthen and harmonize information systems (i.e: HMIS, LMIS, FMIS, iHRIS, CBIS) ■ Strengthen national health research capacity ■ Conduct periodic population based surveys ■ Improve monitoring and evaluation capacity			
Communities	Engagement with communities clarified	■ Strengthen Community structures (ie: CHDC, TTMs network, etc. TORS, leadership, guide-lines etc.) Revise the policy and strategy on community involvement	December 2015	UN agencies, Global com-munity, LMH, Partners in Health, USAID, etc..	
CSO	CSOs network and capacity strengthened	■ mapping of CSOs in the health sector including the institutional capacity assessment ■ revise accreditation guidelines ■ build capacity of CSOs in identified areas ■ periodic monitoring and evaluation of CSOs activities			

Specific milestones : GAVI, GF and DPs					
Reprogramming of GF grant	"Reprogramming" application ready for submission to the GF	Working sessions, review of documents and joint decisions on the actual needs			
	Development of concept note	In country consultation to choose between differentiated or concept note approach In country allocation decisions by disease programmes and health systems Finalising investment areas Completed gap analysis			
GAVI application	Application for GAVI grant ready for submission to GAVI				
Pledging conference	Identified funding gaps ready to be presented at the pledging conference				

ANNEX 4.3

Group Work III

THE WAY FORWARD

SIERRA LEONE

Groupwork III: Sierra Leone – The Way Forward

Areas (modify as needed)	Deliverables (Describe the deliverables)	Process (Describe the process to prepare the deliverables)	Dates (deadline)	Actors involved	Comments if any
Modalities of implementation					
Donor coordination mechanism	Strengthen capacity of the secretariat of donor/ NGO liaison office including the ToRs	Capacity assessment of donor liaison office to identify needs to make it fully functional and develop an improvement plan	August 2015	MoHS and partners	TA needed
	Strengthen formal linkages between HSCC, HSSG and DHCC (Adopt strengths from Ebola coordination structures (feedback, timeliness, information flow, etc.)	Review/revise functionality/ToRs of HSCC, HSSG, DHCC	August 2015	MoHS and partners	TA needed
	Update the Compact: Define implementation arrangements (Service level agreements to be put in place)	Review/revise/update compact to reflect recovery plan ○ Meetings with partners (inclusive, participatory) ○ Identify new players	September 2015	MoHS and partners	TA needed
	Support to reinforce capacity of DHCC	Strengthen DHMT capacity ○ Assessment of existing structures/functions/resource allocations ○ Review/revise ToRs Develop/implement plan based on assessment	August 2015	MoHS, other key ministries and partners	TA needed

Continued: Groupwork III: Sierra Leone – The Way Forward

Areas (modify as needed)	Deliverables (Describe the deliverables)	Process (Describe the process to prepare the deliverables)	Dates (deadline)	Actors involved	Comments if any
Donor coordination mechanism	Senior management coordinating committee (SMCC) being established (ToRs currently being developed). Mainly MoHS senior Directors – will be linked to the DHCC (DHMT will report to the SMCC)	Develop ToRs and constitute committee	End-June 2015	DCMO 1	
Financial management arrangement	Functional IHPAU office	Initiate joint financial assessment by Gavi, Global Fund, World Bank and other partners	October 2015	MoHS, HRMO, MoF line ministries and partners	TA needed
		Engage MoF for deployment of qualified financial officers	December 2015	MoHS, MoF, and partners	
		Develop and implement a training and follow up plan	December 2015	MoHS, , MoF, and partners	

Continued: Groupwork III: Sierra Leone – The Way Forward

Areas (modify as needed)	Deliverables (Describe the deliverables)	Process (Describe the process to prepare the deliverables)	Dates (deadline)	Actors involved	Comments if any
Procurement	Fully functional NPPU	- Meet conditions by GF to implement Casablanca action points - Implement recommendations of assessment (HR, equipment, funding, warehousing, etc.) - Share NPPU plan with partners to get buy in and support for implementation of recommendations	Based on master plan (short-, medium-, long-term actions identified)	MoHS, NPPU, partners	TA ongoing (CHAI and other partners)
		Actions to be confirmed		Pharmacy Board &MoHS	
M&E	Revised M&E results and accountability framework to align with the recovery plan	Actions based on priority areas of the recovery plan and basic package, and reflecting the updated indicators	December 2015	MoHS and partners	TA needed
		Assess existing structures/functions	2016	MoHS and partners (including, Oslo University, WHO, CDC)	

Continued: Groupwork III: Sierra Leone – The Way Forward

Areas (modify as needed)	Deliverables (Describe the deliverables)	Process (Describe the process to prepare the deliverables)	Dates (deadline)	Actors involved	Comments if any
Communities	Revised CHWs policy and strategy	Review/revise policy and strategy for CHWs (currently ongoing)	December 2015	MoHS and partners	TA already identified
		Reactive Facility Management Committees - Review/revise ToRs - Train, monitor and supervise Engage partners for resourcing the communities priority of the recovery plan	2016 onward	MoHS and partners	
Other					

Specific milestones : GAVI, GF and DPs					
Areas (modify as needed)	Deliverables (Describe the deliverables)	Process (Describe the process to prepare the deliverables)	Dates (deadline)	Actors involved	Comments if any
Reprogramming of GF grant	Reprogramming request for TB, HIV and HSS submitted	▪ Country dialogue on budget allocation facilitated by CCM ▪ TB: Annual review of the programme, gap analysis and financial analysis, finalizing strategic plan, complete reprogramming request ▪ HIV: Annual review completed, complete reprogramming request ▪ HSS: Complete reprogramming request – currently part of HIV envelope – discussions regarding PR need to be finalized	End June/First week of July 2015 31 July 2015 31 July 2015	CCM	TA needed by 15 June 2015
GAVI application	Application for GAVI grant ready for submission to GAVI	▪ Send EOI ▪ Prepare and submit HSS application ○ Develop a roadmap/ timelines by end June 2015	End June 2015 September 2015	Programme managers and partners	TA needed by July 2015
Pledging conference	Identified funding gaps ready to be presented at the pledging conference	▪ Resource mapping be determined based on clarification regarding pledging conference	1st week of July 2015	MOHS, MOF, other line ministries and partners	

ANNEX 5

AGENDA

Technical Meeting to support Ebola-affected countries on the recovery and resilience plans with a focus on Gavi, the Global Fund and partners' funding

Accra, 9 – 11 June 2015
Agenda

Tuesday 9 June

Time	Day 1	
08.30-09.30	Welcome remark Group presentation of participants Opening remarks Objectives and Agenda of the workshop	Facilitator, WR Ghana Martin Ekeke
09.30-10.45	Guinea, Liberia and Sierra Leone: National health systems recovery and resilience plans Presentations and discussion	Guinea: MoH Rep. Liberia:C. Sanford Wesseh Sierra Leone: SarianKamara
10.45-11.15	Coffee break	
11.15-12.30	Plenary discussion on approaches for supporting the national health systems recovery and resilience plans of the Ebola-affected countries	All partners
12.30-13.30	Lunch	
13.30-15.00	Panel 1: High priority investment areas in the three Ebola-affected countries as identified in the national health systems recovery and resilience plans Enabling functions for building resilient health systems such as human resources for health;health information system and surveillance, role of communities, integrated service delivery, infection prevention and control, health financing arrangements Facilitated discussion	Facilitator: Dela Dovlo Panellists: Liberia, C. Sanford Wesseh; Guinea: MoH Representative
15.00-15.30	Coffee break	
15.30-18.00	Group work I:Areas of work and prioritization for possible support by Gavi, the Global Fund and partners	Breakout groups: Guinea, Liberia, Sierra Leone

Wednesday 10 June

Time	Day 2	
08.30-09.00	Feedback from Day 1	Facilitator: Martin Ekeke Sam Omar
09.00-10.30	Presentation of group work I: Areas of work and prioritization for possible support by Gavi, the Global Fund and partners Discussion and action points	Rapporteurs from country groups
10.30-11.00	Coffee break	
11.00-12.30	Panel 2: Modalities of support and opportunities for integration Thematic areas: Procurement and supply system; monitoring and evaluation system; financial management system; involvement of civil society and communities Facilitated discussion	Facilitator: Juliet Nabyonga Panelist: Guinea Representative; Liberia, Ibrahim B. Dukuly; Sierra Leone Representative; The Global Fund; France; WHO HTM
12.30-13.30	Lunch	
13.30-15.00	Group work II: Modalities of support and opportunities for integration	Breakout groups: Guinea, Liberia, Sierra Leone
15.00-15.30	Coffee break	
15.30-17.00	Group work II: Continuation of Group work II	

Thursday 11 June

Time	Day 3	
08.30-09.00	Feedback from Day 2	Facilitator: Gerard Schmets Juliet Nabyonga
09.00-10.30	Presentation of Group work II: Modalities of support and opportunities for integration Discussion and action points	Rapporteurs from country groups
10.30-11.00	Coffee break	
11.00-13.00	Group work III:The way forward to support the national health system recovery and resilience plans	Breakout groups: Guinea, Liberia, Sierra Leone
13.00-14.00	Lunch	
14.00-16.00	Presentation of group work III: The way forward to support the national health system recovery and resilience plans Discussion and action points	Breakout groups: Guinea, Liberia, Sierra Leone
16.00-16.30	Coffee break	
16.30-17.30	Plenary discussion: The way forward to support the recovery plans	Countries and partners
17.30-17.45	Closing remarks	Deputy Director General Dr A. Bah; WR Ghana; Countries and Partners

ANNEX 6

LIST OF PARTICIPANTS

Technical Meeting to support Ebola-affected countries on the recovery and resilience plans with a focus on Gavi, the Global Fund and partners' funding

Accra, 9-11 June 2015
List of Participants

I. COUNTRIES

HOST COUNTRY - GHANA

Dr Bampoe, Victor	Deputy Minister of Health
Dr Robalo Correia e Silva, Magda	WHO Representative in Ghana

GUINEE

Dr Sall, Boubacar	Point focal HSS Ministère de santé
Dr Bah , Thierno Amadou	Assistant au Ministre délégué au Budget. Représentant du MEF
Dr Bangoura, Adana Marie	Coordinatrice Nationale de lutte contre la Tuberculose/MS
Dr Guilavogui, Timothé	Coordinateur, National Adjoint du Programme Paludisme
Dr Koita, Youssouf	Coordinateur, Programme national de lutte contre VIH-SIDA
Dr Kourouma, Kékoura	Président CCM / Guinée - ICN
Dr Mara, Feridah	Chef de section Sante des adolescents
Dr Soumah, Camil Tamsir	Coordinateur, National du PEV
Dr Sylla, Boubacar	Président Plateforme des Organisations de la société civile
Dr Mohamed, Magdi	AMP representative
Dr Adzodo, Kodzo Mawuli Rene	OMS Senior Expert, HSS
Dr Diallo, Saliou Dian	OMS NPO/FHP
Dr Kande, Mouctar	OMS PEV/Routine
Dr Mara, Karifa	OMS NPO/HSS

LIBERIA

Dr Wesseh, C. Sanford	Deputy Minister of Health
Dr Dukuly, Ibrahim B.	Global Fund/MOH
Dr Hallowanger, David	L C M
Dr Howe, CuallauJebbeh	Reproductive Health/MOH
Dr Kesselly, Dedeh Barr	NLTCP/MOH
Dr Momolu, Mary	EPI/MOH
Dr Neutah, J. Alexamder	Ministry of Finance & Development Planning
Dr Nyansaiye, PayeKonah	Assistant Program Manager NMCP/MOH
Dr Sieh, Sonpson	Manager-NACP/MOH
Dr Flomo, Suena	Immunization platform
Dr George, Stewart	Immunization platform
Dr Onuche , Emmanuel Musa	WHO Deputy WR
Dr Mesfin Zbelo, Gebrekidan	WHO HSS
Dr Duworko, Musu Julie	WHO NPO/RMNCH
Dr Jeuronlon, Moses Kerkula	WHO DPC
Dr Johnson, Eric D.	WHO NPO/HSS

SIERRA LEONE

Dr Kamara, Sarian	Deputy Chief Medical Officer, Chair Recovery Plan Operational Team
Dr Foray, Lynda	Manager, TB Control Programme
Dr Kenneh, Sattie	Manager, National AIDS Control Programme
Dr Koroma, Aminata	Focal Point, Expanded, Programme on Immunization (EPI)
Dr Sesay, Tom	Counterpart Team Lead HSS
Dr Sesay, Santigie	Director, Reproductive and Child Health
Dr Shilumani, Claudia	Team Lead, Health System Strengthening Hub
Dr Smith, Samuel J.	Manager, Malaria Control Programme
Dr Michael Tucker, Lyntton	Focal Person, CCM
Dr Amoussouga, Eve	CRS
Dr Gakuruh, Teniin	WHO Health Systems Specialist
Dr Ganda, Louisa	WHO NPO, DPC
Dr Terry, Bologun	WHO Surveillance Officer
Dr Yankson, Hannah	WHO NPO, Nutrition

II. PARTNERS: COUNTRIES & ORGANIZATIONS

CDC (USA)

Dr Woodfill, Celia	CDC

DFID (UNITED KINGDOM)

Dr Clapham, Susan	DFID

FRANCE

Dr Kervennal , Pierre-Yves	French Embassy - Ghana
Dr Lamarque, Jean-Pierre	Conseiller Régional de Coopération en Santé pour l'Afrique de l'Ouest

GAVI

Dr Kariisa, Eddie	GAVI HSS
Dr Ibrahim, Magdi	GAVI SPM

IOM

Dr Aguilera, J.F.	IOM Health Adviser

JICA (JAPAN)

Dr Yokoyama, Michiko	Project Formulation Adviser
Dr Kanaya, Toshihide	Adviser

THE GLOBAL FUND

Dr Mwase , Cynthia	Department Health Africa and the Middle East
Dr Abah, Sule	Health Products Management Specialist, Liberia and Sierra Leone
Dr Abdelfadil, Lee	Hub, Manager for Technical Cooperation

Dr Boa, Eric	Regional Finance Manager, Program Finance Team
Dr Bornemisza, Olga	HSS advisor
Dr Capobianco, Emanuele	Senior Policy Specialist, Policy Hub
Dr Caruana, Lionel	FPM Sierra Leone
Dr Draser, Tina	Regional Manager, West Africa
Dr Dzokoto, Agnes	Senior Specialist, Public Health Monitoring and Evaluation
Dr Fall, Caty	Regional Manager, Central Africa
Dr Hernandez, Catherine	Technical Adviser, HSS
Dr Kolaczinski, Jan	Senior malaria advisor
Dr Soucy, Lyne	FPM Guinea
Dr Zahrobsky, Noah	FPM Liberia

THE WORLD BANK

Dr Dapaah, Maxwell	Senior Finance Specialist

UNAIDS

Dr Nagai, Henry	UNAIDS Officer Ghana
Dr Offei Ahemesah, Isaac	Adviser, UNAIDS Officer Liberia

UNDP

Dr Sam Sebastian , Clement	UNDP Senegal

UNICEF

Dr Pfaffmann, Jerome	Adviser – HQ New York
Dr Ekpini, Rene Ehounou	Chief, Child Survival and Development
Dr Hours, Maurice	Regional Health Adviser, UNICEF WCARO / BRAOC
Dr Islam, Kamrul	Chief of Child Survival & Development
Dr Kabano, Augustine	Unicef Sierra Leone
Dr Yo, Marina	Health Specialist HSS/Immunization Financing

USAID (USA)

Dr Chikhradze-Young, Tamara	Ebola and Infectious Disease Coordinator USAID West Africa Regional Mission

WAHO (OOAS)

Dr Austin, Johanna	Director, Primary Health Care
Dr Faria de Brito, Carlos Pedro	ledirecteur en charge de la luttecontre la maladie- DLME

WHO - IST WEST AFRICA

Dr Sam, Omar	HSS
Dr Adjoa, Agbodjan P. Olga	FRH
Dr Ahmedou, Yacoub	RSS Group de Travail
Dr Biey, Joseph Nsiari-Muzeyi	IVEl Lib

Dr Diawara, Lamine	RSS Group de Travail
Dr Modjirom, Ndoutabe	AF/PEI
Dr Ndongosieme, Andre	TB
Dr Tfeil, Abderahmane Kharchi	Malaria SL
Dr Yeboue, Kouadio	HIVGui

WHO - AFRO

Dr Dovlo, Delanyo	Director HSS
Dr Bisoborwa, Geoffrey	Medical Officer, FRH
Dr Blanche-Philomene, Anya	Immunization Officer, IVE
Dr Ekeke, Martin	Coordinator, OSD
Dr Gaturuku, Peter	Medical Officer, DPC
Dr Gausi, Khoti	Technical Officer, DPC Malaria
Dr Iragena, Jean de Dieu	Technical Officer Laboratory, DPC
Dr Murithi, Asumpta	Medical Officer, FRH
Dr Nabyonga, Juliet	Regional Adviser
Dr Onyebujoh, Philip	Technical Officer Laboratory, DPC
Dr Samson, Kefas	Medical Officer, TB, DPC
Dr Sanni, Saliyou	Medical Officer, FRH

WHO - HEADQUARTERS

Mr Schmets	Gerard Coordinator, HGS/HGF/HIS
Ms Shah, Archana	Health Systems Adviser, HGS/HGF/HIS
Ms Kadandale, Sowmya	Technical Officer, HGS/HGF/HIS
Dr Porignon, Denis	Technical Officer, HGS/HGF/HIS
Dr Walford, Veronica	Health Economist, IHP/HGF/HIS
Mr Mathivet, Benoit	Technical Officer, HFP/HGF/HIS
Dr Horemans, Dirk	Consultant, SDS/HIS
Dr Laroche, Sophie	Technical Officer, EMP/HIS
Mr Eriksson, Par	Consultant, HIA/HIS
Dr Nair, Nani	Medical Officer, CDS/ HTM
Dr Gargioni, Giuliano	Medical Officer, GTB/HTM
Dr Hoyer, Stefan	Technical Officer VCU
Dr Weldedawit, Maru Aregawi	Scientist, GMP/ HTM
Dr Nurse Findlay, Stephen	Technical Officer, RHR/FWC

World Health Organization