Liberia-GAVI HSS Clarifications

1) Provide better explanation of the added value of GAVI HSS support (considering GF and USAID support to HSS). A table that shows flow of GAVI HSS funds along with USAID and GF contribution to the HSS proposal outcomes can better demonstrate added value of the HSS proposal as well as country's ability to attain asserted outcomes.

- The expected amount of external funding presented in the GAVI HSS proposal is presented below (Table 1.1). The amount anticipated between 2008 and 2016 is approximately 179.27[1] million United States Dollars from six major sources (USAID, EU, Global Fund, WHO, Pool Fund and GAVI). However, it is worth noting that most of these funds are commitments that have been made by donors. Below are the details for the application of these funds.

Table 1.1: HSS External Funding

Institutions	HSS Fund	Period	Geographic Locations	Interventions
USAID	US$ 126 million (US$ 30 million for HSS)	2008-2015	Central MOHSW and 3-Counties (Lofa, Nimba and Bong)	All 6-building blocks
EU	US$ 40 million	2011 -2016	5 counties (Lofa, Bong, Grand Kru Margibi and Sinoe)	Institutional support and Essential Package of Health Services (EPHS)
Global Fund	US$ 12 million	2010-2016	Nationwide	HR incentive, supply chain, Lab and diagnostic equipment, etc
WHO	US$ 250,000	2012-2013	Central level	Policy development, fellowship & HMIS logistics
GAVI	US$ 1.02 million	2011/2012	Nationwide	HIS, M&E, community health, HR data based and TA
Pool Fund		2008 to present	134 public health facilities in 8 Counties	EPHS
Total	US$ 179.27	2008-15		

- **USAID Funds:** USAID funds in the amount of US$ 30 million mapped as HSS external funds will support activities related to the WHO six building blocks, and US$ 96 million will support the delivery of the Essential Package of Health Services (EPHS) in 3 counties. Specific areas of interventions include:

[1] The origin amount in Table 1.1 (as indicated in the GAVI proposal) has change due to new information gathered from both partners.

Building Blocks	Geographic Locations	Interventions
Health workforce	Central MOHSW	Salary payment for TAs and Contract employees (e.g., USAID Pool fund manager, procurement staff, pool fund accountants, etc)
	3-counties	Payment of monthly incentive of contract employees assigned to health facilities supported by the USAID Pool Fund and In-service training of health workers
	Central and 3-counties	1) Scholarships for midwives and lab technicians in 3 counties (Bong, Nimba, Lofa) and 2) Support to pre-service training institutions in Bong and Lofa.
Service Delivery	Lofa, Nimba & Bong	Contract NGOs through Performance Based Financing (PBF) mechanisms to run 112 public health facilities.
Health Information System	Lofa, Nimba & Bong	Support supervision, data verifications, validation exercise under the PBF scheme.
Medical products, vaccines and technology	Lofa, Nimba & Bong	Provide drugs and medical supplies for supported health facilities and strengthen the capacity of the National Drug Services.
Health Financing	Central level	Support central MOHSW to conduct National Health Account, Performance-Based Financing, Health Financing Policy, and Health Insurance.
Leadership and Governance	Central Level	Support development of protocols, guidelines and subsector policies.
		Support Liberia Malaria Indicator Survey, Supply Chain Management Unit and central warehouse.

- European Union Funds: the EC funds are earmarked funds (10 million per annual for 4 years) that are expected to be channeled through the Ministry of Finance as direct budget support to the health sector to improve maternal and child health outcomes. Maternal mortality reduction is the main focus of the EC grant. However, it will cover a few aspect of health system strengthening. Bulk of the EU funds is for EPHS delivery in approximately 57 health facilities in 5 counties (Lofa, Sinoe, Grand Kru, Margibi, and Bong). Details for the use of the fund is still been discuss with various government institutions.

- Global Fund: Funds received from Global Fund are program/disease specific. Most of the HSS activities under the HIV/AIDS grant are devoted to equipping and support to diagnostic service (public health lab, TB DST lab, renovation of regional labs, and safe blood program equipment including building 18 incinerators at a unit cost of US $15,000). Under Malaria, the HSS grant component is valued at US$ 20 million over 5 yrs with $8m commitment under phase 1 (to cover central warehouse, TMIS, Liberia Malaria Indicator Survey roll out, strengthening Supply Chain Management Unit, logistics support, vehicles,

and possibly 4 cross docks - regional depots.). Areas covered by the Global Fund are presented in the table below:

Building Blocks	Geographic Locations	Interventions
Health workforce	Nationwide	1). Salary payment for project staff-contract employees and top-up incentives for health workers (e.g., Medical doctors assigned in counties, county and central levels M&E officers and project staff for HIV, Malaria and TB programs, 15 health service administrators, IT staff, supply chain, etc). 2). Supported HR capacity development through awards of post graduate fellowships (US$ 200,000).
Service Delivery	Nationwide	Provide support to NGOs and both public and private health facilities to provide Malaria, HIV, and TB services.
Health Information System	Nationwide	Support data verifications and validation exercise for the three programs (Malaria, HIV and TB).
Medical products, vaccines and technology	Nationwide	Provide drugs and medical supplies for HIV, Malaria and TB diseases and build capacity of the National Drug Services
Leadership and Governance	Nationwide	Support development of program specific M&E policies and strategies including, guidelines and subsector policies. Provide support to national regulatory authorities such as, Liberia Medical and Dental Council (LMDC), the Liberian Medicines and Health Products Regulatory Authority Act (LMHRA) and the National AIDS Commission (NAC).

- WHO funds: HSS funds expected from WHO are for the current biannual 2012-2013 and are targeted for the provision of local and external fellowships, provision of stationery and office supplies including computers, printing and publications policy documents.

Health system strengthening resources as reflected in the aforementioned, available and anticipated from the various sources (EU, Pool Fund, Global Fund and USAID) have been programme for specific components of HSS and for specific locations within the country. The global fund HSS support focuses on human resources, drugs and medical supplies and supply chain while the USAID grants are heavily concentrated on the delivery of the Essential Package of Health Services through PBF in 112 health facilities and surrounding communities with limited attention to HSS.

Given this situation, GAVI HSS funds will target improving immunization outcomes through performance based financing in 75 public health facilities out of 378 and 50 private health facilities out of 172 and their surrounding communities. The targeted 75 public facilities are filling the gap from other donors and the private facilities are in Montserrado which is the county with a bulk of the population and some of the worst health indicators and poorest EPI performance. The funds are also intended to improve cold chain management, monitoring of the National Health Plan implementation and quality assurance. Therefore, Table 1.2 demonstrates how each HSS grant is expected to complement each other and yield the desired health outcomes.

Table 1.2: HSS funding by interventions and indicators

	Fund Sources				
Interventions	GAVI HSS	Global Fund	USAID	EU	Pool Fund
Service Delivery	Establish EPI PBF in 125 health facilities (75 public HFs out of 378 + 50 private HFs out of 172)	Provide anti-malaria drugs, ARVs and TB drugs to facilities	112 public HFs out of 378	57 public HFs out of 378	134 public HFs out of 378
Medical products	Cold chain (150 vaccine cold boxes, 2-refrigerated trucks, 10-solar refrigerators, etc)	Improve central warehouse Procure drugs for HIV, TB, Malaria services	Central warehouse Essential drugs for 112 HFs	Essential drugs for 57 HFs	Essential drugs for 134 HFs
HIS	Train 1,000 health workers in HIS and 125 in M&E, conduct Quality Assurance and health facility accreditation surveys, etc	Quarterly data verifications	Quarterly data verifications		Quarterly data verifications
Health Work Force		Incentive payment and capacity development	Capacity Building		
Health Financing			Conduct of NHA		
Leadership and governance		Support programs strategic plans, guidelines, etc	Liberia Malaria Indicator Survey, Health financing Policy, etc		Develop PBF manuals and guidelines
Indicators	Improved cold chain services; Increased Penta-3 coverage and improved monitoring and evaluation	Reduced disease burden of HIV/AIDS, Malaria and TB and improved diagnostic services and supply chain	Increased implementation of the EPHS, Established PBF in 112 HF and improved MCH outcomes	Reduced maternal mortality rate	Increased implementation of the EPHS, Established PBF in 134 HF

2). Explain discrepancies in cold chain upgrade/investment costs between HSS, cMYP and EVM reports and make corresponding changes as needed.

Though the GAVI HSS proposal, the Comprehensive Multi Year Plan for immunization (cMYP) and Effective Vaccines Management assessment documents appears to be contradictory; these three documents are actually aligned in terms of basic requirements for improving cold chain but with cost variations.

The investments variations in the cold chain upgrade are not discrepancies but rather different types/brand of items needed, quantity require, sources of invoices/quotations, etc. The cMYP was first developed in 2011 and submitted as a requirement for the introduction of new vaccines and to provide the way forward for improving immunization services. It was not informed by the EVM report because it was completed before the assessment thus creating a gap in terms of resource requirements for cold chain upgrade. Also, the cMYP cost estimates were derived from UNICEF procurement costs from 2009 and 2010 which might have changed slightly in 2011 because of inflationary factors.

The EVM report identified challenges in the provision of immunizations and ways to mitigate these constraints. The amount recommended by the EVM report is US$ 4,562,430, which includes construction of a national cold store, purchase of solar refrigerators, and a refrigerated truck, among others. These are similar needs identified by the cMYP and HSS proposal for financing.

The GAVI HSS proposal earmarked US$ 634,324 (11.7%) out of US$ 5.4 million requested for cold chain improvement. The amount also constitutes 13.9% of the total estimated EVM cost. The proposal aims to address critical areas identified by the EVM and cMYP. Also, the proposal is to strengthen health systems by complementing other HSS resources to yield the desired results. The GAVI HSS did not absorb the cMYP projection cost because other partners will be engaged in funding cold chain activities and GAVI funds are suppose to complement both Government's and other donors efforts. Table 2.1 presents the cold chain upgrade needs and their estimated cost.

Table 2.1: Cold Chain Up-grade needs identified by GAVI HSS, cMYP and EVM Report

Reports/Proposals	Cold Chain Upgrade Needs	Unit Cost	Cost
GAVI HSS	10-Solar refrigerators-US$ 65,000 1-National cold store-US$ 250,000 2-Regional cold stores-US$ 189,724 2-Refrigerated trucks- US$ 129,600	US$ 6,500 US$ 250,000 US$ 94,862 US$ 64,800	US$ 634,324
cMYP	355-Sun Frost Solar refrigerators 1-Refrigerated truck Cold Rooms	US$ 4,700 US$ 64,800 US$ 89,888	US$ 1,574,798
EVM	104-Solar refrigerators 1-National cold store 1-Refrigerated truck (excluding handling/insurance) 15-County cold rooms/dry stores	US$ 6,500 US$ 40,000 US$ 45,000	US$ 4,562,430

3). Clarify why country needs additional funds in light of excess resources in 2012 and 2013.

During the development of the Ministry's 2-year Operational Plan, information collected on committed financial resources for the two fiscal years add up to 194.9 million, an indication of high per capita health expenditure (US$ 37.00 in 2012). This information was used in the financial gap analysis for the GAVI HSS proposal (Table 1 in HSS Proposal Financial Gap Analysis). Although, this information was used in the financial gap analysis, less than half of this commitment has been realized to date. Information collected on

financial resources availability did not state clearly HSS proportion, thus created a wrong impression of excess resources availability. Table 3.1 presents the Ministry's 2-year Operational Plan projected resource availability.

Table 3.1: Operational Plan Projected Resources Availability		
	Fiscal Year	
Sources	2011/2012	2012/2013
GOL MOHSW Budget	27,672,063	
Other Government	10,244,000	
Pool Fund	15,110,995	14,228,307
Global Fund	29,590,180	29,861,109
European Union	6,922,490	10,180,961
GAVI	1,022,380	
UNICEF	5,791,238	
HSRP-World Bank	86,205	
USAID	42,135,000	31,500,000[2]
WHO	2,198,486	
Total	140,773,037	85,770,377

On the other hand, the HSS external funds envelope (120 million) submitted to GAVI has change significantly because of additional information received from partners. Therefore, the current HSS external envelope is US$ 179,272,380 for the period 2008-2016. It is very important to state that the HSS is discussed in the context of the WHO six building blocks (Service delivery, human resources, health information, medical supplies, health financing and leadership and governance).

[2] New information received from USAID indicates 31.5 million for 2012/2013. The balance will be used over the remaining years.

Table 3.2: GAVI HSS Proposal External HSS Funding			
Sources	Period	HSS Fund	Expected Annual Cost
Global Fund	2010-2016	12,000,000	2,242,857
EU	2012-2016	40,000,000	10,000,000
GAVI	2012	1,022,380	1,022,380
USAID	2008-2015	126,000,000	31,050,000
WHO	2012-2013	250,000	125,000
		179,272,380	44,440,237

Though the current financial envelope is US$ 179,272,380 over the period 2008 -2016, further analysis shows a yearly allocation of US$ 44.4 million. Therefore, the documented US$ 226.5 million (FY 2011/12-US$ 140.7 and FY 2012-13-US$ 54.2) in the Ministry's Operational Plan has not been realized and does not constitute excess resources in 2012 and 2013. Table 3.3 presents new HSS external funding and expected yearly expenditures.

Table 3.3: External HSS Funding			
Sources	Period	HSS Fund	Expected Annual Cost
Global Fund	2010-2016	12,000,000	2,242,857
EU	2012-2016	40,000,000	10,000,000
GAVI	2012	1,022,380	1,022,380
USAID	2008-2015	126,000,000	31,050,000
WHO	2012-2013	250,000	125,000
Total		179,272,380	44,440,237

HSS is a broad area that requires sufficient resources especially, in a post conflict country where systems and infrastructures have collapsed and are undergoing drastic reforms. For example, health worker capacity development, supply chain management, procurement of capital equipment and M&E are components of HSS that need heavy investment. The estimated cost in the plan did not capture all of the capital investments needed (warehouse and cold room construction, other cold chain equipment, pre-service training needs, etc). The GAVI HSS will partly fund these developments and the MOHSW needs to coordinate the efforts of partners and better engage the private sector to improve the overall performance of the health system. In addition, fund requested through this window will support key immunization activities and strengthen M&E; the two activities (systems) that are grossly underfunded.

The current HSS situation in the country requires a large infusion of resources as a result of weak health system and damaged infrastructures due to prolong civil conflict.