



Conducted
by: Joyce
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Emmanuel
Delamy
From
October
20th-22 to
November
8th-9th
2021 at
Corina
Hotel
Sinkor,
Monrovia

I. Overview of Training

Liberia has committed to the Sustainable Development Goal of ensuring healthy lives and promoting well-being for all at all ages, with Universal Health Coverage (UHC) increasingly accepted as an umbrella agenda using primary health care. To ensure these goals are achieved, there is a need for both increased investments in health towards better use of existing resources, accountability and sustainability.

Investment in health is both a technical and a political matter, as it is a social contract between citizens and the state. As health is a human right, governments are responsible for realization of the right to health through allocation of the maximum available resources, also ensuring that planned and actual expenditures are transparent, equitable and efficiently used. Citizens, civil society, media, parliamentarians, and other stakeholders can play an instrumental role in holding governments accountable for policy and investment choices made along the pathway towards UHC.

Health budget advocacy is a tool to strengthen the engagement of civil society – and other stakeholders – in these decision-making processes. This involves accessing budget information, analysis to expose decisions made and their implications, and influencing budget choices through advocacy. There is need to improve advocacy and engagement skills of civil society in health financing and build the necessary capacity at this critical stage in the health financing space of Liberia. Considering the challenges at national, and sub-regional level remain and appear to be even more challenging in emergency response planning, budgeting, advocacy and monitoring.

It was against this background that as part of the just ended *Joint Learning Agenda* on health financing and universal health coverage, participants (Trainers of Trainers) from Liberia organized country level training from October 20-22 2021 and November 8th -9th 2021 at Corina Hotel in Monrovia for Civil Society Organization (CSOs) and media institution with the right skills, tools and support to transparency on health budgeting and funding and conduct budget monitoring and advocacy around health spending that contribute to health security and UHC. The funding for this country-level training for civil society-led health financing advocacy was provided by GFF, Global Fund and Gavi. The training was conducted over 5 days period with two weeks break in between.

II. Objective of Training

The objective of the training was to promote multi-stakeholder collaboration and build national level advocacy capacity on Universal Health Coverage, Health Financing and Budget Accountability among key Civil Society Organizations and Media work in Liberia.

The overall training will allow participants to:

- ☐ Acquire a good understanding of key concept of health financing, health for all and UHC;
- ☐ Understand the national budgeting process and the opportunities to influence the allocation of the health budget;
- ☐ Identify inefficiencies in budget allocation towards health programs in relation to country demand
- ☐ Acquire a good understanding on monitoring the effective implementation of health budgets
- ☐ Collaborate and identify advocacy areas to support Liberia health financing reform

III. Participants Profile(Who were those trained)

The training participants covered staff from Civil Society organizations and media including executive directors, finance offices, advocacy and gender officers, program managers etc., the training had a total of 30 participants from 15 institutions, with 5 other participants coming as a tag along because of their interest in the training.

IV. Pretest and Post Test

As part of evaluation, a pre-training evaluation was done using google forms. Selected participants completed the pre-training evaluation prior to attending the training; The evaluation was made against 6 questions, 67.7% of the respondents gave an accurate definition What is Universal Health Coverage , 80% of the respondents chose the right definition of health financing. See link to responses [Pre Test Questionnaires for Training on Universal Health Coverage, Health Financing and Budget Advocacy - Google Forms](#)

While post training evaluation was done daily at the close of every training session using google form

Sessions facilitated

On day one the theme for the sessions was **Right to Health, Universal Health Coverage and Health Financing**. The training session was officially opened by Dr. Francis N. Kateh, Deputy Minister of Health and Chief Medical Officer of the Republic of Liberia while remarks were made by the Assistant Minister Mr. James Sawo for Economic Management of the Ministry of Finance and Development Planning. The committed themselves to support CSOs engagement towards Liberia achieving UHC through increase domestic financing and resource mobilizations

Once the official opening ended, the full training session began with Participant introductions covering name ; organization and brief description of an experience in the

area of advocacy for the right to health, UHC or health financing including presentation of objectives and participants expectations as well as ground rules were done by Joyce L. Kilikpo, lead facilitator for day one.

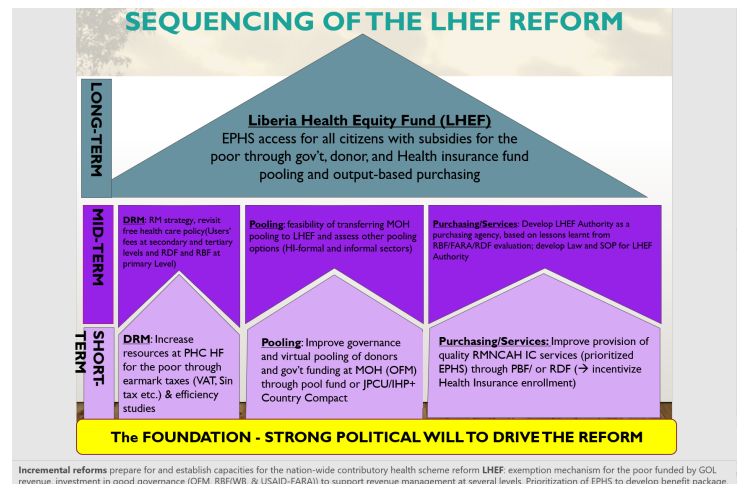
Subsequently, Ms. Kilikpo Facilitated Activity 1.1 to get participants understanding of the reality and key concepts of right to health, Universal Health Coverage and health financing using the story of 23 yrs old Hawa from Clara Town, a slum community in Monrovia and the story of 36 yrs old Leilah from Gbonduweh, a rural town in Bong County, Liberia. To ensure full participation of all, the participants were divided into a group of 4 with each group taking on the each story and responding to the questions that brings reality to the issues surrounding the population access to health, health financing and right to health.

This session prepared the participants for next topic : the Right to health during which participants reflected on two scenarios in the stories of Leilah and Hawa respectively brainstorming and discussion on the challenges and difficulties the population face in regards to accessing health. Following this session, the training participants understood the need for all to have access to health services that are affordable, accessible as it helps the citizens to thrive and realize their full potential.

In the wake of the discussion on Right to health, the next Presentation was on Liberia Health Equity Fund, this presentation was facilitated by Mr. Nuakeh K. Kwenah Health Financing Officer of the Ministry of Health, His presentation covered;

Overview of Health Financing System in Liberia

- Trend in GoL Budgetary Allocation to Health FY 2011/12- FY 2018/19
- GOL Vs. External Funding FY 2018/19
- Future of Health Financing in Liberia vis a vis the Liberia Health Equity Fund
- Health Financing Performance in 2018/19
- Current Bottlenecks to Financing Health in Liberia
- During this presentation, Participants learned of the current health financing landscape and challenges, and key challenges among the learnings were as follows; Liberia has Free Health Care Policy, yet high out of pocket expenditure on health, the Households **Out-of-pocket Expenditure 46% of Total Health Expenditure**, Unsustainable funding trend with Only 26% of institutional spending from GoL, 60% from donors & 14% from Private sector while 29 % of donor resources in the health sector are off budget as well as Weak risk pooling mechanism: Fragmentation of pooling mechanisms (FARA, WB PIU/PFMU, EPI,



UNICEF, UNFPA etc) . Misallocation of resources across investment areas, counties and healthcare functions/providers. Interestingly, Health Service delivery has sufficient funds while the rest of the 8 investment areas are underfunded yet there are issues with quality of care, Unequal per capita distribution across counties (US\$1 vs. US\$6 domestic & US\$ 44 vs. US\$ 3/capita external resources) 32% of resources spent on curative care, only 11% on preventive care. The presentation also highlighted that since 2006 up to present, health services have been **free at all public health facilities however** public health expenditure has fluctuated from 9.5% of total GoL allocation in FY 2011/12 to 14% in FY 2019/20. Remarkably most of the government of Liberia fundings goes to salaries and other overheads.

The facilitator also shared that the Liberia Health Equity Funds is the future of health financing in Liberia and main framework towards Liberia's achieving Universal Health Coverage with the goal **to** have Essential Package of Health Services accessible for all citizens with subsidies for the poor through gov't, donor, and Health insurance fund pooling and output-based purchasing with the sequencing of short term, medium term and long-term .

Participants understood that the foundation of LHEF relies on strong political will to drive the reform. As it stands political will and commitment is still a challenge that will need Civil Society actors and media to elevate and push for change in such direction.

Prior to the close of his presentation he highlighted the following as current bottlenecks to health financing reform as follows; Free Health Care Policy declaration /duration v.s Implementation & Outcome, Inadequate visibility over Health Sector resources , Difficulty in acquiring data from development and implementing partners through annual resource mapping exercise (Donors 53% response rate, NGOs 50% response rate) , No system in place to address high –out of pocket expenditure , domestic resource mobilization and risk pooling in order to increase financial risk protection, Unsustainable funding trend -, Misallocation of resources across investment areas, counties and healthcare functions/providers and Inefficiencies in spending at various levels . In closing he stated that over the last 9 years, there has been several efforts by the government of Liberia towards strengthening the health financing space, and some of these provide the basis for a robust understanding of the cost of health services. This session was highly interactive as participants were being empowered with relevant information and data on the current issues as it relates to the Liberia Health Equity Fund towards health financing reforms in Liberia for Universal Health Coverage

The last presentation of the day was on Understanding Advocacy as a tool to achieving UHC in Liberia. This topic was facilitated by Ms. Joyce Kilikpo of Public Health Initiative Liberia, the presentation covered case studies on advocacies done by CSOs on UHC using reference materials from the new UHC Advocacy tool kit
Day one ended with reflection , evaluation and next session preparation .

The theme for Day two was - **PFM, efficiency and health budget advocacy for achieving UHC**. The day's session began with the rapporteur providing update from the previous day session, followed by presentation of Day's objectives which covered the following; that at the end of the training participants will have consolidated their understanding of Public financial management, Efficiency and health budget advocacy for achieving UHC, Understood the Budget Cycle and Identified, shared techniques and tools to advancing budget advocacy.

While the agenda covered key concept of public financial management for efficiency in Health financing, Health Budget Cycle in MOH (Planning, Processing & Executing), -Out of pocket spending, fiscal space and domestic Resource Mobilization for Health: The case of Liberia and Health budget:?

The first presentation of the day's session was facilitated by Mr. Emmanuel Tieh Delamy, health financing expert and Co-facilitator on the topic "Key concept of public financial management for efficiency in Health financing. This topic began with a question; ***Why Public Financial Management (PFM) in Health***, this was used to brainstorm and open discussion around the rationale for PFM, subsequently following participants sharing their thoughts around the questions, the facilitator presented a slide which highlighted that we need PFM in Health because; to enable effective health service delivery. Progress towards UHC requires reliance on increased government spending bringing PFM to the forefront which looks at how budgets are formed and allocated to different ministries (including health), how these funds flow through different levels of administration and how these budgets are implemented as well as PFM system have important implications for health financing (Revenue, pooling purchase) and service delivery.

Participants were made to understand that the objective and conceptual framework for PFM in Health aim to establish link through a problem drive approach (health service delivery constraints; low service coverage, low quality of care) and inspire and guide practitioners and policy makers who can help advance a developmental approach to PFM as a necessary condition for service delivery in the health sector (PFM system – Budget preparation and allocation, budget execution, monitoring and reporting) and Health financing elements (Domestic resource mobilization, Risk Pooling and Purchasing). While PFM and Health Financing in a fragmented systems lacks accountability across providers, poor coordination and quality of care, deficiencies in clinical information, misalignment of incentives payment to providers, little transparency in cost and medical outcomes etc.

The facilitator stressed that one of the key issues in health financing is funding predictability for program implementation, and funding availability during times of contingencies. Afterward he asked a question and it said, What is the role of PFM to improve predictability of financing and availability during contingencies? The issue that comes up repeatedly is how to improve budget execution and spending available funds with due attention to economy, efficiency, and effectiveness. How effective are the spending? Does it make a difference to have spending controls at program level than spending units (facilities etc.)?

Thus ha echoed, that Funds allocated to the health sector should be spent in a transparent manner. If done, it inspires confidence that additional resources will be put to use efficiently. Besides, transparent spending contributes to greater accountability for the use of funds.

In reference to the Liberia health financing strategy within the context of the PFM the facilitator indicated that the institutional design looks at Sustainability (Generating domestic revenues for health), Efficiency (Harmonizes the financing of the health sector; moving away from general funding; Paying for outputs) Equity (Additional funding from earmarked taxes can be used to cover premiums of the poor).

He further stated that for the latest versions of the Liberia Health Equity Fund as a fulcrum for health financing planning, there was an acknowledgement that the big-bang approach was not the best path forward, and in turn it will focus on all population groups but a gradual country-based roll-out

In relations to how PFM works, the facilitator stated that it starts from the problem at the point of service (Maps and examines potential associations between PFM, Health Financing and Service delivery results -Analyzes the demand and supply side bottlenecks for service delivery and how they are linked to underlying macro PFM and HF challenges) **Assessment Tool/PFM Drill down Questionnaire :** (Has list of potential service delivery challenges, what questions to ask to collect data and how to analyze the data collected ? To be used for conducting case studies – and help develop it into an assessment tool .

In closing the facilitator informed the participants that Civil Society is a powerful tool for advocacy, education and information dissemination that goes a long way in strengthen PFM in health

Day 3 covered Session 3 under the theme; ***What Budget efficiency Means and Concrete budget analysis***, the agenda for the day covered the following topics ; What budget Efficiency means? Concrete Budget analysis and Budget monitoring tool?

The session commenced with hearing from the rapporteur of the previous day, Grace Gaie of Local Voices Media, who shared with participants key learnings and take away of the session on day 2. Subsequently, the facilitator of Day 3, Mr. Emmanuel Tieh Delamy presented on the topic , Efficiency in Health Budget, Monitoring Tool for accountability in Achieving UHC. During this presentation, the facilitator informed the participants of the budget circle which beings with budget formulation (the executive puts in budget plan) , followed by budget approval and enactment by the legislature (debates , changes and approval of the budget plan submitted by the Executive) ,budget execution by the government of Liberia and closes with budget auditing.

Under the Heath Budget Monitoring, the facilitator, shared that health budget monitoring looks at the following,

- Quality- regulations and regulatory environment, effective ,responsive individual and population based services as well as individual , family and community engagement
- Efficiency- systems design to meet populations needs, incentives for appropriate provision and use of services as well as managerial efficiency and effectiveness
- Equity- Financial protection, service coverage, access and non- discriminatory
- Accountability – Government leadership and rule of law, partnership for public policy, transparency, monitoring and evaluation
- Sustainability and Resilience – Public health preparedness, community capacity and health system adaptability and sustainability

Following the presentation participants were divided into group of 3 to brainstorm and discuss how does one monitor budget efficiency ., during this brainstorming and subsequent discussion at plenary, participants were able to list accountability tools for budget formulation, enactment, execution , budget oversight and evaluation.

Facilitator informed participants that Budget analysis as a tool for budget advocacy contains the answers to key questions about how our government manages our money and particularly in specific sectors such as health , it can provide us with important evidence to make our case to government and key stakeholders as well as it is useful in monitoring in concrete terms , whether a government is or is not advancing towards a given priority such as the UHC. Participants were informed that to implement public policies, the government must allocate sufficient financial resources to respond to the needs of its population and trends. As such public funds must be spent efficiently, effectively and in a timely manner. The tool on budget analysis covered the following.

Budget allocations: analysis of trends in public spending to understand how much money the government allocates for different policy priorities and to different levels of government

Resource flow: analysis of how money flows from central to local level

Budget execution: analysis of how much of the allocated funds are spend and whether they are spent effectively and efficiently

Additionally, participants were made to understand that budget can be analyzed to determine whether the government is advancing in human rights; such analysis looks at whether the budget advances human rights through use of maximum available resources, progressive realization and non- discrimination

Participants understood from the presentation that the UHC has agreed upon public health spending benchmarks for countries, and these benchmarks were highlighted as follows; government to spend 5% of GDP on health and US \$86 per capital. Maximum threshold for out of pocket spending 20% of total health expenditures Governments to allocate 15% of their total health budget and an additional 1% of the GDP or more for primary health care.

Subsequently to have participants applying what they have learned from the session, they were divided into a group of two to review the National budget of 2019/2020 and identify

whether the budget reflected the spending benchmarks. From the exercise, participants concluded that the budget missed out on all benchmarks on public health spending for achieving UHC and as such there is a need for collective advocacy on health financing. At the closed of the workshop, participants were provided a budget advocacy planning tool to work on during the one week break of the training which covered Budget Circle (Budget Formulation, Budget Enactment, Budget Execution and Budget Oversight & Evaluation) with advocacy goal, documents to influence, target stakeholders, allies and partnership, arguments and information needed . The training was closed, and participants and a WhatsApp group was developed to enhance communication and coordination among all and also support participants as they work in the budget advocacy planning tool.

Day 4 Session 4 was held on November 8th under the theme : Data Sources and tools for analyzing health financing and UHC with the following objectives : to identify a range of tools for accessing data and conducting analysis on health financing to support advocacy areas and to Consolidate participants understanding and identify areas for UHC, Right to health and budget monitoring . To achieve these objectives the following agenda was covered Breakout session on country advocacy plan development. The previous session report was provided by Samukai Sano Executive Director of Community Safety Initiative , where he provided summary of topics covered on November 22, participants also provided addition to the summary provided. Once this aspect of the workshop was done, the group were divided into two to develop the country workplan for the purpose of budget advocacy. Prior to this activity, Ms. Joyce Kilikpo presented a slide on development of country advocacy workplan along with key messages and tips. This reenergised the participants on the budget advocacy workplan. The groups worked together and later presented their workplan for discussion by plenary. This ended the day's session and participants were asked to harmonized the plan developed for review on the next day's session as part of preparatory work for the Country Advocacy plan.

Day 5, session 5, was held on November 9th, 2021. The theme for this final session was Building & Setting up participant for Country Advocacy program, with the below listed objectives; to share results of the evaluation of the training and provide key messages and recommendations, To have a shared their commitments and next steps and to outline next step for further support



under the country level advocacy program. To this end, rapporteur of the day provided summary of the previous day's session and other participants added to the tips and key messages developed. Afterward, the participants regrouped to put final touches to the workplan. Following 2hr 30 mins of group work, an integrated workplan was presented with the overall goal as : By 2023 Jan the Finance Ministry will be allocating 15% of the national and 1% of GDP to the health sector budget, in line with commitments made for achieving UHC while the objective of the workplan is to increase domestic financing for PHC towards achieving UHC in Liberia.

Once the work plan was adopted, participants were reorganized for closing and certification of training participants. Subsequently, participants in their final remarks at the closing of the 5 days training recommended the following;



- That Civil Society be supported to undertake national advocacy project on Health Financing and UHC as one of activity or training wouldn't solve the huge challenges facing the sector.
- That those trained, join the Liberia Health CSOs Network to strengthen collective engagement on sustain health advocacy instead of having a splinter CSOs group for UHC which is likely to not be sustainable
- That CSOs be represented in the health financing working group to enhance its advocacy role
- That CSOs be supported to push and advocate for political will and commitment at the level of the presidency, parliament as well as Ministry of Finance and Development Planning