



# Rebuilding Sustainable Fragile States: What Donors Need to Do

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# Presentation Outline



## Part 1: National Situation

- Stages of fragility
- Development challenges

## Part 2: Health Sector

- Reform challenges
- Strategies
- Actions
- Results

## Part 3: Lessons Learned

- Fragile states
- Health sector



# Liberia: Moving through stages of fragility

- 1978-1980: Relatively stable with chronically poor capacity and governance
- 1980-1989: Prolonged political crisis
- 1989-2004: Conflict
- 2005-present: Transition from conflict to peace

# Development Challenges



- Poor infrastructure
- Collapsed economy and limited funding
- Weak and fragmented social services, health care and education
- Acute shortage of trained human resources
- Lack/limited institutional capacity
- Weak and centralized governance structures/systems
- Instability and conflict persists





# Rebuilding Liberia 2005-2009: Government Partnership with Donors

- Democratic governance
- One coordination mechanism: LRDC, county support team
- Alignment of program: IPRS, PRS
- Resource mobilization-donor conferences
- Target harmonization: trust fund, pool funds, budget support
- Sustained TA program support: GMAP
- HR development: scholarships, incentives
- Strengthening civil society and NGOs





# Part 2: Liberia's Health Sector Reform: Challenges, Actions, Achievements and Lessons Learned



# Liberia Health Sector Reform Challenges

- Weak and fragmented health system
- Acute shortage of trained health workforce
- Fragmented coordination mechanism
- Damaged health infrastructure and training institutions
- Poor policy and planning environment
- Fragmented funding mechanism
- Fragmented service delivery interventions
- Lack/limited harmonization and alignment
- Weak data management system



# Strategies that made the difference

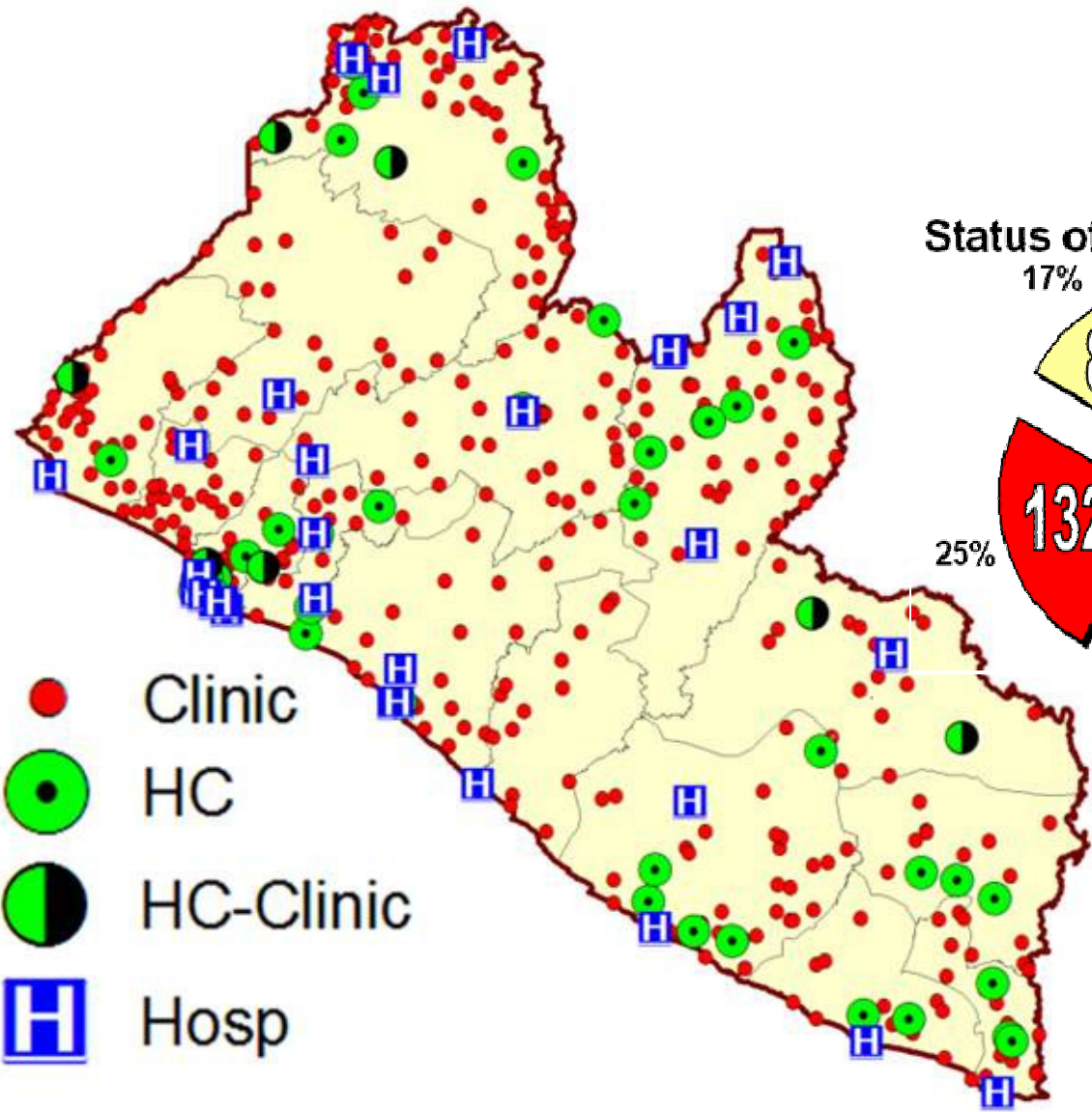
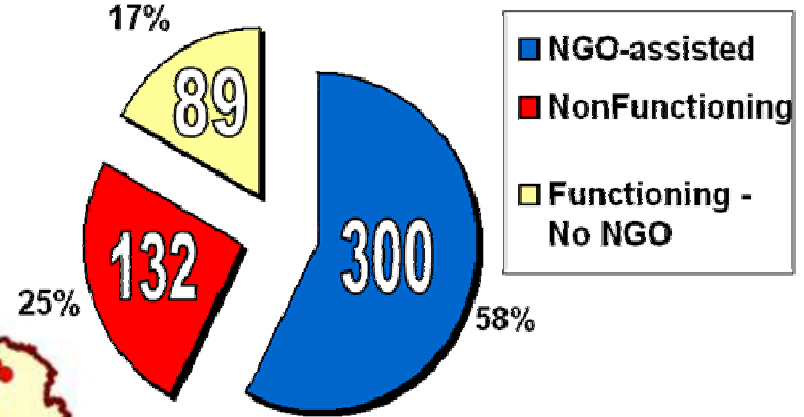
1. Establishing health leadership & management
2. Transparent engagement of donors and NGOs
3. Involvement of stakeholders in planning & decision
4. Development the NH Policy & Plan by pillars
5. Mobilizing the resources for implementation
6. Implementation of NH Policy & Plan
7. Partnership coordination mechanism
8. Set up Health Pool Fund
9. De-concentration of services, leadership & management
10. Researching to identify needs/priorities



# Researching to identify needs and priorities

# 2007

Status of Liberia's 521 Health Facilities



- Clinic
- HC
- HC-Clinic
- Hosp

# Key Implementation Actions



- Quarterly and annual review of plan
- County Health & Social Welfare Boards
- Standardized incentives for health workers
- Contracting with NGOs
- Technical assistance from partners
- Scholarship for health workers
- Move to decentralize 9 support system
- Decision to integrate services
- One national HMIS and M&E



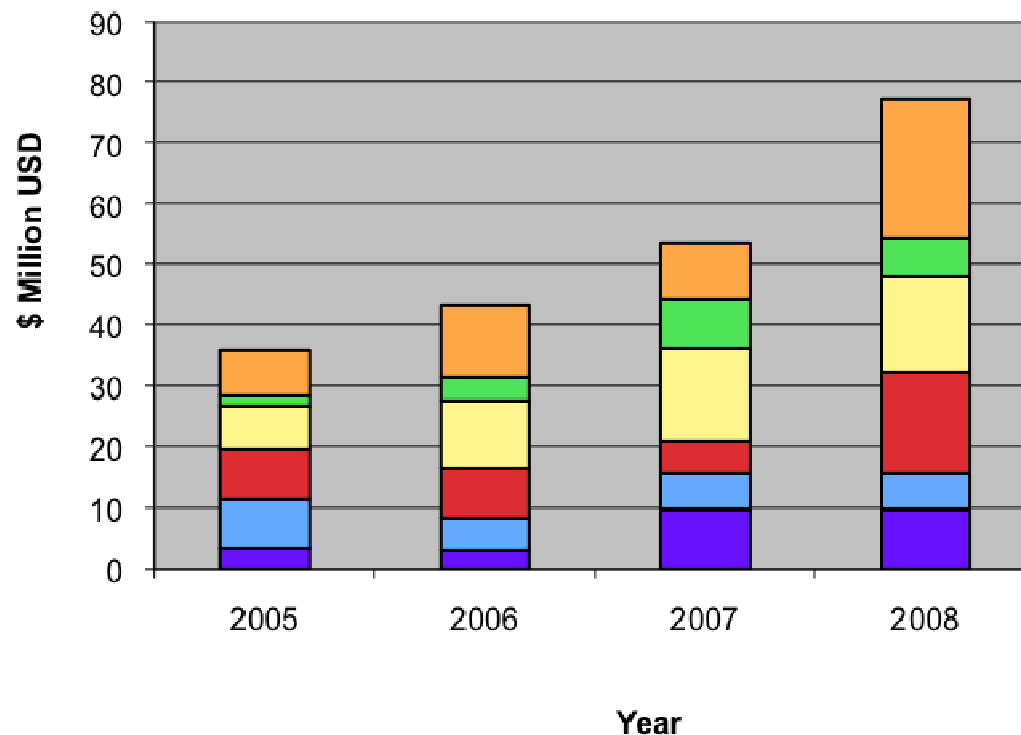
# Results / Achievements

- Alignment and partial harmonization
- Increased donor support
- Pool fund mechanism functional
- Over 2000 health workers on standardized incentives
- 267 health workers on scholarship
- Electronically based decentralized HMIS
- Establishment of 2 rural training schools
- Increased donor support

# Increased donor support



Liberia Health Sector Transition Funding 2005/08



- USAID
- Irish Aid
- Government of Liberia
- GFATM
- European Commission
- DFID



# What has been the role of donors?

- Advocacy
- Resource mobilization and allocation
- Advice and guidance on policy & strategy
- Support for technical assistance



# Lessons learned for a fragile state



- Democratic government is critical for donor support
- A strong, committed and transparent political leadership increases confidence
- One government led donor coordination mechanism
- Clear national action plan jointly developed with the participation of all stakeholders to increase ownership and sustainability
- Harmonization of donor support reduces transaction costs
- Existence of a multi-donor advocacy group/mechanism
- Sustained engagement of civil society
- Multiple donor-specific requirements put pressure on the government and slow momentum



# Lessons learned for the health sector

- Having a plan to lead is key. Our leadership is defined by the effectiveness of our coordination
- Strong health leadership and partnership
- Health system pillars provide a useful framework for planning and rebuilding a PHC system. Alignment of donor support to national priorities is essential
- Implementing pillar-specific actions helps maintain the momentum for rebuilding and scaling up
- A participatory county-based approach is essential to getting “buy in” at all health system levels
- In mobilizing resources in partnership we overcome capacity constraints. Results bring more support

# Standing together to support good health



**Rebuilding and reforming our future, in pursuit of their hopes and dreams...**

*The sun will shine on those who are standing before it shines on those who are sitting.  
Liberian Proverb*

