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What are the Keys to Success in Health Development in Post-Conflict Countries?

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BASICS
September 2009



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Outline

1. What has worked?
2. Why has it worked?
3. What was required for success?
4. What tools were developed?
5. How were actions prioritized?



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What has worked?

1. Establishing clear, achievable priorities
2. Preserving and extending access
3. Enhancing capacity of ministry of health/public health



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Why has it worked?

1. Produced visible results
2. Met rising expectations of population
3. Encouraged government involvement and supported leadership
4. Simultaneously addressed long AND short term needs
5. Emphasized creative solutions and “paradigm shifts”



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What was required for success?

1. Information

- Data to act on
- Data for managing
- Data for monitoring progress and changes

2. Commitment to health sector by donors

- Transition gap
- Flexible funding mechanisms

3. Coordination

- Government --- Donors
- Donor --- Donors
- Government --- NGOs

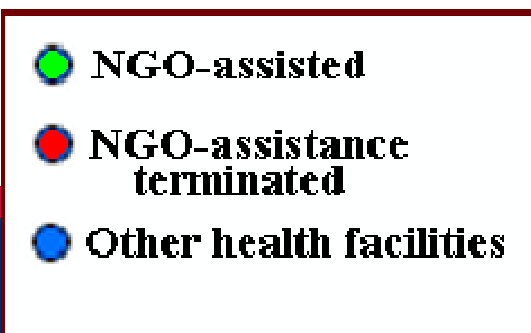


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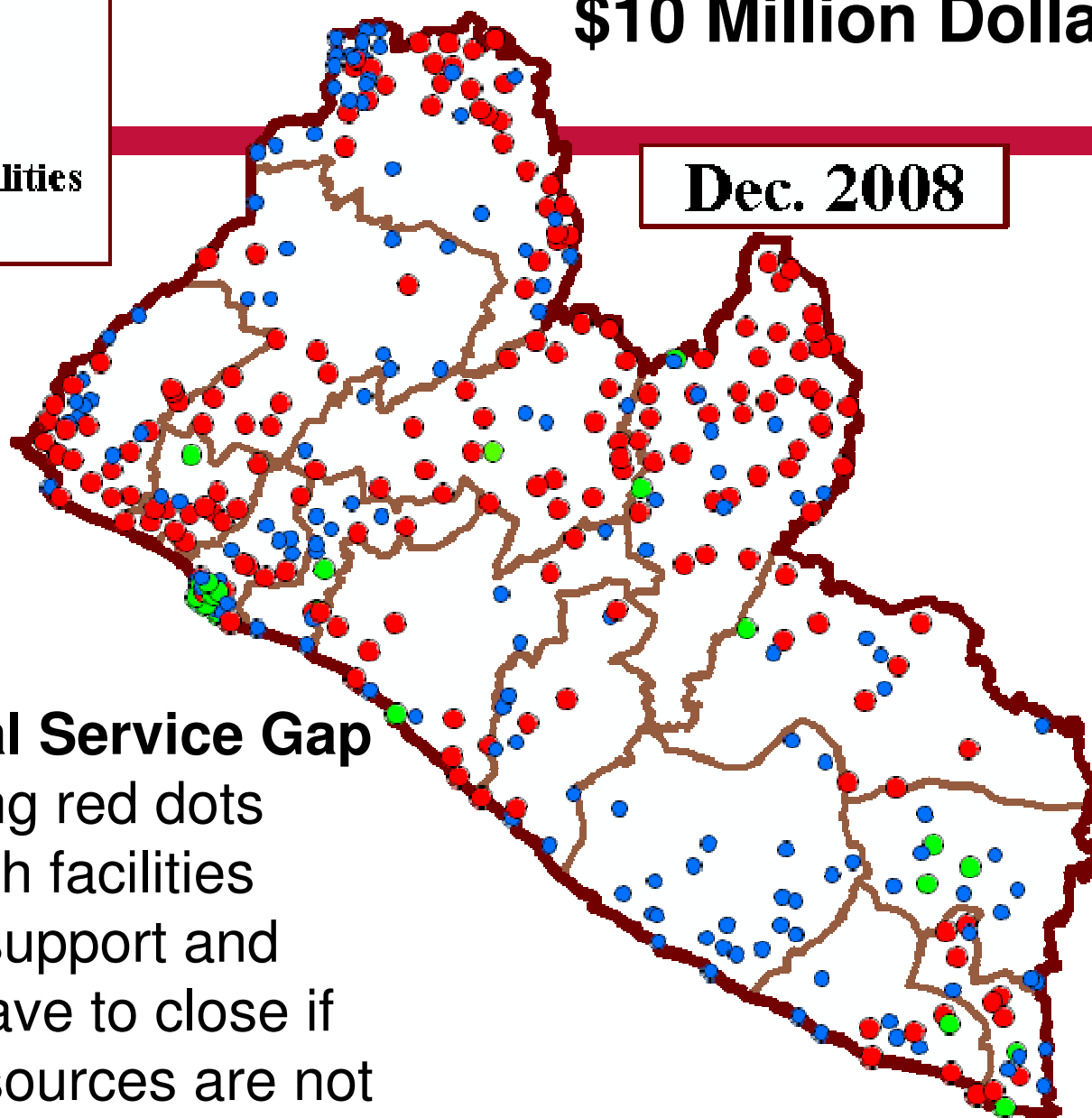
What tools were developed?

1. Country-wide health resource assessment:
 - Data base of all country health resources—human, facilities, equipment, workload. Required as solid base for planning
 - Findings: 20% of 1036 facilities not listed, 16% no longer active
2. Health management capacity assessment
 - Identified factors that enable or constraint decentralized management-beyond skills/knowledge to manage
 - Potential to be used by government and partners to take action to address factors and reinforce county level capacity
3. Resource gap analysis
 - Defined potential funding gap over subsequent 2 years for Liberian health sector
 - Acquired sufficient support from donors to cover gap, including \$10 million from the World Bank for the health sector

\$10 Million Dollar Map



Dec. 2008



The Potential Service Gap

The increasing red dots indicate health facilities losing NGO support and which may have to close if additional resources are not available.



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How were actions prioritized?

1. Immediate (0 – 6 months)
 - Immunization
 - Humanitarian assistance for internally displaced persons and refugees
 - Disease prevention, care, treatment
 - Essential drugs

2. Quick impact and medium term (6-18 months)
 - Expand services and maintain existing services
 - Develop health sector policies and regulation
 - Promote community participation
 - Create and renovate infrastructure
 - Pharmaceutical management and supply



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How were actions prioritized? Cont.

3. Longer-term develop responses (18 months- 5 years)
 - Ministry taking on its stewardship role
 - Build capacity of ministry to develop policy framework and make long-term plans
 - Develop human resources for health
 - Develop hospital boards
 - Develop sentinel surveillance
 - Address prevention and control of diseases (TB, HIV/AIDS, malaria)