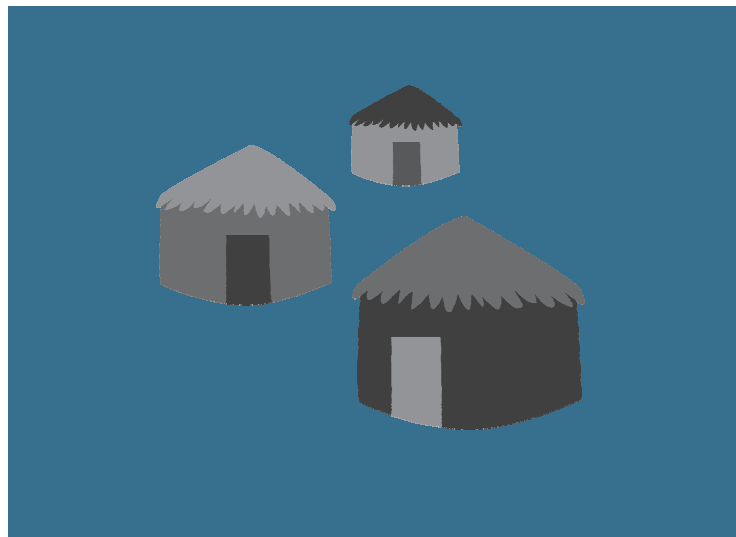


# Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa



#HealthForAll  
[ichc2017.org](http://ichc2017.org)



# OBJECTIVES OF THIS SESSION

- **Share** progress on Liberia's new CHW program and challenges in medium-term finance
- **Discuss** the approach and thinking on how to solve for these challenges that was used in Liberia
- **Gather input** from others facing similar challenges and discuss what works

This presentation was prepared by the **Liberia Ministry of Health, Financing Alliance for Health, and Last Mile Health**

- Roland Kessely, Director, Health Finance Unit, Liberia Ministry of Health
- Nan Chen, Deputy Director, Policy & Public Partnerships, Last Mile Health/Financing Alliance for Health



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## • Liberia's Community Health Assistants

- Review of Health Fiscal Space
  - Financing Alliance Project and Approach
  - Recommendations
  - Next Steps and Discussion
-

# LIBERIA'S HEALTH CHALLENGES



# THE PROBLEM: POOR NATIONAL HEALTH OUTCOMES

National Indicators	Liberia	Ethiopia	USA
Maternal Mortality per 100,000 live births	<b>1,072</b>	420	28
Under-5s Mortality per 1,000 live births	<b>94</b>	64	7
Infant Mortality per 1,000 live births	<b>55</b>	43	6
Neonatal Mortality per 1,000 live births	<b>25</b>	29	4
Malnutrition Prevalence (% of children under 5)	<b>15%</b>	25.2%	0.5%
Life Expectancy at Birth (years)	<b>61</b>	64	79

Source: World Development Indicators, (2013)



## KEY FACTS

- Population: 4,195,666
- Unemployment: 85%
- Health expenditure per capita: \$46
- 1 health worker : 3,472 people

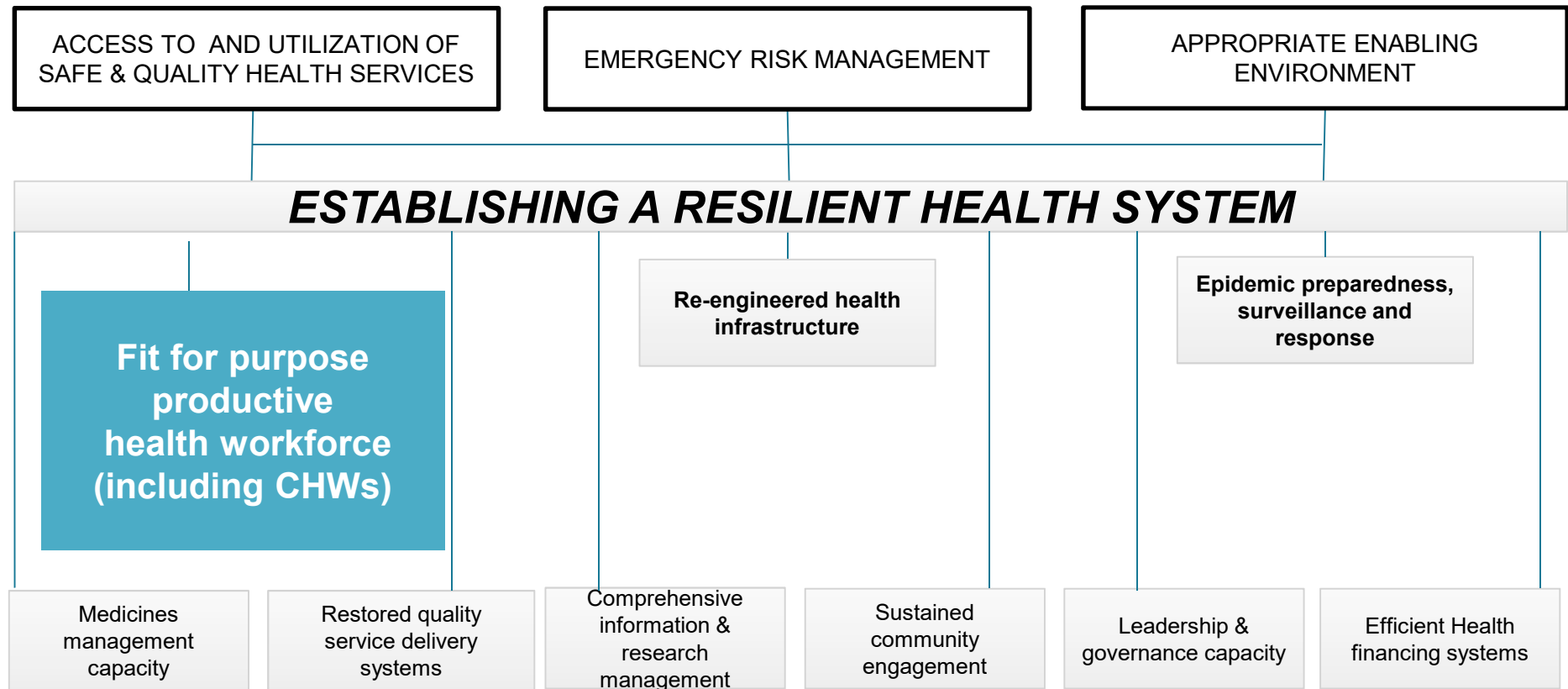
- Even prior to the Ebola outbreak, Liberia had the 3<sup>rd</sup> worst maternal mortality rate in the world – but had been making some significant gains child health, falling to 24<sup>th</sup> worst in under-5 mortality rates globally in 2013.
- Post-Ebola, the country is now working to rebuild and recover against expected further drops in its national health outcomes.



**Nearly 1.2 million Liberians live  
outside the reach of any health  
facility (beyond 5km)**

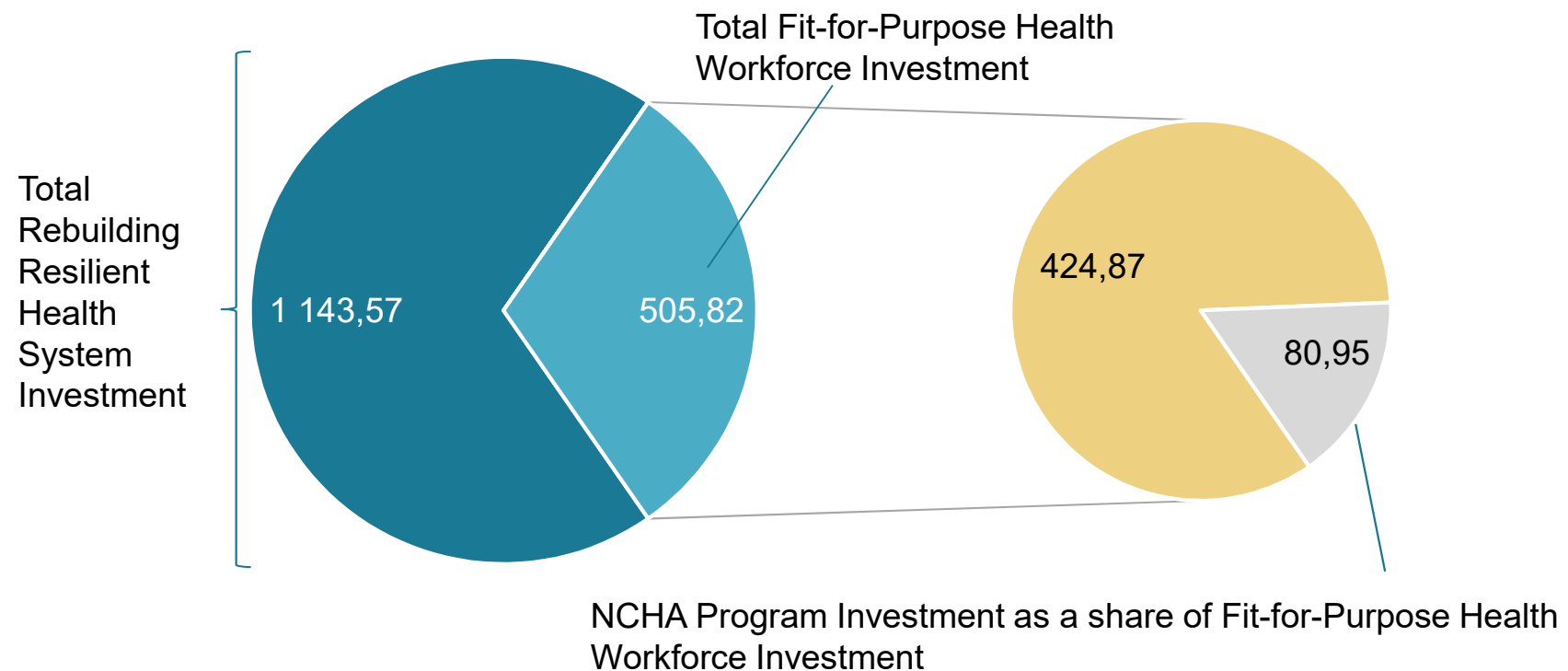


# POST-EBOLA INVESTMENT PLAN FOR BUILDING A RESILIENT HEALTH SYSTEM (2015-2021)



# FIT-FOR-PURPOSE HEALTH WORKFORCE: CHWS ARE KEY COMPONENT OF PRIMARY HEALTHCARE SYSTEM

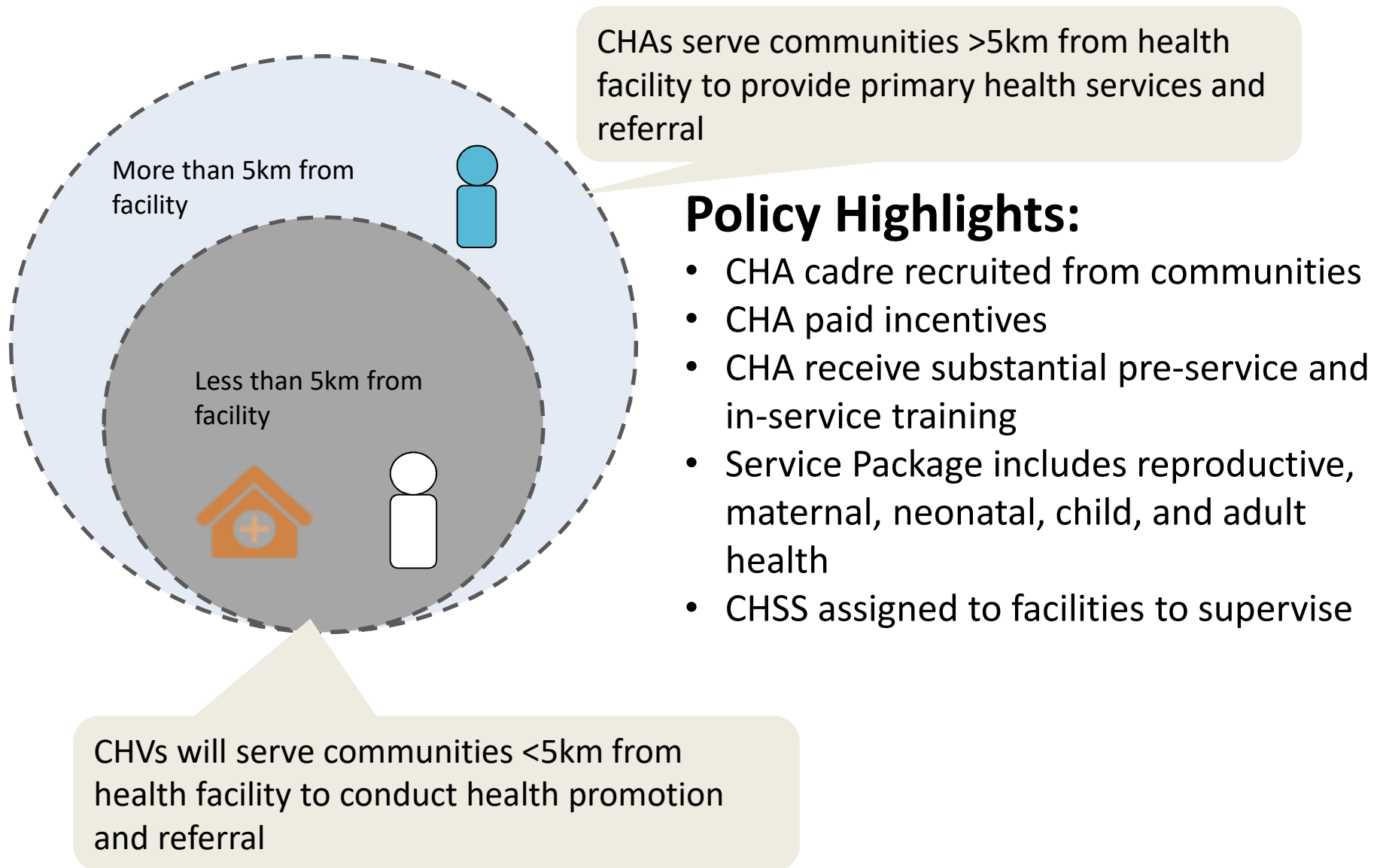
Health Sector Investment Plan Costs (FY15/16-21/22, in millions)



- **NCHA Program is largest component of the Health Workforce Investment**

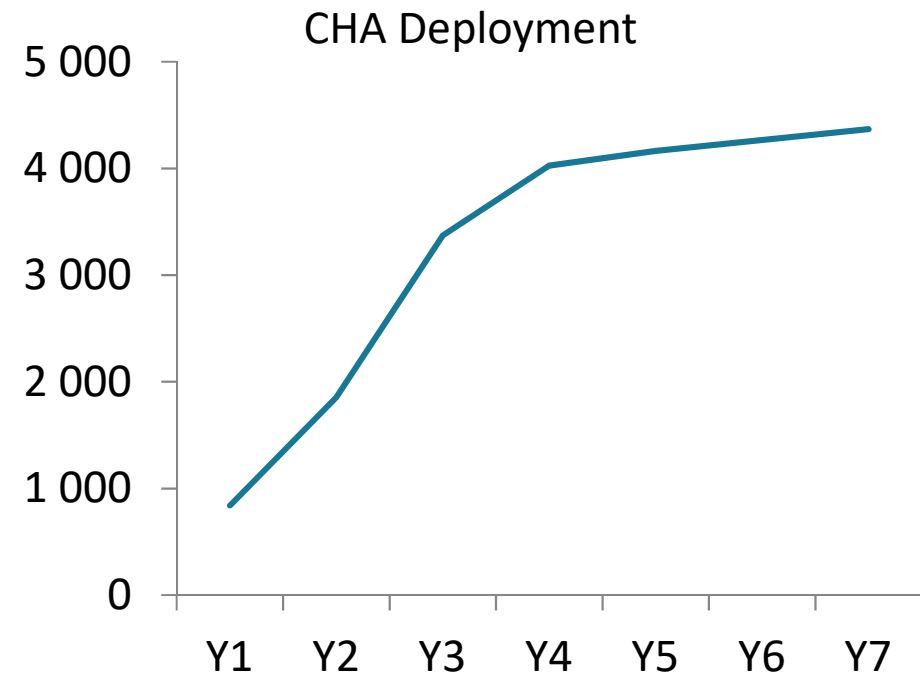


# REVISED COMMUNITY HEALTH SERVICES POLICY



# LAUNCHING A NATIONAL CHW PROGRAM

**National Community Health Assistant** Programs aims to deploy over 4,000 CHAs to serve the 1.2 million Liberians who live more than 5km from health facility

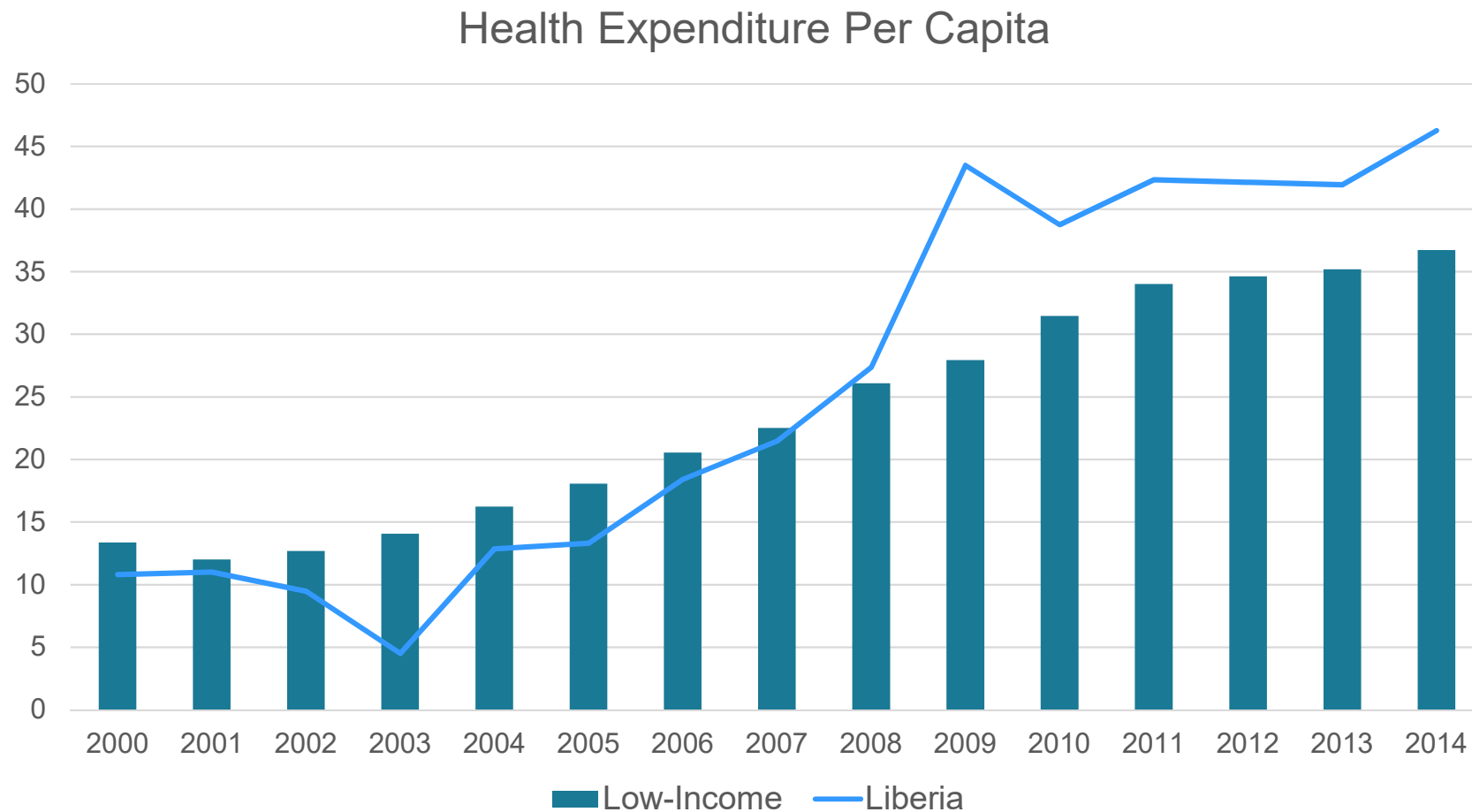


- 
- Liberia's Community Health Assistants

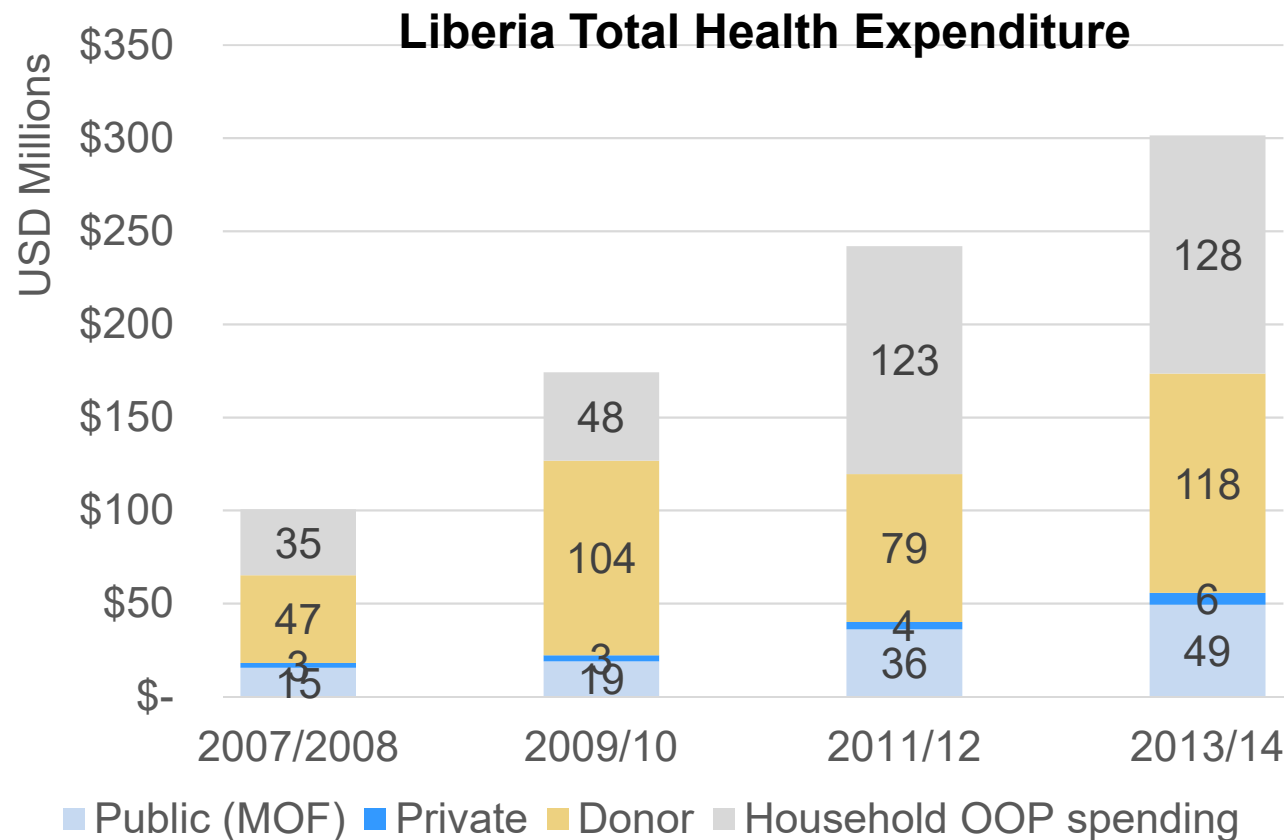
- **Review of Health Fiscal Space**

- Financing Alliance Project and Approach
  - Recommendations
  - Next Steps and Discussion
-

# LIBERIA SPENDS MORE ON HEALTH COMPARED TO THE AVERAGE FOR LOW-INCOME COUNTRIES



# HEALTH EXPENDITURE HEAVILY EXTERNAL, BUT GOVERNMENT SHARE INCREASING



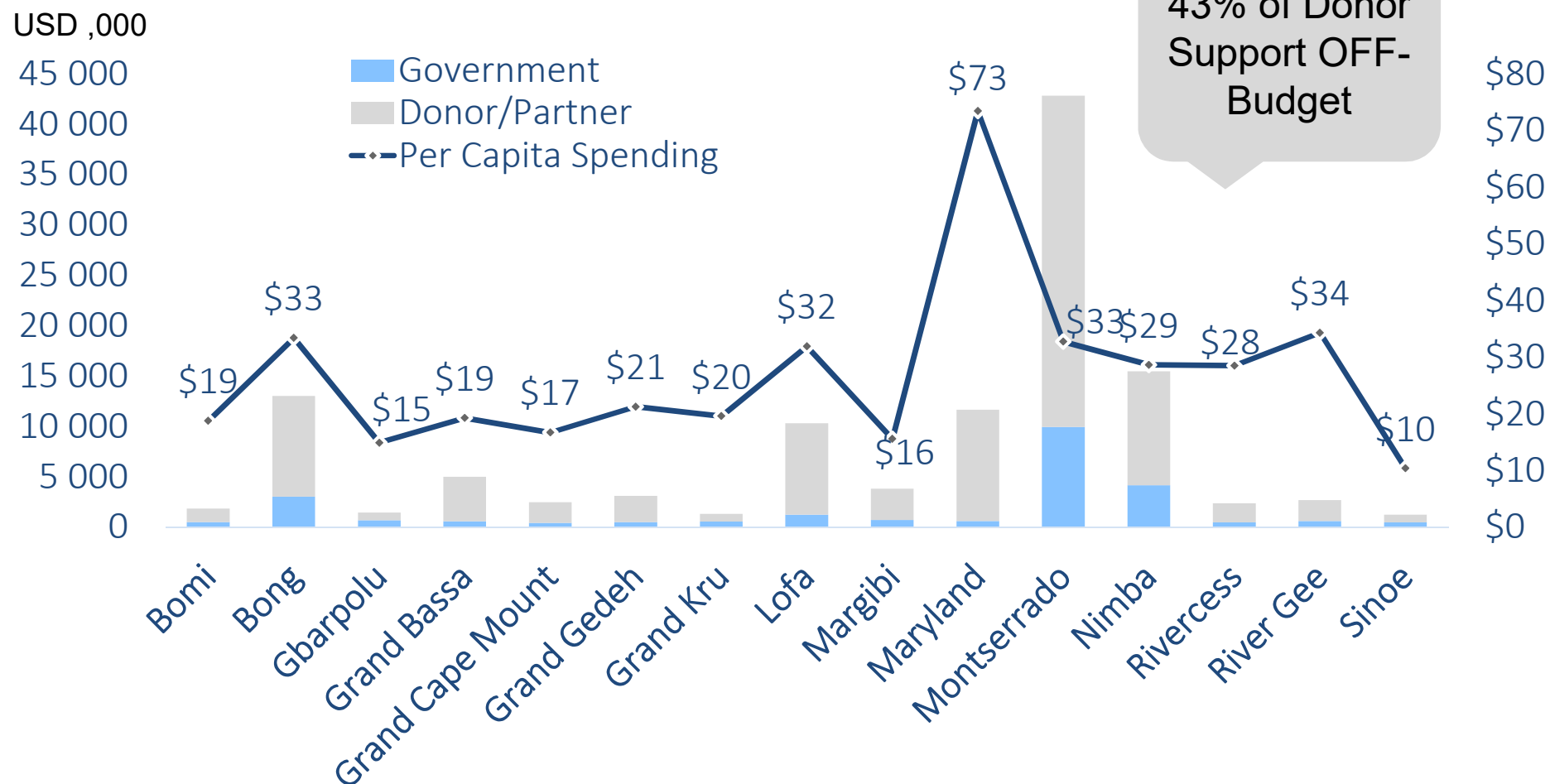
- High donor dependency for health service provision
- Donor support exceeded GOL support for health sector
- Households carry large burden

... Donor support will be needed now and in the medium-term



# RESOURCES ALLOCATED INEFFICIENTLY AND OFF-BUDGET DONOR SUPPORT

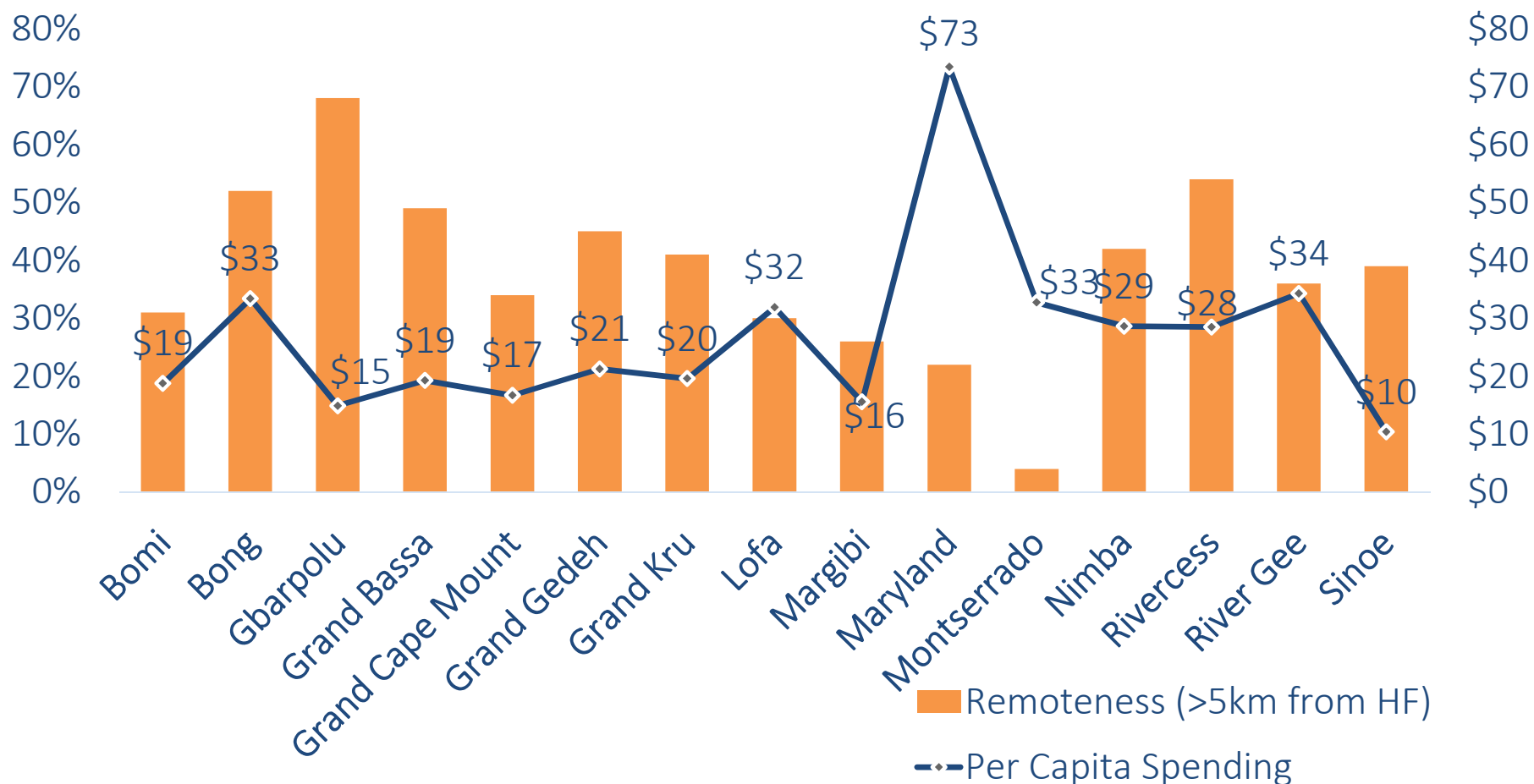
## Resources by County FY 15/16



## RESOURCES ALLOCATED INEFFICIENTLY AND OFF-BUDGET DONOR SUPPORT (CONT'D)

### Resources by County FY 15/16

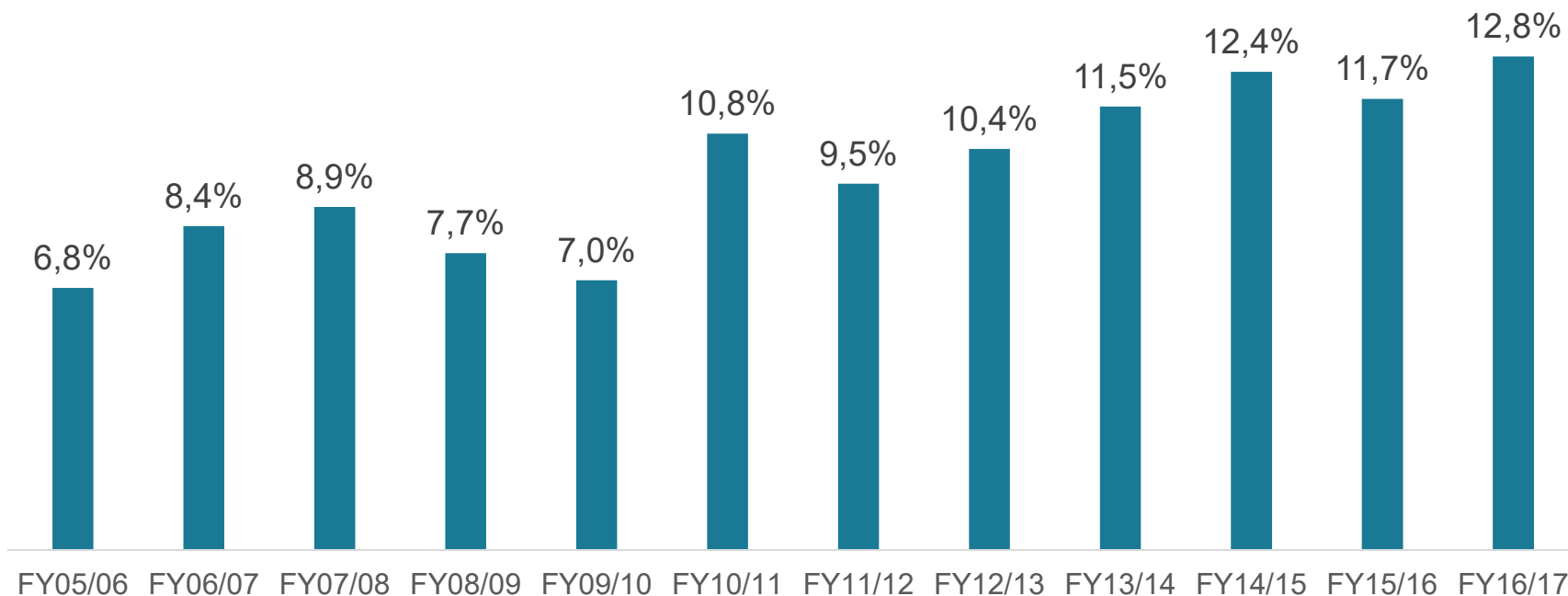
Percent Remote



# GOVERNMENT OF LIBERIA HEALTH FISCAL SPACE AND BUDGET TRENDS

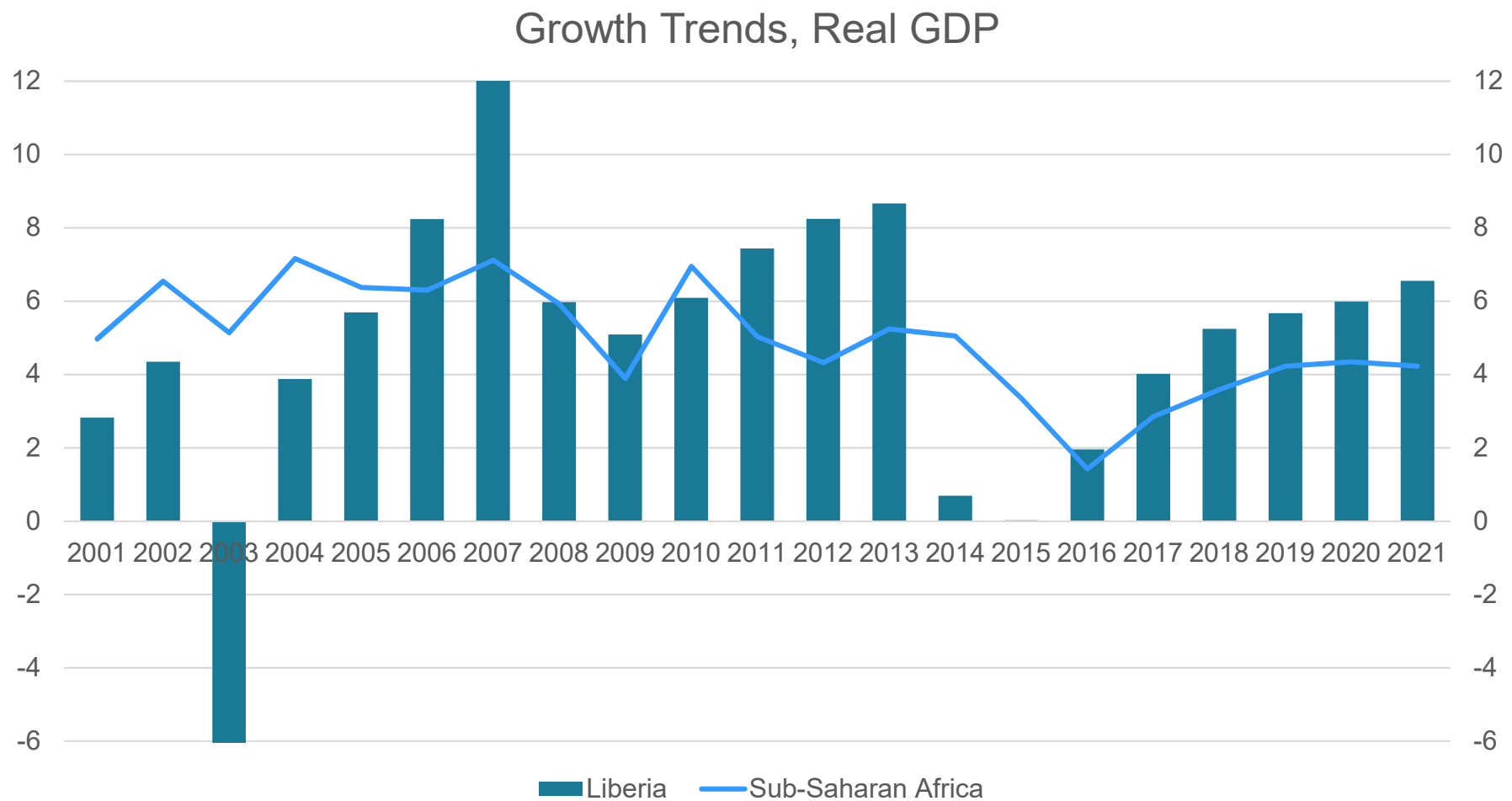
Percent of Government Budget Spent on Health

Abuja Target 15%



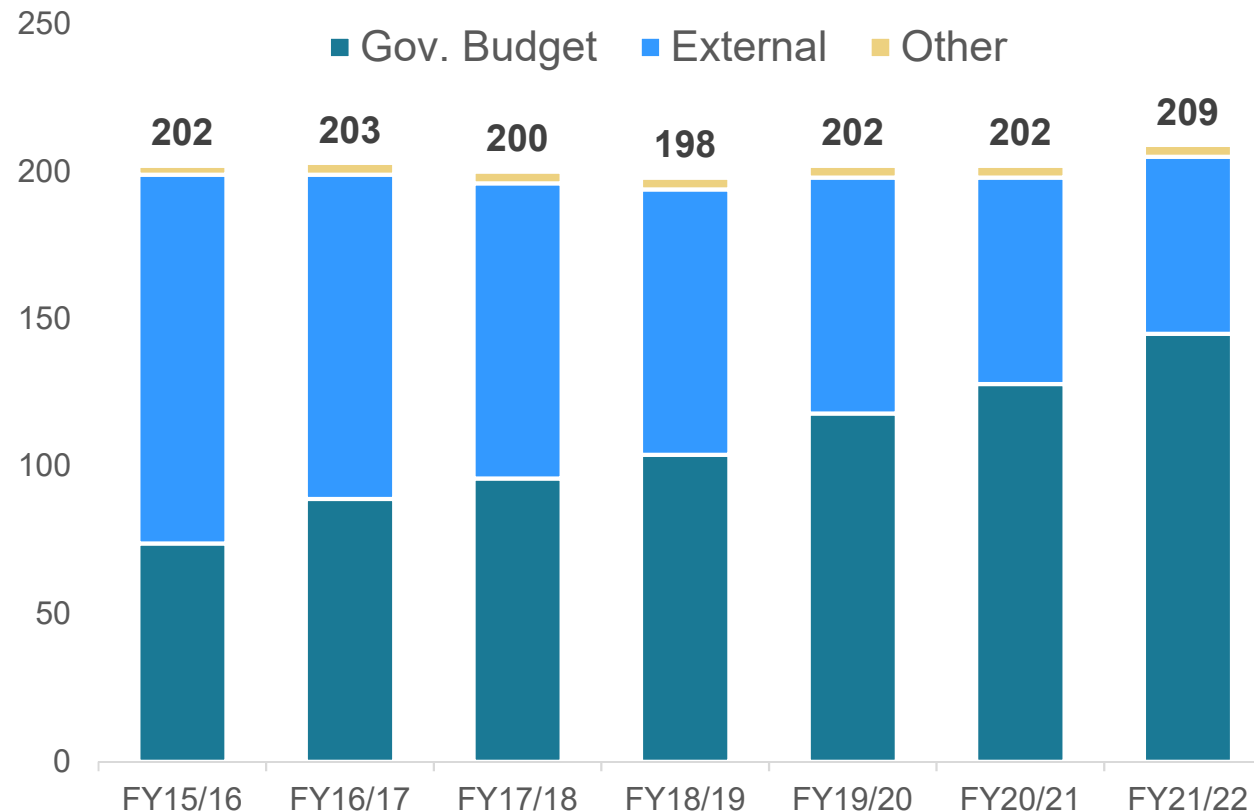
... trajectory of health budget is on the right track to meeting Abuja target

# GROWTH IS PROJECTED TO REBOUND, FROM 2016



# GOVERNMENT OF LIBERIA HEALTH FISCAL SPACE AND BUDGET TRENDS (CONT'D)

Health Fiscal Space Estimates (millions)



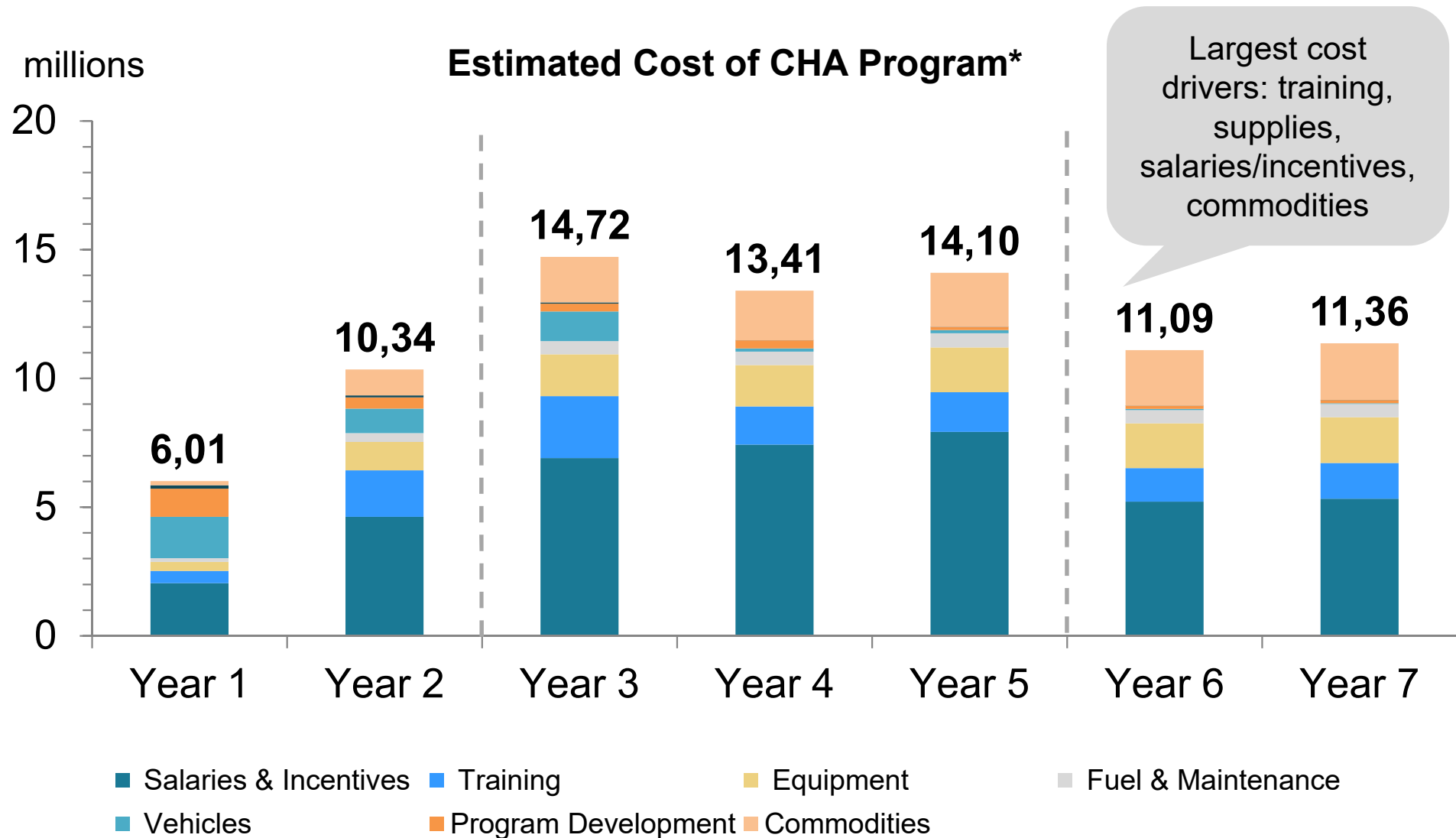
Assuming:

- GOL share increase to 15% Abuja targets
- Slight decrease in external aid
- Increases in Liberia overall Govt budget

**Source:** Fairbanks, Alan. Fiscal Space Analysis for Health in Liberia. World Bank (Mar. 2016). Note that a more recent fiscal space analysis is pending from the Clinton Health Access Initiative

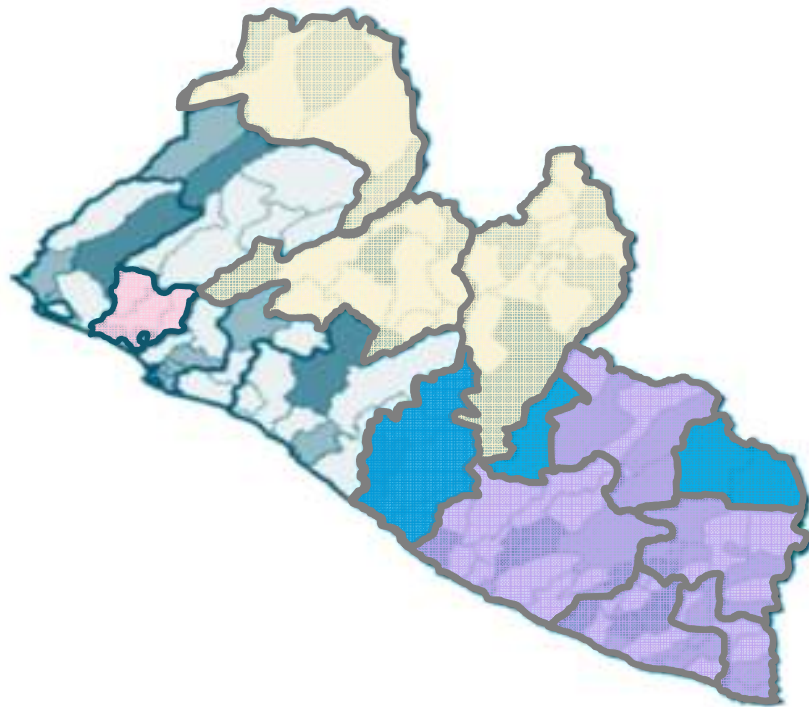


# ESTIMATED PROGRAM COSTS ARE 80M OVER INVESTMENT PERIOD, AND 11M RECURRENTLY



**Source:** LMH and FAH Analysis, \*including commodities under low assumption, costs increase with higher assumptions

# MANY DONORS AND IMPLEMENTING PARTNERS ALIGNED TO LAUNCH THE PROGRAM



... but medium and long-term funding outlook still a challenge

- 
- Liberia's Community Health Assistants
  - Review of Health Fiscal Space

- **Financing Alliance Project and Approach**

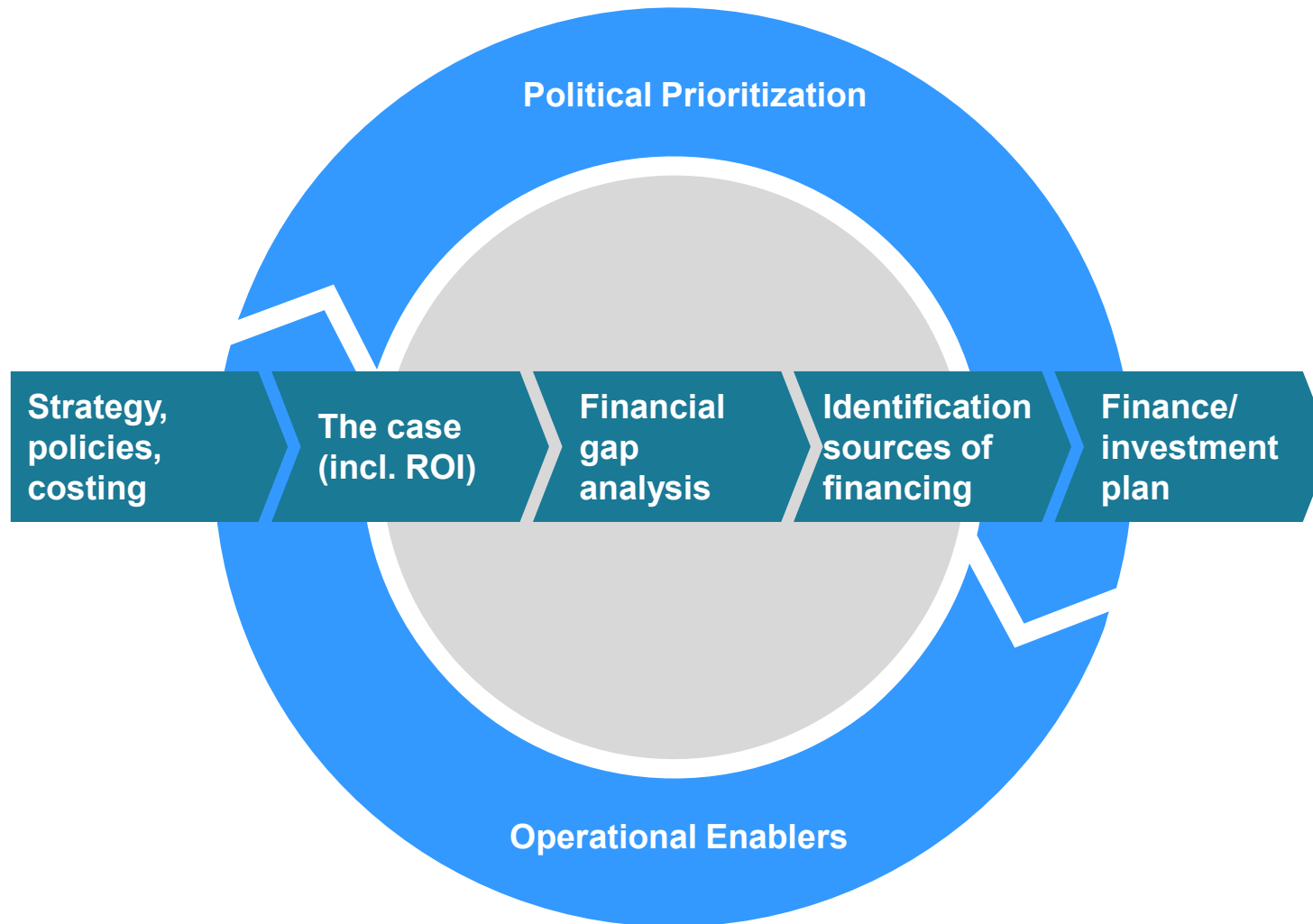
- Recommendations
  - Next Steps and Discussion
-

# PARTNERSHIP BETWEEN MINISTRY OF HEALTH, LAST MILE HEALTH, AND THE FINANCING ALLIANCE FOR HEALTH



The Goal: Recommendations for how to move forward with Financing Liberia's  
National Community Health Assistant Program

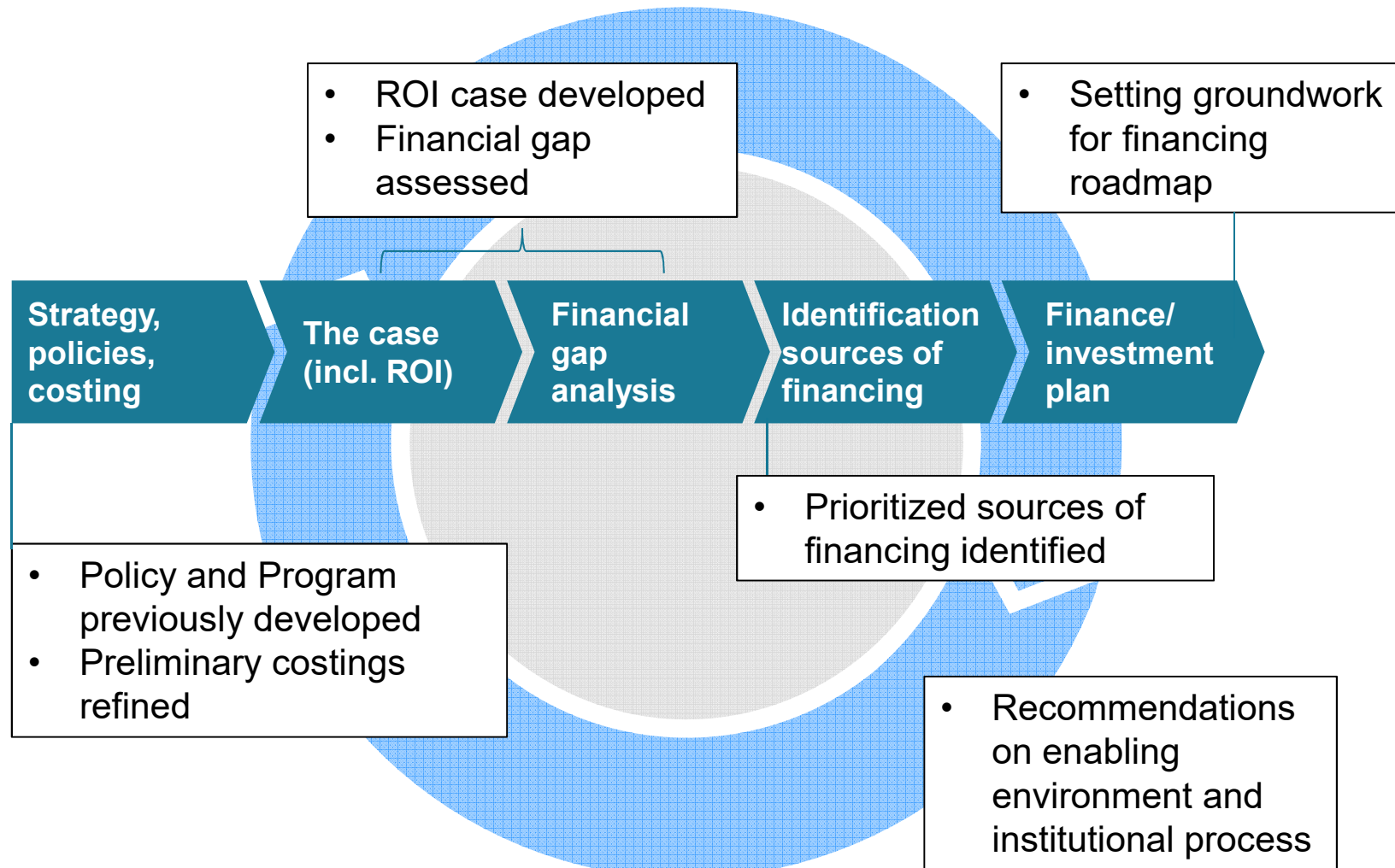
# THE APPROACH: VIEWING FINANCING AS AN ITERATIVE PROCESS EMBEDDED IN POLITICAL AND OPERATIONAL CONTEXT



**Note:** Steps may happen in parallel or in a sequence different from that described above



# THE METHODOLOGY OF PROJECT



**Note:** Steps may happen in parallel or in a sequence different from that described above

# OUTPUT: CASE FOR INVESTMENT IN THE SCALE-UP OF THE NCHA PROGRAM

## Healthier population

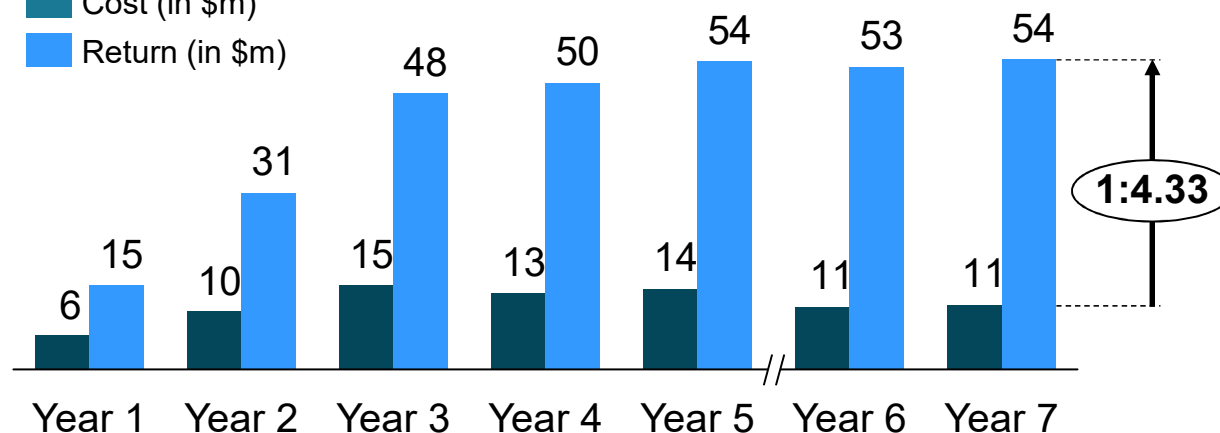
- Reduction of child mortality of up to 12% nationwide (12,000 under 5 lives) from just a few CHA interventions

## Societal benefits

- **Employment of 4,000 people**; many of them could be some unemployed youth and/or women
- Key for **health security and health system resilience**
- Potential reduction of cost for patients
- A “voice” for the community

## Economic returns and long-term ROI (return on investment)

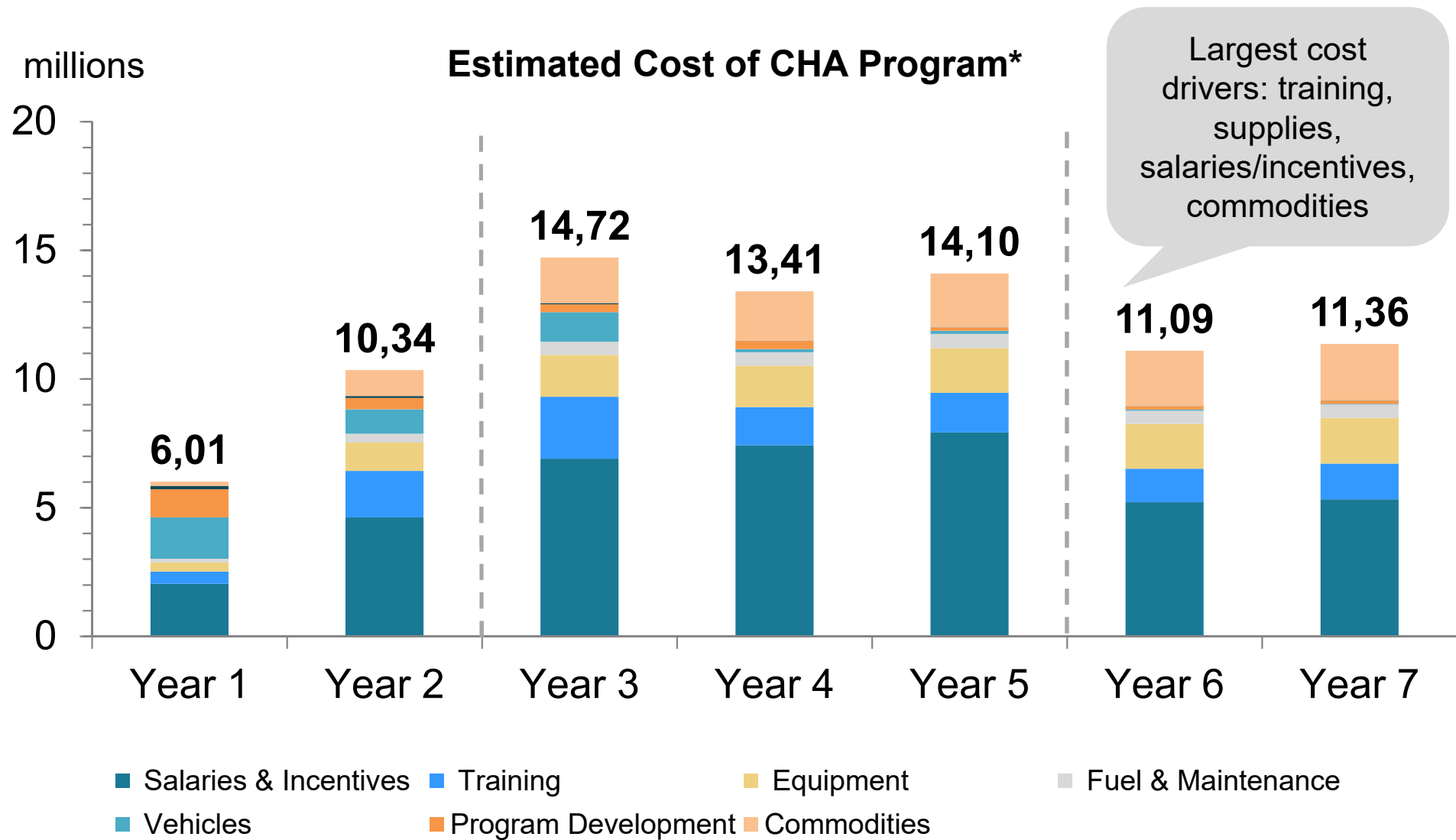
■ Cost (in \$m)  
■ Return (in \$m)



Note: Actual returns from increased productivity occur at a later time; this only models a subset of interventions. If including all CHA interventions, higher ROI is expected

- Returns from:
  - Increased productivity through lives saved
  - Increased consumption through increased employment
  - “insurance” against disease outbreaks

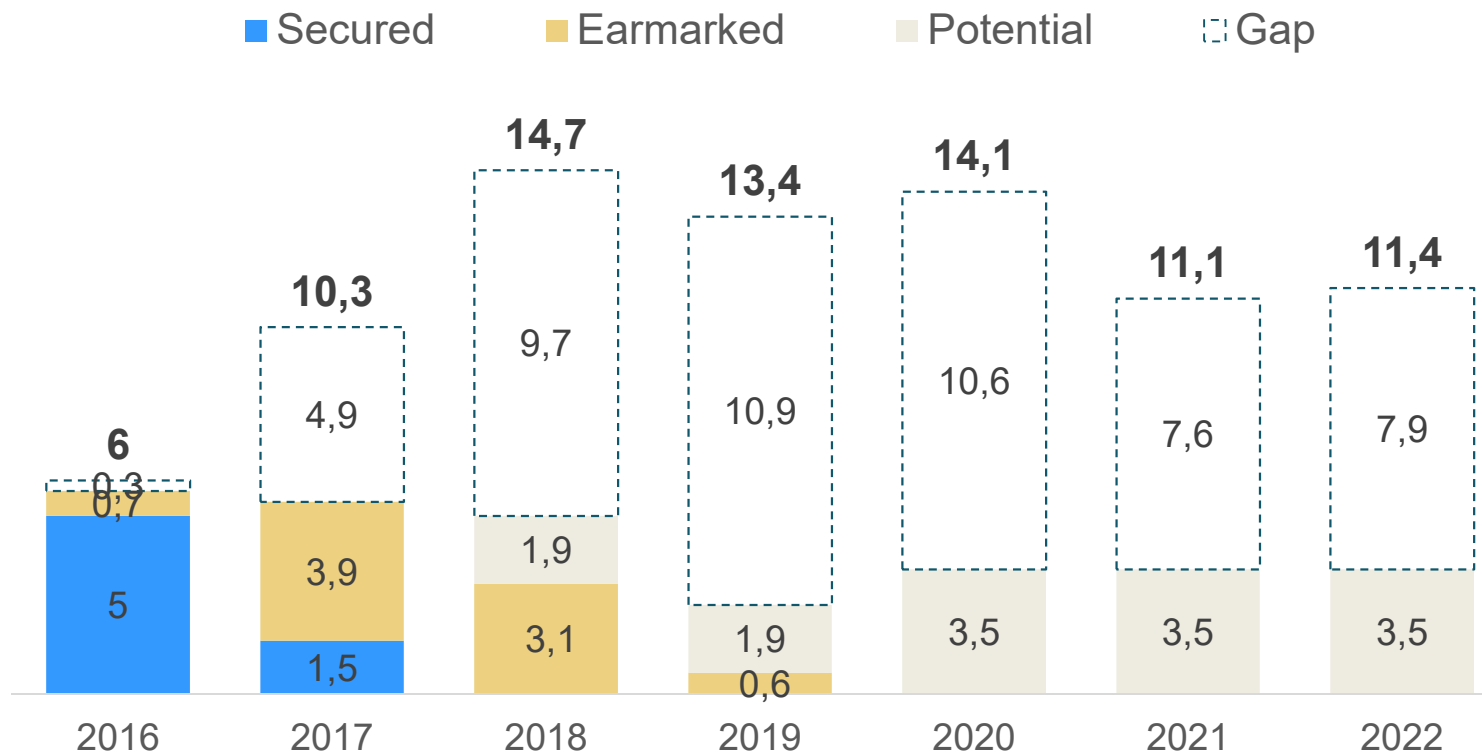
# OUTPUT: ESTIMATED PROGRAM COSTS



**Source:** LMH and FAH Analysis, \*including commodities under low assumption, costs increase with higher assumptions

# OUTPUT: ESTIMATED RESOURCE GAP ANALYSIS

Cost of CHA Scale-Up (in millions)



**Secured:** Signed contracts, implementation agreements, and disbursements

**Earmarked:** Initial commitments made, but disbursement and implementation timing unknown

**Potential:** Funding that can be reasonably unlocked, based on existing

- 
- Liberia's Community Health Assistants
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  - **Recommendations**
  - Next Steps and Discussion
-



# THREE MAIN RECOMMENDATIONS FOR THE NCHA SCALE-UP FINANCING IN LIBERIA

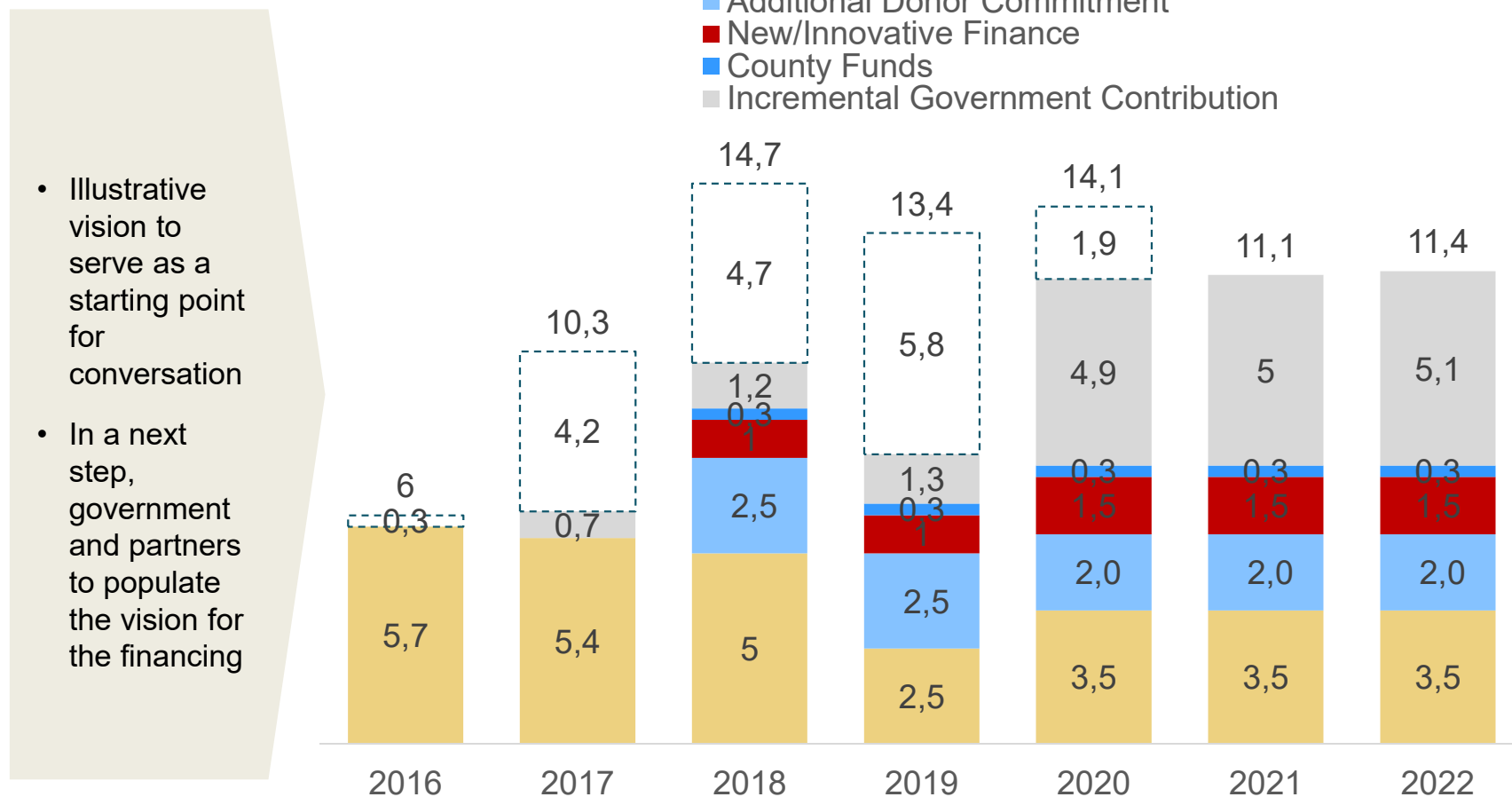
## Recommendations

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- 1 **Set a Vision for CHA financing:** Develop a financing plan to coordinate all funding actors to a common vision of financing the NCHA Program over time that is aligned and complementary to the Ministry's larger health budget and financing strategy
  - 2 **Establish a structure to coordinate financing that includes**
    - Identifying and empowering Ministry actors and supporters to lead resource mobilization efforts; and
    - Establishing effective coordination platforms and mechanisms to align donors and implementers
  - 3 **Unlock additional financing by**
    - Maximize and renew existing funding from donors already aligned to the NCHA Program;
    - Seek out high-feasibility domestic resources in the short-term to build toward larger domestic resource allocations in the long-term; Explore new sources of financing that set the groundwork for sustainable financing
-

# 1 SET A VISION FOR CHA FINANCING

CHA Investment Finance Mix (in millions)



## 2 Establish Coordinating Structure

Identify and empower Ministry actors and supporters to lead resource mobilization efforts

- Clear roles and responsibilities assigned to ministry actors
- Clarify which department or departments hold responsibility
- Bring in partner support as needed

Establishing effective coordination platforms and mechanisms to align donors and implementers

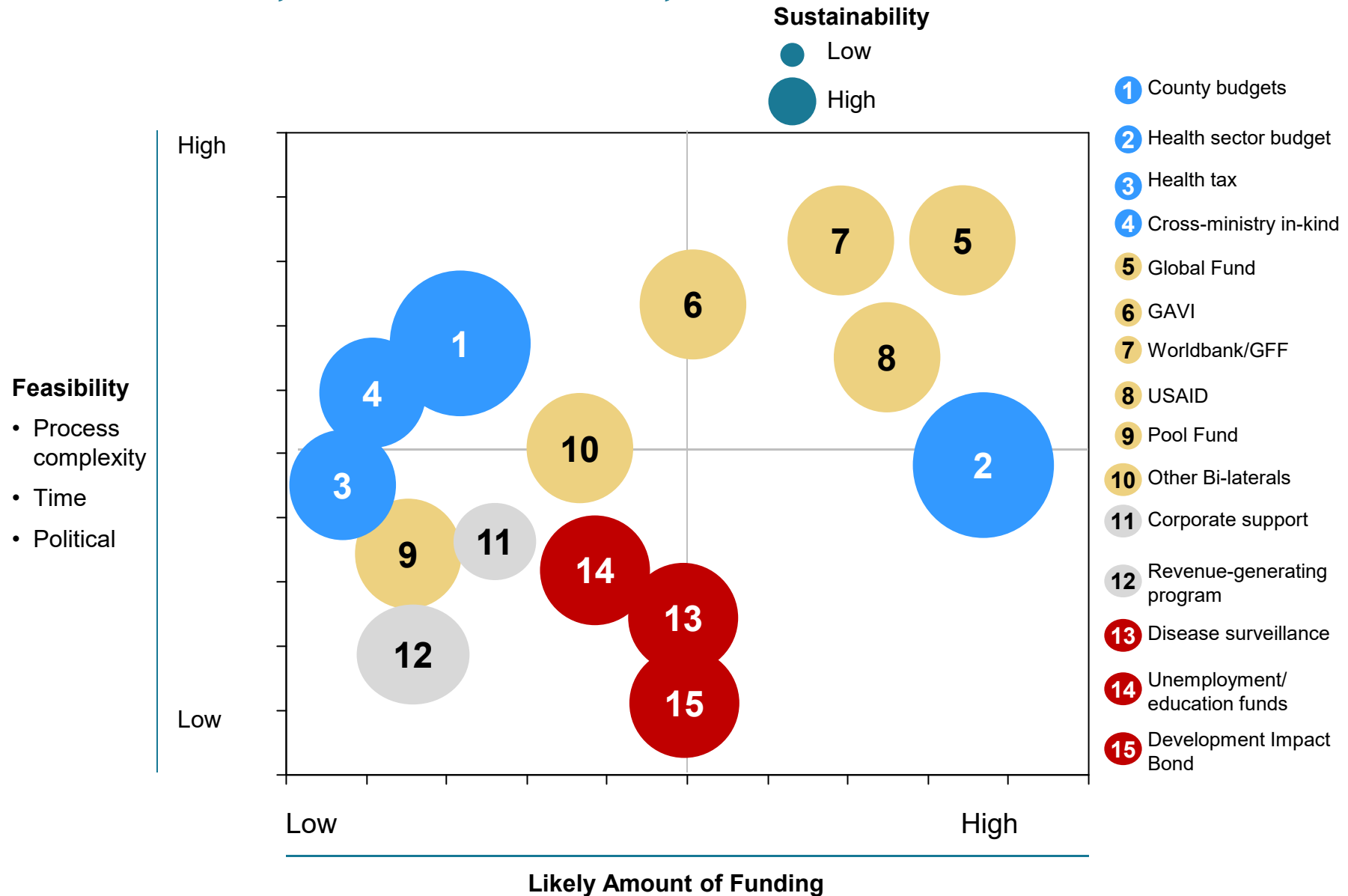
- Issue invitations from individuals with convening power
- Include all key interests and stakeholders
- Provide framework and process necessary to build and document consensus
- Establish accountability mechanisms or commitment mechanisms

### 3 UNLOCK ADDITIONAL FINANCE (POTENTIAL SOURCES)

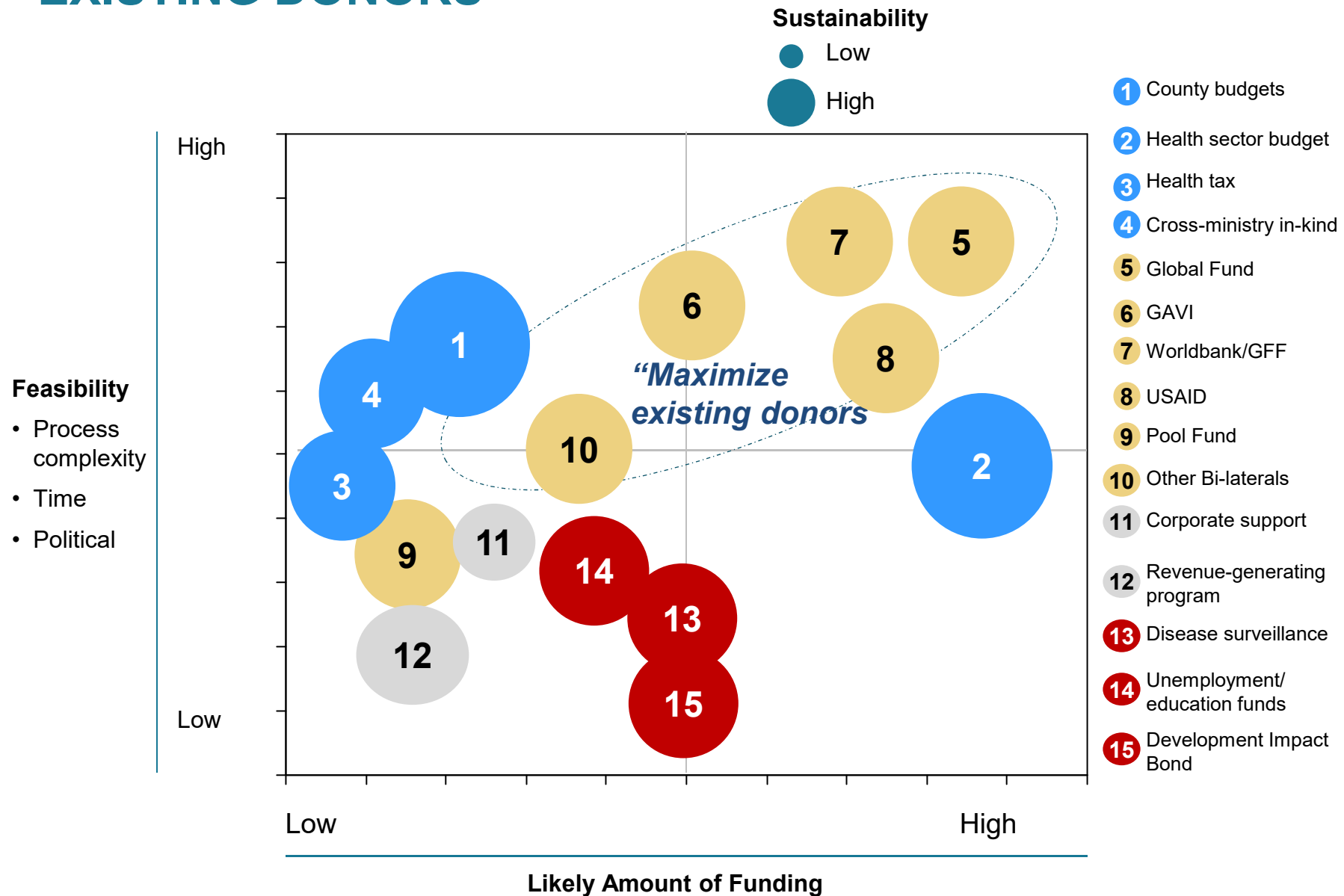
Options (in no particular order)

<b>A</b> Domestic funding	<ul style="list-style-type: none"><li>1 County/Community health budgets</li><li>2 Overall health sector budget (including IDA allocations)</li><li>3 Taxes (e.g. corporate health tax for health)</li><li>4 Cross-ministry synergies (e.g. vehicles etc.)</li></ul>
<b>B</b> “Existing” donor	<ul style="list-style-type: none"><li>5 Global Fund (all three diseases and HSS if there is a separate component)</li><li>6 Gavi (HSS component)</li><li>7 World Bank/GFF (Ebola-recovery funds and other project support)</li><li>8 USAID (implementer funding through PACS, FARA and other mechanisms)</li><li>9 Pool fund donors</li><li>10 Other Bi-laterals (e.g. JICA, DFID, EU, etc.)</li></ul>
<b>C</b> Private sector	<ul style="list-style-type: none"><li>11 Corporate support (e.g. CR forum, community fund contributions)</li><li>12 Revenue-generation through CHAs</li></ul>
<b>D</b> “New” sources	<ul style="list-style-type: none"><li>13 Disease surveillance, preparedness and global health security funding/mechanisms</li><li>14 Unemployment, education and economic growth programs (e.g. ADB)</li><li>15 Philanthropic outcome funders (e.g. as part of impact bonds)</li></ul>

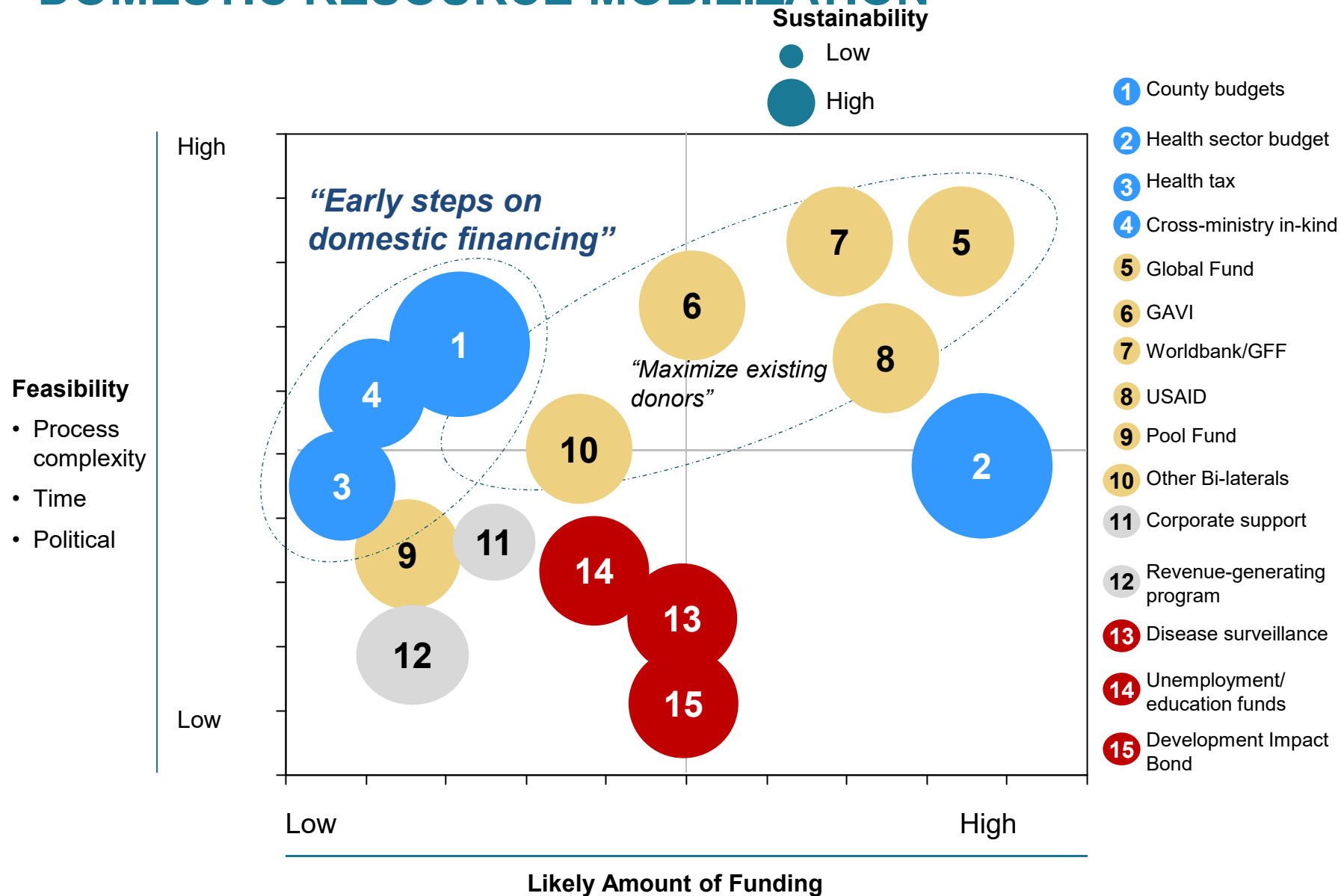
# ANALYSIS: PRIORITIZED FUNDING SOURCES ASSESSED BY FEASIBILITY, FUNDING AMOUNT, AND SUSTAINABILITY



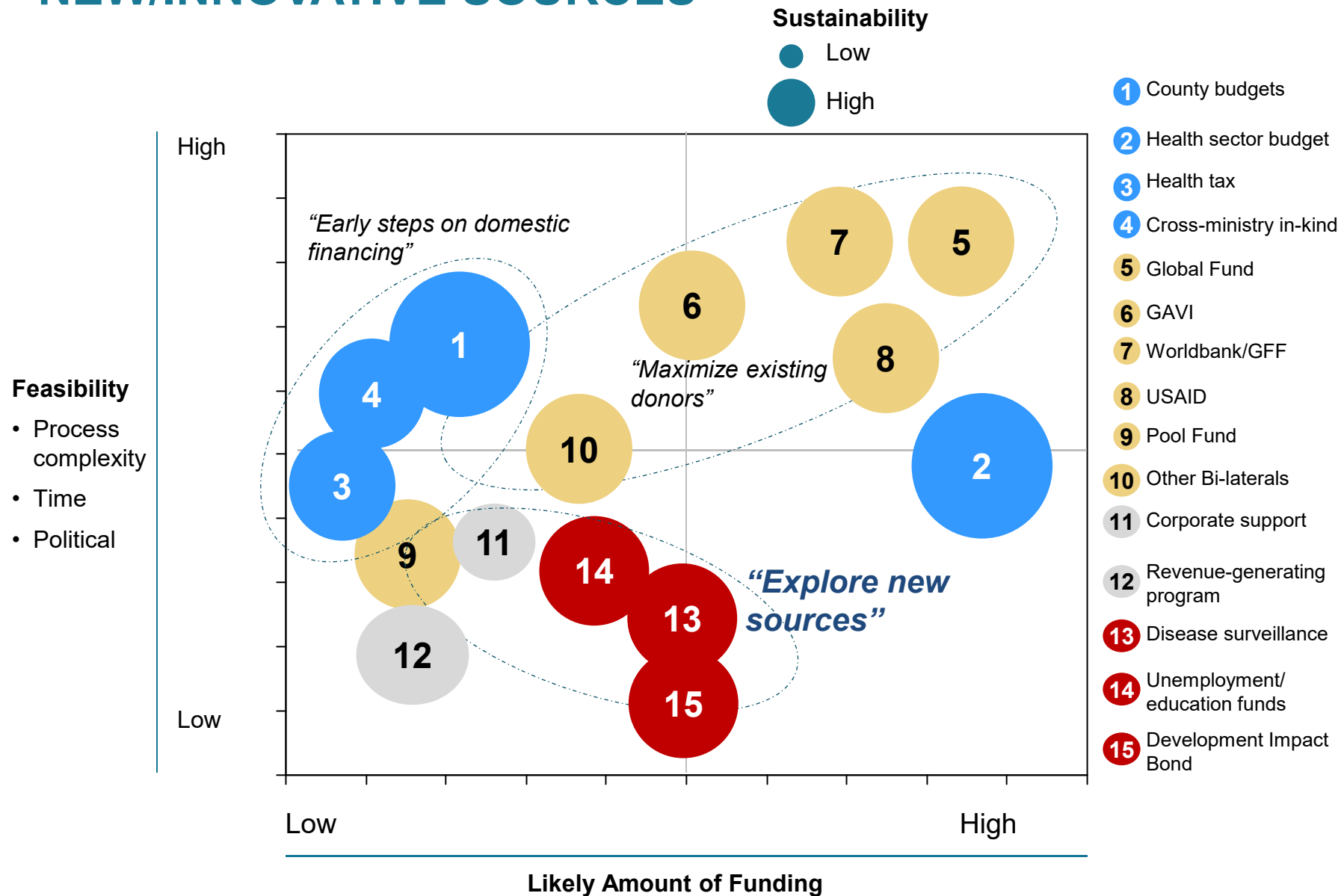
# ANALYSIS: PRIORITIZED FUNDING SOURCES – EXISTING DONORS



# ANALYSIS: PRIORITIZED FUNDING SOURCES - DOMESTIC RESOURCE MOBILIZATION



# ANALYSIS: PRIORITIZED FUNDING SOURCES – NEW/INNOVATIVE SOURCES





- 
- Liberia's Community Health Assistants
  - Review of Health Fiscal Space
  - Approach
  - Recommendations

- **Next Steps and Discussion**

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# NEXT STEPS IN 2017 – A CONVERSATION

- 1 **Refine cost estimates** as implementation continues and track the **resource gaps and commitments** in a coordinated fashion
- 2 **Identify formal forum** for coordinating resource mobilization NC12  
NC14  
NC15
- 3 Convene stakeholders to develop a CHA **Financing Roadmap** that sets multi-year targets for donor commitments and provides a base for exploring government contribution in line with larger health financing strategy
- 4 Develop targeted **Investment Cases** for the NCHA program, including exploring **Innovative Finance** mechanisms and program Cost-effectiveness
- 5 Continue **advocating for CHA inclusion** as strategic priority in extensions of donor funding, including Global Fund and Gavi

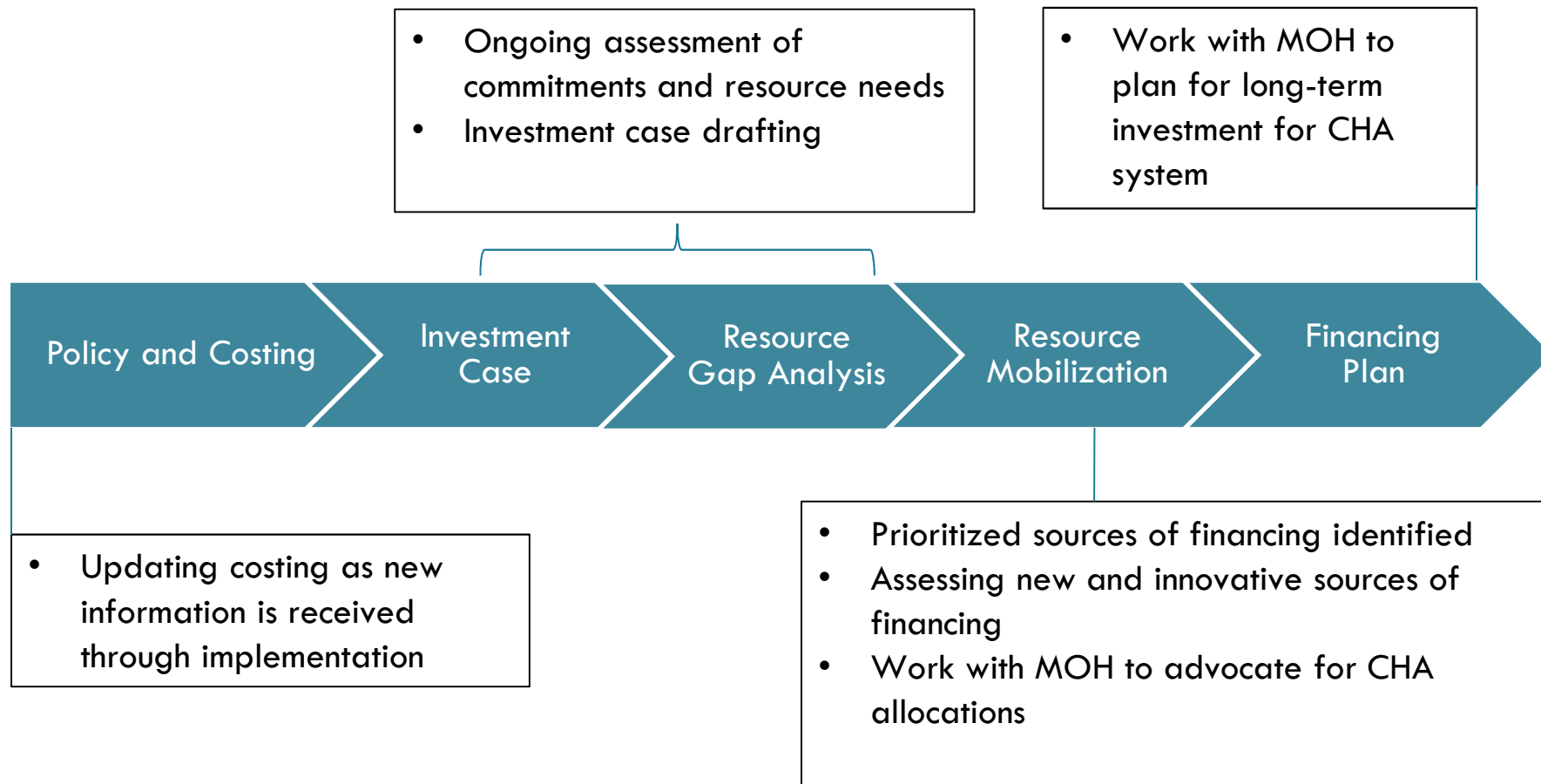
NC16

## Slide 38

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- NC13**      worrk through existing groups, maybe even up to HSCC. May not need to establish new TWG.  
Nan Chen, 2017/03/21
- NC14**      or name a forum for CH, that includes people who are part the folks already  
Nan Chen, 2017/03/21
- NC15**      Create TOR  
Nan Chen, 2017/03/21
- NC16**      High opportunity within the concessions  
Nan Chen, 2017/03/21

# ONGOING HEALTH FINANCING SUPPORT TO NCHA PROGRAM FROM PARTNERS



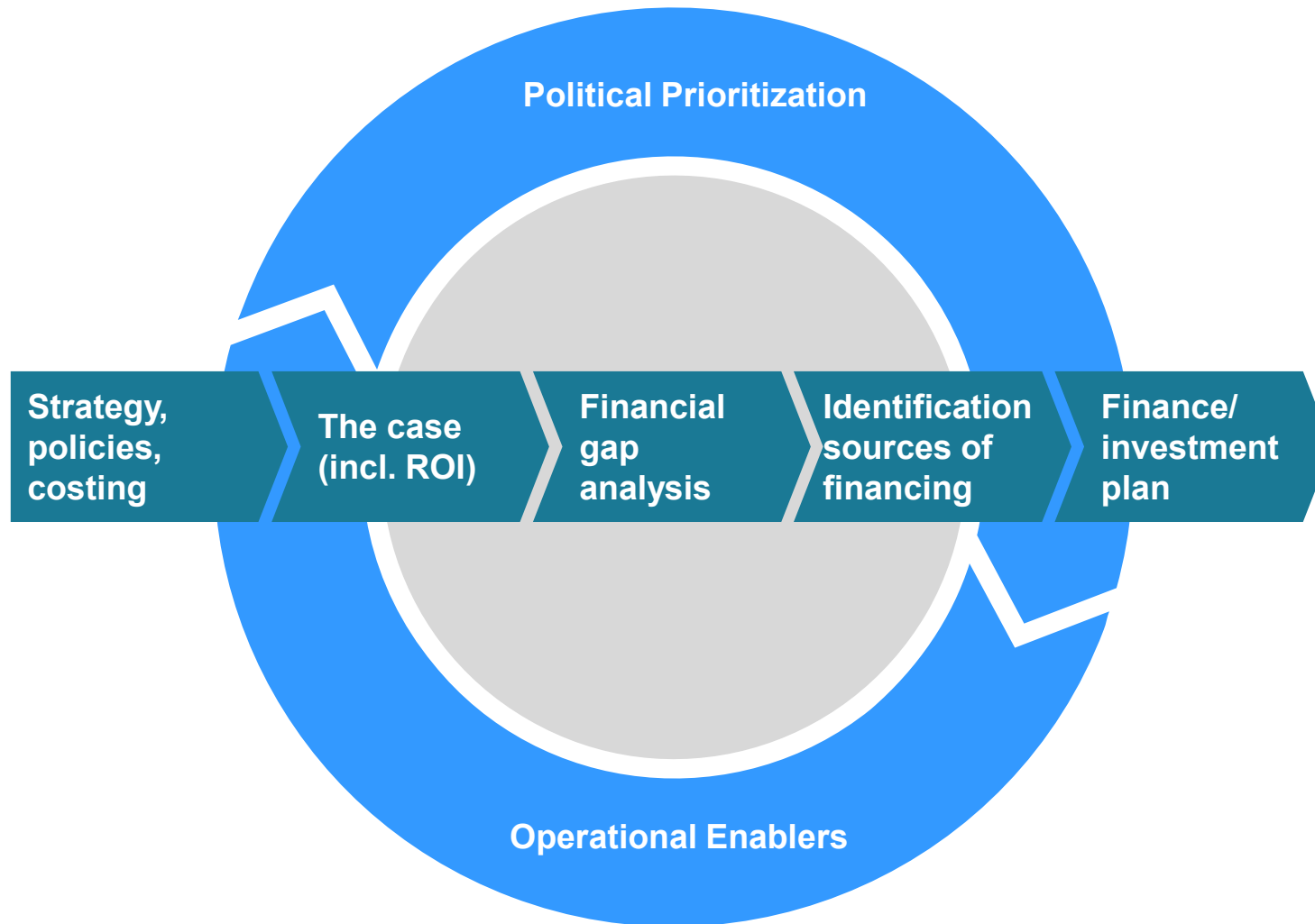
# DISCUSSION

1. How does this process compare with what's been tried in your context?
2. What improvements would you recommend?
3. What additional assessments would you do?
4. What are the biggest challenges you see in your own countries?
5. How can we take steps toward increasing sustainability?

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[rolandykess@gmail.com](mailto:rolandykess@gmail.com)

Nan Chen  
Last Mile Health  
[nchen@lastmilehealth.org](mailto:nchen@lastmilehealth.org)

# THE APPROACH: VIEWING FINANCING AS AN ITERATIVE PROCESS EMBEDDED IN POLITICAL AND OPERATIONAL CONTEXT



**Note:** Steps may happen in parallel or in a sequence different from that described above

# Assumptions

Input	Assumption	Source
Ratio	CHA to Population (1:350); CHSS to CHA (1:10); No Peer Supervisors	Revised Policy
Training	Each training is \$200. CHAs are trained 4 times during first year of deployment. Afterwards there are yearly refresher trainings. Attrition rates at 5%. Training Failure rates are assumed to be 10%.	LMH Programs provided \$150/training + \$50 contingency.
Equipment	\$407/CHA/Year	LMH Ops
Commodities	\$115/CHA/month	LMH Ops
Vehicles	Land Cruiser is \$50,000 + \$700/month fuel and maintenance; Motorbike is \$3,000 + \$50/month fuel and maintenance	LMH Ops
Population		Liberia 2008 Census + LMH Analysis
Coverage	Starting from 0% to 100% in all 15 counties	Based on funding commitments by other implementing partners