

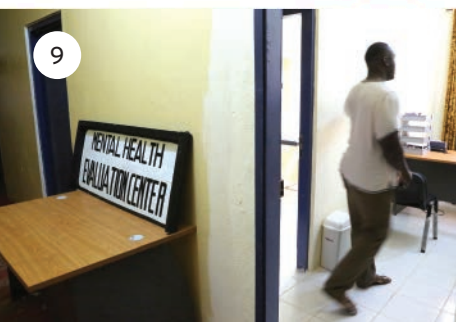
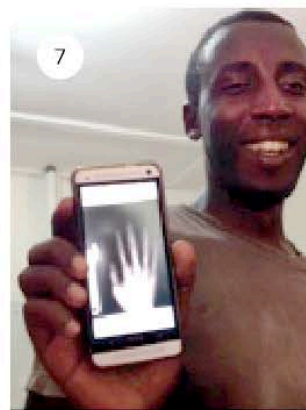
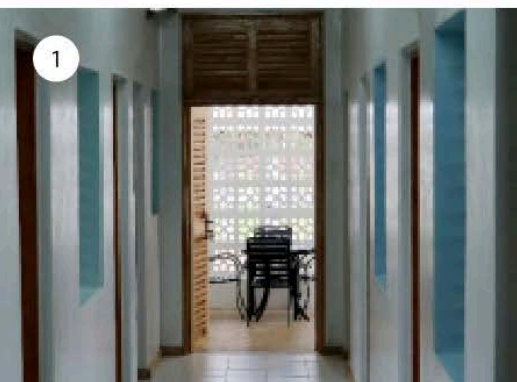


Partners
In Health

LIBERIA

A ROADMAP TOWARD UNIVERSAL HEALTH COVERAGE

Strategic Plan FY2018-FY2022



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Opposite page: 1) Newly renovated ward for drug-resistant tuberculosis at JJ Dossen (Ezra Lugemwa / PIH); 2) PIH and the CHT visit Putu Pennoken facility in Grand Gedeh (Francиска Lucien / PIH); 3) Surgery in the OR at JJ Dossen Hospital (Kyle Daniels / PIH); 4) Staff work in the renovated lab space at JJ Dossen (PIH); 5) Clinical staff at JJ Dossen Hospital (Rebecca Rollins / PIH); 6) A patient speaks with a provider at Pleebo Health Center (Rebecca Rollins / PIH); 7) X-ray services available to JJ Dossen for the first time in over 30 years (Jessica Farley / PIH); 8) Delivery of commodities to Janzon facility in Grand Gedeh (Francиска Lucien / PIH); 9) Mental health consultation room at JJ Dossen Hospital (Jessica Farley / PIH); 10) Staff at the dispensary at Pleebo Health Center (Rebecca Rollins / PIH); 11) Construction underway for the expansion of Pleebo Health Center (Victoria Chan / PIH); 12) G Man of the County Health Team leads the way to Little Wlebo (Aubrey Davis/PIH); 13) Lab and biomed technician mentorship at F.J. Grante Hospital in Sinoe County (PIH); 14) NCD Clinic at JJ Dossen (Jessica Farley / PIH)

“The effective delivery of quality health care to the poor requires dedicated partnership, the cultivation of hope and optimism, and a steadfast commitment to alleviating the suffering of others.”

—DR. PAUL FARMER, CO-FOUNDER OF PIH

Candace Harmon, a midwife at Glorfaken Clinic in Barrobo, on her way to a midwife training (Stephanie Chang/PIH).



EXECUTIVE SUMMARY

Partners In Health (PIH) exists to provide a preferential option for the poor in healthcare by accompanying local and national governments in building delivery systems that increase healthcare access, utilization, and quality for all those who need it most.

In September 2014, at the invitation of the Liberian government, the World Bank, and the U.S. government, PIH joined in the international effort to respond to the Ebola outbreak. We are now transitioning from Ebola response to supporting the Liberian Ministry of Health (MoH) in restoring essential services and building a resilient health system. Our work is focused in Liberia's rural Southeast region, where we aim to establish Maryland County as a model county for innovative rural health service delivery and Universal Health Coverage (UHC). Our commitment to building a health care platform that delivers comprehensive services and addresses the root causes of disease—by prioritizing the 5S's: staff, stuff, space, system and social assistance—distinguishes our approach.

We know that improving health system performance and health outcomes for all Liberians will only be possible with strong national plans, and we work to accompany the Liberian MoH in designing policies and programs, coordinating health financing, building a health workforce, and mobilizing resources. All of our work is guided by an understanding of the burden of disease and a knowledge of the gaps, and draws on the expertise of those who face illness and poverty.

This document outlines our five-year strategy for accompanying the MoH, strengthening service delivery systems, and improving quality of healthcare in Liberia. This strategic plan is the result of a participatory planning process that included national staff, partners, and experts from

PIH's global network. The strategy is underpinned by PIH and the Liberian MoH's shared belief in health as a human right, equity, accountability, transparency, decentralization, and partnership. It is aligned to global, regional and national frameworks and reflects the ways we believe we can add value to the MoH's goal of building a resilient and equitable health system.

PIH Liberia will focus on four strategic priorities:

1. ESTABLISHING A MODEL COUNTY FOR UNIVERSAL HEALTH

COVERAGE: building an integrated health care platform in Maryland County that is equipped to deliver dignified, person-centered care;

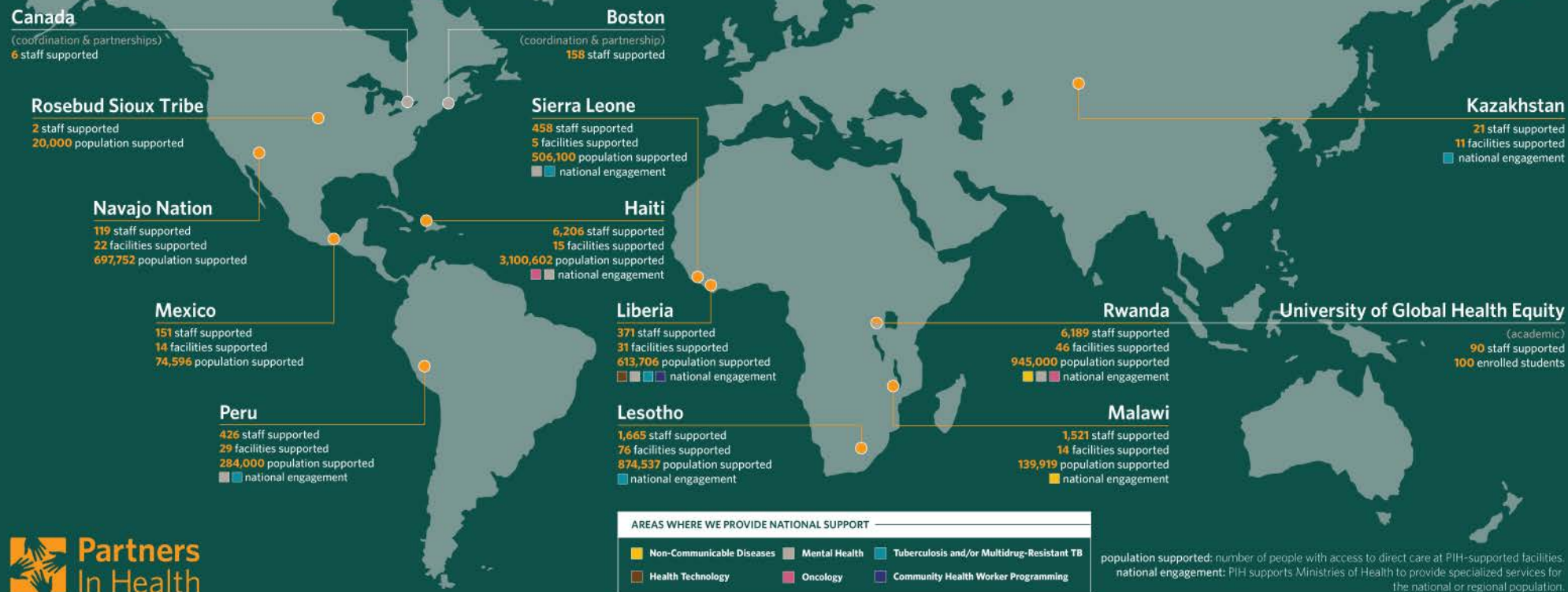
2. REINFORCING REGIONAL READINESS & LEADERSHIP: leveraging a hub and spoke model that encourages strong County leadership and referral networks in the Southeast;

3. TRANSLATING EVIDENCE INTO POLICY & ACTION: supporting the MoH to design policies and programs, mobilize resources, realize its vision for a resilient health system, and use the model of Liberia to advocate for global UHC; and

4. INVESTING IN THE NEXT GENERATION: cultivating Liberia's next generation of health leaders through medical education and workforce training in program management and the science of global health delivery.

The time is right to articulate a bold, new strategy for our work. We are excited to embark on this journey with our patients, MoH visionaries, and partners. As Dr. Paul Farmer explains, "To accompany someone is to go somewhere with him or her, to break bread together, to be present on a journey with a beginning and an end. Accompaniment is much more often about sticking with a task until it's deemed completed by the person or people being accompanied, rather than by the accompagnateur." This strategic plan covers the period 2018-2022, but our commitment to Liberia is long-term and we will stay until the work is done.

WHERE WE WORK



PARTNERS IN HEALTH

Partners In Health is a social justice organization committed to working alongside the communities it serves to establish meaningful local partnerships and build delivery systems that increase healthcare access, utilization and quality for all. PIH prioritizes programming that tackles the root causes of poverty and disease in rural, underserved populations. It believes that taking a rights-based approach to health systems strengthening is key to achieving UHC.

PIH endorses the principle of public sector accompaniment – it works at the invitation of governments to strengthen local capacity through training, service delivery, research, strategy development and policy formulation. PIH contributes to building stronger communities through job creation and the reduction of catastrophic expenditures by bringing access to quality care to those who need it the most. Over the past thirty years, and across more than ten countries, PIH has developed a rural healthcare delivery model that links community- and facility-based care. Its team of global practitioners supports the translation of effective clinical services, policies, evidence-based programs and curricula across geographies.

To respond to critical staff shortages and promote continued innovations in people-centered care, PIH invests in capacity building of the local health workforce at all levels. To achieve the integration and decentralization of services, PIH trains and employs more than 12,000 community health workers (CHWs) worldwide. CHWs serve as a bridge between community- and facility-based care teams, ensuring that healthcare services are responsive to patients' needs, improve their health literacy, self-efficacy, access to and retention in



Dr. Paul Farmer, as part of the PIH advance Ebola Response team in September 2014, waits to board a UN flight to Harper. (Source | PIH)

PIH BELIEVES A RIGHTS-BASED APPROACH TO HEALTH SYSTEMS STRENGTHENING IS KEY TO ACHIEVING UNIVERSAL HEALTH COVERAGE.

care. To promote UHC, PIH uses an innovative forecasting tool (known as the PIH-UHC matrix) that takes the population living within a clinic's catchment area, the known or estimated burden of disease of that population, and existing clinic operations to make decisions about the allocation of resources. It then links these benchmarks with the staffing and infrastructure required to achieve UHC and improve health outcomes with emphasis on the diseases that contribute to the highest levels of morbidity and mortality.

PIH has demonstrated what is possible but continues to innovate and generate evidence of "what works" in health system strengthening, CHW networks, non-communicable diseases and injuries (NCDI), reproductive, maternal, newborn, child, and adolescent health, HIV and MDR-TB policy and programming. PIH is a trusted partner to Ministries of Health and is asked to provide technical assistance as they build comprehensive healthcare delivery platforms, formulate national policies, and institutionalize systems change.

PARTNERS IN HEALTH IN LIBERIA

Liberia is in West Africa and spans 43,000 square miles. It is divided into 15 counties and 136 districts, with an estimated population of more than 4.5 million. The average life expectancy is 64.7 years with a mean age of 18 years (CIA World Factbook, 2015). In 2019, Liberia ranked 176 out of 189 countries in the Human Development Index and 155 out of 160 in the Gender Inequality Index (UNDP, 2019).

Today, approximately 40.9% of the population lives below the international poverty line of \$1.90 per day (in 2011 Purchasing Power Parity terms) (World Bank, 2016). Infrastructure is weak nationwide but is particularly challenging in remote, rural areas. Poor road networks and inconsistent electricity have contributed to the rise of “medical deserts” - areas where health facilities are few and far between and limited in the scope of services provided.

In 2015, Liberia had one of the lowest physician densities in Sub-Saharan Africa with just 0.04 physicians for every 1,000 population (CIA World Factbook, 2015). Simultaneously, Liberia’s health workforce – including physicians, nurses, and midwives – was estimated at 1.12 health workers for 1000 population, significantly below the World Health Organization (WHO) recommendation of approximately 4.45 health workers per 1000 population necessary to achieve Universal Health Coverage (UHC) (WHO, 2016).

The Ebola Virus Disease outbreak, which began in March 2014, had a devastating impact on the health system, the population at large, and the Liberian economy. The health system was ill-equipped to effectively respond to the epidemic with the necessary occupational health and safety and infection prevention and control measures. At the invitation of the Liberian government, the World Bank, and the U.S.

government, PIH joined in the international effort to respond to the Ebola outbreak, providing accompaniment in response preparedness and infection prevention and control in Liberia’s Southeast region.

In the aftermath of the Ebola outbreak, to address the health system needs laid bare by the outbreak, the Liberian MoH articulated its roadmap for ongoing health system strengthening in the April 2015 publication of the Investment Plan for Building a Resilient Health System. PIH was requested to support the government in enacting this vision in the Southeast region of Liberia.

AMONG MARYLAND COUNTY’S 166,000 RESIDENTS, MORE THAN 4 OUT OF EVERY 5 (89%) LIVE IN ABSOLUTE POVERTY.

The Southeast region includes Liberia’s most rural and remote counties. The region is isolated due to a poor road network; the journey from the capital of Monrovia to Maryland County takes more than 18 hours. Among Maryland County’s 166,000 residents, more than 4 out of every 5 (89%) live in absolute poverty and are unable to achieve the minimum expenditure to acquire basic food and nonfood items (LISGIS, 2016). Access to health care is a critical issue, with over 63% women aged 15-49 years reporting distance as a barrier to accessing health services (LDHS, 2013). There are 24 health facilities in Maryland County, and the majority of these are under-staffed and ill-equipped to provide basic primary care services.

Over the past three years, PIH-Liberia has supported health workforce development, improvements to physical infrastructure for dignified health service delivery, supply chain management, laboratory

innovations, community outreach programs linked to facility-based care, and social services essential for a person-centered approach.

In Maryland County, PIH-Liberia has focused on working alongside the County Health Team (CHT) to reinforce essential services at public health facilities. With PIH's support, Pleebo Health Center (Pleebo or PHC) is now the only fully functional public health center in the County. Close to 50% of Maryland's population relies on Pleebo for essential health services: screening, diagnosis, treatment, and when needed, referral. J.J. Dossen Memorial Hospital (JJ Dossen or JJD) is the only hospital-level facility serving Maryland's population, and has increasingly become a referral hospital for other Southeast counties for specialized care in pediatrics, obstetrics and gynecology, internal medicine and surgery, including the launch of a regional referral service for management of drug-resistant tuberculosis (DR-TB).

Beyond Maryland, PIH has provided accompaniment to health facilities in the Southeast region's four other counties: Grand Gedeh, Grand Kru, River Gee and Sinoe. This has included strengthening key services including laboratory services, biomedical capacity, and oxygen delivery. To support decentralization of health services, PIH

Monrovia

- Support the National TB Program at TB Annex Hospital
- Provide policy and technical accompaniment to the Ministry of Health

Southeast Region

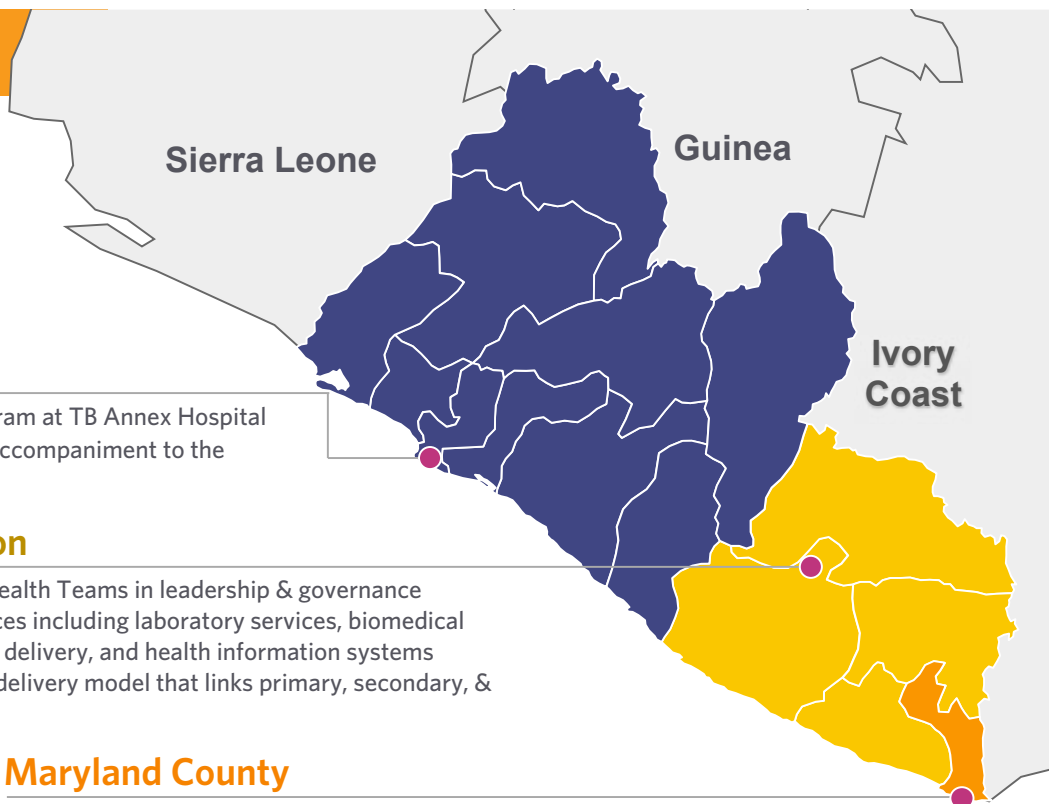
- Accompany County Health Teams in leadership & governance
- Strengthen core services including laboratory services, biomedical infrastructure, oxygen delivery, and health information systems
- Establish rural health delivery model that links primary, secondary, & tertiary care

Maryland County

- Develop model of rural health service delivery to achieve Universal Health Coverage
- Build partnerships to train cadres of health workers including nurses, physicians, laboratory and pharmaceutical staff, and community health workers, as well as finance, operations, and administrative staff

has strengthened leadership and governance within County Health Teams across the Southeast.

At the national level, PIH has led the country's response to DR-TB, accompanying the MoH in the development of guidelines and national strategies for prevention, case detection, and treatment. PIH supports Liberia's TB program at the national referral center for tuberculosis in Monrovia in providing care for patients with DR-TB, including laboratory diagnostics, essential medications, and social assistance.





Community Health Officer Zazay Lavela conducts a health outreach talk in Harper (Rebecca Rollins/PIH).

OUR STRATEGIC PRIORITIES



A partner to the public sector

- *in a rights-based approach to healthcare*
- *progressing toward universal health coverage*



A pharmacist monitors medication stock at JJ Dossen Hospital to forecast projections for the next quarter (PIH).

ESTABLISHING A MODEL COUNTY FOR UHC

PIH is driven to achieve UHC in Maryland County and establish a model that the MoH can scale nationwide. PIH works within the public health system to develop a full continuum of care that links community-level prevention to properly equipped and staffed primary, secondary, and tertiary health facilities. In Liberia, PIH's work prioritizes integrated service delivery to tackle the diseases that contribute to the highest level of morbidity and mortality.

Community-level prevention and care

The success of rural health service delivery relies on ensuring access to quality health services. Within Maryland County, many communities are located far from the nearest health facility and are geographically isolated and difficult to reach.

Ensuring access to health services across Maryland's rural terrain requires community-health coverage that can reach those for whom distance is a significant barrier to good health. A network of properly trained, equipped, compensated, and supervised CHWs is essential to eliminating barriers to care for patients. Professionalized CHW cadres support improved health seeking behavior and increased uptake of health services through active case-finding, screening, and linkage, serving as a bridge between community- and facility-based care teams.

With the integration of CHWs into PIH's TB treatment programs in Liberia, the TB treatment completion rate increased from 23% in 2015 to 98% in 2016.

Over the next five years, PIH will support the MoH to operationalize a new, standardized framework for community health interventions within 5km of the nearest health facility. Using a new cadre of polyvalent CHWs, PIH plans to reach over 10,000 households

within Maryland County. CHWs will deliver supportive community care that comprehensively addresses the social determinants that impact the health of communities, households and individuals. Just as they have successfully supported patients with TB, the CHWs will expand their focus to supporting entire households in access, linkage to care, and retention. CHWs will be trained to provide support for a wide range of health issues including pediatric malnutrition, NCDs, and reproductive, maternal, newborn, and child health. Innovative community-based nursing will expand beyond kangaroo mothercare, palliative care, family planning, and immunization programming to also include malnutrition and neonatal care. By utilizing their trusted positions in the community and health knowledge, community-embedded nurses and CHWs will help better support integrated care that moves Maryland County closer to achieving UHC.

**WITH THE INTEGRATION OF CHWS
INTO TREATMENT PROGRAMS IN LIBERIA,
THE TB TREATMENT COMPLETION RATE
INCREASED FROM 23% IN 2015 TO 98%
IN 2016.**

A strong primary health platform

PIH Liberia has focused on working alongside the Maryland CHT to reinforce essential services at Maryland's 19 public clinics and two public health centers – Pleebo Health Center (PHC or Pleebo) and Edith Wallace Health Center (Karloken). Quality of care at Pleebo has been reinforced by embedding clinical mentors in the facility to work

alongside MoH colleagues, strengthening the forecasting of essential medications, renovations to cultivate dignified spaces for patient care, and regular visits by physician specialists. Pleebo now provides a comprehensive package of services including antenatal care, mental health, NCD clinics, comprehensive HIV and TB treatment, family planning, and immunizations among other services.

Over the next five years, PIH will expand services at Pleebo with expansion of the maternity ward (from 3 beds to 19 beds), establishment of an integrated HIV-TB outpatient clinic, a newly constructed and equipped emergency department, and expansion and renovation of the mental health clinic. Guided by data on population demand and health service coverage, PIH-Liberia will expand reinforcement of primary health services to another district in Maryland County, Karluway. Located 20 miles north of Pleebo in Karluway district, Edith Wallace Health Center (Karloken) is a newly constructed facility intended to serve as the referral center for communities and clinics throughout Northern Maryland. PIH's support to Karloken will center on nurse mentorship with an emphasis on adolescent and reproductive health care, enhanced laboratory and diagnostic assistance for suspected tuberculosis cases, a mental health clinic, and comprehensive HIV treatment with integrated socioeconomic assistance for vulnerable patients. PIH support within Karloken will also include pharmaceutical and lab supplies, medications and durable equipment, community outreach events, and emergency referral services to higher levels of care. PIH will also reinforce another of Karluway district's clinics – Boniken – with clinical mentorship and support and investments in infrastructure, lab capacity, pharmaceuticals, and supplies. With PIH's expansion into Karluway district, the proportion of the population in Maryland County who have access to comprehensive quality care will increase from 60% to 80%.

WITH PIH'S EXPANSION INTO KARLUWAY DISTRICT, THE PROPORTION OF THE POPULATION IN MARYLAND COUNTY WHO HAVE ACCESS TO COMPREHENSIVE QUALITY CARE WILL INCREASE TO 80%.

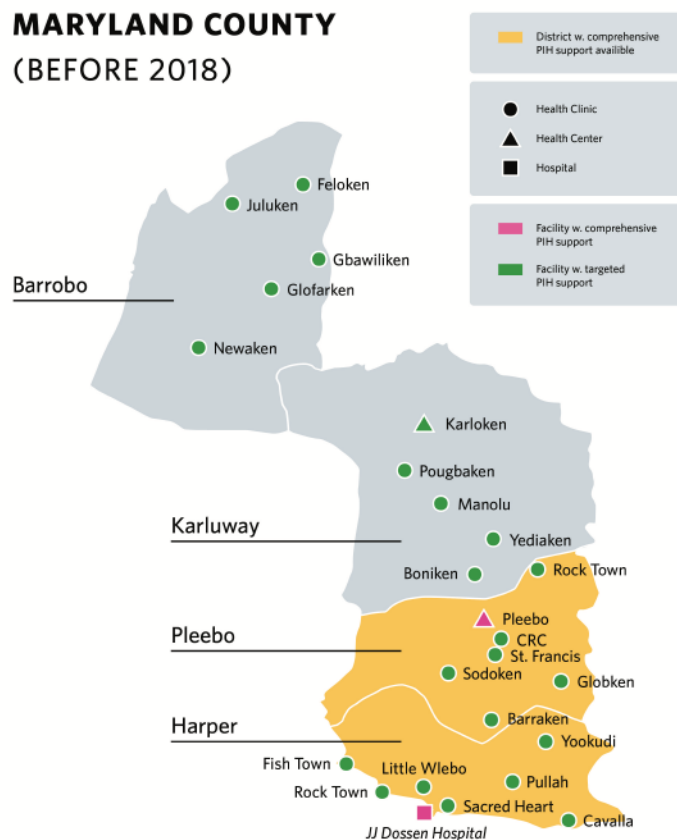
Secondary-level care at a district hospital

Over the past five years, PIH has worked hand-in-hand with the Maryland CHT to buttress JJ Dossen Hospital's pediatric, obstetrics and gynecology, internal medicine, and surgery services with targeted investments in human resources, equipment and supplies, infrastructure, and systems strengthening efforts. In 2014, JJ Dossen employed only one general physician. By 2018, physician staffing in this 99-bed hospital has increased to seven physicians, including a pediatrician, OB-GYN, general surgeon, internal medicine physician, and the hospital has become an academic training center for family medicine residents and medical interns. JJ Dossen, as the only hospital with an x-ray machine in all of Southeast Liberia, has increasingly become a regional referral center for other Southeast Counties, serving patients from the neighboring counties of Grand Kru, River Gee, Grand Gedeh, and Sinoe, as well as from border towns in Cote D'Ivoire.

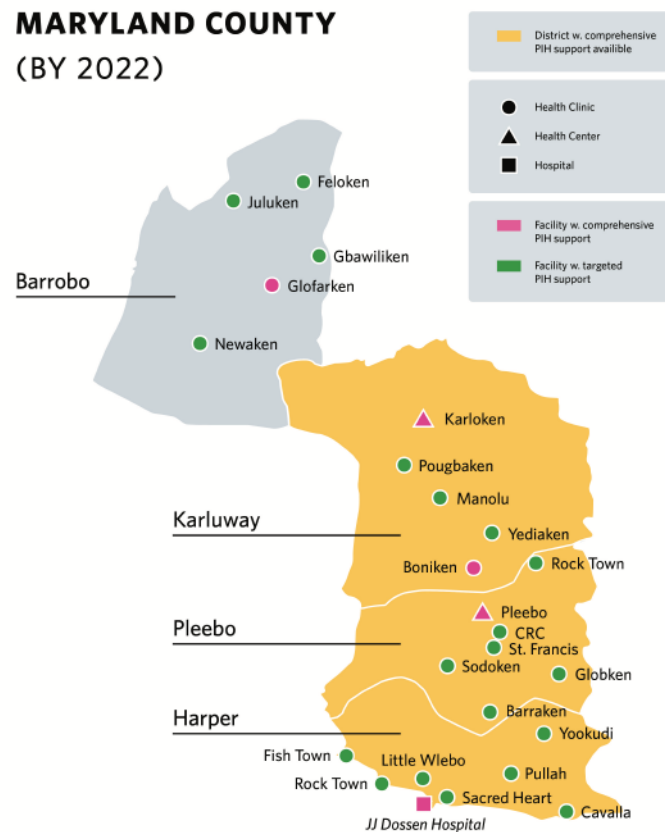
Over the next five years, PIH will continue to embed nurses, physicians, pharmacists, laboratory and biomedical technicians at JJ Dossen to work alongside MoH colleagues to deliver direct patient care and provide on-the-job clinical mentorship to foster local capacity building. At JJ Dossen PIH will establish the country's first public regional DR-TB treatment center to be located outside of Monrovia. PIH will renovate and upgrade the hospital laboratory and add capacity for diagnostic microbiology.

EXPANSION OF PIH'S SERVICE DELIVERY IN MARYLAND COUNTY

MARYLAND COUNTY
(BEFORE 2018)



MARYLAND COUNTY
(BY 2022)



A tertiary-level regional teaching hospital

A tertiary-level regional hospital is essential to ensuring the full continuum of equitable and accessible care in Liberia's Southeast. PIH has collaborated with the Liberian MoH and other partners to develop a plan for the construction and operation of a Southeast Teaching Hospital that will serve the region's population of more than 600,000. Over the next five years, PIH will work with the MoH and partners to mobilize resources to launch construction of the hospital, which will be located just outside of Harper District.

THE CONTINUUM OF CARE

1 Community health

Fatima Guindo and the County Health Team jointly conduct family planning outreach and contraception provision in Big Town (Kyle Daniels/PIH).



2 Primary care: clinics & health centers

Patients in the waiting area at Pleebo Health Center (Victoria Chan/PIH).



Rural health service delivery
in Maryland County

4 Referral and training: regional teaching hospital

A rendering of the proposed Southeast Teaching Hospital (Medical Architecture).



3 Speciality services: district hospital

Dr. Gerald Ekwen operates at JJ Dossen Hospital with assistance from a Family Medicine resident (Kyle Daniels/PIH).



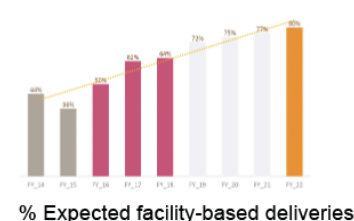
ADDRESSING THE BURDEN OF DISEASE

An understanding of Liberia's burden of disease guides PIH's priorities in rural health service delivery.



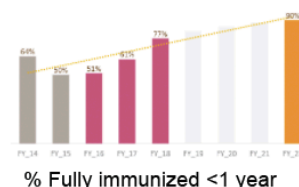
Maternal & Reproductive Health

PIH will focus on reducing maternal mortality by increasing access and uptake of key services through a community-based approach and investments for comprehensive emergency obstetric and newborn care (EmONC) capacity. PIH will expand programs to increase utilization of family planning, strengthen gynecologic service, and reduce deaths due to cervical cancer.



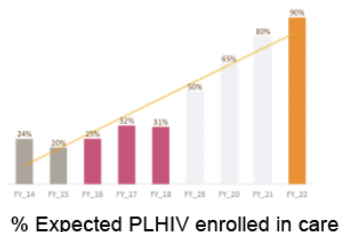
Child & Adolescent Health

PIH's child and adolescent health programs will focus on community- and facility-based interdisciplinary care to reduce neonatal mortality, prevent causes of under-five mortality (including malaria and malnutrition), reduce morbidity and mortality for children with chronic diseases, and effectively engage adolescents, including through integration of youth-friendly services in primary care systems.



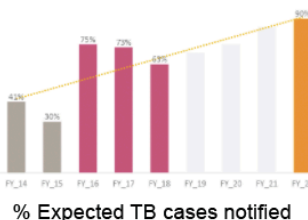
HIV

PIH will work with the National AIDS Control Program (NACP) for progressive achievement of the UNAIDS 90-90-90 goals: increasing the number of facilities providing both testing and treatment, integrating HIV services in primary care, eliminating vertical transmission of HIV from mother to child, and implementing health information systems that support patient and population-level monitoring.



Tuberculosis

PIH will support the National Leprosy and Tuberculosis Control Program (NLTCP) toward the goal of ending TB by 2030 via investments in active case finding, contact tracing, diagnostics, treatment, and person-centered care. Programming will further target the diagnosis and treatment of drug-resistance TB (DR-TB) including decentralization of services.



Mental Health & NCDs

In the aftermath of civil war and the Ebola outbreak, mental health services are urgently needed, and PIH will adapt best practices from global implementation experience to support the MoH in developing mental health services integrated into primary and community care. As non-communicable diseases and injuries (NCDIs) increasingly account for a larger percentage of morbidity and mortality in Liberia, PIH will support the design and implementation of clinical innovations for NCDI management and support the MoH in a scalable model for comprehensive NCDI care in Liberia.

Measuring our progress

Over the next five years, PIH will continue mapping the disease burden in our catchment areas, measuring our progress against population-based targets aligned with UHC benchmarks.



Ebola Response: FY2014-FY2015

The Ebola Outbreak laid bare critical gaps in the health system and resulted in significant service disruptions at all levels.



Restoring Essential Services: FY2016-FY2018

At the invitation of Liberia's Ministry of Health, PIH has supported the restoration of essential services in the Southeast region.



Achieving UHC: FY2018-FY2022

PIH's programming over the next five years will prioritize a rural health service delivery approach that is population-driven for progress towards achieving UHC.

HEALTH SYSTEMS STRENGTHENING

Reinforcing rural health service delivery requires investments in core inputs for health system performance. PIH's approach to health systems strengthening is described by the 5 S's: Staff, Stuff, Space, Systems, and Social Support.



STAFF

Among Liberia's 15 counties, Maryland has the lowest health worker density at 1:100,000 as compared to the WHO-recommended minimum of 23:100,000. Over the next five years, PIH will support the CHT in increasing health worker capacity throughout Maryland County by training nurses, intern physicians, and resident physicians, recruiting specialists to work in rural areas, and collaborating with universities and academic teaching hospitals globally. Achieving improved clinical outcomes will require staffing at the right levels, with the right cadres, including a professionalized community health workforce.



STUFF

Provision of safe and quality care depends on diagnostic capacity at every level and the availability of clinically indicated medications for treatment. Working together with the Central Medical Store (CMS) and MoH Supply Chain Management Unit, PIH will work to address the structural barriers affecting the availability of medications and commodities at facilities through investments in systems for forecasting and stock management, installation and management of laboratory equipment, training of providers in rational use of medicines, reinforcement of referral systems for advanced diagnostic testing.



SPACE

When PIH first arrived in Maryland County, there was significant structural damage to facilities. Safe and quality health service delivery requires appropriate spaces equipped to deliver dignified and person-centered care. Infrastructure investments will focus on increasing physical capacity to provide essential health services, including space aligned to volume and service, patient flow, infection prevention and control, and infrastructure to ensure that power availability that is consistent and reliable.



SYSTEMS

Programming will prioritize investments in digital technologies including electronic medical records and mobile health tools that foster improved quality in patient care and make available data that can enable evaluation and scaling of rural health services over time. PIH's efforts will focus on strengthening the ability of the CHT to collect and report key indicators required by the MoH and ensure both quality and strategic use of data for programmatic decision making.

SOCIAL SUPPORT

PIH is committed to addressing the social determinants of health for our most vulnerable patients, and considers social assistance a core component of every level of the health system. In the next five years, PIH will expand capacity to integrate social support into health care by seeking partnerships for social and economic rights programming. PIH will help reduce catastrophic expenditures and lift households out of poverty, and in doing so will demonstrate long-term viability of a holistic approach to health for rural communities that disrupts the cycle of disease and poverty.



Doctors Regan Marsh and Patrick Ulysse visit a patient in her home, Maryland County (Rebecca Rollins / Partners In Health)

PROGRAMMING OUTLOOK

FY18	FY19	FY20	FY21	FY22
Establish JJ Dossen DR-TB treatment center	Renovate outpatient primary care center at JJ Dossen	Complete Pleebo phase II expansion		Start resource mobilization for Southeast Teaching Hospital
	Renovate Southeast regional lab at JJ Dossen	Update electricity at JJ Dossen and Pleebo Health Center		
	Launch supply chain initiative and pilot forecasting for UHC	Expand EMR with interoperability to DHIS2 (District Health Information System)		
		Launch community health household model		
		Identify and engage 1-2 partners for social and economic assistance and pilot interventions		
Launch community nursing program for vaccination and neonatal-child health	Implement guidelines for screening, evaluation, and management of moderate acute malnutrition (MAM)			Construct clinical operations center warehouse
		Launch community health household model		
Scale test and treat approach for HIV services at all PIH-supported facilities				
	Expand HIV opt-out testing and active screening			
	Launch maternal health quality improvement	Expand maternal health services to 1 additional facility		
	Roll out community-based family planning services		Achieve full integration of mental health with primary care services	
Launch NCD clinic and clinical algorithms at JJ Dossen		Roll out NCD clinic to Pleebo Health Center		
		Establish Liberia Pagenel Psychiatry Fellowship		



The newly renovated ward for drug-resistant tuberculosis at JJ Dossen Hospital (Ezra Lugemwa/PIH).

REINFORCING REGIONAL READINESS AND LEADERSHIP

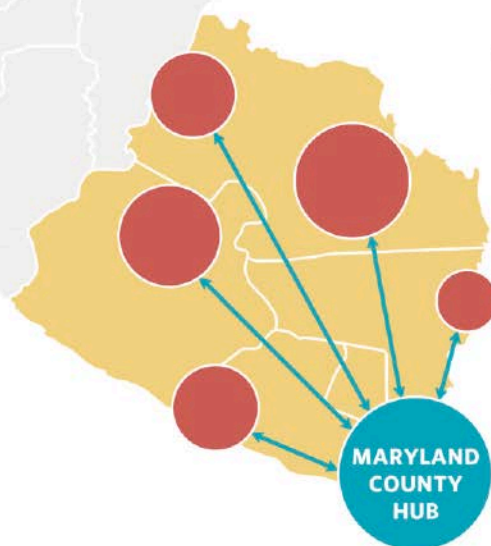
Like Maryland County, the other counties in Liberia's Southeast are geographically isolated and lack the infrastructure, electricity, equipment, and supplies necessary for health services. Since 2014, PIH has supported health facilities across the Southeast with targeted clinical initiatives. In Grand Kru and Grand Gedeh, this has included mentorship around quality improvement, the renovation of four health structures, reinforcement of supply chain and essential medications, and strengthening the referral system. In Grand Gedeh, PIH renovated the TB clinic, implemented CHW and TB programs that improved case finding and linkage of patients between community and clinic, and provided social assistance to patients with TB. PIH has supported laboratory strengthening across all five counties in the Southeast, conducting baseline assessments of county labs to assess staffing and equipment, developing phased mentorship schemes to support quality management systems, and working towards standardization and accreditation. PIH has built biomedical engineering workshops to support preventative maintenance and repair of lab equipment.

Over the next five years, PIH will support the MoH in progressive achievement of the long-term vision to scale the successes of the rural health service delivery model in Maryland to the entire Southeast. PIH intends to reinforce regional readiness and responsiveness through a hub and spoke model that provides 1) strong clinical support and referral networks, 2) targeted interventions to strengthen core capacities, and 3) mentorship to build county leadership capacity and decentralize oversight.

Clinical support and referrals

PIH will leverage clinical specialists and master educators in Maryland County to provide essential clinical training in obstetrical and neonatal care, emergency medicine, non-communicable diseases, mental health, HIV, and TB (including DR-TB) to staff working in remote Southeastern counties. JJ Dossen, and eventually the Southeast Teaching Hospital, will serve as a referral hospital for the region for specialty care including obstetrics, surgery, pediatrics, and internal medicine, as well as advanced diagnostics including microbiology. PIH will accompany county leadership teams in Grand Kru, Grand Gedeh, River Gee, and Sinoe to build referral systems that ensure equitable, safe, and appropriate patient transfers.

The Hub-and-Spoke Approach



Structures that complement & reinforce each other:

- Referral pathways
- Laboratory and advanced diagnostics
- Forecasting and tracking systems
- Health information systems

Opportunities for training & specialization:

- Clinical training
- Leadership and management capacity
- Biomedical engineering



County Health Team leaders discuss in small, break-out groups during a training on data-driven decision making in Grand Gedeh County (Francisca Lucien / PIH).

AMONG THE MOST URGENT HEALTH SYSTEM GAPS IN THE SOUTHEAST ARE SAFE AND EQUIPPED SPACES FOR PATIENT CARE, LAB AND DIAGNOSTIC SYSTEMS, AND FORECASTING AND TRACKING SYSTEMS FOR ESSENTIAL MEDICINES.

Strengthening core capacities

Among the most urgent health system gaps in the Southeast are safe and equipped spaces for patient care, lab and diagnostic systems, forecasting and tracking systems for essential medicines and supplies, and health information systems for patient-level care and population-based surveillance.

Over the next five years, PIH will continue to provide essential biomedical and laboratory equipment and train regional staff in biomedical engineering to ensure maintenance of this equipment. PIH will seek to leverage new funding opportunities to support additional targeted interventions to expand local capacity and allow for scaling rural health service delivery over the long-term.

Mentorship to support decentralized oversight, planning, and management of services

Targeted efforts to build decentralized leadership and management capacity will include supporting CHTs in planning, monitoring, supervising, and evaluating health programming within the counties.

Over the next five years, PIH will accompany the CHTs in the development and utilization of a robust toolkit for annual goal setting that aligns service delivery inputs and targets with population need. PIH will provide supportive assistance to both address gaps in capacity and help improve health system performance within the counties.

PROGRAMMING OUTLOOK

FY18	FY19	FY20	FY21	FY22
Strengthen community-based TB programming in Grand Gedeh	Scale-up decentralized DR-TB treatment and care in the Southeast			
Renovate Martha Tubman Memorial Hospital Chest Clinic	Launch biomedical training and regional service provider for oxygen refill and pick-up	Reinforce biomedical services and lab capacity in the Southeast with JJ Dossen as regional workshop hub		
	Establish JJ Dossen as a regional service provider for oxygen refill and pick-up	Launch and scale operational planning support to Southeast County Health Teams		
	Develop toolkit for technical assistance to County Health Teams on operational planning	Launch and scale technical assistance and operational planning support to Southeast County Health Teams		



Dr. Paul Farmer discusses supply chain challenges with pharmacist Pacifique Nitrenganya at the JJ Dossen Hospital pharmacy (PIH).

TRANSLATING EVIDENCE INTO POLICY & ACTION

Central to PIH's mission in Liberia is accompaniment of the MoH in the development and implementation of strategies for health service delivery that improve quality, access and equity for Liberia's population. Along with Liberian partners, PIH will leverage the success of national programs to support global advocacy for UHC. Accompaniment of the public sector in Liberia will focus on the following goals: 1) Aligning partners behind a country-led agenda; 2) Using program evidence to inform national health policy; 3) Build decentralized health system leadership capacity; and 4) Advocate for global universal health coverage.

Align partners and donors behind a country-led agenda

PIH's work in Liberia is guided by the government's Pro-Poor Agenda for Prosperity and Development, National Health Policy Plan (2011-2021), Investment Plan for Building a Resilient Health System (2015-2021), the MoH's annual strategic and operational plans, and clinical treatment protocols. PIH facilitates collaboration across sectors, bringing NGOs, multilateral/bilateral funders and policy makers to the table to leverage resources and build strong, resilient health systems. This approach is rooted in technical engagement with the public sector, linked to the global funding and policy dialogue, so that high-quality service delivery is financed through public systems. PIH is committed to strengthening the MoH's capacity to generate and absorb donor funding, to map partners and resources, and to develop planning matrices to support county-level operations.

Over the next five years, PIH will strategically engage with donor partners to align with Liberian government national plans rather than develop parallel plans and funding streams. PIH will work to build strong consortia to pursue large, multilateral funding opportunities and advocate for changes in donor giving strategies. PIH will seek to

mobilize investments to build a resilient and sustainable health system that can advance the country's progress towards achieving UHC.

BY JOINING WITH LOCAL AND GLOBAL ACADEMIC INSTITUTIONS WITH THE SHARED MISSION OF RURAL HEALTH SERVICE DELIVERY, FACILITIES IN MARYLAND WILL BE TRANSFORMED INTO CLINICAL EDUCATION HUBS.

Use program evidence to Inform national health policy

Drawing on decades of experience implementing rural health services, informed by evidence-based clinical guidelines, and guided by the expertise of those who face illness and poverty, PIH accompanies the MoH to develop and implement its national health policy. In 2017, PIH provided technical support to Liberia's MoH as it launched its first National NCD Policy and Strategic Plan (2016-2021), and the PIH NCD Lead serves as co-chair of the recently formed national Noncommunicable Diseases and Injuries (NCDI) Poverty Commission committee.

It is estimated approximately 13.8% of Liberians suffer from a mental health disorder (Liberia NCDI Poverty Commission, 2018), and with much of the population having lived through civil war and the more recent Ebola outbreak, mental health disorders and substance abuse associated with untreated trauma are continuing to rise. PIH will continue to provide support to the MoH as programs are implemented nationally to address the country's high burden of NCDI. At the national level, PIH is an active member of the National Technical Committee for Mental Health, and will continue to play a key role in developing care pathways, reporting tools, and CHW curriculum while accompanying the MoH as it implements the National Mental Health Policy and Strategic Plan (2016-2021).

Liberia is among the top 10 countries with the highest TB incidence rate (newly diagnosed cases per year) (WHO 2017), and because of pervasive health inequalities and lack of access to care, the country is particularly prone to drug-resistant TB (DR-TB). PIH began partnering with the Liberian MoH in 2015 to roll out a comprehensive TB program, and has supported the MoH in transforming the TB Annex Hospital in the capital of Monrovia into a referral center for the MDR-TB cases from across the country.

Over the next five years, PIH will continue to support the MoH in reviewing and revising national TB guidelines as advances in treatment allow for shorter oral regimens for treatment of DR-TB and national policy drives decentralization of TB care and services. In addition, PIH will collaborate with the Liberian National Tuberculosis and Leprosy Control program and the National AIDS Control Program, in developing and implementing a national model for integrated TB / HIV care.

Build decentralized leadership and governance capacity in finance and human resources

PIH's programs in the Southeast region will establish Maryland as a model county for innovative rural health service delivery. PIH's work places emphasis on not only support to program structures at the central and national levels, but on capacitating the CHTs and County authorities. This approach is intended to support the MoH's efforts to decentralize management and oversight of health programming as a priority of the Liberian government's Pro-Poor Agenda for Progress and Development.

Over the next five years, a core focus of PIH's support will be strengthening of local human resources and financial management processes to reinforce CHT capacity to manage funds from different

partner organizations and government channels directly. PIH's work with the CHT of Maryland to strengthen leadership and governance, data-driven decision making, operational planning, and supervision of health services will inform costing and national scale-up of this decentralized model and supports the Government of Liberia as it works toward achieving UHC.

PIH WILL RAISE AWARENESS AND PRESENT EVIDENCE TO INFLUENCE FUNDING AND POLICY AGENDAS TO ADVANCE PROGRESS TOWARD GLOBAL UHC.

Advocate for global Universal Health Coverage

The PIH model in Liberia establishes Maryland County as a hub of best practices that will inform global advocacy for UHC. The progressive realization of UHC requires an implementation strategy based on practical, country-led, and adequately financed plans that address the demand for and supply of high quality care.

Over the next five years, PIH will provide a roadmap to UHC in Maryland County by mapping the disease burden for each catchment area, measuring population-based targets against UHC benchmarks, and aligning inputs to progressively achieve UHC. Working with the broader NGO, donor, think-tank and academic communities, together with the government of Liberia, PIH will raise awareness and present evidence to influence funding and policy agendas to advance progress toward global UHC.

PROGRAMMING OUTLOOK

	FY18	FY19	FY20	FY21	FY22	
	Grow policy presence around priority disease control and management of HIV, TB, Mental Health, and Community Health	Expand support of decentralized leadership and governance				
		Initiate technical engagement to support innovation in clinical care and guidelines for NCDI management	Launch PIH Liberia research core			
	Launch NCDI Commission		Launch UHC toolkit based on model county approach			
			Develop strategy for sharing implementation evidence and knowledge			
			Propose policy for rural health service delivery and roadmap for universal health coverage			
		Launch participatory engagement in Liberia coordinating mechanism				
			Expand support to MOH in health information systems strengthening			
			Invest in strategic partnerships and collaborative engagement to inform donor strategies			
			Grow restricted funding from diverse donor base			



Nurses Joe David (left)
and Rebecca Wilson (right)
at the Emergency Room at
JJ Dossen Hospital
(Rebecca Rollins/PIH).

INVESTING IN THE NEXT GENERATION

Over the next five years, PIH Liberia will prioritize health workforce development; specifically building a rural health workforce. PIH aims to: 1) Build skills and capacity for newly trained health workers to provide rural health service delivery, 2) Grow a pipeline of physician specialists capacitated to effectively respond to the needs of the population, 3) Provide supportive clinical mentorship and training to strengthen nursing care.

1. SOCIAL SERVICE TRAINING

Liberia is developing a national health worker bonding policy that will require a mandatory service period for all health workers trained in public institutions. Building on PIH's global expertise in supporting MoHs in implementation and monitoring of service year programs, PIH in Liberia will establish Maryland County as a model site for social service training of physicians. This training will prepare new physicians for rural health service by providing clinical training and mentorship, rooted in the principles of social medicine, and by equipping them with the tools needed to deliver high-quality and equitable health care.

2. GRADUATE MEDICAL EDUCATION

The health workforce Program for Liberia outlines an ambitious plan for rebuilding the country's health workforce with a focus on physician specialists, nurses, midwives, and health managers. Over the next five years, PIH will build infrastructure and systems for physician residency training programs, starting with the launch of a Family Medicine residency training program at JJ Dossen, with the goal of eventually establishing training programs across four core specialties: Internal Medicine, Pediatrics, Obstetrics & Gynecology, and Surgery.

3. NURSING EDUCATION

As Liberia rebuilds its health workforce, qualified nurses with the skills and capacity to provide care from community to primary care to hospital level are essential for quality of care. Since the start of PIH's engagement to support the MoH to restore essential services post-Ebola, support and training of nursing staff has been at the forefront of PIH's efforts. PIH seeks to continue strengthening nursing education over the next five years, engaging local and global partnerships for nursing education at the pre-service and in-service levels, developing training programs in advanced nursing skills in key areas, including anesthetist training. By promoting continuous quality improvement measures and empowering nurses as skilled leaders, PIH will build a nursing center of excellence in Maryland County.

Partnering with academic institutions for health workforce development

Health workforce development requires linking academic institutions with clinical service delivery and investing across the clinical education continuum that extends from pre-service to graduate medical education for physicians, and pre-service, in-service, and post-graduate training for nursing professionals. PIH's academic programs will leverage expertise through the Global Health Delivery Partnership, expanding on curricula PIH has developed over decades in partnership with Harvard University, the Brigham and Women's Hospital, University Hospital Mirebalais (Haiti) and the University of Global Health Equity (Rwanda). Through these continued partnerships, and by joining with local and global academic institutions with the shared mission of rural health service delivery, facilities in Maryland will be transformed into clinical education hubs.

PIH will encourage existing health worker performance and retention in the rural health facilities of the Southeast by establishing strong linkages to the Liberian College of Physicians and Surgeons, who administer the Post-Graduate Medical Training Program, as well as the AM Dogliotti Medical School in Monrovia. The support of these national training programs, along with PIH's partnership with William V.S. Tubman University (TU) in graduate nurse training and a health sciences internship program will create a pipeline for practitioners and help Liberia close the gap in human resources for health. Health workforce development and retention will be further bolstered by the launch of the Southeast Teaching Hospital and the establishment of a department of Community Medicine and Global Health at Tubman University to serve as the academic home for interprofessional training of this decentralized model and supports the Government of Liberia as it works toward achieving UHC.

Building a multidisciplinary global health workforce

In addition to training and retaining health workers, achieving UHC will require building a health management infrastructure grounded in the PIH approach to program management and the science of global health delivery.

Over the next five years, PIH will continue to develop training programs and mentorship structures for pharmacists, laboratory technicians, health information officers, operations supervisors, supply chain logisticians, finance managers, and human resource specialists. PIH will focus on building up local staff expertise in implementation science that covers the full spectrum of building blocks—how to develop budgets, forecast medical supplies, perform research and quality improvement, create inter-disciplinary collaboration and partnerships to achieve impact— and bringing in experienced health managers who can model and mentor staff to build their skill set long-term. This approach aligns with Liberia's roadmap to rebuild the health workforce under the country's seven-year Health Workforce Plan.

INVESTING IN PEOPLE TO BUILD A MULTIDISCIPLINARY GLOBAL HEALTH WORKFORCE

SERVICE DELIVERY

- Nursing
- Surgery and Anesthesia
- Mental Health
 - Psychology
 - Psychiatry
- Family Medicine
 - Rural
 - Primary care
- Internal Medicine
 - Infectious disease
- Pediatrics
- OB-GYN

ANCILLARY SERVICES

- Laboratory
- Microbiology
- Pharmacy
- Radiology
- Infection control and waste management
- Supply chain, fleet management, logistics

HEALTH INFORMATION

- Research knowledge generation
- Economic and impact evaluation
- Quality improvement

FINANCE

- Budget expertise
- Evaluation of value-based investments
- Health Financing

PROGRAMMING OUTLOOK

	FY18	FY19	FY20	FY21	FY22	
	Establish JJ Dossen as a rural service site for family medicine and sub-specialty rotations		Establish JJ Dossen and Pleebo Health Center as clinical education sites for social service physicians	Improve mentorship and skills training for social services MDs through strengthening capacity of existing providers	Establish network of mentorship in the Southeast for training social service physicians in rural health service delivery	
	Launch faculty support for Tubman University nursing program			Reinforce Pleebo as health center-based clinical rotation site to strengthen training of MDs in community-based, rural service delivery across the continuum		
				Achieve accreditation with the West African College of Medicine	Launch Family Medicine residency at JJ Dossen	
		Partnership with Tubman University to establish accredited nurse midwifery program			Establish capacity for residency training programs across the four core	
			Develop and implement midwifery preceptor curricula with certification (for clinical instructor / staff nurses)			
			Scale implementation of nurse educator model in Maryland County			
			Design and facilitate training on evidence-based practice and research			
		Launch training on QI and patient safety guidelines and procedures				
		Establish a multi-disciplinary scientific committee				

WE BELIEVE
that in being a partner
to the public sector,
PIH Liberia's efforts
will be part of a
larger movement to
strengthen national
service delivery
systems for Universal
Health Coverage.

The start of construction for
the expansion of Pleebo Health
Center that will increase maternal
health, emergency and patient
consultation rooms at the facility
(Victoria Chan/PIH).





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Baby Rose was born at JJ Dossen Hospital after her mother, Rachael, was rushed to the facility in distress and treated for preeclampsia (Rebecca Rollins/PIH).



A ROADMAP TOWARD UNIVERSAL HEALTH COVERAGE

Strategic Plan FY2018-FY2022

Partners In Health | Liberia

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