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# UNDP'S PARTNERSHIP WITH THE GLOBAL FUND IN LIBERIA

Supporting implementation, developing capacity



Global Fund Partnership Team  
HIV Group  
Bureau for Development Policy (BDP)

In collaboration with the UNDP Liberia Country Office  
and the Capacity Development Group, BDP.

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# ACRONYMS AND ABBREVIATIONS

ACT	Artemisinin-based combination therapy
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal clinic
ART	Antiretroviral therapy
ARV	Antiretroviral
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CBP	Capacity-building plan
DFID	Department for International Development (UK)
DOTS	Directly observed therapy short-course
GDP	Gross domestic product
HDI	Human development index
HIV	Human immunodeficiency virus
IT	Information technology
LCM	Liberia Coordinating Mechanism
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MOH&SW	Ministry of Health & Social Welfare
NAC	National AIDS Commission
NACP	National AIDS and STIs Control Programme
NDS	National Drug Service
NLTCP	National Leprosy and Tuberculosis Control Programme
NMCP	National Malaria Control Programme
PCU	Programme Coordination Unit
PEP	Post-exposure prophylaxis
PEU	Project Execution Unit
PMTCT	Prevention of mother-to-child transmission
PR	Principal Recipient
SR	Sub-Recipient
STI	Sexually transmitted infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV&AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WFP	World Food Programme
WHO	World Health Organization

# FOREWORD

The Ministry of Health and Social Welfare (MOH&SW) of the government of Liberia and UNDP/Liberia have had an excellent collaborative partnership in tackling the national response to deadly diseases in Liberia. Despite difficult and challenging conditions, our combined efforts have yielded remarkable outcomes. They have also produced valuable lessons that can guide similar partnerships in other countries where extraordinary circumstances stand in the way of putting Global Fund grants to work effectively and efficiently.

Within the framework of the partnership with UNDP, the MOH&SW was able to produce adequate treatment guidelines and policies, develop standard operating procedures and tools to ensure quality care and treatment, and achieve accurate data production and reporting. The Ministry was able to scale up service delivery points, which resulted in a strong increase in the number of people with access to treatment and prevention services:

- 2,970 People were receiving antiretroviral treatment in 2009, compared with 906 in 2007;
- 1.9 Million persons were treated for malaria and 83,601 pregnant women were reached with intermittent preventive treatment in 2009, compared with 1 million and 155 000, respectively, in 2007;
- The number of people receiving treatment for tuberculosis (TB) increased from 2,633 in 2007 to 8,558 in 2009.

A large number of health staff was also trained to ensure quality of care and treatment. On-site mentoring and formal training were provided to health workers in each of Liberia's 15 counties. In close partnership with the MOH&SW UNDP strived to ensure consistent supply of drugs and health products to health facilities throughout the country. In addition to the substantive procurement of drugs and related products, extensive efforts were made in the establishment of the National Reference Laboratory, the Drug Sensitivity Laboratory and the regional blood banks.

Capacity building was a major activity during the recent grants, and UNDP supported the MOH&SW in mobilizing USD 1.2 million for capacity development activities, which UNDP facilitated. This resulted in major gains, as demonstrated when the Ministry assumed the Principal Recipient function of the HIV grant in early 2010.

With the systems and business processes reinforced, the leadership and management of the national response to the disease have been strengthened, as shown in the good results achieved by the MOH&SW in our first quarterly report to the Global Fund. The operational research capacity of the MOH&SW has also steadily increased, as is evident in the growing body of research undertaken since 2007 (including antenatal clinic surveys, a prevention of mother-to-child transmission study, an antiretroviral therapy survey, a risk perception survey, a TB desk review, a TB/HIV co-infection study, and the Liberia Malaria Indicator Survey).

UNDP's support to the MOH&SW has yielded tangible and measurable results and impact. This report not only celebrates the joint achievements of the partnership between the MOH&SW and UNDP, but also serves as an illuminating case study that can inspire other countries in similar contexts to learn from the successful experiences of Liberia.



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# EXECUTIVE SUMMARY

This publication describes the partnership in Liberia between UNDP, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and Liberia's Ministry of Health and Social Welfare (MOH&SW).

It focuses on programme implementation, service delivery and capacity-development achievements made since 2004, when UNDP assumed the role of Principal Recipient (PR) in a country rebuilding itself after more than a decade of ruinous civil conflict.

The background to this transitional arrangement is sketched in the first section of the publication, which then analyses the experiences of the partnership over two phases:

- 2004–2007, during which Liberia received its maiden round of grants, and implementation occurred alongside a major reconstruction effort in the health and wider public sector;
- 2007–2009, when the rollout of infrastructure and services continued alongside a concerted drive to strengthen the underlying capacities and systems in the MOH&SW.

The publication also analyses and distils the important lessons learned from those experiences, which yielded formidable gains despite difficult circumstances:

- More than 8,600 new smear-positive TB cases were diagnosed and successfully treated, and TB/HIV services benefited 3,700 people.

- Some 685,000 insecticide-treated nets were distributed, and 2.9 million cases of malaria were treated.

- More than 15 million condoms were distributed, 370,000 cases of sexually transmitted infections (STIs) were treated, and 157,000 HIV counselling and testing sessions were provided. By end-2009, almost 3,000 people were receiving antiretroviral therapy (ART), and 1,100 pregnant women were receiving antiretroviral (ARV) prophylaxis.

- The Round 6 HIV grant programme earned an outstanding A1 performance rating from the Global Fund ("exceeding performance expectations"), and the role of Principal Recipient was successfully transferred to the MOH&SW in January 2010.

The technical and functional capacities of the three disease-control programmes, and of the MOH&SW overall, were transformed beyond recognition.

All this was done with transitional arrangements that reduced the risks associated with a disruptive, post-conflict setting. Programmes were repaired and expanded, while the capacities of national entities were rebuilt and refined. The understanding was that the PR role would revert to a national entity, as soon as capacities and circumstances permitted.

Solid financial systems, reliable procurement chains and accurate monitoring and evaluation (M&E) processes became priorities alongside the provision of tools and skills needed to



manage the various programmes. Although modestly funded, the capacity-building efforts yielded the following significant gains:

- The MOH&SW and UNDP drafted an intensive capacity-building plan, which focused on the Ministry's capacity to manage Global Fund grants, while also enhancing capacity to manage its overall operations.
- Major improvements were made in the Ministry's financial management systems (including budget monitoring, financial reporting, sound financial analysis and accounts reconciliation).
- M&E systems and capacities had been absent when UNDP took on the PR role. An M&E unit was set up in the MOH&SW, drawing in newly trained M&E staff from the disease-control programmes. The unit now operates in accordance with an agreed M&E plan, and with an approved annual work plan and indicators. The unit can now monitor key activities in almost all 15 counties.
- A reliable procurement system was built, with new procurements units set up in the MOH&SW and the National Drug Service (NDS) upgraded to broadly service Global Fund grant projects and the public health system. Manuals and tools were introduced, and equipment and storage facilities were upgraded.

Some inspired decisions helped – for example, the MOH&SW's Programme Coordination Unit was embedded in the Ministry, thus avoiding

the creation of a parallel, duplicating structure. Knowledge-sharing and capacity-strengthening were more widely diffused, rather than being trapped in a single, isolated unit.

Crucial to the achievements overall was the Liberian Government's strong political support, the Ministry's determination to strengthen itself (and, especially, its main disease-control programmes), and UNDP's commitment and close collaboration with the MOH&SW, the Global Fund, and other United Nations (UN) agencies (including UNAIDS, UNICEF, WFP and WHO<sup>1</sup>).

## Moving forward

The following important lessons can inform the rebuilding efforts in Liberia and elsewhere:

- The capacity-development gains of the past few years must penetrate more deeply into the MOH&SW's systems and institutions. Gains at central levels must be emulated at other levels – especially those of county health teams.
- There is top-level support for accountability and transparency, but it is not yet reflected consistently in everyday work. Accountability mechanisms need to be strengthened all the way down the management chain.
- The impressive accomplishments on the procurement front need to be extended and consolidated. One starting point would be to more clearly define the roles

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<sup>1</sup> The Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), and the World Health Organization (WHO)

of the various procurement actors.

- Maintaining the momentum requires adequate funding earmarked for capacity development. In Liberia, that funding does not yet approach the scale of need.
- The time seems ripe for a functional review of the Liberia Coordinating Mechanism and for support that is tailored to upgrade its capacity to advocate, set strategies, and monitor projects.
- Capacity development should be integrated more explicitly into Global Fund grant-making and -management processes. The Global Fund could mandate capacity assessments and capacity-development plans as part of its grant programmes. There should be clear milestones and indicators, and dedicated staff and budget.
- There is excessive dependency on the Global Fund for funding. Supplementary and sustainable funding strategies are needed.
- The public health system is starved of qualified personnel. Unless human resources are grown and health education improves,

Six years of partnership between UNDP, Liberia and the Global Fund have brought remarkable improvements.

Systems for managing and monitoring the main disease-control efforts are now functioning. Standard operating procedures have been introduced, and appropriate diagnostic and treatment protocols are being applied. Intensive formal training and mentoring, as well as the recruitment of key staff, have boosted human resource capacities. Many of the systems, processes and skills needed to run Liberia's disease-control programmes effectively and efficiently are in place.

The challenge now is to consolidate and deepen these gains, which requires greater investment in capacity development.

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