



State Party Annual report meeting Montserrado, 22-23 November 2022



Photos of Key stakeholders at the State Party Annual report meeting
Montserrado, 22-23 November 2022

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EXECUTIVE SUMMARY

The State Party Annual Report (SPAR) was conducted in Montserrado county at the Golden Key hotel with a total of 60 key stakeholders each representing their sectors and agencies. A two-day's both in-person and virtual means working session was conducted using these key stakeholders as decision makers. The working session was moderated by the National Public Health institute (NPHIL) while stakeholders made their input as the SPAR tool for 2022 was projected. The tool comprises of a self-assessment evaluation that should be done as a country. All inputs from the stakeholders that were present, were documented on the templates (tool) during the working sessions. A representative from NPHIL along with a WHO staff moderated the two days working sessions.

BACKGROUND

Liberia will be developed her State Party Annual Report for submission to the World Health Assembly in line with the IHR mandate. This report was populated by multisectoral key experts from various sectors and agencies during a two (2) days working session. Member states are mandated to annually report using a selfassessment approach that is facilitated by WHO data collection instruments and supporting tools called "State Party Annual Report (SPAR) to report to the World Health Assembly on the implementation of the IHR (Article 54). Liberia being a member state reports annually using the self -assessment tools and submits report to the World Health Assembly.

Each country conducts a self-assessment annually in order to assess its core capacities and the results from the assessment tools is compiled and sent by the National IHR Focal Point for the Country. Sectors or agencies involved must make an input in the assessment tools as this will contribute in providing information for the tools.

Therefore, a technical working session was organized comprising of multi-sectorial and multidisciplinary experts from key line ministries and agencies to review and populate the reporting tool. The general objective was to assess and document the IHR core capacities for Liberia over the year, 2022.

Specific Objectives

- To collect and collate inputs from the all relevant sectors or agencies into the IHR SPAR Tool
- To provide report to the World Health Assembly on the implementation of the IHR (Article 54) in Liberia
- To identify national IHR gaps and set strategic priorities for the coming year
- To improve multi-sectorial coordination on public health programs

Expected Deliverable

- Final report approved and submitted to WHO/IHR/AFRO
- Salient recommendations/suggestions from stakeholders captured to further improve the IHR core capacities for Liberia.

RESULT:

Total of 60 persons (Stakeholders) attended the two days' activities. Stakeholders that were present both in-person and responded to the self-assessment and reporting questionnaires as it was being projected by the moderator. Each session was interactive and participatory. The issues/challenges to be addressed were documented as well as recommendations. The draft document was sent to all stakeholders that were present for any other input with timeline attached for subsequent submission by the IHR focal person.

KEY AREAS (CORE CAPACITIES) WITH SIGNIFICANT IMPROVEMENT:

ADVOCACY;

This core capacity has increased from level 3 to level 4 because this mechanism is in place at the national and sub-national levels within all sectors. At the sub-national level, there exist advocacy mechanisms for human, animal and their environment interface.

PLANNING FOR HEALTH EMERGENCIES

This core capacity has increased from level 2 to level 3 due to the fact that informed Health emergency multi hazard plan is available and implemented at national level.

CASE MANAGEMENT

This core capacity has increased from level 1 to level 3 significantly due to the fact that National clinical case management guidelines for priority health events are developed and being implemented at national level. Disease contingency plan/guidelines are developed and implemented at National and sub-national levels while others priority disease specific guidelines/contingency plans are still under-development. Guidelines for animal health priority diseases are yet to be developed

UTILIZATION OF HEALTH SERVICES

This core capacity has Increased from level 2 to level 3 due to the fact that Satisfactory levels of service utilization in tertiary health care facilities is seen at national level. Evidence is that PHC head count for 2022 has increased compare to 2021 report.....confirm MOH annual report

RCCE SYSTEM FOR EMERGENCIES

This core capacity has Increased from level 1 to level 4 significantly due to the fact that Mechanisms for coordination of RCCE functions and resources, including plans, SOPs and formal government arrangements are developed and being implemented at the national and intermediate levels

COMMUNITY ENGAGEMENT

This core capacity has Increased from level 2 to level 3 due to the fact that Mechanisms for systematic community engagement in public health emergencies, including guidelines and/ or SOPs, have been developed, disseminated and community engagement activities are being implemented and supported not only at the national level but also at the intermediate levels

KEY AREA (CORE CAPACITY) WITH REDUCTION IN THE CAPACITY LEVEL:

EMERGENCY LOGISTIC AND SUPPLY CHAIN MANAGEMENT

This core capacity has decreased from level 3 to level 2 due to the fact that Emergency logistics and supply chain management system/mechanism is developed but not able to provide adequate support for health emergencies (Limited by adequate and safe storage facilities, transport and frequent stock out of essential emergency supplies) .This core capacity areas needs strengthening especially in providing support for health emergencies

***All other core capacity areas remain at the same level as there were in 2021 and therefore the country is with the responsibility to address gaps or bottlenecks that responsible for the stagnation at a particular level

LESSONS LEARNT:

- Each interactive session provided more insight and information that was needed for the document
- There were lot of useful information gathered due to the selection of a multisectoral stakeholders

KEY ISSUES ARISING:

- Public health law with give rise to many positive impact on the health system
- There is no systemic assessment done to identify gender gaps
- There are so many challenges in the chemical and radiation areas that needs support
- Referral system is more organize for human than MOA
- Sustainability and technology remain a challenge

RECOMMENDATION:

- That there be a refresher training for sectors on their roles and responsibility
- That the country conducts a baseline indicator for gender equality
- There is a need to add a portion in the tool that explains the link between Public health and security security
- That the bill for the public Health law be passed to address public health issues
 - That EPA work with NPHIL to set up surveillance system
- That the each sector and agency work with the sector whose responsible for dropping our indicator as a country so as to increase our point next year (2023)
- That this tool (completed SPAR 2022 document) results be shared every year by the steering committee to the highest level (legislature)as a means of advocating for support to each sector

Annex 1: Key stakeholder Listing

NO	Name	SEX	Organization	Contact
1	Abednego Gbarway	M	FDA	880820808
2	Augustine Fahnbulleh	M	MOA	886439982
3	Alberta Corvah	F	NPHIL	886520725
4	Alex J. Perry	M	NPHIL	886540209
5	Augustus Bortue	M	Heritage	880465980
6	Benjamin Crayton	M	FDA	555624067
7	Chester Smith	M	MOH	886902569
8	Cynthia Yeah	F	NPHIL	886855637
9	Diana Gahn Smith	F	MOH	886589918
10	Eddie Farnvalo	M	MOA	886484351
111	Flomo Edwin	M	MOA	881760929
12	Ernest Gonyon	M	MOH	886840510
13	Francis F. Tamba	M	NPHIL	886520940
141	Garrison Kerwillain	M	MOH/IPC	886513273
15	Henry Kohar	M	MOH/LAB	886519884
16	Horace Dollison	M	NPHIL/LOGISTICS	886537087
17	John Dogbah	M	RIDISSE/LAB	886515712
18	Joshua V. Robinson	M	NPHIL	881826004
19	Kpakama L. Kromah	M	SCMU/MOH	886512301
20	Leroy Maximore	M	NPHIL/DIDE	886567076

21	Levi Z. Piah	M	EPA	880106143
22	Luke L. Bawoo	M	MOH/HMIS COORDINATOR	886909945
23	Lydia Seepoe	F	NPHIL/POE	886600712
24	Mamawah D. Bility	F	NPHIL/EOC	555001433

25	Marcus Dangbuah	M	Liberia National Fire service	886817986
26	Patience C. Tokpa	F	MOH COUNTY HEALTH SERVICES	886450160
27	Patricia B. Henderson	F	NPHIL/M&E	886638466
28	Patrick Tokpah	M	NPHIL	886760300
29	Princess Jackson	F	LCAA	886249716
30	Martin Scott Tabi	M	CBRN/Chemical and radiation	886842718
31	Quitina Cooper Davis	F	MOH	880525207
32	Rosetta L. Gbassay	F	NATIONAL DISASATER MANAGEMENT	886540913
33	Ruth K. Yarngo	F	NPHIL	886618492
34	Samuel Cummings	M	MFDP	886644015
35	Siatta Gray	F	NPHIL/TRAINING DEPARTMENT	880369815
36	Simeon T. Cheah	M	LIMA	886554446
37	Sonpon Sieh	M	RIDDISE/ONE HEALTH COORDINATOR	0886774166
38	Sumo Nuwolo	M	NPHIL	886483033
39	Victor Kiatamba	M	MOH/HR	886628959
40	William B.F. Songor	M	LIS	886315345
41	Zoe Parwon	F	MINISTRY OF DEFENSE	880551684

42	Phebe Thomas	F	NPHIL/POE	886408115
43	Yilaa Wloti Se	M	NPHIL/M&E	886593721
44	Advertus Nyan Mianah	M	NPHIL	886530260
45	Dr. Ralph Jetoh	M	NPHIL/DIRECTOR DIDE	886526388
46	Nathaniel Dovillie	M	NPHIL	886542363
47	Momo Tegli	M	NPHIL	888432985
48	Felicia o. toe	F	WHO	0778258641
49	Jerome Korvah	M	USAID-CHA/IRC	0886942565
50	Tamba Alpha	M	WHO	0777902102
51	DR. Julius Monday	M	WHO	0776109795
52	Ellen Munemo	F	USAID-IDD	0778163510
53	Mercy Blyden	F	GIZ	0776466916
54	Augustine Koryan	M	GIZ	0777000914
55	Musand M. Kromah	F	Jhpiego	0886579783
56	Moses Bolongei	M	WHO	0770205707

Annex 2: Photos



Figure 1 Stakeholders discussing during the working session while the SPAR tool is being projected



Figure 2 WHO staff giving input to the secretariat team during the session

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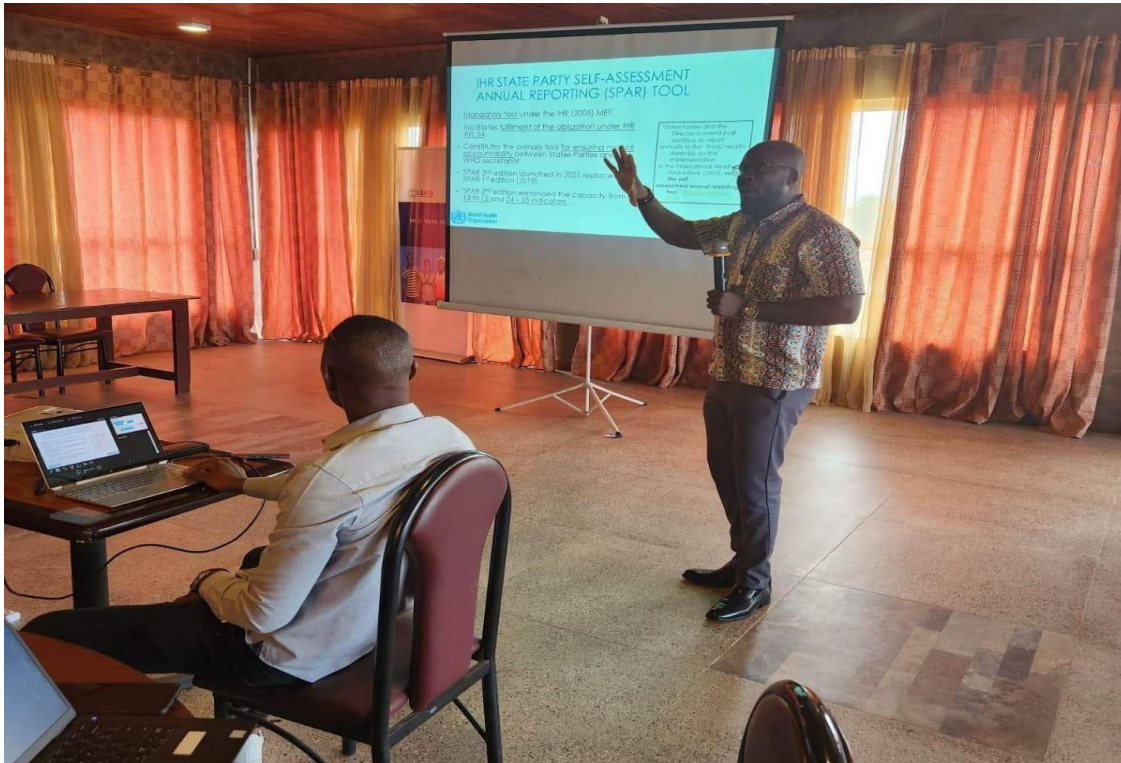


Figure 3 *NPHIL's Director for DIDE giving the overview of the meeting*



Figure 4 *WHO staff moderating one of the sessions*