

Policy Brief: A Situational Analysis of Community Engagement in Primary Health Care Governance in Liberia

Author: Youth Network for Positive Change (YOUNETPO)

Date: September 2025

Supported by: Act-Africa under the Community Engagement in Pandemic Preparedness and Response (COOPER CE) Project

Executive Summary

This policy brief examines the critical need for enhanced Community Engagement (CE) in Primary Health Care (PHC) governance in Liberia. Following devastating health crises, including Ebola (2014-2016), COVID-19 (2020), and the ongoing Mpox epidemic, Liberia must strengthen community participation in health decision-making to build resilient health systems and achieve Universal Health Coverage (UHC).

Key Finding: There is a gap between current community health policies, plans, and practical implementation of the policy and plan, resulting in weak, passive community participation in PHC governance.

Primary Recommendation: Develop an integrated CE strategy in PHC governance with capacity building, monitoring frameworks, and sustainable resource allocation mechanisms.

Background and Context

The PHC Governance Framework

Primary Health Care, established through the 1978 Alma-Ata Declaration, serves as the foundation for achieving "Health for All" through universal health coverage. The PHC approach emphasizes addressing social determinants of health, ensuring equitable access through community participation, and recognizing communities' rights and responsibilities in health planning (WHO, 1978; WHO, 2021).

Liberia's Health System Challenges

Liberia's health system faces significant governance challenges exposed by recent health emergencies:

- **Ebola outbreak (2014-2016):** 4,814 deaths revealed critical weaknesses in community engagement
- **COVID-19 pandemic (2020):** Highlighted gaps in pandemic preparedness
- **Mpox epidemic (ongoing):** Demonstrates continued vulnerability

The Global Fund's March 2025 report highlights that community-led structures can deliver cost-effective pandemic health services, enhance accountability, and inform Pandemic Preparedness Response (PPR) strategies when properly equipped and authorized. Community engagement is crucial in national and sub-national PPR decision-making to build resilient and sustainable health systems (RSSH) and enhance equitable PPR activities.

Current PHC Governance Structures

Liberia's PHC governance relies on two primary community structures:

- **Health Facility Development Committees (HFDCs):** Facility-level governance bodies.
- **Community Health Committees (CHCs):** Community-based oversight structures.

Methodology

This brief synthesizes findings from:

- Desk review of key policy documents (Decentralized Governance Guidelines, National Community Health Policy).
- Key Informant Interviews (KII) with health officials and community leaders.
- Focus Group Discussions (FGD) with community governance structures.

Key Findings

1. Policy and Implementation Gaps

Critical Issue: Both the Decentralized Governance Guidelines and the National Community Health Policy fail to specify:

- Capacity building mechanisms for HFDCs and CHCs
- Monitoring and evaluation frameworks for CE in PHC governance
- Clear role definitions and accountability structures of HFDC and CHC.

2. Limited Community Participation in Policy Development

Critical Issue: Current policies employ top-down approaches with minimal input from community governance structures, contradicting participatory governance principles.

3. Knowledge and Capacity Deficits

Critical Issues:

- Many HFDCs and CHCs lack understanding of their roles and responsibilities.
- Limited access to policy documents and guidelines by HFDCs and CHCs.
- Gaps in leadership and oversight skills necessary for effective governance of HFDCs and CHCs.

4. Structural and Logistical Barriers

Critical Issues:

- Limited transportation access for monthly meetings of HFDCs and CHCs.
- Lack of autonomy in decision-making processes by HFDCs and CHCs.
- Instructional rather than collaborative approach to community engagement by Health policy makers.

5. Sustainability and Resource Challenges

Critical Issue: No clear resource mobilization strategy exists to sustain CE in PHC governance beyond donor funding cycles.

Recommendations

Short-Term Interventions (6-12 months)

1. Strengthen Ownership and Accountability

Action: The MOH should develop community-centered governance models that promote ownership of PHC services, leading to the community becoming strategic partners for achieving UHC.

2. Comprehensive Capacity Building Program

Action: The MoH should develop and implement a simplified training program for HFDCs and CHCs covering:

- Roles and responsibilities clarification.
- Governance principles and practices.
- Oversight mechanisms and accountability tools for effective PHC governance participation.

3. Policy Accessibility Enhancement

Action: The MOH should create simplified, user-friendly versions of the National Community Health Policy incorporating visual aids and local languages where appropriate to increase policy accessibility and practical use by community health governance structures.

4. Meeting and Monitoring Systems

Action: The MOH should establish systematic tracking of monthly HFDC meetings with digital monitoring tools and regular feedback mechanisms, which are expected to improve meeting regularity and enhance tracking of community engagement activities in PHC governance.

Long-Term Strategic Initiatives

1. Sustainability and Functionality Planning

Action: The MOH should support community health governance structures to develop sustainable financing mechanisms, including:

- Government budget allocation for CE activities in PHC governance.
- Community-based resource mobilization strategies for CE in PHC governance

2. Quality Assurance System

Action: The MOH should implement quarterly monitoring visits using standardized tools to assess HFDC and CHC performance and provide technical support.

3. Public Awareness and Advocacy

Action: Civil Society Organizations conducting awareness campaigns on the National PHC Policy, emphasizing community roles and rights, with expected outcomes leading to Increased public understanding and support for community engagement in health governance.

Conclusion

Community engagement in PHC governance represents a critical pathway to building resilient health systems in Liberia. The evidence demonstrates that while policy frameworks exist, significant implementation gaps persist. Addressing these gaps through systematic capacity building, policy simplification, and sustainable resource allocation will strengthen Liberia's ability to respond to current and future health challenges while advancing toward universal health coverage.

When communities are involved in PHC governance, they develop stronger ownership, leading to greater accountability, improved service utilization, and better health outcomes.

This positions communities as core strategic partners for ensuring health systems are oriented toward people's needs and achieving UHC goals.

Success requires coordinated action across government, civil society, and communities, with sustained commitment to participatory governance principles and community empowerment in health decision-making. The urgency of this need has never been greater, given Liberia's ongoing health challenges and the global emphasis on pandemic preparedness.

Contact Information:

Youth Network for Positive Change (YOUNETPO)

Funding Acknowledgment:

This policy brief was developed with support from Act-Africa under the Community Engagement in Pandemic Preparedness and Response (COOPER CE) Project grant.