



## **Policy Brief**

### **Ensuring an Inclusive Pandemic Preparedness and Response System in Liberia: An insight on Civil Society and Communities engagement and participation in PPR process in Liberia August 2025**

## **Background to Liberia PPR process**

In Liberia, the urgency for a strong PPR framework is heightened by the country's history of pandemic such as the Ebola outbreak from 2014 to 2016 and the COVID19 pandemic outbreak in 2020. Liberia has made tremendous efforts in planning for, and executing national and global agenda to prepare, detect, report, and respond to trending issues that has the potential to disrupt the stability, socio-economic and health status of the population. These efforts has led to the establishment of the One Health (OH) platform that intend to bring together all stakeholders in the spirit of collaboration and coordination in addressing national issues.

However, the full participation of the CS and communities within national planning, and crafting of national policies has emerged as a major concern. National documents (2016 and 2023 JEE report, 2024 NAPHS, ...) reviewed confirm the absence CS and Communities within development, implementation and for the achievement of these national agendas. Civil society organizations and other community structures have either limited or no representation on PPR platforms, leading to a disconnection between policy-making and the realities faced by communities. This underrepresentation hampers the inclusivity and effectiveness of PPR strategies, which require input from all sectors of society to be truly resilient considering a One Health Strategy.

## **Purpose of this policy brief**

This policy brief provides a comprehensive analysis of Liberia's Pandemic Preparedness Response (PPR) mechanism including JEEs, NHAPS and SPARs emphasizing the critical need for community and civil society engagement. Despite strides in implementing a national health action plan, significant gaps in inclusivity and representation persist, particularly for vulnerable groups and grassroots organizations. Key findings reveal limited stakeholder participation, inadequate representation of civil society in decision-making platforms, and low community awareness of PPR issues. The policy brief concludes actionable recommendations, including the development of a national PPR agenda and the strengthening of PPR coordination platforms to enhance inclusivity and resilience.

## **2. Key Findings**

A desk review findings of the 2023 JEEs and 2024 NHAPS including a PPR Case Study and KII conducted by YOUNETPO revealed couple of issues ranging from the leger instrument

that set the bases for 19 technical areas to risk communication and community engagement to existing PPR Platforms, this policy brief presents the following findings:

- **Finding 1:** The Joint External Evaluation (JEE) that assesses the overall readiness of the country with focus on the 19 technical areas of the IHR is a multi-sectorial process. However, it does not consider community participation and engagement. The evaluation process begins with implementing public institutions and ends with them, creating room for biases. We therefore recommend an independent community-based evaluation
- **Finding 2:** Gender equity and equality, and human right issues remain a challenge as flagged by the JEE result with a score of one (1) indicative of no capacity under the lever instrument technical area.
- **Finding 3:** Risk Communication and Community Engagement (RCCE) activities as outlined in the National Action Plan for Health Security (NAPHS) document is still at the technical level (policy level) and not seen at the operational level.
- **Finding 4: Community Engagement Practices** - Despite the existence of several PPR platforms, engagement with communities and civil society remains limited. Notably, only international NGOs (Plan, CRS, etc) who have align programs that are subsidiaries of the Ministry of Health are involved, leaving out other critical community groups and non-governmental organizations. The lack of a comprehensive community engagement plan further exacerbates this issue.
- **Finding 5: Awareness and PPR Platform Coordination** – Civil society and communities representatives (survivors networks, slum dwellers, PWD etc) in Liberia exhibit limited knowledge of existing PPR platforms, reflecting a broader lack of awareness that could undermine public health efforts.

### 3. Recommendations for Policy Action

Below are actionable recommendations to support planning and implementation thereby bringing improvements in the health security agenda.

- **Recommendation 1:** To effectively transition RCCE interventions from the technical (policy) level to a more practical and sustainable approach, training programs for local health workers, civil society organizations, and community leaders need to be supported to enhance their skills in RCCE.
- **Recommendation 2:** Integrate community-led independent evaluation of the JEE process to share their perspectives and understanding of the overall health readiness of the country as illustrated below.



- **Recommendation 3:** Develop a Gender and human Right strategy that explicitly addresses gender equity and human rights within the health security framework (NAPHS). For example, actively engage and involve women's right organizations and other civil society organizations in planning and evaluation processes.

- **Recommendation 4: Developing a Comprehensive National PPR Agenda-**  
To address the identified gaps, it is recommended that Liberia develop a comprehensive National PPR agenda that incorporates input from a wide range of stakeholders. This agenda should facilitate effective collaboration across government agencies, non-governmental organizations, community groups, and private sector partners, ensuring that all voices are heard in the development and implementation of PPR strategies.
- **Recommendation 5: Increase PPR funding, Strengthen PPR Platforms and raise awareness** – Increase in funding and resource is critical to further strengthen PPR platforms and systems there should be an increase of funding for PPR in Liberia. This will also reinforce the country capacity to prepare, detect, report, and respond to trending issues. Furthermore, there is also a need to strengthen existing PPR platforms to foster integrated efforts across human, animal, and environmental health sectors by enhancing coordination at the interface of these domains to improve the country capacity to prevent, detect, and respond to health threats more effectively. Lastly, there is a need to design programs that create awareness on the existing PPR platforms to address knowledge gap among CS and Communities.

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