Resource Mobilization Strategy
for Scaling Up Implementation of Accredited
Medicine Stores (AMS) Project in Liberia

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SECTION ONE:

THE ACCREDITED MEDICINE STORES (AMS) PROJECT

1.1: Background

Since 2011, MSH under the Sustainable Drug Seller Initiatives (SDSI) worked with the Ministry of Health and Social Welfare and the Liberia Medicines and Health Products Regulatory Authority (LMHRA) in collaboration with the Pharmacy Board (PBL) to create the Accredited Medicines Stores (AMS) program. A learning visit was organized for the MOH Liberia officials to visit the ADDO program in Tanzania. The pilot project was implemented in the urban Montserrado County which includes close to 40% of the entire countries population and the majority of the drug shops. As part of the project implementation, Standards for operations of AMS were established for both personnel and physical premises. The AMS program was officially launched in February 2013 and by January 2015, 628 drug shop sellers had been trained and certified as AMS dispensers and almost 300 shops accredited or were awaiting accreditation to operate as AMS.

In 2015, MSH received a 4 year grant through the Launch DSI program from the Bill & Melinda Gates Foundation to facilitate the development, implementation and scale up of Accredited Drug Seller Initiatives (ADSI's) to increase access to pharmaceutical products and services in Africa through private-public partnerships. Program implementation continued in 2016 in the Counties of Bong, Lofa and Nimba and by June 2018, additional 287 drug stores were accredited and 459 dispensers trained to make the total number of AMS to be 487 and 1087 trained dispensers.

As the AMS program is rolling out to other counties and possibly to the whole country, availability of resources to support roll out is a critical step to be considered as a priority. Resource mobilization now becomes a key activity at LMHRA to identify new sources of financial support for program scale up to reach more counties.

This document is expected to provide guidance to LMHRA and its partners on what needs to be done to mobilize more resources. The document provides background on what resource mobilization is all about but also provide insights on what has been done so far as well as what needs to be done. Initial discussions with different partners and funding agencies have started but a more aggressive and systematic approach is required to identify what LMHRA and its partners on AMS program needs to do to solicit financial resources for expansion to other counties and possibly complete the remaining 11 counties.

This document is part of a consultancy assignment to Apotheker with the objective of supporting LMHRA to develop a resource mobilization strategy which can assist LMHRA and the Pharmacy Board of Liberia to mobilize resources to support scaling up of the Accredited Medicine Stores (AMS) program in Liberia.

SECTION TWO:

UNDERSTANDING RESOURCE MOBILIZATION

2.1 The Concept of Resource Mobilization

Resource mobilization can be defined as a management process that combines (i) the process of identifying people, crowds or groups for the achievement of a common goal and (ii) a process of soliciting resources by the program from partners who share the same goal. Resource mobilization also means taking steps to manage relationships with resource providers and developing skills, capacity and knowledge for proper management and use of the provided resources. Resource mobilization includes building valuable contacts and networks and garnering the interest, support and contributions of people important to the organization.

2.2: Importance of resource Mobilization

Resource mobilization is necessary for a successful implementation of the program for several reasons:

- It diversifies and expands the resources base and develops a new thinking and challenges the traditional approaches in supporting the achievement of integrated agenda;
- It provides the opportunity to identify and analyse the resources available for the program priorities, policies and efficient budget allocation as stipulated in development strategy;
- Provides understanding about current donor funding landscape, resource availability and support commitment;
- Resource mobilization strategy helps to maximize use of domestic capital and skills to expand deep relations with stakeholders and
- Resource mobilization also provides continuity and stability to the organization and its work.

2.3. Strategies for Resource Mobilization
2. 3.1 Strategies for Institutional Grants

There is a dearth of information on situation of access of essential medicines, rational use and quality of pharmaceutical services provided in Liberia. There are also programs that target improved access of essential medicines to different groups (children, women and reproductive health, TB, Malaria and HIV patients) targeted by individual donors, especially for rural and underserved population.

Nevertheless in many cases improving access of essential medicines for such groups is not easy. The Medicines Stores have an advantage that they are situated in the areas where majority of the people especially the rural population lives. This means that there are opportunities for research related to how the Medicines shops can be utilized to improve access to various health commodities under different programs. This offers an excellent opportunity for the partner organizations to conceptualize innovative approaches to use these outlets to improve access to their respective target groups. By identifying organizations and their line of interest and trying to link how they can benefit by supporting the Medicines Stores program, resources can be much easier mobilized.

This requires the development of a more systematic resource mobilization plan. To start with, it could just be an excel sheet with names of donors, persons responsible for developing linkages with different donors, timelines for follow-ups, and status of communication with each donor. Later on, a more elaborate plan can be developed. A long-term Strategy should not preclude the necessity of on-going search for current and unanticipated opportunities. An opportunity tracking system should be developed to ensure that current opportunities are not missed.
Responsibilities can be divided and followed-up in monthly meetings. The organization should be proactive in tapping funding opportunities by assigning such responsibilities to a specific senior staff within the organization. The staff will be responsible for scanning the environment, identifying funding opportunities, and developing linkages with the potential donors. This task can be divided among senior programme staff.

Cultivating relationships with key donors to identify funding priorities is important. Identifying members of decision-making centre(s) and building linkages with them is important as well. Building professional and personal relationships during this process is also critical for resource mobilization. The concept of decision-making center is an important insight from the field of market research.

 A useful strategy to identify long-term opportunities is to read (or skim through) country strategies of major international donors. They often indicate priority areas. Funding opportunities may crop up sooner or later around those priority areas. Those priority areas of donors that coincide with your organization's priorities could be focused on for future fund-raising. Once strategic fit between priorities of a particular donor and your organization's priorities is identified, then concerted effort should be made to prepare beforehand for possible call for proposal. This may mean doing a range of things: preparing a capacity statement relevant to possible call, using regular monitoring visits to target districts to gather information that might be needed for the potential call, and identifying potential partners, just to mention a few important activities. Use every opportunity to enhance the visibility of your organization (tell your story); such as inviting donors to visit the project. However, these efforts should not be random. These should be part of the well thought out public relations plan as neatly linked to fund-raising plan and strategic management plan as possible.

It is also important to be aware of competition (who is in your league and which league you want to join). What are their strengths and weaknesses? Focus on your unique selling proposition (USP), which in other words means defining and being too able to articulate what is that you do better than others.

There are indications that donors will encourage public private participation and focus on strengthening government systems. It appears that there is going to be an increased focus, once again, on supporting devolution and decentralization. Those NGOs which will complement and supplement efforts of the government agencies will likely attract more resources. Develop an integrated plan and seek donor support for whole or different components of the plan. Complementarily between HIV/AIDS and Sexual Reproductive Health, TB, Mother and Child Health and access to essential health commodities these programs needs are now widely recognized. It is found that linkages between these programmes and improved Drug Stores lead to a number of important public health, socio-economic, and individual benefits. These opportunities can be used to sell your program and mobilize the needed resources from interested funding agencies.

2.3.2 Strategies for Fundraising from Private Sector

Very few organizations engage in fund raising from private sector organizations. Funding raising systems of most organizations are largely geared towards fund raising from international institutional donors. This is a misfortune because resource mobilization must be diversified to capture both international and local opportunities. In order to diversify funding resources and tap into corporate philanthropy, your organization will require a paradigmatic shift or modify the current thinking which is only geared to attract institutional grants, to accommodate the option of fund-raising from businesses. Having someone on the board, with experience in corporate philanthropy or, at least, with strong linkages with business, would be advisable to make the mental shift.

Corporate social responsibility is an emerging field in Liberia and may slowly and gradually catch up with international standards and practices. Your local organization stands to gain from this trend as it is more cost effective for corporations to donate to local organizations. However a more in-depth analysis may be required to identify specific segments that need to be focused for local fund raising, for example:

Your organization is more likely to attract resources from businesses if the businesses:

- Have an expressed interest in the type of work you are doing e.g. pharmaceutical companies may be interested to support medicines access element of Medicines Shops because improved distribution services increases their sales and therefore their profits
- Make charitable donations to other important community organizations
- Have economic interests in the community in which partner organization are working

Resources are not necessarily money, businesses can offer cash donations, space and facilities (meeting room, training hall), equipment (computers, multimedia projector), technical expertise (employee volunteering), training materials or offer some of their products that are relevant for your project. It is important to look beyond cash donations.

Private sector wants to sell its products and resources, not give them away. But there are instances where private sector producers also give donations. Your organization can persuade the private sector organizations to donate products or provide them at subsidized rates in return as businesses usually want to benefit in some way from their association with community development work/ some businesses allow them to use their logo or products as their marketing strategies. Products like printing and training materials, dispensers' coats can have combined logos of the donor and the authority like what USAID and other international agencies demand and do.

2.3.3. Resource Mobilization Effectiveness

While mobilizing resources, considerable effort should be placed on the effectiveness by considering the following elements:

a. Link between governance and financing. For example does the organization carrying out resource mobilization has sufficient capacity to manage financial resources to meet the donors' accountability expectations.

b. Role of the governing body for the program or the organization as a whole. How far is the governing body appropriately exercising its role in?

- Guiding the formulation of the RM strategy responsive to strategic direction;
- Setting policy, rules and regulations on acceptance or rejection of donor funds, private funds or tied funds and open possibility of new donors.

c. The prospect for beneficiary country or local partners to make financial contributions to the program, present or in the future. How far does the RMS address this issue? Is there a timeline for a country to take over more responsibility for financing and implementation of the program? That is about how the sustainability issue is being addressed in the program.

d. The quality of financial management and accounting: For resource mobilization to be effective and attract more potential and maintain current donors commitment, a financial system must meet all standards needed by trustees and contributing donors. Financial reporting and auditing arrangements and processes are satisfactory and transparent. Furthermore expenditures records facilitate sufficient monitoring and attribution of costs to activities and results.

e. The methods, criteria and processes of allocating funds. Funding agencies usually need to know what methods; processes and criteria are followed for allocation of funds is in place and if they are continuously adhered to and respond to new priorities and objectives of the program.

SECTION THREE:

POSITIONING AMS PROGRAM TO MOBILIZE RESOURCES FOR SCALE UP

3.1: Institutionalization of the AMS Project

Discussion with representatives at Pharmacy Board and MOH-Pharmaceutical Services raised concern that the program is supposed to be housed at PBL as opposed to where it is now at LMHRA due to regulatory mandates that requires PBL to oversee registration and operations of Pharmacies and Medicine Stores. Formal discussions need to be initiated between the two Regulatory Authorities to discuss the matter and suggest way forward. Although PBL has the regulatory mandate to oversee AMS, internal capacity in relation to human resource seems to be a challenge. Currently there is very few staff to be able to cover all PBL activities and again add the component of AMS which is a major undertaking. LMHRA have at least dedicated staff to oversee AMS project.

After decision has been made on where the MSH program will be residing, either LMHRA or PBL should consider setting up a section/unit dedicated to AMS program. To start with, the unit/section can have one or two staff who reports to either Managing Director or the Director responsible for inspections and enforcement. This unit/section will be responsible for day today activities of the program but will also be working very closely with the Organization management to conduct meetings with partners, donors, and other stakeholders for the purpose of advocating the program implementation and soliciting partnerships and financial resources to support scale up.

An internal agreement could be sought to define the roles and responsibilities of LMHRA and PBL on management of AMS project. The role of Ministry of Health Pharmaceutical Services Unit on AMS support should also be spelt out. This will provide appropriate guidance to funding agents who would want to know how the program is structured within the Ministry of Health before they attempt to provide financial support to the program

The National AMS steering committee which had a wider range of stakeholders and had an advisory role to PBL and LMHRA on matters concerning AMS does not seem to be functional. . However, the steering committee needs to be revived and made functional in order to streamline and control discussions on program implementation. A technical working group under this committee also needs to be revived/ formulated in order to support the execution of steering committee activities.

3.2: Stakeholders Engagement to support AMS Expansion in Liberia

The table below summarizes key stakeholders and their responsibilities on AMS program scale up .

Stakeholders	Key Actions and Responsibilities
• **MOHSW** • **National Public Health Programs**	• Review of policies and guidelines related to access to care and public/private partnership • Plan and mobilize/allocate resources • Coordinate partnerships • Establish and communicate priority policies • Design and implement information systems
• **LMHRA/PBL**	• Develop or revise guidelines; draft regulations and standards • Inspect and enforcement • Maintain licensing and accreditation process • Develop training strategy and curricula • Oversee supervision and monitoring • Develop and implement information systems • Develop strategy and budget for program scale-up
• **County Health Team**	• Coordinate implementation at county level • Support licensing and accreditation processes • Conduct county-level inspection and enforcement • Conduct county-level supervision and monitoring • Support county-level implementation • Assure monitoring and reporting to national levels
• **Pharmaceutical Society of Liberia** • **Training Institutions**	• Conduct training needs assessment for AMS training and identify training institutions to be used for conducting AMS training • Contribute to development of training strategy and curricula • Conduct training of proprietors and dispensers using different modalities
• **Private Sector**	• Ensure availability of quality products to sell • Provide business practice support and linkages • Facilitate business financing
• **AMS**	• Undertake shop renovations to meet AMS standards • Acquire AMS branding materials (signage and dispensing jackets) • Complete required training for AMS owners and sellers • Market services to consumers

		• Maintain standards and ethics • Counsel consumers and dispense medicines rationally
•	**Technical Partners**	Provide technical assistance to support the following: • Planning and resource mobilization • Development of policies, guidelines, regulations, and standards • Design and implementation of information systems • Implementation of select interventions • Development of strategy and budget to scale-up program Consumer Advocacy • Monitoring and evaluation

3.2: Project Implementation Status to date

The AMS program has now been successfully introduced in four counties; Montserrado, Nimba, Bong and Lofa. The AMS was initially introduced in Montserrado County in 2012-2014 as a pilot with support from MSH/SDSI project. A follow on implementation with support from MSH/LaunchDSI projected implemented in 2015 2017 included additional 3 Counties of Bong, Lofa and Nimba. Activities implemented in the four counties to reach the AMS accreditation include;

- Sensitization meetings at county level to introduce the program
- Pre training inspections to identify existing facilities, provide instructions for premise upgrade and potential candidates for training
- Training of dispensers
- Post training inspections to evaluate the premise upgrade status and recommendation for accreditation to AMS
- Accreditation ceremonies to commemorate completion of training and award of dispensing certificates
- AMS promotions at national and County level

The initial implementation of AMS program in Montserrado County under SDSI support resulted in accreditation of 200 facilities to operate as AMS. With support from LaunchDSI program a total of additional 287 facilities from the four counties reached a total of 487 AMS approved for accreditation by PBL and are now operational in the Country. A total of 628 dispensers were trained during SDSI program implementation in 2014. With support from LaunchDSI additional 459 dispensers have been trained in all the four counties making a total of 1,087 dispensers now providing services in either accredited AMS or facilities in the process of accreditation

Additional 550 facilities have been inspected in the four counties and are still in the process of accreditation before being licensed to operate as AMS.

3.3: Focus Counties for next AMS expansion

As financial resources become available, the program will be rolled out in the remaining 11 counties in order to cover the whole country. Implementation in Montserrado as first phase was based on the

fact that it covers about 40% of the total population of Liberia and majority of the medicine stores are located in this county. Selection of the 3 counties (Bong, Lofa and Nimba) in the second phase was also based on population, and therefore the third phase will also be based on population and possible counties to be considered are Grand cape, Grand Bassa, Grand Gedel, Margibi and Maryland.

Map #	County	Capital	Population (2008 Census)[1]	Area (km^2)[1]	Number of Districts
1	Bomi	Tubmanburg	82,036	1,942 km^2 (750 sq mi)	4
2	Bong	Gbarnga	328,919	8,772 km^2 (3,387 sq mi)	12
3	Gbarpolu	Bopolu	83,758	9,689 km^2 (3,741 sq mi)	6
4	Grand Bassa	Buchanan	224,839	7,936 km^2 (3,064 sq mi)	8
5	Grand Cape Mount	Robertsport	129,055	5,162 km^2 (1,993 sq mi)	5
6	Grand Gedeh	Zwedru	126,146	10,484 km^2(4,048 sq mi)	3
7	Grand Kru	Barclayville	57,106	3,895 km^2 (1,504 sq mi)	18
8	Lofa	Voinjama	270,114	9,982 km^2 (3,854 sq mi)	6
9	Margibi	Kakata	199,689	2,616 km^2 (1,010 sq mi)	4
10	Maryland	Harper	136,404	2,297 km^2 (887 sq mi)	2
11	Montserrado	Bensonville	1,144,806	1,909 km^2 (737 sq mi)	4
12	Nimba	Sanniquellie	468,088	11,551 km^2(4,460 sq mi)	6
13	Rivercess	River Cess	65,862	5,594 km^2 (2,160 sq mi)	6
14	River Gee	Fish Town	67,318	5,113 km^2 (1,974 sq mi)	6
15	Sinoe	Greenville	104,932	10,137 km^2(3,914 sq mi)	17

3.4: Resource Requirement for Scale up to Expansion Counties

Implementation cost must be shared among private sector owners and dispensers of AMS. The Medicine Stores' owners and dispensers will be expected to contribute to the costs of renovating their facilities and training required to meet standards for accreditation. They will also be required to contribute for the cost of making the logo/signage as well as the cost for making uniforms.

Other public health programs such as the National Malaria Control Program (NMCP) who already have a strategy for private sector support for malaria medicines availability will be asked to support specific roll-out activities. Discussions have started for possible collaboration with health programs at the Ministry of health for possibility of integrating AMS in their community based activities and hence support AMS scale up. Discussion with Development partners in health (international

multilateral and bilateral organizations) with presence in Liberia has started for possible financial support to AMS Scale up Initiatives.

Based on experiences in implementing the program in Montserrado, the scale up budget below was developed in 2013 and shows the approximate cost of individual implementation components. Scale -up costs will require development partner funding along with government support. As scale-up is completed; all maintenance costs will shift to the central and local government budgets and the private sector. Any National health programs will be encouraged to consider AMS as part of their community outreach centers for commodities and services and therefore include specific activities to support AMS in relation to their program needs for example, training relating to malaria case management using rapid diagnostic tests and ACTs.

Estimated cost for scale up of AMS in the remaining 11 counties (this budget was developed in 2013 with consideration to implementation in 14 counties)

Component	Specific Activity	Assumed Cost elements	Budget
Stakeholder coordination	Hold quarterly National Steering Committee [NSC] coordination meetings	Meeting – lunch and refreshments for 20 participants	$5,600
Sensitization, implementation planning	Hold sensitization meetings with medicines stores owners and dispensers in 11 counties	Lunch allowance for 1500 proprietors, venue hiring charges etc.	$23,200
GIS mapping and preliminary inspection	In collaboration with Liberia GIS Institute, map retail pharmaceutical outlets in 11 counties	7 teams @ with 3 people (inspector central, County Pharmacist and GIS technician), 12 days, car hire & per diem.	$45,850
Training of dispensers, owners of medicines store	Refresher training for 20 AMS trainers and orientation of 11 County Pharmacists	3-day workshop-31 participants- venue - meals	$5400
	Conduct training of dispensers of medicines stores in 11 counties	26 Days- 1500 PAX – 6 Trainers per county- No Lodging/PD, per diem for facilitators; lunch and tea included	$343,290*
	Business and regulations	5 days-for 1500 proprietors	$147,

	training for owners		956*
Regulatory strengthening	Conduct inspector's training for 11 counties pharmacist on AMS inspection strategy	11 participants, per diem and lunches for 2 days	$5,400
Communication and marketing strategy	Implement marketing strategy at county level using different media for communication (11 counties)	Bill boards, medicines store boards, text messages, road shows, local radio messages and jingles	$53,000
Final inspection, accreditation and launch	Conduct final inspection of medicines stores in 11 counties	7 Teams @ with 2 people (inspector central, county pharmacist), 12 Days Period, Car hire & Per Diem.	$45,850
	AMS program launch with handling of AMS certificates, AMS logo and other dispensers' Coats	Printing of 1500 Coats, AMS logo board and certificates	$103,500
TOTAL			**$779,046**

*Assumes a 50% cost share from dispensers/proprietors

3.5. Strategic Areas for soliciting financial Resources to support AMS expansion

3.5.1: International Multilateral and bi-lateral organizations

Major international health funding agencies have presence in Liberia and some have focal persons and offices at the Ministry of Health. Meetings were held with some of them for discussion on the AMS program and possibilities for financial support

Global Fund

The Global fund has a private sector component to support access to Malaria services through private sector. Malaria activities are coordinated by NMCP which have developed a strategy for engaging private sector pharmacies and medicine store to address malaria with focus on medicines and rapid diagnostic tests. There were bottlenecks on supply chain issues which could not be addressed in the previous grants to NMCP and its implementing partners and hence the component did not move as anticipated. Discussions must continue between LMHRA and NMCP to operationalize the private sector component which can be a major support to AMS project

The World Bank

Currently, the WB is supporting LMHRA on Laboratory services and Pharmacovigilance activities. The current funding is targeted to specific activities which LMHRA had identified and requested for support. The fact that WB is interested in supporting LMHRA on its activities, further discussions should continue on other areas of support including AMS. A concept note on AMS could be drawn and submitted to WB to justify why WB should fund the AMS activities. WB is also supporting the Performance Based Financing (PBF) project in three Counties through their HSSP project at MOH. Discussions could be held to see how wholesale pharmacies and some selected AMS could act as alternative approved suppliers of medicines at times where public supply system is out of stock as well as in areas where there are no health facilities.

USAID

USAID is a potential funding agency for AMS activities with focus to HIV, Malaria, Family planning and other maternal new borne and child health services. USAID works through the bilateral organizations. It is important to seek for appointments with the USAID in Liberia to present a briefing on the AMS project and also present the scale up plan and possible resources required.

World Health Organization (WHO)

Representative of WHO at MOH was met and was briefed about the intent to have a meeting with LMHRA to discuss progress on AMS and possibilities for support. It is important that LMRA continue seeking for opportunity to have this meeting set present the AMS project.

Global Financing Facility (GFF)

Efforts were made meet with the technical staff of GFF in Liberia. Unfortunately the discussion could not happen but this is another avenue for discussion on AMS support

3.5.2: National Public Health Programs at the Ministry of Health

The National Ministry of Health programs were visited for initial discussion on awareness to AMS program, possible linkages and collaborations to leverage resources and support AMS scale up. Although most of them have not committed any funds to support AMS, they have shown interest to continue discussion and find better approaches to work with AMS and possibly include some of the AMS activities in their budget.

National AIDS Control Program (NACP)

The National AIDS Control Program welcomed the discussion on use of medicine shops for HIV services. The program is interested to see more people accessing HIV services through variety of service delivery points. Issues of stigma have to be taken in to consideration. Capitalizing on the fact that communities use medicine shops for many reasons, some of the HIV services to be accessed through drug shops are; information and education, distribution of condoms, pick up points for ARV as well as counseling and testing.

NACP is interested to see more people accessing HIV services from different channels but there has to be a proper way to harmonize the data collected from these channels for reporting at national level.

MOH- Reproductive and Child Health (RCH)

RCH receives support from UNFPA for family planning commodities. Discussions could be initiated between RCH and LMHRA on how the AMS could be used for family planning services at community level. Potential areas of engaging AMS on family planning would include.

- Distribution/sale of subsidized family planning pills
- Ensuring availability of information and education materials on family planning
- Referral to health facilities for mothers who need higher level FP services and those experiencing unintended effects

National Malaria Control Program (NMCP)

With support from Global Fund, the strategy for engaging pharmacies and medicine stores on malaria medicines and other supplies and services of 2016-20202 have been developed. META Initiative was contracted to lead the component on issues of supply chain for private sector malaria commodities. NMCP/LMHRA and other partners to continue discuss to see how the strategy can be better placed for funding and implementation. Although the funds have been removed from the budget for this year, activities are still retained and therefore discussion for inclusion in the next budget can be initiated.

National TB Program

A discussion on engagement of medicine shops to TB program activities was seen as a potential component to be considered in this proposal. Possible areas of engaging TB program with AMS is to intensify TB case detection through referral to TB diagnostic centers through AMS. AMS can also be used by TB program to act as pick up points for TB medicines

SECTION FOUR:

FOLLOW UP ACTION FOR RESOURCE MOBILIZATION TO SUPPORT AMS EXPANSION

The following is a list of action items for follow up by LMHRA in collaboration with PBL and steering committee members. The listed items are aimed at strengthening the institutional structures to support AMS scale up. They are also intended to provide guidance on activities to be performed by LMHRA/PBL team while seeking for financial support

Action	Urgency	Responsible entity	Estimated Completion Date
Institutionalizing the AMS program to support scale up			
a. Establish AMS unit/section at LMHRA or PBL and define its line of command within the authority	Immediate	LMHRA/PBL	
b. Identify AMS coordinator and support staff to focus on AMS activities	Immediate	LMHRA/PBL	
c. Revive the National steering committee (NSC) meetings and a technical working group formed from the institutions forming NSC to support preparations of NSC meetings and implementation of NSC directives	Immediate	LMHRA/PBL	
d. Initiate discussion between LMHRA and PBL to define the role of each entity on AMS program	Immediate	LMHRA/PBL and PSU	
e. Develop a strategy for institutionalization of AMS trainings to define how training institutions in different parts of the country will be engaged to provide AMS trainings	Immediate	LMHRA/PBL	
Development of advocacy materials for discussion with partners			
a. Develop a two/three page summary on the AMS progress in Liberia to be used for sharing with partners during meetings for the purpose of advocating the program and seeking for financial support	Immediate	LMHRA/PBL	
b. Develop a standard power point presentation on AMS program to be updated regularly as needed and which will be used in different meetings to advocate for the program support	Immediate	LMHRA/PBL	

Review existing scale up budget and develop implementation plan			
a. Based on experiences gain during implementation in the current four counties, the AMS team should revise the existing budget which was developed in 2013	Immediate	LMHRA/PBL	
b. Develop a roll out plan for the remaining 11 counties. The plan should break the 11 counties in to groups based on criteria such as population, geographical accessibility, political readiness and available resources at county level to support implementation	Immediate	LMHRA/PBL/NSC	
Mobilizing resources to support AMS scale up			
c. Follow up to Malaria control program, AIDS control program, TB and other programs to continue building partnerships as well as soliciting for inclusion of AMS in their plans and budgets	Continuous	LMHRA/PB	
d. Mapping of existing International Organizations working with MOH in Liberia, reach them to advocate AMS program and identify areas for collaboration and possibility for funding activities related to AMS	Continuous	LMHRA/PBL	
e. Continue discussion with the Multilateral development partners on AMS program and seek for financial support to AMS scale up	Continuous	LMHRA/PBL	