

CTGH Session 5 — Liberia Health Reform

Slide	Presentation Notes
1	The following is a cut-down of a 12 hour 4-part case series on Liberia Health Reform, taught to MGH primary care interns in the MGH Global Primary Care Curriculum. It's dense, but we're confident you guys can do this—hold onto your seats 😊
2	Broad goals include... Aim is to give you sufficient context to be able to approach the question of how to operationalize “Service Delivery Points” – a concept upon which Liberia’s 2011 National Health Policy hinges, and for which no clear definition yet exists. Context: what did the Liberian Ministry of Health know, what lessons were learned from implementation of the 2007 National Health Plan, how were these lessons incorporated into the 2011 National Health Policy and Plan? What was still missing?
3	Here’s our agenda for the next 2 hours
4	Let’s first set the stage, recalling core concepts from our session 1 talk on primary health care.
5	A system’s failure requires a systems solution. 5 common failures across settings: inverse, impoverishing, fragmented, unsafe, misdirected care reveal the need for an integrated approach to health care delivery: primary health care.
6	Components of primary health care: 1) universal coverage reforms – 3 dimensions, who is covered, what is covered, who pays?; 2) service delivery reforms – overcoming the implementation bottleneck; 3) public policy reforms – addressing the social determinants of health through intersectoral action; 4) leadership reforms – restoring local democracy, one trunk many branches; responsive, learning organizations.
7	Another way to view the organization of health system, community, and the necessary flow of people, information, and ‘stuff’ across parts of the system. Note the base is both mobilization of the community and intersectoral action.
8	Okay, let’s set the stage. What was Liberia like emerging from civil war?
9	Small country in West Africa, founded by freed American slaves, ‘oldest democracy in Africa’. Unfortunately colonial society recreated with strong social tensions. 4 years of brutal war, taken a quarter million lives. Children as young as six years-old were forced to fight, and to kill. 90% decline in GDP. The school system was destroyed. A whole generation of Liberians had spent more time at war than in school. Peace declared 2003.
10	The health system was also devastated. In 2003 at the end of the war, almost no public health facilities were functioning. Imagine the violence and many years of neglect it would take for your local health center to look like this. Liberia experienced one of the worst mass exoduses of doctors in history. Only 51 doctors remained at the end of the war to serve the entire country. So much damage had been done by the war, some even dubbed Liberia “the fourth world”
11	The situation was especially severe in the rural areas far from the capital city, where roads like these separated people from essential services, and made it very difficult to attract skilled workers to serve and stay in rural towns.
12	This is Mary, the first HIV patient treated by Tiyatien Health. Thousands of poor rural Liberians like Mary were being diagnosed with HIV with no treatment available, because of a broken delivery system.

13	To summarize...
14	Yet despite this challenging set of conditions, Liberia elected Africa's first woman president, Ellen Johnson Sirleaf, who articulated a vision of Liberia becoming "an international model for post-conflict recovery in health."
15	Shifting gears to the initial 2007 National Health Policy, and its central feature, the basic package of health services (recalling the 3 dimensions of universal health coverage, the BPHS defines the dimension of 'what is covered').
16	What did the BPHS try to achieve?
17	What were its 6 priority areas? (what's surprising here?)
18	Pause for discussion for 10min on these two questions. Recall students should have read the Liberia Health Reform Case before class, part A of which covers the BPHS in detail.
19	Review takeaway BPHS achievements...
20	...and unintended consequences.
21	Shifting to health system financing
22	Briefly recall from session 1's primary health care talk, 3 dimensions of universal health coverage
23	And the concept of a 'diagonal' approach to health system financing
24	Introduce key innovation of the Liberia Health Sector Pool Fund – a multi-donor trust fund that channeled international donor funds through the ministry of health and social welfare, allowing it to align resources with the national health plan and align a range of actors
25	Pool fund advantages included...
26	Projected financing of 2007 National Health Plan. Things didn't exactly work out that way.
27	Achievements and threats in domain of health system financing.
28	Shifting to health service delivery.
29	4 components of a well-functioning health system include:
30	Baseline distribution of health facilities in 2006. Note large proportion of non-functioning facilities.
31	Increase in health facilities from 2006 to 2010, but most of the growth was in privately run clinics.
32	There were additional efforts to improve delivery from 2007 to 2010.
33	Pause for discussion for 10min on these two questions.
34	Review takeaway successes...
35	...and 'stumbles and falls' in health care delivery
36	Turning to human resources for health.
37	Geographic distribution of health workforce. Most in Montserrado County (Monrovia, capital city).
38	Change in health workforce, in aggregate. Major gains in registered nurse cadre.
39	Pause for discussion 5-10min on these two questions.
40	Review workforce key dimensions...
41	...and 'stumbles and falls'
42	Transition to 30min "service delivery points" discussion. Key challenge: how will the new essential package of health services be delivered to rural Liberians, who live more than 5km away from the nearest health facility? The 2011 national health plan states services will be delivered by service delivery points (these are <i>non-health-facility</i> delivery points), but offers little guidance on what SDPs consist of, and how they will be implemented or managed.
43	To tee up this discussion, consider one of Liberia's most rural counties, Grand

	Gedeh County where Tiyatien Health is based.
44	Key stats on rural health in Liberia. Picture from Martha Tubman Hospital in Grand Gedeh County, serving all of Eastern part of country, >250K effective catchment area.
45	Within Grand Gedeh County, the most remote town is Gboe, where it is an 8-16 hour walk (depending on the season) through dense jungle to get to the nearest functioning health center.
46	Leave this slide up while small groups of students discuss and formulate recommendations to share with the class. Allow 20min for discussion, then 10min for sharing of recommendations in large group.
47	Close with message of admiration for Liberia's 'audacity of hope', and degree of difficulty for the challenge
48	Thank you.
