Health Reform in Liberia
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Clinical Topics in Global Health
February 21, 2012

Goals

- Recognize core anatomy of a health system: services, financing, delivery, workforce

- Synthesize concepts and formulate recommendations for Service Delivery Points in Liberia's rural areas

Overview

- Primary health care recap
- Liberia after the war
- Basic Package of Health Services
- Health system financing
- Health services delivery
- Human resources for health
- "Service Delivery Points" discussion

Primary health care recap

"A system's failure requires a system's solution."

5 health system failures:

- Inverse
- Impoverishing
- Fragmented
- Unsafe
- Misdirected

4 PHC reforms:

UNIVERSAL COVERAGE REFORMS to improve health equity

SERVICE DELIVERY REFORMS to make health systems people-centred

LEADERSHIP REFORMS to make health authorities more reliable

PUBLIC POLICY REFORMS to promote and protect the health of communities

Primary health care: now more than ever

Direct costs: proportion of the costs covered

Reduce cost sharing and fees

Include other services

Extend to non-covered

Current pooled funds

Services: which services are covered?

Population: who is covered?

UNIVERSAL COVERAGE REFORMS
to improve health equity

SERVICE DELIVERY REFORMS
to make health systems people-centred

LEADERSHIP REFORMS
to make health authorities more reliable

PUBLIC POLICY REFORMS
to promote and protect the health of communities

the implementation bottleneck

Proven, cost-effective treatments

Failing systems
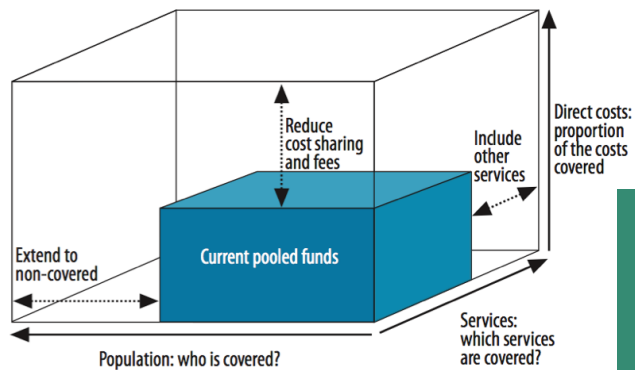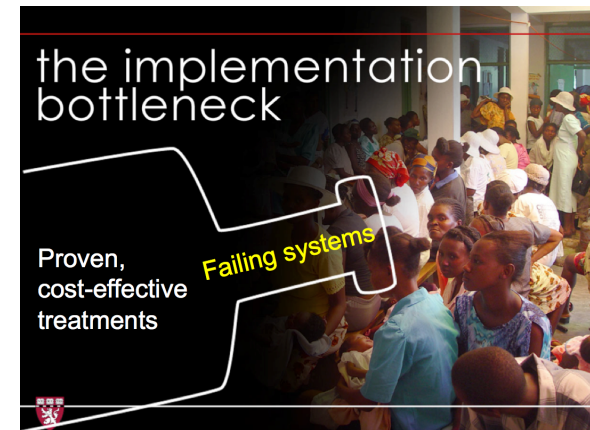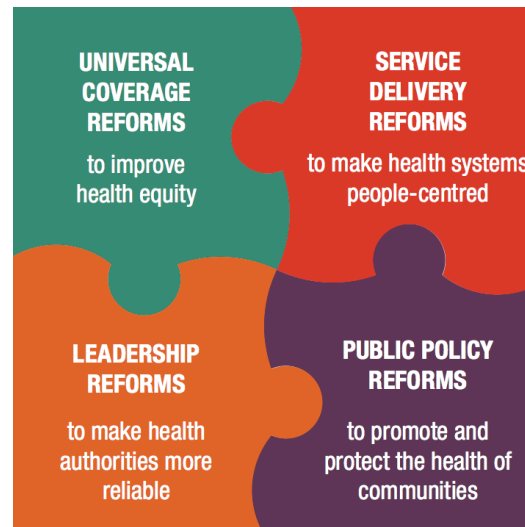
Why treat people…

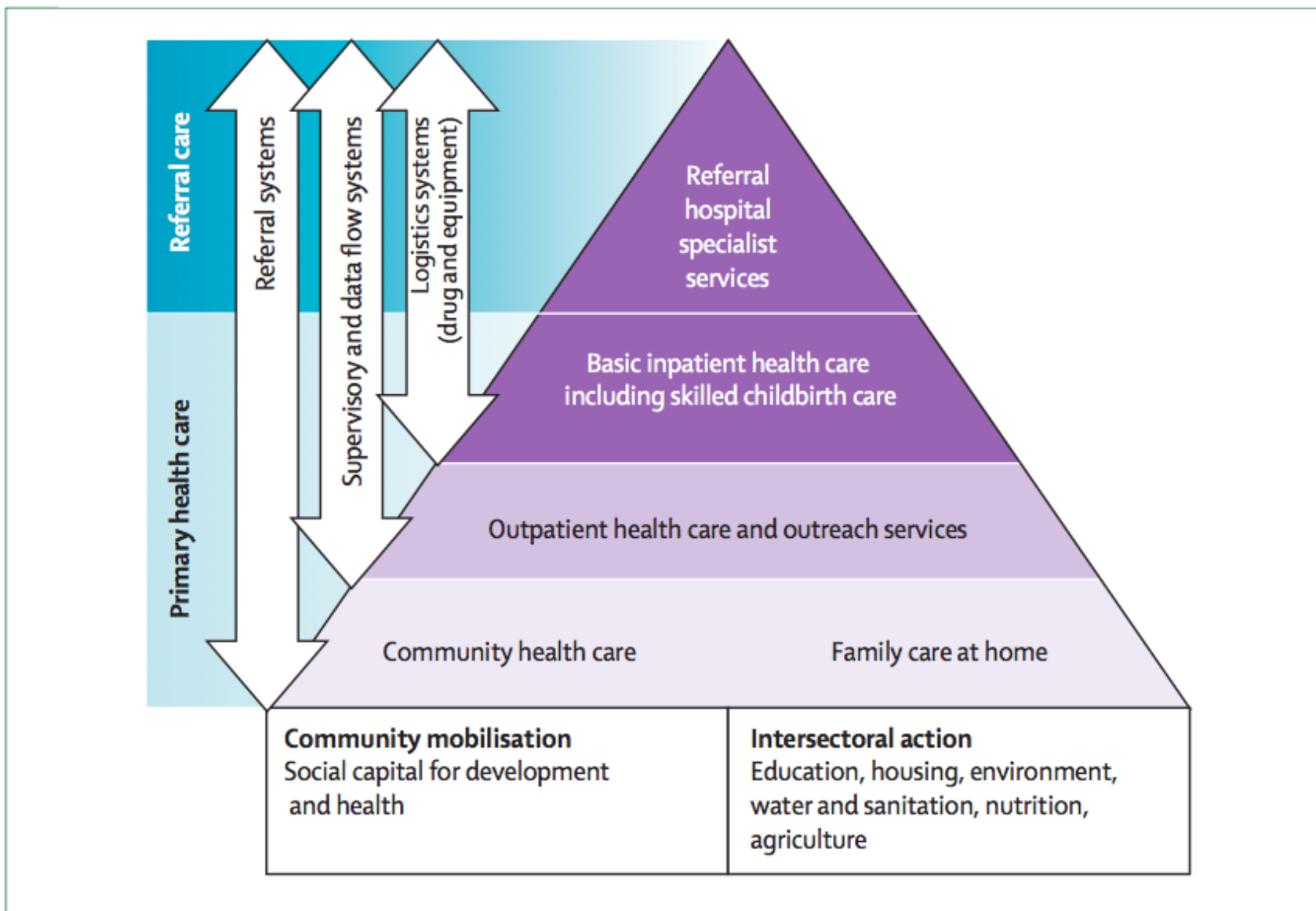**then send them back to the conditions that made them sick?**

Figure 3: Primary health care and the context of the wider health system, community mobilisation, and intersectoral action

[18] Lawn et al, Lancet 2008

Liberia after the war

LIBERIA

12° 11° 10° 9° 8° 7°

SIERRA LEONE

GUINEA

CÔTE D'IVOIRE

ATLANTIC OCEAN

Guéckédou
Mendekoma
Voinjama
Kailahun   Buedu   Kolahun
Pendembu   Vahun   Irié
Kenema   Zigida
Yella
Nzérékoré
LOFA   Zorzor
Yekepa
Belle Yella   Saniquellie   Danané
Kongo   Wiesua   Belefuanai   Kahnple
Bendaja   Gbange   Gahnpa (Ganta)
Bopolu   GBARPOLU   Gbarnga   Palala Kpein   Sagleipie
GRAND   Zienzu   Suakoko   Butlo
CAPE   Tubmanburg   Bong Town   Yela   NIMBA
Sulima   MOUNT   BONG
Bo   Zekera   Kpeaple   Toulépleu   Guiglo
Robertsport   Lake Piso   Klay   BOMI   Tapeta
Brewerville   Kareysburg Kakata   MARGIBI   Gboyi   Tobli   Kola (Kola Town)
Monrovia   Harbel   GRAND   Guata   Poabli   Towabli (Towa Town)
MONTSERRADO   Marshall   BASSA   Debli   Tchieni (Zwedru)   Taï
Hartford   Babu   Drubo (Dubwe)
Edina   Trade   RIVER CESS   GRAND GEDEH   Galio
Buchanan   Town   Ghapo   Duabo   Pelohehn   CÔTE D'IVOIRE
Gonglee   Shabli   Yakakahn   Yibuke (Kaobli)
Timbo   Bokoa   Juazohn   Tiehnpo   Fish Town
River Cess   Kopo   SINOE   RIVER GEE   Tawake
Sehnkwehn   Tatuke   Kodeke
Greenville   Nyaake
Nana Kru   GRAND   Barclayville   Nemeke
Sasstown   KRU MARYLAND   Plibo
Grand Cess   Tabou
Sinoe Bay   C. Palmas

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The cost of war

- >250,000 lives lost
- 90% decline in GDP
- 2005 average income 1/6th 1979 level
- 70% schools destroyed
- 51 public sector physicians in 2003
- Maternal mortality 994 per 100,000 live births

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"An international model for post-conflict recovery in health"

Basic Package of Health Services

BPHS goals

- Offer universal access to a discrete set of services

- Build the foundation for decentralized primary health care

- Complement overall Poverty Reduction Strategy

BPHS priority areas

- Maternal and newborn health
- Child health
- Reproductive and adolescent health
- Communicable disease control
- Mental health
- Emergency care

BPHS – key questions

1. Where did the BPHS succeed?

2. What were some of the unintended consequences?

BPHS achievements

- Expanded access to basic health services; met aggregate targets
- 354 → 550 functioning health facilities
- 35% → 80% facilities met BPHS accreditation criteria
- 3107 → 5641 health workers
- 37% → 63% facility-based deliveries
- Improved malaria and HIV/AIDS access
- National Mental Health Policy

Unintended consequences

- "One size fits all" resulted in both over- and under-supply in different contexts, tended to accentuate urban/rural delivery gap

- Aggregate gains masked significant disparities within and between regions

- Patients with non-BPHS conditions nevertheless presented for care, consuming resources intended for BPHS services

- Decentralization was slow to materialize; central planning became a necessary evil

Health system financing

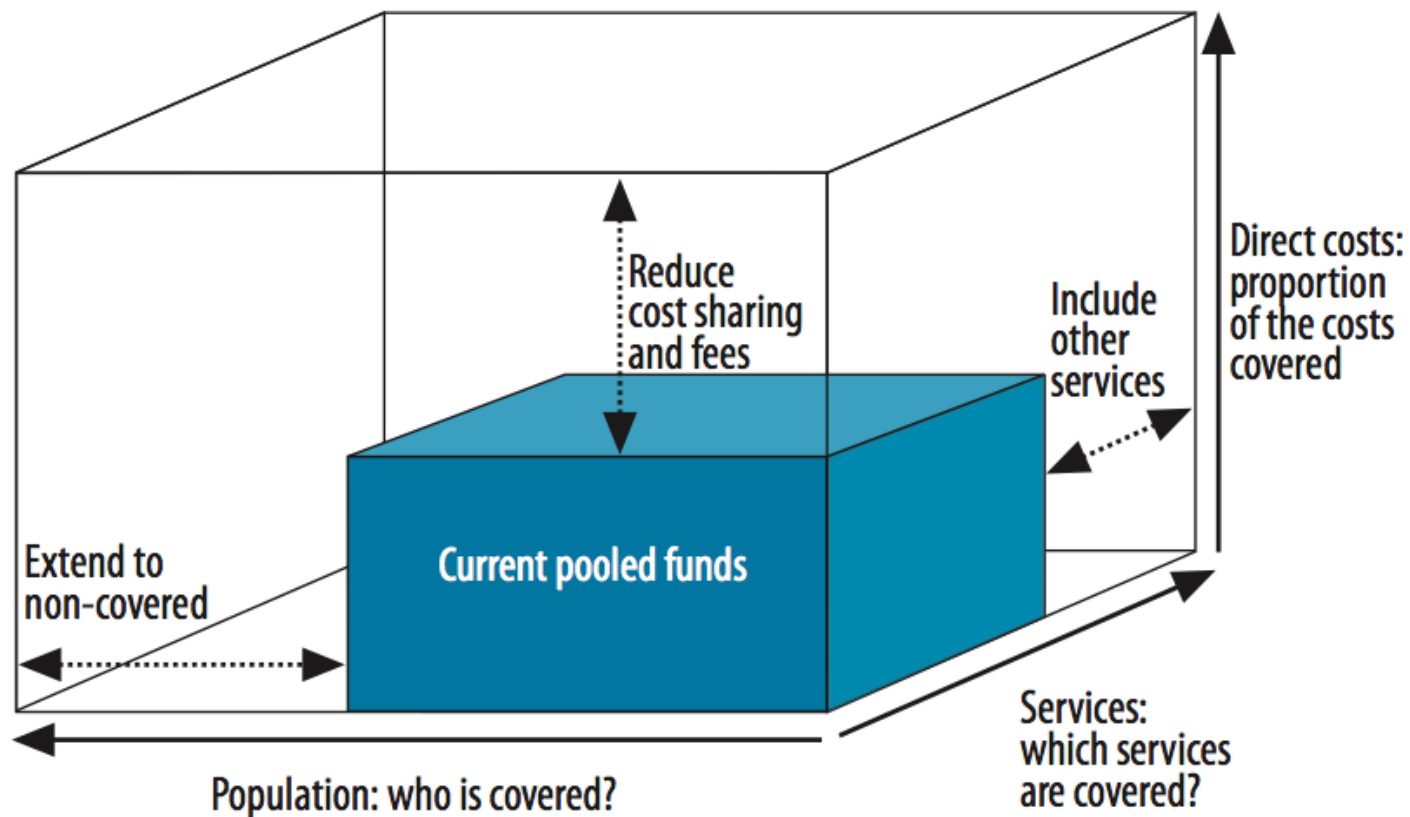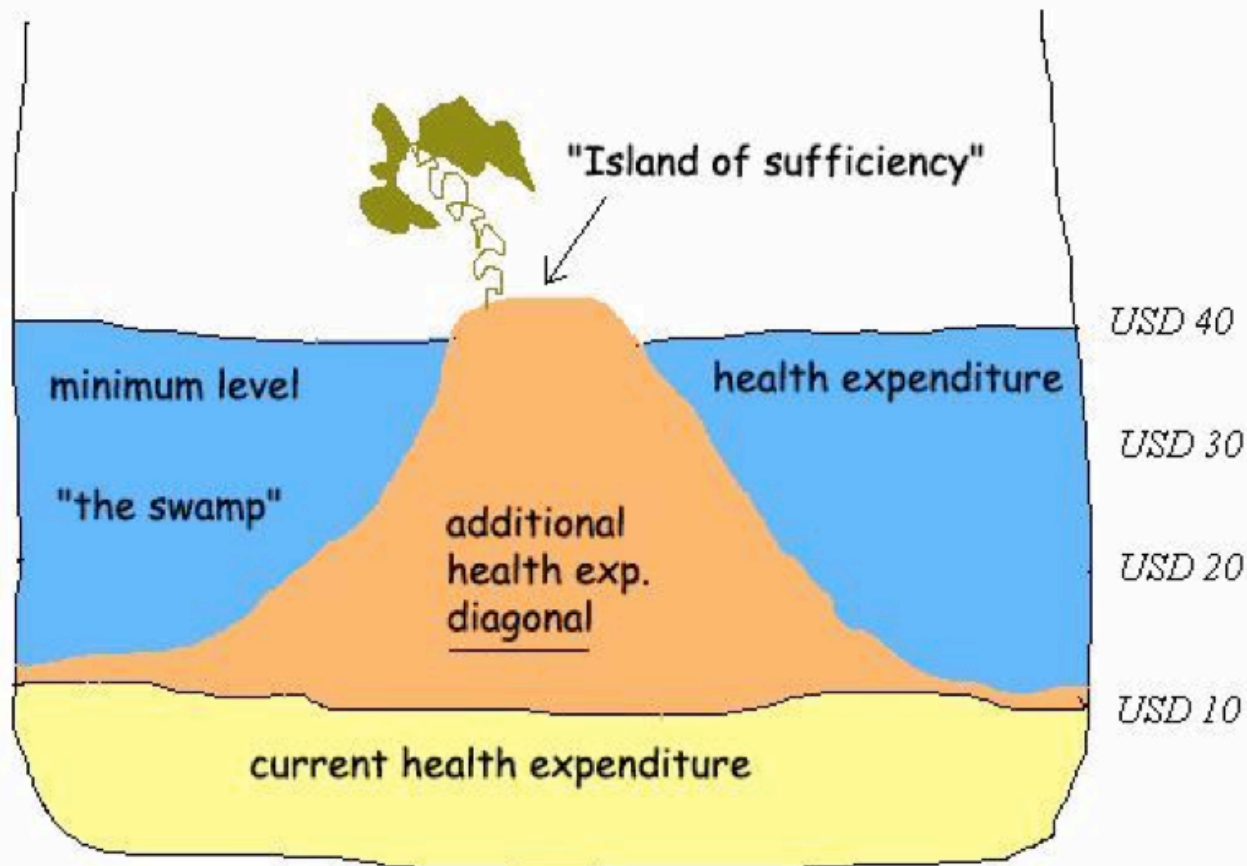# Universal coverage – three dimensions

Reduce cost sharing and fees

Include other services

Direct costs: proportion of the costs covered

Extend to non-covered

Current pooled funds

Population: who is covered?

Services: which services are covered?

WHO, World Health Report 2010

"Diagonal" approach

"Island of sufficiency"

minimum level — health expenditure — USD 40

USD 30

"the swamp" — additional health exp. diagonal — USD 20

USD 10

current health expenditure

[17] Ooms, Globalization and Health 2008

Health sector pool fund

Figure 1 The Liberian Health Sector Pool Fund. The Liberian Health Sector Pool Fund is a multi-donor trust fund, administered by the Liberian Government with participatory oversight from donors and civil society partners, that accomplishes two principal goals: (i) strengthening the administrative capacity of the Liberian government while reinforcing good governance and accountability, and (ii) aligning local and
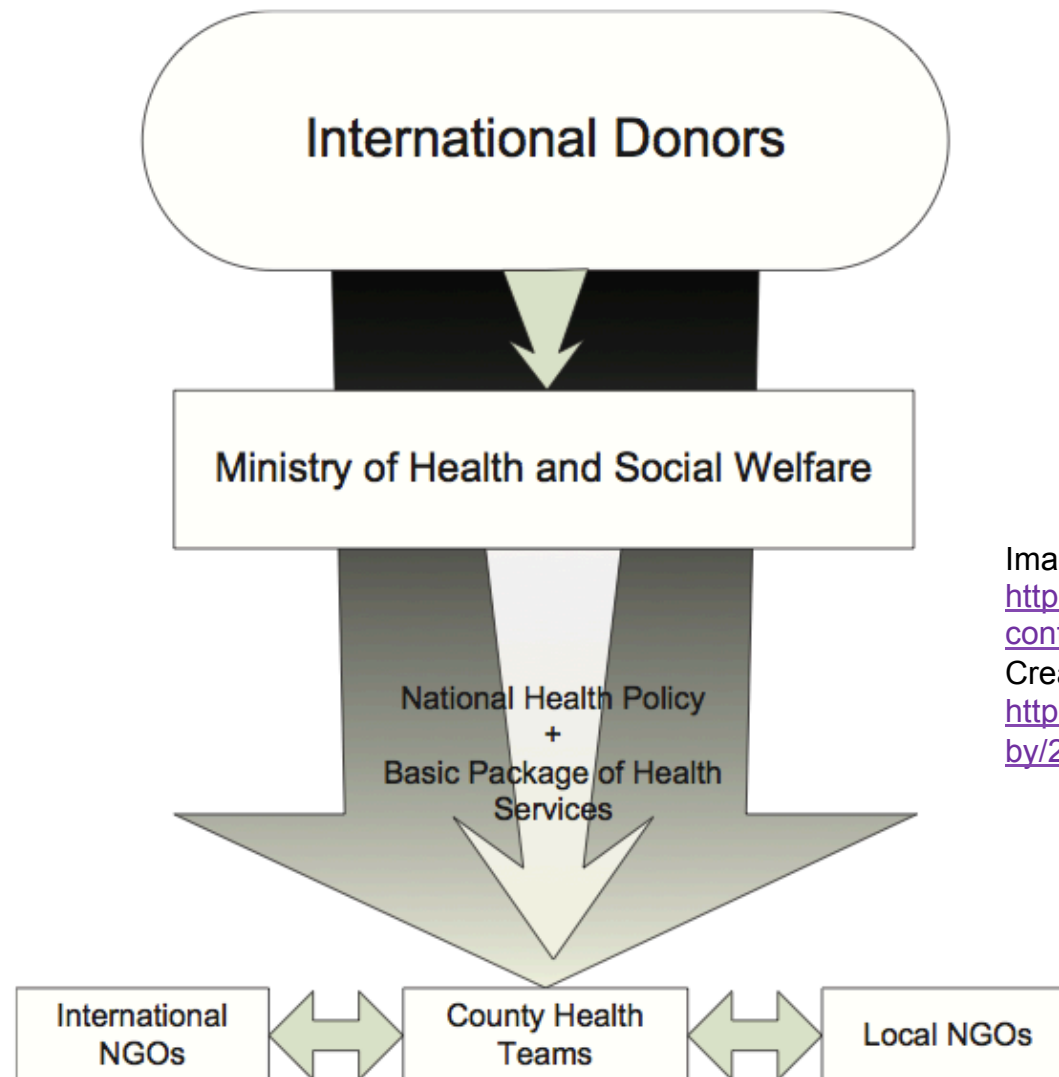
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Lee et al. Globalization and Health 2011

Pool fund advantages

- Channeled international funds towards BPHS priorities, contracting to NGOs/FBOs while public sector was rebuilt

- Streamlined administrative process (faster throughput of $$ to services) while building MOHSW capacity

- Created new decentralization mechanism (County Health Teams could also contract)

Financing sources

Exhibit 2—Projected Financing of the National Health Plan

Source: Liberia Ministry of Health and Social Welfare. National Health Policy and Plan. Liberia MOHSW 2007.[1]

Financing of the National Health Plan (in US$ millions)

Source of Funding	2007	2008	2009	2010	Total
MOHSW + JFK (increasing to 15% of Nat. Budget)	10	18	28	33	89
National Programs, Humanitarian & Development Funding	40	40	40	40	160
Other Funding (NGO, FBO, User Fees)	4	7	8	15	34
TOTAL	**54**	**65**	**76**	**88**	**283**

Image retrieved from http://liberiamohsw.org/Policies%20&%20Plans/National%20Health%20Policy%20&%20Plan.pdf; slide 28 top fig: p17 on July 1, 2012. Image is in the public domain.

Achievements and threats

- $4B debt relief
- Total health spend $103M ($29 per capita), but $38M out-of-pocket
- Poorest quintile spending 17% of annual income on health care
- Pool Fund became primary payment mechanism at County level, channeling funds primarily through NGOs/FBOs
- Donors are beginning to exit as Liberia emerges from post-war period

Health services delivery

Four components of a well-functioning health system

1. Networks of close-to-client primary care with back-up of specialized and hospital services, responsible for a defined population

2. Package of benefits with a comprehensive range of clinical and public health interventions

3. Standards, norms, and guidance to ensure access and essential dimensions of quality

4. Mechanisms to hold providers accountable and to ensure consumer voice

World Health Organization 2010

Rapid assessment of health facilities, 2006

Exhibit 2—Rapid Assessment of MOHSW Health Facilities, 2006
Source: Republic of Liberia Ministry of Health and Social Welfare. National Health Policy and Plan. 2007.
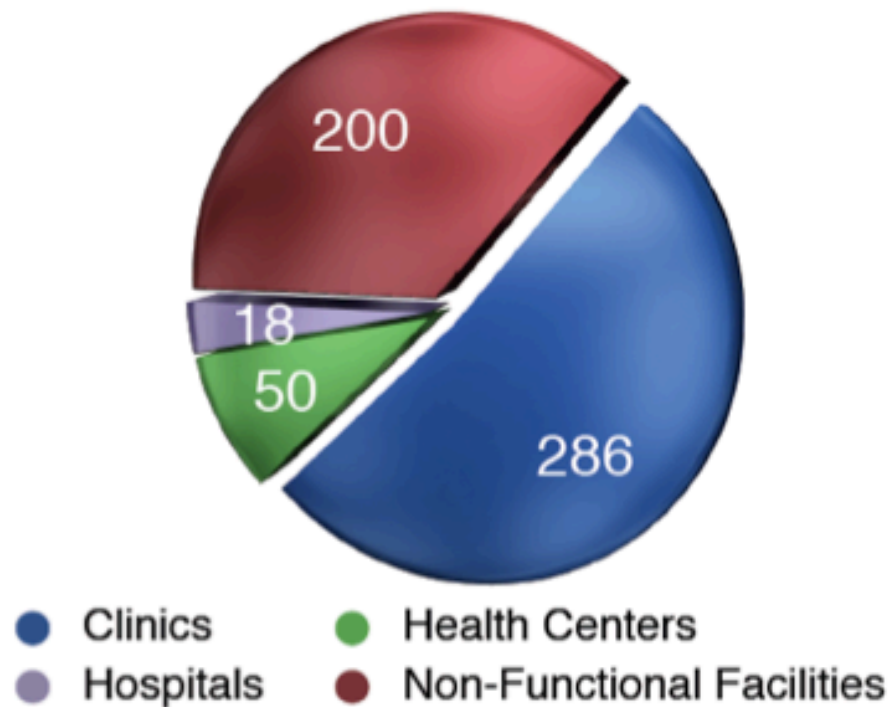
MOHSW Health Facilities

200

18

50

286

● Clinics   ● Health Centers

● Hospitals   ● Non-Functional Facilities

Health facility increase

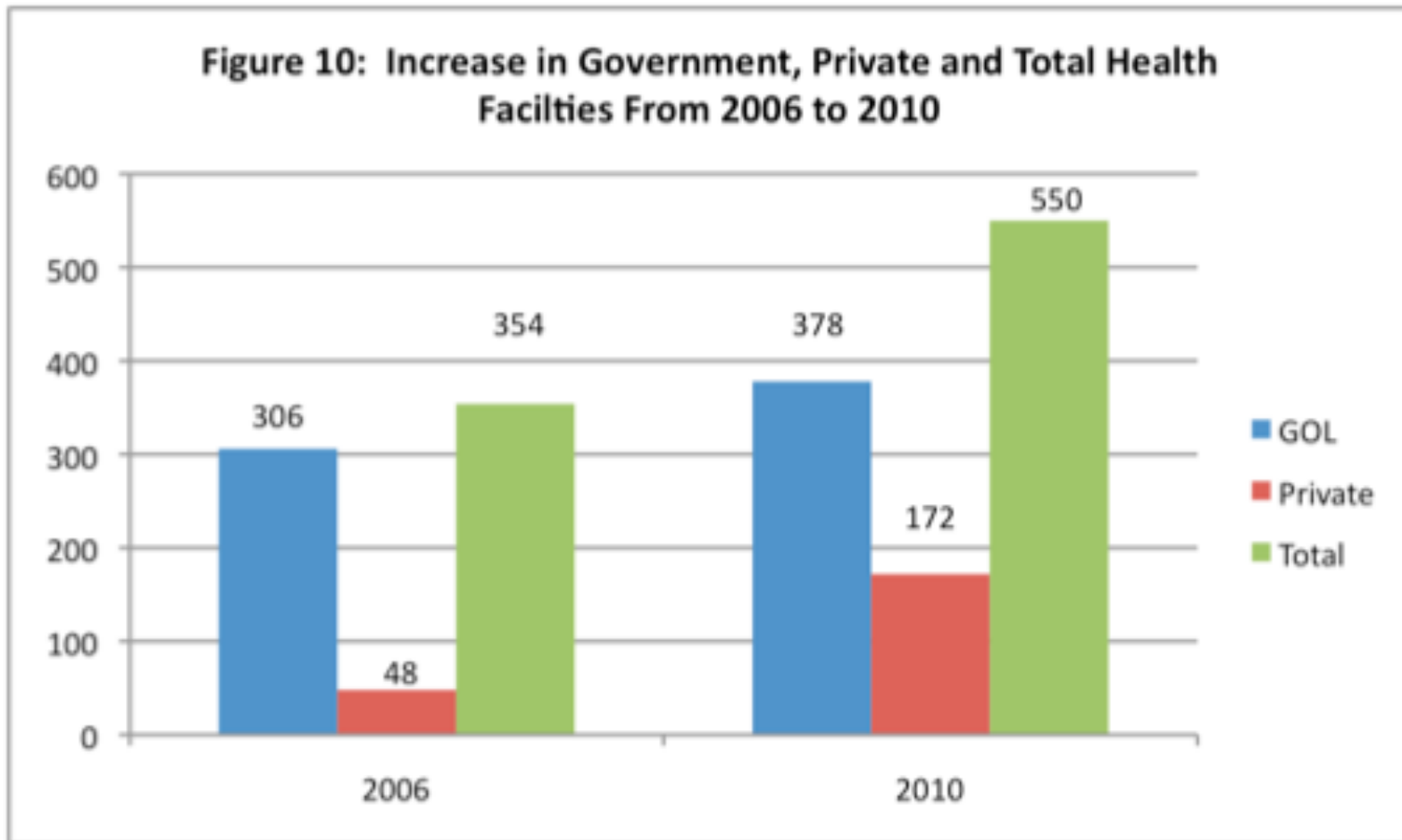Figure 10: Increase in Government, Private and Total Health Facilties From 2006 to 2010

Image retrieved from http://liberiamohsw.org/Policies%20&%20Plans/Emergency%20human%20resources%20report%20and%20plan_2007-2011.pdf. Image is in the public domain.

Efforts to improve delivery

- Effective pharmaceutical and supply distribution

- Decentralization; improved management capabilities

- Monitoring and evaluation
  - Nationwide Accreditation Exercise
  - Baseline data on health status and access
  - Health Management Information System

Delivery – key questions

1. What were the successes in Liberia's effort to deliver health care to all?

2. In what ways did Liberia fall short of overcoming the implementation bottleneck?

Successes

- Increased number of facilities; improved access for many
- Improved monitoring and evaluation (HMIS; accreditation)
- Strengthened drug and supply chains

"Stumbles and falls" in delivery

- One size didn't fit all
- Lack of data persists
- Inequalities in access remained
- Quality of care was not emphasized
- Decentralization was slow and difficult
- External factors still daunting (e.g. transportation)

Human resources for health

Workforce distribution

Exhibit 2—Geographic Distribution of Liberian Health Professionals By County
Source: Liberia Ministry of Health and Social Welfare. Emergency Human Resources for Health Report (2006)

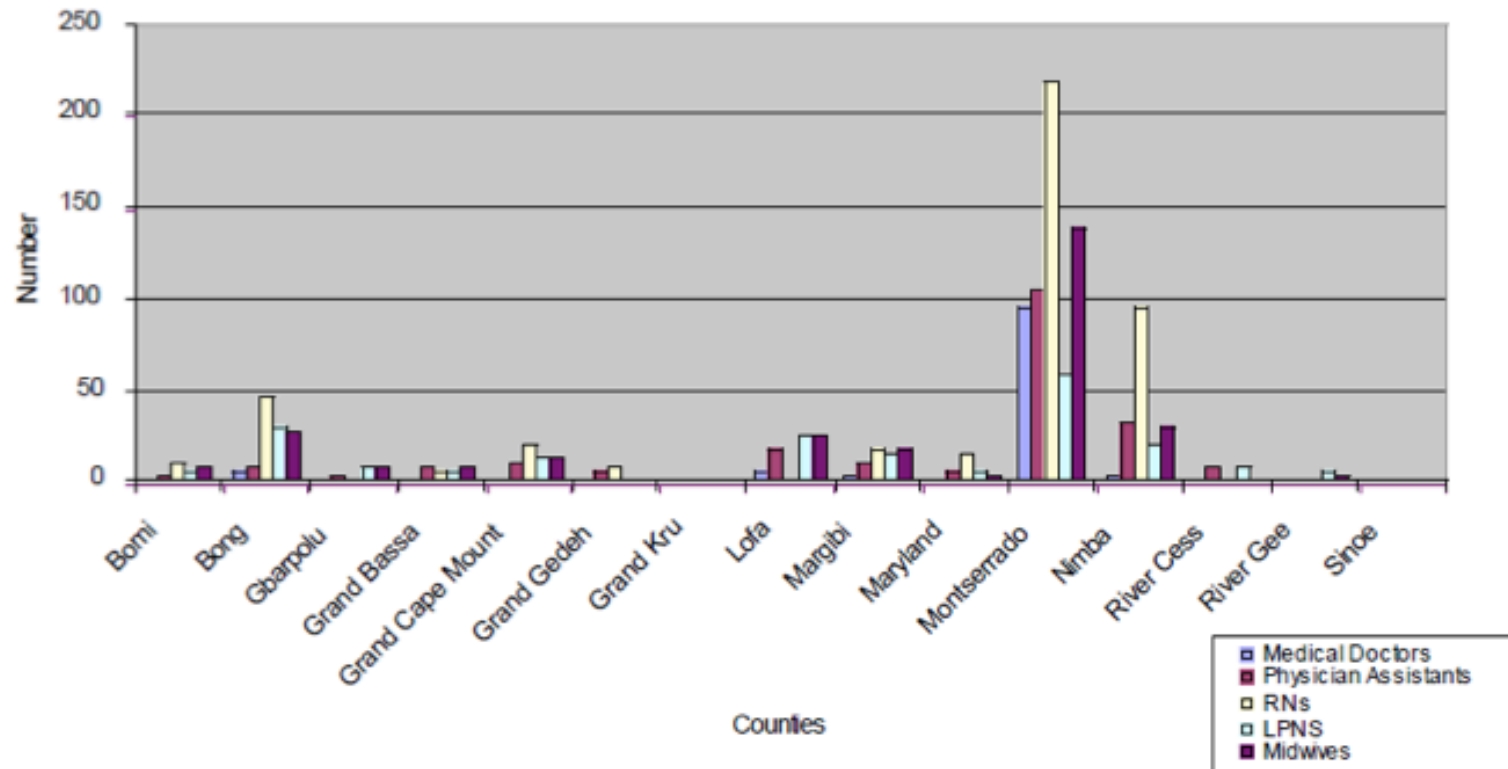Chart 1 shows Geographical Distribution of Five key professionals by County

Workforce change

Exhibit 5—Change in National Health Workforce 2009-2010
Source: Varpillah ST et al. Rebuilding human resources for health: a case study from Liberia. Human Resources for Health 2011;9:11

Table 1 - Change in national health workforce 2009-2010

	2009 Deficit	2010 Deficit	Deficit reduction
Physician Assistant	46	31	33%
Registered Nurse	46	0	100%
Certified Midwife	263	207	21%
Laboratory Technician	32	34	-6%
Operating Theater Technician	90	80	11%
Anesthetist	77	21	73%

Sources: 2009 [16] and 2010 [17]

Workforce – key questions

1. What are the different dimensions to consider in building an effective workforce for health?

2. What are the weaknesses in Liberia's current human resource situation?

Workforce: key dimensions

- Attracting workers to underserved areas
- Retaining workers in underserved areas
- Ensuring right mix of workers (pre-service training)
- Maintaining skills (in-service training)
- Supervision
- Assessment and accountability; rewarding good effort / output (and punishing poor effort / output)
- Task-shifting / maximizing use of scarce skilled workers

"Stumbles and falls" – workforce

- Inequitable distribution of workers (especially to the detriment of rural areas)
- Suboptimal mix of workers (too many RNs, etc.)
- Inadequate training
- Incoherent / inconsistent community health worker policy

"Service Delivery Points" discussion

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Rural Health in Liberia

- 1 doctor for every 100,000 people
- ½ of all Liberians in rural areas lack access to essential health services
- ½ of all children will not receive a complete set of vaccinations
- 1 out of every 12 mothers will die due to complications of childbirth

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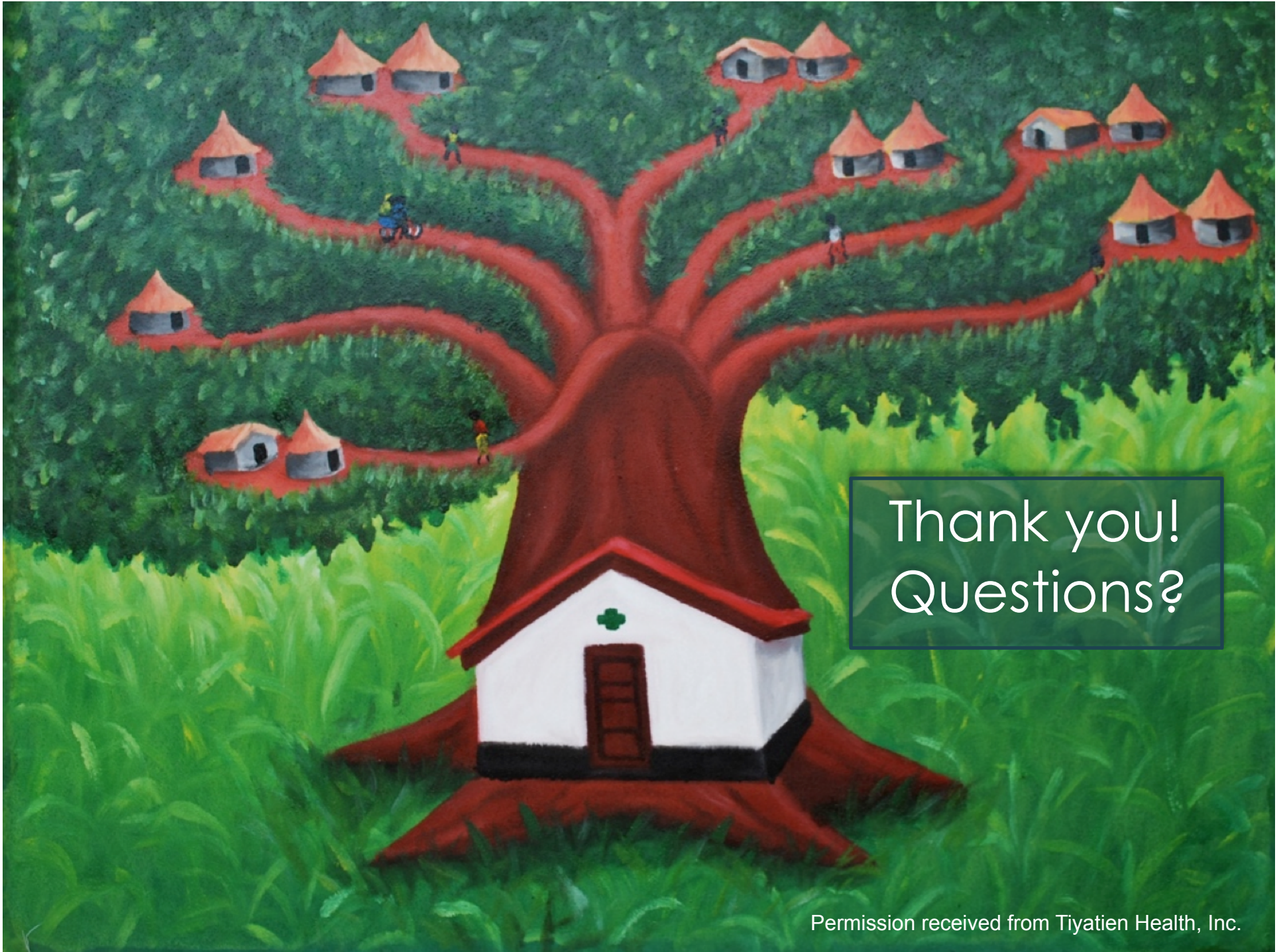Permission received
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The road to Gboe

Service delivery points discussion

1. Formulate 3 recommendations for successfully implementing SDPs as a strategy to improve access to care for rural populations in Liberia

2. Be prepared to share at least one recommendation with the class

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Thank you!
Questions?

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