

Briefing Paper

Partnership for Sustainable Development-PaSD



Date of Issue: December 12, 2022

About the Paper

This paper articulates the National and facilities specific policy, standards and financing environment Healthcare providers operate in Liberia towards reducing, if not ending the risk of people with special social and medical conditions from contracting Covid-19 while seeking services and to ensure Universal Healthcare Coverage to services in Margibi and Montserrado Counties respectively.

Purpose and Objectives

The objective of this paper is to inform planning, decision making, advocacy and media reporting about the environment in place in Liberia towards leaving no one behind in healthcare service delivery and promoting Universal Health Coverage (UHC). Specific emphasis is on gaps and gains in related national and facility specific healthcare policies, system and standards towards mitigating the risks of people with special social and medical conditions from contracting COVID-19 while seeking medical services and as part of the country effort at accelerating Universal Health Coverage (UHC).

Scope, Duration and Targets of the Study

The study lasted for 90 days, gathered information from National and facilities specific healthcare services, plans, policies, systems and standards at ten (10) major facilities. Health administrators, policy makers, authorities, people with disabilities, diabetes, High Blood Pressure patients, etc drawn from Margibi and Montserrado counties respectively were reached.

Context

People with Disabilities			Diabetes Prevalence		Maternal Mortality Rate		
Area	Number	Percent	Year	Percent	Year	Death Rate	Live Birth
General Pop	800,000	20%	2020 Deaths reached 650	1.93%	2014	688	100,000
Elderly or Aged		9.5%	Death Rate 31.63 per 100,000	Rank 86 worldwide	2015	691	100,000
Mental Disorder	400,000	50%	2010	4.7%	2017	661	100,000
Severe Mental illnesses	130,000	32.5%	2012	3.3%	2022	661	100,000
Psychosocial impairment	64,000	8%	2014	3.79%	Health Facilities with and Without Maternal Waiting Home 14 counties		
Albino	8,000	1%	2016	2.3%	Year	Without	With
visually Impaired	22,500	2.81%	2018	2.42%	2019	14	71
Hearing Imperilment	95,200	11.9%	2020	2.4%			
Mobility Impairment	200,000	25%	2022	2.1%			
(WHO and SIDA Reports 2022)			WHO and University of Washington School of Medicine, IHME				

People with special social and health conditions constitute significant portion of Liberia’s population. Particularly, Persons with disabilities account for approximately 800,000 representing 20% of the population while the elderly or aged constitute 9.5%. People with disabilities are splatted into five categories, mental disorder accounts for the highest disability condition 400,000 representing 50% of which 130,000 which is 32.5% suffer severe mental illnesses such as schizophrenia, dipolar disorder and post-traumatic stress disorder. 64,000 have intellectual or psychosocial impairment representing 8%, Albino account for 8,000 representing 1%, visually impaired (blind) account for 22,500 representing 2.81%, hearing imperilment accounts for 95,200 representing 11.9% while mobility impairment accounts for 200,000 representing 25% (**WHO and SIDA Studies Reports 2022**).

Appreciable percentage of the population often have special medical conditions notable among which include but are not limited to Diabetes (type-1 and 2), High Blood Pressure and pregnancy etc. Diabetes prevalence persist but has taken a decline trend since 2010. In 2010 diabetes patients accounted for 4.7% of the population, 2012 (3.3%), 2014 (3.79%) 2016 (2.3%), 2018 (2.42%), 2020 (2.4%) and 2022 (2.1%). According to the latest WHO data published in 2020 Diabetes Mellitus Deaths in Liberia reached 650 or 1.93% of total deaths. The age adjusted Death Rate is 31.63 per 100,000 of population ranks Liberia #86 in the world. Particularly, according to the University of Washington School of Medicine based **Institute for Health Metrics and Evaluation (IHME)**, High Blood Pressure is ranked 5th and as one of 4 metabolic risk factors that cause the most death and disability combined in Liberia.

Despite these alarming problems, national and facilities specific policies, plans, systems, standards visibility on and public financing of relevant programs activities remain grossly inadequate while access to modern treatment method, adequate and skilled personnel and infrastructure still remain problematic (**Oxford Academic Journal Article “the Royal Society of Tropical Medicine and Hygiene”**). **Ex:** Eye care infrastructure is limited, with only 5 Ophthalmologist, 1 Optomerist and 30 allied Oplithalmic in country while facilities have little or no system to care for PWDs, diabetes and high blood pressure etc.

National Policies and Plans	Policies and Standards At Facilities
<ul style="list-style-type: none"> ✓ GoL BPHS 8.4.4 strategy to control and manage diseases with epidemic and infectious potential offers no approach to meet health needs of people with special medical and social conditions during health emergency ✓ BPHS 8.5 is clear on strategy to manage and control mental health but fails to address the other areas of disabilities ✓ BPHS 8.1 presents elaborate approach to manage, control and reduce maternal and newborn deaths ✓ NSWPP and EPHS 4.2.2 commit to ensure PHC will consist of both community and facilities-based services that encompasses mental, maternal and newborn born care services but falls short of addressing other areas of disabilities and special medical conditions. ✓ NSWPP and EPHS 4.7 commits to provide health and social welfare service providers with equipment necessary to discharge assign function and adequate funds will be allotted to all levels of health services delivery for acquisition of the necessary technological equipment ✓ EPHS Plan 4.1.2 count 3 mental health, Mother and newborn care which covers family planning, malaria in pregnancy, PMTCT, mother and newborn nutrition while child health covers growth monitoring micronutrient supplementation. ✓ 	<p>PaSD study of the internal policy environment in 10 major facilities in Montserrado and Margibi counties established:</p> <ul style="list-style-type: none"> ✓ Health facilities do not have clearly written policy, standards and systems that outline Do’s and Don’ts in the provision of services ✓ The Code of Conduct for Health Professionals in Liberia under the auspices of LMDC, NSWPP and global standards are their only policy reliance ✓ The LMDC, NSWPP and global ethics are not specific on how to deal with persons with special medical and social conditions ✓ Isolated cases of available systems or standards towards people with special medical and social conditions were found to be discretional and oral ✓ Failure on the part of any HW or administrator to adhere to oral policies, system or standards could be difficult, if not impossible to penalize ✓ Procurement standards of facilities assessed didn’t have trace of provision or guideline on purchase in favor of people with special medical and social conditions

National and Facility Levels Health Financing

INVESTMENT CASE for REPRODUCTIVE, MATERNAL, NEW-BORN, CHILD, & ADOLESCENT HEALTH 2016–2020 (Maternal and Child Health)

Table 1: Area	2016	2017	2018	2019	2020	Total
Quality reproductive, maternal and neonatal health service delivery	1,335.3	1,477.7	1,442.5	1,498.9	1,611.2	7,365.6
Maternal neonatal death surveillance and response	414.3	1,195.7	385.3	514.3	547.9	3,057.6
Child health	2,713.6	2,407.2	906.6	293.0	1,029.6	7,349.9

Table 2: Costing of Liberia's Investment Plan for Building a Resilient Health System 2015 to 2021		Cost			Total
		FY 14/15	15/16	16/17	
Obj 1: Access to Utilization of Safe & Quality Health Services		42,037,119	377,671,000	1,094,116,050	1,513,824,169
01	Fit for productive & motivated health workforce	4,764,866	123,122,007	382,697,620	510,584,494
02	Re-engineered health infrastructure	13,084,702	107,609,548	266,441,584	387,135,834
03	Management capacity for medical supplies and diagnostics	8,523,012	49,524,935	151,093,694	209,141,641
04	Enhancement of quality service delivery systems	15,664,539	97,414,509	293,883,152	406,962,200
Obj 2: Emergency Risk Management		8,832,914	41,645,906	46,484,959	96,963,780
05	Epidemic preparedness and response system	8,832,914	41,645,906	46,484,959	96,963,780
Obj 3: Appropriate Enabling Environment		3,394,433	15,800,928	73,664,647	92,860,009
	Info, research and communication management	238,175	1,492,794	4,226,648	5,957,617
	Sustainable community engagement	0	5,807,230	28,450,116	34,257,346
	Leadership and governance capacity	3,095,000	4,100,002	8,636,978	15,831,980
	Efficient health financing systems	61,258	4,400,902	32,350,906	36,813,067
Total Cost		54,264,467	435,117,834	1,214,265,657	1,703,647,958
	GOL/Domestic Financing	3,889,579	119,409,370	293,597,957	416,896,907
	Donor Financing	59,117,102	200,931,746	291,738,973	551,787,821
Total Funds Mapped/Projected		63,006,681	320,341,116	585,336,930	968,684,727

National Investment and Financing Strategy

✓ Healthcare services are generally financed through out of pockets, NGOs, INGOs, public budget allocation, insurance coverage, foreign aid but were not found to be specific to people with special social and medical condition

✓ GoL Investment Case is clear on financing strategy towards maternity and child health but not explicit towards financing healthcare services for other equally important people with special social and medical conditions

✓ Priority areas of the Investment Plan for Building a Resilient Health System in Liberia 2015 to 2021 as outlines on **Table 4** isn't clear on investment on services, infrastructure and drugs for people with special social and medical conditions

✓ Isolated cases of public financing healthcare programs, services, purchase of equipment in favor of people with special medical and social needs were found to be inconsistent, inadequate, voluntary and not on account of existing protocols or clearly written principle
 Nearly all the health sector policies and plans have expired on their ten (10) years life spent. Therefore, new regimes of policies, and plans which were initiated nearly a year ago are nearing conclusion

Financing Situation at Facilities Level

PaSD study of the financing environment in 10 major facilities in Montserrado and Margibi counties established:

✓ Health facilities do not have specific line and allocation in their respective operational budget to facilitate programs, acquisition of equipment and drugs for people with special social and medical needs

✓ There was no trace of clearly written drugs, equipment and other healthcare services procurement arrangement that clearly advanced procedure for acquisition of percentage of those services in favor of advancing people with special social and medical needs

✓ The infrastructures of healthcare facilities assessed including water, sanitation, hygiene, beds, stairs, sitting places etc were discovered to be largely unfriendly to people with special social and health conditions

Key

Basic Package of Health Services

BPHS

Essential Package of Health Services

EPHS

National Health and Social Welfare Policy and Plan

NHSWPP