Healthcare Leadership Network
of the Delaware Valley

Liberia Overview and Challenges
by Fatorma Greene

Liberia is located along the Western Coast of Africa and bordered by Sierra Leone, Guinea, and Côte d'Ivoire (Ivory Coast). The country is tropical with the rainy season lasting between May and October and dry season between December and February. Liberia was founded in the early 1800s as the free black population began to grow in the U.S. causing fear, and began to "threaten the order." According to Ciment (2013), "It was with these fears in mind that a group of men met on the evening of the winter solstice 1816…Attending this initial plenary session of what would come to be called the American Colonization Society" (p.8). The American Colonization Society (ACS) was a movement to return African slaves back to their homeland. Nevertheless, the ACS established Liberia as a colony and began sending thousands of emancipated slaves there around 1822. Upon arrival to Liberia, the emancipated slaves began to mingle with the indigenous Liberian tribes: Kpellé, Bassa, Gio, Kru, Grebo, Mano, Krahn, Gola, Gbandi, Loma, Kissi, Vai, and Bella whereby, giving rise to a second ethnic group called Americo-Liberians (descendants of the emancipated slaves).

Although Liberia gained its Independence from the United States on July 26, 1847, there is still a heavy U.S. influence in the country. First, English is the primary language in Liberia, however, there are different forms of English spoken across the country ranging from standard English to Liberian Kreyol depending on the region one is in. Secondly, Christianity is the primary religion of the country followed by a small Muslim influence primarily from the Vai and Mandingo tribes. Additionally, the Liberian flag closely resembles the flag of the United States with the red white and blue stripes in addition to the blue square and white star. Lastly, Liberia's capital city Monrovia is named in honor of the 5th U.S. President James Monroe.

After periods of economic growth, Liberia descended into two devastating civil wars from 1989-1997 and 1999-2003 that crippled the economy, health system, disrupting the educational system amongst a myriad other issues that proved to be detrimental to the country's growth and development from which it is still recovering. Per the World Bank (2018), "These conflicts claimed over 300,000 lives and caused the complete collapse of both the state and the economy, derailing Liberia's development" (7). The civil wars also contributed to a large

percentage of the Liberian population fleeing to other countries including the United States for safety.

References

From Growth to Development: Priorities for Sustainably Reducing Poverty and Achieving Middle-Income Status by 2030. (n.d.). In www.worldbank.org. Retrieved from http://documents.worldbank.org/curated/en/585371528125859387/pdf/LBR-SCD-draft-10-06012018.pdf

Cinment, J. (2013). Another America The Story of Liberia and the Former Slaves Who Ruled It (p. 8). New York, NY: Hill and Wang.

CHALLENGES WITHIN THE LIBERIAN HEALTH DELIVERY SYSTEM

The population of Liberia is internationally considered as a relatively young population. Recent national census statistics indicate a total population of approximately 4 million with nearly 55 percent being less than 20 years of age. Women of childbearing age constitute about 25% of the population. Approximately 5% of women of childbearing age get pregnant annually. The 2007 Liberia Demographic and Health Survey (LDHS) estimate the growth rate as 2.1% and the Life expectancy at birth is stated as 59 years (2010 UNDP). Access to Basic Package of Health Services has increased from 40% in 2006 to 80% in 2010 but with the current rate of decline in all aspects of life within the country, this estimate can no more be true. A total population of 4 million people and 56% plus of the population live in poverty. Adult literacy is 60% (2013 DHS).

In the area of water and sanitation, Liberia's access to improved sources of drinking water is 73% (DHS 2013). The Human Resources stands at 10,709 public health workers (41% not on Government of Liberia payroll) and 37% clinicians with maldistribution of health workers, skewed towards urban areas. Skilled Birth Attendants are estimated at about 8.6% per 10,000 of the population. There is a challenge of the health information management system which is at 70% reporting capability along with Poor data quality.
In the area of water and sanitation, access to an improved source of water stands at 73% (DHS 2013).

Liberia has a free health system policy especially for all rural hospitals, but high out of pocket costs make up 51% of total health expenditure (THE) in Fiscal Year (FY) 11/12 and 35% in FY 13/14.

The total per capita health expenditure is at US$ 65 million (FY 2011/12) while the national budgetary allocation to health is 12.36% (MFDP, 2015).

The health management information system uses a local based information reporting form call the HMIS form which is used by all facilities including the rural hospital. Liberia has 75% reporting coverage but with poor data quality.

The health infrastructure still has challenges, with 727 health facilities (64% public) and 71% of the population has access to health services within 5KM or 1 hour of walk to a health facility.

The majority of the health facilities lack basic utilities (i.e.: functioning running water, electricity, incinerators, hospital beds, well structure surgical theaters, functioning laboratories, vehicles, and ambulance, etc.). For the public health facilities, budgetary support is a serious challenge, as such drugs and medical supplies are always limited or not available in some cases. Getting fuel for power is difficult. The ambulance service is ineffective.

Series of plans have been developed by the government in tackling the enormous challenges of the health system including:

1. A National Health Policy and Plan (2011-2021)
2. Investment Plan for building a resilient health system (2015/21)

In Liberia, there are 91 health districts, 5 regions, and 15 counties and the incentive grade is distributed based on the region.

The Ebola virus disease (EVD) had a deleterious effect on the health system with a total of 184 health worker's death out of 372 cases (3.4% of health workers developed EVD and 1.6% died from Ebola). Other effects of Ebola are the decline in economic growth and development. According to the Centers for Disease Control and Prevention (2019), "Liberia lost 8% of its doctors, nurses, and midwives to Ebola." The CDC (2019) lists Malaria, Diarrheal diseases, Neonatal disorders, Lower respiratory infections, lschemic heart disease, HIV/AIDS, Stroke, Tuberculosis, Sexually transmitted infections, Cirrhosis as the top 10 causes of death in Liberia.

A recovery plan was developed to improve the health status of the Liberian population through building a resilient health system and this plan was formulated to address:

- Health system vulnerabilities exposed by Ebola (i.e.: health facilities design, weak public health Labs, poor IPC (infection prevention control) practice, health workers demotivation, that led to strikes, lack of bio-bank, bio-safety, etc.)
- Weak Epidemic Preparedness and Response Community Engagement
- Health workforce motivation
- Quality to Care (i.e.: IPC, Diagnosis, etc.)
- Sustainable Community Engagement

These are the priority areas of the Health Ministry of Liberia:

1. Fit-for-purpose productive & motivated health workforce
2. Re-engineer health infrastructure
3. Management capacity for medical supplies and diagnostics
4. Enhancement of quality service delivery and system
5. Comprehensive Information, Research, and Communication Management Strengthen Leadership and Governance Capacity
6. Efficient Health Financing Systems

Issues at the National Level that Influence DHMTs:

1. Procurement regulation (i.e.: provision of three quotations, restriction on drug and medical supplies procurement, etc.)
2. Financial policy (i.e.: unrealistic petite cash and expenditure thresholds, noninvolvement in the national budgetary process, etc.)
3. Human resources management (i.e.: restriction on the placement of staff on incentive or on GOL payroll, hiring of clinical or professional, etc.).
4. Coordination (i.e.: uncoordinated activities by national-level programs, poor feedback mechanism, poor communication system, etc.).

References

Cost of the Ebola Epidemic. (2019, March 8). In www.cdc.com. Retrieved from https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/cost-of-ebola.html

Global Health - Liberia. (2019, July 1). In www.cdc.com. Retrieved from https://www.cdc.gov/globalhealth/countries/liberia/default.htm