

Ministry of Health and Social Welfare Republic of Liberia

Engaging with sustainable health care financing:
Public health services, are they only for the poor?



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Economy Overview

- Traditional sector is mainly agrarian and subsistence farming
 - 70% of labor force
 - Poor production techniques
 - Inadequate roads decrease market access
- Major economic activities include:
 - Petty trading
 - Currency exchange
 - Small service businesses
- Illiteracy is estimated at 63%
 - 50% of males
 - 73% of females
 - 75% of rural inhabitants
 - 39% of urban inhabitants



Health Care Overview

- Maternal mortality is 994/100,000
- Infant mortality is 72/1,000
- Under five mortality is 111/1,000
- Contraceptive rate is 12.9%
- Access to health care estimated at 40%. Low access is due to:
 - Brain Drain
 - Damaged/destroyed infrastructure
 - Poor road conditions
 - Lack of essential drugs and supplies
 - Low salaries and incentives
 - Migration of health workers to Monrovia



Health Facilities Overview

There are 478 functioning health facilities in Liberia.

Functioning Health Facilities in Liberia

	County	Public	Private/FBO	Total
1	Bomi	18	3	21
2	Bong	29	4	33
3	Gbarpolu	15	2	17
4	Grand Bassa	21	10	31
5	Grand Cape Mount	31	1	32
6	Grand Gedeh	13	2	15
7	Grand Kru	10	3	13
8	Lofa	48	5	53
9	Margibi	19	16	35
10	Maryland	20	3	23
11	Montserrado	41	68	109
12	Nimba	37	12	49
13	River Gee	13	2	15
14	Rivercess	14	1	15
15	Sinoe	16	1	17
	Total	72%	28%	478*

In many counties, there are few private facilities.

Years of conflict disrupted health care delivery system throughout Liberia.

Since the end of hostilities, several major health policies have been adopted:

- National Health Policy
- National Health Plan
- Basic Package of Health Services (BPHS)

(Set of standards for minimum health services at each facility level)

Suspension of User Fees

The National Health Policy and Plan of Liberia stipulates that user fees will be suspended from 2006 to 2011.

- Pervasive poverty: nearly 50% live on .50 USD a day.
- Public health services are not tilted to the poor. Every Liberian benefits.
- Suspension of user fees cannot continue indefinitely.

National Health Financing Policy and Plan

Three studies have been commissioned to inform a National Health Financing Policy and Plan.

One of these studies has concluded and clearly demonstrated the following three points:

- Suspension of user fees increases access to basic health services and reduces maternal and child mortality;
- Suspension of user fees influences positive health seeking behavior;
- Payments for basic health services deprive the poor of quality health services.

Financing Health Care for the Entire Population

A major concern during the transitional period of service provision must be access for the target population.

- User fees or cost-sharing could limit access for a large percentage of Liberians
- Public facilities are serving quintiles 2-5 due to:
 - Committed and qualified health staff and prestigious Liberian doctors and surgeons working in public facilities
 - Acceptable quality and availability of health care delivery, including diagnosis methods (scanners, X-Rays, laboratory facilities etc).

BPHS Study Introduction

The goal of the study was to improve the implementation of the BPHS by monitoring activities at referral hospitals and to provide feasible recommendations to MOHSW health managers.

Four Hospitals studied:

- Redemption Hospital, Montserrado
- JFK Hospital, Montserrado
- Sanniquellie Hospital, Nimba
- J. J. Dossen Hospital, Maryland

Study Objectives

General: To obtain baseline data that will assist in the development of strategies to improve service delivery and the implementation of the BPHS at referral hospitals.

Specific:

- To monitor clinical and surgical activities at 4 referral hospitals before and after the initiation of BPHS implementation at three levels: county hospital, regional hospital, and national referral hospital.
- Assess the HIS structure and data collection methodology of these health facilities
- Assess the capacity and training needs of persons responsible for HIS in these facilities.

Study Setting

- Study conducted in 3 counties
 - Montserrado
 - Nimba
 - Maryland
- These counties account for 1.3 million of the total population
 - Montserrado has over 1 million
- NGOs provide about 70% of health services
- International peace keepers deployed throughout the country



The study was descriptive and employed three study units:

- Focus group discussions with nursing directors and health professionals responsible for hospital's HIS
- Review of clinical charts to cross-check data on monthly reporting forms from November and April
- Check of water and electrical supplies availability

Results

- There has been an overall increase in the utilization of services both at OPDs and IPDs between Nov. 2007 and April 2008
- Increase more pronounced at the OPD level
- OPD and IPD consultations from rural areas are increasing despite lack of information to communities
- Number of patients from quintile 4 and 5 is increasing, causing greater attendance of secondary health facilities by rural inhabitants
- The number of professional staff in some of the most utilized services is decreasing

Results cont.

- Drugs and medical supplies shortages continue
- Logistics like water supply and electricity continue to be inadequate despite efforts to improve the situation
- Data collection is done on time, but collection forms changed from November to April
- Personnel responsible for HIS are not always computer literate and are sometimes unable to do minimum data analysis
- Numerous and overlapping forms

Results from Redemption Hospital

MINISTRY OF HEALTH AND SOCIAL WELFARE OF LIBERIA
 QUICK ASSESSMENT OF THE BPHS IMPLEMENTATION IN REDEMPTION HOSPITAL, MONROVIA, MONTERRADC
 MONROVIA, MAY 2008

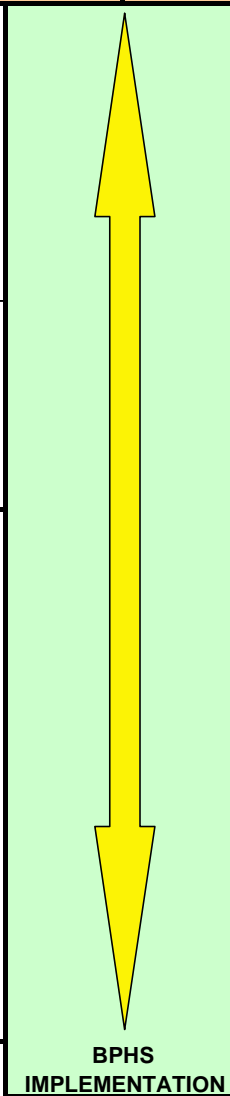
		STATISTICS FROM NOVEMBER 2007		STATISTICS FROM APRIL 2008		
I N P A R T M E N T	TOTAL # HOSPITALIZATIONS	425		TOTAL # HOSPITALIZATIONS	447	
	CHILDREN UNDER 14 YRS	10		CHILDREN UNDER 14 YRS	15	
	WOMAN (MEDICAL, OBS, GYN)	80		WOMAN (MEDICAL, OBS, GYN)	89	
	TOTAL # SURGERIES	76		TOTAL # SURGERIES	89	
	C-SECTIONS	32		C-SECTIONS	37	
	TOTAL # DELIVERIES	90		TOTAL # DELIVERIES	101	
	MATERNAL DEATHS	0		MATERNAL DEATHS	2	
	BED OCCUPATION RATE	80%		BED OCCUPATION RATE	83%	FEMALE WARD 105%
	NUMBER OF BEDS AVAILABLE	132		NUMBER OF BEDS AVAILABLE	132	
	AVERAGE LENGTH OF STAY	6.3		AVERAGE LENGTH OF STAY	5.1	
DOCTORS	1 MOH	2 EXPAT	DOCTORS	5 MOH	1 EXPAT	
PHYSICIAN ASSISTANTS	7		PHYSICIAN ASSISTANTS	11		
REGISTERED NURSES	13		REGISTERED NURSES	32		
CERTIFIED MIDWIVES	14		CERTIFIED MIDWIVES	17		
DRUGS STOCK RUPTURES	ANTIBIOTICS ORAL DRESSING MATERIAL ANTIMALARIALS		DRUGS STOCK RUPTURES	ANTIBIOTICS IM/IV DRESSING MATERIALS IV FLUIDS		
O U T P A R T M E N T	TOTAL # CONSULTATIONS	9,919		TOTAL # CONSULTATIONS	8492	
	CHILDREN UNDER 14 YRS	3268		CHILDREN UNDER 14 YRS	3320	
	WOMAN (MEDICAL, OB/GYN)	1121		WOMAN (MEDICAL, OB/GYN)	2067	
	ANC 1	759		ANC 1	983	
	ANC 3	415		ANC 3	397	
	TOTAL ANC	1855		TOTAL ANC	1874	
	TOTAL EPI ANTIGENS GIVEN	3550		TOTAL EPI ANTIGENS GIVEN	2088	
	TT 1	2872		TT 1	2165	
	TT 2	540		TT 2	1654	
	BCG	487		BCG	511	
	DPT3	441		PENTAVALENT	719	
	ORIGIN OF PATIENTS - RURAL	56%		ORIGIN OF PATIENTS - RURAL	66%	
	CORRECT DIAGNOSIS / TREATMENT CASES	89%		CORRECT DIAGNOSIS / TREATMENT CASES	90.30%	
	PHYSICIAN ASSISTANTS	8		PHYSICIAN ASSISTANTS	8	
	REGISTERED NURSES	9		REGISTERED NURSES	9	
CERTIFIED MIDWIVES	11		CERTIFIED MIDWIVES	11		
PIPED WATER	24 HRS / 7 DAYS		PIPED WATER	24 hrs / 7 DAYS		

BPHS
IMPLEMENTATION

Results from JFK Hospital

MINISTRY OF HEALTH AND SOCIAL WELFARE OF LIBERIA
 QUICK ASSESSMENT OF THE BPHS IMPLEMENTATION AT THE JFK MEDICAL CENTER , MONROVIA, MONTERRADC
 MONROVIA, MAY 2008

		STATISTICS FROM NOVEMBER 2007		STATISTICS FROM APRIL 2008		
I D E P A R T M E N T	TOTAL # HOSPITALIZATIONS	674		TOTAL # HOSPITALIZATIONS	407	
	CHILDREN UNDER 14 YRS	124		CHILDREN UNDER 14 YRS	57	
	WOMAN (MEDICAL, OBS, GYN)	82		WOMAN (MEDICAL, OBS ,GYN)	187	
	TOTAL # SURGERIES	82		TOTAL # SURGERIES	104	
	C-SECTIONS	36		C-SECTIONS	77	
	TOTAL # DELIVERIES	162		TOTAL # DELIVERIES	271	
	MATERNAL DEATHS	0		MATERNAL DEATHS	2	
	BED OCCUPATION RATE	34%		BED OCCUPATION RATE	48%	FEMALE WARD 45%
	NUMBER OF BEDS AVAILABLE	209		NUMBER OF BEDS AVAILABLE	324	
	AVERAGE LENGTH OF STAY	12 days		AVERAGE LENGTH OF STAY	8days	
DOCTORS	39 MOH 4 EXPAT		DOCTORS	36 MOH 2 EXPAT		
PHYSICIAN ASSISTANTS	17		PHYSICIAN ASSISTANTS	17		
REGISTERED NURSES	106		REGISTERED NURSES	95		
CERTIFIED MIDWIVES	43		CERTIFIED MIDWIVES	43		
DRUGS STOCK RUPTURES	ANTIBIOTICS ORAL DRESSING MATERIAL ANTIMALARIALS		DRUGS STOCK RUPTURES	ANTIBIOTICS IM / IV DRESSING MATERIALS IV FLUIDS		
O U T D E P A R T M E N T	TOTAL # CONSULTATIONS	3,660		TOTAL # CONSULTATIONS	3445	
	CHILDREN UNDER 14 YRS	685		CHILDREN UNDER 14 YRS	475	
	WOMAN (MEDICAL, OB/GYN)	1121		WOMAN (MEDICAL, OB/GYN)	767	
	ANC 1	873		ANC 1	1053	
	ANC 3	213		ANC 3	369	
	TOTAL ANC	1672		TOTAL ANC	1944	
	TOTAL EPI ANTIGENS GIVEN	1163		TOTAL EPI ANTIGENS GIVEN	1426	
	TT 1	117		TT 1	96	
	TT 2	79		TT 2	79	
	BCG	100		BCG	274	
	DPT3	231		PENTAVALENT	176	
	ORIGIN OF PATIENTS - RURAL	76%		ORIGIN OF PATIENTS - RURAL	81%	
	CORRECT DIAGNOSIS / TREATMENT CASES	78%		CORRECT DIAGNOSIS / TREATMENT CASES	80.30%	
	PHYSICIAN ASSISTANTS	17		PHYSICIAN ASSISTANTS	17	
REGISTERED NURSES	106		REGISTERED NURSES	106		
CERTIFIED MIDWIVES	43		CERTIFIED MIDWIVES	43		
PIPED WATER	24 HRS / 7 DAYS		PIPED WATER	24 hrs / 7 DAYS		



Results from J. J. Dossen Hospital

MINISTRY OF HEALTH AND SOCIAL WELFARE OF LIBERIA
 QUICK ASSESSMENT OF THE BPHS IMPLEMENTATION IN J.J. DOSSSEN HOSPITAL, HARPER, MARYLAND
 HARPER, MAY 2008

STATISTICS FROM NOVEMBER 2008			STATISTICS FROM APRIL 2008			
I D E P A R T M E N T	TOTAL # HOSPITALIZATIONS	190		TOTAL # HOSPITALIZATIONS	268	I D E P A R T M E N T
	CHILDREN UNDER 14 YRS	46		CHILDREN UNDER 14 YRS	65	
	WOMAN (MEDICAL, OBS, GYN)	72		WOMAN (MEDICAL, OBS, GYN)	81	
	TOTAL # SURGERIES	34		TOTAL # SURGERIES	61	
	C-SECTIONS	6		C-SECTIONS	8	
	TOTAL # DELIVERIES	46		TOTAL # DELIVERIES	60	
	MATERNAL DEATHS	0		MATERNAL DEATHS	2	
	BED OCCUPATION RATE	34%		BED OCCUPATION RATE	68% 110% wom	
	NUMBER OF BEDS AVAILABLE	57		NUMBER OF BEDS AVAILABLE	57	
	AVERAGE LENGTH OF STAY	10.2		AVERAGE LENGTH OF STAY	8	
DOCTORS	0 MOH 1 EXPAT	DOCTORS	3 MOH 1EXPAT			
PHYSICIAN ASSISTANTS	5	PHYSICIAN ASSISTANTS	6			
REGISTERED NURSES	10	REGISTERED NURSES	8			
CERTIFIED MIDWIVES	6	CERTIFIED MIDWIVES	5			
DRUGS STOCK RUPTURES	ANTIBIOTICS ORAL DRESSING MATERIAL ANTIMALARIALS		DRUGS STOCK RUPTURES	ANTIBIOTICS IM DRESSING MATERIAL IV FLUIDS		
O U T P A R T M E N T	TOTAL # CONSULTATIONS	1499		TOTAL # CONSULTATIONS	1884	O U T P A R T M E N T
	CHILDREN UNDER 14 YRS	623		CHILDREN UNDER 14 YRS	681	
	WOMAN (MEDICAL, OB/GYN)	325		WOMAN (MEDICAL, OB/GYN)	516	
	ANC 1	89		ANC 1	142	
	ANC 3	58		ANC 3	59	
	TOTAL ANC	377		TOTAL ANC	466	
	TOTAL EPI ANTIGENS GIVEN	793		TOTAL EPI ANTIGENS GIVEN	1036	
	TT 1	72		TT 1	123	
	TT 2	50		TT 2	59	
	BCG	35		BCG	56	
DPT	105	PENTAVALENT	166			
ORIGIN OF PATIENTS - RURAL	56%	ORIGIN OF PATIENTS - RURAL	68%			
CORRECT DIAGNOSIS / TREATMENT CASES	38%	CORRECT DIAGNOSIS / TREATMENT CASES	32.30%			
PHYSICIAN ASSISTANTS	5	PHYSICIAN ASSISTANTS	6			
REGISTERED NURSES	10	REGISTERED NURSES	8			
CERTIFIED MIDWIVES	6	CERTIFIED MIDWIVES	5			
PIPED WATER	24 HRS / 7 DAYS	PIPED WATER	NOT AVAILABLE			

BPHS

Results from Sanniquellie Hospital

MINISTRY OF HEALTH AND SOCIAL WELFARE OF LIBERIA
 QUICK ASSESSMENT OF THE BPHS IMPLEMENTATION IN GEORGE WAY HARLEY HOSPITAL, SANNIQUELLIE, NIMBA COUNTY
 GANTA, MAY 2008

	STATISTICS FROM NOVEMBER 2007		STATISTICS FROM APRIL 2008	
I N P A R T M E N T	TOTAL # HOSPITALIZATIONS	225	TOTAL # HOSPITALIZATIONS	284
	CHILDREN UNDER 14 YRS	49	CHILDREN UNDER 14 YRS	56
	WOMAN (MEDICAL, OBS, GYN)	121	WOMAN (MEDICAL, OBS, GYN)	145
	TOTAL # SURGERIES	23	TOTAL # SURGERIES	32
	C-SECTIONS	12	C-SECTIONS	16
	TOTAL # DELIVERIES	46	TOTAL # DELIVERIES	55
	MATERNAL DEATHS	2	MATERNAL DEATHS	1
	BED OCCUPATION RATE	67%	BED OCCUPATION RATE	118%
	NUMBER OF BEDS AVAILABLE	34	NUMBER OF BEDS AVAILABLE	34
	AVERAGE LENGTH OF STAY	7 DAYS	AVERAGE LENGTH OF STAY	5 DAYS
	DOCTORS	2 MOH 1 EXPAT	DOCTORS	2 MOH 1EXPAT
	PHYSICIAN ASSISTANTS	14	PHYSICIAN ASSISTANTS	6
	REGISTERED NURSES	11	REGISTERED NURSES	5
	CERTIFIED MIDWIVES	6	CERTIFIED MIDWIVES	3
DRUGS STOCK RUPTURES	NO STOCK OUT	DRUGS STOCK RUPTURES	NO STOCK OUT	
O U T P A R T M E N T	TOTAL # CONSULTATIONS	2,711	TOTAL # CONSULTATIONS	3122
	CHILDREN UNDER 14 YRS	141	CHILDREN UNDER 14 YRS	243
	WOMAN (MEDICAL, OB/GYN)		WOMAN (MEDICAL, OB/GYN)	
	ANC 1	97	ANC 1	125
	ANC 3	229	ANC 3	178
	TOTAL ANC	326	TOTAL ANC	303
	TOTAL EPI ANTIGENS GIVEN	598	TOTAL EPI ANTIGENS GIVEN	386
	TT 1	47	TT 1	38
	TT 2	49	TT 2	35
	BCG	42	BCG	50
	DPT3	50	PENTAVALENT	70
	ORIGIN OF PATIENTS - RURAL	52%	ORIGIN OF PATIENTS - RURAL	64%
	CORRECT DIAGNOSIS / TREATMENT CASES	79%	CORRECT DIAGNOSIS / TREATMENT CASES	78%
	PHYSICIAN ASSISTANTS	4	PHYSICIAN ASSISTANTS	3
REGISTERED NURSES	11	REGISTERED NURSES	2	
CERTIFIED MIDWIVES	6	CERTIFIED MIDWIVES	3	
PIPED WATER	24 HRS / 7 DAYS	PIPED WATER	24 hrs / 7 DAYS	
ELECTRICITY	16 HRS / 7 DAYS	ELECTRICITY	16 HRS / 7 DAYS	

BPHS
IMPLEMENTATION

Results from Sanniquellie Hospital

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	DOCTORS	2 MOH 1 EXPAT	DOCTORS	2 MOH 1 EXPAT
	PHYSICIAN ASSISTANTS	14	PHYSICIAN ASSISTANTS	6
	REGISTERED NURSES	11	REGISTERED NURSES	5
	CERTIFIED MIDWIVES	6	CERTIFIED MIDWIVES	3
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	PHYSICIAN ASSISTANTS	4	PHYSICIAN ASSISTANTS	3
REGISTERED NURSES	11	REGISTERED NURSES	2	
CERTIFIED MIDWIVES	6	CERTIFIED MIDWIVES	3	
PIPED WATER	24 HRS / 7 DAYS	PIPED WATER	24 hrs / 7 DAYS	
ELECTRICITY	16 HRS / 7 DAYS	ELECTRICITY	16 HRS / 7 DAYS	

BPHS
IMPLEMENTATION

Discussion

The findings from the study demonstrate:

- 28% of all OPD consultations fall within quintile 2-3
- 15% of all IPC consultations fall with quintile 2-3
- 56% of population from the rural poor (quintile 4-5)
- Suspension of user fees influences positive health seeking behavior;
- Payments for basic health services deprive the poor of quality health services.

CONCLUSION

Public Health Services are Not only for
the poor :

All quintiles do use the public health
services.

People in quintiles 4-5 are likely to use
public health facilities more often
because of their socio-economic status
they get sick more often.