



# LIBERIA



While still coming to terms with its difficult legacy from the recent Ebola outbreak, Liberia has put into place essential recovery and strategic investment plans to ensure a smooth transition from relief and rehabilitation to health systems strengthening.



## NATIONAL HEALTH AND SOCIAL WELFARE POLICY AND PLAN, 2011-2021

4 613 823 TOTAL POPULATION, (2016)	62 YEARS LIFE EXPECTANCY AT BIRTH, (2015)	98\$ TOTAL HEALTH EXPENDITURE PER CAPITA, (2014)	50% TUBERCULOSIS TREATMENT COVERAGE, (2016)
31% OUT OF POCKET EXPENDITURE AS % OF TOTAL HEALTH EXPENDITURE, (2014)	12% GENERAL GOVERNMENT HEALTH EXPENDITURE AS % OF GENERAL GOVERNMENT EXPENDITURE, (2014)	49% EXTERNAL AID AS % OF TOTAL HEALTH EXPENDITURE, (2014)	78% ANTENATAL CARE COVERAGE, (2013)
8 HOSPITAL BEDS PER 10 000 POPULATION, (2010)	6% RURAL POPULATION WITH ACCESS TO IMPROVED SANITATION FACILITIES, (2015)	79% DTP3 IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS, (2016)	61% BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL, (2013)

SOURCE: WHO GHO & WB

## CURRENT PRIORITIES

Liberia's Ministry of Health had planned a mid-term review of the National Health Plan (2011-2021), a process that was authorized to start in October 2014. However, the Ebola virus disease (EVD) broke out in December 2013 leading to widespread infection and deaths. In 2014, WHO, WAHO, WB and the EU organized a Global High-Level Meeting in Geneva with high level delegations from the EVD-affected West African countries. The meeting focused on strengthening of the health workforce, rehabilitation and expansion of health infrastructures, procurement and supply chain management systems, enhancing community trust, engagement, and ownership; core capacities for surveillance and response; predictable and sustainable financing systems and improving access to quality service delivery mechanisms. In Liberia, this led to the elaboration of the strategic 'Investment Plan for Building a Resilient Health System in Liberia 2015 to 2021' validated in April 2015.

## LINKAGE TO UHC

The Liberia Investment Plan, complementary to the **National Health Plan (2011-2021)**, explicitly refers to the UHC dimensions and clearly highlights its main characteristics: It aims at not only restoring the gains lost due to the EVD crisis, but also at providing health security for the people of Liberia by reducing risks related to epidemics and other health threats, accelerating progress towards universal health coverage by improving access to safe, resilient and quality health services and narrowing the equity gap for the most vulnerable population groups. There is strong political commitment to ensure accelerated expansion of (primary) health care creating a favourable environment for expanding maternal, child and new-born health services, including deployment of contracted teams to transfer skills to health professionals working in remote and urban areas; accelerated midwifery training, training of Community Health Assistants on clean and safe delivery and efforts to ensure availability of FP commodities are expressions of these commitment.

# WHO SUPPORT TO DATE

- Supported MOH to assess and develop financing and integrated health management information system
- Strengthened health financing evidence for innovative financing of the national health equity fund
- Facilitated and supported MOH and partners to develop and endorse the country health COMPACT along implementation of the NHPSP 2015-2021
- Strengthened capacity in leadership and governance for implementation of the investment plan at all levels of the health system

## Remaining gap: monitoring of progress and implementation

↳ **Recommendation: empower M&E teams to monitor service delivery and data quality.**

## Remaining gap: Service readiness and quality and safety of care assessments

↳ **Recommendation : Improve service readiness & quality of care at health facility level.**

## Remaining gap: imbalances in workforce; only 65% on payroll

↳ **Recommendation : Improve staff payroll processing and enrolment systems.**

## Stories from the field: Liberia's Health Equity Fund



The Liberia Health Equity Fund (LHEF) is intended to create a sustainable health financing system that guarantees equal access to quality healthcare and ensures financial protection for all Liberian citizens. The LHEF is based on three core principles:

- Sustainability: Generating domestic revenues for health.
- Efficiency: Harmonisation of health sector financing; paying for outputs.
- Equity: Additional funding from earmarked taxes can be used to cover premiums of the poor.

*"The momentum is now there to implement the roadmap step by step," Eric D. Johnson, National Professional Officer for WHO in Liberia affirmed: "Our priority now will be to formalize the legal act before establishing an adequate structure and recruitment process for implementing the scheme."*

The LHEF's main characteristics can be summarized as follows:

- Mandatory contributions from the formal sector;
- Direct contributions from the non-poor informal sector;
- Government subsidies could be channelled into the fund;
- Donor funding could contribute to the fund; and
- Providers are paid on the basis of meeting targets (i.e., "pay for performance").



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