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***A proposal on how the
Centre for Progressive
Health Financing can help
improve the delivery of
pro-poor health services in
Liberia***

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June 2010

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List of Abbreviations

Acronym	Full Title
BPHS	Basic Package of Health Services
CPHF	Centre for Progressive Health Financing
GoL	Government of Liberia
HIPC	Heavily Indebted Poor Countries
MoH	Ministry of Health
NHP	National Health Plan
PRS	Poverty reduction Strategy
UNGA	United Nations General Assembly

1. Background

The provision of quality and accessible health services to improve the country's health status is a stated priority of the Government of Liberia (GoL). On coming to power in 2006, President Johnson Sirleaf suspended health user fees and in September 2009, at a United Nations General Assembly (UNGA) health financing event, she announced that her Government would make "the suspension of user fees permanent and provide free health care for all in all public facilities subject to continuing partnership support".

The Ministry of Health and Social Welfare (MoH) has made considerable progress in implementing its National Health Policy and Plan (2007-2011), particularly in achieving an impressive reduction in child mortality to 111 per 1000 live births. Maternal mortality rates though remain disappointingly high.

One major achievement has been the policy of providing a Basic Package of Health Services (BPHS) free of charge to the entire population. This policy has also led to a health financing system that is considerably more equitable than a number of neighbouring countries. In particular the benefit incidence of health service consumption at the clinic level is unusually equal. There is a comprehensive accreditation process in place to regularly check the quality of services provided in every government health facility and a recent review indicates the Poverty Reduction Strategy (PRS) service delivery target (and HIPC completion trigger) of 70% BPHS provision has been achieved.

However, there are signs that a few systemic problems are undermining the success of the free services policy. Specifically these are: -

- Provider and consumer surveys indicate that at times low drug availability at BPHS facilities reduces demand for services. This is not surprising as community members aware of low drug stocks are likely to bypass facilities and purchase drugs directly from the private sector. Other countries providing free health care have similarly found that demand for care is largely determined by drug availability.

- There appears to be problems with the health payroll system which means that not all legitimate health workers are accessing the payroll or are paid on time. Furthermore there are reports of ghost workers being paid from the health payroll. In addition, the international labour market for health workers has meant that many qualified health workers have left the country to take up better paid positions overseas. Low coverage of health workers is especially prevalent in remote rural areas.
- A lack of clarity about the free BPHS policy at the county and facility level. It would appear that the free services policy is being implemented differently from county to county and even between facilities. This will be leading to uncertainty in the minds of health care consumers as to whether they will be treated for free or not. Evidence from other countries shows that such uncertainty can rapidly undermine confidence in a free services policy and facilitate inappropriate charging by providers. Recent health seeking behaviour surveys suggest that this may be happening in Liberia too, but not to the same scale as neighbouring countries where the free services policy has become discredited.

2. Proposed Reforms

To improve the effectiveness of the free BPHS policy, the GoL may wish to implement a number of key systems reforms to overcome the constraints identified above. These could include:

- Procuring additional pharmaceuticals and medical supplies required for BPHS services and making additional investments to improve the drugs supply system;
- Cleaning the health payroll to remove ghost workers and ensure that all legitimate health workers are paid on time every month;
- Increasing the remuneration of health workers and in particular increase incentives for staff working in hard to reach areas;
- Implementing a mass communications campaign using all relevant media to clarify and advertise the free health care policy to the entire population;

- Introducing improved accountability mechanisms to allow the general public to report abuses of the free health care policy;
- Organising a high-profile re-launch of the policy (preferably led by the President) where firm commitments will be made regarding the availability of drugs and health workers.

3. Benefits of this Approach

Undertaking these reforms could deliver a number of health related and political benefits to the GoL and indeed the whole population. Specifically if the reforms are managed and resourced properly one would expect to realise the following benefits:

- A rapid and significant increase in the uptake of BPHS services across the country which would be particularly beneficial to the poor and vulnerable. This would improve efficiency in the health sector, improve health outcomes and lead to a more equitable distribution of health benefits towards the poor;
- Demonstrate to the Ministry of Finance and potential donors that the health sector is performing well and worthy of additional investment as it embarks on its next National Health Plan (NHP);
- Provide the population with a tangible example of the President delivering on a key policy pledge made during her first term.

4. How the Centre for Progressive Health Financing (CPHF) can Help

Whereas the newly created CPHF (www.progressivehealthfinancing.com) will not be in a position to provide large quantities of financial aid itself, it will be able to provide advice, advocacy support and technical assistance to help the GoL realise its ambitions. For example the CPHF would be able to:

- Perform a health financing diagnostic to assess the country's health financing needs, its likely resource envelope and make recommendations as to how

the GoL can close its health financing gap using different financing mechanisms. This work could provide useful inputs into the preparation of the long term health financing strategy.

- Help the MoH find additional financial resources both from domestic sources but also from international donors. Specifically the CPHF could help the MoH market its reforms to potential donors by identifying sources of funds, helping prepare proposals and providing advocacy support to promote proposals to funding agencies.
- Recommend specialist consultants (for example in the areas of pay-roll cleaning, communications and project management) with a proven track record of delivering results in this area.
- Provide intermittent support to the MoH health budgeting cycle to help maximise the efficiency and equity of public health funding including both GoL and aid funding.
- Provide specialist advice in the area of pro-poor health financing which could include a peer review function to help ensure that GoL's long-term health financing is consistent with the new NHP and will also benefit the poor and vulnerable.
- Help project manage a re-launch of the free health services initiative to include advice on key health systems reforms and also how to manage the communications and political aspects of such an initiative.

Annex 1: Terms of Reference

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