From emergency relief to development: **no cheap solution for health care in Liberia**

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MEDECINS SANS FRONTIERES

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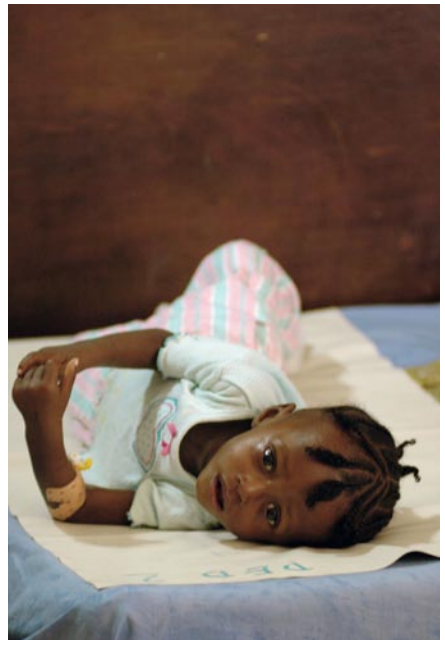

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Although the conflict in Liberia ended in 2003, the health status of the Liberian population remains a serious concern. A large proportion of Liberians currently relies on health facilities supported by NGOs and faith-based organisations. Public health facilities not supported by such organisations struggle to provide even basic health care.

Now that the reconstruction phase is beginning, humanitarian organisations are preparing to leave the country. As an emergency organisation, Médecins Sans Frontières (MSF) will reduce its activities but has decided to continue to work in Liberia at least until the end of 2008. The basis for this decision is our belief that, if we leave now, patients will not be able to find a decent and accessible alternative in Ministry of Health facilities, even at a minimal level.

Alternatives to humanitarian assistance must urgently be identified and adequate resources mobilised to address the immediate health needs of the population. Otherwise, Liberia risks facing the scenario experienced in other African postconflict settings, where health needs were inadequately addressed during the reconstruction phase.

In February 2007, the Washington Donor Conference (Liberia Partners' Forum) will reach key decisions relating to the support of the Liberian health system.
In advance of this meeting, MSF considers it of utmost importance that we raise our voice at this crucial time. The patients we see in our waiting rooms in Liberia will have to live with the consequences of the choices about to be made.

Poor health conditions remain

Aside from facilities supported by NGOs and faith-based organisations, access to health care services has barely improved for the Liberian population since the end of the conflict in 2003.

This situation is acknowledged in most national and international policy papers on Liberia produced this year[1]. Each of these documents mentions the deprivation of a health sector hard hit by years of conflict, and the poor health conditions experienced by the majority of the population. Similar figures are quoted throughout: the Liberian health indicators rank among the worst in the world, with an alarmingly high child mortality rate. Communicable diseases remain the main killers and three quarters of the population still live below the poverty line[2].

Since MSF teams face the real people behind these statistics every day, we think it is important to highlight the human cost represented by these figures.

The Belgian section of MSF works on Bushrod Island in north-western Monrovia, an overcrowded area sheltering up to 500,000 inhabitants. The vast majority live under the poverty threshold. Recent interviews with 240 patients at two MSF-supported clinics in Clara Town and New Kru Town revealed that over half had only had one meal on the day prior to the consultation. Thirty-six percent stated that they had no direct form of income, while the average income for the remaining 64 percent was rarely above 0.30 USD per person per day.

> ***"I am sick, I am not alright. I do not get 'the hand' [money] to go to other hospitals or clinics. A friend told me: "if you are sick, with no money for delivery, go to this clinic for free treatment, I delivered there last year, it is free, you can deliver there". I sell coal [charcoal] one-one [small individual quantities one at a time]. After the whole bag is sold I get 25 L$[3] profit. I keep 10 L$[4] for the school fees and use the 15 L$[5] for eating. Yesterday I ate rice with palm oil because I did not sell."***
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> **Emma, 36 years old, four children, nine months pregnant. From Lofa county, now living in central Monrovia, interviewed in Clara Town clinic, which is supported by MSF, in December 2006.**

The high population density combined with poor access to even the most basic facilities (water, latrines and health services) make Bushrod Island an ideal environment for transmission of the most common communicable diseases. MSF's two clinics in this area handle 20,000 consultations each month (including deliveries). Approximately 13,000 patients are treated every month in the two clinics, mainly for respiratory infections, malaria, watery diarrhoea and skin infections.

In such circumstances, children are particularly at risk. More than three years after the end of the conflict, Island Hospital, an MSF-run paediatric facility in Monrovia, remains extremely overcrowded. Despite the recent completion of an extension – hospital beds have increased in number from 120 to 140 – our team frequently has to cope with two children and two mothers per bed. In 2006, admissions exceeded 800 per month at times. Half of the recorded deaths occurred within 48 hours of hospitalisation, revealing the critical condition of patients arriving at the hospital.

The dire health conditions still experienced by the vast majority of the population are mentioned in major national and international analyses of present-day Liberia. Yet key questions remain: who will respond, with which means and how?

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[1] The Inter-Agency Rapid Health Assessment, Msuya C. and Sondorp E. September 2005; National Health Policy, Ministry of Health and Social Welfare, December 2006; The Liberian Interim Poverty Reduction Plan "Breaking with the Past: from Conflict to Development" - November 2006

[2] National Health Policy, Ministry of Health and Social Welfare, December 2006, page 7.

[3] Approximately 0.40 USD

[4] Approximately 0.16 USD

[5] Approximately 0.25 USD

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Transition period: key challenges

With the conflict period over, the emergency ‘substitution’ model of humanitarian intervention will phase out. In theory, public health authorities, other NGOs or agencies with a mandate to intervene in the reconstruction phase should begin to take over from emergency humanitarian organisations. But this is not the reality on the ground. Public health actors are experiencing major difficulties in taking over from humanitarian organisations.

FINDING RELIABLE ALTERNATIVES TO HUMANITARIAN ORGANISATIONS

MSF provided assistance to the Liberian population throughout the entire conflict period and the beginning of the transition period. Now, in accordance with our role as an emergency organisation, MSF has begun to hand over the projects we have long supported in the country.

However, we have also recently made the decision to continue working in Liberia at least until the end of 2008. At the heart of this unusual decision is one major concern: the lack of alternatives. At present, we do not believe that patients who currently rely on the care from MSF-supported health facilities will be able to find decent and accessible alternatives, even at a minimal level, once we leave.

Some key facts from Monrovia illustrate the current challenges. MSF currently provides 55 percent of total public hospital beds and about 80 percent of public paediatric beds in Monrovia. Public primary health care structures which lack support from NGOs or faith-based organisations struggle to provide even the most basic services.

Fifty percent of the people consulting the two MSF supported primary health clinics on Bushrod Island live outside of the catchment areas, suggesting that patients come from far away because no affordable care is available where they live.

The case of Redemption Hospital

When considering alternatives to humanitarian assistance for health services, the case of Redemption Hospital is not encouraging. Redemption is the capital’s main public hospital, located on Bushrod Island in Monrovia. After six years of full support, MSF decided to hand over this hospital to the Ministry of Health in November 2005, following a complete renovation, an expansion of the facility, and an increase in the number of beds to 150. After MSF’s official departure in November 2005, we continued to support the hospital for three months, providing water, electricity, logistics materials, medical supplies and financial “incentives” for staff. Support was then extended by an additional four months until the end of June 2006.

Since then, the situation at the hospital has deteriorated considerably. As decent salaries cannot be provided, there is a serious lack of staff at the facility. Patients are sent to purchase their drugs outside the hospital. Fees for services and drugs have been re-introduced in an attempt to counter-balance the lack of subsidies, placing a heavy burden on patients with extremely limited financial resources. As a result, the number of patients has dropped dramatically. This dilemma is illustrated in the video that accompanies this document.

> ***“When they are seriously sick I send my people to Redemption hospital. But sometimes they do not take you and since MSF is not there anymore there is no medicine. They call for an ambulance and send you to MSF.”***
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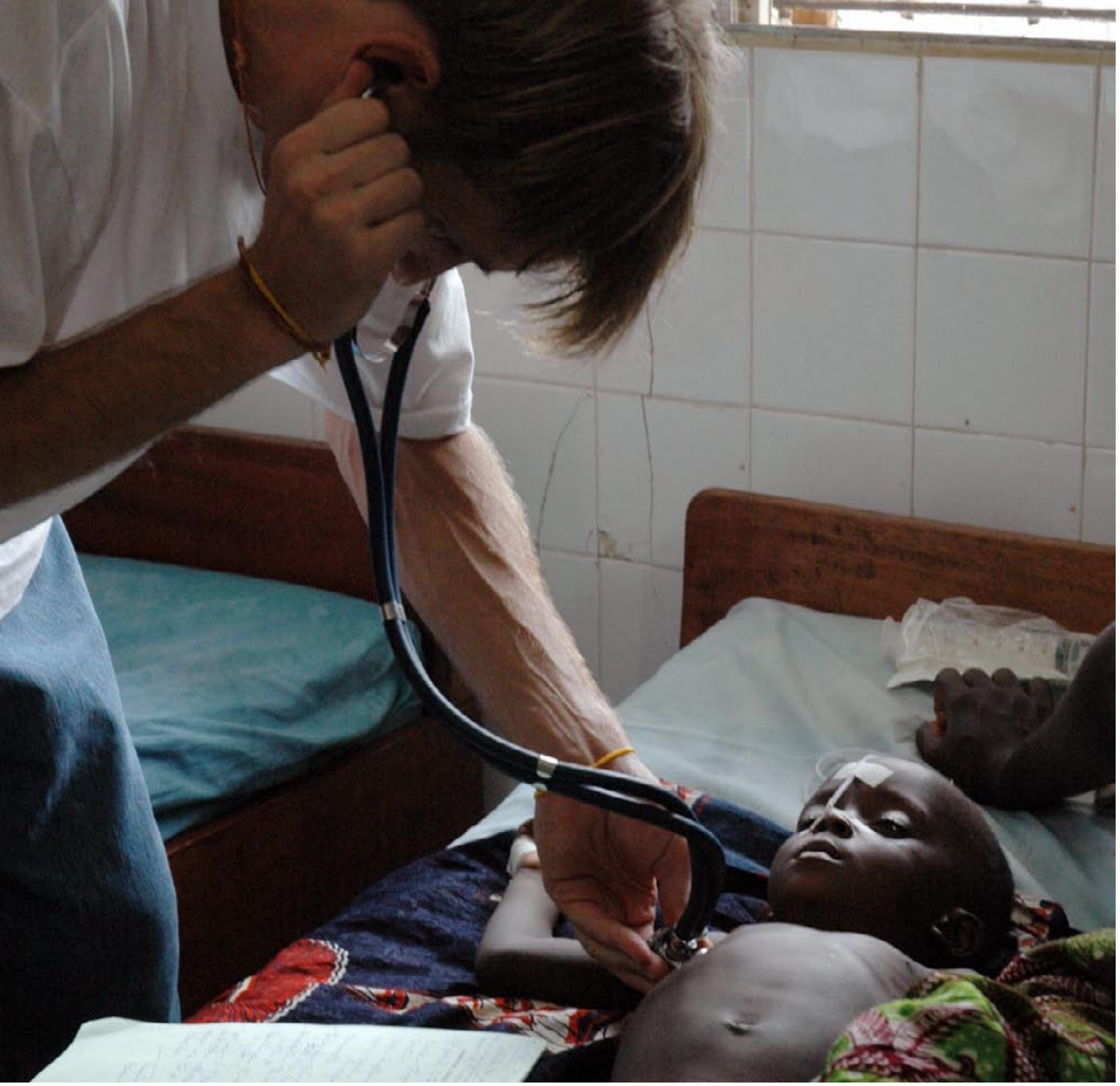
> **Voala, 27 years old, 2 children, living in Monrovia, interviewed in Island Hospital, supported by MSF, December 2006.**

The case of Redemption hospital raises the question: if no alternative to MSF can be found for the only Ministry of Health secondary healthcare structure in Monrovia, the capital, what can be expected elsewhere in the country?



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Redemption hospital is not an isolated case. Every year since 1996, MSF has responded to outbreaks of cholera in Monrovia. Despite our decision at the end of 2005 to phase out support of the Cholera Treatment Unit located on the premises of JFK hospital in Monrovia, MSF had to resume emergency activities in July 2006. There was an increase in cases at the facility, yet the unit was severely understaffed and lacked sufficient drugs and equipment to respond. There were reports of patients being sent outside the unit to buy the fluids necessary for treatment or sent back home because they lacked money.

The transition period has just started and the trend described above can still be reversed. Suitable alternatives to humanitarian organisations need to be identified and supported with the necessary resources.

AVOIDING THE SCENARIO OF «LOW ACCESS / LOW QUALITY» IN LIBERIAN MINISTRY OF HEALTH STRUCTURES

The National Health Plan produced recently by the Liberian Ministry of Health set out the objective to improve the health status of the Liberian population. It is not MSF's role to provide exhaustive comments on this national health plan. However, we would like to highlight three concerns directly linked to our medical work in Liberia.

1 This plan will remain unfeasible if there are no resources to make it happen. The Liberian government has shown commitment by increasing the allocation for health to 10 million USD[6] in its 2007 budget. MSF has neither the legitimacy nor the capacity to project the amount of funding required to guarantee the adequate functioning of Liberian health facilities. But in the end,there is no cheap solution to meet basic health care needs. Even with a budget over 50 percent higher than the Liberian Ministry of Health – 17 million USD allocated in 2005 – MSF did not meet the full range of needs nor ensured geographic coverage[7].

In this period of transition, humanitarian funding for health care in Liberia will dry up. Yet, external aid will continue to be necessary to ensure that Ministry of Health facilities have the capacity to meet the basic health needs of the Liberian people.

2 The goal of establishing a sustainable health care system in Liberia should not take precedence over immediate needs. Donor money should not exclusively be used to finance the renovation of facilities. Without additional support, these newly renovated facilities will remain empty of patients. The example of Redemption Hospital illustrates how a fully renovated health structure cannot function properly without a consistent supply of drugs, decent salaries for staff and free access to services guaranteed to the population.

3 Today, the vast majority of the population cannot pay to access basic health services. Recently, the Ministry of Health has made a positive decision by announcing that the suspension of "user fees" in public health facilities – implemented in 2003 during the conflict period – should remain in place. Considering the current level of extreme poverty and the health needs of the Liberian people, this decision appears more than coherent with efforts to improve health indicators.

MSF witnessed first-hand the disastrous effects of the introduction of user fees in Liberia in 2001-2002. Following the introduction of a national cost recovery system, MSF-supported health facilities in Monrovia saw a drop in attendance rates as high as 40 percent. As today, people could not afford to pay for health care.

[6] National Health and Social Welfare Plan, 2007-2011, page 19

[7] MSF International Movement Financial Report, December 2005. Activities led by MSF- Belgium, MSF-Holland, MSF- France and MSF- Switzerland / MSF- Spain in Montserrado, Nimba, Grand Bassa, Grand Gedeh, River-Cess, Lofa.

In 2003, after all fees were removed, we experienced an increase in consultations of up to 60 percent. The impact of the cancellation of fees was not limited to curative services but also had an impact on attendance rates for preventive services like vaccination.

In spite of the recent Ministry of Health announcement to maintain free access to health services, this is not yet a reality for the patients. Several public facilities have no other choice but to charge patients in the absence of sufficient subsidies, in order to provide decent salaries to staff, to purchase drugs and to cope with management costs. Patients continue to be held hostage to this lack of capacity.

> ***"In the government hospital they say with their mouth «no money» but still you have to pay on the side to the doctor, to the nurse. At Soniwein [MoH clinic, previously supported by MSF-Belgium] they say «no money» but I still had to pay small money, for example 25 L$[8] for a vaccine. Then I moved to New Georgia and again I had to pay small money at the clinic. My child was still sick and then a Muslim woman told me to go to Island hospital as there was no money business and good medicine."***
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> **Miata, 25 years old, one child, interviewed in Island Hospital, supported by MSF, December 2006.**

Conclusion

Experience from other African countries has shown that there is a high risk of underestimating the level of effort needed to respond adequately to health needs during the reconstruction phase. Surveys carried out by MSF in other post-conflict settings[9], show that mortality rates have remained above the emergency threshold after the end of hostilities, with public health care facilities unable to offer an adequate response.

This situation is not inevitable. It is a choice. At the international Donor Conference in Washington, the Liberian government and the Donor Community will take crucial decisions that will impact the health of the Liberian people.

[8] Approximately 0.40 USD

[9] Access to health care in post-war Sierra Leone, Médecins Sans Frontières, January 2006; Access to health care, mortality and violence in DRC, Médecins Sans Frontières, October 2005. Available on www.msf.org