Preventing Health Care Gaps in Post-Conflict Situations: Liberia

Megan Shepherd-Banigan, MPH
USAID/BASICS
May 30, 2008
Overview of Presentation

1. Post conflict transition
2. Liberia Context
3. Guiding the Transition: Methodology and Findings
   1. Transition Database
   2. Transition Assessment
   3. Facility Assessment Tool
4. Outcomes
5. Challenges
Overview of Presentation

1. Post conflict transition
2. Liberia Context
3. Guiding the Transition: Methodology and Findings
   1. Transition Database
   2. Transition Assessment
   3. Facility Assessment Tool
4. Outcomes
5. Challenges
## Relief to Development Health Sector Transition Framework

### Post Conflict Health Sector Transition

<table>
<thead>
<tr>
<th>Humanitarian Relief</th>
<th>Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Crisis/Disaster</td>
<td>• Peace</td>
</tr>
<tr>
<td>• Address urgent health needs of facility-specific catchment area</td>
<td>• Address public health needs at state/count level</td>
</tr>
<tr>
<td>• Services and systems may not be standardized</td>
<td>• Health care delivery services and systems standardized and based on national policies</td>
</tr>
<tr>
<td>• Covers most service delivery costs</td>
<td>• Expectation of community ownership</td>
</tr>
<tr>
<td>• Managed mainly international NGOs and funded by humanitarian relief donors</td>
<td>• Focus on Sustainability – system managed by national government with assistance from development donors</td>
</tr>
<tr>
<td>• Local authorities provide minimal oversight</td>
<td>• Service delivery and supervision managed by local NGOs, government, and/or private sector</td>
</tr>
</tbody>
</table>
Context: Post Conflict Transition Period

- Emerging governments with minimal resources
- Shifting health priorities and expectations
  - Populations and governments look forward to development of comprehensive, integrated public health systems that address the prevention, promotion and treatment of disease
  - Relief Donor priorities shift away from conflict-affected zone
- Decreased relief funding
- New (or lack of) health policy documents
- Lack of human capacity to implement new health system
- Lack of support systems (procurement, logistics, reporting)
- Poor infrastructure (clinics, roads, lack electricity, lack communications)
- Little comprehensive information about existing health resources (funding, infrastructure, capacity building programs)
The Post Conflict Health Sector Transition Situation

- Expectations on behalf of local governments and returning populations for integrated public health system
  - Important for establishing and maintaining confidence in emerging national governments
- Reduced relief funding → funding gap
  - Minimal coordination between relief and development donors to fill this gap
- Funding gap → NGOs withdraw
  - Acute shortage capacity, logistics, and supplies to deliver essential health services
  - Minimal expertise to guide health transition from relief to development
- NGO withdrawal → decline of basic services, reduced access to health, and deterioration of key health indicators
Overview of Presentation

1. Post conflict transition
2. Liberia Context
3. Guiding the Transition: Methodology and Findings
   1. Transition Database
   2. Transition Assessment
   3. Facility Assessment Tool
4. Outcomes
5. Challenges
Liberia Post Conflict Transition Period

  - Civil unrest
  - Damaged infrastructure
  - Population shifts (refugees and ID
Liberia Post Conflict Transition Period

• Conflict (1991-2005)
  – Civil unrest
  – Damaged infrastructure
  – Population shifts and displacement

• Post Conflict (2006)
  – National Health Plan and Policy
    • Decentralization
    • Primary Health Care
  – Basic Package of Health Services (BPHS) document
    • MCH-focused
Liberia Post Conflict Health Sector Transition Period 2006

• Health sector operated as did during war:
  – 77% of health facilities supported by relief NGOs and humanitarian assistance donors
  – Minimal standardization (services, capacity building, logistics, reporting systems)
  – Some (but limited) involvement of local authorities in overarching supervisory and monitoring functions
  – Community involvement/ownership limited
  – Little understanding of integrated county health system; “health delivery” still defined as services provision to facility catchment area

• Some positive steps forward:
  – NGOs were attempting to implement the BPHS
  – Emerging coordination between NGOs and local authorities
  – Some community-based health programs
Overview of Presentation

1. Post conflict transition
2. Liberia Context

3. Guiding the Transition: Methodology and Findings
   1. Transition Database
   2. Transition Assessment
   3. Facility Assessment Tool

4. Outcomes
5. Challenges
Guiding the Transition

- Method developed by USAID/BASICS in Liberia
  - Commissioned by the US Office for Foreign Disaster Assistance (OFDA)
- Purpose
  - Assess impact of decreased funding and access to care during transition period
  - Support data-driven funding and planning decisions to ensure resources are targeted to preserve access to care at the community level
Relief to Development Post Conflict Transition: Evidenced based methodology

1. Facility transition database (October 2006)
   - Data collected about all facilities in Liberia to evaluate potential funding gap

2. Liberia Transition Assessment (February 2007)
   - Qualitative assessment to examine issues of transition at all levels (community, county, national, NGO, and donor)

3. Facility-level assessment tool (February 2007)
   - Data collected about OFDA supported facilities (61 facilities) to evaluate public health significance
1. Facility transition database (October 2006)

**Method:**
- Compiled facility-level information including facility name, location, functionality status, supporting NGO, donor, and contract end date
- Collected information for all known health facilities in Liberia

**Findings:**
- Significant decrease of relief funding
  - Only 36% of the functional facilities had committed funding through 2008
- Lack of additional funds to support NGOs and facility operations could contribute to reduced service delivery and access to care at community level
The Potential Service Gap

The increasing red dots indicate health facilities losing NGO support and which may have to close if additional resources are not available.

"Ten Million Dollar Map"

- **NGO-assisted**
- **NGO-assistance terminated**
- **Other health facilities**

Dec. 2008
2. Liberia Transition Assessment (Feb 2007)

Methods

• Conducted central and county-level workshops to explore:
  – Impact of transition and potential funding gap on service delivery at the county and community level
  – Develop initial county-level recommendations and strategies to guide transition and minimize loss to care
  – Laid foundation for coordinated county-focused health sector planning

• Visited OFDA supported counties (5 out of 15)
2. Liberia Transition Assessment (Feb 2007)

Findings

- Potential Transition Funding Gap would have tremendous consequences at community and county levels including:
  - Service disruption
  - Reduced access
  - Decreased utilization of services
  - Rising morbidity and mortality
  - Higher out of pocket costs for health care
- Coordination among all partners was critical to achieve the transition to development
- Need to shift to county-level, as opposed to NGO-specific health planning
- Communities could play a large role in preserving access to care during funding gap
- Decreased access to care could impact population confidence in government
3. Facility-level Assessment Tool (Feb 2007)

Method:

- Collected extensive information about all 61 OFDA funded facilities to assess facility-level public health significance
  - 20% functional facilities in Liberia
- Public health significance criteria:
  - Catchment area: geography and population factors
  - Staffing patterns
  - Service delivery, utilization and demand
  - Equipment, supplies, drugs
  - Infrastructure: facility, general
  - Operating budget
  - Access
- Ranked facilities according to public health significance and ability to support transition from relief to development
  - Quality of services not focus of assessment

Outcome:

- OFDA funded facilities most critical to public health
Facility-level Assessment Tool (Feb 2007)

Significance

• Provides a rational basis upon which to make funding decisions that strive to preserve access to health services and public health
  – OFDA’s decision to focus decreasing resources on facilities that provided greatest contribution to public health

• Identified potential funding gap with sufficient time for government and donors to find solutions
  – Development donors took over all facilities that ODFA could no longer support

• Highlight system inefficiencies
  – Staffing vs patient load

• Encourages focus on county level health system
  – Examined proximity of other health facilities
Overview of Presentation

1. Post conflict transition
2. Liberia Context
3. Guiding the Transition: Methodology and Findings
   1. Transition Database
   2. Transition Assessment
   3. Facility Assessment Tool
4. Outcomes
5. Challenges
Outcomes

- No USG-funded facility lost support during transition gap
  - 20% of all functional facilities in Liberia (61)
- Level of health care access preserved for majority of Liberian population, 3.5 million people
- Basis for successful Donor Forum
  - World Bank investment ($10 Million)
  - Engaged new donors
- Return on investment 20 to 1 (at least)
- Process used in other countries and potentially elsewhere
  - Southern Sudan
Overview of Presentation

1. Post conflict transition
2. Liberia Context
3. Guiding the Transition: Methodology and Findings
   1. Transition Database
   2. Transition Assessment
   3. Facility Assessment Tool
4. Outcomes
5. Challenges
Future Challenges

• Continued withdrawal of humanitarian assistance funds through December 2008
• Maintain and expand service quality
• Sustainability