



Summary Report of the
Consultations on the State
of Universal Health Coverage
in Liberia





1. Introduction

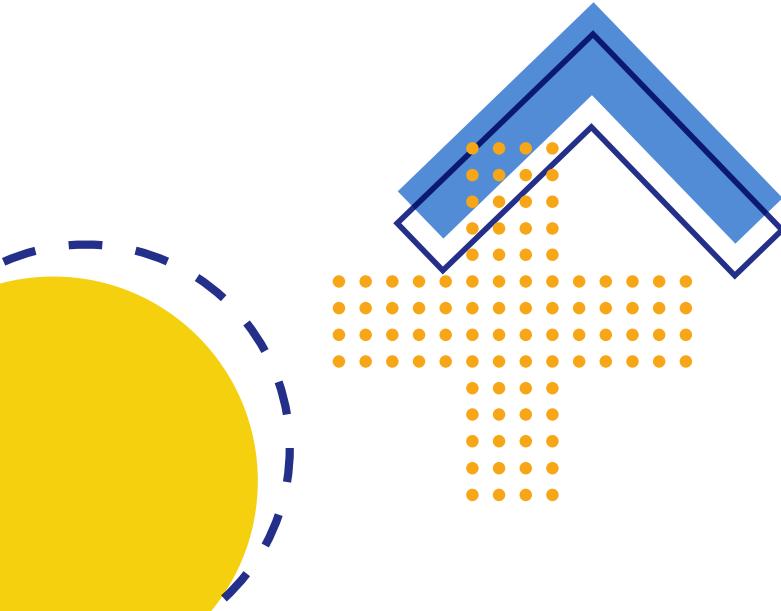
Cultivation For Users Hope (CFUH) Liberia led a consultation workshop in June 2022 to track the progress towards achieving universal health coverage in Liberia by 2030. The consultation was part of a global initiative by the Civil Society Engagement Mechanism for UHC2030 (CSEM) to collect civil society inputs for the UHC2030 State of the UHC Commitment multi-stakeholder review. The sessions in Liberia were supported by PMNCH, and United for Global Mental Health along with the CSEM Secretariat, hosted by Management Sciences for Health and WACI Health.

The focus group discussion were held in person and participants comprised of 40 participants and civil society organizations including: National Union of Organization for Disable, National commission on Disability, parliament representative, Public Health Initiative of Liberia, community members, Liberia Association of Psychosocial Services, Liberia Center for Outcomes Research in Mental Health,(LiCORMH) etc. Participants were divided up into 4 breakout rooms and randomly selected to join each breakout group.

2. Challenges to achieving UHC

The consultations identified the following challenges to achieving UHC:

- There is insufficient inclusion of vulnerable and marginalized communities in UHC planning, implementation, budgeting, monitoring and evaluation
- Vulnerable population such as people with disabilities, albinos, war affected disabled (substance use disorders, Ex-combatants carrying life changing injuries and particles), people with mental health condition, women and children, the elderly, etc. all struggle to gain access to health services
- Out of pocket spending on health is a big barrier to accessibility of health services despite the fact that the government of Liberia has free health policy for public health facilities including primary health care facilities but it is not actualized/working
- People who are most impacted by out of pocket spending include vulnerable populations such as people with mental Health conditions including substance use disorders and epilepsy, people with disabilities such as visually and speech impaired, poor people who cannot afford, etc.
- Health services that are mostly negatively impacted by out-of-pocket payment include primary health care services including mental health services
- There is inadequate staffing and availability of health workers at the primary health care level. The training of health workers and low incentives for health workers affects the quality of services available.



- In some remote parts of Liberia, people have to walk long distances to seek health care. Sometimes when pregnant women get in labor, men have to carry the person in harm's way and travel more than 5 to 6 hours and even more before reaching a health facility.
- The stigma associated with certain health services i.e. mental health, maternal health, menstrual health and hygiene etc. continues to be a barrier to accessing services
- There is a lack of education, awareness or information concerning health matters and this limits community involvement in advocacy for health
- There are limited Adolescent Sexual and Reproductive Health facilities most especially in rural communities
- There are limited Maternal and neonatal services: one stop center, abortion and post-abortion care
- Some of the health care facilities are under equipped and there is no privacy and confidentiality for pregnant women and girls. Two to three pregnant women in labor are sometimes seen in the same delivery room
- The UHC policies in place do not clearly talk about reasonable accommodation for people with special needs such as people with speech impairment, visual impairment, etc and development of policy on health workers learning the signed language
- The Unavailability of psychotropic medication and limited community services/psychosocial education continues to be a major barrier to accessing mental health care and support
- There is a lack of support to caregivers which is not currently addressed by UHC





3. Measures to achieve uhc in liberia

The consultation led to the following measures being proposed to the government to improve the health system in Liberia:

- Government should provide inclusive health care services that are accessible, affordable and available for all
- Government should introduce and implement health care insurance policy to reduce out-of-pocket spending
- Government should spend more on primary health system strengthening with focus on:
 - Health infrastructure at the primary level
 - Availabilities of adequate drug and equipments and supplies
 - Trained and competent service providers that are well paid
- PHC can be improved/evolved to be a better prepared for future pandemic and other health emergencies by doing the following:
 - Government must invest in PHC
 - Development of inclusive emergency preparedness policies and plans that involve vulnerable populations such as persons with lived experience of mental health, persons with disability etc.
 - Government and partners must implement the emergency preparedness plan

- Enforcement of human rights and patients' confidentiality within health system should be prioritized
- Make health care accessible to the citizens by constructing more primary health care facilities closer to the communities
- Increased budget allocations for the health care system
- Government should procure essential medical equipment, medicines, and medical supplies for the provision of adequate health services
- Government should pay health workers as per their qualification and work they do as well as ensure regular capacity building for health workers
- Ensure that community health workers are covered on the health payment rosters
- Encourage strong network among civil society and the government on health related issues
- Establish a monitoring and evaluating team including civil society organizations to monitor the health sector
- Enforce the national drug law intended to minimize drugs trafficking and sale
- Provide evidence-based substance abuse services including prevention, treatment, rehabilitation, and recovery management services for people with substance use problems and addiction

4. Conclusion

To be able to achieve UHC, the government of Liberia needs to increase investment in the health sector. It must also distribute resources more equitably to the most neglected populations and for the most neglected diseases. And it must work to better integrate mental health into primary health care. CSOs are pushing to make sure UHC is effectively implemented in Liberia. But if the government does not rise to meet the challenges this report outlines, it will find it difficult to achieve UHC by 2030.

