



World Health
Organization

Health Systems situation in Guinea, Liberia and Sierra Leone

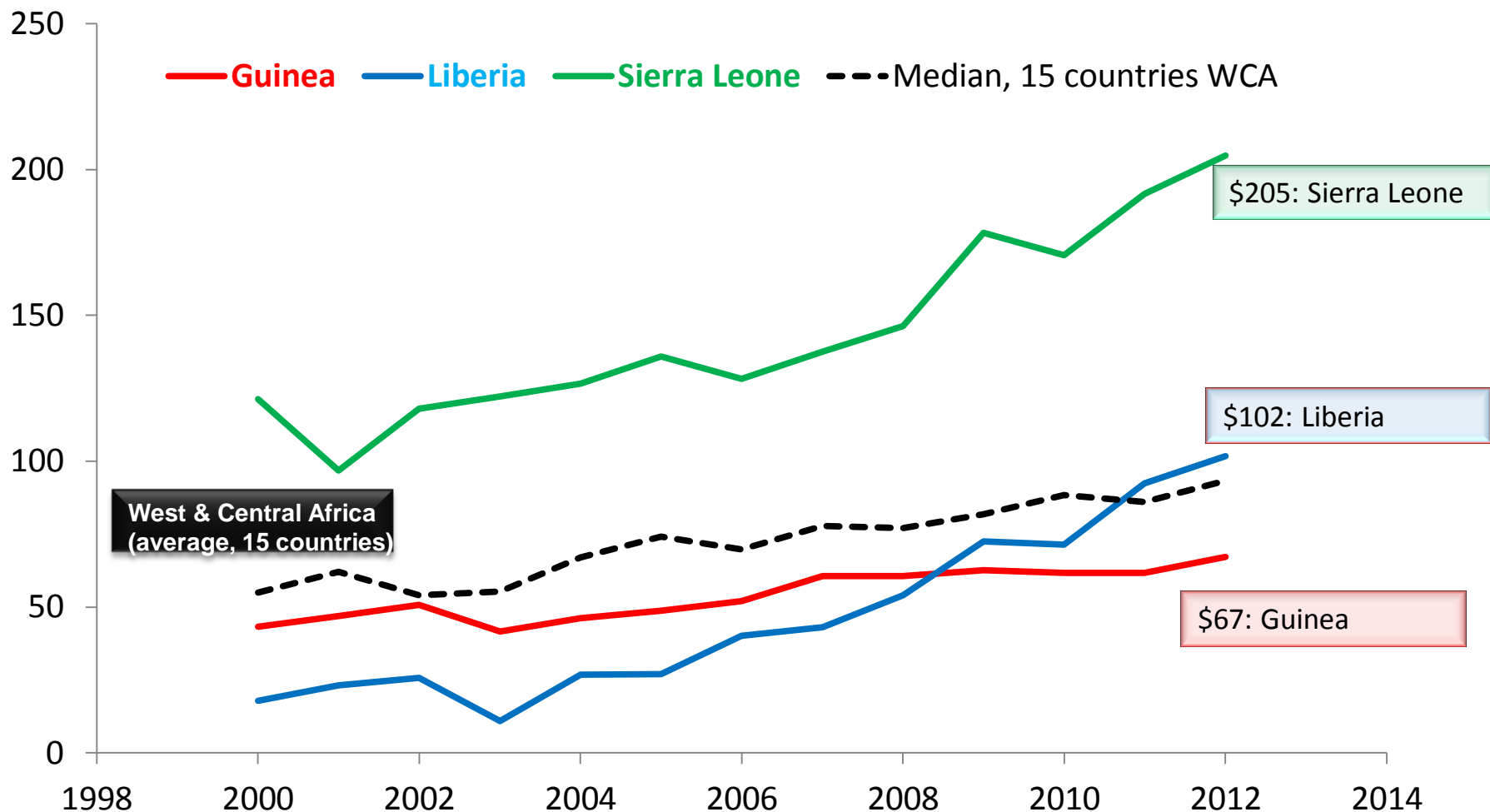
**Ebola and Health Systems meeting
Geneva, December 10-11 2014**

1. State of the health system / Pre-Ebola

- National health plans in place
- Total health expenditure rising but still low
- Major service delivery and health workforce challenges
- Health information and disease surveillance system weak

Total Health Expenditure, per capita (PPP, int. \$), 2000-2013

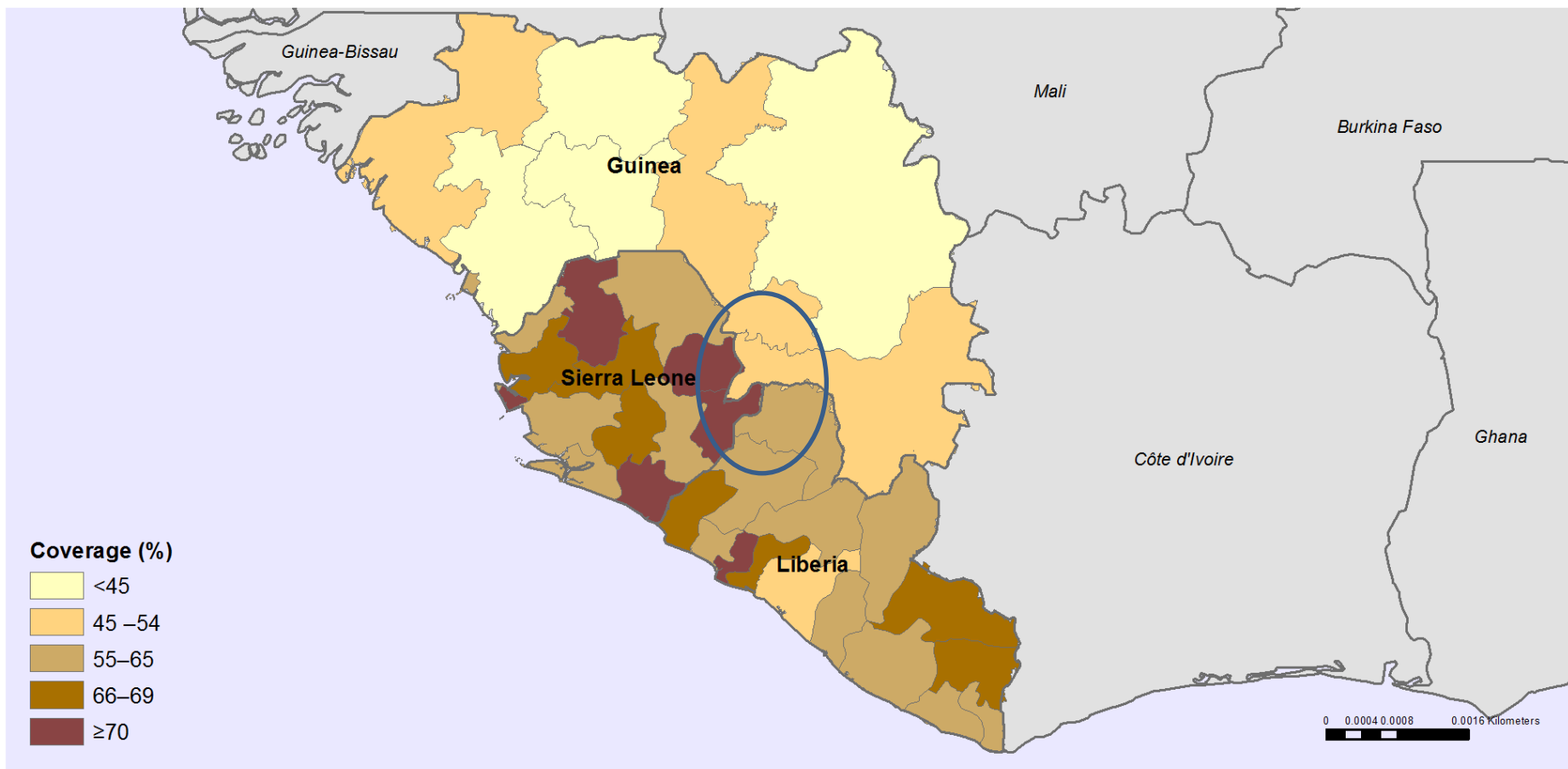
Rising, some faster than regional average



Coverage at even subnational levels improved in many areas

High levels of coverage many rural districts including where Ebola started

RMNCH coverage (%), 2012–2013



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Coverage index based on family planning, maternal and newborn care, immunization, treatment of sick children

Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization



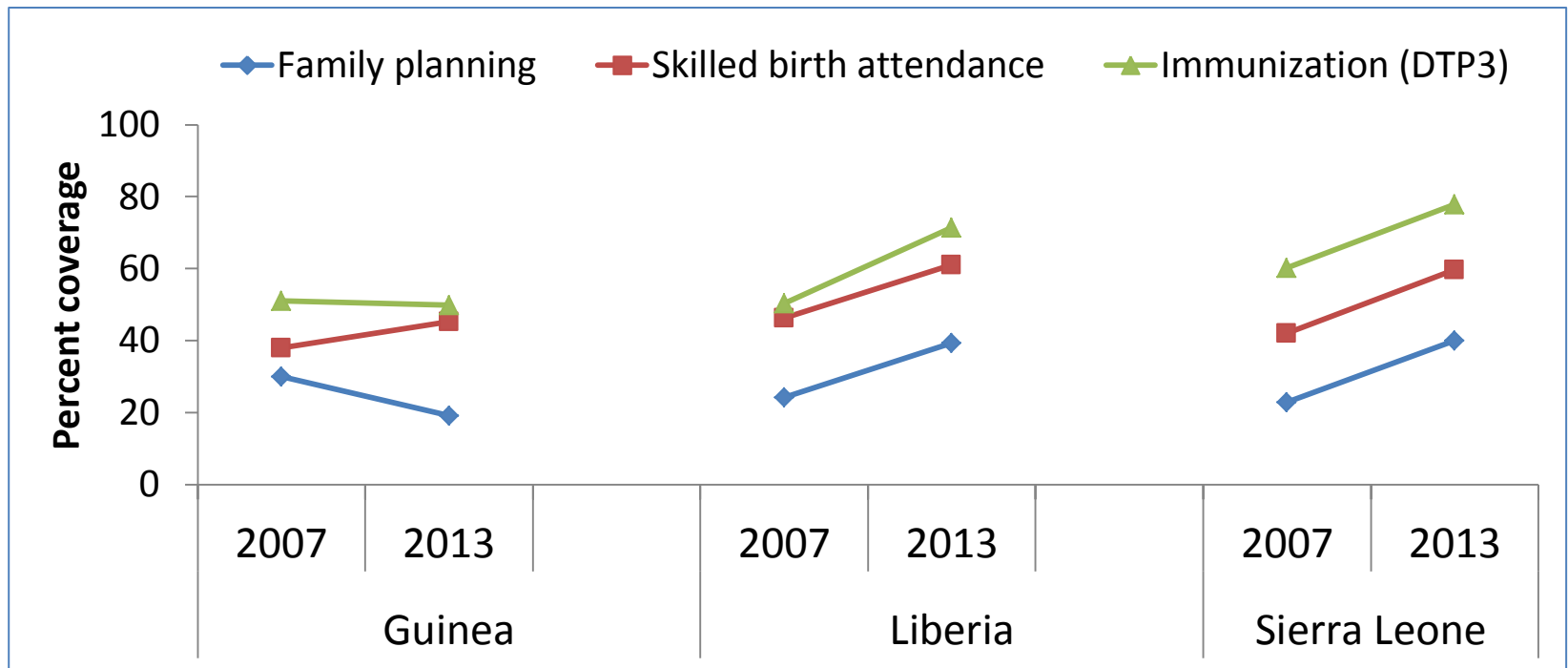
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Moreover, there was progress in specific programs areas

- Major progress on health indicators especially child mortality and coverage of interventions
- Relatively good progress compared to other countries in West & Central Africa
- But still major gaps to be addressed

Increases in intervention coverage

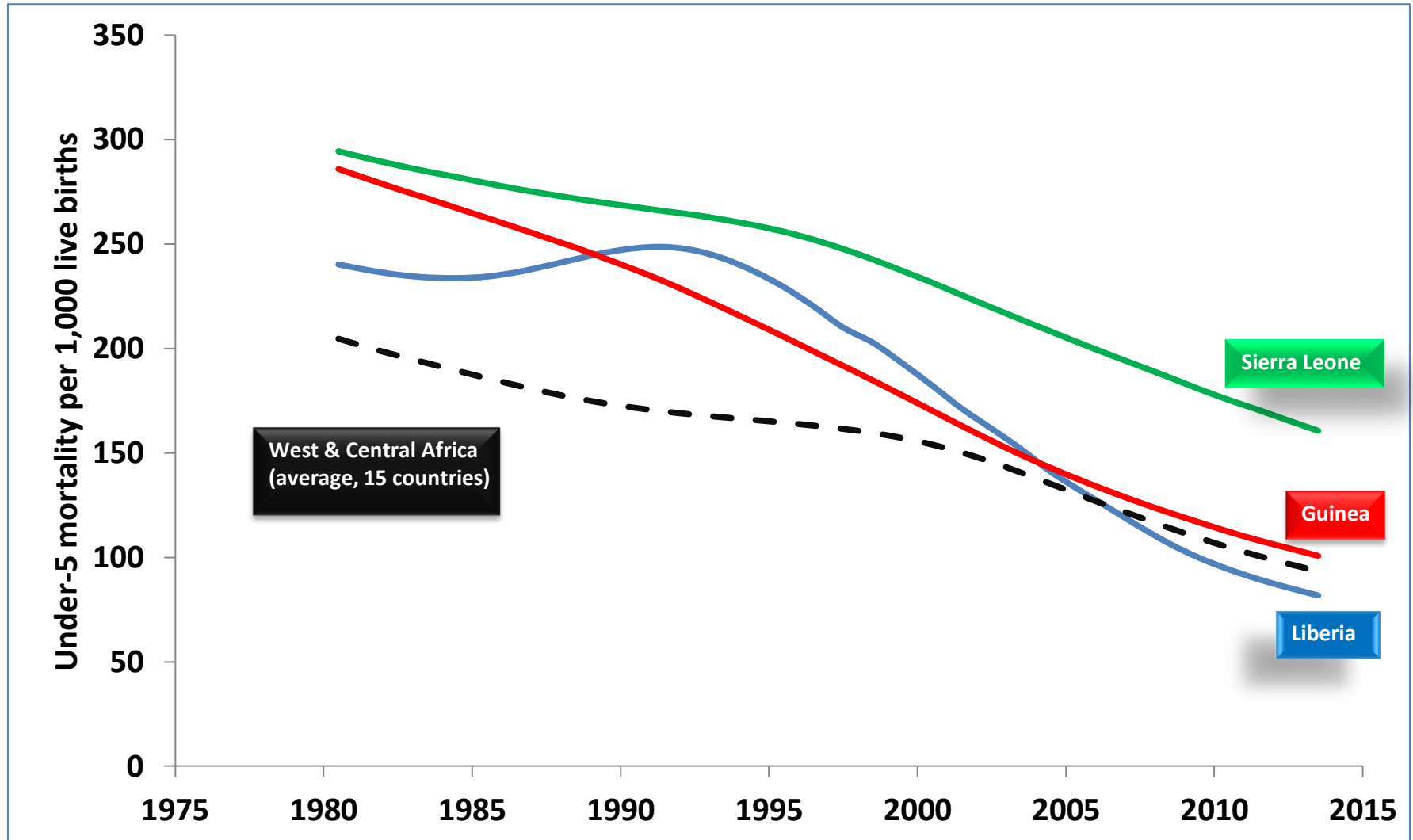
Maternal and Child Health, HIV, TB, malaria



- 42,000 people on ARV therapy in the three countries combined
- Over 50% of children sleeping under insecticide treated bednets
- TB treatment success rate high (79-90%)

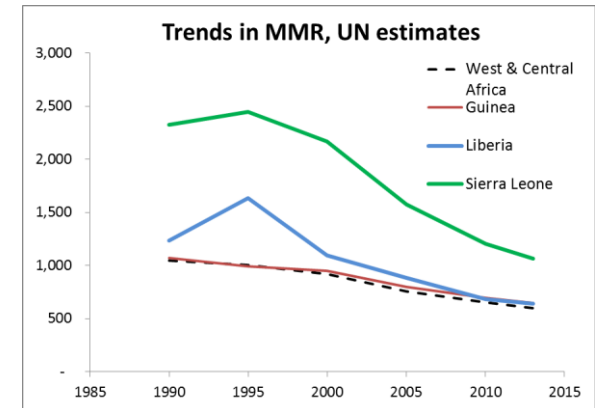
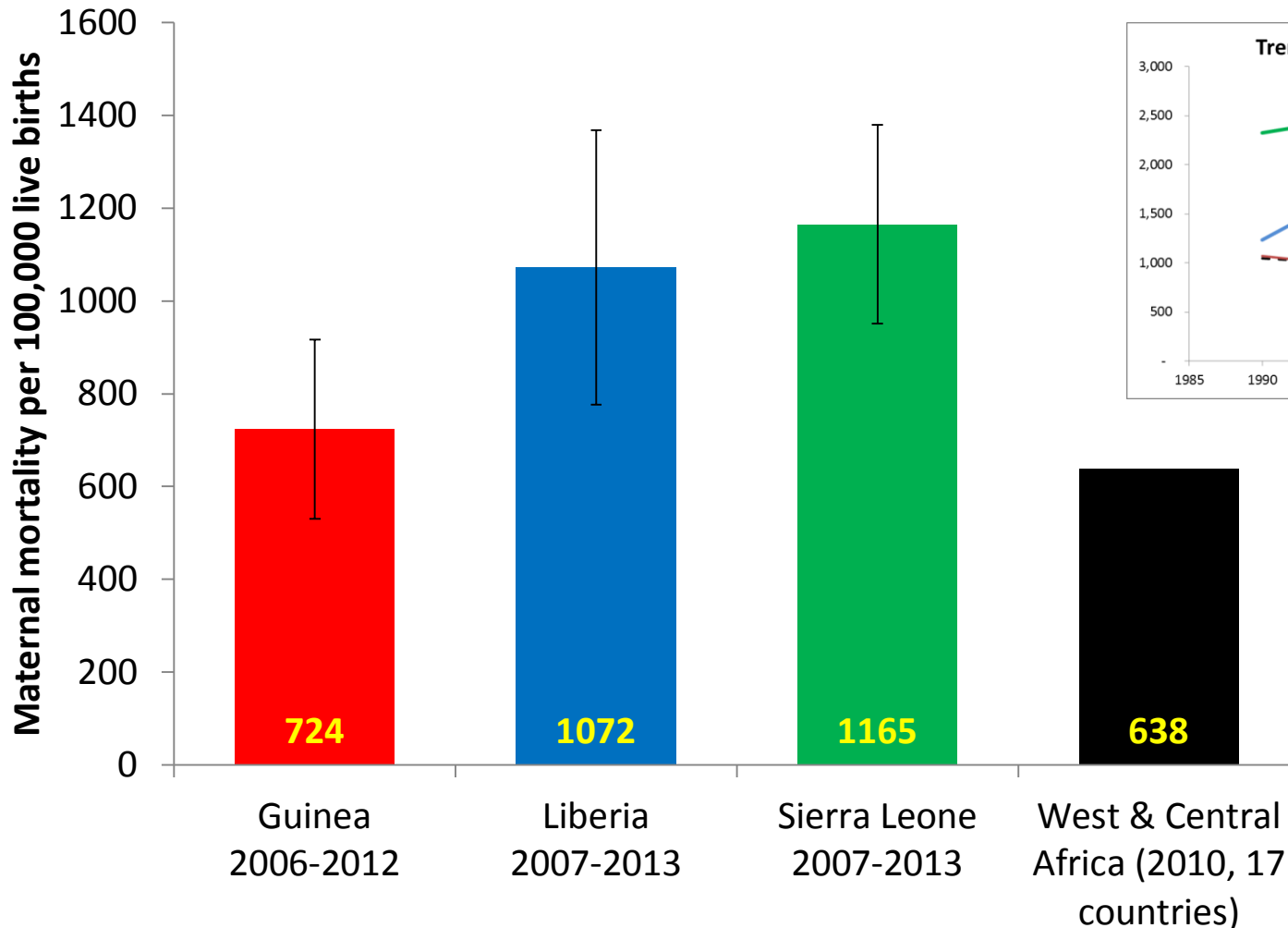
Under-five mortality

*Major declines in under-5 mortality in all 3 countries,
Liberia close to MDG target*



Maternal mortality

Declines, but remains among the highest in the world



But many health systems elements are still very weak (1)

Health infrastructure

*Too few facilities and many in
inadequate state*

- About **70%** of the population lives within 5 km of a health facility: in Liberia and Sierra Leone
- **57%** of health facilities were rated to be in poor state early 2014 in Guinea
- Poor service readiness: lack of diagnostics and essential medicines in many facilities (facility surveys in Sierra Leone 2011 and 2012)

Health workforce

Major shortages in all 3 countries

- Only 1 doctor for 30,000 people in Sierra Leone and Liberia
- Concentration of health workers in the capital cities: Freetown and Conakry both have 16% of population in capital but half of all health professionals;
- Major impact of Ebola on workforce, e.g. 10 doctors died in Sierra Leone; 339 Ebola deaths (Nov 30)

But many health systems elements are still very weak (2)

Health Information

Improving but still major gaps

- Many national surveys on health since 2005 (at least 7 in each country, DHS, MICS, malaria, NCD)
- Health facility data: Liberia and Sierra Leone introduced web-based electronic systems from the district level (monthly data now available!)
- Low coverage birth registration
- Very low coverage death notification and registration

Disease Surveillance

Weak surveillance systems

- International Health Regulations implementation status:
 - IHR core capacity assessment conducted and IHR plan of action ready
 - No country attained the minimum IHR core capacities by 2012 (none in African region)
- Integrated Disease Surveillance and Response (IDSR): State of implementation of the 2010 IDSR guidelines and training materials (as of Q1 2014):
 - Guinea: advanced, started district training
 - Liberia: only adaptation of the IDSR completed, no training
 - Sierra Leone: not started yet

Challenges for the health system now and in the near future

Controlling Ebola

High burden of disease in population

- MCH issues and infectious disease still very prominent
- Upcoming Noncommunicable diseases epidemic

Ebola is having a major impact on the utilization of services in the second half of 2014

High burden of disease

The health system need to tackle a broad range of conditions

- **Malaria** is top cause of morbidity in health facilities (30-40% of diagnoses) and associated with over **20,000** deaths each year
- **Maternal mortality** levels are high: already about **6,000** maternal deaths in 2013 (in the 3 countries combined)
- **HIV: 217,000** people living with HIV (by 2013 **43,000** people were on ARV therapy)
- **TB: 55,000** new and relapse cases in 2013, may get worse
- One-third of adults have **hypertension**

Evidence of EVD Impact during 2014

Large drops in facility attendance from July

GUINEA

(Aug 2014 compared to Aug 2013)

- 58% drop in outpatient visits
- 54% drop in hospital admissions
- 16% drop in Caesarean sections and 11% drop in institutional deliveries

LIBERIA

(Q1 2014 compared to Q1 quarter 2014)

- 50% drop in institutional deliveries
- 26% drop in child immunizations
- Major drop (two-thirds) in August for almost all services compared to May-June)
- 62% of health facilities were closed

SIERRA LEONE

(trend May to September 2014)

- 23% drop in institutional deliveries
- 39% drop in children treated for malaria
- 21% drop in children receiving penta3
- Only 4% of health facilities closed (Oct 2014 census of public health facilities)

4 In Conclusion

- Major progress on several health MDG indicators in the 3 countries
- Strong MDG-related investments and MDG-related results achieved but overall system fragmented and unable to cope with unexpected challenges
- Ebola has made an impact on health gains over and above its contribution to mortality by indirectly by affecting all services and economic activity
- Health (and economic/social) gains of the past decade are now at risk for 3 countries and entire sub-region

4 Implications

- A response should build on the prior progress & achievements and foster an integrated health systems approach
- Strengthening disease surveillance and response should be a critical part of overall health systems strengthening
- A multi-sectoral approach is needed to improve health and social infrastructure, workforce, service delivery and financing
- Future financial investment should be aligned to an integrated multi-sectoral approach, supporting national plans
- Aim for Universal Health Coverage: effective community mobilization for health and social development with services that do not result in financial hardships

the end