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

- Guinea
- Liberia
- Sierra Leone
- Median, 15 countries WCA

West & Central Africa (average, 15 countries)

OOP due to health expenses: 67% Guinea
21% Liberia; 76% Sierra Leone

http://apps.who.int/gho/data/node.main.484?lang=en
Coverage at even subnational levels improved in many areas

High levels of coverage many rural districts including where Ebola started

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

Source: UN Interagency Group on Child Mortality Estimates  www.childmortality.org
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