

THE NATIONAL HEALTH POLICY AND PLAN

Summary of Sections that Most Apply to Adolescent Girls

In 2007, the Liberian Ministry of Health and Social Welfare released the National Health Policy and National Health Plan for 2007 to 2011, although it remains in use as of 2012. The Policy explains the government's vision for health care service in Liberia, and the Plan outlines strategies for realizing this vision. This policy brief summarizes the sections of the Policy and Plan that are most relevant to adolescent girls.

OVERARCHING PRINCIPLES

The National Health Policy and Plan envision health care that is equitable, accessible, sustainable, comprehensive, high-quality, and affordable (see, for example, Policy Chapter 3.1). They are guided by the basis that health is a basic human right (Policy Chapter 3.3 and Plan Part VI.A), and they commit to expanding basic health care so that it is equally distributed among all groups throughout the country.

Underlying this effort, the Policy and Plan outline a primary health care approach, which focuses on promoting good physical and mental health, preventing illness, and providing basic curative care (see, for example, Policy Chapter 3.3.6 and Plan Part VI.F). This approach calls for addressing a range of factors that affect health, including diet, lifestyle, relationships, income, education, housing, workplace, culture, and environmental quality (Policy Chapter 3.3.6).

Under the Policy and Plan, local-level health centers and facilities are responsible for providing primary health services, while the central government is responsible for policies, planning, and setting national standards (see, for example, Policy Chapter 4.1 and Plan Part VI.E). The primary health care approach also relies on a functioning referral system so that patients who enter primary health care centers but need additional treatment can be sent to other facilities that provide more specialized care (Policy Chapter 4.2).

PROVISIONS FOR GENDER EQUITY

The Policy and Plan commit to gender equity in all aspects of health care delivery. This includes the following:

- Ensuring that all Liberians have access to health services regardless of their sex (as well as their socio-economic status, origin, and geographic location). As such, the government must pay special attention to ensure that health care services are delivered to women and children, the poor, and other vulnerable members of the community. (Policy Chapter 3.3.2 and Plan Part VI.B)

- Making health care services user-friendly for both men and women. Men and women should benefit equally from health care services, thus gender considerations must be taken into account to ensure that services are accessible to all. (Policy Chapter 3.3.2 and Plan Part VI.B)
- Achieving gender parity throughout the health workforce. All parts of the health sector workforce should be gender-balanced (Policy Chapter 4.5 and Plan Part VII.B.2). This includes appointments at the Ministry of Health and Social Welfare (Plan Part VII.B.2).
- Mainstreaming gender in the health sector. To ensure that all health sector employees understand gender issues, the national health-related human resources division should be linked with the gender desk at the Ministry of Health and Social Welfare. A gender policy should also be developed to guide all health-related human resource decisions. In addition, the Plan calls on the government to conduct a gender needs assessment survey. (Plan Part VII.B.2)

PROVISIONS FOR SOCIO-ECONOMIC EQUITY

The Policy and Plan also lay out several provisions to ensure that the poor have access to health care services, calling for concrete measures to be taken at all levels of health care provision. Many of these provisions will benefit adolescent girls living in poverty, including:

- Primary health care services will not have user fees (until the national socio-economic situation improves). (Policy Chapter 4.3 and Plan Part VII.A.1)
- Health resources should be allocated to ensure that underserved communities benefit adequately. The Policy and Plan call for actions such as building additional facilities in underserved areas (Policy Chapter 4.6 and Plan Part VII.C.2) and for prioritizing resource distribution to clinics and centers that do not yet have the capacity to provide the most basic services (Policy Chapter 4.4).
- Trained health workers should be distributed equally. The Policy and Plan seek to ensure that trained health workers are located evenly throughout the country (Policy Chapter 4.5 and Plan Part VII.B.2). They call for instituting employee incentives for working in hardship posts and potentially requiring workers to go to underserved areas for up to three years following their studies (Plan VII.B.2).
- All Liberians should have access to pharmaceuticals. The Policy and Plan envision widespread access to high-quality, safe, and affordable pharmaceuticals. This will be realized through strengthened supply chain management and

increased consumer education. (Policy Chapter 4.8 and Plan Part VII.D.3.5)

BASIC PACKAGE OF HEALTH SERVICES

The Policy and Plan lay out a Basic Package of Health Services (BPHS) to serve as the cornerstone of national health care delivery. The BPHS standardizes prevention and treatment services to be available throughout the health system to all Liberians (see, for example, Policy Chapter 4.4 and Plan Part VII.A.1).

The Ministry of Health and Social Welfare identified five priority areas for the Basic Package of Health Services (BPHS), two of which are directly relevant to adolescent girls: Maternal and Newborn Care, and Adolescent Sexual, and Reproductive Health. Another of the areas, Disease Prevention, Control, and Management, is also relevant to adolescent girls in that as it calls for reducing HIV/AIDS and other sexually transmitted infections (STIs). (Plan Part VII.A.2)

Under these areas, the government seeks primarily to: reduce maternal mortality rates through improved antenatal care and safe obstetric practices; reduce malnutrition among pregnant and lactating mothers; reduce the fertility rate; and fight HIV/AIDS (Plan Part IV.B). The following chart lists specific areas of coverage under the Basic Package of Health Services toward these goals (Plan Part VII.A.4):

Summary of the Basic Package of Health Services (BPHS) Components Relevant to Adolescent Girls :

ADOLESCENT SEXUAL, AND REPRODUCTIVE HEALTH

- Family Planning, including oral contraceptives, condoms, DMPA (Depo-Provera) injections, and intrauterine devices
- Family life education
- Substance abuse prevention

MATERNAL AND NEWBORN CARE

- Antenatal care: Diagnosis of high risk pregnancy; malaria prevention (using drugs and nets) and treatment; iron supplementation; and tetanus toxoid immunization
- Labour and delivery care: Identification of fetal malpositions; provision of normal vaginal delivery and emergency obstetric care; and prevention of mother-to-child transmission (PMTCT) of HIV/AIDS
- Post-partum care: Prevention and detection of delivery and post-partum infections; detection and treatment of anemia; and counseling on birth spacing and family planning

DISEASE PREVENTION, CONTROL, AND MANAGEMENT

- HIV/AIDS: Promotion of the “Abstinence, Be faithful, use a Condom” (ABC) approach; condom distribution; home-based care; treatment of opportunistic infections; voluntary counseling and testing (VTC); PMTCT; and blood screening and antiretroviral therapy

PUBLIC EDUCATION CAMPAIGNS

The Policy and Plan also call for a variety of public education campaigns to raise awareness of health issues among Liberians, which necessarily includes adolescent girls. The campaigns include:

- Educating Liberians about the types of behaviors that they should expect from health professionals, including which practices are allowed and which are forbidden by law. In this vein, the Policy and Plan also call for developing detailed guidelines on proper health worker conduct and for discussing ethics in health sector professional training programs. (Policy Chapters 4.13, 4.14 and 6.2.3)
- Increasing consumer knowledge of pharmaceuticals through effective health education, including proper use of drugs. (Policy Chapter 4.8 and Plan Part VII.D.3.5)

MONITORING AND EVALUATION

The Policy and Plan suggest monitoring a number of indicators to gauge success in the health sector, several of which are relevant to the health of adolescent girls. They include: the maternal mortality rate, the birth rate, the total fertility rate, the contraceptive prevalence rate, the percentage of births assisted by skilled staff, the proportion of pregnant women taking dietary supplements, the HIV/AIDS prevalence rate, the level of awareness of HIV/AIDS prevention techniques and the percentage of health facilities providing the full BPHS. (Policy Chapter 5.1 and Plan Part IX)

Additionally, the Ministry is responsible for regularly publishing a statistical yearbook to present health statistics, including those which describe equity in health care provision. (Policy Chapter 5.2)

FOR A COPY OF THE HEALTH POLICY AND RELATED RESOURCES

PLEASE VISIT:

Ministry of Health & Social Welfare
Congo Town, Monrovia, Liberia

ABOUT LET GIRLS LEAD AND AGALI

The Adolescent Girls' Advocacy and Leadership Initiative (AGALI) is a program of Let Girls Lead. AGALI improves the health, education, and lives of adolescent girls in Latin America and Africa. AGALI strengthens the capacity of leaders to advocate in favor of girl-friendly policies and programs and provides seed funding to support their work on behalf of adolescent girls.

FOR MORE INFORMATION, VISIT:

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