

**“Health Care in a Transitioning Democracy: The Case of Liberia”**  
**Silver Jubilee Lecture by H.E. President Ellen Johnson Sirleaf**  
**on the Occasion of Her Visit to the LV Prasad Eye Institute**  
**Hyderabad, India**  
**September 10, 2013**

Mr. Chairman [Gullapalli Rao];  
Mr. [Ramesh] Prasad;  
The Directors, Physicians and Staff of the Prasad Eye Institute;  
Special Guests;  
Fellow Liberians;  
Ladies and Gentlemen:

Let me thank you, most sincerely, for the invitation to visit this prestigious Institute and to take part by saying a few words about our own system in Liberia. I am honored to do so, on behalf of the Government and people of Liberia, and in my own personal capacity.

We congratulate all of you, the management of this Institute, for the tremendous humanitarian work that you do here, treating eye diseases and blindness so that all can see. In so doing, you provide competent, affordable eye care to all segments of your society, most especially economically disadvantaged groups.

You’ve accomplished so much in 25 years, serving more than 15 million people, as you pointed out, half of them for free; rehabilitating over 1 million persons with irreversible blindness or low vision; training 14,000 eye care professionals from here and abroad, and so much more. We can only wonder, and marvel, at what you’ve done, and what you can do in the next 25 to 50 years.

Because of the amazing work you do, people come here, not only from India but from countries all over the world, our own country included. For us, the lack of quality eye care means that our people, were they not able to come

here or to some other place where such service is available, probably would go blind, remain blind for all of their lives, and perhaps even face death. And so our thanks to all of you for what you continue to do.

Because it is your vision to create excellent and equitable eye care systems that reach all those in need, we have no doubt that a partnership with our own country, Liberia, can lead to more satisfactory arrangements.

I said I would be talking about "Health Care in a Transitioning Democracy: the Case of Liberia."

Like all sectors, Liberia's health, nutrition and social welfare system crumbled during the years of civil conflict: facilities were destroyed; drugs and medical supplies non-existent; skilled personnel fled the country for safer and more lucrative homes and havens, many of them never to return.

Health care in a transitioning, nascent democracy faces countless challenges, as I'm sure you know. The workforce remains depleted because many professionals do not return. New health personnel need to be trained, and retained, to fill the gap created by the shortage of medical doctors. And there is a need to correct the imbalance created by a workforce whose growth has been limited and skewed toward nurses and nursing aides. The scarcity of financial resources to meet the multiplicity of reconstruction needs limits allocation to the sector, thereby constraining training efforts and facilities development.

To address the health needs of our population, the government operates 656 health facilities, 38 hospitals, 46 health centers and 572 clinics. However, most of these facilities lack rudimentary medical equipment, drugs and supplies. Just imagine, that in a country of close to 4 million people, there is one CT scan, this one installed in a modern health facility in one of our rural counties, donated by the Government of China. Yesterday, in Delhi, we toured the Medanta Medicity, and witnessed there the level of health professional care and equipment – something that many of us can only

dream about. There is so much need in our country for those and other life-saving items. The lack of affordable and reliable electricity puts medical equipment at risk and limits access to distance instruction. All of these affect the quality of health care that is delivered.

Ailments and diseases which deplete the nation's inadequate health resources are: tuberculosis, HIV/AIDS and malaria – malaria being the most common health problem. But also eye-related diseases and blindness are very prevalent, especially in rural areas. The rate of blindness for all ages – and I'm getting this from a report; I don't have the technical ability to know this but you doctors would know – is 0.5%, while that for people 50 years and above is 3.85%, and, according to the report, an alarming statistic in such a small population.

Thousands of our children, especially the most vulnerable and disadvantaged, suffer and die because of malnutrition, their bodies too weak to fight disease and infection. Thousands more are not growing and developing to their full potential due to stunting, which affects not only the height of a child, but the full development of the brain, where the damage can be permanent.

The state of mental health is of increasing concern as several people, representing the effects of war trauma, have limited facilities that are available to serve them. Increasing numbers of individuals require mental health support, which is virtually non-existent in our country.

But we've tried. Since 2003, our health facilities have made steady recovery and progressed from emergency status to reconstruction and on the way to normal development. Key indicators of health and social welfare in the population and for system performance improved, especially during our first Poverty Reduction Strategy when 63% of sector deliverables were achieved through the National Health Policy and Plan (NHPP). The NHPP was designed to restore basic health services that had been destroyed during the

conflict, and to lay the foundations for a system that can provide accessible and affordable quality health care to all Liberians.

Three strategic objectives guide our agenda for health: increased access to quality health and social welfare services, through a comprehensive package of interventions of proven effectiveness, delivered close to communities; services more responsive to people's needs, demands and expectations by decentralizing management and decision-making; and ensuring available health care and social protection to all of Liberia's population, regardless of an individual's position in society, at a cost that is affordable.

As a result, key indicators improved steadily. One of the highest in the world in 2006, today under-5 child mortality has declined significantly, a rate greater than any other country in Africa, putting Liberia on track to achieve Millennium Development Goal No. 4. That statistic has been on the decline since 1986, currently at 114 deaths per 1,000 live births, with the target being 74. Infant mortality rate also declined to 73 per 1,000 live births, with the target being 31.

Maternal mortality rate, again one of highest in the world per 100,000 live births, has declined from 994 in 2007 to 770, and is decreasing by 5% a year, but still much, much too high. Skilled birth attendant to population ratio has increased from around 4% in 2006 to 6.7%, moving up, but still again, too far behind as compared to other countries. The prevalence of malaria has reduced from 66% in 2005 to 28% in 2012, and there has been no outbreak of infectious diseases since 2006.

The numbers of functional health facilities have increased, as has the size of the workforce, although these gains remain skewed in favor of urban populations, with rural dwellers having to travel long distances to receive health care. Thus, the proportion of the population living within 5 kilometers of a health facility, which is about one hour walking distance, has increased from 41% in 2006 to over 71% in 2012. Still, more than two-thirds of the population lives within 5 kilometers of a service.

All of the statistics I have cited tell the story of a post-conflict country transitioning from war to peace, from dictatorship to democracy. With the signing of our Comprehensive Peace Agreement, we have now started a process of reconstruction and progress in delivering health care.

With blindness and visual impairment major public health problems in our country, we can only but be excited at the prospect of a partnership through the Liberia Eye Health Initiative, which we've just launched.

We know that the implementation of this program is long-term, as it has to be, given from where we are starting, but we are very pleased with the steps that would enable us to go forward, which calls first for an assessment of the situation, and we look forward to an assessment team as soon as possible.

The development of a long-term plan that will take us to the year 2030 – 2030 is also the period of our own long-term vision – and then, more importantly, to start the process of training. To the best of our knowledge, there's hardly any ophthalmologist in the country. While there may be some that come under short-term programs of relief, but a Liberian who's there as a professional, rendering public health service for eye diseases, just does not exist. So this partnership is very much welcomed. The target, to treat up to a million people, to develop a primary care service, is something that our people would be so pleased about, and we endorse to the fullness your cooperation. We look forward to that.

We want to thank you for all that you've done for the Liberians who have been able to come here to take advantage of your excellent service. We'd like to cooperate. We see the possibility of this Liberia program as a model that can be expanded to other African countries.

You already operate in many African countries through different ways, through different dimensions. But one of the choicest things that you would have in developing this Liberia Eye Health Initiative, is you can take a

country from rock-bottom and move it up to a place where it can become an example. We would like to say that the LVPEI will then become a major partner, a major contributor to Liberia as a post-conflict success story. We welcome you to do this.

I thank you.