

# Decentralization for delivering better health services in Liberia: lesson from the Philippines

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**Abstract—** This paper argues that decentralization is a panacea to better health service delivery in Liberia provided it is being buttressed by the financial and moral backing of both the central and the local governments, the capacity of local leaders are well-built, as well as the continuous monitoring and evaluation of the process. Liberia, the first negro republic on the continent of Africa, is on the path to transition into decentralization with the high hope to reverse the lack of development, inefficiency, and ineffectiveness associated with the delivery of health services as a result of the prolonged centralized form of governance inherited from the American Colonial Society. Looking at the Philippine experience, the study found that the health sector decentralization process was perceived as an unfinished administrative devolution that eventually resulted into disintegration of health care services. The study adopted the qualitative approach (the secondary source of data collection).

**Keywords—**decentralization, centralization, health service delivery

## I. INTRODUCTION

This study aims to provide an understanding of the delivery of health services under a prolonged centralized government in Liberia and how better public services can be delivered should Liberia transition to a decentralized government. It considers public service delivery, particularly health, as a major responsibility of any government. Healthcare service is not only a universal right, but a constitutional right of the people of Liberia [1]. Operationally, health service delivery is considered in this study as the provision and promotion of basic services that help protect citizens and their environments from harmful diseases, hence contributing to their wellbeing.

Since the establishment of the political foundation of Liberia, the first negro republic in Africa founded by American Colonization Society (ACS) in 1822 up to present, public service delivery, particularly health, has been unevenly provided and heavily focused mainly on the capital city, Monrovia. It has been noted that the health system of Liberia was ruthlessly disrupted as health workers escaped to neighboring countries for refuge, medical supplies became unavailable, and health facilities were destroyed [2]. Additionally, the general health status of the Liberian population has fallen below the standards of many other developing countries [3]. This situation was the result of the prolonged civil madness and that of a corrupt center pull system in Liberia.

This paper presents the problem, purpose, questions, and significant of the study as well as the scope and limitation as the preliminary arrangement. The review of related literature is composed of the description of the state of health service delivery, the emergence of the concept of decentralization in Liberia, the nature of decentralization, the typology and benefits of decentralization, and the provision of lesson from the Philippine experience of decentralization. Finally, the summary of key findings and conclusion are also provided in this study.

## II. STATEMENT OF THE PROBLEM

Public service (health) delivery in Liberia is problematic, and has been associated with the prolonged centralized form of governance inherited from their American Colonization Society (ACS). As a result, decentralization has been alternatively look into.

The problem is that while the literature has provided information on the impact of decentralization on public service delivery (health) in other countries like Uganda, Cote d'Ivoire, Ghana, Philippines etc., little or no research has been done on the impacts that decentralization will have on health service delivery should Liberia be decentralized. Therefore, this study aims to fill this gap. Filling this gap will not only help in contributing to the body of literature, but will help policy makers of Liberia as they debate for or against decentralization.

## III. PURPOSE STATEMENT

Generally, the study envisions to provide an understanding of the delivery of health services under the central pull system in Liberia and how better will public services be under a decentralized system with the hope of proposing options and new model of future delivery of health services.

More specifically, this study aims to:

1. Provide an understanding of the condition of the delivery of public services (health care services) before the civil war.
2. Provide an understanding of the condition of the health care system and the delivery of health care services during and after the civil war.
3. Provide the motivating factors that drive the formulation of the decentralization policy of Liberia.

4. Provide the goal of the National Health and Social Welfare Policy and Plan for 2011 as it relates to the decentralization of health service delivery in Liberia.
5. Provide the nature of decentralization Liberia hopes to achieve.
6. Provide the potential benefits that Liberia hopes to achieve as a result of transitioning into decentralization.
7. Present a lesson that Liberia can learned from the Philippines decentralization.

#### IV. RESEARCH QUESTIONS

This study seeks to provide detailed and comprehensive answers to the listed questions below:

1. What is the state of public service (health) delivery in Liberia under a central pull system?
2. What motivated the formulation of the decentralization policy in Liberia?
3. What was the goal of the National Health and Social Welfare Policy and Plan for 2011 as it relates to the decentralization of health service delivery in Liberia?
4. What is the nature of decentralization which Liberia hopes to achieve?
5. What are the potential benefits Liberia hopes to achieve as a result of transitioning into decentralization?
6. What lesson/s can Liberia learn from the Philippine case of decentralization?

#### V. SIGNIFICANCE OF THE STUDY

This study has the primary responsibility to contribute to the theory of the delivery of public (health) services. The outcome of the study will serve as a knowledge base for a comprehensive look into the health service delivery in Liberia. Precautionary measures will also be taken during the formulation and implementation of future health policy and national health plan. By extension, the findings will serve as a reference source for further research into the field of health service delivery.

#### VI. SCOPE AND LIMITATION

This paper presents the accomplishment of three basic tasks. First, it presents the historical overview of the delivery of health services in Liberia under a prolonged centralized form of government. The second accomplishment has to do with the review of related literature on decentralization with emphasis on the emergence and nature of decentralization that Liberia hopes to achieve and the potential benefits associated with decentralization. The third and final accomplishment of this paper is the micro picture presented by looking into the decentralization experiences of the Philippines, which provides a lesson for Liberia.

This paper inherited few challenges that have posed limitation to this study. For instance, limited access to published scholarly local materials that speak of the practical

reality of the country. This is because of the lack of scholarly journal in most of the universities that challenge lecturers to submit publishable articles. Another challenge is that Liberia has not experienced full decentralization, therefore the associated potential benefits mentioned herein are experiences of other decentralized countries, specifically the Philippines.

#### VII. RESEARCH METHOD, DESIGN, AND APPROACH

This study employed qualitative research approach. Qualitative research is “a type of research that focuses on how people interpret their experiences, how they construct their experiences, how they construct their worlds, and what meaning they attribute to their experience” [4]. The focus of this study is on the experiences of individuals and institutions which have played a significant role in the delivery of health services under the ongoing centralized system in Liberia and the decentralized system in other countries, particularly the Philippines.

This study adopted the critical research design which aims at challenging the status quo in order to change and empower a system for better results [5]. “[C]ritical research is designed not just to study and understand society but rather to critique and change society” [6]. In this regard, this study is not only based on understanding the delivery of health services under a centralized system, but also explains the challenges related to such a system and how better health services can be delivered under a decentralized system.

The underlying philosophical approach adopted in this study is the post-positive approach. It has been mentioned that “the knowledge that develops through a post-positivist lens is based on careful observation and measurement of the objective reality that exists ‘out there’ in the world” [7]. With that noted, this study specifically examines the data within a specific context and historical periods of the delivery of health services under the centralized system of Liberia particularly the period before and after the civil war.

This study employed documents analysis technique. Document analysis is a systematic procedure for reviewing or evaluating documents—both printed and electronic (computer-based and Internet-transmitted) material. Like other analytical methods in qualitative research, “document analysis requires that data be examined and interpreted in order to elicit meaning, gain understanding, and develop empirical knowledge” [8]. With this technique, the researcher was able to use secondary sources (journal articles, books and policy documents) to generate relevant information for this study.

#### VIII. LITERATURE REVIEW

The literature review looks at previous research, and policy documents that provide light on this study. The key goal of the literature review is to create a framework for understanding how public services such as health have been delivered in Liberia under a prolonged centralized regime and how the idea of transitioning into decentralization can better improve the delivery of health care services.

#### A. *Historical Review of the Delivery of Public Services before the Civil War*

Since the establishment of the political foundation of Liberia, the first Negro republic in Africa founded by the American Colonization Society (ACS) in 1822, beginning from the colonial periods, through the independent period and up to present, public service delivery particularly health, has been punctuated with lot of injustices and heavily focus mainly on the capital city, Monrovia [9]. The situation changed terribly during the fourteen years of civil war. In an effort to describe the situation of service delivery in Liberia, it has been noted that:

Since independence, governance and development activities have been concentrated in the capital and in the hands of a very few people with the president at the center of this imperial authority. This has led to the marginalization, disenfranchisement and deprivation of the vast majority of the people in the country, particularly the counties [10].

Surly, the settler community with approximately fifteen (15%) percent of the population of Liberia, was the direct beneficiary of public service delivery. Power was rotating between and around this community, leaving the native community who occupy the vast majority of the rural areas completely excluded from the social, political, and economic activities of the country. The indigenous or the native community which approximately accounts for the rest of the population (85%) were willfully denied of all aspects of their rights despite the guarantee by the nation's constitution of 1847 [11].

Despite the commitment of the indigenous community to satisfy all of the requirements owed to them by the constitution, they were still marginalized. It is believed that this marginalization resulted into dissatisfaction. This eventually provoked a coup on April 12, 1980 led by Master Sergeant Samuel K. Doe who became the first president from the native community in the history of the country. Listening to a newscaster Kraaij, explains:

God is tired. After 133 years the enlisted men of the Liberian army led by Master Sergeant Samuel Doe have toppled the Government because of rampant corruption and the continuous failure of the Liberian Government to effectively handle the affairs of the Liberian people. No plane is allowed to come in. No plane is allowed to go out [12].

The take-over of the presidency by Samuel Doe did not solve the problems of the vast majority of the marginalized. Social services, particularly health, was not effectively and efficiently delivered to the vast majority of the indigenous community. His government was characterized by centralization, (inherited form of governance from the colonial master). Dictatorship, corruption spoil, patronage, and human rights violations were some of the legacy of his government. This includes the execution of the thirteen men who were members of the government of President William

R. Tolbert [12]. The executed men were specifically from the settler background.

President Doe could not enjoy his presidency because of the pain he inflicted on the settler community, other human rights violations coupled with his inability to properly handle the affairs of the state, and to liberate the marginalized. This resulted in to two civil wars. The first civil war lasted from 1989 to 1997. The son of an Americo-Liberian judge, Charles Taylor born in the colonial town of Arthington, led the first civil war against President Doe. He succeeded in becoming president of Liberia in 1997. But the same violation of human rights, corruption, and lack of social service delivery, coupled with his involvement in Sierra Leone's war, would not allow him to enjoy his presidency like Doe.

The second civil war lasted from 1999 to 2003. The second war was led by a group of armed Liberians, mainly Mandingo and Krahn rebels, former members of ULIMO-K and ULIMO-J. These groups later joined and formed a group called Liberians United for Reconciliation and Democracy (LURD) led by Sekou Conneh [12]. The end of this second civil war created room for the 2005 presidential election which finally took Ellen Johnson Sirleaf to the Presidency.

It is very much clear that the delivery of public services, (health inclusive) was blurred especially for the majority of the people in the rural parts of Liberia before and even after the war.

#### B. *The State of Health Services after the Civil War*

Prior to the fourteen years of civil war, the health care delivery system was relatively blurred, and not free of challenges. The situation changed terribly during and after the war in 2003. Evidentially, several studies have shown that the 14 years of civil war affected Liberia with women who underwent horrific violence, physical or sexual abuse, traumatized young people, devastated infrastructure, destroyed roads and bridges as well as cut water and power supplies. The health system was not excluded. Hospitals and clinics were ransacked, by the end of the war, only 354 health facilities remained operational, out of a prewar total of 550. The vise majority of them were operated by NGOs. Nine out of ten doctors had fled the country, and the medical training system had collapsed. Just 168 physicians remain, mostly in Monrovia [2][13][14][15].

The war also caused mass migration out of the rural areas in to Monrovia, which has become a home for more than one third of the population. With the lack of peace, encouraging people to get back to the countryside will depend on the delivery of services and which will also help with the reduction of pressure on the overcrowded capital. With the commitment of the government to effectively and efficiently deliver public services to her people, the decentralization approach was therefore developed. The underlying philosophy of the development of the decentralization policy was to reverse Liberia's history of poor governance, which is based on highly centralized rule by the wealthy elites. The disparity between the urban and rural communities clearly justify the policy in the health sector [13].

Research showed that 41 percent of Liberian household lives more than an hour's walk from the nearest health

facility [16] while the figure was 66 percent, compared with 15 percent for those in urban settlement [13].

The challenges that Ministry of Health (MOH) was and is still faced with in delivering effective and efficient quality health services across the 15 political sub division of Liberia have been summarized and presented here as:

The task of positioning health resources in the right areas is enormous. The MoHSW finds it difficult to recruit enough suitable qualified health professionals who are willing to work in hard-to-reach rural countries, where conditions and basic infrastructure is poor, and public services are often nonexistent. Retention is a big problem as well, and health officials have to offer higher salaries and travel benefits to persuade medical staff to work in the remote southeast of the country. For the time being, a large share of the responsibility for local health care rest with the community health workers, who are unpaid and essentially untrained volunteers [13].

With these challenges that the health system is face with, no one will have confident in receiving a better health care service delivery. It has been cited that:

The strong association of poverty and lower levels of education with reduced confidence is also a cause for concern. Despite the Liberian government's efforts to expand access to the poor, poor Liberians still feel less confident in their ability to obtain needed health care services than wealthier Liberians [17].

With the current poverty rate of 54%, Liberians cannot be so certain and confident of receiving better health service delivery especially in the rural parts of Liberia.

To build the confidence of the Liberians, there is a need to reduce poverty. For the purposes of this paper, poverty is considered as lack of basic social services such as health, education, and sanitation, etc. This can be done by considering the principal asset of the poor (human capital, increased labor productivity). These assets can be realized by increasing the poor's access to basic public services such as health, education, water, sanitation and transportation [18]. With this in place, the livelihood of the poor will be improved. This includes income, social institutions such as family and relatives, gender relations, and property rights [19]. Additionally, many studies show that livelihood also encompasses access to, and benefits that people get from, social and public services provided by the state such as education, health services, road and water supplies [20][21].

A study showed that in Liberia, the absence of education among mothers, poor feeding practices, unsafe water, unhygienic environments, repeated childhood illnesses coupled with high levels of poverty and chronic food insecurity resulted into chronic malnutrition [22]. Additionally, Vitamin-A deficiency affects 13 percent of children aged 6–35 months, 38 percent of pregnant women, and 59 percent of children aged 6–35 months are anemic.

### C. *Ebola Outbreak*

While the government receives aid to help strengthen the health sector to improve its service delivery, poor delivery of health services still exists. For instance, the outbreak of Ebola exposed the feebleness of the Liberia's health service delivery. The shortage of medical equipment cause doctors and nurses not to use gloves and protective gear at the outset of Ebola outbreak [22].

A study also showed that prior to the outbreak of Ebola, Liberia's MOHSW developed a National Health and Social Welfare Policy and Plan for 2011–2021 [14]. The plan's main goal was to improve access to healthcare, make healthcare more responsive to people's needs, and make affordable healthcare available to all Liberians. The plan aimed to shift functions, authority, and resources for healthcare to the local level; restructure the MOHSW; establish a framework to support the decentralization process; and strengthen local government structures. Additionally, agenda for transformation, a five-year development frame work (2012–2017), emphasized that the government will build and operate responsive democratic institutions at the national and local levels and strengthen good governance and peacebuilding. These policy frameworks were expected to mutually reinforce each other in helping government institutions to prepare for, mitigate, and respond to emergencies. But these relatively good health regulations were inadequately enforced at the time of the outbreak. Liberia was and is still struggling to implement the 2005 international health regulations, compared to other countries in the sub region. A health survey conducted in 2010 established that surveillance and early-warning systems were exceptionally weak, with inadequate capacity to detect and respond properly to events such as the Ebola outbreak [22].

The Liberian health sector faces a lack of resources such as financial, physical, and human, as well as poor oversight and insufficient implementation which seriously affects public health service delivery. The rural communities are not able to access effective and efficient delivery of health services due to the lack of national health infrastructure [14]. Nevertheless, the government is committed to the system and is collaborating with partners to monitor the investment plan of the health system.

The government of Liberia, in collaboration with partners, organized a joint health sector review mechanism to be conducted annually. The objective is to conduct a systemic assessment of the overall progress made on the implementation of the investment recovery phases which also help monitor performance and identify challenges and explore best practices.

With the completion of the 205/16 FY operational plan, the 2016 joint annual review exercise appraised the overall implementation of the phase one of the investment plan. Taken into consideration the scope of work, the joint review monitoring was focused on three strategic objectives: improve access to health services, improve quality of health services, and improve health infrastructure. All are anchored on the implementation of maternal and child health initiatives and targets [23]. The report shows that there is strong political commitment from the government of Liberia.

The accelerated expansion of primary health care creating favorable environment for expanding maternal, child, and newborn health services, including deployment of contracted teams to transfer skills to health professionals working in remote and urban areas; accelerated midwifery training, training of community health assistant on clean and safe delivery, and efforts to ensure availability of FP commodities are evidences of the expressions of this political commitment. The one-year performance of the 2015/16 FY showed that there is variation in meeting the annual targets across counties [23].

#### *D. The Emergence of the Concept of Decentralization in Liberia*

The emergence of the concept of decentralization owed to the believe that centralization, a form of governance experienced by Liberia from 1847 up to present is one of the contributing factors to the underdevelopment and increase in poverty. The rural communities are not accessing effective and efficient delivery of public services due to the lack of infrastructure [13]. There is a high hope to reverse the lack of development, inefficiency and ineffectiveness and increase in poverty that are associated with the prolonged centralized form of governance as Liberia prepare to transition to decentralization. The change from centralization to decentralization will surely affect the political sphere of Liberia.

#### *E. Decentralization as Element of the Pillar of Poverty Reduction Strategy (PRS)*

Decentralization was included in the 2008 Liberia poverty reduction strategy paper as one of the components of the governance and rule of law pillar. The poverty reduction strategy's document states:

Decentralization of power, decision-making and government authority will improve governance over time, increase transparency of government processes, enhance accountability and ultimately result in better delivery of services and the fulfillment of the Government's responsibilities to serve the Liberian people, promote democracy and reduce poverty [15].

There were several important principles that guided the development and implementation of the national decentralization policy. For instance, to sustain through future changes in the country's leadership, the people of Liberia must own the process and aftermaths. The experiences of other post-conflict countries should also be used as a guide and prudently move towards greater subnational autonomy. The guidance of both the central government and legislature is required all through the process to maintain commitment to the transformation of the governance culture and shift in the locus of power, and to keep on being flexible and responsive to changing circumstances in Liberia [15].

During the PRS period, the government was charged with so many responsibilities:

1. To ensure a successful decentralization and accountability that will result in to improve

governance, the focus should be on establishing and investing in the fundamental building blocks with a series of carefully sequential activities and benchmarking.

2. Experiment at the early stage, several approaches to make sure that the most effective mechanisms and methods to increase capacity and decrease poverty are adopted.
3. At the regional level, the government should be focused on management and administrative capacity development, including financial management and planning skills.
4. At the county level, the government should focus on community-driven development, economic enablement, and strengthening participatory processes.
5. To push forward with those aspects of decentralization that enable the Liberian people to contribute to poverty reduction and increase citizen participation in government [15].

Additional steps that were suggested to be taken by the government to support decentralization during the PRS are:

1. The capacity of the National Election Commission be strengthened to handle sub-national elections.
2. The government clarify administrative borders within Liberia and the jurisdictions of sub-national administrative areas.
3. The government establish a national biometric identification card system to register all Liberian citizens for improved voter registration systems.
4. The government should strengthen urban charters to more clearly define responsibilities of the national, county, and city governments, including their respective authority for generation and expenditure of revenue.
5. Create an economic and social atmosphere to make available new and better opportunities for citizens and a system that enables them to regulate their futures [15].

Taken into consideration the difficulties involved in the implementation of the PRS document, the government knew that it was going to take time to put in place the constitutional amendments, laws and regulations, and to build the capacity needed to advance to full decentralization.

#### *F. The Nature of Decentralization*

The form of decentralization that Liberia hopes to implement is a unitary state system where local governments shall be granted autonomous status. In accordance with the National Policy on Decentralization and Local Governance "Liberia shall remain a unitary state with a system of local government and administration which shall be decentralized with the county as the principal focus of the devolution of power and authority" [24]. For the protection of national sovereignty, the policy also provides that the national government shall be in charge of the following: administration of justice, auditing, elections, foreign affairs

and international trade, immigration, industrial licensing and agreements, intellectual property, money, banking and insurance, national defense and security, national emergencies and natural calamities, national health, education, and water policy, police and law enforcement, and posts and telecommunications [24].

This decentralization only affects two branches of the Liberian government: the legislative branch which is considered as (the County Legislative Assembly). This CLA, shall consist of elected citizens from the districts within the county. This body, on the quarterly bases, shall meet (Sec. 3.2.1) to make local ordinances, plan development, and pass a budget for the year. (Sec. 3.1.1) The executive, the county government shall be headed by a superintendent elected by the people and the county [24].

#### *G. The Definition of Health Care Decentralization*

Health care decentralization can easily be defined when the decision making authority and responsibility of management, production, dissemination and/or financing of health services is formally transferred from the central to a larger number of geographically or organizationally separate actors. There are several elements encompassing this definition: The transfer of formal responsibility and power to make decisions entails the shifting of formal answerability and decision-making structures from a smaller to a larger number of actors either within the same organizational structure or at different organizational levels. The transfer can either be devolution, deconcentration, and bureaucratization, delegation/autonomization within the public sector, or privatization. Transfer may be at a horizontal level or based on functional principles – this does not necessarily mean transferring authority to a larger number of actors. Consider the terms “responsibility” and “power”. The word “responsibility” has links with making formal decision which someone can be held accountable by representatives of citizens within the public sector (elected politicians or appointed bureaucrats) and/or health care consumers, management boards, shareholders, etc. within private sector organizations. The consideration of the terminology Meanwhile, “health services” has to do with the degree of involvement of the public within a particular health system context. [25] [26] [27] [28] [29] [30] [31] [32].

Decentralization is considered “the opposite of centralization or concentration of power and involves delegation of power or authority from the central government to periphery” [33].

It is also seen as “offering greater political participation to ordinary citizens whose ‘voice’ is more likely to increase with concomitant relevance and effectiveness of government’s policies and programmes, especially in poverty reduction” [34] [35].

To sum up, according to a report from the United Nations Global Forum on innovative policies and practices in local governance, what decentralization does to government programs and policy is:

Decentralization stimulates the search for program and policy innovation, first of all because it is, per se, an innovative practice of governance. Second, because

through its implementation, local governments are required to assume new and broader responsibilities in order to provide public services for all.

The assumption of new responsibilities through decentralization often requires improved planning, budgeting and management techniques and practices; the adoption of new tools; and the development of improved human resources to operate the decentralized programmes [36].

The above mentioned definition justified the need to quickly speed up with the decentralization process in Liberia. Additionally, benefits are also associated with decentralization.

#### *H. Potential Benefits of Decentralization*

There are lot of benefits associated with decentralization. For instance, when decentralization is coupled with systematic citizen participation in setting goals, executing and functioning, financing, monitoring, and other functions can lead to positive outcomes. This means that the key players should have the necessary skills, material support, and authority needed for efficient and effective quality service delivery. Moreover, it helps to strengthen public policymaking, though potentially encouraging creative and new solutions to tough problems. This can help central government to focus on complex challenges such as urban development and welfare policies [37]. Freedom from central pull system is another associated benefit.

Overly centralized political systems have continually failed to deliver the basic services needed to improve the lives of citizens in many countries. As a result, decentralization has been used as a political reaction to this failure. This type of decentralization calls for regional independence and freedom from central government influence [38].

The demand for equity and efficiency in local public service is one of the driving forces for the acceptance of the decentralized form of governance. Additionally, the well-known inefficiencies in the management and delivery of local public services, often provided earlier by and through central government without a proper idea of local needs and demands, has raised the demand for decentralization to improve level, quality and efficiency in delivering public services [38]. Two major reasons for the decentralization of basic services, such as health, education, water, and sanitation, all of which are the responsibility of the state, are systematically failing. Second, these services are consumed locally [39].

To make local governance in Africa more realistic and effective, It has been argued that four issues must be addressed: the need to contemplate beyond the formalities of decentralization; how to make sure that local democratic governance is built from within taking into consideration the socio-economic and political factors that make collective action such a challenge; to transcend limits inherent in the way decentralization, as with other governance measures, has been pursued through a principal-agent lens with donors

serving as principals and recipient governments as agents; and the need to ponder through how country strategies in the context of official development assistance can be made more context-specific and attuned not only to donor country priorities but also the socio-economic and political realities in which local governance is expected to grow [40].

Political, administrative and fiscal decentralization “need to be considered simultaneously and the sequencing and pace of the different types of decentralization seem to play an important role” [33]. Surely one can’t expect a positive impact of decentralization on service delivery without considering the simultaneous involvement of Political, administrative and fiscal decentralization.

### *I. The Philippines Context of Decentralization*

Giving a micro picture of the Philippines context of decentralization particularly health, it is observed through the decentralization discourse that the Philippines’ local government code of 1991 explains the declaration policy as:

It is hereby declared the policy of the State that the territorial and political subdivisions of the State shall enjoy genuine and meaningful local autonomy to enable them to attain their fullest development as self-reliant communities and make them more effective partners in the attainment of national goals.

Toward this end, the State shall provide for a more responsive and accountable local government structure instituted through a system of decentralization whereby local government units shall be given more powers, authority, responsibilities, and resources. The process of decentralization shall proceed from the national government to the local government units [41].

In response to the local government code of 1991, the Department of Health (DoH) was authorized to govern the entire public health system, and the accomplishment of the national health indicators, while the local governments such as provinces, cities, and municipalities remain under the management of local health system.

This process was perceived as an incomplete administrative devolution that has eventually resulted into the fragmentation of health care services. In the case of supply chain, there is disintegration because local expenses for critical health inputs such as human services, has become politicized, haphazard, and insufficient.

This has created room for discrepancies between national programs and local capacity to effectively and efficiently deliver in underserved area. Another study explains that the Department of Health was not ready to assume the new responsibility and that the health system needed tremendous changes in health policy [37].

### **IX. SUMMARY AND KEY FINDINGS**

The study reveals that the health service delivery in Liberia is problematic and heavily focused on the capital city, Monrovia. Before and after the 14 years of civil war, the

settler community, approximately (15%) of the population of Liberia, elected officials, presidential appointees and few wealthy elites have been the direct beneficiaries of health service delivery.

The rural communities are not accessing effective and efficient delivery of health services due to the lack of national health infrastructures. This has provided the underlying philosophy of the development of the decentralization policy to reverse Liberia’s history of poor governance.

Transitioning to decentralization will attract a lot of potential benefits. For instance, improved access to healthcare; healthcare as more responsive to people’s needs; affordable healthcare made available to all Liberians; shifting functions, authority, and resources for healthcare to the local level; restructuring the MOHSW; established framework to support the decentralization process; strengthened local government structures; reduction of inequalities between rural and urban areas; greater community financing and involvement of local communities; enhanced accountability as local representatives are more accessible to the citizens and thus be held more closely accountable for their policies and outcomes than distant national political leaders or public servants; provision for regional independence and freedom from corrupt central government influence.

Meanwhile, the health sector decentralization process of the Philippines was perceived as an incomplete administrative devolution that has eventually resulted into fragmentation of health care services. In the case of supply chain, there was disintegration because local expenses for critical health inputs such as human services, which has become politicized, became haphazard and insufficient. This has created room for discrepancies between national programs and local capacity to effectively and efficiently deliver in underserved area. Additionally, the Department of Health was ready to assume and define this new responsibility.

### **X. CONCLUSIONS**

While it is true to some extent that the concept of decentralization has been widely considered and recorded as a tool for efficiency and effectiveness in the delivery of basic social services, it is important to take seriously the experiences of other countries such as the Philippines and not only look to decentralization as the only political, administrative, or governance messiah that is going to do away with all of the political and administrative sins (underdevelopment, poor service delivery, and the lack of basic infrastructures) that have been committed by the prolong centralized form of governance which has been experienced in Liberia.

However, this study argues that to have a better health service delivery in Liberia, decentralization should be buttressed by the financial and moral backing of both the central and local government, as well as building the capacity of local leaders for quality public service delivery.

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