

Rural Human Rights Activists Programme (RHRAP)

Assessment on the Revolving Drug Fund (RDF) Scheme Implementation in Liberia

**A Case Study on RDF Health Facilities: CB Dumbar, Phebe
Hospitals in Bong & Teleworyan Memorial, Kolahun
Hospitals in Lofa County.**

**Rural Human Rights Activists Programme
Broad and Gurley Streets-Raymond Building-2nd Floor-Apt. 15
Monrovia, Liberia
Email: Contact@rhapliberia.org
Website: www.rhapliberia.org**

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About RHRAP:

Founded in December 1997, the Rural Human Rights Activists Programme (RHRAP) is a national Civil Society Organization (CSO) that works in Liberia to promote and protect the rule of law, fundamental human rights, and democratic values with strong emphasis on rural communities. Our core thematic areas of operations include: (1) Peacebuilding and *Conflict Transformation* (2) Human Rights Protection & Promotion – *Rule of Law and Access to Justice* and (3) Fiscal Governance of Natural Resource Management, and (4) Community Organizing and Empowerment. RHRAP mission is “*To promote sustainable development, rule of law, human rights and democratic principles*”.

Programs and Projects:

Over the past 28 years of existence, RHRAP has implemented the following programs: (1) Peacebuilding in Rural Communities including Concession Communities (2) Promoting Justice Sector’s Accountability; (3) Promoting the Rights of Women and Girls; (4) Environmental Sustainability; (5) Community Organizing/Mobilization; (6) Combating Ethnic/Tribal Discrimination and Religious Intolerance; (7) Legislative Engagements and Advocacy; (9) National Budget Monitoring and Advocacy; (10) Civil Society Coalition Building; amongst others. RHRAP has implemented series of projects funded by international donors including USAID, EU, Ausaid, National Endowment for Democracy-NED, Y Care International, ACT Alliance, Fenn Church Aid-FCA, UNDP, etc. thus making RHRAP an experienced Civil Society Organization.

Acknowledgement:

The Rural Human Rights Activists Programme - RHRAP is pleased to extend its gratitude and appreciation to USAID/CSA for its funding and technical supports, which contributed to the successful implementation of this assessment. The Assessment was conducted on four public health facilities which include the C.B Dumber Hospital, the Phebe Hospital in Gbarng City, Bong County; and the Telleworyan Hospital in Voinjama City; the Kolahun Hospital in Kolahun/Kolba City, Lofa County. These healthcare centers are implementing the Revolving Drugs Fund (RDF) Scheme in Liberia.

RHRAP also acknowledged the roles of local authorities specifically, the County Superintendents of Bong and Lofa, the Health Administrators, Professional Health Workers whose cooperation and collaboration made this project achievable. We recognized key and eminent stakeholders including Community Leaders, heads of women, youth groups, representatives of people with disabilities, Traditional and Trained Mid-Wives-TTMs of Bong and Lofa Counties, who also made substantial inputs in the conduct of this assessment.

Finally, our heartfelt thanks go to the project staff and the entire workforce at RHRAP for their roles and tasks performed during the conduct of this assessment, which contributed significantly to the realization of the objectives of the Assessment.

Thank You.

Lorma Baysah
Executive Director
Rural Human Rights Activists Programme (RHRAP)
Broad and Gurley Streets, Raymond Building-2nd Floor-Apt. 15
Monrovia, Liberia
Cell: 231 770457621
Email: lorma@rhrapliberia.org
Www.rhrapliberia.org

Abbreviations

Acronym	Meaning
RHRAP -----	Rural Human Rights Activists Programme
USAID -----	United States Agency for International Affairs
CSA -----	Civil Society Activity
RDF -----	Revolving Drug Fund
TTM -----	Trained Traditional Midwife
OIC -----	Officer in Charge
DHO -----	District Health Officer
KII -----	Key Informa Interview
CHO -----	County Health Officer
HFBM -----	Health Facility Board Member
CHSS -----	Community Health Service Supervisor
RN -----	Registered Nurse
CDC -----	Congress for Democratic Change
IPD -----	In Patient Department
OPD -----	Out Patient Department
CHAL -----	Christian Health Association of Liberia
LCL -----	Lutheran Church of Liberia
MOH -----	Ministry of Health
HFDCs -----	Health Facility Development Committee
CHA -----	Community Health Assistant
WHO -----	World Health Organization

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Background:

The Rural Human Rights Activists Programme (RHRAP) secured funding from the United States Agency for International Development (USAID) through Civil Society Activity CSA/DAI to assess the Revolving Drugs Fund (RDF) Scheme implementation in both Bong and Lofa Counties. The assessment targeted four health facilities including the Kolahun Health Center in Kolahun City, and the Telleworyan Memorial Hospital in Voinjama City, Lofa County. For Bong County, the assessment targeted the C.B. Dumber Hospital, and the Phebe Hospital in Gbarnga City.

Historical perspective of the Revolving Drugs Fund Scheme-RDF: For Liberia, the Revolving Drugs Fund (RDF) Scheme surfaced in the 1980s under the Late President Samuel K. Doe regime to effectively respond to the weakness of Liberia's primary healthcare delivery system, as a result of an increase in the number of childhood illnesses, child, & maternal mortality as well. So, the RDF Scheme was introduced in the context of Liberia as a key step towards ensuring primary healthcare security. It was designed to help resolve the problem of financing primary healthcare aimed at revitalizing or reviving and strengthening Liberia's healthcare service delivery through improved drugs supplies, equipment, staff training, refurbishing health facilities including primary health services for all.

For the West Africa, the concept of Revolving Drug Fund (RDF) was introduced through the *Bamako Initiative* to be one of the ways of solving the challenges and difficulties in having timely availability of essential medicines¹. The Bamako Initiative was adopted by African Health Ministers in 1987 in Bamako, Mali, with financial and technical support from partner agencies such as, the World Health Organization, (WHO), and the United Nations Children Fund, (UNICEF), aimed at developing strategies, towards increasing the availability of essential, timely and affordable drugs and other healthcare services for Sub-Saharan Africa. *Revolving Drug Fund (RDF) Scheme* is a system whereby the revenue generated from the sales of drugs to patients are used to purchase new drugs and ensure continuity of effective and efficient healthcare system². Reports from many West African countries, where the initiative has been employed showed that if RDF is effectively managed, can create the revenues capable of recovering significant component of recurring costs in the pharmaceutical system through community financing. *For example:* Nigeria has been one of the most active supporters of the *Bamako Initiative*, viewing the initiative as a strategic opportunity to support local councils in promoting healthcare delivery at the grassroots levels³.

¹ Quick JD. Ensuring access to essential medicines in the developing countries: A Framework for action, clinical pharmacology, and therapeutics. 2003; 73:279-83.

² Umenai T, Narula IS. Revolving drug funds: A step towards health security. Bulletin of the WHO. 1999;77(2):167-71.

³ Federal Ministry of Health, Nigeria. Primary healthcare development under the Bamako initiative strategy 1990 – 1991. Project Document, Abuja, Nigeria. Federal Ministry of Health; 1990.

Introduction to the Assessment:

In 1986, the Revolving Drug Fund (RDF) Scheme was introduced in Liberia during the late Samuel Doe's regime intended to ensure the availability of timely, essential, and affordable drugs at public health facilities to enhance the quality of health services (*Rebuilding Liberia's Health Sector- Analysis, Strategies, and Recommendations*⁴), but the scheme soon collapsed because of the civil crisis. However, by 2016, as part of Liberia's post-Ebola health recovery programs, some health facilities reintroduced the Revolving Drugs Funds-RDF Scheme. So, the overall objective of this assessment was *"To critically assess the implementation of the pilot RDF Scheme, including progress, lapses, and provide recommendations that could effectively contribute to the re-establishment and institutionalization of the RDF Scheme that enhances Liberia's deplorable healthcare system"*.

Henceforth, this report represents the outcomes of the assessment conducted on four Health facilities piloting the Revolving Drugs Fund-RDF Scheme in Bong and Lofa Counties. RHRAP conducted two-separate assessment exercises on health facilities piloting the RDF Scheme. The specific objectives for the assessments were: **1.** To understand the preparedness/readiness of the targeted public health facilities implementing the RDF Scheme including how medicines are being dispensed at these health facilities, **2.** Review the government of Liberia policy framework towards the RDF Scheme implementation, and its documented contribution to the Scheme; and **3.** to advocate for improvement where appropriate, particularly, in the functionality, effectiveness and transparency of Revolving Drugs Fund (RDF) Scheme implementation process. The assessment targeted stakeholders including healthcare authorities and workers, such as County Health Officers (CHOs), District Health Officers (DHOs), Officers in Charge (OIC), Medical Doctors-MDs, local county authorities including the County Superintendent and other local government officials. Others included, Trained Traditional Midwives (TTM), community residents' representatives such as Community, Traditional & Religious Leaders, Women and Youth Groups, and people with disabilities were key respondents within the targeted counties. The outcome of these assessment exercises have been reflected and documented in the report, with recommendations, highlighting critical challenges, pitfall and achievements and/or gains made in the implementation of the pilot Revolving Drugs Fund-RDF Scheme at the four targeted health facilities in Bong and Lofa Counties that are piloting the RDF Scheme.

Methodology:

The assessment exercises conducted, comprised of two main components including: **1.** The Literature/Desk Review and **2.** The field information gathering process through the Key Informant Interview (KIIs) method with specific targeted respondents within the project locations of Bong and Lofa Counties. On the aspect of the Literature/Desk Review, significant information was gathered around RDF Scheme, that provided relevant information on the RDF implementation over the years including its importance, achievements, and the attending challenges faced in primary healthcare delivery services in Liberia including the West Africa's experience, lesson learnt and success stories. However, the project inception meetings held with the various stakeholders including medical staff, health administrators, citizens, amongst others, also provided significant information to the assessment.

About the field information gathering process: The Key Informant Interview (KIIs) was conducted with stakeholders included healthcare workers, local authorities, and community residents. RHRAP developed a training manual that was used to provide three days training for the Assessors. Questionnaires with opened and closed ended questions were used by the assessors. The training

⁴ https://pdf.usaid.gov/pdf_docs/PNACK759.pdf

enhanced the understanding, skills, and capacities of the assessors on how to utilize the assessment tools particularly KII Interviews, the approaches, and its applications. At the training session, emphases were placed on how the assessors can organize and transcribe the data, identify themes, collect, and protect data, how to analyze the data gathered and the reporting process. The training ended with the deployment of 4 Assessors, 2 in each county who were commissioned by RHRAP to conduct the interviews with target respondents. The duration of the assessment was two weeks in each county, Bong and Lofa Counties. RHRAP's Project Team played the roles of facilitating, supervising, and coordinating the assessment exercises successfully. The assessment exercises were conducted at four Public and Private Health facilities including the Teleworyan Memorial Hospital in Voinjama City, and the Kolahun health facility in Kolahun/Kolba City, Lofa County, the Phebe which is private owned and C.B. Dumbar health facilities in Gbarnga City, Bong County. Again, the assessment targeted the following categories of respondents: Health Facility Board Members-HFBM, County Superintendents, eminent community residents (including women, youth, and people with disabilities), the Health Facility Development Committee (HFDCs) members, the County Health Officer (CHOs), the District Health Officer (DHOs), Officers In Charge (OICs) Medical Doctors (MDs), Community Health Service Supervisors (CHSS), Hospital Administrators, Trained Traditional Midwives (TTM), Community Health Assistance (CHA), Registered Nurses (RNs), etc. There were 58 respondents including, 15 females and 43 males drawn from across the four health facilities within the two counties (Lofa & Bong) including, the CB Dumbar Maternity Hospital, the Phebe Hospital in Bong County and the Kolahun Hospital in Kolahun/Kolba City, and the Teleworyan Memorial Hospital in Voinjama City, Lofa County.

Context:

The Assessments exercises were only conducted on the four public healthcare facilities in Liberia piloting the Revolving Drugs Fund-RDF Scheme in Bong and Lofa Counties under the theme: *“Understanding Public Health Facilities Preparedness/Readiness to Implement Revolving Drug Fund (RDF) Scheme”*. The specific objectives of the assessment are: **1.** To understand how medicines supplied by USAID, National Government, and other Liberia bilateral partners that are dispensed free of charge to patients, understanding that there are fees charge for medicines and services at the health facilities under the RDF Scheme. **2.** To review both government of Liberia's policy framework and its documented contributions to the RDF Scheme implementation, and **3.** To advocate for improving the functionality, effectiveness, and transparency of the existing Revolving Drug Funds (RDF) scheme implementation using the findings from the assessment. However, the findings of this assessment determine the initiatives to be taken in promoting the Revolving Drug Funds-RDF in Liberia.

The RDF Scheme: The Revolving Drugs Fund-RDF Scheme is an initiative intended to ensure the availability of essentials drugs at public healthcare facilities to enhance quality primary healthcare services. *RDF Scheme* is a system where drugs are purchased at affordable costs and that revenue generated from the sales of drugs to patients are used to purchase additional new drugs to make the service effective, efficient and ensure constant availability of quality drugs at the healthcare facilities”. Additionally, the scheme also sets the platform that is aimed at: **1.** Encouraging social mobilization that promotes community participation and decision making in policies and management around the RDF Scheme including essential drugs supply, maternal and child healthcare at district and county levels, **2.** Ensure the supply of essential, affordable and effective drugs of good quality and of lowest costs to support primary healthcare services, and with a well-defined primary care and self-funding mechanism at the healthcare facility. *Finally, RDF Scheme is designed to encourage Inter-Communal Entrepreneurship in promoting timely, effective, and affordable healthcare to the needed. This is why much emphasis is placed on community ownership rather than national government-controlled program.*

Environment/ Location:

Bong County: Bong County is one of Liberia's fifteen political sub-divisions/Counties, located in the central part of Liberia with a population of 467,502 residents, according to Liberia's 2023 Housing and Population Census. Bong County is the home of the Kpelle ethnic group that represents the largest segment of Liberia's 16 Tribal Groups. The Kpelle group practiced predominately Christianity, followed by Traditional Religious Practices-TRP.

Lofa County: Lofa County is in the Northern part of Liberia, with six Administrative Districts situated by Bong County in the South, Gbarpolu County to the North-West bordering with the Republic of Sierra Leone, and North-East, the Republic of Guinea. Currently, Lofa County population stands at 367, 376 people, according to the 2023 Census Reports by Liberia Housing and Population Census. Lofa County has six tribal groups including: Lorma, Kpelle, Gbandi, Kissi, Mandi, and Mandingo. Lofa County is a home to one of Liberia's largest rich mountains in natural resources, the Wologizi Mountain.

The assessment targeted the following health facilities **1.** The Charles Burgess Dunbar Maternity Hospital, commonly called, C.B. Dunbar Hospital located in the Central part of Liberia, mainly within the Jorquellah District, Gbarnga City, Bong County. **2.** The Phebe Hospital, which is also one of the largest referral hospitals in Liberia located in Suakoko Town, Bong County. The Phebe Hospital is owned and operated by the Lutheran Church of Liberia-LCL, but it is heavily supported by the National Government due to its significant role in providing healthcare services to significant number of Liberia's population especially the underprivileged. **3.** The Kolahun Hospital, located in Kolahun/Kolba City, Lofa County; and **4.** The Tellewonyan Memorial Hospital in Voinjuma City, Lofa County. Noticeably, the Tellewonyan Hospital was established in the 1950s as a government owned-referral facility to provide primary and secondary healthcare services to the people of the county and it is the largest health center in Lofa County.

Assessment and Key Findings

A. Bong County's Assessments Outcomes/ Themes:

A. C B Dunbar Hospital:

- The CB Dumber Maternity Hospital RDF Scheme has been banned as a result of political manipulation to encourage citizens to vote for the incumbent (CDC led Government) in power during the October 10, 2023, general elections. As a result, the RDF Scheme has totally collapsed with confusions between hospital workers and residents/patients which is caused by disinformation, and the lack of political will on the part of CDC led government to support the RDF Scheme.
- Due to disinformation caused by Local Government Officials insinuating that drugs are available and is free of charge at the health facility, which is not true, confusions with tension continues to grow between hospital workers and the public that seeks treatment at the CD Dumber Hospital.
- The banning of the RDF Scheme at the CB Dumber Hospital is an indication of strong political manipulation or influence on the part of the CDC led government authorities headed by President George M. Weah. "*There is a lack of political will on the part of the CDC led government to support the implementation of the RDF Scheme*", said another respondent; and the ban will remain enforced until the end of the October 10, 2023, Legislative and Presidential Elections.

- *RDF Policy*: Although some Health Administrators have said that there were some policies available for the running of the RDF scheme; however, there was no visible documented evidence or policy seen as an instrument that provides directions for the implementations of the pilot RDF scheme.
- *Transparency and Accountability*: The assessment revealed that mismanagement including, the lack of transparency and accountability have engulfed the RDF Scheme implementation at the CB Dumber Hospital; and that due to huge political manipulations compounded by the lack of policy framework to drives the process, as required by RDF Scheme, the CB Dumber RDF has collapsed.
- The proliferation of drugstores within the county with huge *Conflict of Interest*⁵: Most of the respondents revealed and indicated that majority of the drugstores in Gbarnga are owned and operated by government health workers which is hindering the effective implementations of the RDF Pharmacy.
- *Fake drugs*: Most respondents revealed that there were too many fake drugs circulating on the markets as a direct result of drugstore proliferation which has become a threat to not only the existence of the RDF Scheme, but as well as human health due to the increased in fake drugs on the market.
- *Lack of public awareness/sensitization*: The residents who are the key beneficiaries and stakeholders in the RDF Scheme implementations are not adequately aware about, the RDF Scheme implementations. As a result, they are not fully participating in the RDF Scheme management. In addition, residents are not also aware of the distinctions between the RDF Pharmacy on one hand, and that of the In-Patient Department (IPD) Pharmacy & Outpatients Department (OPD) Pharmacy that are operating within the facility. Both the OPD and IPD Pharmacies are funded by national government supported by the so-called USAID *free drugs policy*⁶. As a result of USAID freed Drug Policy on Liberia, compounded by national government political manipulation, where residents believed that drugs are freed of charge to patients *caused confusions including fights between patients and hospital administrators/ health workers*⁷.
- *Fear of Reprisal*: Most of the top administrators and/or health workers at the CB Dumber Hospital, were refusing to comment on the ills of the RDF Scheme implementation due to fear of being dismissed by national government as a reprisal. Even though the USAID Freed Drug Policy is not working for the residents, but it is still been enforced by the CDC led Government because the Freed Drug Policy is being used as a political tool for the 2023 General, and Presidential Elections.

⁵ It was reported by residents during all of the assessment activities including Project Inception Meetings, and Field Assessment that most of the drugstores are owned by health workers that are working at the Government run Hospitals which is a strong Conflict of Interest. It was also reported that free drugs provided by USAID landed in most of these drugstores.

⁶ UDAID is providing drug to the Ministry of Health (MOH), even though the drugs are not reaching the needed according to our findings and the US Embassy near Monrovia report.

⁷ It was reported during the assessment and the project inception meetings that a CB Dumber Hospital staff was beaten and wounded by a patients on grounds that the drugs should be freed to all residents because USAID & the Liberian Government are providing the drugs free.

- At the CB Dumbar Hospital, the RDF Scheme is not working. There is no policy and managerial structure, so the county local authorities, and residents are not satisfied with the management of not only the RDF, but the entire CB Dumbar Hospital operations.

B. The Phebe Hospital:

- *Phebe Hospital:* The Phebe hospital is continuing the RDF Scheme implementations despite of some major difficulties.
- *Phebe Hospital Pharmacies:* Unlike the CB Dumbar Hospital, there is a practical distinction in terms of the operations between and amongst the RDF Pharmacy, the Outpatient Department (OPD) Pharmacy, & the Inpatient Department (IPD) Pharmacy⁸ which many of the residents are aware. The distinction between the three pharmacies is very essential in the RDF Scheme implementation. The OPD, IPD are government pharmacies where medications are to be freed, while medications are purchase at the RDF Pharmacy because it is a revolving program.
- *Influx of patients:* At the Phebe Hospital, the assessment showed that there is an influx of huge patients especially pregnant women majority of who are teenagers, which is greatly hampering the smooth running of the RDF Scheme. *For example*, on many occasions, the pharmacy ends up providing freed medications to patients mainly teenage pregnant girls causing the RDF Pharmacy to be hugely indebted to the Christian Health Association of Liberia -CHAL that supplies us with drugs (*The Phebe Hospital Administrator*).
- *Revenue Loss:* For the Phebe Hospital, the RDF is partly working and benefiting the residents, but with some difficulties including the above-mentioned regarding revenue loses. Because of free medicines that are provided to the underprivileged patients especially teenage pregnant women/girls the hospital remains indebted to the Christian Health Association of Liberia - CHAL.
- *Borrowing of drug and its attending challenge:* The Christian Health Association of Liberia (CHAL) supplies the Phebe Hospital with drugs for repayment after sales, a respondent health worker indicated⁹. However, Phebe many at times provides free medications to patients that are underprivileged and unable to pay for drugs and services provided which is one of the biggest challenges to the RDF. How to fill the gaps/loses created because of the free services provided to the underprivileged is an essential issue to be addressed if the RDF is to adequately function. In addition, how to determine that a patient is an underprivileged person without RDF Policy framework remained an issue to address.
- *Policy Pitfall:* The Phebe Hospital is doing well with the RDF implementations at some level; however, besides the free medication for underprivileged people, most of the gaps identified are because of the lack of policy to direct the RDF implementation.
- *Storage Facility:* The Phebe Hospital has adequate storage capacity with cooling system to keep the potency of drugs; but it also needs some maintenance work.

The Findings for Bong County:

⁸ The Outpatient Department Pharmacy and the Inpatients Department Pharmacy are drugs by national government including donors, while the RDF is separately managed by community residents and the hospital.

⁹ The Phebe Hospital takes drugs from CHAL and pay back after selling; and is a prerequisite to taking another supply (Viola Kekula), head of the Trained Traditional Midwives at the Phebe Hospital.

- At the C.B. Dumbar Health Center in Bong County, the RDF Scheme implementation has been banned by government authority. Out of 25 respondents, 16 respondents mostly health workers at these facilities reported that the National government has banned the implementation of the RDF Scheme.
- The government has misinformed the residents that medications are available and free of charge for patients or residents, but when they go to the hospital with the conviction of getting free treatment, they are later disappointed thus causing huge confusions between the hospital workers and residents resulting into a fight between the hospital workers and patients". This information was confirmed by the Office of the Bong County Superintendent in person of Hon. J. Cammue Dormue, Administrative Assistant to the Bong County Superintendent Hon. Esther N. Walker who attended the project launch at the CB Dumbay Health facility.
- At the CB Dunbar Health facility, respondents indicated that there were huge problems/gaps, such as, policy related issues including management around the RDF Scheme implementation that have hindered the effective implementation of the scheme. 18 of 26 respondents agreed that there is a lack of policy, proper management, transparency and accountability in the administration and management of the RDF Scheme. It emerged that the RDF is managed by the Administrator, the Medical Director, and the accountant of the hospital despite the existence of the CB Dumbar Board that needs to play a vital role.
- *Public awareness about the RDF Scheme implementation:* Throughout the assessment, it emerged that huge portion of communities' residents are not aware of how the RDF Scheme operates. It has been indicated that, many patients visiting the hospital with the expectation of receiving free drugs as pronounced on local/community radio stations by national government authorities are disappointed that drugs were not available at the hospital for free of charge as been told.
- *Storage capacity for the RDF pharmacies:* It also emerged that the storage capacity of the RDF pharmacy at the Phebe Hospital is good, unlike the CB Dumber Hospital that lacks storage capacity for not only the RDF but as well as the OPD and IPD Pharmacies. The RDF at the Phebe Hospital is currently running despite of some managerial and funding lapses. The various pharmacies including RDF, OPD, and IPD are totally separated and accounted for making it a good practice for the Phebe Hospital. Unlike the CB Dumbar Hospital, where there is no visible separation of the RDF, OPD, and IPD pharmacies as in the case of Phebe Hospital. From the assessment, and the project inception meetings, it was revealed that the RDF is totally down and not functional at the CB Dumbar Hospital.
- For the Phebe Hospital, there is a bit awareness amongst residents about the existence and functions of the various pharmacies including the RDF, OPD, and IPD pharmacies. However, residents have no adequate knowledge about the functions and management of the RDF. For example: How much a patient is to pay for drugs, who is exempted and based on what criteria, amongst others are lacking which are some of the policy related issues that emerged during the assessment.
- The Chiefs and Elders in towns and villages are not inform about how the RDF operates; and this is why Phebe Hospital continue to accrue loses at the RDF pharmacy because some of the patients that visit the health facility cannot afford to pay all the fees for the drugs. For example, the teenage pregnant girls. So, the Phebe Hospital is always in arrears with CHAL that provides

Phebe with drugs to sell and pay back. This is a serious obstruction to the operations of the RDF.¹⁰

- On the overall, the Phebe Hospital is overwhelmed with huge debts as a result of providing treatment to underprivileged patients especially teenage pregnant women/girls who delivered at the Phebe Hospitals¹¹ and are unable to pay all the fees. However, it is good to note that residents/patients are aware that they need to pay some fees at the RDF Pharmacy, but how much including the cost for services and drugs are not known or visible to patients.

Similarities of the findings from CB Dunbar and Phebe Hospitals-Bong County:

- The two hospitals have a board but based on the information that emerged throughout the assessment, *Phebe Hospital board*¹² is partly effective than the CB Dunbar Hospital that is not effective at all. The Phebe RDF usually has drugs; and there is a practical distinction between the RDF, OPD, and IPD pharmacies which indicated that the RDF is working despite some key challenges¹³. Unlike the CB Dunbar Hospital that has not distinction between the IPD and OPD Pharmacies.
- *Storage capacity for the RDF pharmacies:* It also emerged that the storage capacity of the RDF pharmacy at the Phebe Hospital is relatively good but needs improvement. For CB Dunbar Hospital, there is no visible separation of the RDF, OPD, and IPD pharmacies as in the case of the Phebe Hospital where the various pharmacies including RDF, OPD, and IPD are totally separated and accounted for making it a good practice. At the CB Dunbar Hospital, the RDF is totally down and not functional; and the hospital has failed to distinguish between the RDF, IPD, and OPD Pharmacies for better accountability as in the case of the Phebe Hospital.
- *Participation:* It is important to know that “*Pricing and exemption policies are essential for RDF efficiency and sustainability*”¹⁴. For the RDF scheme to work, all stakeholders at different levels need to work together collaboratively. To the contrary, the assessment recorded that the stakeholders including health workers, community residents, and local government officials are not working together for the effective running of the RDF scheme.
- *Political will:* The national government has not shown the political will in supporting the running of the RDF Scheme which is clearly manifested by the lack of government policy and roadmap for the RDF scheme implementation, and the confusion created by local government officials between the residents/patients and the hospital workers especially Registered Nurses and Dispensers who directly interact with patients in terms of drugs provisions. The Congress for Democratic Change (CDC) led government continue to misinform the public that government is providing free drugs for patients which is not the case. Unlike the Phebe which is owned and operated by the Lutheran Church of Liberia-LCL, that has some level of good management thus keeping it functional at some level.

¹⁰ Viola Kekula, head of the Trained Traditional Midwives at the Phebe Hospital.

¹¹ On many occasions, the Phebe Hospital RDF Pharmacy is usually indebted to the Christian Association of Liberia CHAL who provide the RDF Pharmacy drugs on credit and pay back after sales (Madam Viola Kekula, Trained Traditional Midwife at the Phebe Hospital).

¹² The Phebe Hospital is owned and ran by the Lutheran Church, while the C.B Dunbar Hospital is run by the national government.

¹³ Massa S. Kornger Dispenser, Phebe Hospital.

¹⁴ MOH, Ghana (Ministry of Health, Republic of Ghana). *An assessment of the pharmaceutical sector in Ghana: Moh; 2002.*

- *Policy:* For both hospitals, C.B. Dunbar and Phebe, policy gaps have been identified as major obstacle in the RDF implementation. For example, who is responsible to manage the RDF pharmacy? What is the composition of the management team and board, and/or how are they selected? How to report on the RDF Scheme implementation? How drugs are being purchased and sold at what prices? How to determine the cost for services rendered at the RDF hospitals? Who benefits, or is considered as underprivileged to be exempted? And that who determines the underprivileged that need to be exempted from fees payment? These are the challenges identified and associated with policy gaps and constraints in the RDF Scheme implementation at these public health facilities, the assessment revealed.
- The proliferation of drugstores within the county with huge *Conflict of Interest*¹⁵: Most of the respondents revealed and indicated that majority of drugstores in Gbarnga are owned and operated by government health workers which is hindering the effective implementations of the RDF Pharmacy.
- Community residents are very eager to take on the RDF Scheme implementations. Despite of major lapses in fully understanding the RDF Scheme, the national government does not have the political will and has failed to develop a roadmap and is unprepared to support the health facilities and residents in the implementations of the RDF Scheme which is evidently supported by undue influence as gathered. So, community residents want to take on the RDF by themselves to manage the Scheme without political influence, but the lack of finance is a hindrance for them.

Key Recommendations, Bong County

- Based on the findings, residents including health workers are recommending to national government to muster its political will in adequately supporting the RDF scheme through the formulation and enforcement of a roadmap, adequate policy including budgetary allotments that will enhance and strengthen the management of the RDF Scheme. However, the drafting of such RDF roadmap or policy framework should originate from the communities including residents, hospital workers, and local government officials. The roadmap or policy should not be designed at the top and brought down for implementation which has been the case for most policies in Liberia. This will address numerous challenges including, mismanagement, transparency, accountability, lack of essential drugs, prices of drugs, exemptions of fees, amongst other managerial issues. That the proposed RDF policy should reflect the adequate participation of community residents in the RDF management including board membership because community residents are the direct beneficiaries and key players for a functional RDF scheme.
- Government must immediately lift the ban on the C B Dunbar's RDF Scheme implementations in Bong County, as well as stop its political interference into the RDF implementations.
- Residents including health workers are recommending that adequate information dissemination including awareness on the running of the RDF should be prioritize as fundamental activity prior to the development of police (s) that direct the RDF scheme implementations in Liberia. This will be followed by a holistic policy development that will direct the overall implementations of the RDF scheme in Liberia having in mind that all stakeholders to the RDF must be represented

¹⁵ It was reported by residents during all of the assessment activities including Project Inception Meetings, and Field Assessment that most of the drugstores are owned by health workers that are working at the Government run Hospitals which is a strong Conflict of Interest. It was also reported that free drugs provided by USAID landed in most of these drugstores.

on the management board that will ensure transparency and accountability thus making the RDF scheme effective.

- There should be collaboration between all actors with the provision of periodic training and mentoring for the entire health staff, stakeholders which will put them at the same path/ level for the smooth implementation of the RDF scheme; and this should be reflected in the policy.
- That the national government through the Health Ministry should urgently tackle the proliferation of drugstores with increased in fake drugs on the market to save lives and promote the RDF implementations. Examine ownership of drugstores relating to health centers vs. RDF hospital workers. *(It emerged that most ownership of drugstores in both Bong and Lofa Counties are government hospital workers which many says is a conflict of interest)*. Residents including healthcare workers belief that the issue of holistic policy on the RDF scheme can also address the issue of *conflict of interest*.

The Findings for Lofa County:

The second stage of the assessment exercise conducted on the two public health facilities around the Revolving Drugs Fund Scheme implementation took place at the Kolahun Hospital in Kolahun/Kobal City and the Tellewonyan Memorial Hospital in Voinjama City, Lofa County. The Kolahun and Tellewonyan Memorial Hospitals are at different levels in terms of the RDF implementation. At the Kolahun Hospital, the RDF management is headed by 4 representatives including the hospital Medical Director-MD who represents the hospital, the Kolahun Administrative District Commissioner, who represents the district residents, a Chief who represents the Traditional Leaders and Healers, and a Civil Society Organization representation, *Restore Hope Liberia* which makes the management team somehow effective. Amongst others, the Tellewonyan Memorial Hospital (TMH) is yet to establish RDF managerial board to include and reflect citizens participations in the management including decision making processes that seeks to drive residents' ownership of the RDF Scheme.

Lofa County Outcomes/ Themes:

- *Lack of collaboration:* Stakeholders including local authority, health workers, community residents, and the government are not working together for the effective running of the RDF scheme at the Tellewonyan Memorial Hospital as such the RDF is not functional at all. The lack of stakeholder's participation in the running of the RDF Scheme, is greatly hampering the functionality of not only the RDF but the entire hospital management.
- At the Kolahun Hospital, there are some levels of agreement and collaboration between and amongst the citizens, health administration, health workers which has enabled the health facility to constantly maintain the availability of essential drugs at the RDF Pharmacy. Despite some gains, there are lots of policy gaps *(the lack of policy)* that needs to be addressed, so as to help direct the management and the Governance Board in running the affairs of the RDF at the facility.
- *Interruption:* The national government has halted the implementation of the RDF scheme at the Tellewonyan Memorial Hospital. There is a political manipulation, as the CDC led government continue to misinform the residents that there is a free drug for the use of residents which is not the case. This resulted to the constant using of the RDF drugs for services at the Inpatient Department Pharmacy (IPD) and the Outpatient Department (OPD) Pharmacy. These two pharmacies are government owned where USAID free drugs policy covers. The used of the RDF drugs without payment has greatly stalled and hampered the running of the RDF Scheme at the Tellewonyan Hospital.

- *The proliferation of fake drugs:* There is a proliferation of fake drugs on the market which also hamper the adequate function of the RDF Pharmacy, and it also poses health threats for residents.

Findings from the Telleworyan and Kolahun Hospitals, Lofa County:

- *Confusion amongst Stakeholders:* Currently, there is a confusion concerning the implementation of the RDF Scheme because local government authorities of the CDC led government has misinformed the citizens that drugs at government's health facilities are freed of charge while is not. In addition, national government cannot provide timely, adequate, and essential medications at public health centers. The Inpatient Department Pharmacy (IPD) and the Outpatient Department (OPD) are pharmacies that are to be provided drugs by national government and donors especially *USAID drug freed policy for Liberia* which has contributed to the disruption of the RDF Scheme implementations at the Telleworyan Memorial Hospital. As such, the Telleworyan hospital has not distinguished between the IPD, OPD, and the RDF as the RDF drugs are used to treat IPD and OPD patients thus causing the collapsed of the RDF Pharmacy at the Telleworyan Hospital.
- *Lack of Accountability:* Administrators/health workers at the Telleworyan Memorial Hospital (TMH) used RDF drugs to treat patients from the Inpatient's Department (IPD) and Outpatients Patient Department (OPD) without payment to the RDF Pharmacies, contributed to the collapse of the RDF Pharmacy.
- *Banning of the RDF Scheme:* The government has halted or banned the RDF Scheme implementation at the Telleworyan Memorial Hospital. Until the ban is lifted and confusion settled or corrected, which is highly political, the running of the RDF at the Telleworyan Hospital remains bleak.
- *The proliferation of fake drugs:* In both Kolahun and Voinjama, there is a proliferation of fake drugs on the market which also hampered the adequate functions of the RDF Pharmacy, and its also poses health threats for residents. Because the cost of quality drugs at the RDF Pharmacy is higher than the fake drugs on the market, many residents ignorantly preferred to purchase the fake ones with less cost.

Recommendations:

- When considering discontinuing RDF, the government must take measures and have the resources in place to handle the consequences of losing revenue, such as out of stock syndrome and supporting healthcare providers who have come to rely on user fees to supplement income. However, the government is incapacitated to provide adequate medications to its health centers with very low national budgets allotted to the Health Ministry over the past years since the end of Liberia's civil crisis (MDs at (CB Dumper, Telleworyan, Phebe Hospitals).
- The Kolahun Hospital is the only health center identified during this assessment that is still maintaining its RDF Scheme with the availability of essential drugs despite other challenges. The Kolahun Hospital should be used as good pilot program that Liberia can learn from, because it provides a unique lesson learned and opportunity in RDF implementations in Liberia.
- In common, the overall management of the RDF pharmacy at the Telleworyan and Kolahun Hospitals are greatly hampered by the lack of existing policy to guide the implementation of the

RDF, and the lack of national government political will. Although from the inception meeting, and the assessments conducted informed RHRAP that the Kolahun Hospital is doing much better than the Telleworyan Memorial Hospital because currently there are essential drugs available at the Kolahun RDF Pharmacy. This is due to some level of good managerial practices including an effective Hospital Board consisting of 4 members represented by, the Medical Director of the hospital, two community representatives (Chief and Commissioner) and one Civil Society Organization that chaired the affairs of the RDF. However, despite the above gains by the Kolahun Hospital, the need for an adequate policy that direct the management of the RDF is urgent according to the respondents¹⁶. Most of the issues identified during the assessment and the inception meetings, indicates that the lack of policy is key in addressing many of the gaps and challenges identified in the RDF scheme implementation in Lofa Counties.

- The dominant issues that emerged at the two health facilities are the gaps in policy, transparency, accountability. Previous study shows that *“the Lack of a culture of transparency and accountability within the health system, the community, and limited capacity for rolling out the scheme militate against the effectiveness of the system”*¹⁷
- Majority of the health workers considered the RDF Scheme project as a good and useful initiative for primary healthcare services at public health facilities.
- Awareness: Information dissemination on the implementation of the RDF Scheme. According to respondents, it widely emerged that majority of the community residents within the Voinjama District are not aware about how the RDF works and how it is been implemented at the Telleworyan Hospitals which also contribute to the lapses. From the responses received, indicates that the Telleworyan Hospital is not prepared or ready for the implementation of the RDF Scheme until the key issues mentioned above are addressed. The Telleworyan Hospital is one of the worst health centers that lacks the capacity at various levels to implement the RDF Scheme.
- The Kolahun Hospital is doing well despite of some gaps/lapses and should be used as lessons learned for RDF Scheme implementation in Liberia.

Similarities in findings from both Kolahun & Tallawonyan Hospitals, Lofa County:

- The lack of political will and political interference in the RDF implementation.
- Awareness: Information dissemination about the implementation of the RDF Scheme. Majority of the residents are not aware about how the RDF works and how it is been implemented at these health facilities or Hospitals including the difference between the RDF, IPD, and IPD Pharmacies.
- The dominant issues that emerged at the two health facilities are the gaps in policy, transparency, accountability. Previous study shows that *“Lack of a culture of transparency and accountability within the health system, the community, and limited capacity for rolling out the scheme militate against the effectiveness of the system”*¹⁸

¹⁶ Mr. John K. Akoi-Director for Clinical Health Team (CHT), Voinjama Lofa County, Mr. Edmond T. Eisha, County Health Officer (CHO) Director-Voinjama City, Lofa County, member of the Health Board, Varbah A. Sannoh, MD, Telleworyan Memorial Hospital, and 4 other respondents contributed to this finding.

¹⁷ Benjamin Shu, Obinna EO, Cyfil OA. Effect of Bamako initiative drug revolving fund on availability and rational use of essential drugs in primary health care facilities in South-East Nigeria. *Health Policy and Planning*. 2002;17:(4):378-383.

¹⁸ Benjamin Shu, Obinna EO, Cyfil OA. Effect of Bamako initiative drug revolving fund on availability and rational use of essential drugs in primary health care facilities in South-East Nigeria. *Health Policy and Planning*. 2002;17:(4):378-383.

Similarities in findings from both Bong and Lofa Counties:

- *Information Gathering:* The gathering of information around the RDF Scheme implementation from health workers/administrators was a bit difficult due to fear of current government reprisal, especially for those within the employed of government. Although majority of the targeted respondents were happy and willing to participate in providing answers to the assessors, some were afraid to speak out negatively in public such as *Project Inception Meetings* concerning the RDF implementation. Some of the Hospitals Administrators were tightlipped on providing critical information especially on the management and policy relating to the implementation of the RDF Scheme. Because the George Weah led government under the Congress for Democratic Change-CDC used the USAID drug free policy as a political scorecard to gain admiration from the residents. Further, the government continue to misinform residents that the drugs at the government hospitals are freed for charge. However, the USAID drug free policy only provide medicines such as Malaria, TB, HIV AIDs treatment and prevention that are for categories of people like babies, pregnant women/girls, TB, and HIV AIDs patients, and very limited antibiotics where available.
- *Banning of RDF Scheme:* The RDF Scheme implementation has been banned or halted at the Telworyan Memorial Hospital (TMH) in Lofa County and the CB Dunbar Maternity Hospital in Bong County by the national government. As elections draws nearer, the incumbent government (CDC led Government) continues to misinform the citizens that government is providing free medications to residents, a campaign message intended to gain popular votes, which is not the reality at these hospitals. This situation as placed residents and hospital workers against each other sometimes resulting into violent instances¹⁹.
- *Participation in the implementation of the pilot RDF Scheme:* Some of the key popular issues raised during the assessments, is that there is no adequate participation of residents especially for Telworyan and the CB Dumber Hospitals which is also one of the contributing factors to the elapsed of the RDF Pharmacies at these public hospitals. In addition, community residents have no or less knowledge about the workings of the RDF. The strength of a RDF Scheme is in the adequate participation and ownership by community residents because, they are the ones that drives the processes in making RDF Scheme successful. Besides the participation and awareness gaps, there is a huge deficit regarding the availability of policy framework on the running of the RDF Scheme. There is no culture of transparency, and accountability as revealed by the assessment unlike the case of Phebe and Kolahun Hospitals.
- *Pharmacies at these public health facilities:* The assessment thought us huge lessons about pharmacies located at these public hospitals that community residents need to understand as each pharmacy has its own uniqueness. There are three categories of pharmacies which include: 1. The Revolving Drug Fund-RDF pharmacy, 2. The Inpatient Department Pharmacy-IPD and 3. The Outpatient Department-OPD Pharmacy operating simultaneously at each of the hospital. In most cases, except for the Kolahun, and the Phebe Hospitals, residents are not aware of the distinctions between these pharmacies which is also a contributing factor to the increased in confrontations between residents and health workers. For example: The case of C.B. Dumber Hospital in Gbarnga, Bong County where a health worker was attacked by patient.

¹⁹ Viola Kekula, head of the Trained Traditional Midwives at the Phebe Hospital.

- *The government misinformation:* Disinformation campaigns by government authorities to residents about the provision of free medications to residents. On public medias, politicians continue to mislead residents that drugs are available and free of charge for patients which is a conflict-melting point, thus narrowing the success for RDF implementation. When residents go to the hospitals with the strong conviction of getting free treatment, they are later disappointed thus causing huge confusions between the hospital workers and residents.
- *The Proliferation of Drugstores:* The assessment revealed the increased in private drugstores believed to be owned and operated by health administrators or workers, which has become a threat to the RDF implementation, as well as threats to human lives due to the increased of fake drugs.

Data Analysis:

Lofa County Data Analysis:

RDF Scheme Policy: Of the 33 respondents, 25 placed more emphasis on the need for adequate policy action to direct the implementations of the RDF scheme. According to the respondents, most of the issues surrounding the RDF mismanagements is due to the lack of policy that promotes transparency and accountability. However, the Kolahun Hospital is doing much better than the others, even though there are still lots of lapses including policy gap as well.

Awareness and Participation: Out of 33 respondents, 27 agreed that community residents have limited understanding of the RDF implementation, for both hospitals (Telleworyan & Kolahun). It was revealed that on the large skill, huge number of community residents are not aware about the existence of the RDF Scheme and how it works. For the Kolahun Hospital, many residents are knowledgeable of the existence of the RDF Scheme and its functions. This is one of the supportive reasons why the Kolahun Hospital RDF Scheme is doing much better than the Telleworyan Hospital.

Readiness/preparedness: The Kolahun & Telleworyan Hospitals: The running of the RDF pharmacy is difficult especially with the Telleworyan Memorial Hospital (TMH). The assessment indicated that the Telleworyan Hospital is not in the readiness stage to continue the implementation of the pilot RDF scheme. To some extent, the RDF at the Telleworyan Hospital has broken down completely. Due to CDC led government political manipulations, the hospital ends up using the RDF drugs on patients from the OPD, and IPD Pharmacies without payment. However, the Kolahun Hospital RDF is partly working for its citizens despite some of the lapses. Kolahun RDF is managed by 4 board members representing the hospital, community residents, and a Civil Society Organizations that are doing best in making sure that essential drugs are available at its RDF pharmacy.²⁰ The Kolahun Hospital could be used as a case study for the implementation of RDF Scheme in Liberia based on couple of advancements made in the implementation of its RDF program.

Storage capacity for the RDF pharmacies: The issue of storage for the Kolahun RDF Pharmacy is highly challenged especially the storage in terms of cooling, separate storage capacity for the OPD and IPD Pharmacies are key issues that need urgent attention. For the Telleworyan Memorial Hospital, there are various structures for the hospital that can accommodate the 3 separate pharmacies (RDF, OPD, IPD). However, the administrators have not adequately distinguished between the 3 pharmacies (RDF, OPD,

²⁰ Truster M. Mulbah, District Health Officer, Kolahun Hospital, Kolahun City, Lofa County.

IPD) in terms of their operations practically. The safety of the drugs in terms of cooling capacity to keep the drugs safe is also lacking.

Pricing of drugs: One of the key obstacles to the running of the Kolahun RDF program is that residents/patients preferred to purchase drugs from surrounding drugstores because of the high prices of effective drugs at its RDF pharmacy. However, there is a proliferation of fake drugs on the market with less cost and residents are not aware of the complication or the effects of these fake drugs which is also a big problem to be addressed.

Bong County Data Analysis:

Policy: In Bong County; 25 respondents indicated that there is a policy available for the RDF implementations but could not provide reference documents or direct the assessors in obtaining such policy. Out of 26, 18 respondents agreed that there is a lack of transparency and accountability in the management of the RDF. It emerged that the RDF is only managed by the Hospital Administrator, the Medical Director, and the accountant despite the existence of the CB Dumbar Board of Directors. This is one of the major reasons the pilot RDF program has collapsed completely at the CB Dumber Hospital.

The banding of the RDF Scheme: Out of 25 respondents, 16 respondents who were health workers reported that National Government has banned the implementation of the RDF in Bong County. Because government has misinformed the residents that medications are available and free of charge at the CB Dumber hospital for patients, residents/patients go to these hospitals with the conviction of getting free treatment and are later disappointed thus causing huge confusions between the hospital workers and residents.

Lesson Learned:

- The Kolahun Hospital has essential drugs at its RDF Pharmacy because of some level of managerial practices that are in place, while the Telleworyan Memorial Hospital is lacking far behind due to bad management practices. There is a distinction between the three pharmacies which include the Revolving Drug Fund-RDF Pharmacy, Out Patient Department-OPD Pharmacy, and the Inpatient Department Pharmacy-IPD which allow them to take good stock to manage the RDF Pharmacy. It was also observed that community ownership of the RDF is gradually taking roots, as community residents are fully participating in the management of the RDF Pharmacy. Community residents are interested in inter-communal entrepreneurship through the Revolving Drug Fund Scheme to provide effective, adequate, and timely drugs to their communities.
- The Telleworyan Memorial Hospital has not been able to run the pilot RDF Scheme due to so many factors including the lack of transparency and accountability in dispensing of drugs, lack of community residents' input or participation in the running of the RDF, and on the overall, lack of policy that can effectively drive the process. In addition, there is too much of political influence that continue to manipulate the objective of the RDF pilot project. The Telleworyan Hospital is the biggest referral hospital within Lofa County located within the county political seat.
- *The CB Dumbar Hospital:* The CB Dumbar Hospital is the government largest hospital in Bong County that caters to thousands of residents. Despite the floors of patients, the hospital was partly emptied in terms of drugs. Many patients that visited the hospital needed to purchase their own medications from the drugstores despite the so-called existence of the pilot RDF Scheme. As a result of the progress made by the Kolahun Hospital in the piloting the RDF Scheme, a staff (Registered Nurse) was commissioned from the Kolahun Hospital to take

assignment at the CB Dumber Hospital to help revive the RDF Scheme. But because of huge political influence, she has not progress.

- *The Phebe Hospital:* For Phebe Hospital, which is a private owned health center, is more effective with the provision of healthcare services as compared to many public hospitals. Even though the RDF Scheme is partly working for this health center, but with lots of challenges including the influx of patients' majority of who are teenage pregnant girls who cannot afford to pay for the drugs thus bringing lost to the center. As a result, the Phebe Hospital is calling for regular government subsidy that can fill the gaps/loses as a result of providing freed medications to the underprivileged especially teenage pregnant girls.
- With the RDF implementation on one end, and the running of the In-Patient Department (IPD), & Outpatients Patients Department (OPD) Pharmacies funded by government and donor funding on the other, residents must be aware of the two distinctions to make the RDF works. On the overall, only policy actions can best distinguish them including their operations and functions that could be communicated to the public²¹.

Key Recommendations: Bong and Lofa Counties:

- Based on the findings, residents including healthcare workers are recommending to the national government to muster its political will in adequately supporting the RDF scheme through the formulation and enforcement of roadmap, and policy including budgetary allotments that will enhance and strengthen the management of the RDF Scheme across the counties. The development of a RDF policy should originate from the communities including residents, hospital workers, and residents to address the numerous challenges including, mismanagement, transparency, accountability, supplies of essential drugs, prices of medications, exemptions of fees, amongst other managerial issues.
- Due to communities' lack of awareness on RDF Scheme implementation, residents and healthcare workers are recommending that after an inclusive RDF policy is drafted and institutionalized, a wider public awareness and sensitization be carried out on the running of the RDF Scheme. The pilot RDF Scheme implementations within the two counties as taught a lesson that the RDF can only be successful, if the residents are totally involved with the entire processes which will reduce any political manipulations as in the current case under the CDC led government headed by George M. Weah.
- To have an effective RDF scheme, there should be holistic training for health workers at various levels including its managerial boards members etc. that are comprised with various community residents/stakeholders' representatives with periodic mentoring to strengthen the processes.
- Government must lift the ban on both the CB Dunbar Maternity Hospital in Bong County and the Tellewonyan Memorial Hospital in Lofa County on the RDF Scheme implementations and stop its interference and manipulating into the RDF Scheme program.
- National government through the Health Ministry should urgently tackle the proliferation of drugstores with fake drugs circulating to save lives and promote the RDF scheme.

²¹ Stephen J. Johnny, Teleworyan Memorial Hospital (TMH) Assistant Administrator

- It is recommended that both the Telleworyan Memorial Hospital (TMH) and the CB Dunbar Maternity Hospitals learn best practices from both the Kolahun and Phebe Hospitals through learning exchange and experience sharing meetings including visitations to improve the RDF implementation. For example: The commissioning of a Registered Nurse from the Kolahun Hospital to the CB Dumber Hospital.
- To address the financial losses at the RDF Pharmacies created by providing free treatment to the under privileged, especially teenage pregnant girls, improve the revenue of the RDF Pharmacies, especially where there are fees waiver for some patients, residents, and healthcare practitioners, RHRAP and its partners are strongly recommending to local county authorities including national health leadership, and other eminent residents to consider using aspects of the County Social Development Fund (CSDF) that is provided by government yearly. Additionally, local county authorities should consider using the Revenue Sharing Law as a tool to consider increasing budgetary allotments to support, finance and complement the losses at the RDF pharmacies across the Counties. In addition, the RDF Scheme implementation Board and Management Team should be more inclusive, participatory, and accommodating with gender sensitivity with adequate communities' representations.

Conclusion:

The reintroduction and strengthening of the Revolving Drugs Fund-RDF Scheme implementation would be a significant step forward in addressing primary healthcare security including the reduction in infant and child mortality as well as maternal mortality in Liberia especially in remote rural communities that are not mostly assessable and not covered by some national statistics. This is one of the cardinal reasons why rural residents are requesting for the establishment of an RDF Scheme in their communities to be controlled or managed by communities themselves without political manipulation.

The various findings in this report indicates that the RDF is a good initiative that can strengthen Liberia's healthcare system that reaches to the under privileged people. Therefore, national government needs to muster its political will in adequately supporting the RDF scheme through the formulation of stronger national policy framework that focuses on good governance of the RDF Scheme and budgetary allotments with stronger monitoring framework for transparency and accountability. Such policy framework needs adequate participation of community residents, including hospitals & RDF Board Members, and other key players within the counties such as Religious, Traditional, & Community Leaders, Youth, Women, & Disable Groups to strengthen the functionality and effectiveness of the RDF Scheme implementation. From our findings, RHRAP strongly recommends that the RDF policy framework should not originate from the top to bottom, but rather use the bottom to top approach. It is also good to emphasize that based on the deplorable healthcare system in Liberia, the CDC led Government needs to lift the ban it has imposed on the implementation of the RDF Scheme at both the CB Dunbar Maternity Hospital in Bong County and the Telleworyan Memorial Hospital in Lofa County. The development and enactment of a policy framework that include budgetary appropriation for the establishment and running of the Revolving Drug Fund- RDF Scheme in Liberia will further strengthen Liberia's healthcare system that will benefit millions of Liberians especially the marginalize groups.

Finally, given the current deplorable condition of Liberia's healthcare system, compounded with limited budgetary allotment for the Ministry of Health (MOH), the RDF Scheme should be linked with the County Social Development Fund-CSDF, and the Revenue Sharing Law- RSL to strengthen resource mobilization to keep the RDF adequately functional to serve the wider population with emphasis on the underprivileged population.

Limitation of the Assessment:

RHRAP Assessors were not successful in collecting accurate data from the four hospitals piloting the RDF *on the number of patients that the RDF Pharmacies have provided drugs and other healthcare services to over the year (s)*; which RHRAP thinks is a limitation. For the Kolahun Health, some estimates were provided by the RDF Pharmacy Dispenser, however, there were no clear computerized statistics indicating the number of patients that benefited from the RDF Pharmacies over the years which is very key; as a result, the number provided could not easily be verified to be included in this report.