Applying the Social Determinants of Health (SDH) Framework to Liberia’s Post-Ebola Recovery

Using the work of Partners in Health in southeast Liberia as an operational model

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Background
The focus of social determinants of health (SDH) work on high income countries (HICs) produces theoretical gaps that can inhibit the thoughtful design of policy in low and middle income countries (LMICs), especially when responding to health crises unlike those seen in HICs. Existing literature deals extensively—yet separately—with the post-Ebola health systems and economic recovery efforts in Liberia.

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Upstream causes of the Ebola epidemic and its patterned victimization
✓ Colonialism
  ✓ Large-scale mining
  ✓ Economic adjustment
✓ Trans-Atlantic slave trade
  ✓ Community trust correlated with the number of slaves taken from region.
✓ History of civil war
  ✓ 354 out of 550 health centers left
  ✓ 77% of healthcare conducted by NGOs
✓ Foreign aid environment
  ✓ Disease-specific

Evidence of SDH at work during the outbreak
2. Social class
3. Secondary deaths from malaria, childbirth
   1. 19% increase in maternal mortality

Integrating post-Ebola health systems and economic recovery efforts
Economic losses totaled US$200 million. Trade routes can be used for public health purposes.

Striking a balance: the work of PIH in southeast Liberia
✓ Social and economic support program
  ✓ Harper woodshop
  ✓ Agriculture today in Liberia

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