

Liberia



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Fourteen years of violent conflict led to massive population displacement, severe insecurity and disruption of social services. About 250 000 persons have been killed with many more injured. It is estimated that until now less than 10% of the population have access to health care, with unequal urban-rural access. With the return and reintegration of more than 315 000 internally displaced persons (IDP) and refugees from neighbouring countries, 9000 IDPs still receiving assistance, a fertility rate of 6.8, together with regional instability, Liberia is facing a challenging situation. This requires greater support from the international community for the work of the UN to ensure a smooth transition under the newly elected Government.

HEALTH & DEVELOPMENT

The war worsened the health of the population who now face reductions in health care coverage, access to health services and access to water and sanitation. As a consequence, disease control efforts have stopped, life expectancy has fallen, overall morbidity and mortality have significantly increased and the health information system has collapsed.

Communicable diseases are major causes of morbidity and mortality; malaria, acute respiratory infections, diarrhoea, tuberculosis, schistosomiasis and onchocerciasis have a high prevalence and there is a continuing risk of outbreaks of cholera, yellow fever and Lassa fever, as well as increasing risk of HIV/AIDS.

Malnutrition is common, affecting mainly women and children.

Noncommunicable disorders are prevalent, especially mental health, injuries, disabilities and gender-based violence. About two thirds of women were subjected to sexual and gender-based violence (SGBV, including rape) during the conflict. There is a focal point for SGBV in the Women Health & Development Unit within the Ministry of Health and Social Welfare (MOH&SW).

Maternal mortality is very high. In 2000, less than 11% of deliveries were attended by skilled staff and worsening of the reproductive care services has caused further deterioration of the situation.

Infant and under five mortality rates are high, due mainly to neo-natal tetanus, malaria, measles, malnutrition, diarrhoeal disease, acute respiratory infections (ARI) and yellow fever.

Infrastructures have been destroyed and/or looted. Looting of cold chain equipment, laboratory network, generators and supplies hinders immunization efforts and remains a major challenge to all health programmes, including the EPI programme. Health care staff has low capacity to support post-traumatic recovery and to manage victims of violence including rape.

The economy collapsed during the conflict. About 76 % of the population currently live below the poverty line and more than 90% survive with less than US\$ 2 per day. Liberia is ineligible for lending programmes due to more than US\$ 3 billion external and domestic debt and default on loan repayment, but without targeted assistance it will remain one of the most precarious countries in the region especially concerning issues of food security.

Total population (2005) ¹	3 283 000
% under 15 (2005) ¹	47
Growth rate % (2000-2005) ¹	1.4
Population distribution % rural (2005) ¹	52
Total fertility rate (2004) ²	6.8
Life expectancy at birth (2004) ²	42
Under-5 mortality rate per 1000 (2004) ²	235
Maternal mortality ratio per 100 000 live births (2000) ³	760
Total expenditure on health % GDP (2004) ⁴	4.5
General government expenditure on health as % of general government expenditure (2004) ⁴	14.3
Gross National Income (GNI) per capita US\$ (2004) ⁵	110
Adult (15+) literacy rate (2000-2004) ⁶	55.9
Adult male (15+) literacy rate (2000-2004) ⁶	72.3
Adult female (15+) literacy rate (2000-2004) ⁶	39.3
% population with access to improved drinking water sources (2002) ⁷	62
% population with access to improved sanitation (2002) ⁷	26

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Recent election and constitution of a new Government WHO appointed as leader of the Health Cluster Health system operating in partnership with different stakeholders, missions/churches and nongovernmental organizations (NGOs) The MOH&SW chairs several Inter-Agency Coordination Committees (e.g. immunizations, malaria, HIV/AIDS, tuberculosis) Decentralization of the health system is in progress. 	<ul style="list-style-type: none"> Deep roots of civil conflict persisting and threatening future stability (limited integration of different ethnic groups, imbalanced wealth distribution) Rehabilitation/reconstruction of the health system under economic sanctions Serious crisis in human resources for health Development of a National Agenda that addresses short, medium and long term health needs in the post-war era High vulnerability of the entire population to communicable diseases Inadequate drug procurement and distribution systems Lack of adequate financial and logistic support for CHTs (County Health Teams) to perform effectively as county health service coordinators.

Sources:

- ¹United Nations Population Division
- ²World Health Report 2006
- ³World Health Report 2005
- ⁴WHO data on National Health Accounts
- ⁵World Development Indicators 2005 (World Bank)
- ⁶UNESCO Institute for Statistics
- ⁷United Nations Statistics Division

PARTNERS

International aid is a major source of health sector funding. There are 21 NGOs active in the health sector, 17 of which are international nongovernmental organizations (INGOs). Technical and financial partners support activities such as health facility rehabilitation/reconstruction; provision of drugs, medical supplies and equipment; immunization, logistics, human resource development and capacity building.

Bilateral partners include China, Germany, the Netherlands, Norway, Sweden, the United Kingdom of Great Britain and Northern Ireland and the United States of America. Multilateral partners include the African Development Bank, the European Union, United Nations (UN) agencies, the World Bank, and several INGOs. In 2003 the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) approved US\$ 24.3 million to scale up interventions against HIV/AIDS, tuberculosis and malaria.

UN agencies participate in the Humanitarian Action Coordination Committee (HAC), interagency planning meetings and WHO provides technical support to the MOH&SW at the Health Sector Coordinating Committee.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • A joint needs assessment undertaken in 2003 by the UN, World Bank and the National Transitional Government of Liberia; informed the Results Focused Transitional Framework (RFTF) and is guiding partners interventions • A Donors Conference held in New York in 2004 pledged US\$ 520 million aid; around US\$ 67 million were received for health, nutrition, water and sanitation (UNDP) • The Consolidated Appeal for Liberia 2006 seeks US\$ 120 991 657 including US\$ 23 371 136 for the health sector • INGOs have a consortium to coordinate their activities. 	<ul style="list-style-type: none"> • Implementing humanitarian action by UN agencies and various NGOs in collaboration with local authorities with little coordination capacity by the MOH&SW • Lack of institutionalized mechanisms for resource mobilization and disbursement delays • Inequitable allocation of resources and low resources from the National Budget, donor fatigue in a changing political environment.

WHO STRATEGIC AGENDA (2005-2010)

WHO works with the Government and other partners for the protection and promotion of health and well-being of the people through: partnership and intersectoral collaboration; adopting a wider approach to health within the context of human development, humanitarian action and human rights (Sector-Wide Approach); focusing on the links between health and poverty reduction and social inequalities; and supporting the Government to achieve the Millennium Development Goals (MDGs). The following strategic areas have been identified:

- **Emergency preparedness and humanitarian response.** Support the MOH&SW and partners to strengthen capacity in preparedness and timely humanitarian response to health emergencies through a) measuring ill-health and promptly assessing health needs, identifying priority causes of ill-health and death; b) supporting the country in coordinating action for health; c) identifying and filling critical gaps in health response (such as gender-based violence); d) revitalizing and building capacity of national and local health systems and e) formulating an emergency preparedness and response policy and plan.
- **Health system development.** Strengthen the MOH&SW stewardship capacity and efforts to re-construct and revitalize the national health system using the Primary Health Care approach to increase access to essential integrated quality care. Promote intersectoral collaboration and partnership coordination for health to support the rapid reconstruction of the health system. Support the MOH&SW to review/formulate national policies and develop a HR National Strategic Plan including financing; strengthening managerial capacity; supporting community participation and active involvement in health.
- **Disease prevention and control.** Support the MOH&SW to effectively prevent and control communicable and non-communicable diseases, reducing morbidity and mortality. Review policies and implement control activities of the six major killers (malaria, acute respiratory infections, diarrhoea, malnutrition, tuberculosis and vaccine preventable diseases) and other endemic diseases; prevent and respond to disease outbreaks; provide people with the relevant information and skills to prevent ill health and maintain healthy environment and lifestyles; prevent and control non-communicable diseases; and develop an integrated disease surveillance system.
- **Improvement of maternal and child health.** Support the Government efforts to attain the MDGs through provision and coordination of technical assistance and advocacy for increased access to comprehensive maternal and child services.



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ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/lbr/en/>

WHO's Department for Health Action in Crises (HAC) country page <http://www.who.int/hac/crises/lbr/en/>

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