



# Liberia



## The Present Context

With a GDP per capita of US\$140, Liberia emerges from 14 years of conflict as one of the poorest countries in the world. More than 80% of the population lives on less than \$1 per day and 52% live in extreme poverty. Unemployment stands at 85%. One in six Liberians depends on international food assistance. Despite some progress towards peace and stability, the situation remains fragile, particularly in view of the precarious regional context. A large influx of refugees from Côte d'Ivoire could be disastrous.

Since December 2003, close to 100,000 ex-combatants have been disarmed and demobilized. The deployment of the UN peace-keeping forces has increased access to vulnerable groups, but new challenges are emerging with the imminent return of hundreds of thousands of internally displaced persons, ex-combatants and refugees. Rehabilitation, reintegration and reconstruction activities are therefore going to be central to the country's future stability.

Included in:  CAP 2005

Crisis involving: The Whole Population

## Millennium Development Goals in Liberia

The World Bank MDG profile for Liberia provides some figures that can be consulted at: <http://devdata.worldbank.org/idg/IDGProfile.asp?CCODE=LBR&CNAME=LIBERIA&SelectedCountry=LBR>  
Overall, progress is limited.

## Main Public Health Issues and Concerns

### Health Status

- No reliable current data are available on the burden of disease. Past indicators point to extremely high mortality and morbidity, putting Liberia at the 43<sup>rd</sup> ranking out of 46 sub-Saharan countries in relation to mortality. One can assume that health indicators have deteriorated over the last years as a result of the war.
- Findings from the most recent national health and nutrition survey (2000) give estimates of a under five mortality rate of 235 per 1,000 births. Maternal mortality rate is estimated at 578 per 100,000 live births.
- Malnutrition is widespread. 39% of children under five are stunted, 26% underweight and 6% severely wasted. Higher figures have been recorded in IDP camps and outside Monrovia.
- Communicable diseases, especially malaria, diarrhoea, acute respiratory infections and measles, are the major causes of morbidity and mortality. Outbreaks of cholera – endemic – and yellow fever are frequent.
- By the end of 2003, the prevalence of HIV/AIDS infection was estimated at around 5.9%, with some urban sentinel sites reporting a higher prevalence of 20%.
- Gender-based violence has increased during the conflict. According to a survey, nearly half of the women interviewed had experienced physical and sexual violence by fighters. This has facilitated the spread of STIs and HIV/AIDS, and has resulted in increased numbers of unwanted pregnancies, induced abortions, and mental ill-health.

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## Health System

- The impact of the war on the health sector has been severe:
  - Most of health facilities outside Monrovia have been destroyed, looted or damaged;
  - Lack of security has contributed to the worsening of the urban bias; in large areas of the country, no health care is available to the population;
  - Without maintenance and replacement, transport and medical equipment is obsolete;
  - The capacities and role of the MoH have diminished significantly;
  - Chronic under-funding has resulted in attrition of skilled professionals from the public to the private sector, lack of maintenance of infrastructure, and insufficient availability of drugs and other key medical supplies.
- Out of the 500 fixed posts for immunization previously operating, only 100 to 150, located around Monrovia, are functioning. For more details on immunization coverage see: <http://www.who.int/vaccines/globalsummary/immunization/countryprofileresult.cfm?C='lbr'>
- Access to antenatal care, is inadequate and a high proportion of deliveries takes place at home. Lack of emergency obstetric care interact with poor nutritional status to adversely affect maternal health outcomes.
- Output and coverage indicators are low and declining: in 2002, the number of outpatient consultations in public health facilities was only 0.2 per person per year, a drop of 50% in relation to the previous year. At the end of 2003, the weekly surveillance system covered only 12% of all reporting sites.

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## Main Sector Priorities

The most urgent sector priority is expanding primary health care and targeting vulnerable groups (including IDPs, refugees, returnees and demobilized soldiers). The transitional recovery strategy<sup>1</sup> presented early 2004 put forward the following key priorities over the next few years:

- Rehabilitation of strategic regional hospitals and PHC centres, and provision of funds for their recurrent expenditures;
- Expanded network of clinics through community-based rehabilitation projects;
- Institutional support to the MoH in key functions such as policy development, health information system, regulation, implementation of selected programmes and monitoring of external aid.
- Development of a master plan to guide the allocation of resources for future investments and development.
- Support to existing health programmes – communicable diseases surveillance, EPI, HIV/AIDS, malaria, and reproductive health – and introduction of specialized services – psychosocial programmes, interventions to support victims of gender violence, etc. – to address unmet health needs related to the conflict.

The sudden arrival of 10,000 – and potentially more – refugees from Côte d'Ivoire adds a new dimension to these priorities. To preserve the security and good health of both local host communities – many of whom have recently returned from exile themselves – and refugees, health systems and programmes in border areas need to be reinforced, clinics augmented, essential medicine provided, communicable disease and HIV/AIDS surveillance reinforced, and community health workers trained.

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<sup>1</sup> The National Transitional Government of Liberia (NTGL), the UN, the World Bank and the International Monetary Fund (IMF) have developed the plan for Liberia's reconstruction, The "Joint Needs Assessment" as a blueprint for national recovery. See <http://www.who.int/mediacentre/news/releases/2004/pr11/en/>