

LIBERIA



HEALTH SECTOR NEEDS ASSESSMENT

Civil conflict in Liberia, as well as prolonged regional instability, has displaced hundreds of thousands of people as refugees and IDPs. Although the facilitation of the return process is well under way, the pace of repatriation during 2005 was slow as many refugees were awaiting the outcome of the elections to return. Liberians are finally preparing for the inauguration of a new Government in January 2006.

HEALTH SERVICES: Fourteen years of conflict have contributed to the deterioration of health care services in Liberia. In the last two years there has been a gradual expansion in humanitarian emergency health actions to accessible areas of the country. However, the health care delivery system is still in the emergency phase and is heavily reliant on additional external resources in order to increase primary health care coverage and build human and institutional capacity.



The health care system in Liberia is highly dependent on support from Agencies and NGOs, which currently implement more than 90% of health service delivery. Access to basic and secondary health care services is still a major problem as more than 75% of the population has no access to referral care services such as essential and emergency obstetric care.

MATERNAL AND CHILD HEALTH: Inadequate health services have resulted in some of the highest infant (157/1,000 live births) and maternal (580/100,000 live births) mortality rates in the world. Childhood malnutrition is high with 39% of children under five stunted, 86% of children 6-23 months anaemic and 53% deficient in vitamin A. The high rates of preventable disease as well as early mortality and poor nutrition not only hinder economic growth but also affect negatively development, including the possibilities for community rehabilitation and revitalization.

HIV/AIDS: The prevalence of HIV/AIDS is conservatively estimated to be around 8.2% and lack of information and services such as care, support and counselling needs to be addressed urgently if the epidemic is to be controlled. Other factors such as growth in the commercial sex work industry, limited condom use, stigma and misconceptions, further contribute to the rapid spread of the disease. Presently there is no national procurement policy for medical drugs and supplies, which would ensure their uninterrupted provision. In addition, the lack of a functioning comprehensive surveillance of vaccine preventable and other diseases creates a difficult health care environment.

HEALTH PRIORITIES

- Provision of basic health services: Expand health care support, rehabilitation and institutional capacity building activities to ensure coverage for all Counties while increasing the access of Liberians to community, primary and secondary health care services, including psychosocial and mental health care, from 69.4% to 85% of the population.
- Health Systems Support: Improve coordination mechanisms among Health Sector stakeholders in order to strengthen the capacity of national and local health infrastructures, supporting and re-establishing the national and county health coordination meetings, and developing a sustainable essential drugs supply system
- Surveillance: Strengthen routine epidemiological surveillance, nutritional surveillance, early warning systems, response mechanisms, and outbreak investigation systems through improving the capacity of national and county-level health teams in 15 counties to monitor disease trends.
- Reproductive and Child Health: Reduce the maternal mortality rate from 578/100,000 to 520/100,000, the under-five mortality rate from 194/100,000 to 175/100,000, ensure the proportion of 1 year olds immunized against measles exceeds 60% and the proportion of acute malnutrition is under 10%, through improving reproductive health services, re-introducing the integrated management of childhood illnesses, and strengthening Synchronised National Immunization Days and Expanded Programme on Immunization (EPI).
- HIV/AIDS – and Primary Co-infections (TB and Opportunistic Infections): Nationwide presence of HIV prevention and education programme including Voluntary Counselling and Testing (VCT), Information, Education, Communication (IEC) and Behaviour Change Communication (BCC).

WHO proposed projects in the CAP 2006	Funds Requested*	Implementing partners
Coordination of health sector actions LIB-06/HI 8	139,900	All health and nutrition sector partners
Strengthening disease surveillance and early warning system in nine counties LIB-06/HI 9	189,880	MoH and health sector NGOs working at the project area
Strengthening sexual gender based violence prevention, and medical, psychosocial and mental health support to raped victims and other vulnerable groups LIB-06/H20A	386,029	UNFPA, MoH and NGOs in the sector
Polio eradication initiative LIB-06/HI 4A	2,990,790	UNICEF, MoH, NGOs, civil society

*Amounts given in US dollars.

Total requested: USD 3,706,599

2005 donors: European Commission, Finland, UNHCR

Addendum to the Compendium of CAP and Other Appeals: Health 2006

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