

Liberia



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Total population	3,400,000
% Under 15 (2007)	47
Growth rate % (2000-2005)	2.1
Population distribution % rural (2007)	52
Total fertility rate (2007)	5.2
Life expectancy at birth (2007)	42
Under-5 mortality rate per 1000 (2007)	111
Maternal mortality ratio per 100 000 live births (2007)	994
Total expenditure on health as % of GDP (2008)	11
General government expenditure on health as % of general government expenditure (2007)	7.49
Gross national income (GNI) per capita US\$ (2007)	185
Adult (15+) literacy rate	55
Adult male (12+) literacy rate	69
Adult female (12+) literacy rate	41
% population with access to improved drinking water source	61
% population with improved access to sanitation	27

Sources:
 LDHS
 Health Financing Report 2010
 Ministry of Finance Report 2010
 CWIQ - 2007

After decades of economic mismanagement and fourteen years of brutal civil war, the country is now recovering. The economy is expanding rapidly, with growth accelerating to over 9 per cent in 2007. Access to health services has increased from 26% in 2003 to 41% in 2008 (still unsatisfactory). Fertility rate has also reduced from 6.8% in 2004 to 5.2% in 2007. The country still faces enormous challenges in rebuilding the health sector. Current access to health care services stands only at 40%.

HEALTH & DEVELOPMENT

Several key health indicators have begun to improve since 2003, but remain unsatisfactory. In particular, infant and under-five mortality rates have reduced significantly. Infant mortality rate dropped from 117 to 72 deaths per 1000 live births, under-five mortality also dropped from 194 to 111 deaths per 1000 live births, while maternal mortality increased from 578/100 000 live births in 2000 to 994/100 000 in 2007. The health information system and other support systems have been revitalized but needs to be strengthened.

Communicable diseases - Malaria remains the leading cause of morbidity and mortality followed by diarrhea and acute respiratory infections. The national HIV/AIDS prevalence rate is now 1.5%, a sharp decrease from the 2006 estimated rate of 5.2%. However, ANC sentinel survey indicates HIV/AIDS rate of 5.4%.

Malnutrition is still common affecting mainly women and children; with stunting and wasting in under-five at 39% and 8% respectively.

Noncommunicable disease - While mental health, injuries and disability remain a major health concern, the MOH has developed a national mental health policy and is in the process of developing a national plan. Mental health has been included in the basic package of health services. Also, a national social welfare policy has been developed, and a number of interventions targeted. A national policy and plan on SGBV has been implemented.

Maternal mortality is very high at 994 per 100 000 live births; contributing factors include acute shortage of skilled staff, inadequate referral systems, etc. Moreover, less than half (46%) of births are attended by health professionals.

Infant and under-five mortality rate - have reduced significantly. Infant mortality has declined from 117 to 71 per 1000 live births, while under-five mortality has also declined from 194 to 111 per 1000 live births. This represents a halving of the 1992-1996 infant and under-five mortality rates.

Infrastructure - Although sustained severe damage on account of the war, 250 facilities (including hospitals, health centres and clinics) have either been rehabilitated or reconstructed throughout the country. Infrastructure reconstruction and rehabilitation plan estimate 80% restoration of cold chain facilities during the plan period 2007-2011. Establishment of a reference laboratory is on-going.

The Liberian economy is gradually recovering. The economy is expanding rapidly with growth accelerating to over 91% in 2007. Stringent economic measures introduced by government have resulted in marked reduction in both its foreign and domestic debts averaging in 2006 to US\$4.5 billion. Poverty is still pervasive with 76% of the population currently living below poverty line surviving on less than US\$1.00 per day. Food insecurity is still high and is evident in poor nutritional status of the population. An estimated 11% of household in rural/semi-urban parts of the country are food insecure.

Partners - While government budgetary support to the health sector has improved from 5.2% in 2005 to 7.7% in 2008, external aid flow has been substantial averaging about 48 to 50% of all funding to the sector.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Election and constitution of new Government Health system operating in partnership with different stakeholders, missions/churches and nongovernmental organizations (NGOs) The MOHSW chairs several Inter-Agency Coordination Committees (e.g. immunizations, malaria, HIV/AIDS, tuberculosis) as well as the overall coordination meeting of the health sector through the HSOC Decentralization of the health system in progress Revision of the National Health Policy and development of a national plan Continuous donor support to the sector Annual review of the national health plan provides opportunity for donor support 	<ul style="list-style-type: none"> Serious crisis in human resources for health High vulnerability of the entire population to communicable diseases Inadequate drug procurement and distribution system Lack of adequate financial and logistic support for Country Health Teams (CHTs) to perform effectively as country health service coordinators Bad road conditions

PARTNERS

International aid is a major source of health sector funding. There are over 30 NGOs active in the health sector, approximately 13 of which are international nongovernmental organizations (NGOs). Technical and financial support activities such as health facility rehabilitation/reconstruction; provision of drugs, medical supplies and equipment; immunization, logistics, human resource development and capacity building are being provided and delivered.

Bilateral partners include China, Germany, the Netherlands, Norway, Sweden, the United Kingdom of Great Britain, Switzerland, Ireland and the United States of America. Multilateral partners include the African Development Bank, the European Union, United Nations (UN) agencies, the World Bank. In 2008 The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) approved US\$16.26 million to scale up interventions against HIV/AIDS, tuberculosis and malaria.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Increased government budgetary support to the health sector Availability of National Health Policy and Plan Establishment of a Pool Fund Hosting of Annual National Health Conference that brings together all partners with increased commitment to the sector Increased donor support INGOs have a consortium to coordinate their activities Attainment of HIPC status Introduction of performance based financing Quarterly review of implementation status of BPHS 	<ul style="list-style-type: none"> Withdrawal of a number of INGOSs Shortage of skilled human resources for health Low institutional capacity especially at county level Rehabilitation/reconstruction of the health system under economic sanction Lack of institutionalized mechanisms for resource mobilization and disbursement delays Destroyed infrastructure Financial sustainability

WHO STRATEGIC AGENDA (2008-2011)

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 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 deaths; (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 rebuilding capacity for 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 reconstruct and revitalize the national health system using the Primary Health Care approach (Basic Package for Health Services) 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 noncommunicable diseases, reducing morbidity and mortality. Review policies and implement control activities for the six major killers (malaria, acute respiratory infections, diarrhea, 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 noncommunicable diseases; and develop an integrated 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.

ADDITIONAL INFORMATION

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

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