World Health Organization

# Country Cooperation Strategy *at a glance*

# Liberia

http:// www.who.int/countries/en/

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|---|---|
| WHO region | Africa |
| World Bank income group | Low-income |
| **CURRENT HEALTH INDICATORS** | |
| Total population in thousands (2012) | 4190 |
| % Population under 15 (2012) | 43.06 |
| % Population over 60 (2012) | 4.76 |
| Life expectancy at birth (2012)<br>Total, Male, Female | 60 (Male)<br>63 (Female)<br>62 (Both sexes) |
| Neonatal mortality rate per 1000 live births (2012) | 27 [16-45] (Both sexes) |
| Under-5 mortality rate per 1000 live births (2012) | 75 [56-100] (Both sexes) |
| Maternal mortality ratio per 100 000 live births (2010) | 770 [430-1500] |
| % DTP3 Immunization coverage among 1-year-olds (2012) | 77 |
| % Births attended by skilled health workers (2007) | 46.3 |
| Density of physicians per 1000 population (2008) | 0.014 |
| Density of nurses and midwives per 1000 population (2008) | 0.274 |
| Total expenditure on health as % of GDP (2011) | 19.5 |
| General government expenditure on health as % of total government expenditure (2011) | 18.9 |
| Private expenditure on health as % of total expenditure on health (2011) | 68.4 |
| Adult (15+) literacy rate total (2010) | 60.8 |
| Population using improved drinking-water sources (%) (2011) | 89 (Urban)<br>60 (Rural)<br>74 (Total) |
| Population using improved sanitation facilities (%) (2011) | 18 (Total)<br>30 (Urban)<br>7 (Rural) |
| Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2007) | 83.8 |
| Gender-related Development Index rank out of 148 countries (2012) | 143 |
| Human Development Index rank out of 186 countries (2012) | 174 |

**Sources of data:**
Global Health Observatory April 2014
http://apps.who.int/gho/data/node.cco

## HEALTH SITUATION

After years of conflict, the health status of the Liberian people is improving, though gradually. Infant mortality rate has declined from 144 deaths in 1986 to 73 deaths per 1000 live births in 2009 and under-five mortality rate has also declined from 220 per 1000 live births to 75 per 1000 live births in 2012. The country is among six other countries in Africa to have attained MDG 4. Maternal and neonatal mortality, on the other hand, remain very high. The LDHS 2007 put the maternal mortality ratio at 994/100 000 live births while the mortality estimate report by WHO and other UN agencies estimates the maternal mortality ratio at 770/100 000 live births in 2010. As a result, the country is not on track to meet its health MDG targets (5 and 6). Furthermore, there are wide disparities in health status across the country, closely linked to underlying socioeconomic, gender and geographical disparities. Life expectancy at birth in Liberia has improved from a low of 45.2 years in the 1990s, to an estimated 62 years by 2012.

The country's burden of communicable diseases remains high. Malaria is the leading cause of morbidity and mortality in the country. According to the 2009 Liberia Malaria Indicator Survey (LMIS 2009), Malaria prevalence in children under five was 32%, down from 66% in 2005 (LMIS 2005). The LMIS 2011 showed further decline in malaria prevalence to 28%. According to the 2009 Health Facility Survey, malaria accounts for 34.6% of outpatient visits and 33% of in-patient deaths. Acute Respiratory infections continue to be the second leading cause of morbidity, after malaria. Diarrheal diseases account for 4% to 6% of all outpatient consultations. Tuberculosis prevalence is currently estimated at 4 per 1000. HIV prevalence rate is 1.5% according to LDHS 2007. Remarkable progress has been made with regards to control of vaccine preventable diseases. In this regards, maternal and neonatal tetanus elimination has been achieved, polio free status has been maintained while measles control effort has been achieved and efforts are being directed towards measles elimination.

The burden of NCDs is unknown, though some piece-meal hospital based studies have been conducted. Scopes of these studies were limited to complications related to hypertension and diabetes mellitus. With the emerging concern of noncommunicable diseases risk factors in Liberia, the country has recently developed a national NCD policy and strategic plan

Liberia has recently experienced an outbreak of new/re-emerging condition such as Ebola, viral haemorrhagic fever. Neglected tropical diseases such as lymphatic filariasis also remain a burden. Efforts at prevention of these infections are being scaled up in the country; however, malaria and diarrheal diseases remain major causes of childhood morbidity and mortality in the country.

## HEALTH POLICIES AND SYSTEMS

Liberia has established a national vision of becoming a middle-income country by 2030 and the health and social welfare of the population are critically important to reach that vision. Therefore, in order to substantially improve the health status and social welfare of the population, the government led a participatory process of establishing a holistic, evidence-based policy framework and Plan (2011-2021) explicitly aimed at guiding decision makers through the next ten years. The National Health and Social Welfare Policy has been formulated at an important juncture in Liberian history. Within a context of stability and economic growth under a legitimate, accountable government, the country is shifting its focus from short-term recovery to long-term national development. Therefore the National Health and Social Welfare Policy focuses upon nationally set priorities on which all concerned partners are asked to concentrate their efforts in order to develop the accessible, responsive system necessary to substantially improve the health and social welfare of the population. In terms of service provision. The plan's main aims are: ensuring basic health services within 5 km of most communities, strengthening the existing services to increase coverage and utilization, and expanding the Essential Package of Health Services; and also increasing Human Resources for Health from 8000 to 15 000 by 2021. However, the country faces a number of major challenges such as limitation of financial resources, shortage of essential health workers, etc. In addition, the country has also ratified the FCTC, and is making some progress in banning smoking in public places.

## COOPERATION FOR HEALTH

Aid flow to the health and social welfare sector has tremendously improved since 2006. To-date, the pattern of development assistance to the health and social welfare sector has shifted from relief and humanitarian assistance to recovery and reconstruction. This increase has been attributed mainly to a series of economic reform measures instituted by the government. As indicated, recent and current levels of financial and technical assistance from donors to Liberia have been high and steady. The sustainability of donor funds for future needs, however, is uncertain. Notwithstanding, the government has highlighted its intention in the National Health and Social Welfare Policy and Plan 2011-2021, to play a greater leadership role in encouraging continuation of donor funding by improving coordination of donor efforts. It is the intention in the National Health and Social Welfare Policy and Plan 2011-2021, to play a greater leadership role in encouraging continuation of donor funding by improving coordination of donor efforts. Technical assistance from donors to Liberia has been high and steady. The sustainability of donor funds for future needs, however, is uncertain. While most of the large donors currently in the health sector in Liberia do appear to be committed to supporting the sector, this is not the case for all donors.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2013-2017)

| Strategic Priorities | Main Focus Areas for WHO Cooperation |
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| **STRATEGIC PRIORITY 1: Intensifying the Prevention and Control of Communicable and Noncommunicable Diseases:** To effectively prevent and control communicable and noncommunicable diseases, in order to reduce the resultant morbidity, mortality and disability. | • Review policies and implement activities related to prevention and control of the six major causes of mortality: malaria, diarrhoea, malnutrition, ARI, tuberculosis and vaccine-preventable diseases, including introduction of new vaccines<br>• Strengthen the Neglected Tropical Diseases Programme with focus on onchocerciasis, lymphatic filariasis, HAT, guinea-worm disease eradication, soil-transmitted helminthiasis, and Buruli ulcer<br>• Intensify activities for the prevention and control of malaria, tuberculosis and HIV/AIDS, as part of the implementation of the recommendations of WHO Commission on Macro-economy and Health<br>• Prevent and control communicable and noncommunicable diseases, in order to reduce the resultant morbidity, mortality and disability<br>• Prevent and respond to disease outbreaks (cholera, yellow fever, Lassa fever and probably rabies |
| **STRATEGIC PRIORITY 2: Promoting Health Through the Life-Course (Putting the Health of Mothers and Children First:** To increase the capacity of MHSW to reduce these childhood and maternal mortality rates; and to also design and implement programmes that will facilitate reduction in the rate of gender-based violence. | • Review policies, guidelines, norms and standards, and adapt tools in neonatal, child, adolescent and maternal health care services, including IMCI and MPS<br>• Promote community participation and involvement in maternal, new-born, child and adolescent health care interventions<br>• Collaborate jointly with all stakeholders for the prevention and management of gender-based violence, sexual gender-based violence and promotion of women's health and development, and healthy ageing |
| **STRATEGIC PRIORITY 3: Health Systems Strengthening Based on the Primary Health Care Approach:** Strengthen the stewardship role of the MHSW through advocacy, policy implementation, priority setting, coordination, strategic planning and monitoring of the health sector. | • Advocate for sustained and predictable funding, including the COMPACT<br>• Increase access to essential medicines and pharmaceutical services;<br>• Increase access to essential integrated EPHS/EPSS and improve the quality and safety of services at all levels |
| **STRATEGIC PRIORITY 4: Preparedness, Surveillance and Response:** Strengthen the MoHSW to prepare for, mitigate and respond to disasters and other humanitarian emergencies. | • Conduct vulnerability risk mapping and disaster preparedness and response<br>• Revitalize and strengthen the capacity of the health system to cope with emergencies and other disasters<br>• Review the national Epidemic Preparedness and Response at county levels; develop a national Business continuity plan; monitor and evaluate emergency response |