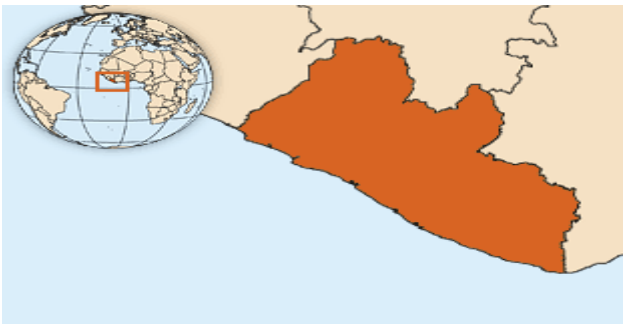
World Health Organization

# Country Cooperation Strategy at a glance

# Liberia



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

| | |
|---|---|
| WHO region | Africa |
| World Bank income group | Low-income |
| **Child Health Indicators** | |
| Infants exclusively breastfed for the first six months of life (%) (2013) | 55 |
| Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015 UN estimate) | 52 |
| **Demographic and socioeconomic statistics estimates** | |
| Life expectancy at birth (years) (2015) | 61.4 (Both sexes)<br>59.8 (Male)<br>62.9 (Female) |
| Population (in thousands) total (2015) | 4503.4 |
| % Population under 15 (2015) | 42.3 |
| % Population over 60 (2015) | 4.8 |
| Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2007) | 83.8 |
| Literacy rate among adults aged >= 15 years (%) (2015) | 66.8 |
| Gender Inequality Index rank (2015) | 146 |
| Human Development Index rank (2014) | 177 |
| **Health systems Indicators** | |
| Total expenditure on health as a percentage of gross domestic product (2014) | 10.04 |
| Private expenditure on health as a percentage of total expenditure on health (2014) | 68.52 |
| General government expenditure on health as a % of total government expenditure (2014) | 11.86 |
| Physicians density (per 1000 population) (2016 HRH census) | 0.06 |
| Nursing and midwifery personnel density (per 1000 population) (2016 HRH ensus) | 0.23 |
| **Mortality health Indicators** | |
| Neonatal mortality rate (per 1000 live births) (2015) | 24.1 [16.7- 34.8] |
| Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015) | 69.9 [53.9-91.8] |
| Maternal mortality ratio (per 100 000 live births) (2015) | 725 [527-1030] |
| Births attended by skilled health personnel (%) (2013) | 61.1 |
| **Public health and environment Indicators** | |
| Population using improved drinking water sources (%) (2013) | 73.0 (Total)<br>56.0 (Rural)<br>85.8 (Urban) |
| Population using improved sanitation facilities (%) (2013) | 16.9 (Total)<br>26.1 (Urban)<br>5.0 (Rural) |

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

## HEALTH SITUATION

Liberia made progress in reducing child mortality. With an under-five mortality rate estimated at 94 per 1,000 live births (2013 DHS), Liberia was one of 12 counties in the WHO African Region that achieved MDG target of reducing by two thirds the under-five mortality between 1990 and 2015. Liberia has a high burden of maternal deaths estimated at 1,072 per 100,000 live births (LDHS 2013). The government has prioritized maternal and newborn health in order to reverse this trend, which is among the highest in the African region.

In 2013, HIV prevalence was 1.9% at ages 15-49 years, slightly up from 1.5% in 2007. Tuberculosis notification rates remained moderately high, just above 100 per 100,000 populations during 2009-2013. Malaria remains the leading cause of health facility visits (about 40% of all visits). One in five people living with HIV (21%) are on ARV therapy (2015). The coverage of TB treatment with successful outcome was 59% in 2015, based on 63% case detection rate and 79% treatment success. However, it is evident that for all health interventions there are still large proportions of the population who are not reached.

The prevalence of the risk factors for non-communicable diseases is high. In 2013, 31% of adults 25-64 years were on medication or had hypertension (of which 88% were not on treatment), 22% of adults were obese (29% among women), 14% of men were smoking and 19% of adults had diabetes or were on medication for it. In 2014, Liberia was hard hit by the unprecedented 2014-2016 Ebola Virus Disease outbreak and this reversed some of the health gains made in the country following the end of a 14 year (1989-2003) civil crisis.

## HEALTH POLICIES AND SYSTEMS

Liberia developed a ten-year National Health Policy and Plan (2011-2021). This was complemented by a seven year Investment Plan to build a resilient health system (2015-2021) that was developed to take into account important lessons from the EVD outbreak.

Between 2010 and 2016, the number of functional health facilities increased by 27%. DHS showed significant increase in coverage of key interventions including immunization, antenatal coverage and ITN ownership between 2007 and 2013. Proportion of Liberia's population that has to travel more than 1 hour to access health facility declined from 41% in 2008 to 29% in 2015.

The per capita expenditure on health increased from less than US$ 20 in 2000 to US$ 46 in 2014. Progress has been documented between 2011 and 2013. Out-of-pocket expenditure accounted for 21% of total health expenditure.

## COOPERATION FOR HEALTH

Liberia's Agenda for Transformation (2012-2017) is part of the overall long-term national development aimed at transforming Liberia into a middle income country by 2030. Following the EVD outbreak, Liberia introduced the Economic Stabilization and Recovery Plan (ESRP) that includes all the key components of Liberia's Investment Plan for a resilient health system (2015-2021)

Liberia has a vibrant partnership for health and this contributes close to 50% of all funding to the sector. The Health Sector Coordination Committee, chaired by Hon. Minister of Health, brings together several Government Ministries and Agencies as well as international and national partners (technical agencies, bilateral agencies, donors, civil society). This is the highest coordination mechanism in the sector and is co-chaired by WHO.

Since 2008, Liberia has had a Health Sector Pool Fund. In April 2016, Liberia joined the International Health Partnership (IHP+). A draft country compact is currently under finalization.

Health is included in Liberia's UN Development Assistance Framework (UNDAF) Pillar 3 on Human Development. The UNDAF which was initially scheduled to end in 2017 has been extended to end in mid-2018.

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# Country Cooperation Strategy *at a glance*

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

| Strategic Priorities | Main Focus Areas for WHO Cooperation |
|---|---|
| **STRATEGIC PRIORITY 1**: Strengthen national capacity to build a resilient Health system | • Ensure universal access to safe and quality health services through improved capacity of the health network for provision of safe, quality Essential Packages of Health Services (EPHS).<br>• Support the development and implementation of evidence based national policies, strategies and plans addressing fit-for-purpose productive and motivated health workforce, re-engineered health infrastructure, management of medical supplies and diagnostics, quality service delivery systems and efficient health financing systems.<br>• Support the implementation of national polices and guidelines on access to essential, quality assured and effective medicines in the counties and strengthen national regulatory capacity.<br>• Support monitoring of the health situation through national and county annual reviews to generate data for policy options and for defining research priorities. |
| **STRATEGIC PRIORITY 2**: Support national efforts to reduce maternal, newborn, child and adolescent morbidity and mortality | • Support the provision of high-quality services for Sexual, Reproductive, Maternal, Newborn, Child and Adolescent health (SRMNCAH) interventions as defined by the Essential Package of Health Services (EPHS).<br>• Enhance family planning services and increase the Contraceptive Prevalence Rate (CPR) in an effort to reduce maternal mortality and teenage pregnancy.<br>• Provide quality prevention and care services to the population and survivors of GBV/SGBV.<br>• Ensure adolescents have adequate access to the full range of SRH services, and effectively prevent and manage diseases of the reproductive system. |
| **STRATEGIC PRIORITY 3**: Strengthen epidemic preparedness, surveillance and response, expanding and improving the EWARN to detect and respond to future health threats. | • Ensure a robust health emergency risk management system through building public health capacity for prevention, preparedness, alert and response for disease outbreaks and other health threats.<br>• Establish and strengthen Integrated Disease Surveillance and Response (IDSR) and EWARN structures at national, county, district and community levels.<br>• Set up comprehensive e-surveillance surveillance data reporting and action frameworks for conditions of epidemic potential.<br>• Establish a National Public Health Institute as a source of technical expertise in generating, analyzing and interpreting public health data to inform policy options, serving as catalyst to strengthening IHR core capacities, and overcoming public health challenges.<br>• Improve capacity for Public Health Laboratories and biosafety. |
| **STRATEGIC PRIORITY 4**: Strengthen national capacity to prevent and control Communicable Diseases (CDs), Non-Communicable Diseases (NCDs) and Neglected Tropical Diseases (NTDs) | • Provide technical and policy support for scaling up national and institutional capacity for the prevention and control of HIV/AIDS, tuberculosis and malaria.<br>• Support implementation of the multi-sectoral plan to address the burden of NCDs, mental health, violence and injuries.<br>• Support the Ministry of Health in strengthening national capacity and building partnerships for the control, elimination and eradication of neglected tropical diseases.<br>• Support implementation of the national master plan for NTDs control and monitoring progress towards eradication. |
| **STRATEGIC PRIORITY 5 :** Leadership, Governance and Partnership | • Strengthen governance, leadership and partnership to ensure an enabling environment and restore trust in service provision including community engagement and accountability management systems.<br>• Support management of health services at the county and district levels by strengthening county and district health systems including county health boards to facilitate the operationalization of the decentralization policy.<br>• Partnership will be supported and strengthened with the private health sector, including faith based institutions and concessions.<br>• Strengthen mechanism for inter-sectoral dialogue and collaboration. |

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