

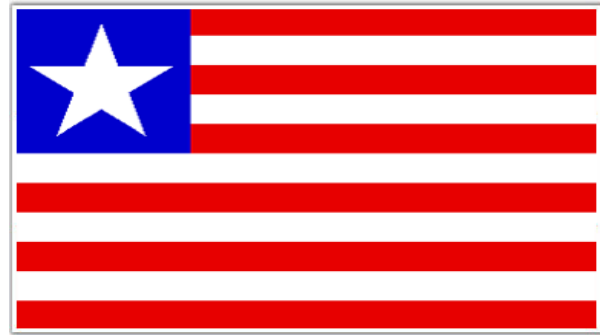


# Liberia

## Liberia Country Report



The Republic of Liberia is located on the west coast of Africa surrounded by Guinea, Sierra Leone and Cote d'Ivoire. Population estimates as of 2008 indicate that approximately 3,489,072 people in Liberia inhabit 111,369 square kilometers (43,000 sq mi) of land. This population is comprised of 16 indigenous ethnic groups, the most numerous being the Bassa, and various foreign minorities. English is the main language spoken in Liberia, however 29 African languages belonging to the Mande, Kwa or Mel linguistic groups are also spoken in the country. The Ministry of Planning and



Economic Affairs estimates the rate of growth in Liberia to be approximately 2.5% annually. Women are estimated to comprise 49.9% of the population, with 51.9% of the population younger than 18 years old, and children under the age of 5 years accounting for 14.4% of the population. The majority of the population is concentrated on Liberia's Pepper Coast in the northwest which occupies an area of approximately 1263 square miles, while the inland areas remain sparsely populated.

General Facts	
Capital	Monrovia
Total Population	3,489,072
Monrovia Population	1,413,000
Total Area	111,369 square kilometers (43,000 sq mi)
Monrovia Area	13 square kilometers (5 sq mi)
Gross national income per capita	260 USD
Life expectancy at birth m/f	43/46 years
Infant Mortality Rate	143.89 deaths/1,000 live births
Total expenditure on health per capita	18-20 USD
Total expenditure of GDP on health (2006)	5.60%

## History:

The first colonies of Liberia were founded in 1822 by the Society for the Colonization of Free People of Color of America (aka the American Colonization Society). The American Colonization Society was supported by Southerners who feared a revolt by freed black slaves, by Northerners who wanted to avoid a migration of freed black slaves who would put white factory workers out of employment, by some who despite opposing slavery did not favor integration, and by blacks who believed a return to Africa was in their best interests. African-Americans who migrated to Liberia during the period of American Colonization Society settlement were called Americo-Liberians. These Americo-Liberian settlers declared the independence of the Republic of Liberia on July 26, 1847.

Following the establishment of the Republic, the African-American settlers maintained a policy of segregation of “American” settlers and the African indigenous peoples. The American settlers mainly occupied the coastal regions where the landscape is dominated by wet mangrove forests, relegating the “native” Africans to the desert inlands. Currently, there are an estimated 16 ethnic groups that comprise Liberia’s indigenous population. These 16 indigenous African tribes account for 95% of the population and include the Kpelle, Bassa, Gio, Kru, Grebo, Mandingo, Mano, Krahn, Gola, Gbandi, Loma, Kissi, Vai, and Bella. Americo-Liberians account for 2.5% of the population, with an additional 2.5% of the population being comprised of Congo People who are described as descendants of immigrants from the Caribbean who had not been slaves. There are also approximately 5,000 persons of European descent currently living in Liberia.

The Americo-Liberians established what they called a democratic governing structure, influenced by the American system of democracy. The first capital of Liberia was named James Monroe, after the 5<sup>th</sup> U.S. President. The Americo-Liberians maintain political control until a military coup lead by Master Sergeant Samuel Kanyon Doe that overthrew then President William R. Tolbert, Jr. in 1980. Master Sergeant Samuel Kanyon Doe established himself the first non-Americo-Liberian leader in the history of the Liberian Republic on April 12, 1980. Samuel Kanyon Doe maintained increasingly repressive control over Liberia until the beginning of the Liberian civil wars in 1989. A series of cease-fire accords were signed including the Cotonou Accord, the Akosombo Agreement and its Accra Clarification, and the Abjuba Accord. Following the implementation of the Abjuba Accord, executive power in Liberia was vested in the Council of State, a six member council of government officials, until the inauguration of an elected President. Following the first elections since the Abjuba Accord, Charles Taylor was elected President of Liberia in 1997. Charles Taylor, the leader of the National Patriotic Front of Liberia, had played a significant role in the preceding civil war which had deposed Samuel Kanyon Doe.

Taylor's presidency is described as another period of autocratic rule in which Taylor was accused of training child soldiers as well as killing and exiling opposition leaders. A new, brutal civil war broke out in 1999, in which more than 200,000 people are estimated to have been killed. Additionally, the US State Department's Human Rights Report for Liberia in the year 2000 indicated that "As a result of the civil war, a large number of persons have permanent disabilities, in addition to those disabled by accident or illness. It is illegal to discriminate against the disabled; however, in practice they do not enjoy equal access to public buildings. No laws mandate accessibility to public buildings or services. Disabled persons face discrimination particularly in rural areas. Deformed babies often are abandoned" (U.S. DOS Feb. 2001).

In 2003, Taylor fled from Liberia and sought asylum in Nigeria. On March 29, 2006 Taylor was extradited to Sierra Leone where he had been indicted by the Special Court (a war crimes tribunal) for crimes against humanity and violations of the Geneva Conventions and other serious violations of international humanitarian law.

Liberia successfully held Presidential elections in 2005 in which Ellen Johnson-Sirleaf, a Harvard-trained economist, emerged as the new President of Liberia. Ellen Johnson-Sirleaf is the daughter of Jahmale Carney Johnson, the first indigenous African to be elected to the National Legislature, and was the first elected female head of state in Africa. Before ascending to the presidency, Johnson-Sirleaf served as the Minister of Finance under President William Tolbert in the late 1970s. She fled the country after the 1980 coup, and held senior positions at the UNDP, Citibank, and the World Bank before returning to Liberia to run for the presidency. Her memoir, *This Child Will Be Great: Memoir of a Remarkable Life by Africa's First Woman President* was released on April 7<sup>th</sup>, 2009.

## **Economy:**

Before the civil wars, the Liberian economy was based on iron ore and diamond mining; as well as timber and rubber exports, fishing, subsistence agriculture and small-scale trading. The 1970s and 1980s are described as a time of poor performance for the Liberian economy due in large part to the mismanagement of the public sector. The annual rate of growth in GDP in 1970 dropped to 1%, having averaged nearly 9% in the previous decade.

The UN has classified Liberia as one of the 50 poorest countries in the world in large part due to its slow pace of economic recovery since the 1980s which has resulted in a large amount of national debt. Johnson-Sirleaf has actively sought the help of the international community in rebuilding Liberia's economy and infrastructure. She has been successful in reducing Liberia's external debt of \$3.5 billion by obtaining debt relief from the IMF in November 2007. In an attempt to increase Foreign Direct Investment in Liberia, Johnson-Sirleaf extended a special invitation to the Nigerian business community to participate in business opportunities in Liberia.

## National Health Profile:

In 2005, an estimated 10% of the Liberian population had access to health care. The civil war period resulted in significant population displacement and disruptions in social and health services that had a severe impact on health care in Liberia.

According to the WHO Country Cooperation Strategy for the Republic of Liberia (2005-2010), the population of Liberia is vulnerable to a high burden of infectious diseases and epidemics, including cholera, shigellosis, Lassa fever and yellow fever. The WHO has documented a steady increase of HIV/AIDS infections and tuberculosis that requires immediate interventions in order to reduce and prevent transmission. The WHO reports that poverty and insecurity continue to suppress demand for services. However, they conclude that with peace, health services will need to immediately offer better quality and more coverage.

Main Causes of Morbidity
Malaria
Acute Respiratory Infection
Diarrhea
Tuberculosis
Vaccine-preventable diseases
Malnutrition

HIV/AIDS		Tuberculosis		Malaria	
Adult HIV prevalence	1.70%	TB prevalence, all forms	20,669	Reported cases	1,105,272
People living with HIV/AIDS	35,000	TB incidence, all forms	11,857	Reported deaths	877
People dying with AIDS	2,300	TB mortality, all forms	2,493	Estimated malaria deaths	6,128
Estimated number of people needing ARV therapy	8,500	TB incidence, smear-positive	5,277		
Estimated number of people receiving ARV therapy	1,400				
AIDS orphans	15,000				

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### National Health Care Structure:

The Ministry of Health and Social Welfare (MOHSW) are the leaders and main implementers of the (Country Health System Fact Sheet: Liberia, 2006). The MOHSW consists of four departments: Health Services; Social Welfare; Planning, Research & Development; and Administration. The MOHSW has established a Program Coordination Team (PCT) to coordinate partners and resources for implementing the National Health and Social Welfare Policy and Plan. The PCT consists of the Assistant and Deputy Ministers supported by technical experts, and is headed by the Chief Medical Officer/Deputy Minister of Health Services.

**The National Health Plan of Liberia (2007-2011)** consists of four main components: 1) Delivering a Basic Package of Health Services (BPHS); 2) Strengthening Human Resources for Health; 3) Developing Health Infrastructure; 4) Support Systems.

**Basic Package of Health Services (BPHS):** an integrated minimum package of standardized prevention and treatment services, with six priority areas: Maternal and Newborn Health, Child Health, Adolescent Sexual and Reproductive Health, Communicable Disease Control, Mental Health and Emergency Care. The MOHSW aims to implement BPHS in at least 70% of health facilities by the end of 2010.

**Human Resources for Health:** an effort to ensure that a sufficient number of health workers are distributed to health facilities throughout Liberia to ensure the BPHS is available to Liberian citizens.

In their Country Cooperation Strategy for the Republic of Liberia (2005-2010), the WHO reports that a major constraint their operations have faced is the high attrition rate of trained health care workers from the public sector to the private sector and NGO community.

Human Resources for Health, Public Sector			
Categories	1997	2004	2005
Doctors	73	24	39
State Registered Nurses	185	359	176
State Certified Midwives	135	216	210
Physicians Assistants	Unavail.	175	187
Pharmacists	Unavail.	31	Unavail.
Dentists	2	3	3
X Ray Technicians	6	6	6
Licenses practical nurses	Unavail.	95	111
Nurse Anesthetists	Unavail.	4	4
Trained Traditional Midwives	Unavail.	125	Unavail.
Others	Unavail.	Unavail.	17

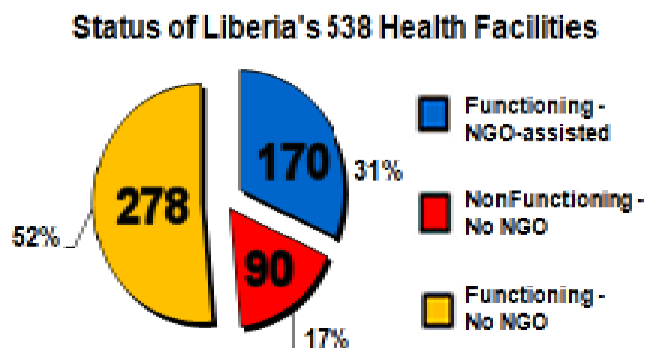
**Infrastructure Development:** aimed to improve geographic access to the BPHS. The health system currently includes 538 health facilities. Of those, 448 are functioning, but at a minimal or substandard level: 79% of functioning facilities lack lighting, 57% have no portable water supply, and 36% lack refrigeration for EPI services.

Secondary care services are limited to Monrovia, Buchanan, Suacoco and Tubmanburg. Some minimal emergency care services are available in Zwedru, Ganta and Sanniquilleh Hospitals which are being revitalized by NGOs. The quality and effectiveness of the care at these facilities is not supervised or monitored by the MOHSW. Tertiary care services are very limited. The JFK Hospital in Monrovia is the only national referral hospital and has been partially renovated. Phebe Hospital, located in central Liberia, is the only referral facility for rural Liberia.

JFK Medical Centre, Redemption Hospital operated by Medecins Sans Frontieres (Belgium), Phebe Hospital, Firestone Hospital, Mamba Point Hospital operated by Medecins Sans Frontieres (France), ELWA Hospital, Catholic Hospital, Benson Hospital, Buchanan Hospital and Sanniquilleh Hospital have laboratories for internal use. The WHO recommends a rehabilitation of laboratory and transfusion services in Liberia to improve the quality of care.

In 2005, there were 21 NGOs active in the health sector in Liberia. Four of these were national and the rest international. Almost all functioning health facilities in 2005 were supported by UN agencies or NGOs.

The international NGOs operating in Liberia have established an informal forum for cooperation and information exchange. The Monitoring and Steering Group (MSG) is a forum where the heads of the various NGOs meet weekly, and is open to all international NGOs. As of 2007, there were 56 INGO members of the MSG.



**Support Systems:** decentralize planning and management to County Health Teams (CHTs). The CHTs are responsible for operational planning, management of resources, supervision and reporting on implementation of health activities and services at the county level.

### International Aid:

The highest level of aid flow to Liberia occurred in the 1980s when approximately 550 million USD was delivered mainly through bilateral assistance. Major contributors during this period were the United States, China and Japan. In the 1980s Liberia was the highest recipient of per capita aid in Africa. With the onset of civil wars and conflict, Liberia lost this aid for

development in the late 1980s. Since 1990 aid has been mainly given in the form of humanitarian assistance and relief delivered through UN agencies and NGOs.

In 2003, the Global Fund approved 24.3 million USD to improve the health sector interventions in HIV/AIDS, malaria, and tuberculosis in Liberia. Other multilateral partners include the African Development Bank, the European Union, United Nations (UN) agencies, the World Bank, and several INGOs. Liberia's bilateral partners include China, Germany, the Netherlands, Norway, Sweden, the United Kingdom and Northern Ireland and the United States.

<b>UNDP Liberia Donors</b>
Canada (through CIDA)
Denmark (DANIDA)
European Commission
Global Environmental Facility (GEF)
Global Fund (GFATM)
Government of Iceland
Ireland (Development Corporation Ireland)
Government of Japan
Netherlands (through SADU)
Government of Norway
NRC (In-kind support)
Sweden (through SIDA)
Government of Switzerland
United Kingdom (through DIFD)
United States Government
United States Agency for International Development (USAID)
United States of America (through the Bureau for Population, Refugees and Migration)

<b>UNDP Liberia Partners</b>
<p><b>UN AGENCIES:</b>            Food and Agriculture Organization of the United Nations (FAO)            UNMIL Humanitarian Information Centre in Liberia            United Nations Children's Fund (UNICEF)            United Nations Educational, Scientific and Cultural Organisation (UNESCO)            United Nations Environment Programme (UNEP)            United Nations Fund for Women (UNIFEM)            United Nations Habitat (UNHABITAT)            United Nations High Commissioner for Refugees (UNHCR)            United Nations High Commissioner for Human Rights (UNHCHR)            The Joint United Nations Programme on HIV/AIDS (UNAIDS)</p>



United Nations Mission in Liberia (UNMIL)  
United Nations Population Fund (UNFPA)  
World Health Organization (WHO)  
World Food Programme (WFP)

**FINANCIAL INSTITUTIONS:**

World Bank  
African Development Bank

**GOVERNMENT OF LIBERIA:**

Government Reform Commission (GRC)  
Independent National Human Rights Commission  
Ministry of Education  
Ministry of Finance  
Ministry of Gender and Development  
Ministry of Health and Social Welfare  
Ministry of Internal Affairs  
Ministry of Rural Development  
Ministry of Planning and Economic Affairs  
National Election Commission (NEC)  
Truth and Reconciliation Commission (TRC)

**INTERNATIONAL AND NATIONAL NON-GOVERNMENTAL ORGANIZATIONS (NGOS), AND CIVIL SOCIETY ORGANIZATIONS (CSOS)**

All Christians Development and Relief Services Inc.  
African Net for the Prevention & Protection against Child Abuse and Neglect  
Amnesty International  
Anti- AIDS/STD/Malaria Awareness Movement Inc

Center for Democratic Empowerment  
Christian Health Association of Liberia  
Community Healthcare Education and Prevention Programme  
Community Development Services  
CONCERN Worldwide  
Concern Technical Group

Development and Reconstruction Agency  
Development Education Network for Liberia

Foundation for Human Rights and Democracy

Goya Medical Association  
GTZ  
Global Water Supply and Sanitation

Humanist Watch
International Rescue Commission Research and Documentation Centre International Rescue Committee IOM International Committee of the Red Cross (ICRC)
LCIP Liberia Democratic Institute Liberia Medical and Dental Association Liberia National Girls Guides Liberia Resettlement Repatriation and Reintegration Committee Light Association of Liberia LOIC Liberians United Humanitarian Water and Sanitation Agency Lutheran World Federation
Malaria Emergency and Technical Operational Response Medical Emergency Relief Cooperative International Missionaries of Charity Mother Patern College of Health Sciences
NARDA National AIDS Control Programme National Muslim Council New Era NGO Secretariat Norwegian Refugee Council
Oxfam
Premier Urgence
Rural Economic & Agricultural Development Corp Rehabilitation and Technical Vocational Training Program
Save the Children UK
United Methodist Committee on Relief
World Lebanese Cultural Union World Vision
Young Men's Christian Association Young Women Christian Association

## National Infrastructure Constraints:

The WHO Country Cooperation Strategy discusses the constraints of working in Liberia. These constraints include the high cost of rent for the office in Monrovia, the high cost of fuel to run the generators due to the absence of a national grid for electricity. The WHO relies entirely on the United Nations Development Programme for telephone, fax and internet services. Therefore, when there is a problem with the UNDP VSAT system, inbound and outbound traffic for the WHO is also affected. There are also problems in the email system related to confidentiality, limitation of the type of file extensions, and size of attachments. The report also mentions the difficulty to track files that arises from the lack of a centralized archive system for hard or electronic copies in the WHO office.

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