Liberia Health Profile



WEST AFRICAN HEALTH ORGANISATION (WAHO)



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Introduction

Geographic and Administrative Profile

Liberia is located in West Africa, it is bordered by Guinea to the north, Côte D'Ivoire to the East, Sierra Leone to the west, and the Atlantic Ocean to the south. The tropical rainforest and plateaus occupy 45% and 27% respectively of its surface area of 37,240 square miles. With Monrovia as its national capital, the country has 15 administrative counties: Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Lofa, Margibi, Maryland, Montserrado, Nimba, River Gee, River Cess, and Sinoe.

The country has a population of about 4.4 million people (2019). Capital and largest city is Monrovia. English is the official Language of Liberia and an English-based pidgin (Liberian English), plus several Sixteen (16) indigenous languages.



Figure 1: Showing the Map of Liberia

Health Service Delivery

There are Nine Hundred and Twenty-Two (922) health facilities in Liberia, 89% are clinics, with almost equal distribution between rural (49.6) and urban (50.4). Health Centers comprise of 6% of facilities, Health Post make up 0% facilities while hospitals make up 4%. About 43% of the total health facilities in Liberia are in Montserrado. Density per 10,000 population does not reach WHO recommendations however, there the inequitable geographic distribution of facilities and service delivery is one of the most significant challenges facing the country.

Human Resources for Health (HRH)

In Liberia, there is an acute shortage of health workers both in number and technical skills impacting service providers at all level of the public and private health system with a core health worker density of 11 per 10,000 population half of the World Health Organisation (WHO) recommended standard. Doctor's density to population is this is exacerbated by the inequitable distribution of the limited number of health professionals, high staff turnover, inadequate education and training facilities, poor working conditions and lack of reliable health workforce data.

1 Social Demographic Indicators

1.1 Structure, composition and Trend in the Liberian Population

According to the Liberian Institute of Statistics and Geo-Information Service (LISGIS) the projected population growth rate of Liberia is 2.1 % (Census of 2008). Liberia's total population in 2019 was estimated at 4, 369,572. Liberia has a population of more male which constitute 50.05 with a life expectance rate of 64% at birth. The fertility rate is at 4.1% as of 2019 among women of child bearing age (15-49 Years) which constitute 23% of the total population. Synthetic fertility index (per woman) of Liberia was 4.2% in 2019. The country's literacy rate among youth that fall between the ages 15-24 years was 71.6%. 42% of Liberians were below the age of 15 years old in 2019. 55% were between 15 and 64 years of age, while 3% were 65 years or older.

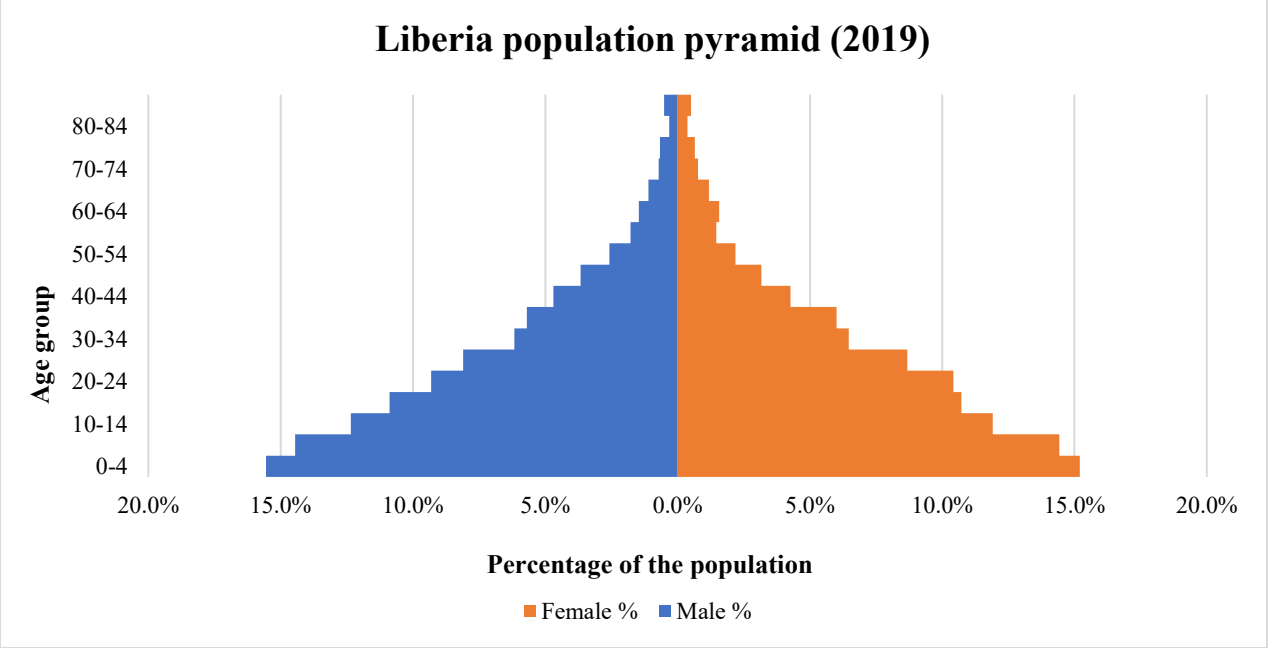


Figure 2: Showing the Pyramid of the projected Liberia population by age group

Data source : LISGIS 2008

1.2 Key Population Groups

The country has determined reproductive health as one of the key priorities. Then the key population groups are being monitored in the time in terms of number and localization.

Table 1: Number of persons in key population groups in Liberia covering the period 2015 and 2019

	2015	*2016*	*2017*	*2018*	*2019*
Women of childbearing age	944255	964085	984331	1005002	1026107
Expected pregnancies	205273	209584	213985	218479	223067
Expected deliveries	184746	188625	192586	196631	200760

Data source : LISGIS 2008

2 Health Status

2.1 Mortality

Trends from the previous surveys generally show a decline in child and under-5 mortality within the range of 0-4 years preceding each respective survey. The data show an increase in infant mortality (LDHS, 2013); this increase is predominantly due to the rise in neonatal mortality from 26 deaths per 1,000 children in 2013 to 37 deaths per 1,000 children in 2019-20.

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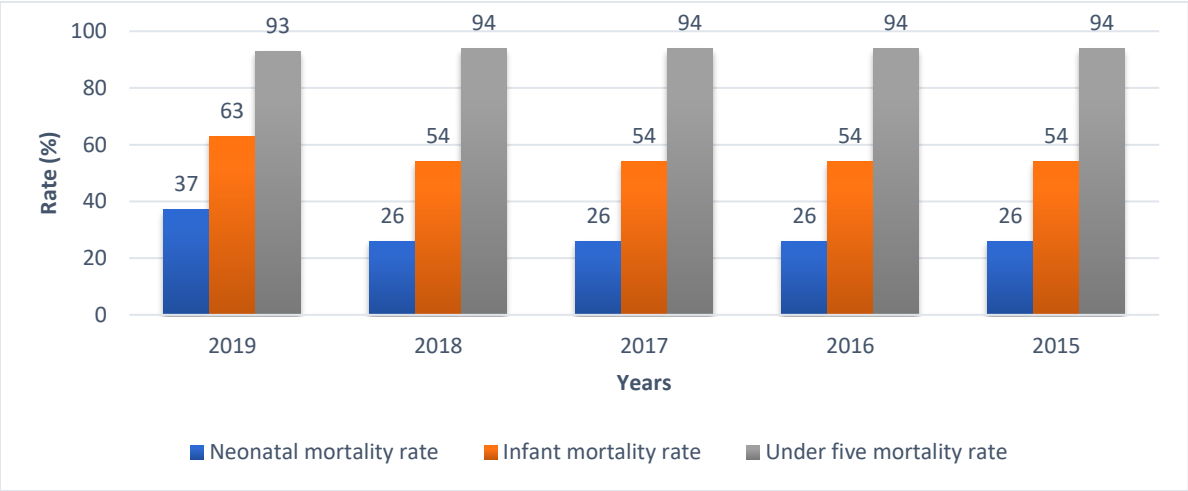


Figure 3: Neonatal, Infant and Under 5 mortality rates in Liberia

Data source: LDHS 2013 & 2019-2020

Liberia Maternal Mortality Ratio (MMR) as steadily increased in the past years; the 2007 LDHS reported a baseline number of 994 deaths per 100,000 live births. Latest survey data show a slight rise to 1072 per 100000 live births. Although current findings are not significantly different, the ongoing 2019/2020 LDHS would shed more light on Liberia MMR, once analyses and findings are released. The table below summarizes the discussions above:

2.2 Morbidity

2.2.1 Communicable Disease

2.2.1.1 Malaria Incidence rate

The graph below shows an increase trend of Malaria incidence from 31,454 to 38,517 per 100,000 population for the period 2015 to 2016. Meanwhile, the data show an incidence decrease from 36,308 to 23,842 per 100000 population, between 2016-2019.

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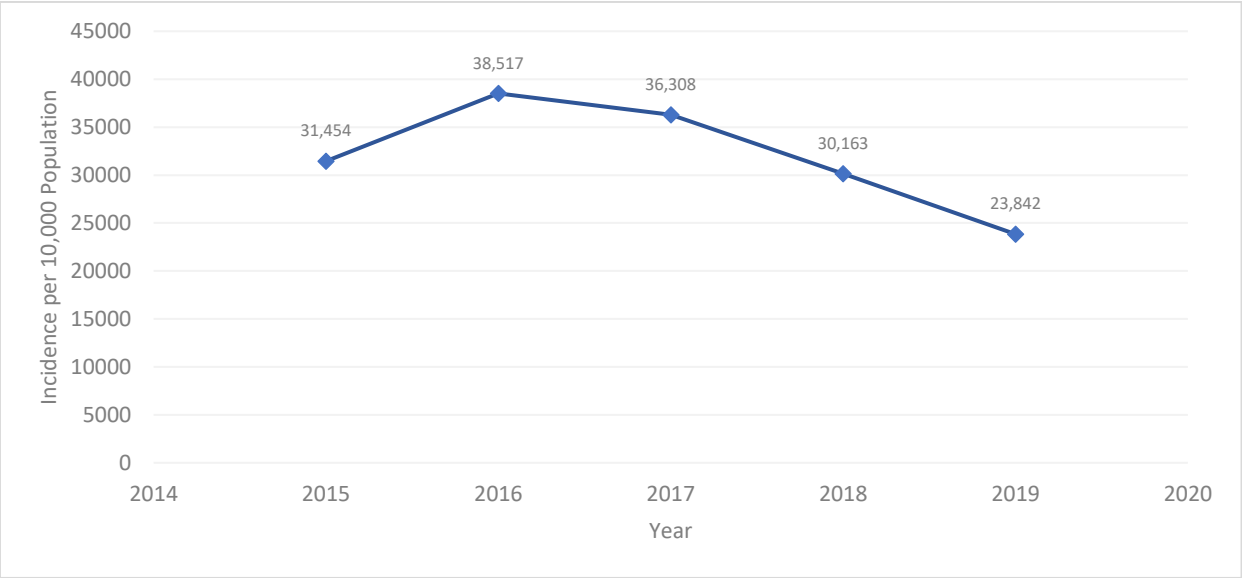


Figure 4: Malaria Incidence for Liberia Covering the Period 2015-2019

Data source : DHIS2

2.2.1.2 HIV Positive Rate

Overall, 1.0% of young women and men age 15-24 are HIV-positive. HIV prevalence among young women is higher than among young men (1.4% versus 0.5%, respectively). Among young women, HIV prevalence is highest among pregnant young women (5.3%) and those who are divorced/separated/widowed (4.6%). Among young men, HIV prevalence is highest among those in the wealthiest households (1.3%). HIV prevalence generally increases with wealth and decreases with education. See graph below

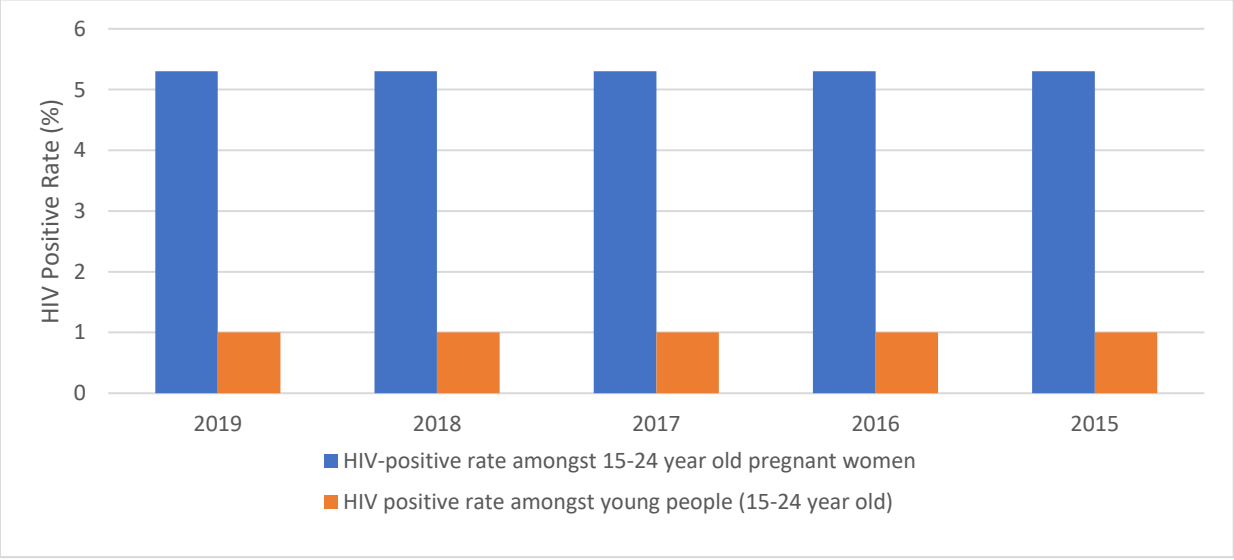


Figure 5: HIV Positive Rate Among 15-24 Years Pregnant Women & Among Young Women

Data source : LDHS 2013 & 2019-2020

The graph below clearly shows the HIV prevalence among key population in Liberia. Survey data point out an increase in prevalence of HIV; from 8.4% in 2015 to 24.15 % in 2019.

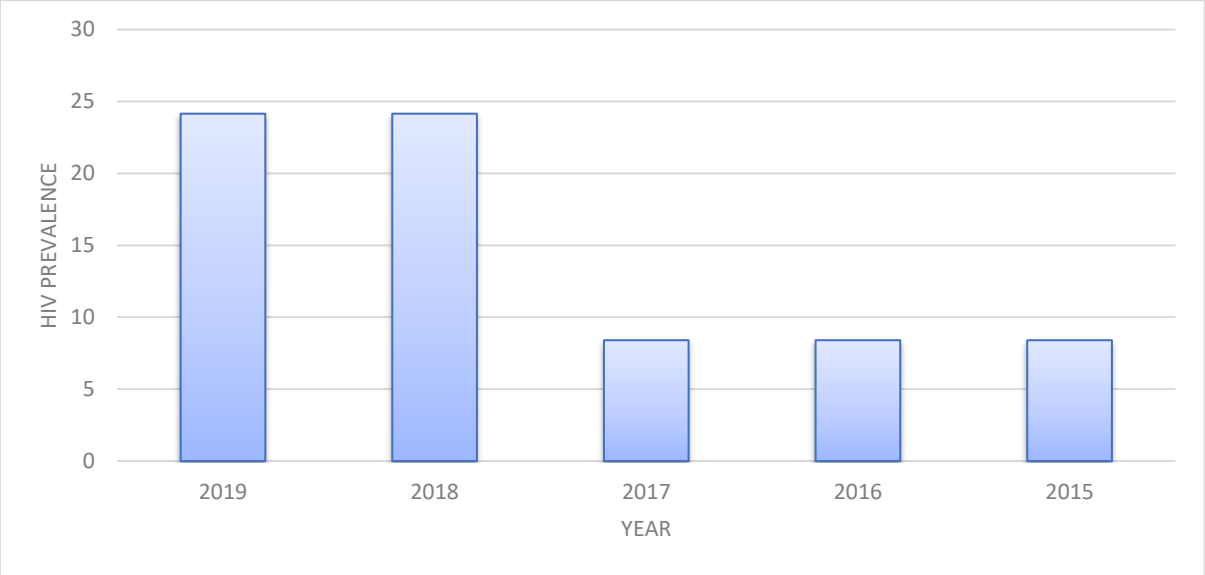


Figure 6: Prevalence of HIV Among Key Population

Data source : ART Cohort Study 2018

2.2.2 Non Communicable Disease

Diabetes has a 2.1% prevalence. High comorbidity of chronic kidney disease suggests poorly controlled diabetes. Less than half (45.7%) of DALYs due to diabetes, blood, urogenital and endocrine disorders are attributed to GBD risk factors, which include high BMI, high fasting blood glucose and hypertension.

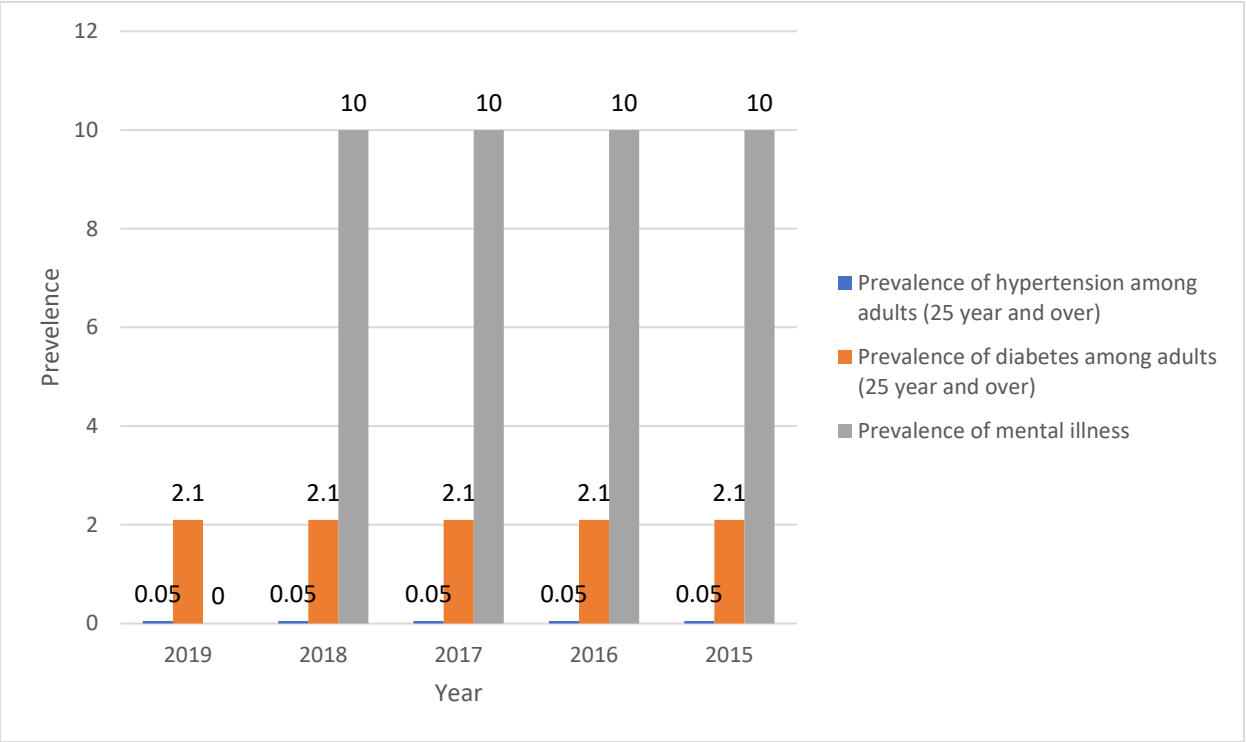


Figure 7: Prevalence of Non-Communicable Diseases

Data source : The Liberia Non-communicable Diseases & Injuries (NCDI) Poverty Commission Report 2018

3 Organizational, Functioning and Health System Indicators

3.1 Governance and Health Financing

The Liberian Health system reflects the country's decentralized governance arrangement comprising of the National Government and Fifteen Sub Political division known as counties. The core functions of the Ministry of Health (MOH) remain as policy formulation, development of standards, quality assurance; resource mobilization; capacity building and development and technical support; coordination and provision of health services; M&E of the overall sector performance. The Fifteen Counties are responsible to manage and deliver services such whether preventive, curative. Those services are HIV, Tuberculosis, Malaria, Immunization, Reproductive Health, Neonatal Child and Adolescent Health (RMNCAH), NTDs, Mental Health, SGBV, community services etc., and other essential services.

The Ministry of Health of Liberia has an available and functional National Health Account 2015-2021. According to that document, the total health expenditure per capital in USD in 2015 was

83%. While Total government expenditure on health per capita (USD) for the same period is 14% and Government expenditure on health as percent of general government expenditure was at 10%.

Table 2: Health Financing

Indicators	2019	2018	2017	2016	2015
Total Health expenditure per capita (USD)	N/A	N/A	N/A	N/A	83
Total government expenditure on health per capita (USD)	N/A	11	13	15	14
Government expenditure on health as percent of general government expenditure (%)	N/A	10	10	10	10
General government expenditure on health as percent of total expenditure on health (%)	N/A	0	0	0	14

Data Source: National Health Account (NHA) Liberia

3.2 Health Workforce

3.3 Availability and readiness of Health Services

The availability and readiness of health services conducted in Liberia 2018, was to assessed based on the presence and functionality of equipment and supplies necessary to provide services within the following areas: Amenities, basic Equipment, Standard precautions, diagnostic testing and essential medicines. The capacity for health facilities to provide health services in Liberia measured by general service index was 56% in 2018 compared to 53% in 2016 in readiness to provide health services at all domains. The service readiness index in Liberia (56%) was contributed by means of scores. See graph below:

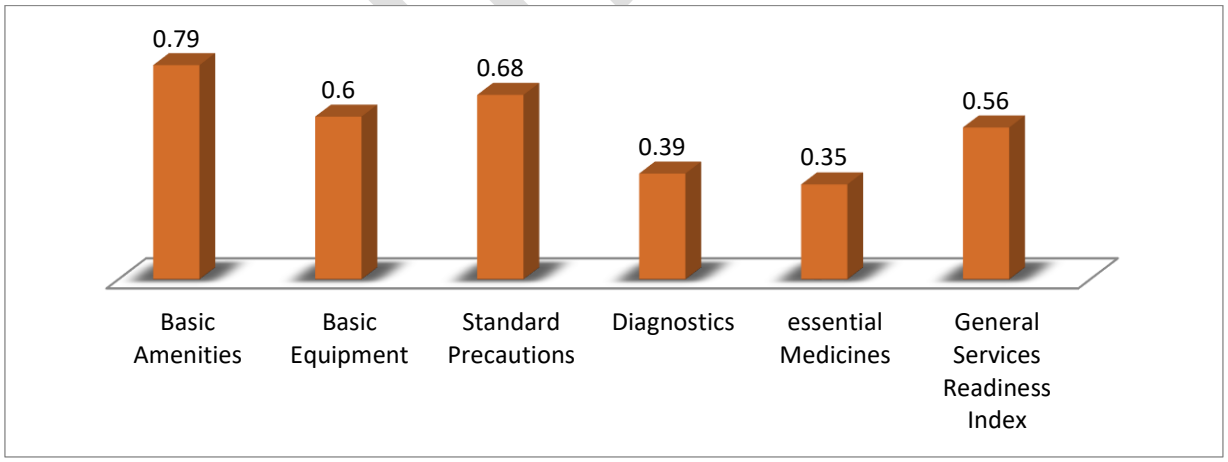


Figure 8: Availability and readiness of Health Services (Health service readyness score)

Data Source: SARA 2018

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3.4 Use, quality and safety of Health services

The caesarean information was generated from the national system known as; DHIS2. Based on the DHIS2 analysis the data, delivery done through caesarean section had a decrease of .02% from 2015 to 2016. In between 2017 (6.4%) to 2019 (7.4%) the system experienced an increase of 1%.

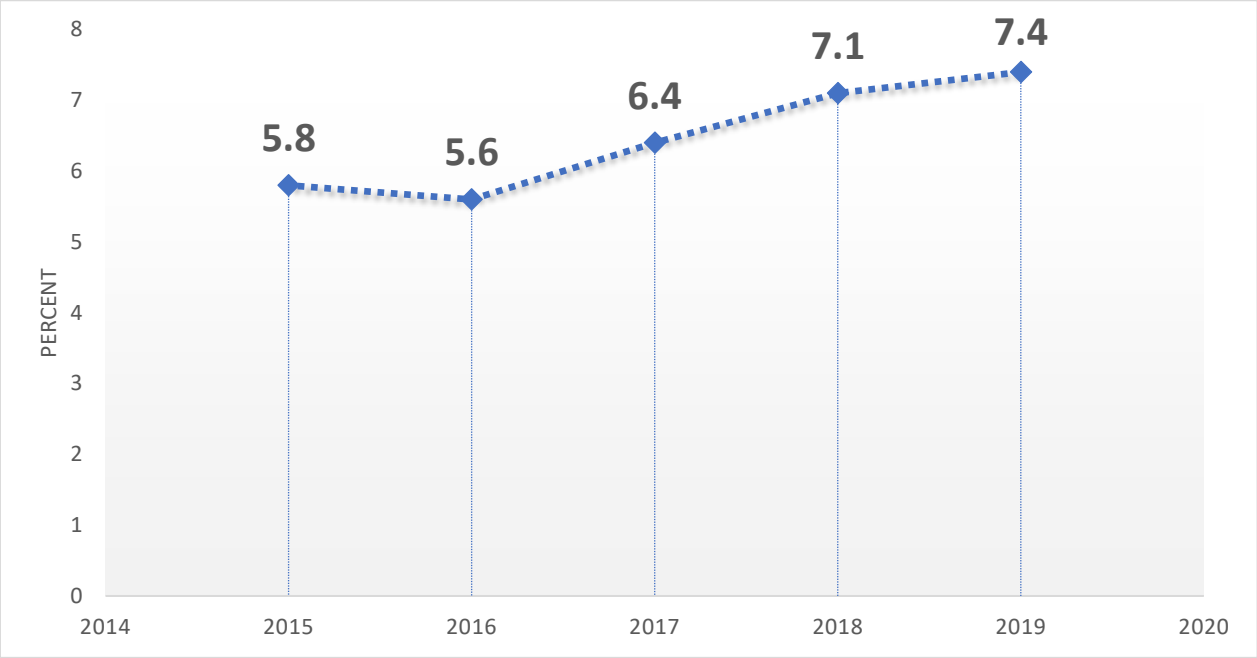


Figure 9: Caesarean Section Rate Covering the period 2015-19

Data Source: DHIS2

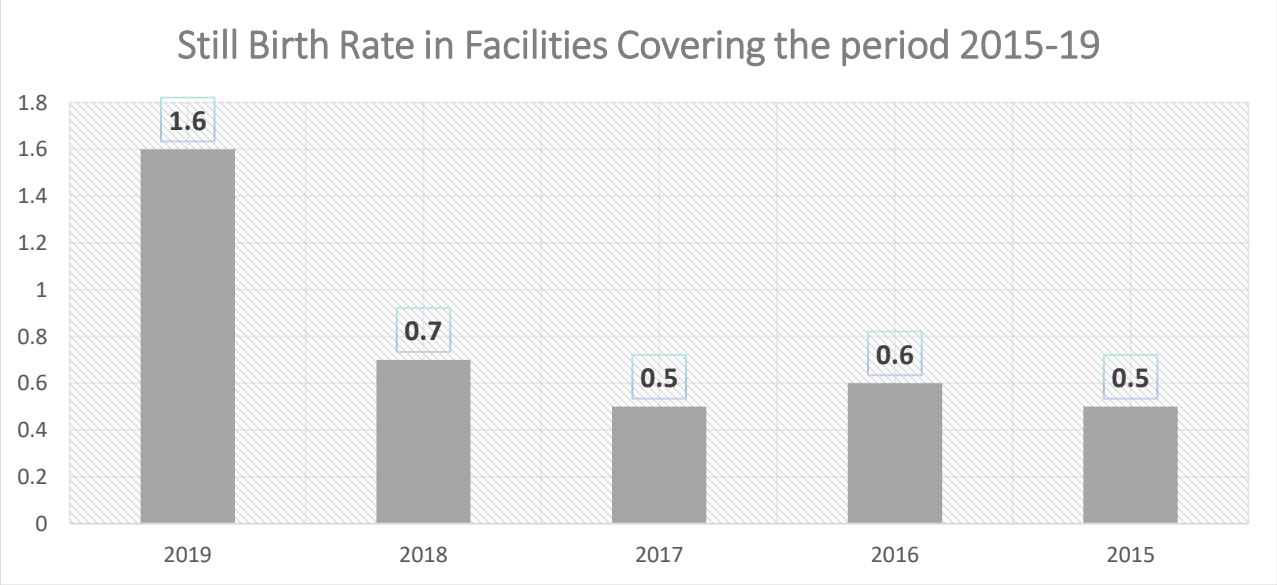


Figure 10: Still Birth Rate in Facilities trend covering the period 2015-2019

Data Source: DHIS2

The graph below shows a fluctuation of outpatient visit per capital

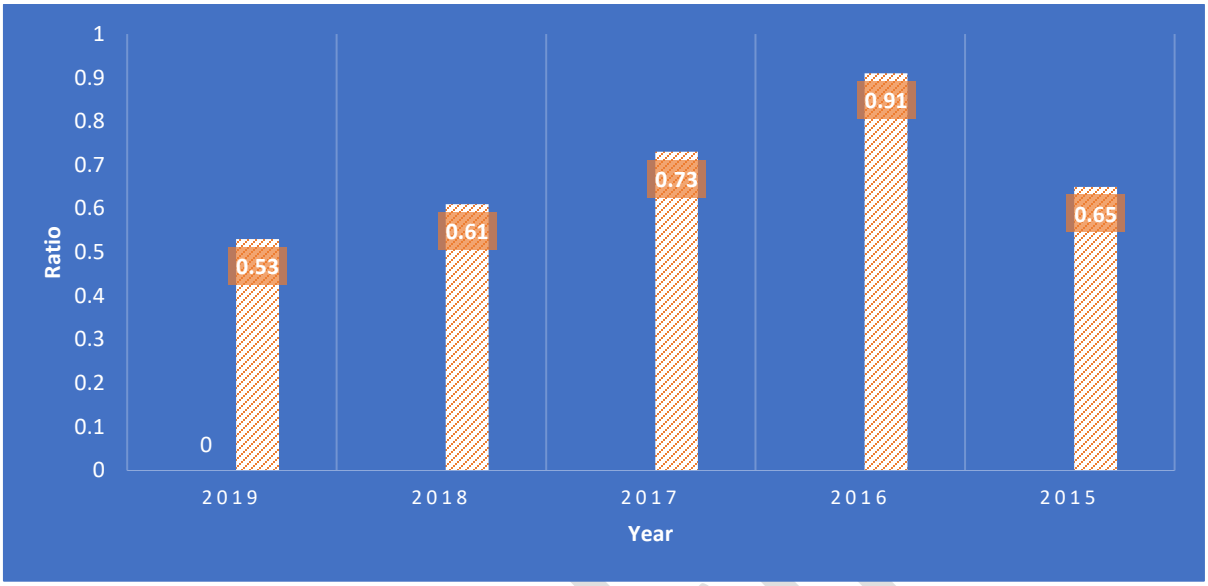


Figure 11: Outpatient Visits per capita per year covering the period 2015-2019

Data Source : DHIS2

3.5 Coverage interventions

As described in the table below, Liberia health system has made some strides in attaining health system performance indicators. However, there still remains huge gaps across key service components. Overall, immunization access and utilization gap reduced from 21.4% in 2015 to 5.7% in 2019.Similar trend of improvement was recorded with Pent-3 vaccine dose, making an increase from 67% in 2015 to 88.2% in 2019. Refer to table below for details on other tracer indicators.

Table 3: Coverage of interventions

Indicators	2019	2018	2017	2016	2015
Antenatal care first visit coverage	84.6	83.4	73.3	80.5	76.4
Antenatal care four visits coverage	32.9	27.5	5.3	0.0	0.0
ANC IPT2 treatment	95.1	71.1	50.7	47.4	36.3
Pourcentage de femme ancient VIH+ sur ART	36.0	44.0	19.0	30.0	11.0
Proportion of births attended by skilled health personnel	62.6	60.0	54.1	55.0	45.3
Postnatal Care rate	23.5	26.9	38.2	37.9	32.2
DPT3/Penta3 immunization coverage	88.2	98.3	86.2	91.5	67.0
Measles coverage (under 1 year)	86.5	91.6	77.8	79.9	65.0
BCG-Measles dropout rate	5.7	7.1	17.1	18.2	21.4

Percentage of TB patients screened for HIV	97.0	97.0	77.0	79.0	75.0
Tuberculosis case detection rate for new smear-positive case	62.0	59.0	78.0	74.0	64.0
Cataract Surgery Rate	6.2	6.7	0.0	0.0	0.0

Data source : DHIS2

The 2019/2020 LDHS show 33.4 Percent of women 15 to 49 years who are currently sexually active using contraception are consider to have a met need. Sexually active unmarried women are almost twice as likely as currently married women to use any form of contraception; 46% are using a contraceptive method, as compared with 25% of currently married. Eligible HIV+ adult and children receiving antiretroviral therapy were 77 and 76 in 2015 and 201 respectively, Children Under five sleeping under ITN 44.3 percent while pregnant women sleeping under ITN indicates 46.5 percent.

Table 4: Coverage of interventions on some key indicators

Indicators	2019	2016	2015
Met need for family Planning	33.4		
Contraceptive prevalence rate (%)	58		
Eligible HIV +ve adults and children receiving antiretroviral therapy, %		76	77
Children Under Five sleeping under ITN	44.3		
Pregnant Woman sleeping under ITN	46.5		

Data source : LDHS2013 & 2019-2020 and HIV ART Cohort Study 2015/2016

Table 5: Coverage of interventions

Indicators	2019	2018	2017	2016	2015
Low birth weight rate	3.0	3.0	2.9	4.1	5.1
Early initiation of breastfeeding (Breastfeeding within 1 hour after birth)	61.4	61.1	61.1	61.1	61.1
Road trafic accidents death rate	4.94	3.21	3.0	2.9	3.2

Data source : DHIS2

TB treatment success rate of all forms fluctuation between 2015 to 2017. The country achieved a success rate of 83.5% in 2015, and showed a decrease in 2016 to 83.4. In 2017, the country success rate increased to 83.7% and continued to decrease 75% in 2019.

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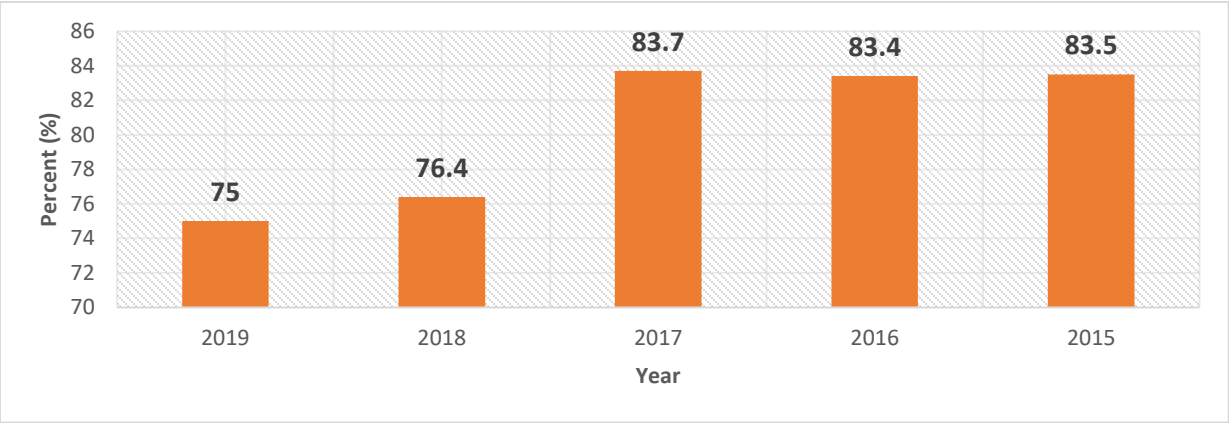


Figure 12: Tuberculosis Treatment Success Rate (DOTS) of All Forms Covering the period 2015-19

Data Source: DHIS2

3.6 Risk Factors and Behaviors

It is evident that almost all children less than five (98 percent) are breastfed at some point in their life. Exclusively breastfed children account for fifty-five percent of population under 6 months. Further findings show less than half (44 percent) of children age 6-8 months are breastfeeding and consuming complementary foods; recent surveys show consistent findings of 15 percent were underweight (thin for their age) (2013, 2019).

Number of Condom used at last high-risk sex stands at 1.0% and 1.4%, in 2013 and 2019, respectively. LDHS also records adolescent (15-19 years) pregnancy rate at 31% in 2013, compared to 30%, in 2019 respectively.

Additionally, LDHS shows 73 percent of population using an improved drinking water source (2013), with slight increase to 78.7 percent (2019). The chart below indicates a synopsis of LDHS reports already described in this section.

Table 6 Indicators for risk factors:

Indicators	2019	2013
Infants exclusively breastfed for the first six months of life (%)	55	55
Underweight rate <5 years (Children aged <5 years underweight for age), %	15	15
Condom use at last high-risk sex	1.40	1.0
Adolescent (15-19 years) pregnancy rate	30	31
Use of improved drinking water sources	78.7	73
Use of improved sanitation facilities	47.6	14
Prevalence of smoking among adults population (25 year and over)	9.9	9.9

Data source : LDHS

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4 Epidemics Disease

The table below depicts statistics on te epidemic-prone diseases in Liberia. Currently, these diseases are monitored under the integrated disease surveillane and response (IDSR) scheme. And across a five-year span, no cases were detected. Thus, rendering the national case fatility rate and attack rate to zero.

Table 7: Epidemic Diseases

Year	2015		2016		2017		2018		2019	
Diseases	**Attack %**	**Fatality %**	**Attack %**	**Fatality %**	**Attack %**	**Fatality %**	**Attack %**	**Fatality %**	**Attack %**	**Fatality %**
Cholera	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Meningitis	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Measles	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Yellow fever	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Lassa fever	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
TNN	**0%**		**0%**		**0%**		**0%**		**0%**	
Number of cases of poliomyelitis	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Number of cases of Guinea worm	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Data source : DHIS2

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Liberia IBBSS 2018 Survey Report

Liberia DHIS2

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6 Annex

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