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**Political landscape**

- **President**: George Weah, a former footballer elected in Oct 2017
- Country had a civil war since 1989 till 1995, Charles Taylor took over and in 2003 he was forced to step down. President Elle Johnson Sirleaf took over in 2006 and stabilized the country
- Current president’s agenda is the “Pro-Poor Agenda”
- Liberia is a endowed with rubber, iron ore and mineral resources but the country remains poor

**Political priorities**

- The government seeks to strengthen institutions and introduce reforms to ensure an attractive business-friendly environment
- Hampered by war for several years, the government’s pro-poor agenda prioritizes: economic development, education especially for the youths as well as fostering dialogue to ensure that peace persists in Liberia.

**Risks**

- Unreliable power, high energy costs, inadequate transportation
- The labor force is predominately illiterate and unskilled, and there is an acute shortage of specialized labor skills
- Subsidy schemes involving more than 20 state-owned enterprises are reportedly rife with corruption

**Macroeconomic Indicators**

- Population: 4.4 M
- GDP (PPP): $3.8 B
- GDP Per Capita: $855
- Unemployment (total): 4.0%
- GDP growth: 0.0%
- Inflation (CPI): 8.8%
- Credit rating: B2 / B
- Interest rate: 12.4%

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Overview of health system structure at national level

- Department of Health Services
  - Bureau of Curative Services
  - Bureau of Preventive Services
  - 15 county health and social welfare teams

- Department Planning and Statistics
  - Bureau of planning and policy
  - Bureau of vital statistics

- Department of Administration
  - Bureau of Fiscal Affairs
  - Bureau of Administration

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>National</th>
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<tbody>
<tr>
<td>Under 5 mortality/ 1000 live births</td>
<td>95</td>
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<tr>
<td>Maternal Mortality Rate/100k live births</td>
<td>725 (in 2015)</td>
</tr>
<tr>
<td>Health facility density ratio/ 10,000 of the population</td>
<td>1.6</td>
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<tr>
<td>Life expectancy at birth</td>
<td>62.3 years</td>
</tr>
<tr>
<td>Health Worker Density (Skilled health professional per 10,000 of the population)</td>
<td>11 (2016)</td>
</tr>
<tr>
<td>Rural and Urban coverage</td>
<td>29% of Liberians and 60% of rural Liberians live more than 5 km from a health centre</td>
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**Health financing landscape**

<table>
<thead>
<tr>
<th>Healthcare Expenditure Indicators</th>
<th>Details</th>
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<tbody>
<tr>
<td>Total expenditure on health (THE) 2013/14</td>
<td>179m USDs; of this 73% was from donors. In 2015/16, donors contributed to 80% of THE, 43% of which was off-budget</td>
</tr>
<tr>
<td>General government expenditure on health as % of total government expenditure</td>
<td>11.7% (2015/16) targets set by Abuja Declaration (15%)</td>
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<tr>
<td>Per capita total expenditure on health (varies greatly across counties)</td>
<td>2 – 12 USDs</td>
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**Bar chart**

- **ON Budget**
- **OFF Budget**

**Source:** WHO Global Health Expenditure Database, 2013; African Health Strategies, 2016
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Today the Ministry of Health (MOH) and its partners are implementing the Community Health Assistant (CHA) program to serve 29% of Liberians who live 5kms from the nearest health centre.

The Community Health Services Policy 2016-2021 was launched in 2016 whose vision is to:

- The CHA program seeks to recruit 4,467 CHAs and 3,844 CHVs. Currently 2,893 CHAs have been recruited few of whom are on government play roll.
- This program is estimated to cost US$74.3 million for 7-year launch and scale of program (excluding commodities cost) and has a US$41.9 million financial gap.
- Currently, the CHA program in 100% donor funded making sustainability a huge challenge.