



Republic of Liberia



Liberia's Progress Towards the Millennium Development Goals 2008



Liberia Counties and Districts



	National Capital
	County Capital
	Country boundary
	International boundary
	County
	District
	Ocean

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Boundaries depicted do not represent official endorsement by the Government of Liberia or by the United Nations. Many boundaries were derived from small scaled maps and will be updated as soon as better information is available.



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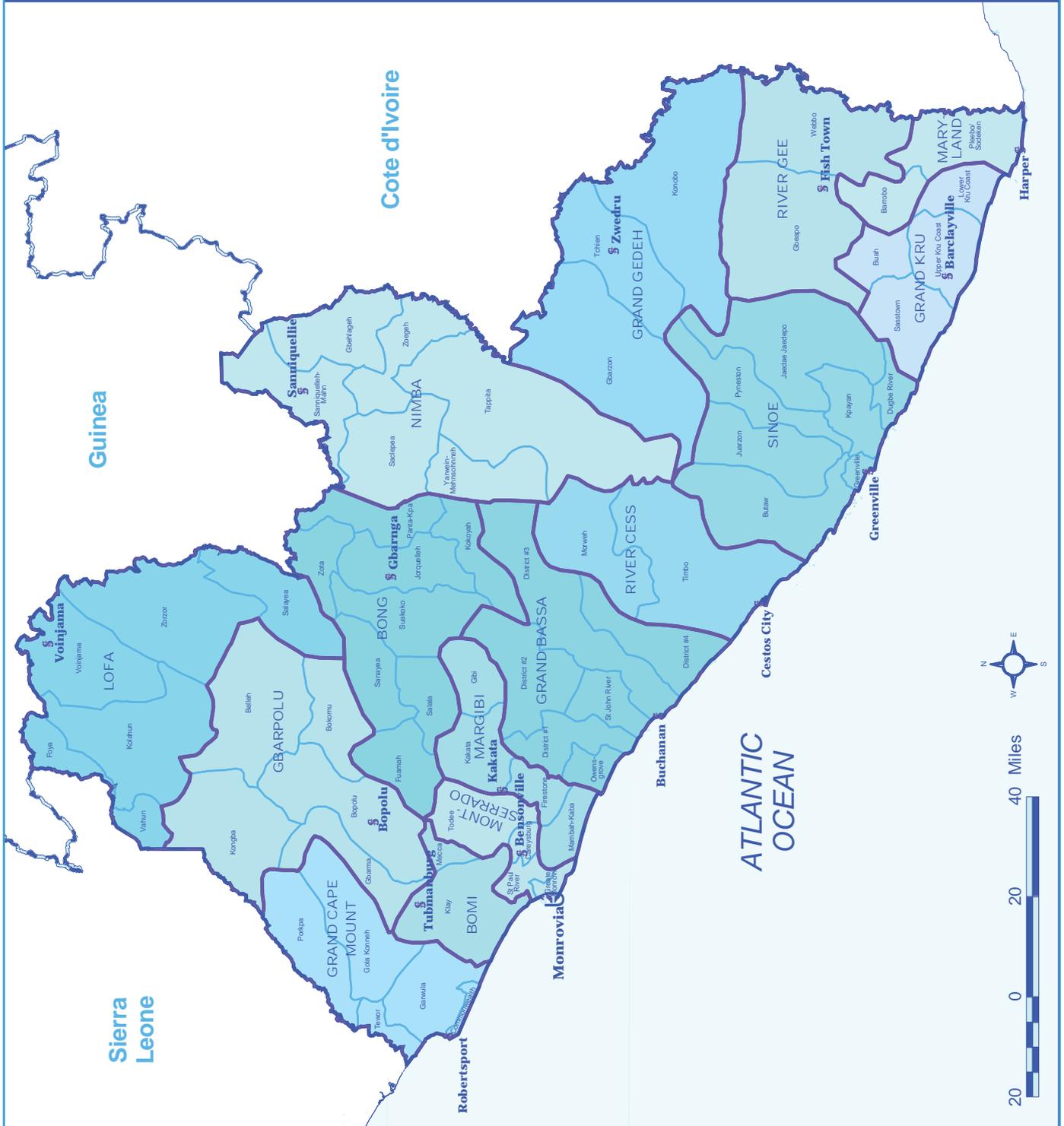


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Acronyms

ADB	African Development Bank	MOE	Ministry of Education
AU	African Union	MRD	Ministry of Rural Development
BMC	Bong Mining Company	NCOH	Number of Children Orphaned by HIV/AIDS
CAP	Consolidated Appeal Process	NECOLIB	National Environmental Commission of Liberia
CDE	Carbon Dioxide Emissions	NER	Net Primary Enrolment Ratio
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	NHA	National Housing Authority
CPA	Comprehensive Peace Agreement	NRDP	National Reconstruction and Development Plan
CPR	Contraceptive Prevalence Rate	NRP	National Reconstruction Programme
CRC	Convention on the Right of the Child	NT	Neonatal Tetanus
CSO	Civil Society Organization	NTGL	National Transitional Government of Liberia
ECOWAS	Economic Community of West African States	PHC	Primary Health Care
EPA	Environmental Protection Agency	PPL	Poverty Profile of Liberia
EPI	Expanded Programme on Immunization	RFTF	Result Focused Transitional Framework
EU	European Union	SPU	Strategy and Policy Unit
FAO	Food and Agricultural Organization	STD	Sexually Transmitted Diseases
FAWE	Forum for African Women Educationist – Liberia	TBA/TTBA	Traditional Birth Attendance/Trained Traditional Birth Attendance
FPAL	Family Planning Association of Liberia	U5MR	Under-Five Mortality Rate
GDP	Gross Domestic Product	UNCCA	United Nations Common Country Assessment
GER	Gross Primary Enrolment Ratio	UNCT	United Nations Country Team
HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome	UNDAF	United Nations Development Assistance Framework
HPPW	HIV Prevalence amongst Pregnant Women	UNDG	United Nations Development Group
I/NGOs	International/Non Governmental Organizations	UNDP	United Nations Development Programme
IDP	Internally Displaced Person	UNESCO	United Nations Educational Scientific and Cultural Organizations
IMF	International Monetary Fund	UNFPA	United Nations Population Fund
IMR	Infant Mortality Rate	UNHCR	United Nations High Commissioner for Refugees
LAMCO	Liberian – American Mining Company	UNICEF	United Nations Children Fund
LDHS	Liberia Demographic Health Survey	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
LEC	Liberia Electricity Corporation	USAID	United States Agency for International Development
LISGIS	Liberia Institute for Statistic and Geo-Information Services	WFP	World Food Programme
LNHDR	Liberia National Human Development Report	WHO	World Health Organization
MDGR	Millennium Development Goal Report		
MDGS	Millennium Development Goals		
MHSW	Ministry of Health and Social Welfare		

Foreword

Mid-way into the timeframe to achieve the Millennium Development Goals (MDGs) and with just seven years remaining, the urgency to show results and demonstrate real progress towards the achievement of the MDGs globally cannot be overemphasized. Despite the obvious urgency, this prospect might be daunting for some countries. In Liberia, the lingering effects of the prolonged civil crisis have diminished the hopes for positive outcomes by 2015. But all is not lost. With strong political leadership and commitment, scaled-up support and investments in capacity building, resource mobilization, and focus on 'quick wins' at the community level, Liberia can make good progress towards achieving the MDGs even if it does not achieve all the goals.

Although Liberia was unable to take part in the Millennium Summit owing to its civil disorder, its government and people fully endorsed the outcome of that meeting. Liberia's first MDGs Report, published in 2004, was however not a story of success. The objective of that report was to establish Liberia's position with respect to the MDGs, assess the prospects of achieving them and identify the priorities for development. This report reveals that Liberia's systems for data collection and analysis remained weak, an aspect that severely undermines the use of statistics in policy analysis and the allied monitoring and evaluation frameworks. The smooth democratic change in national leadership in 2005, with the election of President Ellen Johnson Sirleaf, has brought renewed hope to the Liberian people and improved prospects for making rapid progress to the achievement of the MDGs

The Johnson Sirleaf government has repeatedly demonstrated its commitment to prudent reforms, transparency and accountability in the management of government and public resources. These commitments were articulated in the recently completed Poverty Reduction Strategy (PRS), which outlined Liberia's plans for national development in four key areas, or pillars: 1) Consolidating Peace and Security, 2) Revitalizing the Economy, 3) Strengthening Governance and the Rule of Law, and 4) Rehabilitating Infrastructure and Delivering Basic Services. The government's main vehicle for achieving the MDGs is the PRS, which was launched this year. The national MDGs Steering Committee that is responsible for the overall MDGs agenda has been formed and commenced its work in 2008.

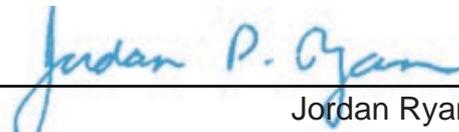
Against this background, the UN system, the World Bank, IMF, USAID, EU and bilateral partners have all indicated their unwavering commitment to assisting the Government of Liberia (GOL) in its endeavors to achieve sustainable peace, maintain good governance, the rule of law, inclusion, socio-economic recovery and reconstruction of the country. True to these commitments, the aforementioned institutions have pledged support for initiatives including the Kokoyah Millennium Village, MDGs tailoring, debt waiver and the HIPC initiative, and the Gleneagles scenario, which seeks to scale up the human and financial resources required to accelerate progress towards the MDGs.

The strategic aims of this report are to put forth the level of policy initiatives that the GOL is now putting in place, especially in capacity building and institutional reforms. These initiatives were launched and spearheaded by the GOL, the United Nations Country Team (UNCT) and other partners, including the World Bank and IMF. Liberia's MDGs Report will continue to be used as a tool for policy dialogue and advocacy at all levels of government

and civil society. The advocacy campaign will influence national decision-making on socio-economic investment, public resource allocation and management at all levels of Liberian society, from the three branches of government (Legislature, Executive and the Judiciary), to the counties, districts, towns and communities, as well as schools and other public institutions. The key focus of this campaign will be the implementation of the 2008 PRS, community-based recovery, and gender empowerment.



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Acknowledgements

The preparation of this second MDG Report was completed in the framework of the Government of Liberia's commitment to accept the Millennium Declaration made by world leaders in September 2000, which identified the Millennium Development Goals and their achievement as key to the formulation of a trajectory for developing countries' development and global partnerships. True to this commitment, the GOL has taken into consideration the MDGs in all of its development agendas, including the recently launched PRS and the regular monitoring of development outcomes for MDGs achievement through the MDGR. This second edition of the MDGR was initiated by the Government through the Minister of Planning and Economics Affairs based upon a request to the UNECA in Addis Abba, Ethiopia to provide technical support for the development of the MDGR. The technical work in creating the initial draft was lead by Professor Bartholomew Armah of the UNECA with direct support from Mr. Daniel Kingsley, formerly of the MPEA and now LISGIS, and Mr. George B. Gould, UNDP National Policy Analyst for MDGs Advocacy and Monitoring, who assisted in coordinating the report activities as UNDP focal person for this report. Being the forerunners and scorekeepers of the MDGs, the former Country Director of UNDP in Liberia, Mr. Steven Ursino, Deputy Resident Representative for Programmemes, Ms. Maria-Threase Keating and Economic Advisor Dr. Kamil Kamaluddeen, provided overall professional guidance and substantive input into the preparation of this report.

We are also indebted to Dr. Malcolm F. McPherson, Senior Fellow, Mossavar-Rahmani Center for Business and Government, John F. Kennedy School of Government, Harvard University for his reviews and candid comments, which facilitated final editing. We also wish to acknowledge the professional guidance and input of Mr. Dominic Sam, the UNDP Country Director who took on his new post during the preparation of this report.

The Report has also greatly benefited from studies and professional commentary from the international community and partners including the World Bank, the IMF, UN agencies, Government ministries and agencies, which include the MoHSW, MoE, FDA, MoA and MPEA. Some of the studies that contributed to the development of this report include the LDHS, CWIQ, CFSNS, National Budget, IMF and World Bank reports,. We acknowledge with thanks the respective roll of staff at the Ministries and Agencies mentioned, especially Mr. Stanford Wesseh of the MoHSW and Anthony Nimely of the MOE for their valuable role in reviewing and validating the draft report with respect to the MDGs associated with their line Ministries.

At the technical level we are indebted to Hon. Stanley Kamara, Assistant Minister for Macroeconomic Analysis and Policy at the MPEA, who served as the national focal person in developing the MDGR; specific recognition is given to Hon. Frances Wreh, Deputy Director General of LISGIS, for validating and certifying the sources and credibility of the data used.

We also wish to acknowledge the efforts of the technical and support staff of Government and UNDP during the process; Strategy and Policy Unit/UNDP for their joint editing and graphic design. And last, but not least, we are pleased to acknowledge the assistance of Emily Cleveland of One Degree Design (a division of One Degree Group, LLC) for final editing and graphic design, and National Printers (Monrovia, Liberia) for the production of the report.

Table 1: Status at a Glance

Goal	Target	Indicators	Current Level	Year	Will Development Goal be Achieved?	State of Supportive Environment	Monitoring Capacity
Eradicate Extreme Poverty	Halve, between 1990 and 2015, the proportion of people living below \$1 a day	Proportion of population receiving <1\$ per person day(%)	63.8	2007	Unlikely	Improving	Weak
	Halve, between 1990 and 2015, the proportion of people living in extreme hunger.	Prevalence of underweight (moderately or severely) children under five years of age (%)	18.8	2007	Likely	Improving	Weak
		Proportion of population below minimum level of dietary energy consumption (%)	46	2003	Unlikely	Improving	Weak
Achieve Universal Primary Education	Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.	Net enrolment ratio in primary education (%)	37.3	2007	Unlikely	Improving	Weak
		Boys	37.5	2007	Unlikely	Improving	Weak
		Girls	37.1	2007	Unlikely	Improving	Weak
		Literacy rates of 15-24 year olds (%)	73.1	2007	Probably	Improving	Weak
Promote Gender Equality and Empower Women	Eliminate gender disparity in primary and secondary levels, preferably by 2005, and at all levels of education by 2015	Ratio of girls to boys in Primary education	0.93	2007	Likely (2015)	Improving	Weak
		Ratio of girls to boys in Secondary education	0.84	2007	Likely	Improving	Weak
		Ratio of girls to boys in Tertiary education	0.76	2000	Likely	Improving	Weak
		Ratio of literate women to men (15-24 year olds)	0.96	2007	Unlikely	Improving	Weak
		Share of women in wage employment in the non-agricultural sector (%)	23.6	1990	Unlikely	Improving	Weak
		Proportion of seats held by women in national parliament (%)	14	2007	Unlikely	Improving	Weak
Reduce Child Mortality	Reduce, between 1990 and 2015, child mortality by two-thirds.	Under five mortality rates	111	2007	Probably	Improving	Weak
		Infant mortality rates	72	2007	Probably	Improving	Weak
		Proportion of 1 year old immunized children against measles (%)	63.3	2007	Probably	Improving	Weak
Improve Maternal Health	Reduce by three quarters, between 1990 and 2015, maternal mortality ratio.	Maternal Mortality Ratio per 100,000 live births	994	2007	Unlikely	Worsening	Weak
		Proportion of births attended by skilled health personnel (%)	46	2007	Unlikely	Worsening	Weak

Goal	Target	Indicators	Current Level	Year	Will Development Goal be Achieved?	State of Supportive Environment	Monitoring Capacity
Combat HIV/AIDS and Other Diseases	Have halted and began to reverse the spread of HIV/AIDS	HIV prevalence among pregnant women (15-24 years) (%)	1.5	2007	Likely	Improving	Weak
		Condom use of the contraceptive prevalence rate	25.2	2007	Probably	Improving	Weak
	Have halted, by 2015 and began to reverse the incidence of malaria and other major diseases	Prevalence and death rates associated with malaria (death per 100,000)	46.6	2006	Unlikely	Improving	Weak
		Prevalence and death rates associated with tuberculosis (per 100,000)	447	2004	Unlikely	Improving	Weak
		Proportion of tuberculosis cases detected and cured under Directly Observed Treatment Short course (DOTS)	73.4	2003	Unlikely	Improving	Weak
Ensure Environmental Sustainability	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Proportion of land covered by forest (%)	47	2008	Unlikely	Fair	Weak
		Ratio of area protected to maintain biological diversity to surface area sq. km.	12.73	2005	Unlikely	Fair	Weak
	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation	Proportion of people with sustainable access to improved water sources (%)	51.4	2007	Likely	Fair	Weak
		Proportion of people with access to improved sanitation	39.4	2007	Unlikely	Fair	Weak
Develop a Global Partnership for Development	Deal comprehensively with the debt problem of developing countries through national and international measures in order to make debt sustainable in the long term.	Debt service as a percentage of exports of goods and services.	2094	2007	Probably	Fair	Fair
		(public debt incl. arrears as a % of GDP)	680	2007	Probably	Fair	Fair
	In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.	Unemployment rate of young people aged 15-24 years, each sex and total.		2000	Insufficient data	Fair	Fair

Introduction

Global progress towards achieving the MDGs has been mixed despite favorable economic growth in many countries, including those in sub-Saharan Africa (SSA). In particular, enrolment rates in primary education have improved steadily, and in some SSA countries the pace exceeds rates of improvement in developed countries at a similar point in history (Clemens 2004). Nevertheless, progress towards the MDGs has been particularly slow for the poorest and most disadvantaged groups. This is in part due to inequities in access to basic social services including education and health. For example, in Ethiopia the poorest 20 per cent of the population have only 0.9 per cent of births attended by skilled health personnel (UNDP 2005).

After decades of civil unrest and a fourteen year long civil conflict (1989-2003), Liberia is now enjoying a period of relative peace and increased stability. However, much like other post-conflict countries, the challenge is not only to rebuild the war-ravaged economy and institutions, but also to sustain the often tenuous and fragile peace processes.

Beyond the obvious human cost, violent conflict disrupts food production, contributes to malnutrition and rolls back progress in education and health. In testament to this statement, nine of the ten countries at the bottom of the Human Development Index (HDI) have experienced some form of conflict since 1990 (UNDP 2005). Presently, Liberia is not on the Human Development Index report. The causal links between growth and violent conflict run both ways; poor countries tend to be more prone to conflict, which in turn reinforces slow growth and allows the cycle of poverty to continue. The institutional costs of violent conflict can be quite high and difficult to reverse. The increased uncertainty associated with the breakdown of institutions can undermine long-term investments on which sustained recovery and employment

generation depend. In effect, preventing and resolving conflict must underpin any progress towards the MDGs.

Development Context

Post-conflict countries are often unequal partners to the MDGs process due to the interruption of national socio-economic development agendas. Yet, in the assessment of progress toward the MDGs, post conflict countries are invariably treated as equals when compared with other developing countries. Indeed, for these countries there is no alternative deadline to the 2015 target. Even the task of assembling baseline data on MDG indicators for post conflict countries is, however, daunting in and of itself.

Such is the case for Liberia, a country that emerged from conflict barely 5 years ago. After 14 years of intermittent unrest the nation has entered a period of increased stability, largely sustained by UN peacekeeping force (UNMIL). Until January 16 2006, Liberia was ruled by a transitional government¹, which held free and fair elections that were won by Mrs. Ellen Johnson-Sirleaf in a run-off election on November 8, 2005. Johnson-Sirleaf's victory made her the first democratically elected female Head of State in the history of Africa.

The post-election euphoria, however, gave way to the daunting development and reconstruction tasks that the nation faced as it emerged from sustained periods of uncertainty and conflict. Much of the country's physical infrastructure was either destroyed or degraded, and, government institutions were left with limited capacity for economic management due, in part, to the erosion of the country's human capital induced by the conflict.

Despite the high incidence of perceived poverty (63.8 percent) (CWIQ, 2007) Liberia's official unemployment rate is surprisingly quite low (6.9

¹ The transitional government assumed office in October 2003.

percent for males and 4.2 percent for females). This may reflect the presence of a large informal sector that masks the true unemployment rate. Even if the official employment statistics are consistent with realities on the ground, the co-existence of poverty with low unemployment rates suggests that the relevant issue is not so much the absence of jobs, but the lack of jobs that pay a living wage. Indeed, the lack of sufficiently paying jobs is evidenced by the high incidence of underemployment (10.9 percent). In recognition of this concern, the 2007/2008 budget provides for a 67 percent increase in the minimum civil service wage from US\$30 to US\$50 per month and from \$50 to \$70 in the 2008/2009 budget.

Economic Governance

In September 2005, the National Transitional Government of Liberia (NTGL) and Liberia's key international partners launched the Governance and Economic Management Assistance Programme (GEMAP), ostensibly to strengthen governance and financial management systems in Liberia. The GEMAP seeks to improve financial management and accountability in all key budgetary institutions and the Central Bank of Liberia by, inter alia: deploying international experts with binding co-signature authority alongside Liberian counterparts; improving budget and expenditure management; improving transparency in procurement practices and the granting of concessions, in part by ensuring that Liberia accedes to the Kimberley Process Certification Scheme and the Extractive Industries Transparency Initiative (EITI); establishing effective processes to control corruption; support key institutions such as the General Auditing Office (GAO), General Services Agency (GSA), Governance Reform Commission [(GRC), now the Governance Commission, (GC)], and the Contracts and Monopolies Commission [(CMC), now the Public Procurement and Concession Commission (PPCC)]; and building capacity, in part through fundamental reform of the

civil service and wage structures. The implementation of GEMAP is being guided and monitored by the Economic Governance Steering Committee chaired by the Head of State. The programme is expected to remain in place until Liberia reaches "completion point" under the enhanced HIPC Initiative.

Promoting Shared Growth

The government launched several initiatives, including the 150-Day Action Plan, the IMF staff monitored programme (SMP), the Interim Poverty Reduction Strategy (iPRS), and now the Poverty Reduction Strategy (PRS) to promote growth, reduce poverty and achieve the MDGs. The iPRS laid out a broad vision and programme for the period spanning January 2007 through June 2008. It sought to consolidate peace, enhance justice, deepen democracy, ensure food security, promote human development and steer the nation toward sustainable growth and development. A full PRS for the period July 2008 to June 2011 has been completed and launched. The same four strategic pillars of the iPRS also anchor the PRS: enhancing national security; revitalizing the economy; strengthening governance and the rule of law; and rehabilitating infrastructure and delivering basic services. The PRS is the Government of Liberia's main tool now being used to achieve the MDGs

The growth strategy is grounded by fiscal measures to achieve macro-stability. They include: strengthening revenue collection; tightening expenditure controls; and the pursuit of balanced cash budgets. Combined, the initiatives so far have increased real GDP growth, boosted domestic revenue, increased expenditure on health and education (from 15.5 to 15.9 percent of total expenditure in 2007) and contained inflationary pressures (11.3 percent, May 2007). Real GDP growth soared from a low of -31.3 percent in 2003 to 9.5 percent in 2007, and is projected at 9.6 percent in 2008 due largely to the resumption of logging and continued growth in the services sector. Real

GDP per capita (constant 1992 US\$) also increased from \$117.7 to \$126.4 between 2004 and 2007 and is projected at \$138.6 in 2009 (IMF Country Report No. 08/108).

Despite this progress, Liberia still has a long way to go to recover its historical per capita income level of \$1,269 in 1980 (in 2005 prices). A critical constraint is the nation's apparently low absorptive capacity, which appears to be due to capacity and administrative constraints that have slowed the pace of spending. Despite the daunting developmental needs of the country, the government is running a substantial fiscal surplus (2.1 and 3.8 percent of GDP in 2005/06 and 2006/07 respectively).

Liberia's economy is driven largely by the agricultural sector; about 70-80% of the population depends on agriculture as a source of livelihood (Common Country Assessment, February 2006). It is the largest sector of the economy, and in 2005 accounted for the largest share (54.9 percent) of GDP followed by Services (26.4 percent) and Forestry, Hunting, Gathering and Fishing (19.5 percent). Manufacturing accounted for 6.1 percent of the GDP in 2005, while mining constituted a trivial 0.1 percent, largely due to the sanctions on mining diamonds. Rubber and rice production are the dominant agricultural products accounting for 30 and 28.7 percent respectively of total agricultural output in 2005 (Ministry of Planning and Economic Affairs-UNDP Liberia Website).

Liberia's dependence on a narrow range of primary commodities (i.e., production and exports of timber and diamonds) makes it susceptible to volatile growth, which in turn significantly contributes to political instability and conflict². Long-term efforts towards achieving sustainable growth in Liberia will require economic diversification facilitated by a transformation of the agricultural sector from its current subsistence orientation to one that is business-oriented, diversified and rooted in technological applications and innovation.

² See Anti-growth syndromes, Fosu & O'Connell 2005.

In the short-term, improving employment opportunities through measures that increase agricultural productivity and market access will be critical to reducing the incidence of poverty of a broad section of society.

Disparity in asset distribution and decent wages must, however, be tackled if rapid agricultural growth is to translate into broad-based economic empowerment and poverty reduction. In this effort, the GOL has embarked on a comprehensive agricultural transformation plan and has developed a PRS anchored in broad-based economic growth and development.

Investing in People

The conflict in Liberia had a devastating effect on the quantity and quality of Liberia's individual, institutional and societal capacities. It disrupted and destroyed facilities and delivery systems in the education and health sectors, caused thousands of educated Liberians to flee the country, and resulted in the death of countless others. Gaping capacity shortages have resulted in dysfunctional public institutions, weak data gathering and storage systems, duplication of functions across line ministries and ineffectual monitoring and evaluation systems (Human Development Report, Liberia, 2006). Beyond individual capacity, institutional and societal capacity is also weak in Liberia. This is manifested by poor management systems both at the corporate and community level. Unquestionably, the low status of health and education undermines capacity development, retention and sustainable growth in Liberia. In particular, the endemic nature of malaria, the likelihood of high HIV prevalence³, the high child and maternal mortality rates⁴ and the breakdown of public service delivery constitute formidable challenges to the development of human capacity in Liberia. Similarly, while trends in primary education enrolment appear

³ CWIQ survey based upon sampling of pregnant women attending government hospital (5%) and Democracy and Health Survey (DHS) 1.5%.

⁴ DHS at 994 maternal deaths per 100,000 live births.

promising, limited access to teaching materials and facilities cast doubt on the overall quality of Liberia's education delivery system.

The development of an integrated economy driven by knowledge and technology is crucial to Liberia's sustained growth. Scaling up capacity in Liberia will require increased investments, particularly in health and education, to

improve individual capacity. This can be done by nurturing the capacity of institutions and organizations to deliver on their mandates and building the capacity of communities to support development efforts through the norms and networks that enable collective action (Human Development Report, Liberia, 2006).

Table 2: Annual Indicators

	2006 Est.	2007 Est.	2008 Proj.	2009 Proj.
GDP at market prices (US\$)	611.6	732.2	818.2	917
Real GDP growth (%)	7.8	9.5	9.6	10.3
Real GDP per capita (constant 1992 US\$)	121.0	126.4	131.7	138.6
Inflation (period average)	7.2	11.4	10.6	9.0
Exports (US\$ m)	158	227	333	498
Imports (US\$ m)	-401	-487	-844	984
Current-account balance (incl. Grants, % of GDP)	-37.3	-34.9	-64.6	63.4
CBL net foreign exchange position (in US\$ millions)	21.7	32.1	44.5	59.0
Aid (% of GNI)				
Govt. revenue (excl. grants, % of GDP)	14.8	21.9	24.0	24.4
Total expenditure and net lending (% of GDP)	12.9	18.3	24.3	36.7
Wages and salaries share of Total expenditure (% of GDP)	5.7	6.0	8.7	6.7
Overall surplus or deficit (incl. grants % of GDP)	2.1	3.8	-0.4	-11.2
Domestic Debt stock (% of GDP)		42.9	36.8	31.8
External Debt stock incl. arrears (% of GDP)	823	645	576	513
External Debt Service charges (% of GDP)	0.2	0.2	0.5	0.4
Population (millions)				
Adult literacy (% of children aged 15 or more)				
Life Expectancy at birth (years)				
Total Fertility rate (births for women)				

Source: IMF Country Report, March 2008.

Promoting Social Development

Liberia still faces a serious uphill task of economic reconstruction and rebuilding its stock of human capital, improving social service delivery and halving the number of people below the poverty line. The country emerged from the civil conflict in 2003 as one of the poorest countries in the world. Approximately 64 percent of the population is estimated to be living below the national poverty line in 2007 (CWIQ, 2007). It should be noted that the national poverty line is well below \$1 equivalent per day¹. Furthermore, the civil war caused widespread displacement of people, particularly from rural areas. In 2003, Internally Displaced Person (IDPs) were estimated at 460,000; returnees 350,000; ex-combatants at 100,000 including 21,000 child soldiers (UNDP 2004). The massive displacement of people disrupted agricultural production, resulted in massive rural to urban migration, which in turn overpopulated the cities and now exerts great pressure on an already weak and decaying infrastructure. At present the vast majority of Liberians have little or no access to basic utilities or health care. Most medical services are provided by international non-governmental organizations and United Nations agencies. Like most sub-Saharan countries, poverty in Liberia is largely a rural phenomenon, concentrated among female headed households engaged in subsistence farming (UNDP 2001). Based purely on perceptions about their living standards, poverty is more prevalent among rural households (67 percent), particularly female headed households (73 percent) than urban households (46 percent) (CWIQ, 2007).

The health status in Liberia is inadequate. Malaria is endemic throughout the country, and is one of the primary causes of child mortality. Among the severe consequences of malaria in children are permanent impairment of cognitive ability, and reduced physical ability to engage in schoolwork. This results in children starting school at a later age, poor educational performance, high dropout rates, and an

¹ Based on kilo calories consumption.

increase in the number of children requiring special education (Chima et al. 2003). In addition, malaria incapacitates the labor force, which in turn reduces agricultural productivity, leads to income losses, and deepens the impoverishment of rural areas.

Broad-based economic growth and the empowerment of vulnerable groups in Liberia are vital if the nation is to sustain the peace process and achieve the MDGs. This will, however, require major infusions of resources from both foreign and domestic sources, taking into account the relatively low level of domestic savings. Furthermore, it will require strengthening support to the commitment made by the Liberian government to a mutual accountability framework that 1) focuses on outcomes (MDGs) rather than inputs into the production system, 2) is committed to reversing the policy weaknesses and structural inefficiencies that characterized the pre-war economy, 3) seeks to tackle corrupt government practices head-on, 4) is committed to redressing social exclusion and unequal access to the nation's wealth, and 5) aims to improve stakeholder engagement in the decision making process.

Prevailing Policy Direction

With the support of partners, the Government of Liberia has put in place many immediate and short term programmes to address the capacity gap it inherited by creating projects that encourage qualified Liberians inside and outside of the country to take on public assignments. Such projects include the Transfer of Knowledge Through Expatriate National (TOKTEN), Senior Executive Service (SES), the Liberia Emergency Capacity Building Support Project (LECBS) and a long-term capacity building project rolled out this year to provide for an accelerated and sustainable capacity enhancement. For the same reason, there are international consultants and experts working in various sectors in Liberia. Also, the

government is implementing measures to place the economy on a sustainable growth path. The IMF Staff Monitored Programme (SMP), iPRS and the PRS encapsulate the key policy thrusts of the government.

Building on the iPRS, the 2008-2011 PRS is underpinned by extensive county and district level consultations and broadly seeks to:

- Enhance and reform national security
- Revitalize the nation's economy as a basis for shared growth
- Put into place appropriate structures of governance, underpinned by the rule of law
- Rehabilitate the nation's conflict-devastated infrastructure and improve delivery of basic pro-poor services and facilities.

Cross-cutting themes of the emerging pro-poor strategy include gender, conflict-sensitive development, youth development, HIV/AIDS awareness and prevention, sustainable environmental practices, improved statistics and information dissemination, and an active role for the private sector. The PRS offers the country an opportunity to integrate and consolidate hitherto fragmented policy frameworks into a coherent strategy aimed at addressing key development priorities and funded largely through the budget. Importantly, it serves to steer the prevailing development mindsets and corresponding interventions away from an "emergency relief mode" to a more proactive and sustainable trajectory of growth and development.

Data Challenges

The paucity of data – in terms of rigor, consistency and frequency of publication – is a perennial problem in sub-Saharan Africa. In Liberia, it is further exacerbated by the virtual collapse of institutions during the civil conflict, including statistical services.

This report was compiled using the latest data from the Core Welfare Indicators Questionnaire (CWIQ, 2007) and the Liberia Demographic and Health Survey (LDHS, 2007). It also draws on other surveys, including the Comprehensive

Food Security and Nutrition Survey (CFSNS, 2006) the United Nations Statistical Database, and other pertinent publications. Due to significant demographic changes and the unreliability of data compiled during the conflict, the base year for trend projections is the year 2000. Where data for 2000 is not available, the closest data point will be used.

Undoubtedly, good reliable statistics are crucial for informed policy interventions in Liberia. It is imperative that a strengthened national statistical office form part of the reconstruction of the economy, in order to enable more precise monitoring of progress towards the MDGs, and to provide reliable information for evidence-based policymaking and strategic planning.

A statistics agency, the Liberia Institute for Statistics and Geo-Information Services (LISGIS) has been established with support from international partners through UNDP and is now functioning. This institution will facilitate the regular collection and analysis of increasingly accurate and complete data. This year (2008), LISGIS conducted the first national census since 1984.

Goal 1: Eradicate Extreme Poverty and Hunger



Target 1: Halve between 1990 and 2015, the proportion of people living on less than US\$ 1 a day

Target 2: Halve between 1990 and 2015, the proportion of people who suffer from hunger

Indicator			2007	Target
Proportion of population receiving <1\$ per person day(%)	55.1 (1997)	76.2 (2001)	63.81	38.12
Prevalence of underweight (moderately or severely) children under five years of age (%)	26.4 (2000)		18.8	13.2
Proportion of population below minimum level of dietary energy consumption (%)	33 (1990)	46 (2003)		16.5

¹ Based on calorie consumption. ² Target based on 2001 baseline.

Status at a Glance: The 2015 target is unlikely to be met based on current trends.

Status and Trends

Though Liberia experienced a decline in poverty following the end of the conflict in 2003 (CWIQ 2007), the proportion of people living on less than US\$1 a day increased dramatically in the later years of the civil war, rising from 55.1 per cent in 1997 (UNCCA 97-98) to 76.2 per cent in 2001 (UNDP 2001). The 2007 CWIQ survey finds that 63.8 percent of Liberians perceive themselves as poor. The survey also finds that poverty is perceived to be more prevalent among rural households (67.7 percent), particularly female headed households (73.4 percent) than urban households (55.1 percent). Measures based on perceptions are not strictly comparable to poverty headcounts. However, in the absence of recent poverty headcount data, the perception measures hint at a possible decline in poverty. Based on current trends, it is estimated that Liberia will come close, but is unlikely to halve poverty by 2015 (Figure 1).

Undoubtedly, the prolonged intermittent conflict that disrupted agricultural production and undermined food security also contributed to the deterioration in the poverty trend. Agriculture in Liberia accounts for the largest component of the GDP (54 percent), and is predominantly subsistence in nature. Yet agricultural inputs such as seeds and basic tools are available largely through emergency assistance. Furthermore, although rice remains the main staple food in Liberia, accounting for 90 percent of the daily food intake, virtually all (about 95 percent) of the country's rice needs are met through imports. A transformation of the agricultural sector is required to improve food security, create jobs and stimulate rapid economic growth in Liberia.

Development Challenges

Liberia faces many development challenges that are related and mutually reinforcing. The greatest challenge however, is sustaining the peace process; without peace there can be no development. But peace largely, though not exclusively, emanates from shared growth manifested by broad access to jobs and basic social services such as water, electricity, healthcare, sanitation, and education. Addressing these needs, however, requires that policymakers: create an enabling legal, regulatory, physical (i.e., infrastructural rehabilitation) and macroeconomic environment for the generation of broad-based employment opportunities by the private and public sectors; invest in social services and the human capital of the citizenry as a basis for their socio-economic self-empowerment; develop and sustain respect for human rights and the rule of law; and attract sufficient funds to implement the nation's development programme. The capacity of the economy to generate employment and provide income transfers to the most vulnerable groups is vital to preempt social unrest and the resurgence of civil war. This will require collaboration with donor partners to expand the fiscal space needed to finance Liberia's development programmes and to provide emergency relief to the most needy. However, it is important to recognize that the weak institutions and limited human capacity have compromised Liberia's absorptive capacity. As a result, the nation has difficulties in spending even its limited resources. For instance, the 2006/07 budget was in surplus despite the country's urgent development needs. This suggests that the reconstruction effort must be underpinned by a strong commitment to capacity building and institutional development. The commitment by the international community to retain the UN peacekeeping force until such time that Liberia is stable is critical to ensuring that the nation's reconstruction efforts succeed.

Table 3: Contribution to Revenue by Sources

Major Revenue Category	2006-2007 Estimate	2007-2008 Estimate	Growth Over '06/'07	% of Budget
Surplus Revenue FY 2006/2007	-	13,684,903	-	6.86
Projected Annual Revenue:				
Taxes on Income and Profit	33,708,870	48,640,562	44.30%	24.4
Property Taxes	720,000	1,183,735	64.4	0.6
Domestic Tax on Good & Services	10,544,404	14,997,470	42.20%	7.5
Taxes on International Trade	52,996,703	68,781,051	29.80%	34.5
Maritime	11,000,000	13,000,000	18.20%	6.5
Entrepreneur & Property Income of Gov't	1,058,057	7,812,071	638.30%	3.9
Fees & Charges	6,192,224	5,055,513	-18.40%	2.5
Extraordinary Revenue	7,061,000	23,228,648	229.00%	11.7
Mittal Community Development Fund	-	3,000,000	-	1.5
Contingency Revenue	9,000,000	-	-100%	0.0
Grants	2,700,000	-	100%	0.0
Total Annual Project	134,981,258	185,699,050	37.6	93.1
Total (FY 06/07 surplus + FY 07/08 surplus projection)	134,981,258	199,383,953	47.7	100.0

Source: Liberia National Budget July 1, 2007- June 30, 2008

Figure 1: Revenue Category as a Percent of National Budget

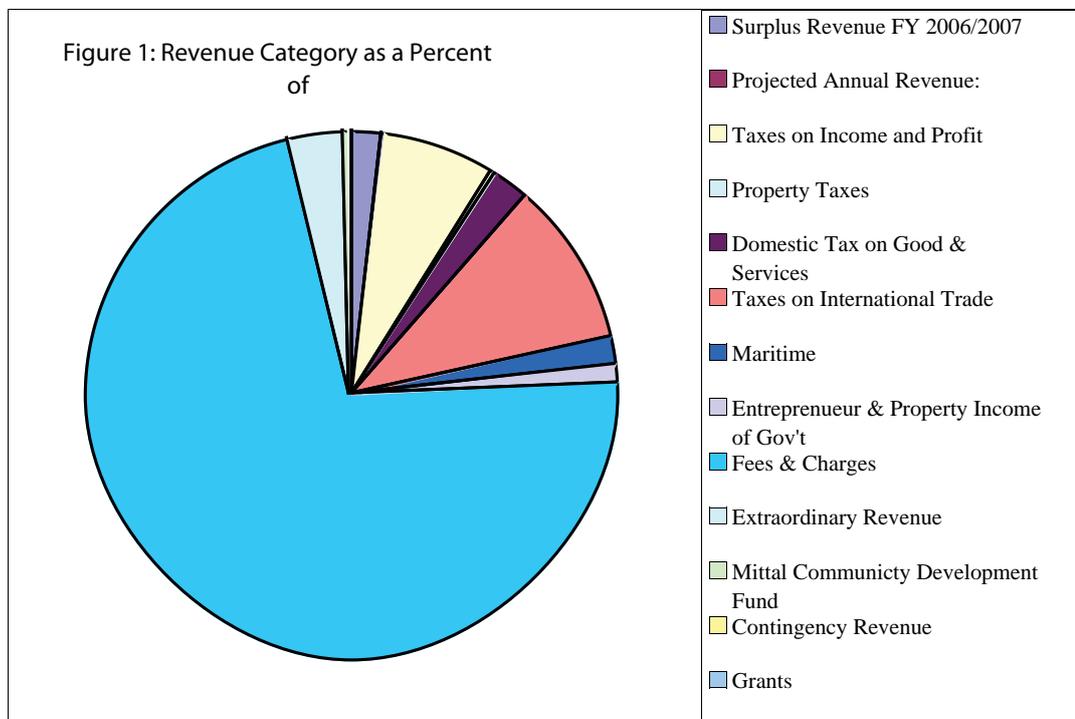
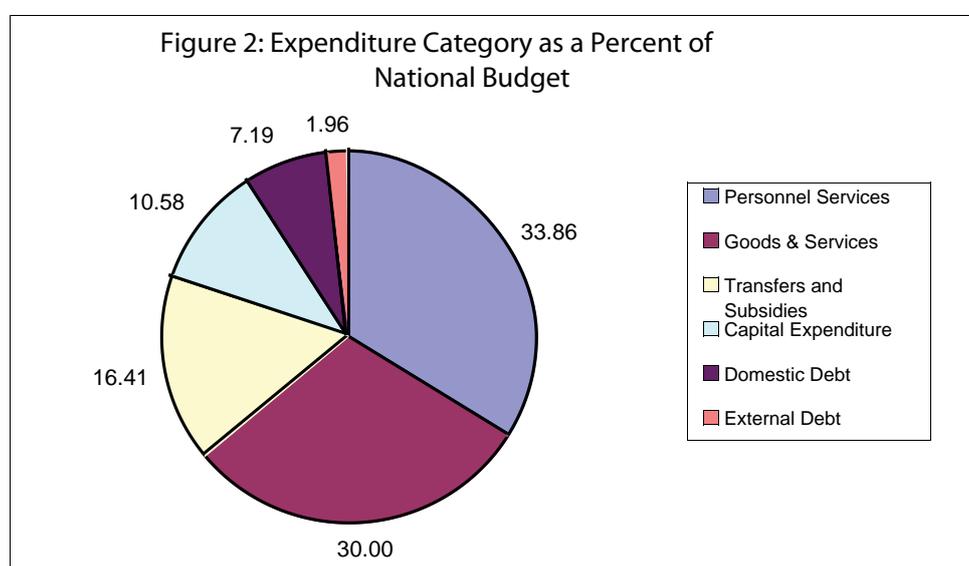


Table 4: Summary of Expenditure by Types

Objects of Expenditure	2006-2007 Budget	2006-2007 Revised Estimate	2007-2008 Estimate	% of Budget
Personnel Services	44,546,390	44,494,779	63,503,715	33.86
Goods & Services	39,708,966	43,229,568	59,842,509	30.00
Transfers and Subsidies	11,476,517	15,821,128	32,724,151	16.41
Capital Expenditure	18,585,386	19,108,140	21,087,336	10.58
Domestic Debt	11,600,000	11,327,644	14,326,241	7.19
External Debt	1,000,000	1,000,000	3,900,000	1.96
Total	129,917,259	134,981,259	199,383,953	100.00

Source: Liberia National Budget July 1, 2007 - June 30, 2008

Figure 2: Expenditure Category as a Percent of National Budget



Supportive Environment

The Government of Liberia is allocating more resources towards poverty alleviation. Poverty-focused expenditures account for 20 percent of the 2006-2007 budget. In order of magnitude, the main poverty reducing expenditures are targeted at the health, education and infrastructure sectors. Indeed, health (8.7 percent) and education (8.6 percent) account for the biggest outlays of the budget. However, recurrent expenditures targeted at restoring the orderly function of public administration, including wage expenditure, are constraining investments in economic and social services. Greater fiscal space is required to finance the pressing needs of the economy.

Donor support for Liberia has increased sharply since the 2003 peace agreement. Resource flows were estimated at US\$460 million during the emergency period immediately following the end of the conflict (2004-2005) and are projected to decline and stabilize. About 75 percent of the funds are have spent on social development and community revitalization including disarmament, demobilization, resettlement and reintegration. These funds exclude the cost of UNMIL, which is estimated at US\$750 million a year. Currently, donor funds are spent almost entirely outside the government's budget due to concerns about transparency and accountability in the use of public resources.

As part of the effort to revitalize the economy, Liberia signed a Letter of Intent with the IMF for a Staff Monitored Programme (the first in 20 years) to address the country's debt, improve financial management and attract additional donor resources for development. According to the Fund, the SMP quantitative targets through December 2007 were broadly satisfactory except for the continued accrual of external payment arrears. In the long term, as capacities develop and institutions are revitalized, the binding fiscal constraints that frame the SMP programme will need to be relaxed to facilitate increased production and access to basic socio-economic services. This in turn will require more effective and robust resource mobilization measures from both domestic and external sources. Indeed, Liberia has made remarkable strides in domestic resource mobilization within a very short period. As a percentage of GDP, domestic revenues increased from 14.8 percent to 21.9 percent between 2006 and 2007, and are expected to reach 24 percent in 2008. The MDGs-based PRS is expected to lay the foundation for a more sustained medium term framework (2008-2011).

Development Priorities

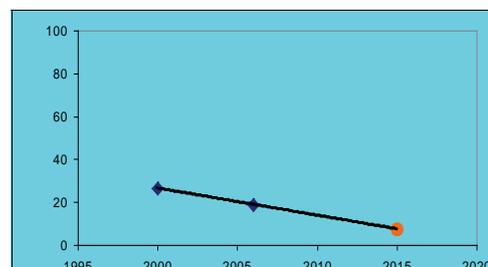
Liberia's PRS is a comprehensive strategy to tackle, in a systematic and comprehensive fashion, the nation's high incidence of poverty. However, reliable data on socio-economic indicators are indispensable to identifying benchmarks, designing indicators of performance and monitoring progress towards the achievement of targets. Given the dearth of data on virtually all socio-economic indicators in Liberia, development partners must accord a high priority to the improvement of the institutional capacity for data collection, processing and reporting in Liberia.

Hunger

Good nutrition is the cornerstone for the survival, health and development of current and future generations. Well-nourished children

perform better in school, develop into healthy adults and in turn give their children a better start in life. Well-nourished women face fewer risks during pregnancy and childbirth, and their children set off on firmer developmental paths, both physically and mentally.

Figure 3: Prevalence of Underweight Children Under Five Years of Age



Malnutrition places children at increased risk of morbidity and mortality and has also been shown to be related to impaired mental development. Key indicators of malnutrition among children under the age of five are stunting¹, wasting² and the incidence of children who are underweight³.

Underweight Children

The incidence of underweight children in Liberia declined between 2000 and 2006, reflecting a decline in the proportion of children suffering from acute and chronic malnutrition. However, there has been a rise in the incidence of children who have not received adequate nutrition over an extended period of time (i.e., stunting) and a leveling off in the incidence of wasting in rural and semi-urban areas. The percentage of underweight children in Liberia declined from 26.4 percent to 18.8 percent between 2000 (UN, 2006) and 2006 (LDHS, 2007). There are, however, gender and rural urban disparities in the incidence of underweight children. Compared to females

¹ Stunting is the outcome of failure to receive adequate nutrition over an extended period and is also affected by recurrent or chronic illness.

² Wasting represents the failure to receive adequate nutrition in the period immediately before the survey and typically is the result of recent illness episodes, especially diarrhea, or of a rapid deterioration in food supplies.

³ Being underweight reflects the effects of both acute and chronic malnutrition.

(17.4 percent) and urban dwellers (17 percent), males (20.1 percent) and rural dwellers (19.6 percent) are more likely to be underweight. A recent survey (Comprehensive Food Security and Nutrition Survey, Liberia 2006) confirms the continued decline (between 2004 and 2006) in the incidence of underweight children in rural and semi-urban areas. On the other hand, it reveals no progress in the incidence of wasting and an increase in the incidence of stunting in rural and semi-urban areas over the same period. In 2004, 39.2 percent of rural and semi-urban children below 5 years of age were stunted⁴; about 26.8 were underweight and 6.8 percent were wasted. By 2006 the incidence of stunting in rural areas (moderate) had increased to 42.4 percent, wasting remained unchanged at 6.8 percent but the proportion of underweight children in rural and semi-urban areas had declined to 19.6 percent (LDHS, 2007).

Dietary Energy Consumption

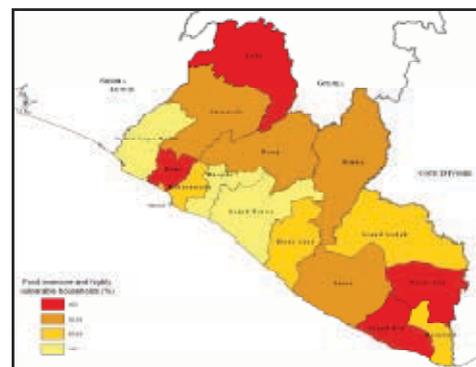
Between 1993 and 2002 the number of people living below the minimum level of dietary energy consumption in Liberia doubled from approximately 700,000 to 1.4 million. Correspondingly, the proportion of the population below the minimum level of dietary energy consumption increased from 33 percent in 1990 to 46 percent in 2003 (IMF Country Report, May 2006).

Stunting and the incidence of underweight children are correlated with level of education of parents or guardians. Children of mothers with some secondary or higher education are much less likely to be stunted or underweight than children whose mothers achieved only the primary level or never attended school.

Food security also contributes to the nutritional status of children. However, only 9 percent of Liberian households are food secure, while 11 percent are food insecure and 40 percent are highly vulnerable to food insecurity. The most

food-insecure households are located in Lofa, Bomi, Grand Kru and River Gee counties (CFSNS, Liberia 2006).

Figure 4: Food Insecure and Highly Vulnerable Households by County



Factors contributing to food insecurity include low agricultural productivity resulting from limited access to inputs and credit, low income-generating opportunities both on- and off-farms, and limited market access due to poor road conditions and networks. Only 2 percent of rural farmers use fertilizer and less than 1 percent use pesticides (CWIQ, 2007). Sixty percent do not use any agricultural inputs at all.

The worsening trend in the nutritional status particularly among rural dwellers calls for swift and targeted interventions. Satisfying the minimum energy requirement of the majority of Liberians will require expanding access to good nutrition, facilitated by increased food production and underpinned by improved security conditions, particularly in food growing areas. Inevitably, dependence on food assistance will remain a feature of the Liberian economy in the short term. In fact, in 2004 out of \$210 million ODA flows to Liberia, food and emergency aid grants amounted to \$148 million (70 per cent of total) to the detriment of foreign aid allocated to productive investment (World Bank 2006).

⁴ Children whose weight-for-height is below minus two standard deviations from the median of the reference population are considered wasted (or thin).

Development Challenges

Food insecurity due to low agricultural productivity, limited employment opportunities, limited access to healthcare services, low educational status and weak social safety nets are major contributors to childhood malnutrition and poverty. Effectively addressing the developmental challenges of poverty, hunger and malnutrition will therefore require:

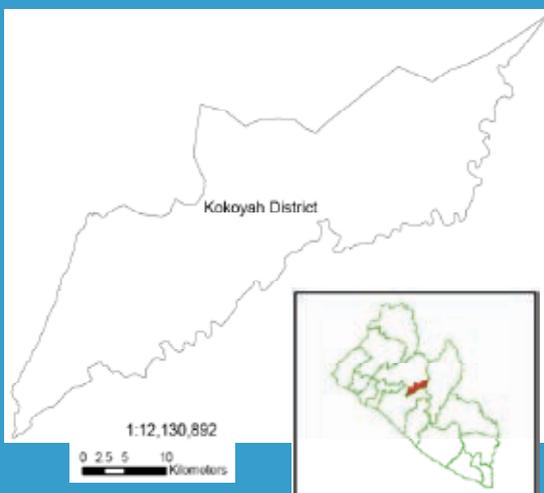
- Increasing agricultural productivity through improved access to inputs, irrigation, storage and extension services;
- Improved road infrastructure to facilitate the marketing and distribution of agricultural outputs;
- Targeted social safety nets to address the food and nutritional needs of the poor;
- Improved access to education, coupled with awareness campaigns to ensure that

families understand the special nutritional needs of young children, notably the value of breastfeeding and the importance of introducing suitable complementary foods at the appropriate age;

- Protecting children from infections, by such measures as immunization against common childhood diseases and provision of safe water and sanitation;
- Ensuring that children receive quality healthcare when they fall ill;
- Shielding children from the micronutrient deficiencies that can cause death and disability, especially iodine, iron and vitamin A deficiencies; and
- Paying special attention to the nutritional needs of girls and women, since chronically undernourished women tend to bear low birth-weight babies and consequently perpetuate the vicious cycle of malnutrition.

Kokoyah Millennium Village

Inspired by the Millennium Village (MV) concept, the Kokoyah MV was selected as Liberia's first Millennium Village Project site. The Millennium Village Project aims to integrate the interventions needed to achieve the MDGs at the village level in a five-year timeframe. This Project provides a basis for scaling up and integrating best practices in the areas of agriculture, education, nutrition, health, energy, water, and the environment.



Basic Facts about Kokoyah MV

- District Population: 23,826
- Distance: 5 hr drive from Monrovia
- Traditional Ethnic Groups: Bassa, Mano and Kpelle
- Climate: two (2) seasons, "rainy season" May to October and "dry season" November to April.

Although community-led, the project will be supported by the Ministry of Internal Affairs, local communities, district government, national government, non-governmental organizations (NGOs), UN Country Teams, and both national and international development partners working with UNDP Liberia support. The project is currently funded by a US\$5.4 million grant from the Norwegian Government.

Supportive Environment

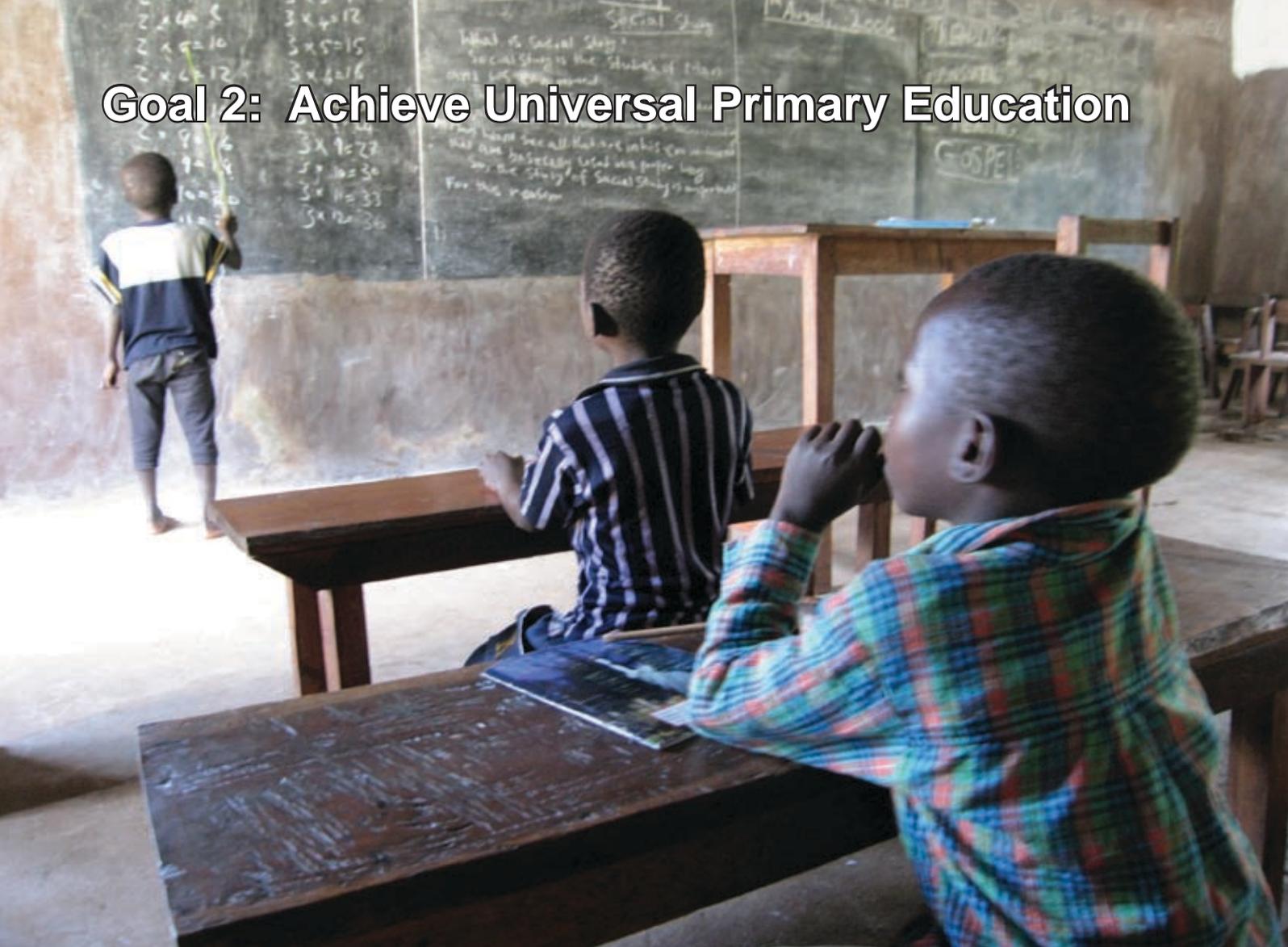
The PRS places particular emphasis on improving food security. This will be achieved by transforming the agricultural sector into a modern, diversified, economically viable sector. One programme that promotes this effort is the Millennium Villages Initiative.

Development Priorities

Development partners must align their initiatives in Liberia with PRS priorities aimed at reducing poverty through food security, improved nutrition and employment creation. Specific areas of focus should include:

- Facilitating and expediting the distribution of agricultural inputs to vulnerable groups;
- Facilitating the rehabilitation of farm-to-market roads and other related rural infrastructure;
- Implementing the Integrated Pest Management Programme;
- Supporting the implementation of a national agricultural development policy and food security strategy;
- Supporting the reactivation of fisheries, cooperatives and rural community resource centers for skills development and training, especially for the youth; and
- Supporting a comprehensive school feeding programme.

Goal 2: Achieve Universal Primary Education



Target 3: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators	1989/2000 ¹	2001/02 ¹	2007 ³	Target
Net enrolment ratio in primary education (%) ¹	32.0 (1989)	34.7 (2001/2)	37.3	100
Boys ¹	19.3 (2000)	20.3 (2002)	37.5	100
Girls ¹	18.7 (2000)	14.5 (2002)	37.1	100
Gross enrolment in primary education (%)	78.0 (1989)	56.2 (2001/2)	86.3	100
Boys ¹	72.9 (2000)	48.5 (2002)	88.0	100
Girls ¹	72.5 (2000)	35.5 (2002)	84.5	100
Primary completion rates				100
Literacy rates of 15-24 year olds (%) ¹	32.9 (1989)	34.7 (2001/2)	72.4 (2007)	100
Male			80.3	
Female			64.7	

¹ Liberia MDG Report 2004. ² UN Statistical Database, 2006. ³ Core Welfare Indicators Questionnaire, 2007.

Status at a Glance: The 2015 target will not be met based on current trends.

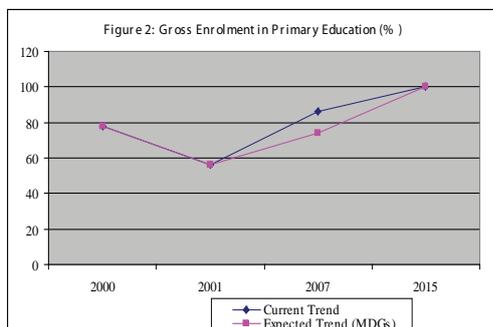
Status and Trends

Since 2002, Liberia has made good progress towards achieving universal primary education. Although the net enrolment ratio has been modest, the trend in the gross enrolment has been impressive. Net enrolment increased from 32 to 37 percent between 1989 and 2007, while gross enrolment climbed from 78 to 86 percent during the same period despite a steep decline prior to 2002.

Based on current trends, the net primary enrolment ratio will be approximately 40 percent by 2015. Hence, it is unlikely that Liberia will achieve the MDGs of 100 percent net primary enrolment by 2015 (see table above). Similarly, while the gross enrolment rate is impressive, it must be placed in the proper context.

Disruptions in education due to the civil war account for the low net enrolment rates. Due to extended periods in which students were unable to attend school, pupils are often enrolled at lower grades than their school-going age. Indeed, 50 percent of primary school-aged children in rural and semi-urban areas are enrolled as kindergarten students (CFSNS, 2006). In this context, the gross enrolment rate may be a more appropriate measure of primary enrolment trends in Liberia.

Figure 5: Primary Gross Enrolment

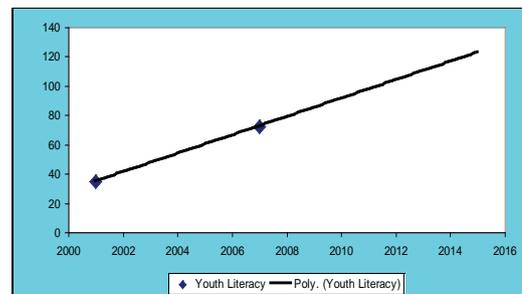


Despite the apparent increases in gross enrolment rate in recent years and the optimistic projections based on these improvements (see figure 5), the recent statistics must be carefully considered. Given the destruction of infrastructure, including school buildings and road access to schools, the reported gross enrolment figure might reflect only

“administrative enrolment”. Additionally, in 2007, 47.4 percent of students enrolled in primary schools expressed dissatisfaction with their schools. Students cited lack of books (39.4 percent), high school fees (30.4 percent), lack of teachers (20.8 percent), and distance (20.9 percent) as the key reasons for their dissatisfaction (CWIQ 2007).

Completion rates are a serious problem throughout SSA, and in Liberia in particular. Children completing a cycle of primary education vary from a low of 47 per cent in post-conflict Rwanda to 80 per cent in Senegal. In Liberia the available data suggests a constant completion rate of 65 per cent during the late 90s and 2000/2001 (UN 2005).

Figure 6: Youth Literacy Trends



Liberia’s youth literacy rates have improved markedly since 2001 and are on track to achieve the MDG target (see figure 6). The literacy rate for 15-24 year olds increased from 57.2 percent in 1990 (IMF Country Report, May 2006) to 72.4 percent by 2007 (CWIQ, 2007). Though Liberia is one of the Least Developed Countries (LDCs), the nation’s youth literacy rate is only marginally below the SSA average of 73.7 per cent, and is just above the LDC average rate of 64.2 percent (UNDP 2005).

Development Challenges

The key development challenges to achieving universal primary education are:

- Limited human and financial resources;
- Poor physical infrastructure: rehabilitation of existing schools and construction of new structures are vital in the effort to absorb new entrants;
- Re-integrating into the education curricula, the large number of youth whose education has

been truncated by conflict;

- Inadequate trained manpower to teach core courses particularly in the primary education curricula;
- High turnover of personnel in the education sector due to poor remuneration and working conditions;
- Lack of instructional materials in most schools, especially public schools.

Cumulatively these constraints have undermined educational quality at all levels – primary, secondary and tertiary.

Supportive Environment

The Ministry of Education developed an Education Sector Master Plan for 2000 - 2010 with assistance from UNDP and UNESCO. The plan outlines the Ministry's plans to:

- Strengthen the decentralization policy and empowerment of county and district education officers;
- Restructure the Ministry of Education and build the capacity of its staff;
- Identify and access all revenues due to the sector; and
- Address high turnover of personnel in the education sector due to low salary incentives and poor working conditions.

The Accelerated Enrolment Programme seeks to respond to the needs of the large youth population that has been denied access to education as a consequence of conflict. The Accelerated Learning Programme (ALP) seeks to normalize access to education by integrating children aged 8-13 into their age-appropriate grades. This is to be achieved by compressing the standard 6-year curriculum to 3 years. Furthermore, in line with its efforts to support the new government, the UN country team for Liberia pledged to rehabilitate and construct 4 schools, 2 clinics and 3 infrastructure facilities in 3 counties through a community empowerment project implemented by the Liberian Agency for Community Empowerment. The project is estimated to cost US\$6 million. In addition, the UNCT proposes to facilitate the provision of daily school lunches to 510,000 school children

countrywide. Beneficiaries of this initiative will include the Accelerated Learning Programme schools.

Collectively, these initiatives highlight critical interventions to increase universal primary education. However, the long-term success of these initiatives will depend on the extent to which they promote transparency and accountability in the delivery of social services.



Development Priorities

Development priorities must revolve around the following key areas:

- Institutional strengthening and capacity building in the education sector;
- Infrastructure rehabilitation, reconstruction and development in the education sector, including the restoration of basic utilities such as electricity, water and telecommunications;
- Gender awareness to sensitize the public about the importance of educating girls;
- Teacher training programmes to improve the quality of teaching;
- Introduction of programmes (e.g., school feeding) to encourage parents to enroll their children;
- Advocacy campaigns to discourage early marriages which tend to undermine educational opportunities for girls;
- Monitoring and evaluation of educational performance to promote and sustain the quality of the educational system;
- Education surveys and data collection to support monitoring of the education sector; and
- Support for improving salary incentives and working conditions for education sector workers, in order to attract and retain qualified personnel.

Goal 3: Promote Gender Equality and Empower Women



Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005 and at all levels of education by 2015.

Indicators		2006 ²	Target
Ratio of girls to boys in Primary education	0.73 (2000)	0.93	1
Ratio of girls to boys in Secondary education	0.72 (2000)	0.84	1
Ratio of girls to boys in Tertiary education	0.76 (2000)		1
Ratio of literate women to men (15-24 year olds)	67(2000-04)		1
Share of women in wage employment in the non-agricultural sector (%)	36.0 (2003)		50%
Proportion of seats held by women in national parliament (%)	12.5 (2006)		25%

UN Statistical database 2006. ¹ Millennium Development Goal Report, Liberia 2004. ² Liberia Demographic and Health Survey, 2007

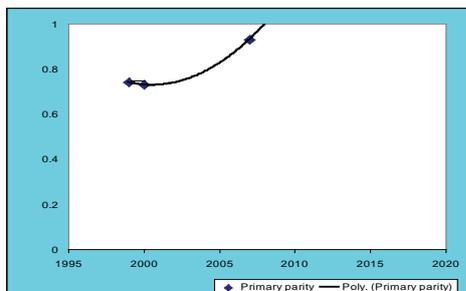
Status at a Glance: Primary and secondary gender parity likely to be met by 2015.

Status and Trends

Gender equality is essential for harnessing and utilizing the full complement of a nation's human resources. Liberia has achieved steady improvement in gender parity at all levels of education. However, overall, gender parity is higher in urban as opposed to rural areas, and the gender gap increases at higher levels of education. Regardless of location, girls' enrolment in primary schools is much higher than in secondary schools. Consequently, the gender parity index is much lower at the secondary school level than at the primary school level.

Though rooted in socio-cultural norms, gender disparities are reinforced by illiteracy, conflict and poverty. According to the 1999 Demographics and Health Survey, a higher percent of girls than boys cited the war (18 percent of girls and 15 percent of boys) and a lack of support from their parents (19 percent of girls versus 13 percent of boys) as reasons for not attending school. Similarly, in 2007, females (20 percent) were more likely than males (15.8 percent) to cite lack of funds as a reason for not attending school (CWIQ, 2007).

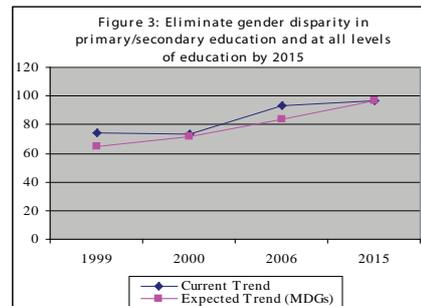
Figure 7: Parity at Primary Level



Gender Parity in Primary Schools

Gender parity at the primary level improved from 0.74 to 0.93 during the period 1999 to 2007. Based on the rapid improvement in parity, it is highly likely that gender parity at the primary level would be achieved by 2015 (see figure 7).

Figure 8: Parity in Secondary Schools



Parity in Secondary Schools

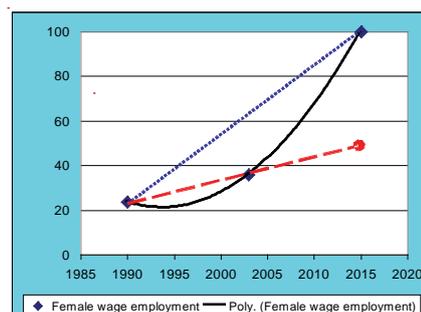
Liberia is likely to achieve gender parity in secondary education by 2015. However, in comparison to primary schools progress toward gender parity at the secondary school level has not been as rapid (see figure 8). Parity increased from 65 percent to 72 percent between 1999 and 2000 (UN, 2006) and then to 84 percent in 2006 (LDHS, 2007). This increase can be linked to the government school feeding and free and compulsory education policies adopted at the end of 2006.

Tertiary Parity

Gender parity at the tertiary level in Liberia apparently improved between 1999 and 2000. Parity was estimated to be 0.24 in 1999 but increased dramatically to 0.76 in 2000. The reported increase in the tertiary parity rate is rather dramatic and should be interpreted with caution. Furthermore, a parity rate of 0.76 is relatively high by SSA standards. For example, Guinea Bissau and Cote d'Ivoire have tertiary gender parity rates of 18 and 36 per cent respectively.

Targeted interventions are required to accelerate progress towards gender parity at the secondary and particularly tertiary levels of education.

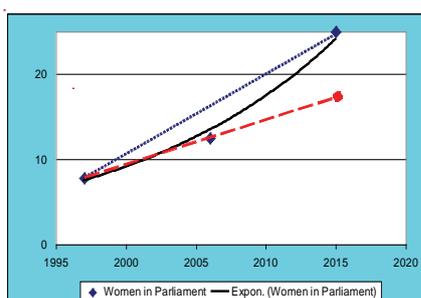
Figure 9: Female Wage Employment



Wage Employment

The proportion of women in wage employment in nonagricultural activities in Liberia was 23.6 percent in 1990 (UN, 2006). The corresponding figure for SSA, in 1990, was 32 percent. In Liberia, this figure increased by only 4 percentage points over a 13 year period to 36 per cent in 2003 (UN 2005). Wage employment constitutes an effective poverty exit strategy that must be exploited to reduce the incidence of poverty among women.

Figure 10: Women in Parliament



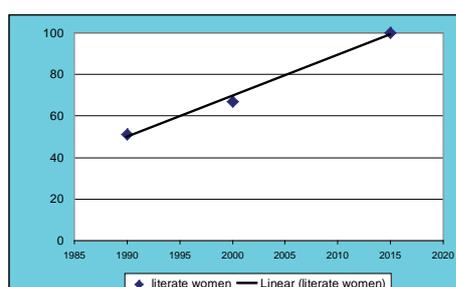
Parliament

There has been a substantial increase in the number of Liberian women holding seats in parliament since 1997. Under the NTGL there were only four women in a 64-person national legislature and 2 women in a 20-person Executive Cabinet. The situation improved following the 2005 elections (see figure 10). Female representation in parliament more than doubled from 5.7 per cent in 1997 to 14 percent in 2006 (UN, 2006).

Ratio of Female to Male Literacy

The ratio of literate women to men in Liberia is estimated to have increased from 51 percent in 1990 to 67 percent in 2000 (UN, 2005). Given this trend, it is unlikely that gender parity will be achieved in this area.

Figure 11: Ratio of Literate Women to Men



Development Challenges

The key challenges to gender equality in Liberia are:

- Entrenched cultural and religious practices and values such as early marriages and domestic labor;
- High incidence of teenage pregnancies resulting in higher dropout rates for girls;
- Limited number of female teachers to serve as role models for girls;
- Illiteracy among parents, which reinforces gender-biased cultural and religious practices; and
- Lack of employment options and high levels of poverty, which render the sex industry an attractive option for teenagers.

Supportive Environment

Supported by the Beijing Platform (1995) the creation of the Ministry of Gender and Development in Liberia (UNDP, 2004) reflected the national commitment of the government to ensure gender equality and the empowerment of women. Since 2004, there have been specific efforts, in collaboration with civil society, to stimulate girls' enrolment and address land inheritance issues (UNDP 2004). One of the policy initiatives of the UN Country Team for Liberia is to launch a comprehensive national Girls' Education Policy to increase enrolment and retention of girls in public schools. In addition, a monthly take-home ration for 20,000 girls has been proposed as an incentive for parents to send their daughters to school, reduce dropout rates for girls and consequently minimize gender disparities in access to education.

Development Priorities

The policy framework to enhance gender equality and empower women should focus on the positive spillover effects of gender equity and the potential role of women in conflict resolution and peace-building. Widely held views support the theory that educated women produce an "educational vaccine" for HIV/AIDS and transmit to future generations both educated and healthier children. The positive multiplier effects of the gender parity goal (MDG 3) on other development indicators make it an important entry point for policy intervention.

Goal 4: Reduce Child Mortality



Target 5: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

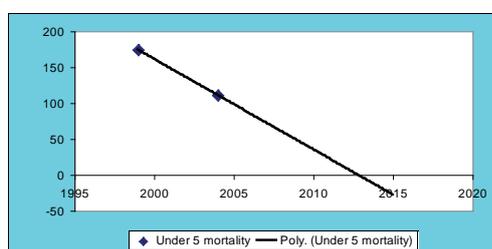
Indicators	1992-96	1997-2001	2002-2007	Target
Under five mortality rates	219	174	111	72/1000
Infant mortality rates	139	113	72	46/1000
Proportion of 1 year old immunized children against measles (%)	52 (2000)	53 (2003)	85 (2007)	100%
Diphtheria Pertusis Tetanus (DPT 3)			88	100%

Status at a glance: 2015 targets likely to be met based on current trends.

Status and Trends

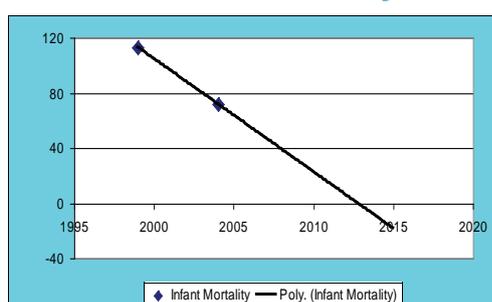
There has been a sharp decline in child mortality over the past decade in Liberia. For example, under-five mortality has been cut in half, from 219 deaths per 1,000 births (1993-1997) to 111 for the 5-year period prior to the 2007 DHS survey. Infant mortality was also halved during the same period. The progressive decline is largely due to the cessation of the civil conflict in Liberia (1989-2003). On current trends, Liberia is likely to meet the under-five mortality target (see figure 12).

Figure 12: Under-5 Mortality



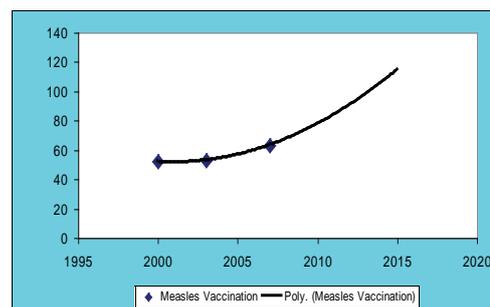
Liberia's child mortality rates are much lower than most SSA countries and LDCs. In comparative perspective, the average SSA under-five mortality rate declined from 243 in 1990 to 179 per 1,000 in 2004. Over the same period, the infant mortality declined from 244 to 156 (UNDP 2005). In LDCs, under-five and infant mortality rates declined from 143 to 105 and 151 to 99 per 1,000 births respectively during the same period (UNDP 2005). Current child mortality trends in Liberia suggest that it is likely to achieve the infant mortality target by 2015 (see figure 13). Targeted efforts can accelerate progress significantly, even in resource-constrained settings.

Figure 13: Infant Mortality



Measles Vaccination Coverage

Figure 14: Measles Vaccination Coverage



Five diseases - pneumonia, diarrhea, malaria, measles and AIDS - account for half of all deaths among children under age five. Expanding low-cost prevention and treatment measures could save most of these lives. Among these diseases, measles can be eradicated by immunization. Liberia has enjoyed steady increase in measles immunization coverage since the end of the conflict in 2003. The proportion of 1 year olds covered by measles immunization increased from 52 percent in 2000 to 63 percent in 2006. Comparatively, measles immunization coverage in SSA increased from 56 to 62 percent between 1990 and 2003 (UN 2005). On current trends, Liberia is likely to achieve 100 percent coverage by 2015 (see figure 14). Gender differences are relatively minor: coverage for males is 65 percent versus 61 percent for females, however there are marked differences in coverage between rural (57 percent) and urban areas (77 percent).

Development Challenges

Liberia is confronted by several challenges in its effort to reduce under-five mortality by two thirds. The key challenges are:

- Lack of trained medical professionals and primary healthcare facilities. At the beginning of 2005, only 280 health care facilities were operational compared to 420 prior to the war;
- Inadequate immunization coverage, which compromises disease prevention;
- Low levels of literacy among females, which contributes to poor nutrition and health;
- Poor child feeding practices due to limited health and nutritional education;

- Concentration of health facilities and trained staff in urban areas combined with poor road conditions, which limits access for rural dwellers; and
- High rate of poverty, which limits financial access even for urban dwellers.

Supportive Environment

The PRS emphasizes the rehabilitation of primary health care facilities throughout the country, and particularly in rural areas, while the Health Sector Action Plan prioritizes children's health. Furthermore, the Family Health and Expanded Immunization Programme of the Ministry of Health have the responsibility of promoting child survival.

Development Priorities

Development priorities should focus on providing infants (i.e., 0 to 1 year olds) and mothers with improved access to immunization, vitamin supplements, Insecticide Treated Nets and primary health care in general. This will require:

- A major revitalization of primary health care and maternal child health throughout the country, and especially in rural communities;

- Improving access to vaccines, cold chain equipment, transport and communications;
- Strengthening safe motherhood and reproductive health programmes at national, county and district levels;
- Regularly supplying essential and affordable drugs and other medical supplies and equipment;
- Developing a national nutritional surveillance system;
- Assessing health sector human resource needs and developing a comprehensive human resource plan to develop the sector's capacity and deploy health workers;
- Supporting programmes for food and nutrition, water and sanitation, disease prevention and control, and HIV/AIDS education and prevention; and
- Improving financial and physical access to healthcare through expanded income opportunities, the design of health insurance schemes and increased availability of well staffed and equipped health posts.

Goal 5: Improve Maternal Health



Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Indicators	2000	Target
Maternal Mortality Ratio per 100,000 live births	1370 ¹ (1999/2000) 774-994 ²	140
Proportion of births attended by skilled health personnel (%)	89.11 (1999/2000) 51 ³	97

¹ Ministry of Health and Social Welfare (Liberia), ² LDHS (2007), ³ UNSDS (2006), ⁴ UNSDS (2005)

Status at a glance: 2015 targets unlikely to be met.

Status and Trends

Maternal mortality

Maternal mortality in Liberia is unacceptably high and appears to have increased from 578 per 100,000 live births in 1987 to between 774 in 2000 and 994 in 2007 per 100,000 live births (LDHS, 2007). Indeed, estimates from the Ministry of Health and Social Welfare, which are based on in-patient mortality statistics suggest a much higher figure of 1,370/100,000 in 2000.

Inequities in access to antenatal and post natal care as well as medically assisted deliveries contribute to the high maternal mortality rates. Mothers in urban areas (94 percent) and mothers with some secondary level of education (93 percent) are more likely to report receiving antenatal and post natal care than rural (72 percent) and uneducated mothers (74 percent).

Liberia's maternal mortality rate is much higher than Senegal's (690 per 100,000 live births, 1985-2003) but relatively lower than post-conflict Rwanda, which recorded a rate of 1,400 per 100,000 live births (UNDP 2005).

Based on current trends, it is highly unlikely that Liberia will reduce maternal mortality by 75 percent by 2015.

Skilled Health Personnel

The proportion of births attended by skilled health personnel in Liberia has declined markedly in the past two decades. In 1986, 91 percent of births were attended by skilled health personnel. By 2000 the figure was down to 50.9 percent (UN, 2006). Six years later only 46 percent of births in Liberia were delivered by a health professional (LDHS, 2007). Even fewer deliveries (37 percent) take place in health facilities.

There are stark disparities in access to skilled health professionals. Access varies by educational status and location of residence. Mothers residing in urban areas (79 percent)

are more than twice as likely as rural mothers (32 percent) to have a medically assisted delivery. Mothers in urban areas (94 percent) as well as mothers with some secondary level of education (93 percent) are more likely to report receiving antenatal and post natal care than rural (72 percent) and uneducated mothers (74 percent).

The concentration of health services and personnel in urban areas has contributed to the limited access to skilled health personnel in Liberia. Almost 50 percent of available health personnel are located in urban centers; for about 20 percent of the population, it takes between two to five hours to reach a health facility (National Health Policy 2007).

Development Challenges

The key challenges to improving maternal health are:

- Limited education and communication about health and welfare issues, which has contributed to low rate of institutional deliveries;
- Limited information on reproductive health and sexually transmitted disease;
- Low antenatal and postnatal care attendance and service coverage rates across the country;
- High levels of illiteracy among women;
- Inadequate qualified personnel and health care facilities, and concentration of such facilities in urban areas; and
- Poor nutritional status of women due to high levels of poverty.

Supportive Environment

The PRS has identified maternal mortality as one of six national health priorities. The others are child health, reproductive and adolescent health, communicable disease control (including HIV and AIDS), mental health and emergency care. Collectively, these priority areas constitute the focus of the newly introduced Basic Package of Health Services (BPHS). To ensure access to these services,

the government has suspended user fees for all BPHS services until such time that the economic situation improves. The goal is to ensure that at least 70 percent of public health facilities are providing the BPHS by 2011.



Furthermore, the government aims to rehabilitate health infrastructure, increase the availability of qualified staff and improve the management of health systems by: rebuilding and renovating 205 health facilities; involving local communities in decisions regarding the location and management of such structures; training and retaining qualified health personnel; and increasing the number of health workers to approximately 6000-8000 over the life of the PRS.

With the assistance of development partners, the government has revised and standardized the reporting format for in-patient morbidity and mortality to improve data on the proximate causes of maternal deaths. In partnership with the Ministry of Health and Social Welfare, development partners pledged to facilitate the rehabilitation of health clinics, train and equip healthcare workers in emergency obstetric care and continue to support national primary healthcare services. They also committed to develop a strategy for the reform and revitalization of the health sector, including addressing salary arrears and payment of health staff.

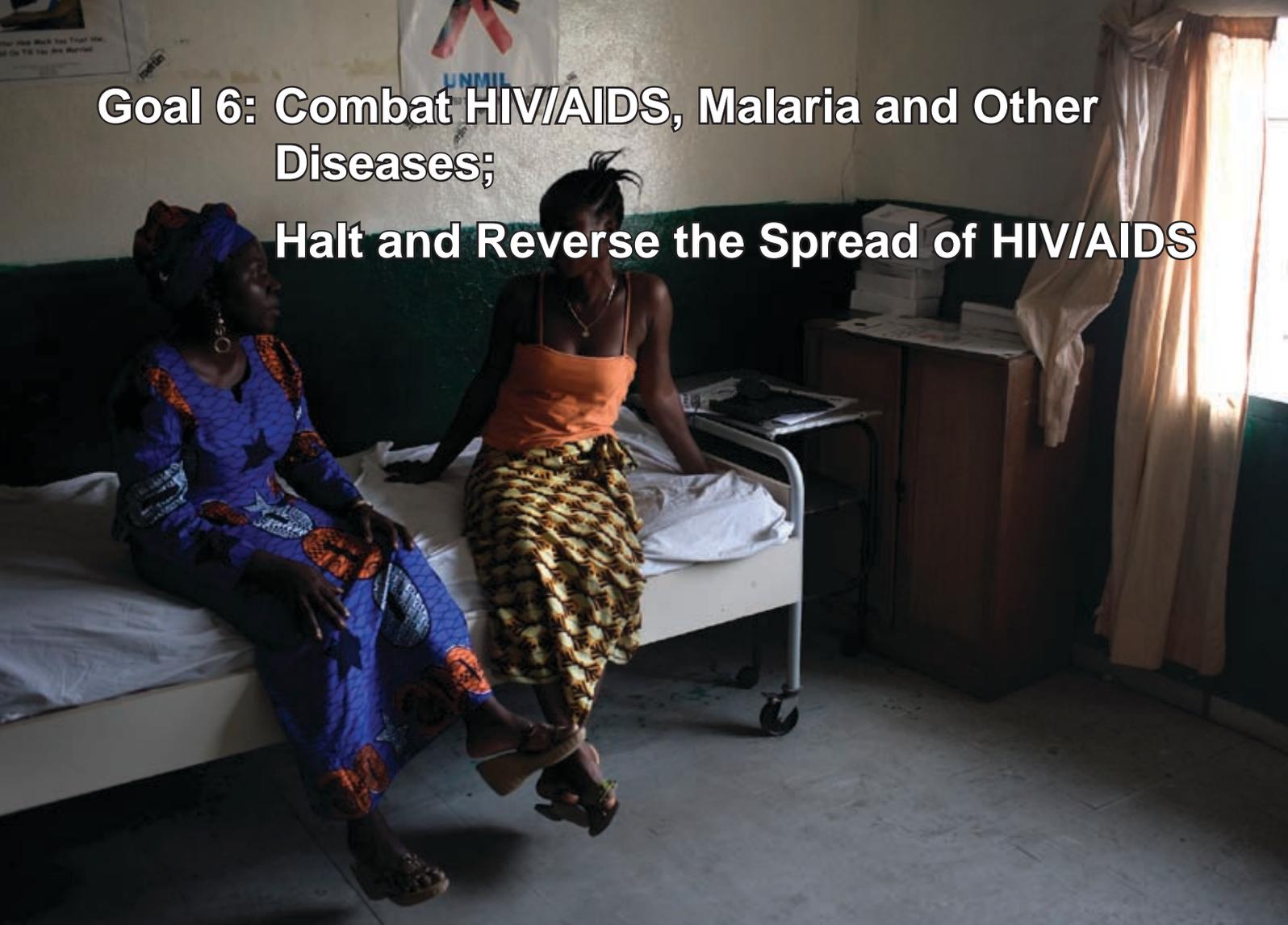
It should also be noted that public investment in reproductive health facilities provides a large pay-off not only in terms of gender equity and women's empowerment, but also in terms of promoting prudent fertility rates, which in turn increases household savings and minimizes public health outlays. In fact, in Egypt and Thailand every \$1 invested in family planning is estimated to save \$31 and \$16 respectively in health, education, housing and other social costs (UNFPA 2005).

Development Priorities

The financial resources required to revitalize the health sector are enormous and will require the support of donors and the private sector at least in the short to medium term. The priorities of government and donors alike should focus on:

- Improving geographic and financial access to health facilities and personnel, especially in the rural areas within the framework of the PRS proposed national health financing strategy;
- Increasing literacy levels among women and raising awareness of the importance of antenatal and post natal care;
- Improving data collection and analysis of trends in maternal mortality;
- Improving access to credit and income-earning opportunities to reduce poverty and improve nutrition of women, particularly expectant mothers; and
- Simultaneously tackling maternal and child morbidity and mortality, to optimize use of scarce resources.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases; Halt and Reverse the Spread of HIV/AIDS



Target 7: Have halted by 2015, and begun to reverse the spread of HIV/AIDS.

Target 8: Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases.

Indicators			2007 ²	Target
HIV prevalence among adults (15-49 years) %			1.5	
HIV prevalence among pregnant women (15-24 years) (%)	5.1 (2001)	5.9 (2003)		8.2 (at most)
Condom use of the contraceptive prevalence rate (%)	16.81 (1999/2000)		25.2	60
Prevalence and death rates associated with malaria (death per 100,000)	201 (2002)			
Prevalence and death rates associated with tuberculosis (per 100,000)	596 (2003)	447 (2004)		
Proportion of tuberculosis cases detected and cured under Directly Observed Treatment Short course (DOTS)	73.4 (2003)			

¹ Liberia MDG Report 2004; ² Liberia Demographic and Health Survey, 2007.

Status at a glance: HIV/AIDS target likely to be met based on current trends.

Status and Trends

HIV/AIDS

The impact of HIV/AIDS on Africa has been severe partly due to inadequate health systems, low education levels, volatile and low economic growth rates, high levels of poverty, and the high incidence of wars and conflicts (ECA 2004).

In Liberia, the most recent HIV/AIDS data (DHS 2007) based on a population seroprevalence survey of adults aged 15-49 estimates a national prevalence rate of 1.5 percent, with a slightly higher prevalence for women (1.8 percent) than men (1.2 percent). This is much lower than previously reported rates of 8.2 (MDGR 2004) in 2000 and 5.7 percent in 2003 (UNICEF 2006), both of which are based on antenatal sentinel surveillance surveys. The 2007 estimate is not, however, comparable to previous estimates since it is based on a random sampling of men and women within the 15-49 age group. HIV/AIDS prevalence rates based on antenatal sentinel surveillance tests introduce an element of bias because they are based exclusively on HIV/AIDS prevalence rates among pregnant women¹. However, both surveys found pockets of high prevalence along Liberia's eastern corridor bordering Cote d'Ivoire.

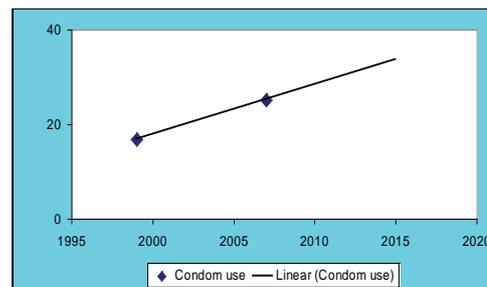
The current estimated HIV prevalence in Liberia is much lower than the estimated 7.3 percent prevalence rate in Sub-Saharan Africa (WHO 2005, UNAIDS 2004).

War, political instability, and violent conflict—the disruption of families and communities, the creation of vast refugee populations, the increased risk of gender-based violence and rape, the destruction of health services, and the disruption of education systems—provide fertile ground for the spread of HIV. It is therefore not surprising that rape and domestic violence are endemic in Liberia and rape is among the most frequently reported crimes.

¹ Pregnant women are not representative of the reproductive age population as a whole. In addition, the HIV infection level among pregnant women is typically expected to be higher than the rate among the female population as a whole because a proportion of non-pregnant women are not sexually active and hence are not as likely to be exposed to the virus. HIV prevalence levels also vary with age, and women who attend antenatal care clinics have a different age distribution from the female population at large.

Condom Use

Figure 16: Condom Use



In the past ten years there has been a progressive increase in condom use in Liberia. Liberia's 2004 MDG Report indicates that condom use increased from 5 percent in 1986 to a relatively high figure of 16.8 percent in 1999/2000. By 2007, 25 percent of men reported using condoms in high-risk sexual intercourse² (LDHS, 2007). See figure 16.

Education and behavioral change are critical in halting and reversing the spread of HIV. Most Liberians (90 percent) are aware of the disease, and a relatively large proportion of the population is aware of effective prevention methods. About half of women and over 70 percent of men know that consistent use of condoms is a means of preventing the spread of HIV. Throughout SSA, this average is relatively lower: 54 per cent of women versus 68 per cent of men know that HIV transmission can be prevented through the use of condoms. In Liberia, about six in ten women and over three-quarters of men know that limiting sexual intercourse to one faithful and uninfected partner can reduce the chances of contracting HIV. Forty-four percent of women and 66 percent of men know both these preventive measures. However, only 61 percent of men and 47 percent of women know about abstinence as a method of preventing HIV infection (DHS 2007).

There are no data on the ratio of HIV/AIDS orphans to non-orphans in Liberia. However, the number of AIDS orphans in Liberia increased from 28,000 in 2001 (UN, 2006) to 36,000 in 2003 (UNICEF 2006). Overall, in 2003, there were 12 million children who lost

² Intercourse with a partner who was neither a spouse nor lived with the respondent.

one or both parents to AIDS, including more than 4 million children in sub-Saharan Africa who had lost both parents to the disease (UN 2005).

Malaria

Malaria is one of the leading causes of morbidity and mortality. In Liberia this is particularly true among vulnerable groups such as pregnant women and children under five years of age. According to the Ministry of Health and Social Welfare it is a major public health problem that accounts for 40% of outpatient morbidity. Malaria is the most common cause for attendance in health facilities and is the leading cause of death in children. This was confirmed in outpatient data for the period January to October 2007 (MOHSW Report 2007). The reported death rate due to malaria was 201 adults per 100,000 people in 2002. Malaria prevalence was estimated at around 56.9 percent in 2003 (Human Development Report, Liberia, 2006).



Malaria can, however, be prevented through a variety of measures including the use of mosquito nets and anti-malarial drugs. In Liberia, ownership of mosquito nets is low (30 percent) in both rural and urban locations (LDHS, 2007), and there are inequities in access to preventive drug treatment for pregnant women from rural versus urban areas. Pregnant women in urban areas (90 percent) are more likely to receive anti-malarial drugs than pregnant women in rural areas (80 percent). However, there are no such inequities in access to mosquito nets and anti-malarial drugs by children under the age of 5. In

response to the low ownership of mosquito nets throughout the country, the MOHSW distributed 771,600 Insecticide Treated Nets in 2007.

Tuberculosis

Tuberculosis (TB) and HIV/AIDS reinforce each other in a tragic way. HIV infection has become the highest risk factor for the progression from latent TB infection into active tuberculosis. As a result, tuberculosis has become the leading cause of death among HIV-infected people. Up to 70% of patients with sputum-smear-positive pulmonary TB are HIV-positive, and up to half of the people living with HIV/AIDS develop TB (WHO 2003). As a result of the high rates of coinfection, it is very difficult to isolate the effects of both epidemics.

TB is a serious public health concern in Liberia. The TB treatment success rate under the directly observed therapy, short-course (DOTS) declined from 78.9 percent in 1995 to 73.4 percent in 2003, despite improvement in the TB detection rate from 31.9 percent in 1996 to 58 percent in 2004. Overall, the TB prevalence rate per 100,000 in Liberia declined from 460 in 2000 to 447 in 2004 after a sharp rise to 596 in 2003 (UN, 2006). There are 202 TB treatment and diagnostic centers in the country spread throughout the 15 counties for implementation of DOTS. The total number of TB cases registered at various facilities in the country from January to September 2007 was 3,156 patients. The TB cure rate is presently estimated at 80 percent (MOHSW 2007 report).

Development Challenges

The main challenges to achieving the goal of halting and reversing HIV/AIDS infection and the incidence of malaria and other diseases are:

- Limited awareness about HIV/AIDS, particularly regarding the mode of transmission;
- Stigma against HIV positive patients and denial by victims;
- Very low level of contraceptive use;
- Insufficient help to those at risk; especially commercial sex workers;
- Weak sentinel HIV/AIDS data collection systems;

- Poor access to safe drinking water resulting in diarrhea and cholera epidemics; and
- Overcrowding in cities and health facilities, leading to increased spread of TB.

Supportive Environment

The national response to HIV/AIDS is embodied in Liberia's PRS. Among the programmes aimed at reducing the prevalence rate are:

- The design of a National Social Welfare Policy and Plan focusing on gender, HIV/AIDS, war affected youth, mental health and disabilities;
- The creation of a safety net for households affected by AIDS including AIDS orphans;
- The identification of AIDS as a priority and its inclusion in the Basic Package of Health Services; and
- The alignment of Liberia's AIDS response with the UNAIDS recommended Three-Ones principles: one national HIV/AIDS authority; one national strategic framework; and one national monitoring and evaluation framework.

The 2007 National Health Plan addresses the difficult health situation in Liberia, and is supported by international partners. Within the framework of the UNDAF, the UNCT for Liberia is working with the MOHSW to provide support for the establishment of Voluntary Counseling and Testing Centers in 15 counties, and is providing technical assistance in the area of ARV prescription, prevention of mother to child transmission, and Voluntary Counseling and Testing. The UNCT has also committed to improving access to ARVs for 500 HIV/AIDS patients and facilitating access to TB drugs for new TB patients.

Development Priorities

The key development priorities aim at combating HIV/AIDS and other related diseases include the following:

- Improvement of access to HIV/AIDS testing facilities and care for HIV/AIDS victims;
- Intensification of public awareness on HIV/AIDS;
- Development of programmes to increase condom use;
- Facilitation of access to drugs for the treatment of HIV/AIDS patients;
- Support for programmes to improve data on HIV prevalence rates;
- Provision of adequate support to the health sector budget;
- Improved understanding of the epidemiology of the disease as a basis for evidenced-based interventions; and
- Improved institutional capacity to develop and execute a coherent and comprehensive strategy to prevent and control the disease.

While efforts should be made to mobilize additional resources to combat the HIV/AIDS, TB, and malaria epidemics, it is also necessary to explore innovative ways of operating within existing resource constraints. Increasing the efficiency of resource utilization, undertaking strategic, medium-term planning for healthcare spending, and building private-public partnerships have been effective in many African countries.

Goal 7: Ensure Environmental Sustainability



Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation

Indicators	1990/2000	2004/2005	2007	Target
Proportion of land covered by forest (%)	31.0 (2000) ¹	32.7 (2005)	59 ³	42.1
Ratio of area protected to maintain biological diversity to surface area sq. km.		12.73 (2005)		-
Energy use (kg oil equivalent) per \$1,000 GDP (PPP)		5 (2005)		-
Proportion of people with sustainable access to improved water sources (%)		61 (2004)	65 (2007) ²	77.5
Proportion of people with access to improved sanitation		27 (2004)	10.0 (2007) ²	69.5
Urban		49 (2004)	21.3 (2007) ²	
Rural		7 (2004)	3.4 (2007) ²	

¹ Human Development Report, Liberia 2006. ² Demographic and Health Survey, 2007. ³ FDA; obtained from satellite imagery analysis done in the USA last year. This means that the forest is regenerating rapidly.

Status at a glance: 2015 target unlikely to be met on current trends.

Status and Trends

Environmental Resources

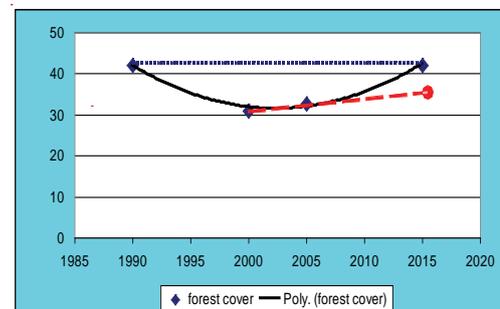
Forest Cover

Liberia has significant forest resources. Approximately one half of the country's area is covered by forests containing a number of valuable species, such as African mahogany, that are in high demand on world markets. Prior to 2003 the forestry sector was a major contributor to Liberia's economic growth, and accounted for approximately 50 percent of Liberia's export earnings and about 20 percent of the GDP. Poor governance in the sector and concerns by the international community about possible links between Liberia's timber industry and support to the civil war in Sierra Leone culminated in the imposition of UN sanctions in mid-2003. Concerns were based on financial irregularities in the sector; for example, there was a \$36 million discrepancy in export data reported by Liberian officials and data from importing countries (IMF Country Report, 2006). Between 1990 and 2004, the size of the protected areas in Liberia remained unchanged at 15,785 square kilometers (UN, 2006). By 2005, land area covered by forest had decreased to 32.7 percent from 42.1 per cent in 1990 (UN 2006).

A comparison of current trends in forest cover with the most feasible trajectory to achieve a target of 42.1 percent forest cover reveals that Liberia is unlikely to achieve this target by 2015 (see figure 17). However, under the leadership of President Ellen Johnson Sirleaf, a number of reform measures were instituted to ensure transparent control and management of Liberia's forest reserves. They included a legal review of the sector and a voiding of all timber contracts. In response to these initiatives, sanctions were lifted in 2006. The challenge for Liberia now is to ensure a sustainable mix of forestry use for commercial and conservation purposes. Furthermore, the nation will need to ensure that the majority of Liberians benefit from the revenues accrued through the forestry sector.

The lifting of sanctions is expected to result in substantial growth in forestry production from 30,000 cubic meters to more than 1.3 million cubic meters. Of 4.1 million hectares to be developed over the life of the PRS, approximately 2.9 million hectares will be devoted to commercial and community forestry and the remaining 1.2 million hectares allocated for conservation and tourism. To facilitate broad participation in the benefits of the forestry sector, the government will establish mechanisms to enable communities become directly involved in forest management.

Figure 17: Forest Cover as Percentage of Land Area



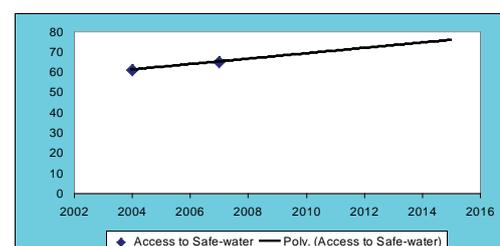
Energy

The average GDP per unit of energy use¹ per \$1000 (PPP) GDP in Liberia is estimated to have remained constant at 5 kg for the period 1990-2005 (UN 2006). This is remarkable, as one would have expected a decline resulting from war-related disruptions in the energy supply.

Water and Sanitation

The proportion of people with access to safe water and sanitation is the environmental target that clearly links health (water-borne disease) with the environment.

Figure 18: Access to Safe Water



¹ Kg oil equivalent

Water

Between 1990 and 2002, the proportion of people with sustainable access to safe water in SSA countries increased from 48 per cent to 58 percent (UNDP 2005). In Liberia, the proportion of the population with access to safe drinking water fell from 37 percent in 1990 to 17 percent in 2003. Despite significant progress since the end of the civil war in 2003, more than a third of Liberian households (35 percent) draw water from unsafe sources. However, there are substantial disparities in access to safe water between rural and urban households. Almost half (44 percent) of rural households have no access to safe water, compared to 20 percent of urban households (LDHS 2007).

The proportion of the rural population with access to clean water increased from 34 per cent in 1990 to 52 per cent in 2004 (UN 2006) and then to 56 percent in 2007. For urban households, access regressed from 85 per cent to 72 per cent during the same period but increased to 81.5 percent in 2007 (LDHS, 2007).

Furthermore, access to safe water in rural and semi-urban areas varies considerably depending on the season. During the dry season, which extends from roughly November through April, over two thirds (68 percent) of rural and semi-urban households draw water from unsafe sources (CFSNS, 2006). Despite the high consumption of unsafe water, most residents in urban (74 percent) and rural (85.9 percent) areas do not treat or boil their water (LDHS, 2007). This has grave implications for the health and nutritional status of the population.

Conflict-induced rural-urban migration and lack of investments in water and sanitation initiatives significantly contributed to the slow progress towards achieving MDG 10. However, achieving 77.5 percent access to clean water by 2015 will require approximately a 3 percentage point annual improvement on current trends in expanding access. Given the relatively small gap between the current trend and the required rate of improvement, it is probable that Liberia will achieve this goal.

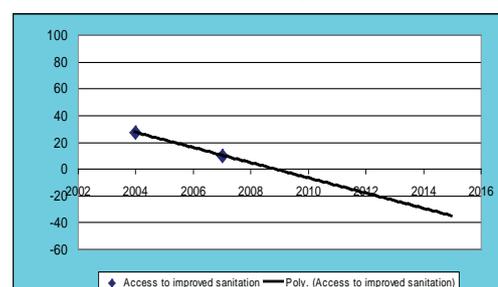
Sanitation

Access to sanitation in Liberia has deteriorated dramatically in recent years, regressing from 39 per cent to 27 per cent over the period 1990-2004 (see figure 19). By 2007, only 10 percent of the population had access to improved sanitary facilities – toilets/latrines or safe disposal facilities. Rural-urban disparities in access are pronounced (21.3 percent) (LDHS, 2007). In urban areas, access declined from 59 to 49 percent during the period 1990 to 2004. For rural dwellers, access plummeted even more sharply, declining from 24 to 7 percent over the same period. By 2007, a mere 3.4 percent of rural and 21.3 percent of urban households had access to improved sanitation (LDHS, 2007).

Improper disposal of garbage compromises the health status of communities by facilitating the spread of disease. In Liberia, the majority of rural and urban garbage is disposed of improperly (i.e., dumped in an unauthorized heap, or disposed in the rear of domestic residence). Only three percent of rural garbage is properly disposed of. In urban areas the figure is approximately 15 percent.

Considering the gap between the current trend in improving access to sanitation and the most feasible trend, is unlikely that Liberia will achieve the sanitation target by 2015. Nonetheless, the government has recently taken steps to improve solid waste management, particularly in urban areas. Weekly haulage of solid waste in Monrovia increased from 980 cubic meters to 2125 cubic meters between March and November 2007, partly as a result of outsourcing collection of solid waste from communal dumpsites to private service providers.

Figure 19: Access to Improved Sanitation



Development Challenges

Improving environmental sustainability will require that policymakers address the following key challenges:

- Limited coordination among agencies dealing with the environment;
- Limited awareness of environmental concerns due in part to inadequate information and weak advocacy;
- Lack of clear policy guidelines and weak enforcement capability;
- Limited investments in water, sanitation and related environmental projects and programmes;
- Limited integration of poverty and environmental issues into economic policy reforms and social impact analysis; and
- Inadequate professional and technical manpower in both rural and urban areas.

Supportive Environment

The PRS recognizes the critical need to ensure that efforts to reduce poverty are consistent with environmental sustainability. In this context, the government has put in place a number of measures to balance growth with environmental concerns. They include:

- Approval of the National Environmental Policy, and adoption of the Environmental Protection and Management Law as well as strengthening the Environmental Protection Agency
- Development of a National Biodiversity Strategy and Action Plan;
- A comprehensive assessment of Liberia's forest resources;
- Accession to the Kimberly Process Certification Scheme and preparation of a draft Mining Law;
- Publication of Liberia's first State of the Environment Report (2007), which establishes a baseline for monitoring environmental trends;
- Preparation of a draft Energy Policy; and
- Preparation of a draft Water Resources Management Policy.

Development Priorities

The national development priorities for the environment include:

- Expediting the implementation of the water and sanitation policy framework;
- Supporting the rehabilitation of water and waste management-related infrastructure;
- Strengthening the capacity for advocacy, data collection, analysis, and monitoring and evaluation at the Environmental Protection Agency (EPA);
- Reviewing the status of Liberia's policy and legislation relating to the protection of biodiversity;
- Launching the National Capacity Self-Assessment for global environmental management for Liberia;
- Producing a mapping tool to identify areas of environmental vulnerability and assist with contingency planning for displaced persons; and
- Preparing a National Environmental Action Plan (NEAP).

Prior to the Water Resources Management Policy, which is pending for cabinet approval, Liberia had not had a unified, comprehensive policy on water and sanitation since the collapse of the National Action Plan for Water and Sanitation of 1985-1997. The responsibility for water and sanitation was hitherto dispersed over several ministries and agencies of government including the Ministry of Health and Social Welfare, Ministry of Lands Mines and Energy, Liberia Water and Sewer Corporation, and City Corporations among others.

The government's overarching goal with respect to water and sanitation is to reduce the incidence of diseases resulting from poor water and sanitation. This is to be achieved by:

- Developing a national solid waste management policy;
- Scaling up hygiene promotion in schools and communities;
- Establishing water testing facilities nationwide with trained staff and equipment; and
- Rehabilitating damaged water and waste collection and disposal facilities.

Goal 8: Develop a Global Partnership for Development



Target 15: Deal comprehensively with the debt problem of developing countries through national and international measures in order to make debt sustainable in the long term.

Target 17: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.

Indicators	2004	2005	2006	2007
Public sector external debt outstanding (medium and long term) incl. arrears (\$billions)	3.73	3.66	4.53	4.54
Public sector external debt outstanding incl. arrears % of GDP	812	690	748	680
Public sector external debt outstanding incl. arrears % of Exports	2606	2402	2079	2094
External public debt service charges % of GDP	18.3	22.3	23.0	22.1

Source: IMF Country Report, October 2007.

Status and Trends

Liberia's debt burden is likely to decline to sustainable levels following the country's qualification for debt relief under the Enhanced HIPC Initiative. In order to qualify for debt relief, Liberia had to, among other things, establish a track record of performance under the IMF Staff Monitored Programme (SMP) and design, in a participatory manner, a Poverty Reduction Strategy (PRS).

Based on the country's positive performance under the SMP, the Executive Board of the IMF approved, on March 14, 2008, a range of measures to normalize Liberia's financial relations with the Fund and designated Liberia as a Decision Point country under the Enhanced HIPC Initiative. The Board also lifted the suspension of Liberia's voting rights and its rights to use Special Drawing Right (SDRs) after the country cleared its overdue obligations to the Fund through a bridge loan of approximately \$888 million.

As of June 2007 the nation's nominal debt stock was \$4.7bn, and the bulk of this amount (96 percent) was in arrears. The largest share of the nation's debt was owed to commercial creditors (33 percent), Paris Club creditors (30 percent), the IMF (17 percent) and the World Bank (9 percent).

The debt stock is estimated to be halved under the Enhanced HIPC Initiative, which will provide approximately \$2.8bn of debt relief in Net Present Value terms. Key contributors to Liberia's debt relief package are Paris Club (31 percent), the IMF (26 percent), commercial lenders (16 percent) and the World Bank (13 percent).

Overall, the Enhanced HIPC Initiative has channelled significant additional resources to qualifying countries. Net transfers to HIPC countries doubled from \$8.8 billion in 1999 to 17.5 bn in 2004, while transfers to other developing countries grew by only a third. As of 2006 the Enhanced HIPC Initiative had reduced \$19 bn of debt in 18 countries and

effectively halved their debt ratios (World Bank Independent Evaluation Group, 2006).

However, concerns have been raised about the overly optimistic debt sustainability analysis conducted by the Bank, which effectively underestimates the resources required to ensure sustainable debt relief. In 11 of 13 countries that passed the completion point for HIPC debt relief, the key indicator of external debt sustainability has deteriorated since that time. All post-completion point countries, including Liberia, remain vulnerable to export shocks and continue to require highly concessional financing and sound debt management. The overarching message in these findings is that debt relief is not a panacea for sustainable development. In order to promote continued progress in countries benefiting from such initiatives, debt relief must be complemented by efforts to mitigate shocks, diversify the economy and achieve robust economic growth.

Overseas Development Assistance (ODA) to Liberia amounted to \$210 million in 2004. However, emergency and humanitarian aid constituted a large proportion of this aid. The predominance of emergency aid must be complemented by developmental assistance if aid is to have a transformative impact on the country. Significant resources are needed to scale up education, improve health facilities, increase manpower and jump-start the economy. At the moment both the Ministry of Education and the Ministry of Health and Social Welfare have established Pool Funds for receiving and managing development funding in their respective sectors, marking substantial progress towards transitioning from emergency aid to development funding in these sectors.

Target 16, "develop and implement strategies for decent and productive work for youth", is often omitted in reporting progress towards Goal 8. Youth unemployment in Africa, however, is among the highest in the world. The world average is 14.4 percent, while youth unemployment in Sub-Saharan Africa is 25.6

percent. The high proportion of young people (15-24) in Africa's total population contributes to the severity of the problem.

In Liberia, the involvement of young people in the civil war and the relatively high overall unemployment rate¹ creates fertile ground for political instability. The Government of Liberia has in recent years acknowledged the importance of engaging youth and including them in relevant development processes. The National Youth Policy² in Liberia seeks to promote the full participation of youth in the decision-making processes and development programmes that affect them. The policy proposes guidelines and strategies aimed at facilitating the participation of youth in the post-conflict reconstruction and recovery agenda. To tailor interventions to the specific and special needs of the youth, the policy classifies the youth into priority target groups (e.g., the disabled, unemployed and HIV positive). The priority areas of intervention highlighted by the policy include education and training, employment, and health. The lack of education, high levels of unemployment and inadequate health services are perceived to have contributed directly to the high and increasing incidence of juvenile delinquency in Liberia.

Development Challenges

The development challenges associated with sustained economic development in Liberia are:

- Ensuring debt sustainability while financing massive reconstruction projects and programmes;
- Attracting and sustaining the current level of ODA foreign direct investment;
- Sustaining the peace process; and
- Reducing the high unemployment rates for both adults and the youth.

¹ 80% unemployment according to iPRS and Central Bank 2007 Report

² The Liberian Youth policy is a partnership between the ministry of youth and Sports, the Federation of Liberian Youth, UNDP, UNICEF, UNMIL, Action Aid, and USAID.

Supportive Environment

Since the end of the civil conflict in 2003, Liberia has successfully normalized relations with the international community and as a result has been able to resolve its debt overhang. Pursuant to this objective, the government established a track record of sound economic management under its Staff Monitored Programme (SMP) with the IMF. Since 2006 it has reduced its arrears and developed interim and full Poverty Reduction Strategies based on broad consultations with stakeholders. The implementation of the PRS, whose objectives include rehabilitation of public infrastructure, improving the delivery of health and education services, improved financial management and revitalization of agriculture through targeted support to farmers, will help improve human capacity, productivity and consequently economic growth in Liberia. Sustained peace and security have supported these, which in turn have been secured and consolidated largely through the presence of the UN peacekeeping mission in Liberia (UNMIL).

To ensure more effective management of its resources, the Government of Liberia is improving controls over the granting of concessions and contracts, and implementing a basic procurement system through the work spearheaded by the PPCC. In addition, Liberia has joined the Kimberley Process Certification Scheme and is a candidate country for the Extractive Industries Transparency Initiative (EITI).

The government has also commenced the process of implementing a domestic debt resolution strategy as a step towards domestic debt repayment. A Trust Fund will be established to ensure that resources are available to meet the debt obligations. Furthermore, Liberia now is taking steps to become a member of the World Trade Organization (WTO).

Development Priorities

With regards to developing global partnerships for development, the development priorities of the Liberian government and its donors should include:

- Improving governance in all spheres (i.e., political, economic and social) to sustain the goodwill and support of domestic constituents and the international community;
- Improving and sustaining macroeconomic stability as a basis for increased domestic and foreign investment and sustained growth;
- Facilitating commerce and trade, including export promotion and import standardization, facilitation of sub-regional trade and development of financing mechanisms to enhance trade; and
- Improving access of the poor to basic services.

Concluding Remarks

Only a few years after emerging from prolonged civil unrest, Liberia has made significant progress towards solidifying a genuine partnership for development. Having participated for the first time in this year's globally administered Paris Declaration Survey, both the Government of Liberia and its partners are renewing their commitments to the Paris principles of harmonization, alignment and national ownership of donor assistance. As full implementation of the PRS begins, the need for enhanced coordination and alignment to national priorities will become more critical than ever. Substantial headway has already been made in national coordination, and the President's national coordinating body, the Liberia Reconstruction and Development Committee (LRDC), is leading the way. Monthly meetings chaired by the President bring both donors and key government institutions together, improving communication and awareness of each other's priorities, plans and activities. The government is also in the process of establishing an interactive web-based tool to monitor and track donor assistance to Liberia in support of national priorities.

Liberia Gleneagles Scenario Overview for 2008 MDG Report

The Gleneagles initiative stems from the 2005 G8 Gleneagles Summit's commitment to double ODA to Africa from US\$25 billion in 2004 to US\$50 billion by 2010 (about US\$64 billion at 2008 prices and exchange rates). Expressed in per capita terms, this would be US\$85 (or approximately US\$100 at present day values).

Liberia is among 10 case study countries identified by the MDGs Africa Steering Group for the specific purpose of identifying underfinanced MDG-related projects and programmes that fall within the scope of national development strategies. Through the use of 'scenario based templates' developed by the World Bank and UNDP, the Gleneagles scenario assists governments in developing a scaled-up expenditure framework that indicates how additional financing could be used if ODA commitments were to be realized. Table 6 shows preliminary findings from the recent government-led Liberia scenario exercise. The country currently requires approximately US\$61 million (in addition to current ODA levels) for fiscal year 2007/2008, US\$91 million for 2008/2009 and US\$129.89 million for 2009/2010 in order to accelerate progress already made in the relevant sectors.

Special note: sector-by-sector appropriations are likely to change as key MDG-focused programmes and projects become better defined and costed.

Table 6: Proposed Expenditures for ODA Resulting from the Gleneagles Scenario Exercise in Liberia

Sectors	FY07/08	FY08/09	FY09/10	Totals
Education	16.6	27.4	37.9	81.4
Health	12.3	21.9	28.9	62.1
Agriculture	4.0	6.8	9.4	20.1
Infrastructure	19.1	26.0	42.1	87.2
Other PRS related sectors ^a	9.95	11.1	11.7	32.6
Totals	61.6	92.0	130.0	283.4

Notes:

^aIncludes interventions outlined in Liberia's Poverty Reduction Strategy (PRS) for Governance, Gender, Security and Environment related sectors.

“Missing” Goals

MDGs are about the desired outcomes. Their achievement suggests the existence of an enabling environment – the governance regime, norms and values along with a strong institutional framework. While the Millennium Declaration outlined peace, security and human rights, and governance as prerequisites to the realization of MDGs, these were, unfortunately, not expressed as specific goals and targets, and are therefore “missing” from the list of standard MDGs. Moreover, the outcome document of the 2005 World Millennium Summit re-affirmed the commitment of world leaders and the international community to address the special needs of countries that face persistent human development challenges and confront difficulties in achieving the MDGs. Thus for Liberia, issues of conflict prevention, peace-building, rule of law and state capacity restoration pose particular challenges to the realization of the MDGs and merit specific attention both domestically and from the international community.

The decision to focus on these areas is also consistent with ‘tailoring’, a process in which each country determines how the MDGs apply in the national context, and how their achievement should be addressed through national development strategies, policies and programmes. In other words, the global goals and targets will need to be adapted into national equivalents with the endorsement of national stakeholders.

As a strategy for post-conflict reconstruction and development, the Government of Liberia and its partners must be guided by a preventive approach. The choice of criteria for establishing partnerships as well as priority investments, policies and programmes should emphasize peace-building and peace consolidation as crucial steps towards the achievement of the MDGs. A great deal of progress has been made in this direction through the development of the PRS and related plans such as the CCA and UNDAF, which have included a strong

conflict-sensitive approach in analysis and priority-setting. These efforts will continue to need support in the coming years.

Implementation and Monitoring

Achieving the MDGs is a shared responsibility: the government must provide an enabling environment; donor must marshal the needed resources; CSOs and citizen groups and communities must mobilize action; the private sector must provide resources and the media must advance outreach campaigns in support of making progress towards MDGs. This fact highlights the need for effective coordination of interventions and actions within the GOL’s coordination framework, namely the Liberia Reconstruction and Development Committee (LRDC). As 2015 approaches, the urgency of achieving the MDGs calls for close collaboration between the entire United Nations family, government, donors, civil society and other stakeholders. In Liberia the MDG-related work will be coordinated through the MDGs National Steering Committee. This body will seek to maintain close partnerships with the UN family, led by UNDP as scorekeeper, and will be executed through reviews and assessments, advocacy, monitoring and evaluation, ensuring integration to the PRS pillars.

In summary, most of the Goals and targets of the MDGs in Liberia are not on track. However, achieving the MDGs is not a simple statistical exercise of meeting quantitative benchmarks – the context in which progress towards MDGs is made is equally important to assessing development. For example, while the quantitative progress in education is encouraging, universal primary education (enrolment and completion) is meaningful only if it reflects a global relevant level of skills and knowledge.

The MDGs provide a long-term framework for pursuing a sustainable path to economic development. They provide “signposts” and outputs that inform progress towards development goals.

Bibliography

- Bloom, S.S., M. Urassa, R. Isingo, J. Ng'weshemi, and J.T. Boerma. (2002) Community Effects on the Risk of HIV Infection in Rural Tanzania. *Sexually Transmitted Infections*. 78:4, pp. 261-266. August.
- Chima RI, Goodman CA, and Mills A. (2003) The Economic Impact of Malaria in Africa: A Critical View of the Evidence. *Health Policy and Planning* 63: 17-36.
- Clemens, M. (2004) The Long Walk to School International Educational Goals in Historical Perspective. Center for Global Development, Working Paper no. 27.
- Collier P, Dollar. (1999) Aid Allocation and Poverty Reduction. Development Research Group, World Bank, Washington.
- De Waal, Alex. (2001) "AIDS-Related National Crises: An Agenda for Governance, Early-Warning and Development Partnership." Commission on HIV/AIDS and Governance in Africa, Economic Commission for Africa, Addis Ababa.
- ECA (2004) "Scoring African Leadership for Better Health." Nairobi.
- ECA/OECD (2005) "Achieving the MDGs: Developing Aid Effectiveness." Presented at the Conference of African Ministers of Finance, Abuja.
- ECA (2006) Ministerial statement, presented at the Conference of Ministers of Finance, Economic Planning and Development, Ouagadougou, Burkina Faso, May 2006.
- Economist Intelligence Unit (2006) Liberia, A Country Report.
- Fosu A, O'Connell S (2005) Explaining African Economic Growth. AERC, Nairobi.
- Fosu A, P. Collier (2005) Post-Conflict Societies. Palgrave, U.K.
- IMF (2006) Liberia: 2006 Article IV Consultation and Staff-Monitored Programme-Staff Report; Public Information Notice on the Executive Board Discussion; and Statement by the Authorities of Liberia. Country Report No. 06/166
- IMF (2008) Liberia: Fourth Review of Performance Under the Staff-Monitored Programme and Request for Three-Year Arrangement Under the Poverty Reduction and Growth Facility and the Extended Fund Facility-Staff Report. Country Report No. 08/108.
- IDA and IMF Joint World Bank/IMF Debt Sustainability Analysis, February 22, 2008.
- Malhorta A and Mehra R. (1999) Fulfilling the Cairo Commitment: Enhancing Women's Economic and Social Options for Better Reproductive Health. International Centre for Research on Women.
- Mills, Greg (2000) AIDS and the South African Military: Timeworn Cliché or Timebomb. Konrad Adenauer Stiftung. Johannesburg: Occasional Papers.
- Pritchett L and Woolcock M. (2004) Solutions When the Solution is the Problem: Arraying the Disarray in Development. *World Development* 32:2 191–212.
- Quigley MA, Weiss HA, and Hayes JR. (2000) Male Circumcision and Risk of HIV Infection in Sub-Saharan Africa: A Systematic Review and Meta-Analysis. *AIDS* 14: 2361-2370.
- Seyoum A (2003) Issues Notes on Human Development. Mimeo.
- UNDP (2001) Millennium Development Goals Report. Monrovia.
- UNDP (2004) Millennium Development Goals Report. Monrovia.

- UNDP (2005) Human Development Report. New York.
- UNDP (2006) Human Development Report. Monrovia.
- UNECA (2004) Scoring African Leadership for Better Health. Nairobi.
- UNECA (2005) Economic Report on Africa Meeting the Challenges of Unemployment and Poverty in Africa. Washington.
- UNECA (2006) National Strategies for Poverty Reduction and Implementation of the Millennium Development Goals: An Issues Paper. Presented at the African Plenary on PRSs, Cairo.
- UNFPA (2005) The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals. State of the World Population Report. New York.
- UNICEF (2006) The State of the World's Children Excluded and Invisible. New York.
- United Nations (2006) UN Statistical Database, United Nations Millennium Development Goals Database Website. <http://mgs.un.org/unsd/mdg/Data.aspx?cr=430>.
- United Nations (2005) UN Statistical database, United Nations Millennium Development Goals Database Website.
- United Nations (2005a) The Millennium Development Goals Report 2005. New York.
- WHO (2003) TB Advocacy Report: The Human Face of TB. Geneva.
- WHO (2005) Make Every Mother and Child Count. World Health Report, Geneva.
- WHO (2005a) World Malaria Report. Geneva.
- World Bank (2000) Can Africa Claim the 21st century?. Washington.
- World Bank (2006) Global Monitoring Report. Washington.

Annex 1: 2004 Status at a Glance

Goal	Target	Indicators	Current Level	Year	Will Goal be Achieved?	State of Supportive Environment	Monitoring Capacity
Eradicate Extreme Poverty	1 Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1.00 per person a day 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1 Proportion of population below US\$1.00 per person per day	76.2%	2001	Unlikely	Weak	Weak
		4 Prevalence of underweight children (under-five years of age)(UWC)	6.8%	1999/2000	Unlikely	Weak	Weak
		5 Proportion of population below minimum level of dietary energy consumption (DEC)	0.7%	1997	Unlikely	Weak	Weak
Achieve Universal Primary Education	3 Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6 Net enrolment ratio (NET) in primary education	34.7%	2001/2002	Probably	Weak	Weak
		7 Proportion of pupils starting grade 1 who reach grade 5 (SVR)	31.2%	2001/2002	Probably	Weak	Weak
		8 Literacy rate of 15-24 years olds (LR)	34.7%	2001/2002	Probably	Weak	Weak
Promote Gender Equality and Empower Women	4 Eliminate gender disparity in primary and secondary education, preferably by 2015 and at all levels of education no later than 2015	9 Ratio of girls to boys in primary education (PE-F/M)	40.8%/59.2%	2001/2002	Probably	Weak	Weak
		i. Ratio of girls to boys in secondary education (SE-F/M)	41.0%/69.5%	2001/2002	Probably	Weak	Weak
		ii. Ratio of girls to boys in tertiary education (TE-F/M)	27.6%/72.4%	2001/2002	Probably	Weak	Weak
		10 Adult literacy rate – ratio of literate female to male 15-24 years old (ALRF/M)	14.9%/20.0%	2001/2002	Probably	Weak	Weak
		11 Share of women in wage employment in the non- agricultural sector (SHW)	11.4%	2001/2002	Probably	Weak	Weak
12 Proportion of seats held by women in national parliament (PSHW)	11.1%	2001/2002	Probably	Weak	Weak		
Reduce Child Mortality	5 Reduce by two-thirds, between 1990 and 2015, the under- five mortality rate	13 Under-five mortality rate (U5MR)	194/1,000 lb	1999/2000	Unlikely	Weak	Weak
		14 Infant mortality rate (IMR)	117/1,000 lb	1999/2000	Unlikely	Weak	Weak
		15 Proportion of 1 year children immunized against measles IAM)	31.0%	1999/2000	Unlikely	Weak	Weak
Improve Maternal Health	6 Reduce by three-quarters, between 1990 and 2015, maternal mortality ratio	16 Maternal mortality ratio (MMR)	578/100,000lb	1999/2000	Unlikely	Weak	Weak
		17 Proportion of births attended by skilled health personnel (PBA)	89.1%	1999/2000	Unlikely	Weak	Weak
Combat HIV/AIDS, Malaria and Other Diseases	7 Have halted by 2015, and began to reverse the spread of HIV/ AIDS	18 HIV prevalence among 15-24 year-old pregnant women (HPPW)	12.9%	2000	Unlikely	Weak	Weak
		19 Contraceptive prevalence rate (CPR)	16.8%	1999/2000	Unlikely	Weak	Weak
		20 Number of children orphaned by HIV/ AIDS (NCOH)	2,100	2002	Unlikely	Weak	Weak
	8 Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases	21 Prevalence and death rates associated with malaria: i. PRM	56.9%	2000	Unlikely	Weak	Weak
		ii. DRM	14.1%	1998	Unlikely	Weak	Weak
		23 Prevalence and death rate associated with tuberculosis: i. PRT	0.14%	1998	Unlikely	Weak	Weak
		ii. DRT	0.6%	1998	Unlikely	Weak	Weak
24 Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)	40%	1999	Unlikely	Weak	Weak		

Goal	Target	Indicators	Current Level	Year	Will Goal be Achieved?	State of Supportive Environment	Monitoring Capacity
Ensure Environmental Sustainability	9 Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resource	25 Proportion of land area covered by forest (LACF)	3.4million ha	2001/2002	Probably	Weak	Weak
		26 Land area protected to maintain biological diversity (LMBD)	0.192million ha	2001/2002	Probably	Weak	Weak
		27 GDP per unit of energy use (as proxy for energy efficiency) (GUEU)	5.55KWT	2001	Probably	Weak	Weak
	10 Reduce by half the proportion of population without access to sustainable safe drinking water	29 Proportion of population with sustainable access to improved water source (PSAW)	26%	1999/2000	Probably	Weak	Weak
		30 Proportion of people with access to improved sanitation (PAIS)	36.3%	1999/2000	Probably	Weak	Weak
	11 Achieve significant improvement in life of at least 1.5 million slum dwellers, including displaced persons	31 Proportion of people with access to secure tenure	54.3%	1999/2000	Probably	Weak	Weak
Develop a Global Partnership for Development	17 In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	45 Unemployment rate of 15-24 years	88%	2000	Probably	Fair	Fair
		46 Proportion of population with access to affordable drugs on a sustainable basis (PAD)	94%	1997	Probably	Fair	Fair
	18 In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47 Telephone lines per 1,000 people (TP)	2.41/1,000	2000	Probably	Fair	Fair

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