

Achieving 2015 Progress, Prospects, Constraints

Liberia's Progress towards the Millennium Development Goals

September 2010

ACRONYMS

ADB	African Development Bank
ALP	Adult Learning Program
BCPR	Bureau of Crisis Prevention and Recovery
BPHS	Basic Package of Health Services
CAR	Capital Adequacy Ratio
CARI	Central Agricultural Research Institute
CBL	Central Bank of Liberia
CSET	Center for Sustainable Environmental Technologies
CWIQ	Core Welfare Indicator Questionnaire
ECOWAS	Economic Community of West African States
EDP	Electronic Data Processing
EPA	Environmental Protection Agency
EPI	Expanded Program on Immunization
FDI	Foreign Direct Investment
GDP	Gross Domestic Product
GER	Gross Enrollment Ratio
GFTAM	Global Fund to Fight Aids Tuberculosis and Malaria
GOL	Government of Liberia
HDI	Human Development Index
ILO	International Labor Organization
MSME	Micro Small and Medium Enterprise
IMF	International Monetary Fund
IPT	Intermittent Preventive Treatment
LBBF	Liberia Better Business Forum
LCC	Liberia Chamber of Commerce
LDHS	Liberia Demographic Health Survey
LECBS	Liberia Emergency Capacity Building Project
LPERP	Liberia Primary Education Recovery Project
LIBA	Liberia Business Association
LISGIS	Liberia Institute for Statistics and Geo Information Services
LMA	Liberia Marketing Association
LMIS	Liberia Malaria
MDG	Millennium Development Goal
MDGR	Millennium Development Goal Report
MFAU	Maternal Fetal Assessment Unit
MLCTP	Managed Long Term Care Patient
MNS	Ministry of National Security
MOF	Ministry of Finance
MoHSW	Ministry of Health and Social Welfare
MRU	Mano River Union
NEC	National Election Commission
NER	Net Enrollment Ratio
NTLCP	National Tuberculosis and Leprosy Control Program
NSCR	National School Census Report
NSF	National Service Framework
PRS	Poverty Reduction Strategy
SES	Senior Executive Service
TB	Tuberculosis
TOKTEN	Transfer of Knowledge Through Expatriate National
UN	United Nations

UNDP	United Nations Development Program
UNMIL	United Nations Mission in Liberia
HIPC	Heavily Indebted Poor Country Initiative
UNSDS	United Nations Sustainable Development Scheme
USD	United State Dollar

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FOREWORD

Five years before 2015, Liberia completes the necessary assessment of its status towards achievements of the MDGs. The exercise shows that progress towards the MDGs are mixed – some MDG targets will be achieved while others will not be achieved. However, the status of Liberia's achievements towards 2015 should be viewed within the context of the country's fragile yet emergent state. Additionally, an inherited debt burden of 4.9 billion dollars and the global financial and food crises limited the capacity of the government to comprehensively manage services.

Despite daunting challenges, Liberia's leadership continues to develop the supportive environment to achieve socioeconomic progress and constructively engage the international community. Improvements in security, governance and the rule of law have led to mobilization of domestic and international support with resources, both material and human, to enhance Liberia's drive to achieve the MDGs.

In order to achieve the MDGs, Liberia remains committed to establishing and providing good governance which includes the tenets of accountability, transparency and the unwavering and steadfast drive to improve the well-being of its citizens. This commitment is manifested in the passion that guides our strategic thrust under the Poverty Reduction Strategy (PRS) and the National Visioning Plan. In addition, more domestic resources and sustained international donor support will be requested to achieve the MDGs over the next five years and beyond.

The people of Liberia are thankful for the support of the international community through various UN agencies, especially UNMIL for their presence in guiding the peacekeeping and peace building process of the nation. Significant amount of multilateral and bilateral support is provided by the country's development partners in meeting the completion point of the Heavily Indebted Poor Country (HIPC) Initiative in June of 2010. We thank officials of the World Bank, International Monetary Fund (IMF), the African Development Bank (ADB) and our development partners for their support.

The preparation of the 2010 Liberia Millennium Development Report (MDGR) demonstrates the supportive environment that has characterized the administration of H.E. Ellen Johnson Sirleaf. My special thanks goes to the United Nations Development Program (UNDP) for its all-round cooperation during the preparation of this 2010 MDG report

The challenges are many, but the will to overcome them through sound policy approaches has demonstrated the commitment of the government. Although we have been obstructed by lingering effects of the civil strife, climate change and the global financial crisis, we remain steadfast to overcome these challenges and make strides towards achieving the MDGs beyond 2015.

Honorable Amara Konneh,
Minister, Planning and Economic Affairs

ACKNOWLEDGMENTS

The 2010 Liberia MDG Report (MDGR) is in preparation of an African Continental evidence based report for presentation at the MDGs special summit in September 2010. It has been prepared to further demonstrate the Country's commitment to the Millennium Declaration to achieve the MDGs. This report has been prepared within the framework of guidelines proposed by the preparation committee of the Millennium Summit in New York and endorsed by the government with inputs to determine the impact of the global financial crisis and climate change on MDG achievements in Liberia.

The report describes the enabling environment for the conduct and implementation of MDGs and identifies challenges, bottlenecks and recommendations on the way forward to accelerate the achievement of the MDGs. The MDGs are central to the Government's national development agenda. Both the MDGs and PRS are being aligned in a national visioning plan that will succeed the PRS after 2011.

This report was led by the Ministry of Planning and Economic Affairs.

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- Liberia Institute for Statistics & Geo-Information Services;
- Ministry of Health and Social Welfare; and
- Ministry of Finance.

SOCIO-ECONOMIC STATISTICS

Indicators	2008	2009	2010 (Projected)	Source
<i>Economic Indicators</i>				
Real GDP Growth Rate (%)	7.1	4.6	5.9	IMF (WEO), MOF
Real GDP est. (US million, base year 2000)	529	554	586	IMF (WEO), MOF
Nominal GDP (US million)	850	876	946	IMF (WEO), MOF
Public sector workforce (active duty civil servants 2007)	48,034	47,506	42,830	EDP payroll
Informal Sector Employment	487,000	569,790	-	UNDP
GDP Per Capita (US\$ prices)	242.9	239.8	247.4	IMF, MOF
Inflation Rate (est. average %)	17.5	7.4	7.1	CBL, IMF & MOF projection
External Debt (US \$ Billion)	3.2	1.7	1.24	MOF
Domestic Debt (US \$ Million)	301.4	292.6	290	MOF
National Budget (US\$ Million)	298.1	371.9	347.1	MOF
Average Lending Rate (%)	14.4	14.2	-	CBL
Exchange Rate (end of period LD/USD)	64	70.5	-	CBL
Imports (US\$ Million)	813.4	551.6	-	CBL
Exports (US\$ Million)	242.4	148.8	-	CBL
Trade balance deficit	571.0	402.8	-	CBL
Capital Adequacy Ratio of the Banking Sector (CAR)% [Not verified by MFAU]	20.8	23.8	-	CBL
<i>Socio-Demographic Indicators</i>				
Population size (in millions)	3.48	3.55	3.62	LISGIS – 2008 Census
Population growth rate (%)	2.1	2.1	-	LISGIS – 2008 Census
Percentage of Population under 15yrs	45	41.93	-	LISGIS – 2008 Census
Life Expectancy at birth	47	47	-	MOHSW
Illiteracy Rate (%)	44.13*	44.13*	-	LISGIS – 2008 Census
Percentage of population with access to education	31.46	31.46	-	MOE
Infant Mortality Rate (per 1000 live births)	72	72	-	MOHSW
Under Five Mortality Rate	111	111	-	MOHSW
Maternal Mortality Rate (per 100,000 live births)	578	578	-	MOHSW
Proportion of births attended by health	46	46	-	MOHSW
Population below poverty line (living on less than US\$1 per day)	63.8	63.8	-	LISGIS – 2007 CWIQ Survey
HIV/AIDS prevalence rate	1.5	1.5	-	MOHSW
Human Development Index	0.319	0.442	-	WHO/ UN Population Division
Total Geographic Area (km sq)	111,370	111,370	-	LISGIS
Total Land Area (km sq)	96,320	96,320	-	LISGIS
Coastline (km)	579	579	-	LISGIS
<i>Political Indicators</i>				
Government	Republican			Constitution of Liberia 1986
Presidency	Executive			
Legislature	Bi-cameral			
Male Senators	25			Government of Liberia – National Legislature
Female Senators	5			
Male Representatives	55			
Female Representatives	8			
Cabinet Ministers	Male	Female		
	14	5		
Proposed size of the National Army (AFL)	2,000			MNS
Proposed size of the National Police and other security forces	6,000			
*This figure refers to crude population rate of illiterate people 10 years and above based on 2008 National Population and Housing Census				

INTRODUCTION

The 2010 Liberia MDG Report (MDGR) has been prepared to determine the level of the country's progress in achieving the Millennium Development Goals (MDGs). The preparation of the 2010 Liberia MDGR was accomplished by collaborative efforts and coordination between line ministries and agencies of the government of the Republic of Liberia, the technical and financial resource of the United Nations Development Program (UNDP) and in consultations with stakeholders.

Liberia's 2010 MDGR aims to:

- Provide Liberian, development and international stakeholders with empirical analyses, facts and figures of progress toward achieving the MDGs; and
- Mobilize domestic and international resources to accelerate progress towards tracking and achieving the MDGs.

Following the guidelines and parameters provided by the United Nations to align country reports, this report provides quantitative and qualitative information that assesses each MDG and indicates the level of achievement. It includes summarized reviews of the planned targets of each MDG indicator and analyzes data trends to determine likelihood of achieving targets by 2015. Supportive environment, development challenges and priorities surrounding each MDG are discussed and specific development options to improve indicators are recommended. The report also catalogues the various measurable achievements of the new government and the people of Liberia since democratic governance was restored in 2005.

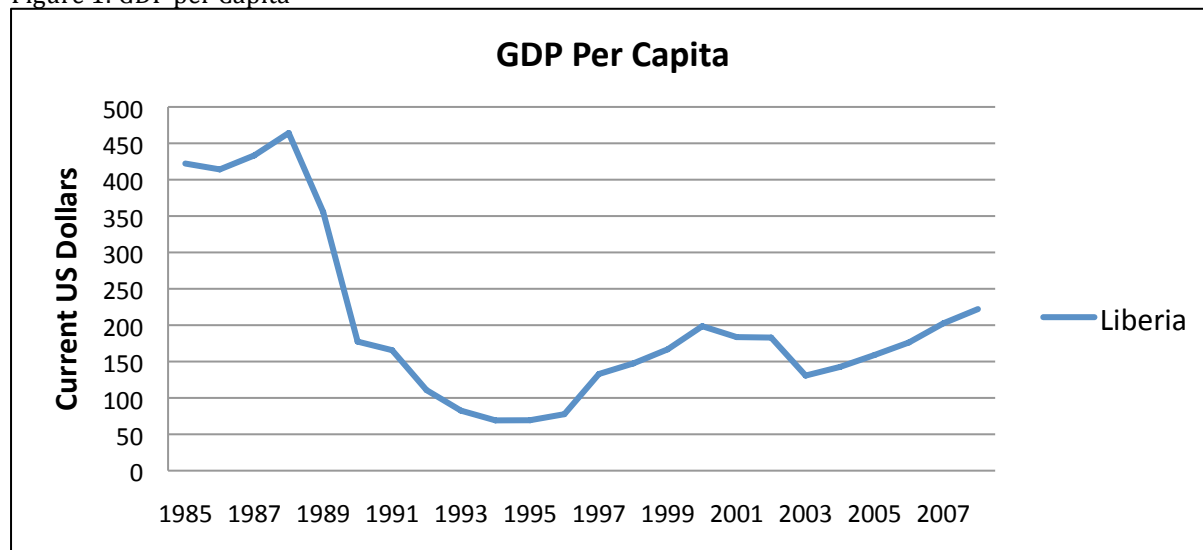
Liberia continues to show improvements in major development indices. For example, the country rose to 169th place out of 182 countries on the United Nations Human Development Index (HDI) in 2009, moving from near the bottom in just six years after a disastrous 14 year civil conflict. However, Liberia's progress on the MDGs can be characterized as mixed. There is considerable progress in meeting some goals, but there are major challenges that slow the progress of others. Although improved governance, rule of law, macroeconomic stability, fiscal responsibility and constructive engagement with development partners have resulted in improved socioeconomic indicators, the requirement of a post-conflict fragile state and exogenous crises detract from MDGs.

This report should serve as a toll to rally domestic and international efforts towards meeting the committed goals and the nation and multi-lateral partners.

BACKGROUND

Liberia's progress toward the MDGs must be discussed within the development context, reviewing both systemic and dynamic factors. The erosion of governance structures, rule of law, culture and tradition (Archibald and Mulbah, 2008)¹ and public and private institutions during the fourteen years of civil conflict resulted in a sharp decline in economic activities (Figure 1) and social service delivery and destruction of infrastructure.

Figure 1: GDP per Capita



Source: World Development Indicators

Liberia is still in “recovery” from these effects. With a current GDP per capita is 239.8 USD, the government has focused, through its PRS on governance, rule of law, and peace building and the restoration and expansion of infrastructure and social service delivery to increase the development possibilities of its people.

At the start of this process, formal unemployment levels were estimated to be as high as 85%, with a large number of Liberians being employed in the informal sector. Wage employment is low in Liberia therefore consumption is used (Lorenz Curve) to measure poverty levels. Per the 2007 Core Welfare Indicator Questionnaire (CWIQ), the percentage of people living in extreme poverty (living on less than a dollar a day) was 63.8%. Subsequently, the government's poverty reduction objectives are to reduce absolute and extreme poverty by 4% and align the PRS to the MDGs, which provide clear internationally accepted indicators for poverty alleviation and development realization.

¹ National Conflict Mapping Study

Economic Growth and Development

Macroeconomic stability is important for growth and development and reduction of poverty. The PRS was prepared and used as a tool for advancing economic growth in the short term (3 years). It was also a requirement and an instrument for the country's participation in the Heavily Indebted Poor Country initiative. Consequently, Liberia's PRS is designed to address the following major pillars:

- Consolidating peace and security;
- Revitalizing the economy;
- Strengthening governance and the rule of law; and
- Rehabilitating infrastructure and delivering basic services.

The PRS is MDG based and Liberia's first major effort to strategically target the MDG in a Development Agenda. However, the PRS' broad goals and outputs are not directly aligned with the specific indicators of the MDGs. The lack of capacity, monitoring mechanisms and reliable data further obstructs the alignment. In addition, meeting HIPC requirements of a cash-based balance budget limited fiscal space.

Several reforms have been instituted to improve and streamline fiscal processes. The Bureau of the Budget is merged with the Ministry of Finance for better coordination between appropriation and disbursement of government funds. The Public Financial Management Act, designed to improve fiscal probity, has been instituted. And, despite increased dollarization², the Central Bank of Liberia's (CBL) regulation of banks provides a sound financial system and improved liquidity to the banking sector. As a result, the country's net foreign exchange reserves increased to 58.9 million US dollars in August 2009.

Dynamic factors such as the food and fuel crisis and the global financial crisis of 2008 slowed progress. Inflation averaged 7.4%³. The global financial crisis resulted in a decreased demand for Liberia's primary commodities such as coffee and rubber, which accounted for 80% of exports in 2008. Rubber prices decreased 50% and resulted in layoffs, affecting income and consumption. The global financial crisis also affected inward remittances. According to the International Labor Organization (ILO) Rapid Assessment of the crisis, inward remittances reduced approximately 100 million US dollars to 70 million from 2008 to 2009. That was a dramatic decrease, considering that for many Liberians, inward remittances are the main source of income and livelihood. Generally, the crises slowed advances towards some MDGs.

Despite the fallout from the global financial crisis, GDP growth remained steady over the last 4 years due to improved stability and flow of aid resource (Table 1). Major challenges to Liberia's economic growth and development still exist. The lack of adequate basic infrastructure such as electricity, water and an effective telecommunications system continue to pose challenges to rapid economic growth and development.

Table 1: Real GDP Growth rates (2007-2010)

Year	Percentage
2006 - 2007	9.4
2007 - 2008	7.1
2008 - 2009	4.6
2009 - 2010 (projected)	5.9

Source: MOF

Liberia requires sustained and effectively managed double-digit growth rates if it is to make appreciable progress in reducing poverty and achieving the MDGs. Thus, a development priority is designing and implementing effective policies and programs to increase employment and domestic entrepreneurship. With increasing wage employment and support to micro, small and medium enterprises (MSMEs), many of the negative effects of poverty can be ameliorated.

Improving Competitiveness

² According to the CBL, 69% of broad money is denominated in US dollars

³ Central Bank of Liberia

Improvements in the business regulatory environment are essential to attract and maintain substantial foreign direct investments (FDI). Liberia continues to make improvements in this regard. The country has moved from 167th place to 149th in the World Bank Doing Business Survey and was the “best global and regional performer” in 2009. Reforms in the country’s investment code include transparent and nondiscriminatory incentives to investors, enacting rules that eliminate the expropriation of private property, reducing the number of businesses exclusively reserved for Liberians, and setting capital thresholds for investments in small enterprises. Over the past year, there were several measures taken to improve the fiscal regime such as reduction of corporate taxes from 35% to 25%, limiting import taxes on selected food items such and reducing tariffs on domestic transport vehicles. Various institutional reforms substantially reduced the number of days to complete the business registration process and eased cross-border trade.

Improving Capacity

Capacity for essential public and private institutions is lacking. Low level of educational attainment, due to disruption because of conflict and lack of infrastructure, is being addressed through the National Education Sector Plan (2010-2020). The Government has prioritized closing the gender gap in all levels of education and improving literacy rates. To date, there are achievements in net and gross enrollment ratios in elementary, junior and senior high schools across gender and geographic divides⁴. Although the gender gap is decreasing at the secondary level, disparities remain high at the tertiary level which will continue to impact the earning potential of Liberia’s female population.

Currently, 16% of the total population, about 560,000 people, has one or more disabilities. Liberia ratified the Convention on protecting the rights of People with Disability in September 2008, which delineates the rights of access to education, social welfare facilities, voting booths and other public facilities. All government projects and programs will incorporate access for and inclusion of all abilities.

To rapidly increase current capacity, public-private partnerships and intermediation between MSMEs and foreign firms to foster transfer skills and technology, are incorporated through a collaborated effort of the various private sector representatives such as the LCC, LIBA, Liberia Better Business Forum (LBBF), Liberia Marketing Association (LMA) and trade unions. In addition, several programs to attract qualified nationals from the Diaspora were implemented. The Transfer of Knowledge through Expatriate National (TOKTEN), Senior Executive Service (SES) and the Liberia Emergency Capacity Building Support Project (LECBSP) are projects designed to improve human capacity.

Overcoming Challenges

Lack of infrastructure has stunted Liberia’s post conflict growth and development. To address this basic gap, several innovative and creative approaches have been proposed. These include divestiture of government’s equity interest in key infrastructure projects or privatizing management in others. For example, the operations of the Freeport of Monrovia have been privatized in a concession agreement and the management of the Roberts International Airport was awarded to a private operator. It is envisioned that other infrastructures such as railways, telecommunications and electricity may be privatized. A comprehensive privatization policy sensitive to the characteristics of each enterprise and/or infrastructure will precede these processes.

Data Gaps

The preparation of the 2010 MDG report was challenged by data gaps. Due to the lack of period data, especially from 1990-2007, a range of base years were assigned to each MDG target and/or indicator. In most instances, the period with the most credible data was utilized as in previous Liberian MDG Reports (2004 and 2008).

The CWIQ survey of 2007, National Population and Housing Census (NPHC) of 2008, Liberia Demographic Health Survey (LDHS) of 2007 and other recent surveys produced relatively credible data. . In addition to the sources quoted, the report used previous MDG reports (2004 and 2008) to determine trends on the likelihood of reaching MDG targets by 2015. However, significant domestic policies and socioeconomic

⁴ 2007/2008 National School Census Report (NSCR), A System in Transition, Ministry of Education (MOE)

changes such as the global financial crisis have occurred since these surveys were conducted. In addition, although most MDG indicators are sector specific, related line ministries do not annually collect data points not within the PRS. Despite substantive efforts, some of the necessary data were not captured.

It is important to strengthen the government's data collection tools and capacity and decentralize its functions so that collection occurs at the point of action. If Liberia is to properly deal with its myriad development challenges, it must understand the empirical basis for policy prescriptions and priorities.

REVIEW AND ANALYSIS OF MDG ACHIEVEMENT

GOAL 1: Eradicate Extreme Poverty and Hunger

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

Indicators	1997 (Base)	2000	2004	2007	2015 (Target)
Proportion of population living on <\$1 day per day at PPP (%)	55.1	-	76.2	63.81	27.55
Poverty gap ratio at 1.25 a day at ppp ⁵ (%)	-	-	-	40.78	20.39
Share of poorest quintile in national consumption	-	-	-	6.44	3.2
Prevalence of underweight children (moderate or severe) under 5 years of age (%)	14.8	22.8	-	18.8	7.4
Proportion of population below minimum level of dietary Energy consumption (%)	39	-	46	38	19.5

1997 and 2000 World Development Indicators, 2004 Liberia MDG Report, 2007 CWIQ LISGIS

STATUS AT A GLANCE: 2015 targets are unlikely to be achieved.

To achieve targets, the Liberia must:

- Reduce poverty from 63.8% to 27.55% by 2015, with an average annual decrease of 7.25 percentage points;
- Reduce prevalence of underweight children (less than five years of age) from 18.8% to 7.4% by 2015, with an average annual decrease of 2.28 percentage points; and
- Reduce proportion of population below minimum dietary level of energy consumption from 38% to 19.5% by 2015, with an average annual decrease 3.7 percentage points.

According to the CWIQ, 63.8% of Liberians live below the poverty line. In absolute terms, the proportion of population living below poverty line, those living on less than one dollar a day⁶, is 1.7 million, with 48% living in “extreme poverty representing 1.3 million people”.⁷ The level of poverty in rural area (67.7%) is higher than in the urban areas (55%).⁸

Status and Trends

Poverty is on the decline in Liberia, but not at an appreciable rate to reach MDG targets by 2015. The 2007 CWIQ shows poverty declined over the period from 2000 to 2007, placing the number of people living on less than one dollar a day at 63.8% of the total population. Families headed by females are 73.4% of the poor. This is largely due to the limitations of women in educational attainment and limited access to wage employment. At present, women represent more than 54% of the informal sector. Beyond the 2007 CWIQ, little empirical evidence exists on the effects of the PRS and the global financial and food crises on poverty reduction. LISGIS is concluding 2009 CWIQ and Labor Force Survey which will provide data more reflective of the current status. The effects of formal and informal economic activities, the PRS, and public and private programs increasing access, training, skills and employability, poverty numbers are expected to decrease.

Agriculture and Food Insecurity

Agriculture, including fisheries and forestry represent 61.5% of GDP and provide the primary source of income and employment for many Liberians. Food insecurity was heightened during Liberia’s conflict, reducing nutritional levels among children, causing low weight to height ratios. Food insecurity has been so severe that its lingering effects are reflected in the sampling of opinions in the country⁹. In the year

⁵ World Development Indicators

⁶ The threshold has been changed to 1.25 US per day at purchasing power parity

⁷ CWIQ 2007

⁸ CWIQ 2007

⁹ International Republic Institute Survey reports hunger as the most vexing problem in the country

2006, more than 40% of the population was highly vulnerable to food insecurity¹⁰. According to the Ministry of Agriculture, imported rice accounts for 42% of consumption in 2007/2008. Since rice is the nation's staple, its exposure to the volatility of international commodity markets is undesirable.

The 2007 CWIQ show that food insecurity is still a challenge. Only 2% of rural farmers have access to fertilizers, while 60% use rudimentary methods of planting. Large volumes of rain fall¹¹ deplete soil nutrients, force farmers to relocate regularly to improve yields and result in a slash and burn agricultural practice in most of rural Liberia. This coupled with uncontrolled log lack of resources to develop adaptive capacity; lack of public awareness, education and training; and improper waste disposal impedes progress in reaching food security.

Supportive Environment

The Government of Liberia continues to commit increased public resources to the country's poverty reduction programs. Twenty-four percent of the 2009/2010 budget is allocated for social and community services, with 7.3% for health, 11.6% for education and 10.7% for infrastructure. There are challenges expanding the economy due HIPC-required cash-based balance budget and the effects of global financial crisis. Overall, the government continues to mobilize domestic resources within the limitations of its current economic base.

Development Challenges

The priorities of peace building, security and rule of law will continue to pose challenges for rapid economic growth and development in Liberia. Serious systemic problems also remain to be resolved. Perceived instability in countries within the MRU will continue to slow or delay substantial investments into Liberia. Although there are several planned large iron ore mining and agro industrial projects over the next ten years, these investments could evaporate if one of the countries in the region erupts into violence. Regional elections are potential sources of disruptions to Liberia's economic growth and development. This is an additional concern in addition to already perceived insecurity in the country.

The lack of absorptive capacity of government institutions, due to a low skills base and inadequate infrastructure are factors impeding the creation of a sustainable agro based industry in Liberia. These twin problems will continue to impact the level of poverty in the country for the near and intermediate terms. Most non-government wage employment will continue to be derived from agriculture, primarily rubber, oil palm, coffee and cocoa, but volatility in these markets will always impact growth rates and affect the MDG targets.

The slowness of investments in agriculture due to limitations of long term funding to support a sustainable agriculture sector is one reason why growth has been stunted in overall development. The inadequacy of support systems such as rural credits, marketing, advisory and extension services are of great concern. The government has begun efforts to strengthen the Central Agriculture Research Institute (CARI). However, due to limited fiscal space, the sector will continue to face difficulties, such as getting the suggested 15% of the national budget for agriculture as outlined in the Maputo Declaration.

If Liberia must make considerable progress in reducing poverty and achieving the MDGs, the country would require improved macroeconomic stability to produce double digit growth rates over the next five years. The growth must occur across all sectors, but mainly in agriculture, other wage employment and opportunities for domestic entrepreneurial development. To achieve the MDG targets to reduce poverty, Liberia needs to use both domestic revenue and aid resources that flow to the country effectively by designing a model that includes needs assessment with stakeholders, coordination among development partners and streamlining the processes for aid delivery. Overall, the timing of aid disbursement determines the effectiveness, and therefore it is important that the gap between promise and delivery is shortened.

Development Priorities

¹⁰ CFSNS, Liberia 2006

¹¹ 160 inches per year

To significantly reduce extreme poverty and hunger development initiatives should be prioritized and include implementation of the following:

- Targeted social service delivery;
- Infrastructure for access and economic activity;
- Awareness, training and skills enhancement;
- Domestic policies that support MSMEs, advance entrepreneurship and attract FDI;
- Economic growth strategies focused on productive sectors such as agriculture; and
- Strategic engagement with international partners.

Goal 2: Achieve Universal Primary Education

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

Indicators	2002 (Base)	2004	2007	2008	2009	2015 (Target)
Net enrollment ratio primary education (%)	34.7	-	37.3	49.3	-	100
Primary completion rates	31.2	-	66.2	57.6	-	80.6
Literacy rates of 15-24 year olds (%)	34.7	71.1	-	74.8	-	80

Sources: 2004 Liberia MDG Report, UN Statistical Database, 2007 CWIQ (LISGIS), 2008 National School Census (NSCR) Report (Ministry of Education), and World Development Indicators

Status at a Glance: 2015 targets are unlikely to be achieved.

To achieve targets, the Liberia must:

- Increase net enrollment in primary education from 49.3% to 100% by 2015, with an average annual increase of 10.14 percentage points;
- Increase primary completion rates from 57.6% to 80.6% by 2015, with an average annual increase of 4.6 percentage points; and
- Increase literacy rates of 15-24 year olds from 74.8% to 80% in 2015, with an average annual increase of 1.04 percentage points.

Status and Trends

Liberia has made progress toward achieving the goal of universal primary education. The country has instituted free and compulsory primary education and has received significant grants to support this process. Since 2003, the net enrollment ratio (NER) has steadily increased, with a 12 percentage point increase from 2007 to 2008 according to the National School Census of the Ministry of Education. However, the level of increase is insufficient to reach the goal of universal primary education by 2015.

A vexing challenge to universal primary education is the imposition of associated fees to attend schools. The cost of uniforms, text books and other fees are imposed despite the law which provides for free primary education. The imposition of these fees would necessarily impact school completion rates and household incomes. According to CWIQ 2007, 76.8 % of household income was used to defray the costs of primary education. Due to the difficulties and costs associated with primary education, there is a high dropout rate. The 2008 National School Census Report (NSCR) shows, for a cohort of 100 students starting grade one, only 60 get to grade six.

Youth literacy rates are trending upwards. In 1989, at the start of the conflict, the literacy rate of 15-24 year olds was 32.9% (MDGR 2004), it increased to 34.7 in 2002 (UN Statistical Database). According to the World Bank Indicators, youth literacy rates increased to 71.1% in 2007, and again to 74.8% in 2008, nearing its target of 80%. All data sources indicate an increase in youth literacy and a likely achievement of this target.

Supportive Environment

Collection and analysis of education data has improved. The 2007 CWIQ and 2008 NSCR provided information for policy makers and ushered in the Education Sector Plan of 2010-2020 to improve education quality and delivery in Liberia. The plan seeks robust interventions in the sector through:

- Teacher development with instructional materials provision;
- Early childhood development and education program;
- Liberia Primary Education Recovery Program (LPERP) of 2007;
- Accelerated Learning Program (ALP);
- Girls Education Program;
- School health, nutrition and HIV; and
- Resource attraction and management through a “pooled fund”.

Development Challenges

There are many development challenges in achieving universal primary education. These include teacher quality and compensation, access, culture and tradition, rural-urban disparity and income inequality. If Liberia is to achieve universal primary education by 2015, it must address and manage resource constraints that lead to high attendance costs of “free” schools and rural-urban disparities in the quality of service, and accelerate advocacy to assuage traditional beliefs that undervalue formal education, especially for girls.

Development Priorities

The educational development priorities are exemplified in the policy objectives of the Education Sector Plan 2010-2020. Objectives relevant to achieving universal education goals include ensuring

- All children (especially girls, individuals with special needs, street children and children with “manageable” emotional behavioral disorders and learning disabilities) start at a developmentally appropriate age and complete primary level education of a minimum stipulated quality’
- No individual is unable to access primary education because of socio-economic status;
- Greater efficiency, cost effectiveness and accountability in primary schooling; and
- School environment is clean, violence free and sufficiently conducive for all students, especially girls, to feel safe and at ease.

Goal 3: Promote Gender Equality and Empower Women

- Target: Eliminate gender disparity in primary and secondary education, and at all levels of education by 2015

Indicators	2001 (Base)	2003	2007	2008	2015 (Target)
Ratio of girls to boys in Primary Education	.69	-	0.93	0.88	1
Ratio of girls to boys in Secondary Education	.59	-	0.84	0.69	1
Ratio of girls to boys in Tertiary Education	.38	-	-	-	-
Ratio of literate women to men (15 – 24 year olds)	.74	-	0.96	-	1
Share of women in wage employment in the non-agricultural sector (%)	11.4	-	-	-	50
Proportion of seats held by women in national legislature (%)	11.1	-	12.5	12.5	25

Source: 2004 Liberia MDG Report; 2007 CWIQ and 2008 NSCR

Status at a Glance: 2015 targets are likely to be achieved.

To achieve targets, the Liberia must:

- Increase the ratio of girl to boys in primary education from 0.88 to 1 by 2015, with an average annual increase of 2.4 percentage points;
- Increase the ratio of girl to boys in secondary education from 0.69 to 1 by 2015, with an average annual increase of 6.2 percentage points;
- Increase share of women in wage employment in the non-agricultural sector from 11.4% to 50% by 2015, with an average annual increase of 7.72 percentage points; and
- Increase the proportion of seats held by women in national legislature from 12.5% to 25% by 2015, with an average annual increase of 3.13 percentage points.

According to the 2008 NSCR, there were a total of 286,584 boys as compared to 253,303 girls, a 1 to 0.88 ratio. However, the 2007 LDHS shows a ratio of 1 to 0.93 in 2006. This is also demonstrated in secondary enrollment, with the NSCR showing a 1 to 0.69 ratio and the 2007 LDHS showing a ratio of 1 to 0.84. Conversely, the National School Census of the Ministry of Education show, for the 2008/2009 school year, ratio in primary schools was 1 to 1.13. Due to the use of multiple data sources, a trend cannot be determined. However, it seems that the goal of educational parity can be reached.

Status and Trends

Liberian women play vital roles in society, including mothers, farm workers, wage earners, cabinet members, senators, doctors and president. However, the transformation is not complete. Even as the numbers of women in highly visible positions increase, Liberia is far from achieving full gender equality and empowerment of women.

Gender parity levels are higher in elementary schools as compared to secondary schools. This is partly due to the overall low completion rate with only 60% of students reaching grade six, where the high cost relative to low income is a factor. 2007 CWIQ show girls express costs as a reason for not attending school.

The 2007 LDHS shows significant percentages of Liberians have little or no education, with females being less educated than males. Forty-two percent of women and 18% of men have never attended school. Nineteen percent of men have completed secondary school or higher and while only 8% of women have accomplished the same. For both women and men, urban residents are better educated than rural residents.

Parity at Primary levels

Gender parity at the primary levels declined from 0.93 in 2007 to 0.88 in 2008. The decline is not pronounced and can be attributed sampling of the 2007 CWIQ while the 2008 NSCR figures are from

actual school records. The National School Census of the Ministry of Education shows that, for the 2008/2009 school year, gender parity at primary schools was 1.13 and, therefore, had been achieved. Analysis of the 2009 CWIQ should provide definitive trends in gender parity. Notwithstanding, according to most sources parity at primary levels will be achieved.

Parity at Secondary Level

Liberia's ability to achieve gender parity at the secondary level is unclear due to data insufficiency. 2007 CWIQ indicates that gender parity is likely to be achieved at the secondary level. However other data sources do not reflect that. If the 2008 NSCR gender parity figure of .69 (versus .84 from 2007 CWIQ) in secondary education is valid, then there is a downward trend between 2006 and 2007. There is also a difference between 2007 LDHS and the 2008 NSCR regarding the level of parity at the elementary and secondary levels. Nevertheless, achieving parity in by 2015 will be unlikely without significant interventions.

Parity at Tertiary Level

There have been no recent updates to gender parity figures at the tertiary level. Figures from 1999-2000 indicate that parity figures increased from 0.24 in 1999 to 0.38 in 2000. It is expected that upcoming results from the 2009 CWIQ and 2008 Census will show an increase in this rate.

Wage Employment

According to the World Bank, over 66% of Liberian females, age 15 and older, participate in some form of employment. Most of their employment is in the informal sector.

Data related to females working in non-agricultural sectors is out of date, with reports still using data points from 1990 which puts the percentage of women in non-agricultural wage employment at 23.6%. While it would be logical to assume that the number of women in wage employment is rising, there is no credible data for verification and/or projection. The latest figure is from the World Development Indicators which puts the percentage at 11.4; much lower than the Sub Saharan Africa average of 32%. The outcome of the current labor force survey being conducted will provide some insights.

Adult Literacy

The 2007 CWIQ shows the youth female to male ratio at .96. In addition, the World Development Indicators shows these ratios at 1.07 in 2004 and 1.13 in 2008. Both sources demonstrate high degrees of parity in youth literacy rates. If these trajectories continue, it is likely that gender parity in youth literacy will be achieved by 2015.

Women Participation in Legislature and Leadership Positions

Liberian women are on the way to gender parity in key decision-making positions. However, based on current numbers, this will occur after 2015. Currently, women occupy 5 of the 21 Cabinet positions, 5 of the 36 legislator positions, and 5 of the 15 county superintendent positions. There are also 2 women on the five-member Supreme Court. To promote gender inclusivity, legislators have introduced a "The Fairness Bill" that will require 30% female representation in political offices and political parties' leadership positions.

Supportive Environment

With the support of development partners, Liberia has made significant strides in the area of women's empowerment. Government programs have made female participation a priority, from the adult learning programs of the Ministry of Education to microfinance grants. In addition, the well-being, safety and security of women are supported through the Ministry of Gender's programs, gender-sensitive budgeting and strong sexual-gender based violence laws. Funds targeting girls' education have been mobilized and issues of land tenure affecting women are being addressed.

Bridging the enrolment gap between genders and reducing school-drop-out rate of girls remains a priority of the Liberian Government. The Ministry of Education has proposed the construction of 'girls-friendly' schools, community-managed child care centers, awareness and outreach campaigns and mentoring programs for girls. These programs are intended to boost the enrollment and retention rates of girls and provide incentives for the recruitment and training of more female teachers.

In an effort to boost women's participation in the political process, The Fairness Bill, which provides a minimum of 30% representation of women as national elected officers and heads of the principal and subsidiary organs and structures of each registered Political Party, has been introduced. If enacted, the bill will affect the list of candidates submitted by all registered Political Parties to the National Elections Commission (NEC) for inclusion on the ballots for National, Constituency and Municipal Elections.

Development Challenges

Closing the gender gap will continue to pose challenges due to factors such as:

- Tradition and culture;
- Female poverty;
- Women as single head of households;
- Lack of equal access to educational opportunities;
- Lack of basic skills training; and
- Limited wage earning opportunities.

Development Priorities

Liberia's development agenda continues to put strong emphases on gender equality. Critical socioeconomic strategies target the empowerment of the vulnerable, including women. Poverty reduction objectives include increasing girls' education and skills development. Other elements to combat the cultural and social norms include outreach and advocacy, skills building, and explicit inclusion of women and girls as planners, implementers and participants in public programs and projects.

GOAL 4: Reduce Child Mortality

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

Indicators	2000 (Base)	2007	2009	2015 (Target)
Under-five mortality rate (per 1,000 live births)	194	110	114	64
Infant mortality rate (per 1,000 live births)	117	7	73	39
Proportion of 1-year old immunized against measles (%)	32.6	52.6	59.7	100

Sources: 1986 LDHS; 2000 LDHS; 2007 LDHS; 2009 Liberia Malaria Indicator Survey

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

To achieve targets, the Liberia must:

- Reduce the under-five mortality rate from 114 to 64/1,000 by 2015, with an average annual decrease of 10/1,000;
- Reduce infant mortality rate from 73 to 39/1,000 by 2015, with an average annual decrease of 6.8/1,000; and
- Increase the portion of 1-year old immunized against measles from 59.7% to 100% by 2015, with an average annual increase of 8.06percentage points.

Status and Trends

Liberia's target for 2015 is to reach an under five mortality rate of 64 per 1,000 live births and an infant mortality rate of 39 per 1,000 live births in 2015. These targets are unlikely to be achieved due to a burgeoning health system that is transitioning from humanitarian emergency to patient care and service delivery. Services previously delivered by international NGOs and relief organizations are now to be delivered by the government of Liberia. Poor infrastructure, capacity and access are hampering this transition. In addition, the constant disruption of childhood preventable diseases such as polio and measles, coupled with malnutrition, and limited access to safe drinking water and sanitation puts the under-five mortality target out of reach.

Under-five Mortality Differentials

Significant differences exist between gender, urban/rural residence and level of mother's formal education. According to the 2007 LDHS and 2009 Liberia Malaria Indicator Survey (LMIS), males have a higher mortality rate than females (149 to 134; and 164 to 151). For both genders, the mortality rates increased in 2009 (per the LMIS). Disparities in rural-urban under-five mortality exist but are mixed. The 2007 LDHS shows higher mortality in rural areas (146 to 131) while the 2009 LMIS shows higher mortality in urban areas (138 to 170). Surveys also documented the mother's formal education on child health and show that mothers' with secondary education have reduced under-five mortality compared to those with primary or no formal education (Table 2).

Table 2: Under Five Mortality Differentials by Category

Category	2000	2007	2009
Sex			
Male	104	149	164
Female	198	134	151
Environment			
Urban	197	131	170
Rural	186	146	138
Education Attainment			
No Education	197	151	164
Primary	225	135	162
Secondary +	114	119	131

Sources: 2000 and 2007 LDHS and 2009 Liberia Malaria Indicator Survey

Infant Mortality Differentials

Differentials in infant mortality related to gender, urban-rural residence and level of mother's formal education exist. Overall, male infants have higher mortality rates than females and infants of mothers with at least a secondary education have significantly lower mortality rates than those of mothers with primary or no formal education. However, the 2000 LDHS and the 2009 LMIS survey reports revealed lower infant mortality rates for rural areas than urban, whereas, the 2007 LDHS shows the reverse (Table 3).

Table 3: Infant Mortality Differentials by Category

Category	2000	2007	2009
Sex			
Male	119	97	109
Female	114	87	92
Environment			
Urban	121	78	108
Rural	115	99	90
Education Attainment			
No Education	118	107	102
Primary	133	84	102
Secondary +	72	59	95

Sources: 2000 and 2007 LDHS and 2009 Liberia Malaria Indicator Survey

Immunization

Universal immunization against the six vaccine-preventable diseases—tuberculosis, diphtheria, whooping cough, tetanus, polio and measles (measles, mumps and rubella)—is crucial to reducing infant and child mortality. Variances in vaccination coverage among population subgroups are useful for planning and resource allocation. The Expanded Program on Immunization (EPI), launched worldwide by the World Health Organization 1974, began in Liberia in July 1978. EPI strategies include outreach, routine vaccination at various health facilities (hospitals, health centers and health clinics), and mass immunization campaigns. Using measles immunization as a benchmark for general childhood immunization, the proportion of 1 year olds covered increased from 15.6% in 1986 to 59.7% in 2009 (2009 EPI Cluster Survey). Alternatively, the World Development Indicators show childhood immunization rates were 63% in 2000 and increased to 64% in 2007. Although there are inconsistencies in rates, both demonstrate that, without a concerted campaign to increase immunization rates, 100% coverage by 2015 is unlikely to be achieved.

Supportive Environment

The National Health Policy recognizes the opportunities (known solutions) and constraints (limited resources) available to improve health outcomes in the country. It calls for strategic human resource development and management, comprehensive implementation of the Basic Package of Health Service (BPHS), health system strengthening, health financing and infrastructure development.

Implementing recommended policies continue to contribute to achievements in infant and under-five morbidity and mortality and increased immunization coverage. Committed leadership, strong partnership and integration in the health sector have yielded more health facilities (from less than 350 in 2006 to over 550 in 2009) and deployment of health workers (from less than 3,000 to over 5,000) in three years.

The implementation and careful monitoring of the PRS also contributes to progress made towards achievement, particular in reducing child mortality. These include infrastructure development, improving formal education, growing more food and developing private sector to provide living wages.

Development Challenges

There are numerous bottlenecks as Liberia pursues the reduction of child mortality. These include the following:

- Human, capital and physical resource constraints;
- Malnutrition due to poverty; and
- High incidence of communicable diseases.

These challenges are being addressed in current policies and, with sustained implementation and support, can be managed.

Development Priorities

To accelerate the reduction of child mortality and improve child health, sustained and directed efforts are required for the following initiatives:

- Basic Package of Health Services and community health programs;
- Child Survival and Nutrition Policies and Strategies;
- Decentralization Policy and Plan;
- Human Resources Policy and Plan; and
- National Health Financing Policy and Plan.

Goal 5: Improve Maternal Health

- Target: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
- Target: Achieve by 2015, universal access to reproductive health

Indicators	1986	2000 (Base)	2007	2009	2015 (Target)
Maternal mortality rate (per 100,00 births)	260	578	994	-	145
Proportion of births attended by skilled health personnel (%)	89.1	51	46	-	97
Contraceptive prevalence rate (%)	6	10	11.4	-	-
Adolescent birth rate (%)	-	39 ²	32 ³	38 ⁵	-

LDHS, 1986.² LDHS 2007, MoHSW, MDG 2008, UNSDS (2006), World Development Indicators

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

To achieve targets, the Liberia must:

- Reduce maternal mortality rate from 994 to 145/100,000 by 2015, with an average annual decrease of 170/100,000;
- Increase the portion of births attended by a skilled health professional from 46% to 97% by 2015, with an average annual increase of 10.2 percentage points;

Official statistics on maternal mortality are compiled from the Liberia Demographic and Health Survey (LDHS). While the civil conflict contributed to the irregular collection of these data, the LDHS conducted in 2007 show that maternal mortality rate at 994 deaths per 100,000 live births. Prior estimate of Liberia's maternal mortality rate was reported as 578 per 100,000 live births (LDHS, 2000). This alarming increase has led to health services targeting maternal health, particularly in rural areas. It is expected that the next LDHS (scheduled for 2010) will show an improvement in maternal mortality numbers.

Statistics on contraceptive prevalence rate and the adolescent birth rate demonstrate the low rates in both indicators. To date, there are no targets for these indicators. To accelerate achievement of these MDGs, targets for improvements will be established.

Indicators	1986	2000	2007	2009	2015
Contraceptive prevalence rate (%)	6	10	11.4	-	-
Adolescent Birth Rate (%)	-	39 ²	32 ³	38 ⁵	-

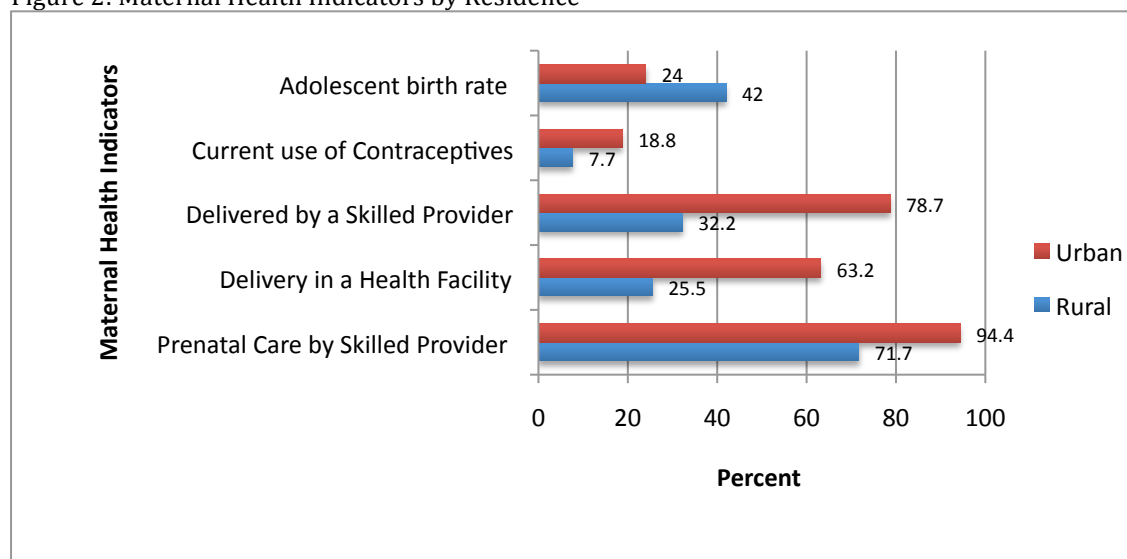
LDHS, 1986.² LDHS 2007, MoHSW, MDG 2008, UNSDS (2006)

Status and Trend

Effect of Mother's Residence on Maternal Health

Significant differences in maternal health exist between rural and urban areas (Figure 1). Mothers in rural areas are less likely to use contraceptives, receive prenatal care by a skilled provider, give birth while being attended by a skilled healthcare provider, and give birth in a healthcare facility. In addition, the adolescent birth rates in rural areas are near double those in urban areas. About 42% rural adolescents have begun childrearing compared to 24% of urban adolescents. Overall, the proportion of adolescents beginning family formation increases rapidly from 5% at age 15 to 59% by age 19.

Figure 2: Maternal Health Indicators by Residence



Source: LDHS 2007

Effect of Education on Maternal Health

A mother level of education also has significant impact on maternal health. According to the 2007 LDHS, women who reported having no education consistently yielded lower percentages in contraceptive use, delivery by a skilled provider, delivery in a health facility, and receipts of prenatal care than those who have at least primary education. In addition, adolescent birth rates are higher in those with no formal education, 58%, as compared to those with secondary or higher education, at 17% (Table 4). Trends in location and education show awareness and access are essential to managing maternal health indicators.

Table 4: Maternal Health Indicators by Education

Indicator	Education (percentage)		
	None	Primary	Secondary
Adolescent birth rate	58	-	17
Current use of contraceptives	8	12	21
Prenatal care by skilled health personnel	74	79	93
Births attended by skilled health personnel	36	47	75
Births in a health facility	28	36	69

Source: LDHS 2007

Development Challenges

Poor infrastructure and urban-rural and education disparities are key factors which limit interventions to reducing maternal deaths. A Rapid Maternal Needs Assessment conducted for the draft Operational Plan to Reduce Maternal and Neonatal Mortality revealed that maternal mortality is affected by inadequate facilities, equipment and drug supplies; health workers' inability to perform essential procedures; lack of adequate transport system; and lack of alignment between traditional practices and standard of care.

Achieving universal access to reproductive health provide the enabling environment for long term successes in child bearing, development and adulthood. Addressing factors that impede universal access to reproductive health is paramount. Policies should include a range of family planning methods and culturally sensitive outreach and awareness on the importance and application of family planning, prenatal and antenatal care.

Supportive Environment

The government embarked on an aggressive campaign to lower its maternal mortality ratio since the release of the 2007 LDHS. Maternal mortality and the contraceptive prevalence are addressed in the draft Operational Plan to Reduce Maternal and Neonatal Mortality which articulates five objectives:

1. To provide skilled attendants for all reproductive health services at all levels of the health care system;

2. To ensure the availability and accessibility of quality services to 70% of pregnant women and newborns;
3. To strengthen referral system to respond to obstetric and neonatal complications at all levels of the healthcare system;
4. To ensure availability/accessibility of quality family planning services to people of reproductive age; and
5. To advocate for safe Maternal and Newborn Care at all levels of health program planning and implementation.

A strategy for Adolescent Sexual and Reproductive Health Rights has been developed in partnership with nongovernmental organizations to establish “youth-friendly” centers around the country. At present family planning commodities are available free of charge and awareness campaigns are conducted through national media.

Development Priorities

As the healthcare system transitions from humanitarian relief to service delivery, sustained efforts towards improvement of maternal health must be maintained. Implementation of current operational strategies and plans addressing reproductive health and justice, which promote universal reproductive and primary care and improve access to quality reproductive healthcare, is key to achieving improved maternal health. Female education and advocacy for paternal roles in child rearing are essential complementary efforts.

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

- Target: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Target: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicators	2007 (Base)	2008	2009	2015 (Target)
HIV prevalence among adults (15-49) (%)	1.5	-	-	.75
HIV prevalence among pregnant women (15-24) (%)	-	-	4	8.2
Condom use as contraceptive prevalence rate (%)	25.2	-	-	50.4
Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)	23.5	-	-	70
Proportion of population with advanced HIV infection with access to antiretroviral drugs	17	-	-	62.1
Prevalence rates associated with malaria (incidents per 100,000)	-	-	-	-
Death rates associated with malaria (deaths per 100,000)	-	-	-	-
Prevalence rates associated with tuberculosis (incidents per 100,000)	-	282	-	141
Death rates associated with tuberculosis (deaths per 100,000)	62	-	-	31
Proportion of tuberculosis cases detected and cured under directly observed treatment short course (%)	71.3	-	80	90

Source: 2007 LDHS; 2007 World Development Indicators; 2008 TB Desk Review NLTCP; 2009 TB Desk Review NLTCP

Status at a glance: 2015 targets likely to be achieved.

To achieve targets, the Liberia must:

- Reduce HIV prevalence among adults (15-49) from 1.5% to .75% by 2015, with an average annual decrease of .15 percentage points;
- Maintain HIV prevalence among pregnant women (15-24) below 8.2;
- Increase condom use as contraceptive prevalence rate from 25.2% to 50.4% in 2015, with an average annual increase of 5.04 percentage points;
- Collect data on prevalence and death rates associated with malaria and report rates at or below Sub-Saharan Africa;
- Reduce prevalence rates associated with tuberculosis from 282 to 141 deaths per 100,000 by 2015, with an annual decrease of 28.2 per 100,000; and
- Reduce death rates associated with tuberculosis from 62 to 31 deaths per 100,000 by 2015, with an annual decrease of 6.2 per 100,000; and
- Increase proportion of tuberculosis cases detected and cured under directly observed treatment from 80% to 90% in 2015, with an average annual increase of 2 percentage points.

Status and Trends

HIV/AIDS has a severe impact on sub-Saharan Africa and its productivity. However, relatively low prevalence is found in the West Africa sub region. The 2007 LDHS provides the most recent data on HIV prevalence among the general population. Its results show an HIV rate of 1.5% among the general population aged 15-49, indicating a low-level, generalized epidemic. It also revealed significant differences between urban and rural settings, with the primary urban area, Monrovia, exhibiting rates of 2.5% - 2.9% and rural areas rates of 0.8%.

This urban-rural divide is further corroborated by results of facility-based studies of women attending antenatal care clinics in 2006 and 2007, which show rates of 7% or more in four out of 13 urban clinics. LDHS data further show higher HIV rates in the eastern and western border regions, which may be associated with trans-border mobility.

Condom use during first sexual contact is rare. Among sexually active people aged 15-24 years, only 6 % used condom during their first sexual intercourse. Among people with more than one partner in the last 12 months, 14% of women and 22% of men during their most recent sexual intercourse. Among women engaged in high-risk sex in the past 12 months, only 14% used a condom at the last higher-risk sex, compared to 26% of men.

Malaria is the leading cause, accounting for 35%, of out-patient morbidity in Liberia. Children under 5years and pregnant women remain most vulnerable to the disease. However malaria is a preventable disease with known interventions such as insecticide treated nets and anti-malarial drugs; and (b) a treatable disease with readily available and affordable (free) treatment. Assistance from international donor partners and coordination by the government has led to free anti-malarial drugs for pregnant women, and free malaria treatment for all. However, self-management of prevention, access, and timely clinical care are impediments to progress. By increasing outreach, awareness, availability and use of self-directed prevention methods, and examining environmental and epidemiological solutions, the government hopes to achieve a reversal in incidence of malaria.

Table 5: Halt by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicators	2010	2015
Incidence and death rates associated with malaria halved (in-patient deaths) (%)	33	16
Prevalence of malaria in children under five (%)	32	16
Proportion of children under 5 sleeping under insecticide treated bed nets (%)	27	80
Proportion of Children under 5 with fever who are treated with appropriate anti-malaria drugs (%)	30	80
Proportion of pregnant women who slept under insecticide treated bed nets the previous night (%)	33	80
Proportion of women who received two or more intermittent preventive therapy during the last pregnancy in the previous two years (%)	45	80
Prevalence rate associated with TB (incidents per 1000,000)	282	141
TB case detection rate (%)	64	70
Proportion of TB cases observed and treated with short course (%)	80	90

Sources: Health Facility Survey (2009), LMIS Report (2009), TB Desk Review NLTCP (2008), GFTAM Report MLCTP (2009).

Tuberculosis is a disease of major public health importance as HIV infection becomes a high risk factor for its progression. The National Leprosy and Tuberculosis Control Program (NLTCP) have developed policy, guidelines and standards for implementation of preventive and curative services for TB patients in Liberia. The NLTCP increased the number of health facilities providing leprosy and TB services by 34%, from 200 in 2008 to 268 in 2009. Programs provided microscopes to 25 health facilities for diagnosis and management of TB and leprosy. It also introduced community based treatment in 7 counties, using the community health volunteers to treat and monitor TB patients and commenced surveys to determine the burden of TB and a TB/HIV sero-surveillance surveys. The TB case detection for 2009 is 64%, compared to 61% in 2008 and 63% in 2007, which is still below the WHO standard of 70%. In 2009, the treatment success rate (total number of patients who completed TB treatment and cured) was 80% compared with 76% in 2008.

Supportive Environment

With the revitalization of the National AIDS Commission and the completion of the national strategy based on UNAIDS recommended principles, there will be improved coordination of national efforts. Furthermore, HIV/AIDS prevention and treatments are incorporated into the PRS with the BPHS steering implementation of program activities and the Global Fund for HIV/AIDS supporting effective mobilization.

The future direction of Liberia's national response to HIV/AIDS is informed by the review and analysis of epidemiological data on the HIV prevalence among population groups and geographic regions; economic and socio-cultural drivers of the epidemic and specific risk and vulnerability factors; lessons learned and best practices (i.e. successful interventions, gaps and challenges as reflected in the now completed NSF II).

Implementation of the National Strategic Framework (2010-2014) is essential in achieving the MDGs. Priorities have been categorized into the following five key areas:

1. Effective coordination and management of national response;
2. Strengthen HIV prevention in most vulnerable populations;
3. Broaden and improve coverage and quality of treatment, care and support for persons living with HIV/AIDS and their care givers;
4. Availability and use of evidence-based response; and
5. Reduce disease stigma and discrimination.

New national strategies addressing malaria and tuberculosis are developed and the priorities include expanding interventions and managing the emergence of multi-drug resistance.

Development Challenges

While progress is being made to expand access to HIV/AIDS, Malaria and TB services, to reduce the burden of these diseases, considerable challenges remain in expanding services such as:

- Low condom use;
- Low voluntary counseling and testing coverage due to gaps in awareness and service provision and the inability of providers to provide same-day results;
- Limited capacity for prevention of mother to child transmission;
- Weak health systems and severe shortage of skilled staff for expansion of anti-retroviral therapy and directly observed therapies;
- Low provision of appropriate sexual and gender-based violence services; and
- Overcrowding in cities and health facilities.

Development Priorities

The reversal of HIV/AIDS, tuberculosis, malaria and other major diseases is essential in economic and social development, which requires a productive and stable workforce. It is important that development includes health services that promote accurate and adequate awareness, prevention, treatment and management of these diseases, based on science and best-practice, without stigma and prejudices.

Goal 7: Ensure Environmental Sustainability

- Target: Integrate principles of sustainable development into country policies and programs and reverse loss of environmental resources
- Target: Halve by 2015, proportion of people without sustainable access to safe drinking water and sanitation

Indicators	2005	2007	2015 (Target)
Proportion of land covered by forest (%)	31	59	42.1
Proportion of people with sustainable access to improved water sources (%)	61	65	77.5
Proportion of people with access to improved sanitation (%)	27	10	69.5
Urban	49	21.3	

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

To achieve targets, Liberia must:

- Maintain the proportion of land covered by forest above 42.1%;
- Increase the proportion of people with sustainable access to improved water sources from 65% to 77.5% in 2015, with an average annual increase of 2.5 percentage points; and
- Increase the proportion of people with access to improved sanitation from 10% to 69.5% in 2015, with an average annual increase of 11.9 percentage points.

Status and Trends

Liberia holds 43% of the Upper Guinea Forest. The annual consumption of woody biomass is estimated at about 10.8 million metric tons³ for fire wood (CSET, 2004), and 36,500 tons for charcoal (NACUL, 2005). This has led to the current rate of deforestation at 0.6%, which has resulted in 42.7% of forest cover. The UN reports that the land area covered by forest remains constant at 15,785 square kilometers¹². Shifting cultivation, chain saw timber exploitation, poverty, population pressures, coastal erosion, monoculture plantation, poaching and hunting, and lack of land use planning are threatening forest resources. Experts predict that, without appropriate regulation and deterrents, achievement of 41.2% forest cover will be unattainable in 2015.

Supportive Environment

In May 2003, the Government of Liberia passed into law the National Environmental Policy, Environment Protection and Management Law and the Environmental Protection Agency (EPA) Act which form the bedrock for the coordination, integration and harmonization of programs and activities relating to environmental matters. The Environment Protection and Management Law also form the legal framework for sustainable development and environmental management, conservation and protection by the EPA – the principal authority for environmental programs and activities.

Securing public funding for safe drinking water and adequate sanitation continue to be a challenge. The government has modestly increased its budget to improve the situation, with a budget allocation of 0.2% (1 million USD) provided as a grant to the Liberia Water and Sewer Corporation in the last budget cycle. Donors have contributed of 50 million USD for the PRS water and sanitation budget, however that is only 35% of what is required. Funding for water and sanitation will not emanate from private investment. Therefore, information and advocacy on the importance of public investment, the detrimental externalities of inaction, and viable strategies for implementation is necessary.

Development challenges

Sustainable environmental policies and actions require coordination between and across agencies and policy makers and transparent enforcement of regulations. Land reforms and appropriate resource management are issues that must be addressed to meet sustainability goals. Education, awareness and ownership from the populace are essential in making reforms an intrinsic to current and future lifestyles.

Amelioration of water and sanitation structures is an important step in the socio-economic development of Liberia. At present, assessment, coordination, funding and implementation challenges have limited the ability of the government to make water and sanitation accessible and affordable for people and businesses. The interrelation of proper water and sanitation to other MDGs makes meeting this goal a government priority.

Development Priorities

Current priorities are to develop fully functional agricultural and environmental to reinforce policies, assist in reporting, and build awareness on issues such as forest degradation, waste management, and

¹² UN Report 2006

pollution. To usher in regional cooperation, engagement with ECOWAS to create desk offices for environmental statistics and emergencies is required. As the nation continues reconstruction, the sustainability of its environment should be managed in tandem with the sustainability of its cities and populations.

Priorities for water and sanitation are rooted in the National Integrated Water Resources Management Policy and the Water Supply and Sanitation Policy. The cornerstone of these policies is better coordination of water resources management responsibilities – with clear delineations of who does what, where and how. They look within for support while working closely with donors and non-governmental organizations to facilitate empowerment and self/community management. Other strategic objectives include:

- Basic services for all;
- Cost-sharing model and pro-poor processes;
- Sustainability through community ownership in rural areas and full-cost recovery in urban areas; and
- An integrated approach to maximize health benefits.

Goal 8: Develop a Global Partnership for Development

- Target: Deal comprehensively with debt problem through national and international measures in order to make debt sustainable in the long term
- Target: In cooperation with pharmaceutical companies, provide access to affordable essential drugs
- Target: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicators	2005	2006	2007	2008	2009
Public sector external debt outstanding (medium and long term) incl. arrears (\$billions)	3.66	4.53	4.54	3.16	1.72
Public sector external debt outstanding incl. arrears % of GDP	690	748	829.8	388.8	-
Public sector external debt outstanding incl. arrears of Exports	2402	2079	2094	-	-
External public debt services charges % of GDP	22.3	23.0	22.1	-	-
Aid per capita (current US\$)	-	-	-	101.2	-
Internet users (per 100 people)	-	-	-	15	-
Mobile cellular subscription (per 100 people)	-	-	-	19	32

Source: 2007 IMF Country Report, World Development Indicators database, April 2009; Central Bank of Liberia, December 2008 and June 2009.

Status and Trends

Debt Servicing

By the end of June 2007, Liberia's nominal debt stood at 4.7 billion USD. By the end of 2008, Liberia's total external debt as a percentage of GDP stood at 388.8%. This was an improvement over 2007 when it was 829.8%. Because Liberia was under the Heavily Indebted Poor Country Initiative, servicing external debt was not taking place in expectation of debt forgiveness once upon completion of HIPC point triggers. Therefore, debt service as a percentage of total export of goods and services is zero. As a result of strong partnership with multi-lateral partners, Liberia has reached the HIPC completion point which led to 4.6 billion USD debt relief in June 2010.

Aid

Liberia continues to make progress in sustaining donor support. Aid per capita increased from 23.8 USD in 2000 to 101.12 USD dollars in 2008 due to cooperation and constructive engagement of the government with the international community.

The Government of Liberia, development partners and civil society convened in Monrovia on the 15th and 16th of April 2010 to engage in a constructive dialogue focusing on the government's priorities and guiding principles for the mobilization, coordination and management of aid in Liberia. Over 200 participants, including government ministers and heads of office, leaders from the United Nations' system, heads of missions and representatives of bilateral and multilateral institutions, and civil society organizations attended Liberia's first High Level Summit on Aid Effectiveness.

As Liberia enters into a new phase of development through the completion of the Poverty Reduction Strategy in 2011 and the launching of a National Vision, the Liberian Government reaffirms the commitment to the five principles outlined in the Paris Declaration on Aid Effectiveness and the four principles outlined in the Accra Agenda for Action namely, ownership; alignment; harmonization and use of country systems; managing for results and mutual accountability. The Aid Policy has been drafted and is currently undergoing the validation process.

Essential Drugs

The National Drug Service (NDS) procures, stores and distributes generic pharmaceutical products to public and non-profit healthcare providers. It coordinates drug quality control systems and compiles and maintains the essential drug list. Although faced with capacity constraints, the NDS continues to work with international programs and donors to strengthen its policies, procedures and results. At present, the essential drug list, last updated in 2007, does not meet the physiological and psycho-social health needs of Liberians. Communication and distributions systems and quality controls need improvements.

The national Basic Package of Healthcare Services (BPHS) guides the provisions of healthcare service delivery and promotes decentralization of resources. As the NDS updates the drug list and other processes, it should include ideas from the point of care and improve access to be in accordance with BPHS.

According to the World Health Organization, the NDS is well structured and capable. However, it must be properly empowered and equipped to provide timely and effective products and, through inclusive consultations, advocate for the health needs of Liberians.

Telecommunications

The Liberia Telecommunication Authority survey conducted in 2009 states the number of persons per 100 people having access to telephone lines increased from zero in 2008 to seven in 2009. This was due largely the re-entry of Libtelco, a government telecommunications company, into the market. Additionally, mobile cellular phones users continued to increase, from 19 per 100 people in 2008 to 32 per 100 people in 2009. Internet usage 15 per 100 people in 2008, is also expected to increase with the entry of Libtelco into the internet market in 2009.

Supportive Environment

Liberia continues to show progress in good governance. While there are no quantifiable indicators under the targets for MDG 8, qualitative measures and international best practices and standards show Liberia has made enormous progress in the area international engagement when addressing its needs as a post-conflict, least developed country.

Development Challenges

Expected development challenges include sustained progress in governance, security and rule of law, appropriate concession management, and continued public-private partnerships to catalyze the Liberian economy. In the medium term, the government will seek private investment in key productive and economic sectors while looking towards national and donor funds for supporting infrastructure projects.

The ability to inform, persuade and manage investments and expectations will be paramount. In addition, country systems will be essential in maintaining gain good will and trust in projects and investments. These, coupled with perceptions of instability in the Mano River Union countries and security concerns surrounding UN military mission in Liberia's transition will make attracting and sustaining development resources a challenge. However, due to the nation's focus on governance, security and the rule of law, the foundation has been set to develop strong institutions that can address these concerns.

Development Priorities

Liberia has excelled in the area of international cooperation due to constructive engagement with its development partners. It has received significant resources to finance its development priorities. However, as the country moves into a post-HIPC environment, special attention should be given to the following:

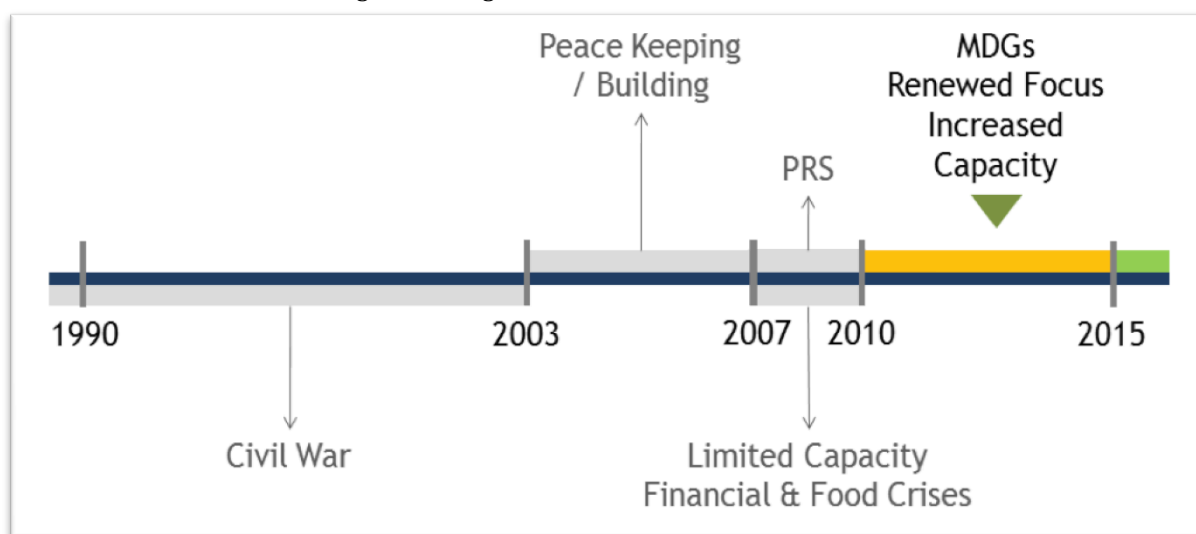
- Cost and stigma of debt-funded development and related public/private alternatives; and
- Strategic engagement with the international donor community to address funding gaps in the social and human development agenda.

SUMMARY AND CONCLUSIONS

Accelerating Progress Towards 2015

Millennium Development Goals are universally accepted standards to promote sustainable socioeconomic development and international partnerships. During most of the MDG implementation period, Liberia encountered obstacles to its achievements. These include a civil war and subsequent breakdown of social and public infrastructure, financial and food crisis with decreased profits from exported commodities and increased (imported) food prices, limited human and resource capacities, and the conflicting focus of peace keeping and building, poverty reduction strategy, and solidifying governance, security and rule of law.

Figure 3: Progress towards MDG: 1990 - 2015



Although the Poverty Reduction Strategy is based on the MDGs, alignment of targets and reporting is secondary, which leads to insufficient data collection and reporting. Although the PRS is focused on rapid, tangible outputs, its results form a basis for understanding country status and mobilizing domestic and international support. Post-PRS development policies will be directly aligned – in targets and reporting – to the MDGs. This concerted effort to increase resource and human capacity and focus to the MDGs should accelerate achievement.

Priorities of Priorities

Based on current data, many MDGs are unlikely to be achieved. To ensure relevant development progress, the government of Liberia will give high priority and direct funds and budgets to make substantial gains on the following goals.

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases

Essential to achieving these goals are increasing investment, access and efficiency of services. Improvements to infrastructures that accelerate MDGs, human and capital resources procurement and allocation to strengthen public and prove institutions, and education of the population – empowering them as information seekers and managers of their development – will be paramount. To accomplish this, fundamental economic and governance strategies may be pursued (Table 6). Proposed policies include a Public Sector Investment Program that targets infrastructure, economic investments, social services and capacity building.

Table 6: Economic and Governance Strategies

Economic	Governance
Endogenous growth catalyzed by investment in productive sectors <ul style="list-style-type: none"> ▫ Labor intensive productive sectors, import substitution ▫ Improved environment for SMEs ▫ Economic policy supporting domestic industry 	Consistent focus on MDGs with effective monitoring <ul style="list-style-type: none"> ▫ Quality of life via economic indicators ▫ Ensure inclusion in political and socio-economic development
Mobilize funds for infrastructure and human development <ul style="list-style-type: none"> ▫ GOL, Private, Donors ▫ Strategic use of aid ▫ New debt management strategy 	Security & rule of law, control corruption, ensure quality, transparent services <ul style="list-style-type: none"> ▫ Ensure quality transparent services ▫ Public financial reforms

Overcoming Challenges in Monitoring MDGs

Liberia can execute adequate data collection and analysis of its MDG goals. However, data analysis and subsequent reports are only as reliable as the data collected. Investment in current capacity and exposure to best practices in data collection is needed. Strategies and tools must be reflective of the environment, stakeholders and implementers. There is a renewed focus on strengthening the National System for Data and Statistics. Liberia will look to the experiential knowledge of its partners to advance this process.

At present, much of MDG data collection is an “add on” to other data mandates of sectors and line ministries. In the future, MDGs and subsequent monitoring and evaluation will be part of development agendas and actions. Goals will be assigned to specific line ministries, current data collection tools will be assessment and, if required, augmented, to gather data points, and data collection will be timely, relevant to the request of donors, multi-lateral organizations and the Liberian public.

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