

# Liberia

Liberia lost most of its health workforce and health infrastructure during a devastating 15-year civil war. Ranking near the bottom of the Human Development Index, the country is in the midst of rebuilding itself. Half of the young and fast growing population is poor and can afford neither education nor health care. The maternal mortality ratio is one of the highest in the world, and has decreased by only 10% since 1990. Steps have been taken to improve maternal health and the government has established ambitious targets. Positive developments include scaling up midwifery education and establishing career paths and incentives to retain midwives. However, without a clear strategy to reduce maternal mortality and additional external support, it is unlikely that the MDG 5 target can be attained. Currently, most of the functioning health facilities operate exclusively with the support of NGOs or faith-based organizations.

## ▶ COUNTRY INDICATORS\*

Total population (000); % urban	4,102; 48
Adolescent population (15-19 yrs) (000); % of total	437; 11
Number of women of reproductive age (age 15-49) (000); % of total	975; 24
Total fertility rate (children per woman)	5.9
Crude birth rate (per 1,000 population)	38
Births per year (000)	143
% of all births registered	–
Number of maternal deaths	1,400
Neonatal mortality rate (per 1,000 live births)	37
Stillbirth rate (per 1,000 births)	27
Number of pregnant women tested for HIV	32,659
Midwives are authorized to administer a core set of life-saving interventions	Yes
Density of midwives, nurses and doctors per 1,000 population	0.3
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	261
Gross secondary school enrolment (male; female) %	36; 27
Literacy rate (age 15 and over) (male; female) %	63; 53

## ▶ MDG INDICATORS

Maternal mortality ratio (per 100,000 live births)	990
Proportion of births attended by skilled health personnel (%)	46
Contraceptive prevalence rate (modern methods) (%)	11
Adolescent birth rate (births per 1,000 women age 15-19)	177
Antenatal care coverage (at least one visit; at least four visits) (%)	79; 66
Unmet need for family planning (%)	36
Under-5 mortality rate (per 1,000 live births)	119

## ▶ MIDWIFERY WORKFORCE<sup>1</sup>

Midwives (including nurse-midwives) <sup>2</sup>	412
Other health professionals with some midwifery competencies <sup>3</sup>	193
General practitioners with some midwifery competencies	90
Obstetricians	3
Community health workers with some midwifery training	50
A live registry of licensed midwives exists	No

## ▶ MIDWIFERY EDUCATION

Midwifery education programmes (direct entry; combined; sequential)	Yes; No; Yes
Number of midwifery education institutions (total); number of private	5; 0
Duration of midwifery education programmes (in months)	18 to 24
Number of student admissions (first year)	219
Student admissions per total available student places (%)	>100
Number of students enrolled in all years (2009)	–
Number of graduates (2009)	–
Midwifery education programmes are accredited	Yes

## ▶ REGULATION

Legislation exists recognizing midwifery as an autonomous profession	No
Midwives hold a protected title	No
A recognized definition of a professional midwife exists	Yes
A government body regulates midwifery practice	Yes
A licence is required to practise midwifery	Yes
Midwives are authorized to prescribe life-saving medications	Yes



### MIDWIFERY BAROMETER

Midwives per 1,000 live births	3	●
Birth complications per day; rural	72; 38	●
Lifetime risk of maternal death	1 in 20	●
Intrapartum stillbirth rate (per 1,000 births)	13	●
Neonatal mortality as % of under-5 mortality	33	●

#### PROFESSIONAL ASSOCIATIONS

A midwives association exists	Yes
Number of midwifery professionals represented by an association	4,000
Association(s) affiliated with ICM; ICN	Yes; Yes

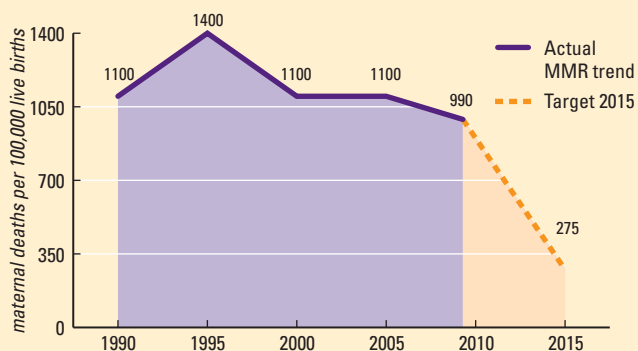
#### POLICIES

A national maternal and newborn health plan exists that includes the midwifery workforce	-
The plan is costed	Yes
The national health workforce plan specifically addresses midwifery	No
Compulsory notification of maternal deaths	Yes
Systematic maternal death audits and reviews	No
Confidential enquiry for maternal deaths	No
Compulsory registration of all births	Yes
All maternal and newborn health services are free (public sector)	Partial

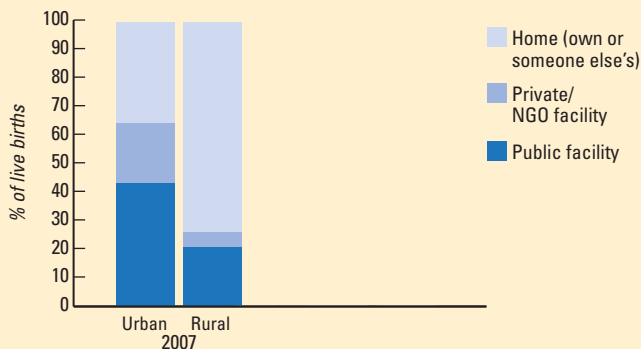
#### SERVICES

Number of facilities providing essential childbirth care	-
Number of Basic Emergency Obstetric and Newborn Care (EmONC) facilities	45
Number of Comprehensive EmONC facilities	11
Facilities per 1,000 births	-

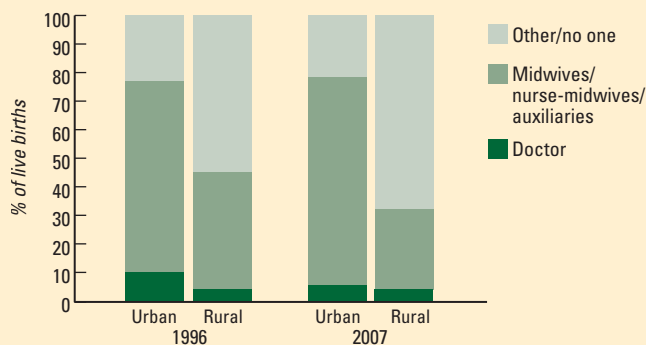
### Trends in maternal mortality: 1990–2015



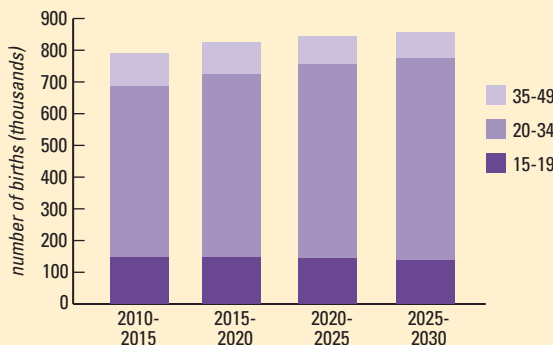
### Where women give birth: urban vs. rural



### Who attends births: urban vs. rural



### Projected number of births, by age of mother



**Explanatory notes:** \*Annex 2 provides a complete list of source data. All data sources are from 2008 unless otherwise stated. Where country respondents stated that data were not available, the term 'Unavailable' is used. In all other instances, '-' is used to denote a nil response or data that requires further verification. 1. 2008 estimates based on country data returns and the WHO Global Atlas of the Health Workforce. 2. Includes midwives, nurse-midwives and nurses with midwifery competencies. These figures do not necessarily reflect the number of practising midwives or the ICM definition of a midwife. 3. Auxiliary midwives and auxiliary nurse-midwives.