Child survival in post-conflict situations: Liberia’s challenges and triumphs

by Ellen Johnson-Sirleaf, President of Liberia

According to the Women’s Commission for Refugee Women and Children, based in New York, a society’s treatment of children is a reflection of its worth. In the case of post-conflict Liberia, the country’s fate is inextricably tied to the fate of its most vulnerable population. The survival of children in Liberia is a fundamental underpinning of our development agenda because it shapes how we progress as a nation.

The impact of conflict on the survival of Liberia’s children is stark: At 235 deaths per 1,000 live births, Liberia’s under-five mortality rate is the fifth highest in the world, its infant mortality is the third highest and maternal mortality the twenty-first highest. Maternal mortality trends are an important benchmark for achieving Millennium Development Goal 4 and other health-related MDG targets for children because maternal health bolsters child survival – and without a sound policy on women’s development and empowerment, children in any post-conflict situation will ultimately be neglected reminders of a nation’s failures.

It is disconcerting that, despite all the improvements in modern medicine, children under five in Liberia still perish because of malaria (18 per cent of total deaths), diarrhoea and vaccine-preventable diseases, such as measles, neonatal tetanus, diphtheria, whooping cough and acute respiratory infections. Underlying these conditions are chronic malnutrition and vitamin and mineral deficiencies, which are common in children under five. Fifty-one per cent of malnutrition and vitamin and mineral deficiencies, which are common in children under five. Fifty-one per cent of

Access to basic health care is improving, but coverage and distribution remain inadequate, especially in the rural areas. The task of achieving universal access is enormous, owing to such devastating effects of armed conflict as the destruction of health infrastructure, low availability of trained health workers and low public sector resources for health. The Government of Liberia is making strenuous efforts to significantly reduce child morbidity and mortality by 2011. A national health policy and plan of action leading to universal access have been developed and are being implemented, while a national strategy and plan to accelerate child survival has been developed. A strategy and plan of action to bring child mortality rates in the poorest 80 per cent of the population up to par with those of the richest 20 per cent – would have a dramatic effect on the under-five mortality rate for a country as a whole.

Worldwide, about 40 per cent of under-five deaths could be prevented in this way.

Children are also excluded from health services by discrimination, geographic isolation, low levels of parental education, AIDS at epidemic levels and complex emergencies, such as armed conflict and natural disasters. Many children are affected by these circumstances simultaneously, which further decreases the likelihood that life-saving interventions will reach them. Successful approaches used to tackle these inequities include programmes that bring health interventions to those who are hardest to reach. Subsidizing health care for the poor and directing social marketing to those who have been excluded are other options. Perhaps most crucial is ensuring that equity is a priority in the design of child survival interventions and delivery strategies. Doing so will require a thorough knowledge of the situation through the collection of survey data, which can also be used for education and advocacy. Regular monitoring must be insti-

Rising to the challenge of providing a continuum of care for mothers, newborns and children

These are the types of challenges that health-care providers face in reaching children currently excluded from essential services. The main challenge to child survival no longer lies in determining the precise causes of or solutions to child mortality but in ensuring that the services and education required for these solutions reach the most marginalized countries and communities. As the rest of this report will show, many countries, including some of the poorest in the world, have made significant strides in reaching large numbers of children and families with essential services. Effective scale-up, however, requires that we learn from the lessons of recent decades – with a particular emphasis on strengthening integrated approaches to child health at the community level.


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Safe water, essential for survival, had been available in the large population centres, including Monrovia, Liberia’s capital, prior to the conflict, but most of the piped systems were destroyed. Currently, other than Monrovia, where the piped water system is being gradually rehabilitated, urban centres are without access to pipe-borne water. Children cannot survive, much less thrive, without safe, potable drinking water, which stands at a low 32 per cent currently in Liberia.

Health and education are the pillars of any sound child survival strategy. The two are opposite sides of the same coin and must be tackled simultaneously in Liberia to ensure MDG 4. Illiteracy is high in the population, estimated at 68 per cent (male 55 per cent and female 81 per cent); literacy and education, especially of girls, are closely associated with improved child survival rates. The 2006 Girls’ Education Policy aims to provide education to all girls. In order to ensure child survival, girl children also need to be protected. The conflict left many young girls pregnant or already mothers. Special efforts are needed to protect adolescent girls from sexual exploitation and abuse, from pregnancy and AIDS, both to ensure they enjoy their own rights to survival and to guarantee the rights of their children.

There needs to be renewed momentum around the issue of child survival, and Liberia is leading that clarion call. We want to ensure that our children move beyond survival and into a phase of development that enables them to thrive and transform into productive citizens.

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