

## International development

# Primary needs for better health

### Maternal mortality is rising in Liberia despite six years of peace

Annie Kelly

By the time Beatrice Kollie reached the John F Kennedy memorial hospital in Monrovia, Liberia, there was little that doctors could do aside from watch her bleed to death. They saved her baby boy, only to watch him return, malaria-ridden and malnourished a month later, after relatives said they couldn't afford to care for him.

"Here we have trained doctors who can take care of pretty much any gynaecological programme we are faced with," said Dr Wilhemina Jallah, the hospital's acting head of obstetrics and gynaecology. "The only problem is we have too many patients to take care of and most of the women reach us far too late."

Liberia's sharply rising maternal mortality figures are a sign of this small west African state's struggle to raise itself from the ashes of its 14-year civil war.

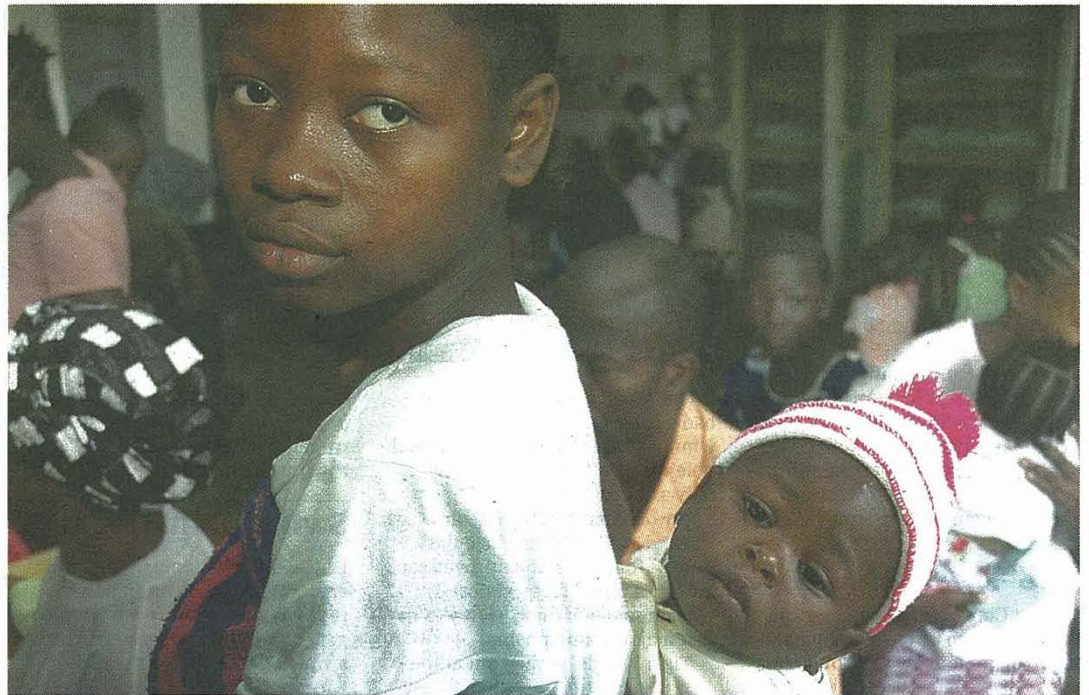
Despite six years of peace, infrastructure remains destroyed, roads are shattered and people are still left without access to clean water, sanitation or basic health services. Informal employment hovers around 85% and 76% of the population lives on less than \$1 a day.

The brutality of the long conflict has also left people deeply traumatised. More than 250,000 were killed and millions displaced during factional fighting from 1989-2003, which exposed civilians to atrocities at the hands of both government forces and differing rebel groups.

"Firstly many women were raped or injured during the war and then received no proper treatment, which can have very bad knock-on health effects when they become pregnant," says Jallah. "Hypertension and pre-eclampsia are the main causes of maternal health problems. Maybe if we saw them before the pregnancy we would be able to do something to help them reduce their trauma levels, but then on top of this you have all the problems ordinary people are facing such as no food, no shelter, no money, and this is all part of why so many women are still dying."

Health workers at the hospital say the solution is to find more doctors, more midwives and more health centres, and to increase the capacity of Liberia's decimated healthcare system.

According to official figures, there



Desperate for access to better healthcare ... a clinic at JFK memorial hospital in Monrovia Sando Moore

ria's 3.5 million people, less than half the number than before the war. Doctors at JFK memorial hospital say they need double that to begin to be able to handle the burden.

A report by medical NGO Merlin found that 75% of the women who die in childbirth could be saved with access to a midwife or emergency obstetric care.

International aid has poured into Liberia since the end of the war, but Merlin argues that the way this aid is directed must be reconsidered. Liberia, for example, received a \$27m grant in 2006 from the Global Fund for Aids, TB and Malaria that has never been spent because the country lacked the health workers and infrastructure to roll out large-scale Global Fund health programmes.

Merlin says if the money had been

channelled into strengthening Liberia's health system, the country could have invested some of that money in funding 1,200 midwives, who could have saved hundreds of women's lives.

The report calls on international governments to invest about \$4bn in health systems to try and help countries like Liberia achieve the Millennium Development Goal of reducing maternal mortality by 75%.

Despite a grim picture, the extraordinary gains Liberia has made since fragile peace was declared in 2003 are testament to the potential the country has to climb out of poverty.

President Ellen Johnson-Sirleaf, who came to power in 2006 as Africa's first elected female head of state, has been widely credited for the steps she is taking to rebuild Liberia's economy

and heal the rifts caused by political corruption.

Last year, Johnson-Sirleaf said that after the war, the country didn't have the skills for the effective implementation of a poverty-reduction strategy.

"It isn't enough just to ask for money to build new clinics, we realised that we need to co-ordinate national efforts to build skills, training and education with strong partnerships with international implementation agencies and that governance will be key to our long-term recovery," she said. "All of this will take time, but we're already seeing the progress that fighting corruption and building firm monitoring systems can have and I believe that this will have a direct impact on our ability to strengthen healthcare systems and rebuild our economy."

Gains have been made. Enrolment in primary education has jumped from 44% to 80% since 2006, with girls making up the majority of new attendees. Access to safe drinking water has jumped by 25% and sanitation by 15%. Infant mortality is also falling.

Jallah has noticed improvements, such as a more regular drug supply and better training for health staff. "What we need to do now is to make sure we get to women more quickly," she says. "These women, mostly young women, are desperate and if we can't get them to us more quickly they will

### "The best thing is seeing a baby you helped deliver survive"

"There are only 35 midwives in the hospital and every day is a struggle. The most difficult days in this job are when you lose both the mother and the baby, mostly when mothers have come to the hospital much too late. Many are suffering from malaria, which is particularly dangerous for expectant mothers.

"Every day we treat women who have undergone awful injuries or have been raped. Some of the

girls have been kept as wives by the soldiers and so were subjected to terrible acts when they were very young.

"We get a lot of premature births. Sometimes the babies are no bigger than your hand, but some live regardless and that is the best thing, seeing a baby you have helped deliver survive." **Lucy Wonder Barh**  
Read the complete account of her experiences as a midwife at: <http://bit.ly/GWLiberia>

