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General data

POPULATION, 2023
5,418,377

PHYSICIANS/1000 INH, 2020–2022
0.18

NURSES/1000 INH, 2020–2022
0.79

LIFE EXPECTANCY, 2022
62.47

Socioeconomic data

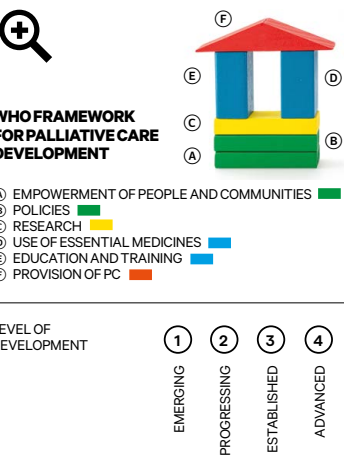
COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
177

GDP PER CAPITA (US\$), 2023
771.89

HEALTH EXPENDITURE, 2021
112.28

UNIVERSAL HEALTH COVERAGE, 2021
45



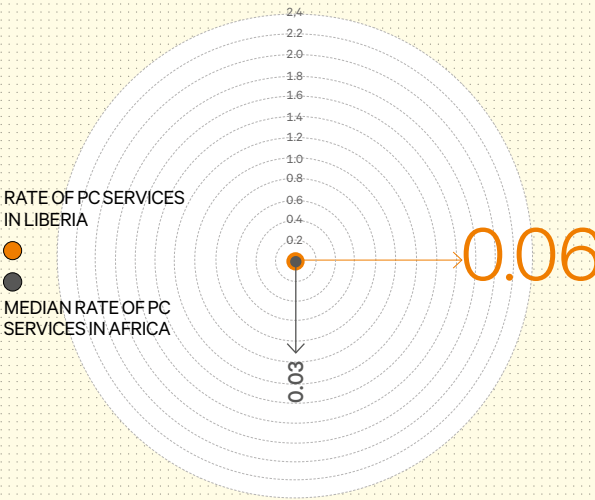
Liberia

F Provision of PC (Specialised Services)

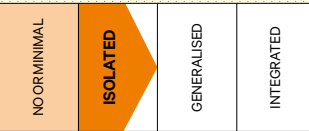
Total number of Specialised PC services
3

Rate of PC services per 100,000 inhabitants
0.06

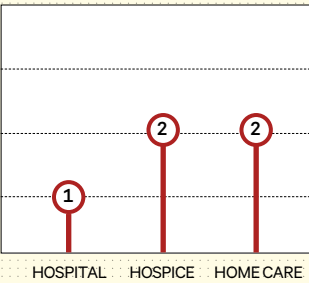
Liberia in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
0

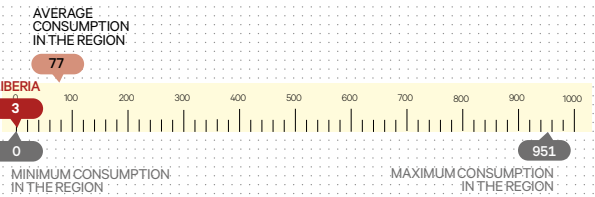
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Liberia

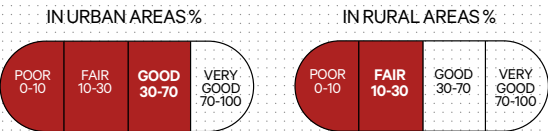
D Use of essential medicines

Opiods consumption (excluding methadone)
3
S-DDD/MILL INHABITANTS/DAY

Liberia in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles

2

Existence of PC congresses or scientific meetings

1



National Association: No
Consultants: Literature Review.

Data collected: May 2025.
Date validated by consultants: N/A
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching
0/1

Nursing schools with mandatory PC teaching
NA/19

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
2

Inclusion of PC in the basic health package at the primary care level
1

A Empowerment of people and communities





Groups promoting the rights of PC patients
3

Advanced care planning-related policies
1

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.	In Liberia, various organisations are actively engaged in promoting the rights of people in need of palliative care, particularly older persons. The National Old Folks of Liberia (NOFOL), a nationally registered NGO with consultative status at the UN ECOSOC, advocates for the dignity, rights, and social protection of older adults, many of whom live with chronic or life-limiting conditions. NOFOL has led efforts to pass national legislation for an Elderly Commission and supports caregivers and community education initiatives, indirectly contributing to palliative care awareness. Additionally, service-oriented entities such as the Home of Dignity Health Centre and Partners In Health Liberia provide nurse-led palliative care and engage in advocacy for pain management and reduced stigma. Collectively, these actors demonstrate a growing and coordinated presence of patient-centred advocacy and support across both governmental and community platforms.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	There is currently no national policy or clinical guideline addressing advance care planning (ACP), surrogate decision-making, or advance directives in Liberia. Some community-based initiatives, such as those led by Home of Dignity and Partners In Health, have integrated informal ACP discussions with patients and families within their holistic care models. But these practices remain localised and unsystematised. Broader uptake of ACP remains constrained by limited health system capacity and prevailing cultural taboos surrounding death and dying. While there is emerging awareness of the importance of ACP in clinical settings, Liberia lacks the formal governance structures to ensure that patient wishes are documented and respected across care levels.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	As a member of the Economic Community of West African States (ECOWAS), Liberia is signatory to the 2020–2024 Regional Strategic Plan for Healthy Ageing, which urges countries to establish legal and programmatic frameworks for palliative care. However, Liberia does not currently have a dedicated national policy, programme or legislation for palliative care. References to palliative care appear in national documents such as the National Health Strategic Plan (2019–2023) and, more notably, in the National Cancer Policy (2018–2022), which includes a dedicated section calling for the integration of palliative care and pain management at all levels of the health system. The policy also outlines the development of national guidelines and training for health professionals. Despite this progress, the section lacks implementation indicators, budget allocation, or a monitoring framework. As such, while policy-level recognition exists, national palliative care development remains limited and unstructured.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Not at all.	Palliative care is not currently included in Liberia's essential package of health services at the primary care level. The National Health Strategic Plan (2019–2023) outlines broad goals for universal health coverage, yet it does not explicitly mention palliative care as part of the priority services for delivery in primary care settings. Liberia's existing legal framework, including the Public Health Law (Title 33, revised in 1976) and the 2016 Act establishing the National Public Health Institute, does not recognize palliative care as a formal component of the national health system. A Revised Public Health Bill, submitted to the Legislature in 2020, is currently stalled in the Senate and its full content remains unavailable for verification of palliative care provisions. As such, there is no legal or policy basis ensuring palliative government care is delivered as part of mandated primary healthcare, and its integration into national health policy remains in an emerging state.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 The authority for palliative care is defined but only at political level without coordinating entity defined.  Does not have concrete functions or resources (budget, staff, etc.).	Liberia does not have a formalized department for palliative care within its Ministry of Health, but a national focal person has been identified. Florence Yahnqusee Kiatamba currently serves as the national coordinator for cancer and palliative care and has been involved in training initiatives and planning efforts related to oncology services, including pain management and referral systems. Her role reflects a political and technical acknowledgment of palliative care within the ministry's structure. However, there is no defined palliative care unit, budget, or dedicated team responsible for its implementation and monitoring. Palliative care remains embedded within broader cancer and non-communicable disease agendas, with no independent operational plan or institutional authority. As a result, while there is a focal person present, the broader structural and resource components required for robust governance are still lacking, and palliative care development remains in a progressing but fragmented stage.

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<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national congresses or scientific meetings related to palliative care.</div>	
<div>Ind7</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div></div><div>2</div><div></div><div></div></div> <div>Reflects a limited number of articles published.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified six peer-reviewed articles on palliative care in Liberia that met the inclusion criteria for this indicator.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>	<div><div></div><div></div><div></div><div></div></div>	<div><div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div><div><div><div></div><div>3</div></div><div>S-DDD PER MILLION INHAB /DAY</div></div><div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>LIBERIA</div><div>3</div><div>0</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>951</div></div></div></div>

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Liberia

<div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div> <div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div><div></div><div></div><div>3</div><div></div></div><div>Good: Between 30% to 70%</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Fair: Between 10% to 30%.</div></div>	<div><div>Liberia's 2023 Essential Medicines List includes a wide range of WHO-recommended medicines for pain and palliative care.</div><div>At the primary care level, non-opioid analgesics such as paracetamol and ibuprofen, as well as adjuvants like amitriptyline, dexamethasone, haloperidol, diazepam, metoclopramide, and loperamide are available. However, opioids like codeine are limited to secondary and tertiary levels, and medicines such as midazolam, ondansetron, and lactulose are generally unavailable in primary care settings. Availability is estimated to be good (30–70%) in urban areas and fair (10–30%) in rural areas, reflecting disparities in supply and prescribing capacity. This distribution mirrors Liberia's current essential medicines policy, which allows some palliative care medicines at the primary level, while others remain restricted to higher levels of the health system.</div></div>
<div>Ind10</div> <div>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div> <div>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div><div>1</div><div></div><div></div><div></div></div><div>Poor: Between 0% to 10%.</div></div> <div><div><div>1</div><div></div><div></div><div></div></div><div>Poor: Between 0% to 10%.</div></div>	<div>Immediate-release oral morphine, whether in liquid or tablet form, is not available at the primary care level in Liberia. Although the medicine is included in the 2023 National Essential Medicines List, it is restricted to higher-tier facilities—meaning secondary and tertiary hospitals—and does not appear on the formulary for primary care as clinics or health centers. This limitation is reflected in consumption data, which indicates near-zero usage nationally. Studies analyzing opioid consumption across Africa confirm Liberia's morphine use remains among the lowest on the continent. Structural barriers, such as restrictive prescribing regulations, insufficient training of healthcare workers, and fragile supply chains, further hinder access. As a result, immediate-release oral morphine is effectively absent from urban and rural primary healthcare services.</div>

AF Liberia

Ind11	11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	0/1	 <p>Palliative care is not part of the formal curriculum at the A.M. Dogliotti College of Medicine at the University of Liberia, and there is no evidence of either compulsory or optional instruction in this subject at the undergraduate medical level. In contrast, the 2019 Pre-Licensure Registered Nurse Curriculum, approved by the Liberian Board for Nursing and Midwifery, includes a dedicated unit on palliative and end-of-life care within the Fundamentals of Nursing II course. The syllabus covers symptom management, communication, psychosocial support, and legal aspects of care. A qualitative study published in 2022 also reported that palliative care content was integrated into the nursing curricula of the University of Liberia and the United Methodist University following educator training initiatives. However, it remains unclear whether this content is delivered as compulsory, optional, or consistently implemented across institutions.</p>
	11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/1	
	11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	NA/19	
	11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	NA/19	
Ind12	Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	 <p>There is no process on specialization for palliative care physicians.</p>	<p>There is currently no official process for specialization in palliative medicine for physicians in Liberia. Neither the Ministry of Health nor the national regulatory bodies for medical education and licensing have established a recognized certification pathway, subspecialty designation, or advanced diploma in palliative care for doctors. Medical training in the country does not include palliative care as a formal discipline beyond general exposure to pain management or end-of-life topics, and there are no accredited postgraduate programs or fellowships in this field. While some physicians may participate in isolated workshops or international short courses, recent assessments and mapping studies confirm the absence of structured opportunities for physicians to obtain advanced, countrywide-recognized credentials in palliative medicine.</p>

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Ind13	13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	 <p>Isolated provision: Exists but only in some geographic areas.</p>	<p>Specialized palliative care services in Liberia remain limited and geographically concentrated. The most established is the Home of Dignity Health Centre, which offers both inpatient hospice and home-based care in a rural district outside Monrovia. In Maryland County, a nurse-led community palliative care program supported by Partners In Health Liberia has been operating since 2017. In collaboration with the Ministry of Health, PIH established a nurse-led, community-based palliative care team as a clinical expansion of services at JJ Dossan Memorial Hospital.</p>
	13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	 <p>Not at all.</p>	
	13.3. Free-standing HOSPICES (including hospices with inpatient beds).	 <p>Ad hoc/ in some parts of the country.</p>	
	13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	 <p>Ad hoc/ in some parts of the country.</p>	
	13.5. Total number of specialised PC services or teams in the country.		
Ind14	14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	 <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p>	<p>To our knowledge, no evidence indicates the existence of specialized pediatric palliative care services in Liberia.</p>
	14.2. Number of pediatric specialised PC services or teams in the country.	 <p>PPC TEAMS</p>	

RATE OF SPECIALISED PC SERVICES/100,000 INH

Category	Rate
MINIMUM RATE IN THE REGION	0.03
LIBERIA	0.06
MAXIMUM RATE IN THE REGION	1.68

3 ← SPECIALISED PALLIATIVE CARE SERVICES