RAPID ASSESSMENT
of Covid-19 Impact and Roadmap for Recovery in Liberia
October 2020
Foreword

Liberia, like the rest of the world, is going through unprecedented pandemic in modern history. The Coronavirus (COVID-19) affects every aspect of society, in developed and developing countries with rising infection and death tolls. The economic, health, social and cultural implications of this global pandemic demand a rapid response even as doctors and scientists work toward developing a vaccine.

This report, “Rapid Assessment of COVID-19 Impact and Roadmap for Recovery in Liberia” provides a rapid assessment of the socio-economic challenges the country faces as a result of the pandemic. It draws from recent past experiences, including the Ebola Virus Disease of 2014-2016, which disrupted the gains made in the economy, exposed the fragility of the country’s health system and the immortal grief suffered by thousands of families due to the loss of their loved ones.

This report highlights the importance of public health and public policy in addressing the country’s basic needs at large. COVID-19 came when the new administration of President George M. Weah was in the middle of addressing some of the social and economic challenges; including the economic and social impacts of the Ebola Virus Disease of 2014, the negative economic implications of the UNMIL departure in 2018, the falling prices of Liberia’s primary commodities -iron ore, rubber, oil palm, gold and diamond—in the global market. This is exacerbated by the rising rate of inflation, increase in prices of basic commodities, depreciation of the Liberian dollar, which affect the provision of basic social services including the strengthening of the health and education systems.

The consolidated efforts from the government and international partners to improve and stabilize the overall health of the Liberian economy have been affected as a result of the pandemic. Revenue generated through a transparent and enhanced domestic revenue mobilization mechanism is being redirected towards addressing the pandemic’s unpredictable impacts. Growth in the private sector remains stagnant as the importation of goods to service the economy remains slow. The informal sector, which is predominantly owned and operated by urban and rural poor, continues to decline as a result of reduced domestic production mainly from the agriculture sector and the slow pace of international transportation of goods. The trickle-down effects have a wide range of negative impacts not only on poverty rate and human development index (HDI), but also on the implementation of the country’s Medium-Term Development Agenda, the Pro-poor Agenda for Prosperity and Development (PAPD).

This report presents the previous, current and ongoing socio-economic situation of the country as a result of the Coronavirus, and also outlines a roadmap for addressing some of the challenges as possible outlets for economic recovery in the years ahead. The report will help in the review of the key assumption of the PAPD, including considerations for restructuring, reallocating and re-engineering its priorities to create a state of social cohesion and a practical sense of macroeconomic stability during and after the epidemic.

While our government is concerned about the immediate impact of the pandemic and positioning itself for recovery, we aiming to build back better, leaving no one behind, beyond recovery. This report is therefore critical for informing that recovery planning process, and the recalibration of the PAPD. I thank Hon. Deputy Minister Augustus Flomo and his team for so ably representing us at the MFDP in the production of this report.

Let me use this occasion, and on behalf of the President of the Republic of Liberia, H.E. Dr. George Manneh Weah and the people of Liberia, express our profound gratitude to the United Nations and our Development Partners for this report. The support of the UN and our Development Partners towards implementation of Liberia’s Pro-poor Agenda for Prosperity and Development (PAPD) remains outstanding. It is my hope that this report will contribute to understanding the impact of COVID-19 on Liberia that will inform country’s pathway to economic recovery and growth toward achievement of the Sustainable Development Goals (SDGs) in Liberia.

Samuel D. Tweah Jr.
Minister of Finance and Development Planning
Republic of Liberia
Preface

This report presents the Rapid Assessment of the Socio-economic impact of COVID-19 and the Roadmap for Recovery in Liberia. It has been produced by the United Nations Country Team (UNCT) in Liberia, in collaboration with the Ministry of Finance and Development Planning (MFDP), and Development Partners. Through this exercise, the United Nations (UN), Government and Partners have sought to determine the impact of the pandemic on the Liberian society and its economy as well as on the vulnerable groups in the country.

Generally, the Assessment has revealed the aggravating socioeconomic shocks that are negatively impacting human development, people’s livelihoods, social protection, governance, gender and human rights as well as other basic social services in Liberia. Though not exhaustive, the Assessment highlights the worsening of human well-being in the country, as COVID-19 is expected to drive up to 180,000 people, mostly female, into poverty by the end of 2020. In the absence of social safety nets, this number may further increase over the next couple of years. Inflation is also forecasted to remain at high levels (between 18.5% -21.3%). The deteriorating purchasing power of Liberian households may also continue to weaken if the decreasing economic growth does not recover.

The report thus provides an enhanced understanding of the possible consequences and challenges which, if not steadily and comprehensively addressed, would compromise the economic recovery and the sustainability of Liberia’s development process as embodied in the country’s Pro-Poor Agenda for Prosperity and Development (PAPD), which is aligned to the Sustainable Development Goals (SDGs).

Interestingly, the report stresses that the critical challenges it has identified should be urgently addressed through a set of strategies and policy recommendations. These include targeted, collective, and coherent actions, which are not only designed to contain the virus but also to simultaneously address weaknesses in food security, livelihood and cash flows, social cohesion and community resilience, and deficiencies in health, education and other social infrastructures, which provide access throughout the country to such vital services as hygiene, water and sanitation.

The recommendations are based on essential principles which should guide an effective and holistic response that sets the right balance between prevention and treatment and between health and socioeconomic issues, while strengthening the efficiency of COVID-19 related procurement and other services.

The UN and its partners in Liberia recognize that the assessment has made them more aware of the enormity of the threat that the pandemic poses. And they collectively note with deep conviction that without accompanying appropriate socioeconomic interventions, the health crisis could lead to widespread suffering and to increasing loss of lives and livelihoods.

It is therefore with great satisfaction that I acknowledge that the UNCT has already begun to respond to the challenges identified by the report. In consequence, it has revised its own Socio-Economic Response Plan so that it is fully informed by the findings and recommendations of the Report.

As UNCT, we are all delighted and excited about the great value of this report as an indispensable guide for our various programme interventions and our collective work towards recovery and the attainment of the SDGs.

My thanks and appreciation go to our UN colleagues; indeed, everyone, who has been involved in the conceptualization, and preparation of the study. I should mention in this regard, the UNCT’s collective gratitude for the funding provided by the UNDP and UNWOMEN. I congratulate the UNDP, in particular, the Resident Representative, Pa Lamin Beyai, for serving superbly as the technical lead under my guidance in the conduct of the exercise.

Finally, and most importantly, on behalf of the UNCT and all our strategic partners, I would like to thank the Ministry of Finance and Development Planning for the roles they played as both owners and active participants in the conduct of the entire exercise, not least, the writing of the report.

Kingsley Amaning
UN Resident Coordinator a.i.
Liberia
Acknowledgments

This report was undertaken under the overall leadership of Mr. Kingsley Amaning, UN Resident Coordinator ad interim and Pa Lamin Beyai, UNDP Resident Representative, as the technical lead. The Government of Liberia’s (GoL) technical contribution was coordinated by Hon. Augustus Flomo, Deputy Minister for Economic Management, Ministry of Finance and Development Planning (MFDP). The report was commissioned at the request of the Honorable Minister of Finance and Development, Hon. Samuel D. Tweah Jr., who provided policy guidance as part of efforts towards an immediate response to the socio-economic impacts of the COVID-19 pandemic and longer-term recovery planning, as well as necessitated by the United Nations’ quest to support socio-economic response and recovery planning in Liberia. The report is the outcome of extensive consultations and analyses thanks to the commitment and enduring support of dedicated colleagues and consultants who collaborated on this assessment. The list below acknowledges the collective contribution to the conduct of the assessment and presentation of this report. It is by no means an exhaustive list, and we would like to thank everyone who met with and provided support and vital information to the team without which this report would not have been possible. Special thanks also go to the entire UN Country Team and Ministry of Finance and Development Planning for their efforts and time put into delivering this important report.

The report was written by the technical team comprised of Emmanuel Letouzé (Data-Pop Alliance [DPA]), Juana de Catheu (Development Results), Kevin Henkens (DPA), Romain Fourmy (Analysis for Economic Decisions [ADE]), Nigora Isamiddinova (DPA), Claudia de Abreu Lopes (DPA) and national consultants Dr. Toga Gayewea McIntosh and Emmanuel Munyeneh. Technical coordination, guidance and quality assurance support to the team were provided by Pa Lamin Beyai, the technical lead, and Mr. Stanley Kamara, focal point for the assessment. It benefitted from operational support provided by Mr. Mulugetta Abebe and Mr. Tobie Djokoto.

The report was co-financed by the United Nations Development Programme (UNDP) as the technical lead in the socio-economic recovery efforts with contribution of United Nations Entity for Gender Equality and Women’s Empowerment (UNWOMEN) for the Gender analysis. The concept note, terms of reference (ToRs) and the report benefited from review, comments and technical input from: Hon Minister of Finance and Development Planning (MFDP), Hon Minister Augustine Flomo, Deputy Minister of Finance for Economic Management, Emmanuel Munyeneh, MFDP; Toga McIntosh Gayewea, Pa Lamin Beyai, Resident Representative, Stanley Kamara, National Economist (UNDP Liberia); Violet Baffour, Deputy Resident Representative, Abraham T. Tumbe Jr., Programme Manager, NAP; Robert Dorliae, Project Coordinator COVID-19 Preparedness Plan; Rowland Cole, Chief Technical Advisor, Rule of Law; Ronald Cumberbatch, Environmental and Energy Specialist (UNDP); Dorsia D. Farcarthy, Team Leader; Vivian Innis – Gender Justice Specialist, Marie Goret Nizigama, Sangeeta Thapa, Sadia Farid, Cristina Fernandez Escorza (UNWOMEN); Dr. Bannet Ndyanabangi and Ibrahim Sesay (United Nations Population Fund [UNFPA]), Mariatou Njie, Mehnaz Ajmal and Abdul Wadudu Adam Mohamed (Food and Agriculture Organization of the United Nations [FAO]), Maria Joao Nazareth and Karla Hershey (World Food Programme [WFP]), Dony El Costa (Crisis Bureau, UNDP), Samuel Akera (Crisis Bureau, UNDP), Sonny Onyegbula (Office of the United Nations High Commissioner for Human Rights [OHCHR]), Laila Omar Gad (United Nations Children’s Fund [UNICEF]), Dr. Clement Lugala, Peter Lasuba and Charles Ocan (World Health Organisation [WHO]), Lisa Quarshie, Esperance Uwimana (United Nations High Commissioner for Refugees [UNHCR]), Ifeoma Esther and Charles-Monwuba (United Nations Office for Project Services [UNOPS]), Seidi Stevenson (United Nations Educational, Scientific and Cultural Organization [UNESCO]), Mohamed Cherif Diallo (International Organization for Migration [IOM]), Margaret Gulavic, Christiana Solomon (United Nations Resident Coordinator’s Office [UNRCo]-Liberia), Sara R. Walter and United States Agency for International Development [USAID] staff; Theodorus Kaspers (European Union), Orison Amu, Kelvin Banda (African Development Bank [AfDB]), Khwima Nthara, Gweh Gaye Tarwo (The World Bank), Bilateral partners. The substantive technical and operational contributions of many other staff of the UNDP are thankfully acknowledged.
Funding Partners

United Nations Development Programme (UNDP) for mainly funding the assessment and United Nations Entity for Gender Equality and Women’s Empowerment (UNWOMEN) for funding a Gender Consultant.

Edited by Elizabeth Zachary.  
Design and layout by Angela Paola Caile Yate.

Thanks to Data-Pop Alliance for leading the research and writing of the report.

For any inquiries please contact: Pa Lamin Beyai, Resident Representative, UNDP Liberia at Pa-Lamin.Beyai@undp.org; Stanley Kamara, National Economist, UNDP Liberia at Stanley.kamara@undp.org; and registry.lr@undp.org.

www.lr.undp.org;  
https://twitter.com/UNDP Liberia or @UNDP Liberia

Empowered lives.  
Resilient nations.
# Table of contents

**Preface**

**ACRONYMS AND ABBREVIATIONS** .............................................. 1

I. **INTRODUCTION & CONTEXT** ............................................. 3  
   Background ................................................................................ 4  
   COVID-19 context ....................................................................... 4  

II. **HEALTH FIRST** ..................................................................... 7  
   Health systems ........................................................................... 8  
   Mental health ............................................................................. 9  
   COVID-19 health system challenges ........................................ 10  

III. **PROTECTING PEOPLE** ........................................................ 11  
   Monetary poverty ....................................................................... 12  
   Food security, nutrition and agricultural livelihoods ............ 14  
   Social protection ....................................................................... 16  
   Children and education ............................................................ 17  
   Gender inequalities and sexual gender-based violence (SGBV) ............................................................ 18  
   Other vulnerable groups ............................................................ 19  

IV. **ECONOMIC RESPONSE & RECOVERY AND MULTILATERAL COLLABORATION** .................................... 21  
   Livelihoods, informal workers, micro, small and medium-sized enterprises (MSMEs), and unemployment ............................................................. 22  
   Growth ...................................................................................... 24  
   Agricultural sector .................................................................... 24  
   Mining ...................................................................................... 25  
   Manufacturing ........................................................................... 26  
   Services ................................................................................... 26  
   Inflation .................................................................................... 27  
   Financial sector ........................................................................ 27  
   Fiscal deficit ............................................................................. 28  
   External sector ......................................................................... 29  
   Exchange rate and foreign reserves ........................................ 31  
   Debt .......................................................................................... 31  

V. **GOVERNANCE, SOCIAL COHESION, HUMAN RIGHTS & COMMUNITY RESILIENCE** ....................................... 33  
   Short-term effects on governance and human rights ................... 34  
   Medium-term impact on drivers of conflict and fragility, social inclusion and social cohesion, and implications for recovery planning ............ 38  

VI. **WAYS FORWARD: RECOVERY NEEDS, STRATEGIES & POLICY RECOMMENDATIONS** .................... 43  
   Health ........................................................................................ 44  
   Social protection ....................................................................... 45  
   Food security, nutrition and agricultural livelihoods ............ 46  
   Children .................................................................................... 48  
   Education .................................................................................. 49  
   Gender and the protection of vulnerable groups .................... 49  
   Macroeconomic recovery .......................................................... 51  
   Livelihoods, the informal economy and MSMEs .................... 52  
   Governance and social cohesion .............................................. 54  
   Cross-cutting recommendations ............................................. 59  

**ANNEX** .................................................................................. 61  
I. Methodology .......................................................................... 62  
II. Potential COVID-19 scenarios ............................................. 63  
III. Results matrix ...................................................................... 63  
IV. Interviews conducted ......................................................... 63
Tables

Table 1: COVID-19 cases in Liberia and the Mano River Union countries (as of September 21, 2020) ......................4
Table 2. Breakdown of confirmed cases and deaths by sex and age ..............................................................5
Table 3. Selected key health indicators for Liberia.......................9
Table 4. Access to WASH facilities ..................................................9
Table 5. Selected macroeconomic indicators (2018-2022f). ................................................................. 32

Figures

Figure 1: COVID-19 statistics in the countries of Mano River Union ................................................................. 5
Figure 2: Microsimulation of poverty changes in Liberia, 2020-22 ................................................................. 12
Figure 3: Estimated change in inequality (Gini index) ......................................................................................... 12
Figure 4: Estimated changes in poverty rates (disaggregated) ................................................................. 13
Figure 5. Human Development Index (HDI) ........................................................................................................... 14
Figure 6. Impact of COVID-19 on food security (LISGIS survey). ................................................................. 14
Figure 7. Social protection coverage .................................................................................................................... 16
Figure 8: Simulated impact of school closures on adjusted years of schooling .................................................... 18
Figure 9: Estimated poverty rates by age group .................................................................................................. 20
Figure 10: COVID-19 impact on income & job losses .................................................................................. 23
Figure 11. GDP growth forecasts. ....................................................................................................................... 24
Figure 12. EU-28 iron ore demand to hit 11-year low in 2020. ........................................................................ 26
Figure 13: Main export commodities’ prices (Index; July 2019=100) ............................................................... 26
Figure 14: Consumer Price Index developments ................................................................................................. 27
Figure 15: Products experiencing above average price changes in the first two quarters of 2020 ................................................................. 27
Figure 16: Fiscal deficit - Government revenue and expenditures forecasts ......................................................... 28
Figure 17: Government revenue composition - budget forecasts ........................................................................ 29
Figure 18: Foreign direct investment (net, % of GDP) ......................................................................................... 30
Figure 19: Quarterly remittances, 2015-20 ...................................................................................................... 30
Figure 20. Bilateral exchange rate LD$/US$ ....................................................................................................... 31
Figure 21: Public debt projections ...................................................................................................................... 32
Figure 22. Violent incidents, January-June 2020 ............................................................................................ 34
Figure 23. Location of incidents (Jan 30- June 20, 2020) .................................................................................. 35
Figure 24. Effects of COVID-19 leading to an increase in crime and domestic violence ............................................... 37
Figure 25. Governance indicators for key state functions in Liberia against ECOWAS averages (2017). ........................................................................ 40
Figure 26. Drivers of conflict, fragility and resilience in the face of COVID-19. ..................................................... 41
Figure 27. Two aid shocks in a decade (2009-2018). ........................................................................................ 41

Boxes

Box 1. Regional specificities pre-COVID-19. .................................................................................................. 39
Box 2. Summary of thematic recommendations. .................................................................................. 55
## Acronyms and abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE</td>
<td>Analysis for Economic Decisions</td>
</tr>
<tr>
<td>AfDB</td>
<td>African Development Bank</td>
</tr>
<tr>
<td>BoP</td>
<td>Balance of Payments</td>
</tr>
<tr>
<td>CAD</td>
<td>Current Account Deficit</td>
</tr>
<tr>
<td>CBL</td>
<td>Central Bank of Liberia</td>
</tr>
<tr>
<td>CHE</td>
<td>Current Health Expenditure</td>
</tr>
<tr>
<td>COHFSP</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>CRNA</td>
<td>COVID Recovery Needs Assessment</td>
</tr>
<tr>
<td>CSOs</td>
<td>Civil Society Organisations</td>
</tr>
<tr>
<td>DAC</td>
<td>Development Assistance Committee</td>
</tr>
<tr>
<td>DPA</td>
<td>Data-Pop Alliance</td>
</tr>
<tr>
<td>ECO/ES</td>
<td>Economic Community of West African States</td>
</tr>
<tr>
<td>ECOC</td>
<td>Executive Committee on Coronavirus</td>
</tr>
<tr>
<td>EITI</td>
<td>Extractive Industries Transparency Initiative</td>
</tr>
<tr>
<td>EPHS</td>
<td>Essential Public Health Services</td>
</tr>
<tr>
<td>EVD</td>
<td>Ebola Virus Disease</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
</tr>
<tr>
<td>FDI</td>
<td>Foreign Direct Investment</td>
</tr>
<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
</tr>
<tr>
<td>FSNMS</td>
<td>Food Security and Nutrition Monitoring System</td>
</tr>
<tr>
<td>GAM</td>
<td>Global Acute Malnutrition</td>
</tr>
<tr>
<td>GII</td>
<td>Gender Inequality Index</td>
</tr>
<tr>
<td>GNI</td>
<td>Gross National Income</td>
</tr>
<tr>
<td>GoL</td>
<td>Government of Liberia</td>
</tr>
<tr>
<td>GRB</td>
<td>Gender Responsive Budgeting</td>
</tr>
<tr>
<td>GVL</td>
<td>Golden Veroleum Liberia</td>
</tr>
<tr>
<td>HCWs</td>
<td>Health Care Workers</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HRBA</td>
<td>Human-Rights Based Approach</td>
</tr>
<tr>
<td>IIAG</td>
<td>Ibrahim Index of African Governance</td>
</tr>
<tr>
<td>IMF</td>
<td>International Monetary Fund</td>
</tr>
<tr>
<td>IMS</td>
<td>Incident Management System</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>IPA</td>
<td>Innovation for Poverty Action</td>
</tr>
<tr>
<td>LACRA</td>
<td>Liberia Agricultural Commodities Regulatory Authority</td>
</tr>
<tr>
<td>LD</td>
<td>Liberian Dollar</td>
</tr>
<tr>
<td>LDCs</td>
<td>Least Developed Countries</td>
</tr>
<tr>
<td>LEAP</td>
<td>Livelihood Empowerment Against Poverty</td>
</tr>
<tr>
<td>LGBTQI</td>
<td>lesbian, gay, bisexual, transgender, queer (or questioning) and intersex</td>
</tr>
<tr>
<td>LIDC</td>
<td>Low-income Developing Country</td>
</tr>
<tr>
<td>LIGS</td>
<td>Liberia Institute of Statistics and Geo-Information Services</td>
</tr>
<tr>
<td>LRA</td>
<td>Liberia Revenue Authority</td>
</tr>
<tr>
<td>MFDP</td>
<td>Ministry of Finance and Development Planning</td>
</tr>
<tr>
<td>MoA</td>
<td>Ministry of Agriculture</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MRU</td>
<td>Mano River Union</td>
</tr>
<tr>
<td>MSMEs</td>
<td>Micro, Small and Medium-sized enterprises</td>
</tr>
<tr>
<td>NFAA</td>
<td>National Fisheries and Aquaculture Authority</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>NAPETUL</td>
<td>National Petty Traders Union of Liberia</td>
</tr>
<tr>
<td>NASSCORP</td>
<td>National Social Security and Welfare Corporation</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organisations</td>
</tr>
<tr>
<td>NHSR</td>
<td>National Household Social Registry</td>
</tr>
<tr>
<td>NPHIL</td>
<td>National Public Health Institute of Liberia</td>
</tr>
<tr>
<td>NPLs</td>
<td>Non-Performing Loans</td>
</tr>
<tr>
<td>ODA</td>
<td>Overseas Development Assistance</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>OHCHR</td>
<td>Office of the High Commissioner for Human Rights</td>
</tr>
<tr>
<td>PAPD</td>
<td>Pro-poor Agenda for Prosperity and Development</td>
</tr>
<tr>
<td>PLWD</td>
<td>Persons living with a disability</td>
</tr>
<tr>
<td>POC</td>
<td>People of Concern</td>
</tr>
<tr>
<td>PoE</td>
<td>Points of Entry</td>
</tr>
<tr>
<td>PPCC</td>
<td>Procurement Plan and Concessions Commission</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>PSS</td>
<td>Psychosocial Services</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post-traumatic Stress Disorder</td>
</tr>
<tr>
<td>RCF</td>
<td>Rapid Credit Facility</td>
</tr>
<tr>
<td>RMNCAH&amp;N</td>
<td>Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SEIA</td>
<td>Socio-Economic Impact Assessment</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
</tr>
<tr>
<td>SPACOC</td>
<td>Special Presidential Advisory Committee on Coronavirus</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual, Reproductive Health and Rights</td>
</tr>
<tr>
<td>SSA</td>
<td>Sub-Saharan Africa</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>ToRs</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNCT</td>
<td>United Nations Country Team</td>
</tr>
<tr>
<td>UNCTAD</td>
<td>United Nations Conference on Trade and Development</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations Mission in South Sudan</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
</tr>
<tr>
<td>UNOPS</td>
<td>United Nations Office for Project Services</td>
</tr>
<tr>
<td>UNRCO</td>
<td>United Nations Resident Coordinator’s Office</td>
</tr>
<tr>
<td>UNWOMEN</td>
<td>United Nations Entity for Gender Equality and Women’s Empowerment</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>V-DEM</td>
<td>Varieties of Democracies</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WTO</td>
<td>World Trade Organisation</td>
</tr>
</tbody>
</table>
Background

The COVID-19 pandemic has occurred while Liberia is in the midst of a double political and economic transition: (i) the withdrawal of the UN Mission in Liberia in 2018 and a continuous, massive drop in official development aid since 2015; and (ii) the transition from President Johnson-Sirleaf to President George Weah administrations, with a high turnover of highly skilled Liberian “re-pats” (diaspora) returning to the United States.

The pandemic has also found the country still grappling with the socio-economic effects of the Ebola outbreak of 2014 to 2016 that took the lives of close to 5,000 people, and the preceding 14 years of civil conflict. As a consequence, a significant part of the country’s infrastructure, including health care facilities, have been destroyed. After the Ebola crisis, combined multilateral and government efforts were directed to rebuilding Liberia’s health care systems and building up its resilience and capacity to respond to future pandemics.1

Significant improvements have been made post-Ebola to strengthen and decentralise the health care delivery system, create much needed infrastructure, train more medical professionals, and increase the resilience and capacity of the system to respond to future pandemics and shocks. Nevertheless, inadequate infrastructure, persisting poverty, poor access to health care services and water, sanitation and hygiene (WASH) facilities undermine the Liberian health care system, which remains one of the most fragile globally and has been ranked as the 11th country most vulnerable to the effects of COVID-19.2

These heightened economic hardships coupled with the state of emergency that imposed country-wide movement restrictions and the closure of non-essential businesses mean that the security of vulnerable populations, especially women and children, is at stake. Building upon the Ebola virus disease (EVD) experience and regional trends, sexual and gender-based violence (SGBV) cases are likely to increase, surpassing 2000+ cases recorded in 2018.3 The closure of schools is affecting over 1.4 million students (including 650,000 girls), which might increase cases of child marriages and teenage pregnancies. In addition to restricted economic agency due to COVID-19 related income losses, those in the informal sectors of the economy are likely to be hit harder by the impacts of the pandemic.

COVID-19 context

The first coronavirus case in Liberia was detected on 16 March 2020. Despite the fact that screenings at the airport were introduced as early as 9 March, three further cases were detected on 1 April. As of 21 September, Liberia had the lowest absolute number of confirmed coronavirus cases among the neighbouring countries of the Mano River Union4 (see Table 1); however, when adjusted to per million people, Liberia has the highest number of confirmed deaths attributed to COVID 19 (Figure 1). As of September 20th, the percent of confirmed cases and death for women were both approximately 35%, the percent of infections among children under 15 was 91% (see Table 2). According to UNICEF’s Liberia situation report of 31 July, the percentage of healthcare-associated infections (HAI) was 16.5%.5

<table>
<thead>
<tr>
<th>Table 1. COVID-19 cases in Liberia and the Mano River Union countries (as of September 21, 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liberia</strong></td>
</tr>
<tr>
<td>Confirmed cases (cases/1 million)</td>
</tr>
<tr>
<td>Deaths (deaths/1 million)</td>
</tr>
<tr>
<td>Number of recovered</td>
</tr>
</tbody>
</table>


---


4 Mano River Union comprises Liberia, Côte d’Ivoire, Sierra Leone and Guinea.

After a rapid rise in confirmed cases in June, infections have stabilised and remained steady since mid-July. In spite of the seemingly stabilised situation, the WHO has issued warnings that the pandemic will come in cycles until a vaccine is found. Therefore, it is important to stay alert to respond to potential subsequent waves.

Table 2. Breakdown of the confirmed cases and deaths by sex and age.

<table>
<thead>
<tr>
<th>Age</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>&lt;15 years</td>
<td>68</td>
<td>54</td>
</tr>
<tr>
<td>15-34 years</td>
<td>298</td>
<td>181</td>
</tr>
<tr>
<td>35-54 years</td>
<td>364</td>
<td>161</td>
</tr>
<tr>
<td>55+ years</td>
<td>142</td>
<td>68</td>
</tr>
<tr>
<td>Totals</td>
<td>872</td>
<td>464</td>
</tr>
</tbody>
</table>

Source: Ministry of Health, COVID-19 daily situation report #189 (20 September, 2020)

Rising cases in the neighbouring countries pose a continuous threat of cross-border transmission. Taking into account weak health systems, it would be hard to slow the transmission of the virus in the poor communities that lack adequate WASH facilities (people share latrines and wells) and electricity (people need to go to the market regularly because of a lack of food storage at home). Social distancing in such communities is especially challenging.

Learning from the Ebola experience, Liberia reacted fast to prepare for the coronavirus pandemic. A Special Presidential Advisory Committee on Coronavirus (SPACOC) was established in February 2020 with the objective of monitoring the evolution of the disease and coordinating the fight against it in Liberia. On 8 April, an Executive Committee on Coronavirus (ECOC) was created as the operational arm of SPACOC, with a remit to focus on community initiatives and outreach. A national response coordinator of ECOC was appointed to oversee the national COVID-19 multisectoral response plan, in coordination with the UN, donor partners, the Ministry of Health (MoH) and the National Public Health Institute of Liberia (NPHIL).

A steering committee, the Incident Management System (IMS), chaired by the minister of health was set up with daily briefings to discuss challenges, progress and ways forward. Overall, 18 pillars were established to contain the spread of COVID-19 in Liberia, which include: coordination, case management, case investigation, contact tracing, infection prevention and control, dead body management, points of entry (PoE) control, communication, psychosocial support, WASH, joint security, logistics and laboratory services. The MoH, in collaboration with development partners, implemented social distancing, disseminated education materials and developed a training curriculum for health workers.

Infection prevention and control procedures with screening and isolation units were set up in every health facility following standard procedures, diagnostics and patient handling protocols. These were accompanied with rigorous contact tracing to detect and isolate suspect cases. This early and effective action is helping to keep...
the number of cases low. Nonetheless, challenges such as misinformation, stigmatisation and mistrust in the community remain.

In addition to measures aimed at containing the spread of COVID-19, the Government of Liberia (GoL) developed a national COVID-19 pandemic response plan, with implementation support from development partners. The country has also adopted a number of social, economic and fiscal measures to alleviate both the health and socio-economic impacts of the pandemic. These include food distributions for 60 days (with an estimated budget of US$25 million⁸), free electricity and water during the lockdown, and a suspension of the charge on imported goods for six months. To finance this, the GoL requested from the IMF a “rapid credit facility” (approved in June 2020), and asked for financing from other agencies such as the World Bank. The policies put into place to alleviate the socio-economic impacts of the pandemic are also being implemented in coordination with international actors, for instance, the World Food Programme (WFP) is the technical implementer of the food distribution and school feeding programmes currently being rolled out.

The objectives of this assessment is to establish the main impacts of COVID-19 on the Liberian economy and society, and serve as a shared diagnosis of the key priorities with the Government of Liberia, UN Agencies, bilateral partners, international financial institutions, and others. The assessment covers: (i) what key assumptions and scenarios can be envisaged; (ii) what are the urgent vs. important priorities; and (iii) what are the non-financial needs and activities relating to each priority.

---

⁸ Nature, “Ebola prepared these countries for coronavirus — but now even they are floundering”, 21 July 2020, www.nature.com/articles/d41586-020-02173-z.

⁹ WFP distribution of food to 2.5 million people.
II. HEALTH FIRST

Protecting health services and systems during the crisis.
Health systems

Liberia’s Pro-Poor Agenda for Prosperity and Development (PAPD, 2018-2023) sets out the strategic priorities and vision for expanding access to quality health services to all by raising the share of the rural population living within 5 km of a service delivery point to 75%, and reducing out-of-pocket payments to 35% of total health care expenditure through sustainable health financing mechanisms. It also aims to address persistent morbidity and mortality with a special focus on malaria, as well as reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH&N).

The Liberian health system and service delivery remain heavily funded by and dependent on international donors. Despite the legal mandate to provide free public health care (the Free Health Care Policy, Essential Public Health Services [EPHS] free at the point of use), the system is not meeting its objective, as evidenced by high out-of-pocket payments and private expenditure. Real public expenditure on health constitutes 8.5% of GDP and out-of-pocket expenditure is 45.5% of current health expenditure (CHE). Domestic private health expenditure makes up 54% of CHE, while government health expenditure represents 17.2% of CHE (2017). Moreover, private household out-of-pocket expenditure has increased in the last decade, indicating that health care services are becoming less accessible to the poorest households.

Liberia's health systems remain weak and fragile, with a limited capacity to respond. While there have been improvements in terms of medical infrastructure and isolation facilities, the number of trained and qualified health workers remains low and below the needs of the country. Despite a relatively large health workforce with a total of 4,434 core health workers, which is equivalent to 11 per 10,000 people, it remains insufficient as per the WHO recommendation, which states a minimum of 44.5 doctors, nurses and midwives per 10,000 people, and requires substantial investments and skills upgrading. In addition, health care is inaccessible for almost 29% of the population largely residing in the rural areas.

One of the biggest threats to the health system in Liberia is the discontinuation of lifesaving health system service provision. Failure to maintain access to essential health care services is likely to increase morbidity and mortality rates stemming from vaccine preventable and treatable conditions. The main health indicators in Liberia are among the worst in the world (See Table 3). Maternal, neonatal and under-5 mortality remain high, as is the burden of infectious diseases such as malaria, HIV/AIDS, tuberculosis (TB) and diseases with pandemic potential.

As some of the funds are diverted and reallocated to fund the emergency response to fight the pandemic, access to and use of essential, lifesaving health services, including immunisations for children, and sexual and reproductive and SGBV services for women, have been significantly reduced. In addition, the disruption of service provision due to confinement measures and stigma and fear risk worsening RMNCAH&N service provision by:

- Reducing access to essential health services, including sexual, reproductive health and rights (SRHR) services for SGBV survivors, neonatal, maternal care, mental and psychosocial support services.

---

10 For the health systems, the PAPD sets out the objectives of: (i) access to health for all: improving well-being for all through intensified collaboration with development partners and the private sector; and (ii) development outcome: increased and inclusive access to quality essential health and reduced overall morbidity/mortality, with special focus on HIV/AIDS, TB, malaria and major RMNCAH outcomes, as well as for the survivors of SGBV. Republic of Liberia. Pro-Poor Agenda for prosperity and Development (PAPD). November 20 2018.
11 Much below the 15% agreed by the signatories of the Abuja Declaration.
12 Target for out-of-pocket is 10-15%.
14 WHO, Liberia Service Availability and Readiness Assessment (SARA) 2018.
• Decreasing the number of births assisted by a health professional and/or in a health facility.
• Limiting access and reducing immunisations and lifesaving treatments (HIV/AIDS, etc.).

**Poor access to WASH services is one of Liberia’s biggest vulnerabilities regarding the transmission of COVID 19.** Progress in improving WASH infrastructure has been stagnant due to fragmentation, inadequate government ownership and over-reliance on donor funding. Access to WASH facilities and services is limited, with only 24% of people having access to basic sanitation services, and 74% estimated as having access to safe drinking services. The disparities between rural and urban areas are significant, with 63% having access to basic drinking water in rural areas compared to 83% in urban areas.17

### Table 3. Selected key health indicators for Liberia

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected life expectancy</td>
<td>63.9 (female); 62 (male)</td>
</tr>
<tr>
<td>Neonatal mortality (per 1,000 live births) *</td>
<td>37</td>
</tr>
<tr>
<td>Under-5 mortality (per 1,000 live births) *</td>
<td>93</td>
</tr>
<tr>
<td>Maternal mortality rate (per 100,000 live births) (2017)</td>
<td>661 (Very high)</td>
</tr>
<tr>
<td>Institutional delivery (live births in a health facility) **</td>
<td>79.8%</td>
</tr>
<tr>
<td>Births delivered by a skilled health provider**</td>
<td>84.4%</td>
</tr>
</tbody>
</table>

* For 0-4 years preceding the survey, i.e. between 2015-2019.
** For 5 years preceding the survey, i.e. 2014-2019.

**Source:** Liberia DHS 2019-20, LISGIS.18

### Table 4. Access to WASH facilities.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using at least basic sanitation services</td>
<td>24%</td>
</tr>
<tr>
<td>Using limited sanitation services</td>
<td>23%</td>
</tr>
<tr>
<td>Using improved sanitation facilities</td>
<td>47.6%</td>
</tr>
<tr>
<td>Using unimproved sanitation facilities</td>
<td>17.6%</td>
</tr>
<tr>
<td>Practicing open defecation</td>
<td>34.8%</td>
</tr>
<tr>
<td>Using at least basic drinking services</td>
<td>74%</td>
</tr>
<tr>
<td>Using limited drinking water services</td>
<td>10.3%</td>
</tr>
<tr>
<td>Using improved drinking services</td>
<td>85%</td>
</tr>
</tbody>
</table>

**Source:** Liberia DHS 2019-20, LISGIS.

**Mental health**

The protracted period of civil war, violence and conflict, together with the consequences of the Ebola epidemic, has resulted in tremendous mental health and psychosocial needs. Close to 44% of adults are estimated to have symptoms of post-traumatic stress disorder (PTSD), and 40% show symptoms of major depressive disorders. Against this backdrop, access to and the availability of mental health and psychosocial services (PSS) (psychiatrists, psychologists and PSS counsellors) remains extremely limited, with only three psychiatrists for the entire population, and an estimated 1% of the population having access to appropriate mental health services.19 One interesting model to potentially close the mental health treatment gap and bring psychosocial support services to thousands is the collaboration (through diagnostics, service provision, etc) of mental health professionals with the traditional healers providing community based mental health care.20

In the context of COVID-19, the most vulnerable groups to suffer from poor mental health and psychosocial afflictions are:21

---

18 Ibid., 17.
1. Health workers due to their direct exposure to the disease, pressures associated with caregiving and the stress of fear of transmission. During the Ebola outbreak in Liberia, it was reported that female health workers disproportionately suffered from mental health problems resulting from the fear of stigmatisation and of spreading the disease to their families.

2. People with pre-existing mental illnesses due to their limited capacity to handle additional shocks. Additionally, mitigation measures and the diversion of resources leads to a reduction of access to treatment and other essential services, which compounds vulnerabilities.

3. People living in poverty, given the scarcity of resources and support mechanisms available to them to withstand the effects of the pandemic and the economic shocks.

4. People directly infected by COVID-19 and their family members who are highly vulnerable to distress due to the possible social stigma and discrimination associated with the disease.22

5. Refugees and migrants who are vulnerable to stigma, xenophobia and scarcity and/or access to resources and social services.

**COVID-19 health system challenges**

Without context-specific and adequate mitigation measures and procedures for diagnosing, contact tracing and isolating confirmed and suspect cases, there is an elevated risk of the rapid community spread of COVID-19, and consequently of high mortality and health system collapse. Among the challenges of the health care system to respond to the crises are the limitations in logistics, difficulties in accessing facilities, infections among health workers, fear in accessing health services, shortage of personal protective equipment (PPE) and other medical supplies, as well as the timely payment of incentives to health care staff.23

The following specific challenges have been identified:24

- Delays were encountered in moving confirmed cases and people of concern (POC) to treatment facilities due to certain challenges:
  - Challenges include refusal of admission due to denial of disease among community dwellers, fear of stigmatisation by the community members in case of ambulance use (requesting non-ambulance vehicles),
  - Similar challenge with vehicles was initially encountered for case investigation teams, laboratory and cross borders.25
  - Inadequate diagnostic capacity. The single testing laboratory in the country was able to run 19,000 samples between March and first week of September. Although no shortage of reagents and consumables has been reported, the testing capacity remains inadequate and centralized in Monrovia.
  - Although, the laboratory and treatment facilities have functional generators providing power, the high cost of running it and the lack of a backup power source (spare generator) remains a challenge.
  - There are no operating theatres in COVID-19 treatment centres.
  - Inadequate internet connectivity for laboratories.
  - Limited capacity and space to accommodate suspected and confirmed patients as well as people of concern at POCs.
  - Shortage of PPEs leads to increase in the likelihood of infections among health care workers (HCWs), such as for example washing and reusing gloves. As of July 31st, the HAI rate stood at 16.5% (197 health workers out of total 1,189 confirmed cases).26

---

23 Interview with the Ministry of Health, July 2020, Monrovia, Liberia.
24 Ibid.
25 WHO provided (rented) vehicles to support case investigations, laboratory and cross borders, information obtained from WHO Liberia.
III. PROTECTING PEOPLE

Human development, poverty, livelihoods, social protection and basic services
Monetary poverty

According to the World Bank Macro Poverty Outlook (June 8 2020), extreme poverty at $1.90 per day purchasing power parity (PPP) is projected to increase from 44.4% of the population in 2019 to 46.3% in 2020. This is around 2.3 million people, an increase of 141,000 people over the period. It is expected to stabilise and decrease in the medium term to 45.8% in 2021 and 45.2% in 2022.

The absolute poverty rate is expected to increase by 6.92% during 2020 compared to 2019 if no social safety net measures are taken (Figure 2), with poverty rates reaching 55.5%. This amounts to around 2.8 million people, an increase of approximately 180,000 people. This is in contrast to the baseline estimates which show that, without COVID-19, poverty would have actually decreased. The depth of poverty (poverty gap) is also forecasted to increase in contrast to a slight reduction in the baseline scenario. When accounting for the COVID-19 Household Food Support Programme (COHFSP), social safety nets and the expanded school feeding programmes, the poverty rate is estimated to increase by a lesser margin of 5.4% equivalent to around 142,000 people. This highlights the necessity of such policies to limit the impact of poverty from the ongoing crisis.

Assuming the crisis subsides by 2021, GDP growth and economic activity is expected to pick up. In line with IMF and World Bank forecasts, growth is expected to be 4%. It is therefore predicted that poverty will decline after the COVID-19 shock. However, poverty rates are expected to remain at higher levels than pre-COVID rates in the medium to long term.

A consequence of these predicted trends is the expected increase in inequality. The Gini index is forecasted to increase by 0.0091 as opposed to a 0.0017 increase predicted for the no-COVID scenario. It also highlights the equalising role of the current social safety net measures in place (Figure 3).

27 These estimates are based on a behavioral microsimulation model developed by the authors which calibrates the latest representative household survey (HIES 2016) according to the most up to date macro-projections made by the World Bank, IMF and CBL for Liberia. These estimates are therefore predictions subject to prediction and forecasting uncertainty.

28 This uses the national poverty line of 2016 revalorised to 2020 to reflect price changes. The national poverty line is calculated using a basket of goods approach. It measures the consumption deemed necessary for a certain standard of living in terms of consumption.

The impact of the COVID-19 shock is expected to be greater in urban areas, where it is estimated that poverty will increase by 10.9% in contrast to a 4.7% increase in rural areas, and the majority (59.9%) of the new poor are expected to be from urban areas. Montserrado county is predicted to be most affected, with the poverty headcount estimated to increase by 3.9 p.p. Moreover, poverty is also expected to increase at a greater proportion for female-headed households (3.4 p.p. in contrast to 2.4 p.p. for male-headed households). Nonetheless, the share of the poor is still mainly concentrated in male-headed households as these constitute the majority in the country.

A possible reason for poverty increasing more in urban areas is that the urban labour force is much more reliant on the sectors of work deemed to be most impacted by the lockdown measures taken in response to COVID-19. The majority (41%) of the urban labour force are self-employed workers in the services sector, many of whom are categorised as informal and vulnerable workers who have been most hit by the restriction measures. This is in contrast to rural areas, where the majority (around 58.6%) are own-account agricultural workers. Relatedly, the majority of female heads of households (34.4%) are self-employed service sector workers, in contrast to 18% of men, who mostly work in non-wage agriculture.

In fact, the “new poor” mainly work in the self-employed services sector (46.2%), followed by wage work in the agricultural sector (18.25%). This is why sub-population poverty rates are predicted to increase the most in these sectors. The livelihoods of those in vulnerable employment are therefore also predicted to be hardest hit.

This will have a significant impact on Liberian livelihoods, as vulnerable employment constituted around 80% of the total labour force just prior to the outbreak of the pandemic. It is estimated that the poverty rate will increase by 2.5 p.p. for vulnerable workers in contrast to 1.9 p.p. for non-vulnerable workers. Among the new poor households, 90% have at least one member working in vulnerable employment.

The poverty rate of households relying on remittances is estimated to increase by 3.8%, compared to 2% for the sub-group of households not relying on remittances. This result is largely expected given the forecast declines of remittances due to the global economic slowdown.

Monetary deprivation is a significant barrier to the optimal human development of the Liberian population. Monetary resources are essential for investment in education, health, economic activities and living standards, all of which are vital for the long-term sustained graduation out of poverty. The Human Development Index (HDI) of Liberia of 0.465, which already lags behind similar countries in Sub-Saharan Africa (see Figure 5), and multidimensional poverty rates are over three quarters of the population. The monetary impact of the crisis will therefore further undermine multidimensional well-being in the country. As a consequence, this crisis will hamper progress towards achieving the goals of ending poverty (Sustainable Development Goal [SDG] 1), as well as other well-being related SDGs (2-6) by 2030.

---

30 Deprivation is nevertheless still higher in absolute terms in rural areas, which reflects the baseline mapping of poverty where more than two-thirds of the rural were poor in contrast to less than 40% in urban areas.

31 In absolute terms, poverty remains the highest amongst own-account agricultural workers.

32 These households have higher absolute poverty rates relative to households without vulnerable workers.
Food security, nutrition and agricultural livelihoods

Prior to the COVID-19 spread in the country, Liberia already had structural food security risks. According to the WFP, approximately 1 in 5 households were food insecure in March 2020, just before the COVID-19 crisis developed nationally.34

The spread of COVID-19 and the resulting lockdown measures have posed a key threat to worsening the food security situation in Liberia. Consequently, WFP have revised their estimates based on the Comprehensive Food Security and Nutrition Survey, and projected that food insecurity is likely to increase.35 The urban population is identified as being more vulnerable to a decrease in food security due to restriction measures, the increasing price of transportation, and the ensuing disruption of market linkages. A recent survey showed that over 80% of households were worried about not having sufficient food, whilst 75% have skipped a meal.36

A recent study conducted by Innovation for Poverty Action (IPA) found that while there were slight price increases for certain crops, food security has not significantly deteriorated for the lowest income rural populations.37 This is also consistent with the findings of the microsimulation, which found that agricultural own-account workers (subsistence farmers) did not see a big change in poverty increase, unlike agricultural wage workers. This can be explained by the relative independence of subsistence farmers from the market, as they consume their own production. Nonetheless, these households remain among the poorest and most vulnerable to other economic and health shocks.

Price volatility related to lockdown measures and reduced international trade is a major concern. The prices of key food commodities have risen, but seem to be stabilising. These price rises have placed pressures on vulnerable households’ purchasing power. Around two thirds of the households surveyed by the Liberia Institute of Statistics and Geo-Information Services (LISGIS) reported price rises, which are fuelling food insecurity fears.38

38 Ibid., ref 36.
Border restrictions and limits to internal movements have caused a shortage in a variety of agricultural inputs, and there is a huge demand for seed inputs, fertilizers and other inputs such as tractors. For instance, certain regions of Liberia rely on imports from Guinea and Côte d’Ivoire for agro-equipment and agrochemical inputs, which have dwindled following border restrictions. The import prices of such products have consequently risen due to the scarcity created. The National Rice Federation of Liberia has also reported that rice farmers lack the necessary labour and agricultural technicians due to lockdown measures.

The availability of certain food products is also affected. Liberia relies on the neighbouring countries of Guinea and Mali for imports of livestock. Domestic breeders, animal farmers and the National Fisheries and Aquaculture Authority (NAFAA) have warned of potential meat/seafood shortages in markets if border restrictions are not eased. The lockdown has also coincided with the beginning of the production season, thus restricting seasonal farming activities. This could have medium- to long-term effects by compromising food security later in the year. Moreover, the fact that close to 60% of food consumed and over 50% of domestic cereal needs are imported poses a threat to domestic food supply if cross-border restrictions reduce imports of these key commodities.

Agricultural livelihoods have also been impacted by COVID-19 and its related restriction measures. The Liberia Agricultural Commodities Regulatory Authority (LACRA) reported that exports of coffee and cocoa have declined, which means that farmers of these goods have seen incomes decline. The uncertainty of the pandemic and reduced incomes due to job losses also reduces demand, leading to farmers selling less and consuming and storing more internally. There have also been reports that agricultural food stocks have been perishing due to reduced demand and lack of markets and adequate storage facilities during the lockdown. For instance, Golden Veroleum Liberia (GVL), a major palm oil operator, has made 440 employees redundant due to the reduced operations during the lockdown.

The prevalence of malnutrition was already elevated in Liberia, with stunting levels of children at 35.5%, as well as 5% of children being too thin for their height (global acute malnutrition [GAM]) and 15% of children being underweight. Malnutrition is expected to increase due to COVID-19 related income, food insecurity and disrupted food system/supply chain effects. As a consequence, certain deprived households will resort to reducing food consumption or food diversity (nutritious meals) to cope with reduced capacities to purchase or procure adequate nutrition. This will particularly place children, and pregnant and lactating women at risk, and further exacerbate health and social inequalities. Some mothers will resort to working more to offset income loss. This could reduce daily recommended breastfeeding, which has consistently been shown to be vital for child development. Poorer diets of mothers will also reduce the benefits of breastfeeding. These factors will have negative long-term consequences.

40 MoA COVID-19 situation report, April-July 2020, see reference 39.
45 Ibid., 36
for children’s human development as the nutritional effects of food insecurity have been shown to affect future health, cognitive outcomes, brain function and behavioural issues. This will result in poorer educational outcomes, decreased incomes in adulthood and greater risk of health problems in later life. Poor nutrition also exacerbates vulnerabilities to COVID-19, increasing the probability of higher mortality.

Access to nutritional supplements are also at risk of being hampered. Micronutrient powder coverage was already low prior to COVID-19 (16% of children covered). Child access to vitamin A, which is crucial for children’s health development, was higher; however, around 30% of children still had no access to supplements of this vital nutrient. COVID-19 related travel and border restrictions are threatening to limit the supply and thus access to these nutritional supplements. This poses additional risks to increased malnutrition rates. UNICEF and other agencies are working to support adequate nutrition by distributing micronutrient powders and vitamin A.

Social protection

Liberia’s social protection system is insufficiently robust to safeguard its most vulnerable population from the health and socio-economic consequences of COVID-19. Existing programmes are mostly financed in the forms of aid and off-budget projects, which are implemented by international agencies such as the World Bank, USAID, and UN agencies.

COVID-19 will hamper efforts to implement the PAPD social protection strategy of establishing a universal social protection floor. By affecting key economic sectors and government finances, and thus constraining the fiscal capacities of the GoL, the pandemic is likely to slow down the roll out of planned long-term investments in worker social security systems, pensions and disability benefits, which will have to surrender to more pressing shock-responsive short-term transfers to address food security and short-term cash needs.

With support from international agencies, the GoL has rolled out safety net programmes to address the expected food security risks related to the income shocks posed by the pandemic. The COVID-19 Household Food Support Programme (COHFSP) was established in April to tackle the increased food insecurity triggered by the pandemic. Home-grown school feeding programmes administered by the WFP are also being modified to adapt to school closures, with in-kind food support now directed to take-home food rations.

The GoL and international agencies have reallocated funds in an attempt to finance the most pressing needs. The GoL has allocated $35 million for the shelter-in-place programme. It is also trying to secure additional external financing. In its letter of intent to the IMF in June, the government alluded to a $2 million package to pay for the electricity and water bills of vulnerable households, and a $2 million package to support traders and market women in an attempt to address the risks posed by COVID-19 to the informal economy. The government has announced that it has revised its budget to allocate additional funds to the COHFSP and these additional social support packages, in addition to the purchasing of medical supplies to combat the virus. These are vital given the initial 9.9% reduction in financial year (FY) 19/20 budget allocation to the social sector.

---

48 Ibid.
49 GoL, Comprehensive Food Security and Nutrition Survey, 2018, see reference 43.
51 UNDP, COVID-19 and Human Development, 29 April 2020, see ref. 33.
52 IMF, Country report N°20/202, June 2020; letter from GoL., see ref. 35.
Children and education

Child poverty is forecasted to increase by between 2.8% and 4.7% to reach poverty rates of 59.2 to 60.3%. This means that around 1.2 to 1.23 million children are expected to be monetarily deprived, an increase of between 32,700 and 55,100 children. These rates are higher than the national average, highlighting that poverty is particularly concentrated amongst children, which is also the largest population sub-group of Liberia. In fact, just over half of monetarily poor individuals are children.

Causal estimates of poverty–child labour elasticities are mostly above 0.7, meaning that child labour will be expected to increase by between 1.0% and 1.7% (between 20,600 and 34,700 additional children) given the estimated increases of poverty. This is because in times of financial strain, households turn to children to contribute in generating income. The fact that schools are closed further increases this risk. This is critical given that child labour rates of children aged 5-14 years were already elevated at 16.6%. This could mean that almost 1 in 5 children may experience child labour as a consequence of the crisis. This may include the worst forms of child labour including selling drugs, commercial sexual exploitation, human trafficking, forced begging and forced labour in the streets.

The pandemic will reduce access to certain essential child services such as antenatal care, child health care and interventions, vaccinations and immunisation, and maternal care. For instance, during the Ebola epidemic, the rates of immunisation fell from 73% to 36%, which likely explained the rise in measles the following years. Vulnerable children with chronic illnesses such as HIV/AIDS, disabilities or other chronic conditions face constraints to accessing needed care and medicines. The restriction measures and labour market impacts of COVID-19 also threaten to reduce access to other child services such as psychosocial/mental health.

WASH services are also being disrupted due to the lockdown measures, which are exposing children to other health issues as well as putting them at higher risk of contracting COVID-19 and spreading it within families. The closure of schools has exacerbated this given that many children access WASH facilities through their schools.

There are concerns that violence against children may be on the rise. The lockdown measures have exposed children who are victims of child abuse by keeping them in close proximity with their abusers and further restricting their access to teachers or schools to whom they can resort to for reporting as they are often unlikely to report violence in the first place. Despite efforts from the government to provide access to victims, many cases will likely go undetected.

Due to school closures, COVID-19 will impact learning outcomes, which will have long-term consequences on human development and incomes. Based on recent simulations, school closures of 3, 5 or 7 months could result in, respectively, a reduction of 0.3, 0.6 and 0.9 learning years of schooling adjusted for quality, which can only partly be mitigated by remote learning programmes.

School closures have affected an estimated 1.4 million students across the country. Authorities launched a radio schooling initiative to mitigate this lost learning; however, close to half a million children have no access to a radio set and are therefore left behind. In fact, only 1.2% of surveyed households used mobile learning services. These are often children already in more precarious situations, thus reinforcing educational deprivations. Moreover, such learning methods may not be appropriate for children with disabilities.

53 These are lower and upper bound estimates.
57 Ibid.
60 Ibid.
64 FPA, 14 August 2020, see ref. 36.
Gender inequalities and sexual gender-based violence (SGBV)

Gender inequalities persist in all realms of life, and equal political representation remains elusive in Liberia. Liberia’s Gender Inequality Index (GII) is 0.651 (2018) higher than the average of 0.572 for Sub-Saharan African and the average of 0.561 for the least developed countries (LDCs). These gender inequalities translate into limited access to health (specifically reproductive health) services, basic services, education, fewer opportunities for employment in the formal economy, impaired access to justice, and exclusion from political participation and decision making. Underlying these structural inequalities, gender-blind COVID mitigation measures disproportionately affect women by further limiting their access to services and putting their livelihoods at risk.

The impact of increased poverty is forecasted to be greater among female headed households given their over-representation in the sectors most at risk, and the fact that women are disproportionately estimated to be in poverty. Predictions are that 55.3 to 56.3% of women will be in poverty in 2020 (a 5.5% to 7.4% increase), compared to 54 to 55% of men (a 5% to 6.97% increase).

The crisis might have consequences on school dropout rates in the medium to long term, especially for girls, as the cutting of school fees from the household budget and the increase in child labour are common forms of coping mechanisms during periods of income shocks. This reduction in educational outcomes would be even more detrimental for the country, which is among the lowest in the world in terms of learning outcomes, and will entrench low population education. In the longer term, such scenarios would therefore imply negative consequences on accelerating economic and social development, given the importance of youth and education for the future. Such impacts will hinder the achievement of SDG 4.

The already low levels of government expenditure on education, 8% compared to the sub-Saharan region's average of 17%, will be further weakened given the fiscal space constraints posed by the crisis. Teachers are also at risk of losing their income as families may not be able to pay schooling fees, which may further decrease the number of available teachers. This risks worsening the current shortage of qualified teachers, especially in rural communities, where children are often forced out of schools due to a lack of qualified teachers.

71 These are based on upper bound and lower bound estimates.
Women are on the frontline of health care provision and are the primary caregivers to the ill at home, which exposes them to increased risk of infection.

Competing priorities risk shifting resources away from sexual and reproductive health services, and changes in health seeking behaviour risk reducing access to and the uptake of contraception, facility-based deliveries and other essential services. For instance, during the Ebola crisis in Liberia, access to sexual, reproductive and maternal health care services were extremely limited, which resulted in an estimated 38% reduction in facility-based deliveries and a 43% reduction in first antenatal care visits. This has the consequence of increasing maternal mortality rates and involuntary teenage pregnancies, putting girls and women at higher health risks.

Following the outbreak of COVID-19, girls have been found to be the most vulnerable in terms of pursuing education at home as they are more subject to contributing to home chores and childcare. They also face risks of sexual abuse, resulting in adolescent pregnancies (which, for example, increased by 65% during the Ebola crisis), as well as increased child marriage as a coping mechanism for income shocks through bride prices. Such factors deepen gender inequality in relation to social and income inequality in the longer term, and could slow down the achievement of SDG 5.

There is also a higher risk of SGBV and female genital mutilation (FGM) practices increasing due to the socio-economic pressures triggered by the pandemic. Already prior to COVID-19, FGM was still widely practiced and socially accepted, with an estimated 38.2% of women and girls between the ages of 15 and 49 having undergone FGM (in rural areas the number was 52.3% compared to 29.9% in urban areas). The prevalence of FGM is found to decrease with increasing wealth, with women in the lowest wealth quintile found to be three times more likely to have been circumcised as women in the highest wealth quintile. The COVID-19 pandemic does not only threaten to thwart the progress and efforts made to combat SGBV and FGM, it also threatens to increase their prevalence and reduce access to psychosocial support or medical services. The Government of Liberia has itself reported concerns of the alarming rise of SGBV and rape.

Despite the much welcome signing into law of the Domestic Violence Act on 3 March 2020, challenges remain in addressing SGBV. These are partly due to the under-resourced legal system regarding SGBV and the limited size of criminal courts (Courts E) throughout the country, which means that court dockets are overwhelmed with unresolved cases. Call centres have been established to help report SGBV, gender task force teams have been set up in some communities to help report cases of rape, and safe houses have been established in some parts of the country, but they too are challenged by the lack of resources.

Other vulnerable groups

Persons living with a disability (PLWD) face many social, cultural and economic barriers that make them extremely vulnerable to the socio-economic shocks of COVID-19. These are related to barriers in accessing health services, hygiene products, information, livelihoods and economic opportunities. The pandemic threatens to exacerbate these barriers by further restricting access to such basic services and livelihood opportunities. These individuals are also more exposed to the mortality risks associated with COVID-19 infections. These risks are compounded by the fact that there is little disaggregated data on PLWDs, which means that they are not appropriately targeted in the social safety measures being rolled out to alleviate the socio-economic impacts of the crisis. The public dissemination of COVID-related information and education provision through radio, television and other mediums does not come in appropriate formats, such as braille, sign language and “easy read” formats, for certain persons with disabilities. There may also be difficulties

74 See ref. 17 (p. 54-55.)
75 See ref. 17
76 Special stakeholder meeting on the overview of the status of rape and other Sexual and Gender Based Violence cases in the country. Ministry of Gender, Children & Social protection Liberia. 30 July 2020.
78 Interview with the Ministry of Social Protection, Children and Gender. July 2020, Monrovia, Liberia.
in respecting social distancing rules for certain PLWDs given their need for close social support.\textsuperscript{80}

Income support will be essential as it is estimated that most disabled people live in extreme poverty, which is exacerbated by COVID-19.\textsuperscript{81} Many caregivers will likely be forced to work to cope with the income shocks posed, and the restricted household budget constraints will likely reduce capacities to afford adequate care for household members with disabilities. Most of these individuals also disproportionately work in precarious jobs which are most at risk, or cannot work at all. Service providers such as the Jerry Cebulski African Disability Foundation have already reported financial constraints and have requested subsidies in the face of the pandemic.\textsuperscript{82} External caregivers are also restricted from providing care given the social distancing and lockdown measures further restricting service provision.

The pandemic risks further marginalising the elderly and pushing them further into deprivation. The elderly population of Liberia are already highly vulnerable as they lack legislation and national social protection coverage to improve their quality of life and to protect them against poverty. Over 85\% do not benefit from a pension as National Social Security and Welfare Corporation (NASSCORP) pensions cover only those who have contributed, which excludes the majority who worked in the informal sector.\textsuperscript{83} As a consequence, old-age poverty is high. In terms of poverty increase, elderly people are predicted to have the highest increase in poverty rates between 2019 and 2020 (4.3 p.p.), with poverty rates expected to reach over 60\%. These individuals have to rely on family or community support, which places an additional burden on workers as dependency ratios are already high. Access to care, health care and other essential services for elderly people may be further limited due to the restrictions imposed. Their health is therefore at risk, which compounds their higher vulnerability to COVID-19.

Prisoners are also at higher risk of contracting the virus due to the congested conditions (see section on governance and social cohesion).

\textbf{Figure 9. Estimated poverty rates by age group.}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{poverty_rates.png}
\caption{Estimated poverty rates by age group.}
\end{figure}

\textbf{Source: Author's calculations based on HIES 2016, World Bank MPO, IMF WEO, ILOSTAT.}

The lesbian, gay, bisexual, transgender, queer (or questioning) and intersex (LGBTQI) community of Liberia face further discrimination and risks. As a community it is still highly marginalised and discriminated against in the country. Their access to health services may be curtailed due to anti-homosexual laws and prevalent homophobic practices. This may increase their mortality risks in the face of COVID-19. Access to HIV/AIDS antiretroviral medicines or other related medicines may be further reduced due to COVID-related disruptions.

\textbf{Refugees and migrants} in Liberia face some discrimination and more so where COVID 19 is perceived to be a virus brought into Liberia by travelers. There are over 8,000 refugees residing in 5 counties in Liberia, with some in settlements that tend to be crowded. Though Liberia remains a conducive environment, access to social services (health, education) documentation and employment remains very low. There is no government budgetary allocation to refugees and services are severely hampered by lack of resources and funding by the international community. Food security is threatened by the inability to secure adequate farming land in some communities and exploitation of refugees by some community members. Refugees with pre-existing medical conditions, elderly refugees, women, children and refugees with disability are particularly vulnerable to marginalization, extreme poverty and abuse.

\begin{itemize}
\item \textsuperscript{83} Republic of Liberia. Pro-Poor Agenda for prosperity and Development (PAPD). November 20 2018.
\end{itemize}
IV. ECONOMIC RESPONSE & RECOVERY

Protecting jobs, small and medium-sized enterprises, and informal sector workers.

Macroeconomic and sectoral impact.
Livelihoods, informal workers, micro, small and medium-sized enterprises (MSMEs), and unemployment

The informal sector and MSMEs constitute the backbone of Liberia’s economic landscape. These informal MSMEs have lower rates of capital accumulation, savings, investments and productivity, which makes them more vulnerable to shocks such as COVID-19. Female ownership of MSMEs is estimated to be around 30% of businesses, and is generally clustered in smaller sized enterprises in the service sector. Women are also more likely to work as unpaid family workers in family enterprises and face more precarious conditions without social protection and other health and safety measures in the workplace.

The COVID-19 crisis is impacting MSME revenue, which has decreased due to lowered demand, whilst supply chains are being constrained exerting an upward pressure on the prices. Those most affected are in the trade and industry sectors, with close to two thirds of such firms affected according to LISGIS. The forced decreased operational capacities are leading to both temporary and permanent closures.

Access to finance already represents one of the most important obstacles in conducting business in the country and it will further be hampered by COVID-19. The crisis is generating risk aversion, leading to a slowdown in private sector investment. Women’s access to finance will particularly be affected and further limited. Already, pre-COVID-19 women accessed just 6% of commercial bank credit out of 18% for all SMEs in Liberia. Supply and demand factors compound women’s difficulty in accessing credit in the post-conflict economic environment. Lack of a credit culture and overall repayment rates make it difficult for financial institutions to lend to SMEs, especially to women, who they consider as higher risk. Other important factors limiting women’s access to credit are pervasive harassment and corruption that at times takes the form of sexual assault or exploitation when women apply for a loan, making women still reliant on informal lines of credit such as credit or loan clubs, otherwise known as “susus.”

Furthermore, the lockdown measures reduced access to financing facilities, due to mobility restrictions and closing or reduced hours of bank branches. Many small businesses may also be unable to pay debts due to reduced revenues as forecasted by the Central Bank of Liberia (CBL), which may further exacerbate creditor risk aversion to lending.

Informal workers constitute 80% of the labour force and are expected to be the hardest hit economically. The reduction in private consumption and demand due to lower incomes and restriction measures are negatively impacting the incomes of people who work in the informal sector. Informal workers rely heavily on day-to-day hand-to-mouth subsistence livelihoods and thus cannot afford to stop working. Supply related constraints are also posing challenges in restocking, which is leading to supplies increasing in price. Informal workers are therefore finding it difficult to meet loan repayments, school fees and daily living requirements, which is pushing them deeper into poverty.

Specific health risks related to COVID-19 also magnify vulnerabilities related to informal workers. Most informal workplaces lack the capacity to put in place the necessary hygiene and social distancing measures as they rely on close contact with their customers and often lack access to hand-washing facilities and PPE. If they do contract the virus, these individuals lack the formal health protection afforded to some formal workers in terms of health coverage, medical care and income security. Out-of-pocket health expenditure may therefore plunge them deeper into poverty or force them to resort to extreme coping strategies such as selling crucial assets, child labour or indebting themselves.

85 FPA, 14 August 2020, see ref. 36.
86 The World Bank Enterprise Survey 2017
study-description.
90 ILO, ILO Brief, May 2020, see reference 84.
Women and youth, over 90% of whom work in the informal sector, will be particularly vulnerable. Moreover, women work mostly in the wholesale, retail and trade sectors (estimated at around 40% of women compared to 16% of men) and are over-represented in accommodation and food service employment, which places them at higher risk due to the impact of COVID-19 on economic activity in these sectors. These are also the sectors with the highest rates of vulnerable employment for women and men, after the agricultural, forestry and fisheries sector.

Most informal workers also lack social protection coverage, which puts them at a significantly higher risk. Despite considerable government efforts to put in place safety-net measures, especially for food security, many in the informal economy will still fall through the cracks of social protection coverage and risk having their livelihoods significantly diminished.

The informal economy is also likely to increase as a consequence of the pandemic. Due to the income and employment shock of COVID-19, workers who have lost their livelihoods in the formal sector may be forced into the informal economy. Growing informality has been observed during previous health and economic shocks such as the Ebola crisis, the Indonesian financial crisis and the great recession. This will increase the number of individuals in precarious working conditions without formal social protection.

Income-generating activities in the non-farming sector, especially those in the services sector, are at particular risk. The services sector makes up a large proportion of non-farm activities (60%), thus placing a large majority of livelihoods under threat. Only 0.2% of the population have fixed broadband, and 7.9% have access to the internet. Around 82.3% of households do not have electricity in their households. This means that Liberia does not possess the structural infrastructure necessary for working from home. Consequently, these individuals have seen their sources of income and livelihoods diminish. Overall, 67.5% of households surveyed by LISGIS reported income losses. Unemployment is expected to increase due to the economic impact the pandemic is having on most at-risk sectors. Layoffs have already been seen in key export industries such as rubber and palm oil companies, whilst other wage workers are likely to be made redundant. Industries relying on exports are most likely to experience layoffs due to the reduced global demand and prices for these key exports. Some 75.3% of households surveyed by LISGIS reported job losses, whilst businesses in the hardest hit sectors reported temporary and permanent layoffs of around 40% of their workforce.

Income-generating activities in the non-farming sector, especially those in the services sector, are at particular risk. The services sector makes up a large proportion of non-farm activities (60%), thus placing a large majority of livelihoods under threat. Only 0.2% of the population have fixed broadband, and 7.9% have access to the internet. Around 82.3% of households do not have electricity in their households. This means that Liberia does not possess the structural infrastructure necessary for working from home. Consequently, these individuals have seen their sources of income and livelihoods diminish. Overall, 67.5% of households surveyed by LISGIS reported income losses.

Unemployment is expected to increase due to the economic impact the pandemic is having on most at-risk sectors. Layoffs have already been seen in key export industries such as rubber and palm oil companies, whilst other wage workers are likely to be made redundant. Industries relying on exports are most likely to experience layoffs due to the reduced global demand and prices for these key exports. Some 75.3% of households surveyed by LISGIS reported job losses, whilst businesses in the hardest hit sectors reported temporary and permanent layoffs of around 40% of their workforce.

The COVID-19 pandemic hit Liberia when the economic and social situation was already highly vulnerable to exogenous shocks. Economic activity had not fully recovered from the Ebola crisis and there were primary produce price shocks as growth remained weak. The GDP growth rate was revised down to a contraction of

---

92 ILO modelled estimates 2019, ILOSTAT.
93 Liberia Labor Force Survey 2011 (LISGIS/ILO); ILO modelled estimates 2019
95 UNDP, COVID-19 and Human Development, 29 April 2020, see ref. 33.
97 Liberia HIES 2016, see ref. 89.
98 FPA, 14 August 2020, see ref. 36.
99 Ibid.
2.5% in 2019 from a 1.1% increase in light of a weakened private sector, low consumption and reduced output.\textsuperscript{100} In spite of the challenges, expectations of a rebound were high, especially with the rollout of the Extended Credit Facility (ECF) supported by IMF in December 2019. This programme was set up to correct some of the shortfalls in the fiscal and monetary spaces, while removing some of the constraints inhibiting private investment and debt stabilisation. A new interest rate monetary policy framework was also unveiled by the CBL that aimed to reduce inflation, protect foreign reserves and take steps supported by the IMF programme to improve monetary governance and risk management. Considering these fiscal and monetary consolidation efforts, real GDP growth was expected to recover to 1.6% in 2020.

**Growth**

The pandemic is expected to negatively impact economic growth in the short term; however, the effects of the crisis are predicted to subside over the medium term leading to a resumption in growth. Growth forecasts have predicted a contraction of around 2.5 to 2.6% in 2020 in the COVID baseline scenario.\textsuperscript{101} However, downside scenarios predict a larger contraction of 3.3 to 3.6% if the pandemic worsens in the second half of 2020.\textsuperscript{102} The sharp contraction in 2020 is mainly attributed to the supply and demand shocks posed by the pandemic, which will particularly hit the services sector, private and public consumption, and international trade. The economy is nevertheless expected to recover in the medium term, with a recovery of between 2.4 to 4% growth in 2021 to 2022.\textsuperscript{103} This is, however, subject to great uncertainty given the unpredictable length of the pandemic and its global economic impacts.

**Agricultural sector**

The agricultural sector is expected to be impacted through food supply chain disruptions, shortages of inputs, a decline in food consumption, and a decline in prices and global demand for Liberia’s key agricultural exports. The Ministry of Agriculture (MoA) has reported supply chain disruptions of key food commodities, inputs (seeds, fertilizers, pesticides, tools, machinery, tractors etc.), imports and labour due to the movement and cross-border restrictions imposed as a response to the virus.\textsuperscript{105} On the demand side, dwindling income due to lowered consumption, reduced economic activity and lockdown effects have also seen pressures on food purchases, with 40.9% of surveyed households...
in a recent LISGIS survey reporting food reductions.\textsuperscript{106} These factors will hurt smallholder farmers who rely on market sales of their agricultural products. Lowered global demand and volatile commodity prices are also impacting key sectors in the country:

- **Rubber**: the rubber industry in Liberia is a major source of employment and livelihoods, as well as the main agricultural export (16.5%).\textsuperscript{107} The pandemic has depressed global demand for rubber.\textsuperscript{108} The countries that import most of Liberia’s rubber (the United States, Canada and Malaysia) have seen rubber imports decline significantly from January to June 2020.\textsuperscript{109} The price of rubber has also fallen by as much as 18.4% since January. This has already had impacts on the livelihoods of Liberians working in the rubber industry, with major layoffs announced by Firestone and cutbacks in purchases of rubber from smallholder farmers, whilst national rubber processors have slowed activity.\textsuperscript{110} It is estimated that rubber output declined by 27.1% year-on-year in the first five months of 2020.\textsuperscript{111}

- **Cocoa**: global cocoa demand has also diminished substantially.\textsuperscript{112} The decrease in prices is expected to continue to the end of the year. This will impact cocoa exports and hurt the cocoa farmers, which are numerous as cocoa is a major cash crop for the country. The Liberian Agriculture Commodity Regulatory (LACRA) has also reported that domestic cocoa and coffee buyers have largely ceased to purchase these commodities due to movement restrictions.\textsuperscript{113}

- **Palm oil**: demand for palm oil has equally been affected and prices have decreased as a result of the economic crisis linked to COVID-19. While prices are picking up, this does not preclude the impact the reduced demand and price effect has had on the sector, as epitomised by the large-scale redundancies by Golden Veroleum, the largest palm oil company.\textsuperscript{114}

- **Forestry**: the timber/wood trade and demand has declined globally as related sectors have also contracted.\textsuperscript{115} The decrease in prices of timber will impact the forestry sector in Liberia, which contributes around 9.7% of GDP\textsuperscript{116} and constitutes an important source of livelihoods and employment for around a third of Liberians.\textsuperscript{117} Certain forestry sectors such as charcoal have already felt negative effects through lowered employment, restricted supply and depressed demand.\textsuperscript{118}

## Mining

The country’s mining sector will be impacted by the fall in global demand and prices for iron ore, with the exception of gold. This will slow the high expected growth in the sector prior to the COVID-19 crisis.\textsuperscript{119} Iron ore is Liberia’s main export commodity and accounted for 42% of exports in 2019 and 22.1% of economic output.\textsuperscript{120} The global crisis is significantly reducing global demand in iron ore, especially in Europe which is the main importer.\textsuperscript{121} Iron ore prices also declined in the first quarter of 2020, and remained 9.75% lower year-on-year in July 2020. As a

\textsuperscript{106} FPA, 14 August 2020, see ref. 36.


\textsuperscript{109} Trading economics imports of rubber and plastics profiles for each country.


\textsuperscript{111} World Bank, Liberia Economic Update, June 2020, see ref. 100.

\textsuperscript{112} Terazono, E. and N. Munshi, “Choc waves: How coronavirus shook the cocoa market”, Financial Times, 30 July 2020, www.ft.com/content/t37aa0ac8-e879-4dc2-b751-3eb862b12276.

\textsuperscript{113} Ministry of Agriculture, COVID-19 situation reports, April-July 2020 op. cit.


\textsuperscript{116} World Bank, Liberia Economic Update, June 2020, see ref. 100.


\textsuperscript{120} Central Bank of Liberia, Annual Report 2019, see ref. 107.

consequence, iron-ore output declined.\textsuperscript{122} The diamond sector will also be negatively affected owing to lowered demand.\textsuperscript{123} The combination of these factors will reduce growth expectations in the mining industry and potentially impact close to 20,000 jobs in the sector.\textsuperscript{124} However, the recent rise of iron-ore prices combined with increased demand and prices for gold may lead to overall growth in the sector by the end of 2020, in line with IMF forecasts.\textsuperscript{125}

### Manufacturing

The reduced consumption, demand and international trade attributed to the COVID-19 crisis will negatively affect the manufacturing sector, which comprises 6.5% of economic output.\textsuperscript{126} Cement and beverages, the two main manufactured goods, experienced a reduction in production in the first half of 2020 (10.1% and 46.7% year-on-year, respectively) due to reduced consumption, slowed capital investments and the contraction felt in the services sector.\textsuperscript{127} Governmental restriction measures will also contribute to lowered sectoral output due to their effects on productivity. This will have spillover effects on employment levels and livelihoods in the sector, which employs around 5.6 to 6.4% of the total workforce (the third largest employer after agriculture and services).\textsuperscript{128}

### Services

The services sector accounts for 45.3% of economic output and is the largest sector in Liberia’s economy. It is also the main employer, besides the agricultural sector, accounting for around 40% of the workforce, particularly those working in the informal economy.\textsuperscript{129}

The services sector will be particularly impacted by the pandemic, largely driven by the lockdown, social distancing, border restrictions and weakened demand. The sector is expected to contract by a considerable 12.1% of GDP in 2020 before experiencing a slow recovery in the medium term under the assumption that the pandemic’s impact subsides by 2021.\textsuperscript{130}

The impact of COVID-19 related restriction measures will also significantly impact the transportation sector. Border restrictions, internal movement limitations and a general decline in demand for transport due to reduced mobility will substantially reduce revenues and incomes for businesses and workers in the sector. The Ministry of Transport’s COVID-19 prevention measures such as limiting passengers per ride and social distancing will

---

\textsuperscript{122} World Bank, Liberia Economic Update, June 2020, see ref. 100.
\textsuperscript{125} IMF Country Report No. 20/202, June 2020, see ref 35.
\textsuperscript{126} Central Bank of Liberia, Annual Report 2019, 2019, see ref. 107.
\textsuperscript{127} World Bank, Liberia Economic Update, June 2020, see ref. 100.
\textsuperscript{128} ILO modelled estimates 2020; Labor Force Survey 2011.
\textsuperscript{129} ILO modelled estimates 2020; Household Income & Expenditures Survey 2016
\textsuperscript{130} World Bank, Macro-Poverty Outlook: SSA, April 2020, see ref. 29.
further compound the reductions in income for vulnerable transport drivers in the informal economy such as keh-keh (tricycles), taxis and phen-phen motorcycle taxis. The aviation industry will also be particularly hard hit due to the closure of Roberts International Airport and the cessation of commercial flights until its reopening in late July 2020. From a health perspective, these workers are also at high risk of contracting the virus due to the limited social distancing that is inherent on public transport.

The wholesale, retail and trade sector will be especially undermined due to the COVID-19 measures and reduced consumption and demand. This sector comprises the majority of non-farm employment activity (60%), particularly women, and is a major part of the informal economy. It is responsible for around a quarter of the output of the services sector. Social distancing and other restriction measures are highly disruptive as these activities rely on close contact and day-to-day activities. Similarly, value chains are disrupted due to movement restrictions, which restrict supply. These factors will thus have drastic impacts on the livelihoods of these workers, many of whom lack formal social protection.

Inflation

Inflation is stabilising during the COVID-19 period, but the crisis still poses inflationary risks. Unadjusted annualised inflation remains high (18%) as of June 2020, which threatens to continue weakening the purchasing power of Liberian households, leading to a negative effect on consumption. There are countering forces at play: the weakened demand induced by income shocks, lower fuel import costs and tight monetary policy are expected to suppress inflation, whilst supply-related constraints and rising food and medical import costs threaten to fuel rising prices in imported goods, certain food prices and transportation costs. These trends have been witnessed between January and June 2020 (see Figures 14 and 15). Moreover, the pressures on the currency, higher cash needs (thus possible increases in money supply) and increased public debt to finance the fiscal deficit also lead to inflationary pressures. However, these are expected to subside in the medium to long term as macroeconomic pressures ease and monetary tightening and fiscal consolidation continue.

Financial sector

Before the arrival of COVID-19, the CBL had been implementing an action plan, with support from the IMF, to try and tackle financial sector vulnerabilities, and the GoL had launched the National Financial Inclusion strategy that emphasises digital financial strategies to expand the sector’s access. These could be undermined as the economic effects of COVID-19 are having an adverse impact on the financial

---

sector, further weakening the already fragile situation. Instances of panic buying and generalised cash withdrawals instigated by the uncertainty related to the crisis and declining loan repayments threaten to strain the financial sector. The CBL’s stress tests conclude that non-performing loans (NPLs) will increase by around 9% to 30%, mostly driven by the sectors most affected by the crisis, whilst the liquidity ratio of banks is expected to increase from 3.5% to 24%. There is also the delayed redemption of financial instruments, the majority of which are held by commercial banks. These financial stability concerns are, however, being monitored by the CBL and are still considered moderate. However, a deepening of the crisis would create greater strains which could risk the sector’s stability and undermine the new monetary policy framework.

**Fiscal deficit**

Recent reforms were expected to yield positive results for fiscal consolidation, and the government had unveiled plans to limit expenditure growth whilst mobilising additional revenues. The domestic revenue strategy by the Liberia Revenue Authority (LRA) sparked a slight increase in revenue generation, whilst the introduction of tax payments being made through an automated system will reduce in-person transactions and increase transparency in revenue collection. In addition, IMF-supported wage harmonisation has led to an equitable redistribution of wages across ministries and agencies of government by removing discrepancies in salaries and reducing the wage bill and arbitrary allowances. Ongoing payroll cleansing will also assist in creating fiscal space for other public sector investment projects.

The reduced economic activity induced by the crisis is expected to weaken government revenue. The income, supply and demand shocks engendered by the crisis will lower the tax revenue by an estimated 2.2% to 9.8% of GDP. The initial tax revenue was already below the Economic Community of West African States (ECOWAS) average, and the decline is expected to place Liberia further below the 15% of GDP “tipping point” that allows taxes to be a meaningful contribution to growth and effective state functioning. Custom duties, which constitute the major source of tax revenue, have experienced reductions due to declining cross-border trade and imports, whilst taxes on income, corporate profits, goods and services, and other trade-related matters are also expected to decline due to lowered economic activity. This will further undermine efforts to strengthen the tax revenue base. There have been efforts to counteract this with the implementation of a 0.30 cents tax per gallon of petroleum products, which may have some effect.

Regarding expenditure, the GoL’s COVID-19 response plan, estimated to cost $33 million, will require additional government spending and has already led to budget revisions. This will partially increase expenditure, which is expected to rise to 22.1% of GDP from 21.9% the previous fiscal year. International credit facilities and grants from the IMF (Rapid Credit Facility [RCF] of $87 million), World Bank ($25 million), EU and AfDB ($16 million each) are expected to correct the fiscal gap to a certain degree for 2020.

---


134 The automation process developed by the National Identification Registry (NIR) allows for all employees of government to obtain a biometric identity as a precondition for the receiving of salaries, whilst the payroll cleansing is intended to remove ghost names from government payroll, especially at the ministries of health, education and the security sector.

135 World Bank, Liberia Economic Update, June 2020, see ref. 100.


138 World Bank, Liberia Economic Update, June 2020, see ref 100.
Redirecting and reallocating limited resources away from critical development programmes to the most needed sectors (health, sanitation, social welfare and security) have presented major challenges in maintaining an appreciable fiscal space and in managing the factors and demands within that space. Managing public investment spending during the COVID-19 pandemic has created two challenges: (i) cuts or postponements in public investment spending to make room for emergency spending in the immediate response to the pandemic; and (ii) the scaling up of public investment spending to support economic recovery and growth at the same time. The short-term impact will necessitate dispensation from the existing fiscal policy objectives, or a temporary suspension of fiscal rules, to deal with emergencies in the face of scarce resources and rising public and social demands. In addition to budgetary constraints, many projects may be delayed or cancelled.

In light of these factors, the socio-economic impact of COVID-19 is expected to prolong the fiscal deficit, which has been projected to be 6.1% of GDP in 2020. In the medium to long term, the fiscal deficit is expected to improve due to the subsiding of the economic fallout of the pandemic and greater fiscal consolidation based on increased efforts to develop the tax revenue system, and is projected to decrease to 5.7% of GDP in 2021 and 3.2% of GDP in 2022. However, this is subject to great uncertainty given the evolving nature of the pandemic and the global economic situation.

**External sector**

The drop in key commodity prices and the largest slump in global demand for commodities since 1960 will hurt Liberia’s main exports, except for gold which has seen a rise in prices. Liberia’s high trade-to-GDP ratio of 127.5% exposes the country to major trade-related demand and price shocks experienced globally. The World Trade Organisation (WTO) estimates that trade will decline by 13 to 32% in 2020. As previously described, the reduced global demand and prices of Liberia’s key export commodities will negatively impact export receipts. These have already reduced export earnings by 17.6% during the first two quarters of 2020, which will weaken the already declining Liberian dollar and place additional pressure on limited foreign reserves.

The declining prices and demand in key imports will offset the export impacts to some extent. The oil price decrease will alleviate petroleum import costs and thus ease fuel consumption costs for households. However, imports of manufactured goods and investment-related goods declined by 50.1% and 22.6% year-on-year, respectively. Internationa trade taxes play a major role in the government’s tax revenue, accounting for 47% of total tax revenue. Thus, declining imports will weaken the already fragile tax revenue base.

Rising prices in rice imports, lowered food imports and medical equipment shortages also pose a risk to Liberia. The rise in prices for rice is worrying given that rice is the major food import and that food imports constitute around half of food consumption in the country. Such supply chain constraints may also lead to speculative hoarding, which drives up prices, as was observed by certain rice traders selling their product for much above the approved prices. Liberia’s medical equipment and drugs shortages also render the country vulnerable to the international shortages and price volatility of these products induced by the pandemic. For instance, further export restrictions of medical supplies adopted by numerous countries will threaten import bills and the needed medical supplies in the country.

These factors have led to a widening of the trade deficit resulting from a 4.8% rise in import payments and the decline in export receipts. The expected stabilisation of

---

export commodity prices may contribute to a forecasted positive terms-of-trade and a reduction of the trade deficit from 17.7% to 16% of GDP by the end of 2020.\textsuperscript{145}

Foreign direct investment (FDI), which has been identified in the PAPD as a crucial element for the country’s growth, is expected to decline due to the pandemic. The government’s FDI policy of requiring investors to provide public goods for the local communities where their investments are situated has been empirically shown to boost local economic growth and improve livelihoods/employment, especially in the mining and iron-ore industry.\textsuperscript{146} FDI also indirectly contributes to government tax revenues, export revenues, infrastructure development and potential technology transfers.\textsuperscript{147} The onset of COVID-19 is expected to reduce FDI in Africa by as much as 30-40% in 2020, according to the Organisation for Economic Co-operation and Development (OECD) and the United Nations Conference on Trade and Development (UNCTAD). This is also reflected in recent IMF projections for Liberia.\textsuperscript{148} This will impede growth efforts in key economic sectors and have spillover effects on employment, livelihoods and human development, especially considering the high reliance on FDI as a growth strategy (higher than the sub Saharan Africa [SSA] average) for the country.

Given that around 22% of Liberians rely on international remittances, and inflows amount to around 16.2% of GDP,\textsuperscript{150} the expected decline in remittances will have a significant impact on the income of numerous households.\textsuperscript{151} This will decrease private consumption, increase poverty and weaken the balance of payments. The bulk of remittance inflows originate from the United States, which is experiencing record unemployment rates.\textsuperscript{152} Nonetheless, net remittance inflows have been positive in the first half of 2020, most likely due to lowered remittance outflows. This will have positive impacts on the currency.

The budgetary impacts of the pandemic on major donor countries may threaten to reduce overseas development assistance (ODA). However, the Development Assistance Committee (DAC) of the OECD has declared its intentions to safeguard ODA budgets in response to COVID-19.\textsuperscript{153} Nonetheless, worsening economic conditions may weaken such promises, and ODA could...
reduce as a consequence.\textsuperscript{154} Certain forecasts related to different pandemic length scenarios predict that ODA reductions may be significant the longer the duration of the pandemic.\textsuperscript{155} This would place additional pressures on the fiscal deficit forecast for Liberia in the short to medium term, especially considering the country’s high reliance on ODA. ODA as a proportion of gross national income (GNI) is 20%, which is much higher than the SSA and low-income developing country (LIDC) averages of 2.8% and 4.9%, respectively. Due to declining inflows from other sources, safeguarding ODA seems to be crucial to address widening fiscal space pressures posed by the crisis.

Given this, COVID-19 is expected to put pressure on the current account deficit (CAD) and the balance of payments (BoP). The IMF and World Bank have forecast that the CAD will increase to -22.7% of GDP, whilst the AfDB predicts a larger gap of -28.4%. In addition to the fiscal deficit pressures, these factors will contribute to a pressing balance-of-payments gap of over 5% of GDP (around $150 million).\textsuperscript{156} The CAD and BoP deficits are nevertheless forecasted to reduce in the medium to long term given the expected subsiding of the economic fallout of the pandemic and the external financing from institutions such as the IMF, World Bank, EU and the AfDB in response to COVID-19.

Exchange rate and foreign reserves

The Liberian Dollar (LD) has been depreciating significantly against the US Dollar for some years due to donor fatigue, which has led to the reduction of aid inflows, declining export receipts, decreased remittances, and heightened demand for foreign currencies to finance imports and repay external debt. The depreciation rate peaked at 35.6% year-on-year in 2019, declining to 29.6% at the end of 2019 (Figure 20).

The volatility of the Liberian dollar may be exacerbated by the uncertain macroeconomic conditions, and the weakening prices and reduced global demand for Liberia’s key commodity exports will likely weaken the currency. The CBL also expects speculative investments in foreign currencies as a result of generalised uncertainty, especially given the high dollarisation of the economy with currency substitutions in periods of lowered confidence in the Liberian dollar. Declining remittances, FDI and capital flight will contribute to these pressures. However, they may be offset by reduced imports and large flows of donor grants and budget support. Currency trends observed until June 2020 show a slowed rate of depreciation (see Figure 20), which remained stable into the second quarter of 2020.\textsuperscript{157} As a consequence, foreign reserves are expected to improve slightly but remain at inadequate levels, constituting around 2.5 to 2.7 months of imports. This is below the recommended 3.3 months by the IMF.\textsuperscript{158}

Debt

The pandemic and its socio-economic impacts are also expected to weaken Liberia’s debt sustainability. The joint IMF and World Bank debt sustainability analysis (DSA) highlights the impact of the economic contraction on Liberia’s capacities to borrow as the country’s financing needs increase. However, the results conclude


\textsuperscript{156} IMF, Country Report 20/202, June 2020, see ref 35.


that Liberia is at moderate debt risk, and is therefore able to repay its debts in the medium to long term.\textsuperscript{159} This rests on the assumption that the crisis will subside by 2021. If this is not the case, and the economic and fiscal situation worsens, the country’s debt situation may worsen to debt distress. Nonetheless, the global discourse on debt relief and replacing loans with grants can be capitalised on as per the April 2020 agreement with the IMF. This can ease debt pressures.

\textsuperscript{159} IMF, Country Report 20/202, June 2020, see ref 35.

![Figure 21. Public debt projections](source: IMF June 2020)

### Table 5. Selected macroeconomic indicators (2018-2022f)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019\textsuperscript{e}</th>
<th>2020\textsuperscript{f}</th>
<th>2021\textsuperscript{f}</th>
<th>2022\textsuperscript{f}</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Real GDP growth (constant prices) % change</strong></td>
<td>1.2</td>
<td>-2.5</td>
<td>-2.5</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td></td>
<td>of which, mining &amp; panning</td>
<td>24.2</td>
<td>13.2</td>
<td>8.6</td>
<td>6.8</td>
</tr>
<tr>
<td></td>
<td>of which, non-mining</td>
<td>-1.2</td>
<td>-4.5</td>
<td>-3.5</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Inflation (CPI annual average)</strong></td>
<td>21.2</td>
<td>24.4</td>
<td>17.6</td>
<td>13.5</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total revenue &amp; grants (% of GDP)</strong></td>
<td>25.90%</td>
<td>28.40%</td>
<td>27.60%</td>
<td>27.70%</td>
<td>28.90%</td>
</tr>
<tr>
<td><strong>Total expenditure (% of GDP)</strong></td>
<td>30.80%</td>
<td>34.70%</td>
<td>33.60%</td>
<td>33%</td>
<td>31.80%</td>
</tr>
<tr>
<td><strong>Overall fiscal balance (% of GDP)</strong></td>
<td>-4.80%</td>
<td>-6.30%</td>
<td>-6.10%</td>
<td>-3.70%</td>
<td>-5.60%</td>
</tr>
<tr>
<td><strong>Debt (% of GDP)</strong></td>
<td>37.20%</td>
<td>51.10%</td>
<td>59.50%</td>
<td>65.60%</td>
<td>66.60%</td>
</tr>
<tr>
<td><strong>Current account balance (incl. grants) (% of GDP)</strong></td>
<td>-22.40%</td>
<td>-22.50%</td>
<td>-22.80%</td>
<td>-20.20%</td>
<td>-19.40%</td>
</tr>
</tbody>
</table>

V.
GOVERNANCE, SOCIAL COHESION, HUMAN RIGHTS & COMMUNITY RESILIENCE
As outlined in the introduction, COVID hit Liberia in the aftermath of a double transition. The already observable short-term effects (0-12 months) of COVID and its possible medium-term impacts (0-36 months) both take into account the ongoing dynamics in Liberia, as well as pre-existing factors of fragility and the wider context (sub-regional Mano River Union [MRU] and ECOWAS dynamics, global dynamics).

**Short-term effects on governance and human rights**

The Government of Liberia took early action against COVID, including quarantine and lockdown measures and awareness raising (the “Let’s stand together and fight Coronavirus” song). With the support of local civil society and the UN, Liberia took the following specific measures: contact tracing; procuring and distributing medical supplies; fiscal measures (including a $3 million emergency response budget and putting all available domestic resources into the government consolidated account); and revenue and expenditure measures (including supporting emergency food aid for the poor, improving monitoring and control of spending, and safeguarding foreign exchange reserves). Time-bound emergency powers were authorised by the legislature.

The government also took several actions that were at times met with resistance or criticism, with second quarter 2020 protests and riots (Monrovia/Montserrado, Maryland, Nimba) back at second quarter 2019 levels (Figure 22). The proposed increased price of internet data, for example, prompted the June 2020 riots, and led to the perceived police abuse of journalists. Earlier protests in January and March 2020 were about corruption, economic hardship, unpaid salaries and pensions in the public sector. Some protests and riots were led by women, mainly in Monrovia but also in the interior (e.g. in Grand Gedeh, Nimba and Margibi).

Violence against civilians peaked sharply in April 2020, with incidents in Monrovia/Montserrado, Bong and River Gee. There is some evidence of the police and army using force, such as truncheons, from day one of the lockdown, and lethal force used against women and children. However, the heavy-handed enforcement of COVID measures by the police (especially in April 2020) gave way to more preventative and dialogue-based approaches.
approaches as clearer guidelines were issued by police command. Liberia was not among the top 15 countries where the Office of the United Nations High Commissioner for Human Rights (OHCHR) noted the gravest human rights violations under the guise of exceptional or emergency measures.

Pre-COVID, the security system in Liberia was already of particular concern. The police have limited presence in some remote areas, and there are active militias outside government security forces. There have also been instances of police and other security officers abusing, harassing and intimidating persons in police custody, as well as frequent extortion (e.g. of motorists). The public’s lack of confidence in the police and the judicial system has often led to mob violence and vigilantism. There are, however, codes of conduct for both the army (Uniform Code of Military Justice) and police. The Uniform Code of Military Justice was used to hold soldiers to account after they pulled citizens out of their homes in Slip Way and Crown Hill communities.

Half of all violent incidents (protests, riots, violence against civilians) reported since 1 February 2020 occurred outside Monrovia (Figure 23). Besides Greater Monrovia, Bong, Grand Bassa, Grand Gedeh, Grand Kru, Margibi and Nimba each had at least one instance of violence against civilians by the police, military forces or the Gbei Sella communal militia (e.g. in Bain, July 2020). There were also instances of mob violence in Nimba and Grand Kru, where rioters were pit against the police.

Access to justice is another source of tension that existed pre-COVID but that has been amplified with the arrival of the pandemic. Besides the high costs and delays associated with litigation in the formal courts, judicial corruption has been a major obstacle to fair and transparent trials. Corruption in the justice and security institutions has had direct and indirect negative impacts on vulnerable citizens, including reduced access to justice and security services. The lack of judiciary personnel has often led to trial delays, access to justice is costly for most citizens, and there are not enough lawyers outside Monrovia, which affects

![Figure 23. Location of incidents (Jan 30- June 20, 2020)](https://acleddata.com/#/dashboard)


---

166 Interview, UN Country Team, Monrovia, 9 July 2020.
citizens living in the interior.\textsuperscript{173} Formal justice institutions are absent in remote areas. While much progress has been made in establishing legal aid clinics, helping thousands,\textsuperscript{174} there lacks an institutionalised and comprehensive legal aid system for the poor and disadvantaged who are most vulnerable to having their human rights infringed. Specifically, the crisis associated with COVID-19 is having the following effects on access to justice:

- Access to justice has further slowed down given social distancing measures and restrictions on movement (only two cases per day, reduction of court staff allowed on judiciary premises, initial reduction of working hours), and the Chief Justice’s decision to suspend jury trials. These delays are leading to an increase in the caseload due to pre-existing delays and new cases (civil, including family, land and property related; and criminal). This is expected to have a knock-on effect, resulting in an increase of pre-trial detainees whose cases will take longer to be processed.

- Customary justice may help some of the most pressing issues: 80% of Liberians already take their cases to customary leaders for resolution due to the challenges above and their greater familiarity with traditional processes. Given that Liberia has two legal systems, one statutory and one a state-sponsored customary, cases can be transferred from one to the other, and the ongoing efforts to harmonise the two systems can help mitigate the very limited access to formal justice. The limitations of customary justice will have to be borne in mind, mainly that it is more conservative, less gender sensitive, and lacks controls and accountability.\textsuperscript{175} As more cases, including those related to SGBV, will be brought to customary justice and ultimately resolved by family settlement, there is a risk that such types of cases continue to grow.

- As access to justice is further limited by COVID 19, there will be a probable rise in crime due to a rise in vulnerability. Figure 24 shows factors such as loss of income; poor food security; increased isolation; increased anxiety and mental health issues; new opportunities to commit crimes, e.g. unmanned offices, shops and storage, online fraud; security forces being busy enforcing COVID measures; and the stigmatisation of individuals and groups who are infected or thought to be infected. A probable rise in crime is of particular concern given how cash-strapped the security sector was pre-COVID.\textsuperscript{176}

- Prisons were vastly overcrowded pre-COVID, and the Chief Justice has instructed judicial officers to grant self-bail in the majority of cases to reduce overcrowding. There have been reports of early release of inmates,\textsuperscript{177} but the Chief Justice’s directive has not yet been followed widely. The World Health Organization has called on governments to decongest prisons as the overcrowding of prisons such as those in Liberia expose the prison population to higher chances of contracting the virus. The lack of proper hygiene facilities, adequate equipment, medicines and other health-related facilities compound these risks.\textsuperscript{178} Due to their limited freedoms, these individuals may also face discrimination in accessing health care due to their status of “criminals”, as exemplified by fears of decongesting prisons reported in Liberia.\textsuperscript{179}

In addition to violence against civilians, the situation of human rights, particularly freedom of expression and association, needs to be monitored. Although the constitution does guarantee the right to assemble, freedom of association and the right of expression, human rights pre-COVID was below the ECOWAS average on censorship and freedom of association (as well as gender equality and

\begin{thebibliography}{99}
\bibitem{BertelsmannTransformationIndex} Bertelsmann Transformation Index, 2020, see ref. 171; US Department of State, 2019 Country Reports on Human Rights Practices, 2020, see ref. 168.
\bibitem{UNDPRule} E.g. CSOs supported by the UNDP Rule of Law programme provided legal aid to more than 4,700 Liberians through CSOs over the past three years. The Liberia National Bar Association also has legal aid clinics.
\bibitem{DeliveringJustice} The poor face a tradeoff “between repressive, but proximate customary law, and a more progressive, but expensive and punitive formal justice system.” Sandefur, J. and B. Siddiqi, “Delivering justice to the poor: Theory and experimental evidence from Liberia”, World Bank Workshop on African Political Economy, Washington DC, May 2013. Moreover, the Committee on the Elimination of Discrimination against Women raised concerns about the fact that certain elements of customary law are in conflict with statutory law and do not comply with the Convention on the Elimination of All Forms of Discrimination against Women.
\bibitem{JusticeSecurity} The total allocation for the justice and security sectors for 2017–18 and 2018–2019 was US$86m/year, a drop from $94m in 2016–17. Of this $86m, 72% is spent on salaries and wages, and 28% on operations, equipment and other non-financial assets. Even fueling and repairs to police vehicles was problematic pre-COVID.
\bibitem{NinthJudicial} For example, the Ninth Judicial Circuit Court in Gbarnga (Bong County) released 12 pretrial detainees from the Gbarnga Prison in order to ease congestion as the nation fights COVID-19 pandemic in April 2020.
\end{thebibliography}
SGBV, see section above). Since COVID there has been no internet shutdown or broad restrictions, and there is no documented use of digital surveillance thus far. However, there are reports of threats to press freedom and restrictions of freedom of expression and access to information.180

One issue of concern is the limited information on COVID 19 and the country’s response. Civil society in particular is calling for more information on fund availability and management,181 and whether the current response is proportionate or doing more harm than good.182 Many citizens think that “Corona is not going to kill many people. It is hunger that will kill many Liberians.”183

Experience elsewhere with the COVID response (from Bolivia, Ecuador, Peru and the Ukraine) shows that the risks of rising mistrust between the state and society and across groups, the risks of “misprocurement”, and the risks of systemic exclusion are high where corruption and inequalities pre-exist. Pre-COVID, corruption and favouritism were among the main triggers of tensions in Liberia.184 A main challenge for the current government, which has been amplified by COVID, is to avoid corrupt interests that undermine official policies.

The participation of civil society (both in Monrovia and in the interior) and media in responding to epidemics and pandemics was a key lesson from the Ebola crisis,

Figure 24. Effects of COVID-19 leading to an increase in crime and domestic violence

Source: Report authors.


particularly in Liberia. 185 The government has been partly responsive to these calls for participation, for example by including civil society in the food distribution task force and allowing civil society organisations (CSOs) to take part in the COVID response without a prior specific permit, as was the case in the earlier days of the COVID crisis. Civil society organisations see their role as threefold: (i) awareness raising of COVID and COVID-related issues; (ii) promoting human rights; and (iii) following COVID-related expenses and the government response. 186

Trafficking in persons, which was one of the most notable downward trends over 2014–2017, 187 is another issue the government will want to watch closely. In Liberia, the enforcement of COVID-19 protocols and the close monitoring of border entry points could lead to a reduction in both outbound and inbound trafficking in persons. However, COVID may have increased the vulnerability of victims of trafficking currently in Liberia (including children exploited in the mining sector). Trafficking in persons remains an issue to watch, as experience elsewhere shows that the effect could also become negative, with the COVID-related sealing of border decreasing legal trade and increasing incentives for illegal crossings, illicit trade and trafficking. 185 Although the relationship with COVID enforcement is not obvious at this point, cases of trafficking in persons have been reported in the second quarter of 2020. 188

Regional responses are being discussed in ECOWAS and African Union forums, but to date there is little evidence of harmonised special measures for areas such as borders. As elsewhere, economic tensions are leading to the smuggling of food, fuel and equipment (e.g. fuel from Ganta in Liberia to neighbouring Guinea, and goods from Guinea to Liberia).

Medium-term impact on drivers of conflict and fragility, social inclusion and social cohesion, and implications for recovery planning

Drivers of conflict and fragility (both structural and triggering) and drivers of resilience/potential mitigating factors are summarised in Figure 26.

Structural drivers of conflict and fragility relate mainly to: (i) key state functions, basic service delivery and poverty; (ii) unequal opportunities and lack of social cohesion; (iii) high external dependency; and (iv) perennial flooding. 190

Some key state functions are weak. These key functions usually comprise security, rule of law, macroeconomic management, public health, disaster management and poverty reduction. 191 The Ibrahim Index of African Governance (IIAG) indicators shows that indicators in Liberia for transparency and accountability, personal safety, human rights, public management, welfare, and health were below ECOWAS averages (Figure 25).

Unequal socio-economic opportunities and a lack of social cohesion are another structural driver of fragility. Despite a long-running process of decentralisation, the state has remained strongly centralised, and service delivery is limited and unequal. Sub-offices of the main state institutions have been established and strengthened in major provincial centres. The creation of regional security hubs, which were active in 13 out of the 14 counties by 2018, has improved the reach of security forces, although major gaps persist. Some 3,800 of the country’s 5,000 police are based in the capital city. Although there has been progress since 2014, especially in terms of transport

---


186 Interview, UN Development and Peace Adviser (July 2020) and Accountability Lab (August 2020).


infrastructure, Liberia’s physical infrastructure remains particularly deficient in rural areas. Service delivery varies from region to region and is generally poor.

Relatedly, social cohesion in Liberia is low across groups and regarding government. Trust is largely restricted to private settings such as kin and religious groups. Liberians often organise themselves into neighbourhood and voluntary associations that play a key role in regulating inter-group relations and mediation between society and state; however, lack of trust issues limit their reach. The Chamber of Commerce, the Liberian business association, trade unions and women’s civil society groups are also important interest groups. Trust in government and increasingly consultative national COVID response. But this has been a work in progress and is yet to fully achieve the intended result.

COVID-19 is exposing and reinforcing some of the divides noted above. But at the same time, strong social capital within kin and religious groups and a strong sense of nationhood can work in favour of rolling back the pandemic and cushioning its socio-economic impacts.

Box 1. Regional specificities pre-COVID-19

Half of the population lives under the poverty line, and Democracy International (2016) found that “structural and operational capacity deficiencies at the national and regional levels stemming from continued challenges around political inclusivity, lack of transparency (resulting in low trust), and low human and resource capacity for service delivery, are a pervasive grievance across all sectors and all regions”.

However, there are some regional specificities. First, there are marked differences in governance, security and development indicators between Greater Monrovia and the rest of the country. Greater Monrovia and rural Montserrado report the highest levels of experience with violence, feelings of “not being safe” and a perception of poor government performance in reducing crime. In Monrovia, the lack of housing is also a major source of grievance. Respondents outside of Greater Monrovia have less access to community and national level information (especially in Grand Bassa), are two to three times more likely to have no education than those living in Monrovia, and are poorer in terms of both assets and income (particularly in Bomi, Grand Kru and Rivercess). Limited access to services was a key grievance in Bong, Nimba and Lofa (2016). The road network does not reach the centre of the country, which makes access to health and justice particularly challenging. Cities such as Barclayville and Greenville are cut off from the rest of the country during the wet season.

There are also marked differences across counties in the interior:

- While land issues were most problematic during the civil war in Grand Gedeh, Rural Montserrado, Nimba and River Gee, land issues remain salient mainly in Grand Gedeh, Nimba and Greater Monrovia. Other regional specificities include resentment against wealthy foreigners and “repats” around their land purchases in Margibi and Grand Bassa. Land conflicts take ethnic overtones in Nimba (between Mandingos, Manos and Gios) and in Lofa (between Mandingos and Lomas).

- Relations across ethnic groups are thought to be poorest in Lofa and Grand Kru, particularly between Loma and Mandingo, Gio and Mandingo, Krahn and Mandingo, Vai and Mandingo, and Kini and Gio.

- The south east (Sinoe, Grand Kru, Maryland, River Gee and Grand Gedeh) has specific tensions related to the illegal poaching of fish (coastal areas), land occupation, illegal hunting and farming, and the smuggling of weapons and illicit drugs (border areas).


192 Ibrahim Index on Governance Database, http://iiag.online/ (accessed 29 June 2020); Bertelsmann Transformation Index 2020, see ref. 171
193 Liberia’s historical experience has made the non-delivery of public services the normal state of affairs with a deeply ingrained culture of corruption among officials. In combination with a lack of qualified mid-level civil service staff, the state has lacked rationality in mobilizing revenues and using them efficiently. As a result, there have been limited improvements in public service delivery over the past 15 years.” Bertelsmann Transformation Index, 2020, see ref. 171.
Liberia is one of the most dependent countries on external financial flows and among the most aid dependent countries in the world. In addition, it is one of the most remittance dependent, natural resource dependent and food-import dependent countries among fragile states. This heightens Liberia's fragility in times of epidemics.

Liberia is affected by natural hazards, sometimes accelerated by humans, such as flooding, epidemics, tropical storms, wildfires, tidal abnormalities, erosion and the possibility of droughts. Some of these factors affect almost all areas, such as river floods and wildfires. Other natural hazards affect the same communities repeatedly, for example epidemics tend to affect the capital city and border cities most, landslides affect Maryland most, and coastal floods affect most of the Liberian coast. Because such natural hazards compound and accelerate the impact (direct and indirect) of COVID, the COVID response will need to pay special attention to communities most vulnerable to other non-COVID threats. A measurement of multidimensional vulnerability, including natural hazard and health and food security vulnerabilities and coping capacities, using indices such as INFORM at

---


the subnational level would help identify the most at-risk communities.198

Regarding crisis triggers, these are labelled “potential” in Figure 26 because measures are sometimes put into place to manage these risks. Two are directly COVID-related: (i) the risk of COVID cases breaking already fragile health systems; and (ii) the risk of a shortage of food, fuel and essential equipment. Most crisis triggers are pre-existing risks, including economic tensions, risks of corruption, tensions in neighbouring countries and previous history of a heavy-handed response to a health crisis with little community involvement.

Mitigating factors are equally “potential”, even if there are tangible signs that they could be realised. These include the quality of the national, international and sub-regional (MRU/ECOWAS) response.

Pre-COVID, Liberia had been subject to all kinds of shocks, for example: aid shocks (Figure 27 shows peaks in 2010 and 2016 and lows in 2013 and 2018); the Ebola crisis of 2014-15, from which some lessons have been learned, including the need to involve community leaders and civil society organisations in crisis response199; and a peaceful transition of power in 2018, but frequent protests over corruption and other issues in 2019.

Based on the above drivers of fragility and resilience, actual and potential, Liberia is at a new crossroads and facing three possible scenarios (see Section II): These three alternative scenarios depend on (i) the quality of

---

198 Subnational mapping of multidimensional vulnerability exists in several countries e.g. Niger, Honduras, Guatemala and El Salvador.

the Liberian leadership’s response (quick, relevant and targeted at the national and community level); and (ii) the quality of the international community’s response (including sufficient ODA and other development finance resources, good coordination across donors, and good coordination across ECOWAS countries). The Liberian government has demonstrated early and inclusive leadership (e.g. the composition of the steering committee for food distribution), and the heavy-handed enforcement of COVID measures by the police has already given way to more preventative and dialogue-based approaches. However, the availability of ODA and other development finance is much more limited than following the Ebola crisis, and the management of resources (ODA, FDI, domestic) remains an issue.\textsuperscript{200}

\textsuperscript{200} Interview, UN Country Team, Monrovia, 9 July 2020.
VI. WAYS FORWARD: RECOVERY NEEDS, STRATEGIES & POLICY RECOMMENDATIONS
As outlined in the governance section, Liberia faces several possible scenarios:

Scenario 1: An effective and holistic response that finds the right balance between prevention and treatment and between health and socio-economic issues, and that ring-fences COVID-related procurement and spending.

Scenario 2: Health damage controlled but at high socio economic cost. An early response that limits COVID cases and prevents overloading health systems and the deterioration of pre-existing health issues, but at the expense of the economy (including poor populations that make up the majority of the population) and of social cohesion, with durable effects.

Scenario 3: A triple health, economic and political crisis leading to violence, poverty and corruption spiralling out of control.

These three alternative scenarios depend on two major variables: (i) the quality of the Liberian leadership’s response at both national and community levels; and (ii) the quality of the international community’s response, including at the ECOWAS level. This section presents thematic policy recommendations and guiding principles to the international community that are necessary to realise the first scenario.

Based on data available up to 30 June 2020, the current ambition is not only to “build back better” after a disaster, but also to tap into Liberia’s sources of resilience to manage a multidimensional crisis that includes health issues and the pre-existing issues of economic tensions, corruption and inequalities (real and perceived). The optimum response therefore entails as much prevention and recovery. Below we set out the short-term thematic recommendations aimed at immediate relief and emergency response, as well as the medium to long-term thematic recommendations to build back better for sustainable and inclusive development.

Health

To contain the spread of the virus, ensure the continuity of essential health services in the short term, and build a resilient health system in the medium and long term, there is a need for the following:

**Short term:**

1. Ensure the availability and accessibility of adequate PPE for frontline health workers, as their protection is paramount. As of July 31st, close to 197 health workers were infected with an HAI rate of 16.5%. During Ebola in Liberia, the health care workforce was reduced by 8% due to infections.201

2. Increase the supply of medical supplies and equipment, such as reagents, laboratory equipment, pulse oximeters, ventilators and treatment drugs specific to COVID and for routine basic health needs. Ensure adequate ambulance and vehicles for transportation of patients and persons of concern to health facilities. Create more treatment and isolation units in the fifteen counties across the country

3. Invest in the protection and adequate remuneration of frontline and community health care workers. Community health workers are essential and critical for helping to detect and treat suspected cases in the community, as well as for containing the spread through education and communication in the community. Furthermore, community health workers continue to provide essential lifesaving medical services, such as immunisations for children, malaria treatment, and sexual and reproductive health services. However, they are often overlooked in emergency planning, PPE equipment procurement and remuneration.

4. Maintain and safeguard access to essential health services such as maternal, child, newborn, sexual, reproductive, adolescent, nutrition and mental psychosocial support services. There is a need to establish COVID-adequate procedures to ensure that maternal and neonatal services are not interrupted, and that health workers and patients are protected.

5. Improve coordination and logistics for handling cases and for the movement of suspected cases to isolation and treatment facilities.

**Medium to long term (building back better):**

1. Develop a long-term comprehensive strategy to continue strengthening decentralised and resilient primary health care systems. Ensure flexibility and funding for medium to long-term recovery by keeping donors engaged even after the COVID emergency. The decentralization strategy needs to account for and ensure the proximity, affordability and quality of health care provision to the rural households.

2. Improve the accessibility of quality health care services both financially and physically. Health care

---

remains inaccessible for almost 29% of the population largely residing in the rural areas, and household out-of-pocket expenditure has increased in the last decade rendering health care services even less accessible to the poorest households.

3. Improve the skills of health care personnel and ensure that health care facilities are ready to provide quality care. The number of trained and qualified health workers remains low and below the needs of the country. Invest in upgrading the skills of community health workers.

4. Destigmatise and increase the number of mental health professionals and psychosocial support professionals. Close to 44% of adults are estimated to have symptoms of post-traumatic stress disorder (PTSD), and 40% show symptoms of major depressive disorders. The rates of mental health needs are likely to increase with the pandemic. PSS services are extremely limited, with only three psychiatrists for the entire population, and an estimated 1% of the population having access to appropriate mental health services. 202

While the government plans to support women-led small businesses with bank loans, the majority of Liberian women do not have bank accounts. Therefore, the tendency to leave behind the majority of those in actual need is high. These include those who carry their goods using wheelbarrows, pans and buckets on their heads. By identifying, organising and exposing these women to modern technology, their businesses will be greatly boosted, which will benefit themselves and their families.

Greater coordination should be observed for such support measures to be truly effective. The government should ensure that all programmes scale up, and that the implementation of new programmes is undertaken coherently within the structure of the overall social protection system, and in close coordination with international agencies. This necessitates close communication/dialogue between relevant ministries and agencies to ensure proper targeting so that the programmes are wide enough to truly leave no-one behind and to support the most vulnerable.

For the purposes of financing such interventions, the GoL should exploit the opportunities offered by the global discourse on debt-service suspension and the greater international will for grants in lieu of loans. This would ensure increased fiscal space to allow for much needed social spending. This is essential to ensure adequate benefit amounts and sufficient coverage of social safety nets to ward off the poverty effect of the crisis in the short term.

Medium to long term (building back better):

Short-term emergency social protection should be leveraged as an opportunity to extend social protection and social security to informal workers and those previously

Social protection

Short term:

Provide emergency income support given that the majority of those most impacted are not covered by social insurance nor social protection. The GoL could consider using temporary universal basic income transfers during the pandemic as a means to alleviate the social impacts of COVID-19. 203 However, given the tight fiscal space, a universal programme would be unaffordable for Liberia, and the benefits would be so low that they would be meaningless. The government should therefore focus on the most vulnerable groups that rely mainly on vulnerable and informal sector work. This could target population sub-groups to ease administrative implementation, such as children, women, the elderly, informal sector workers, urban areas or other similar groups.

Income support should rest on the principle of self-targeting, where beneficiaries apply themselves, given that Liberia lacks a comprehensive social protection database.

This could leverage digital/online applications and mobile transfers, which would streamline the process and cut operational costs. Those without access to digital means could apply via local government institutions or through toll-free hotlines. The government should also work with representative organisations such as National Petty Traders Union of Liberia (NAPETUL), which could serve as an application/vetting and benefit transfer medium. Similar approaches have been adopted in Togo (Novissi), Capo Verde, Burkina Faso and other countries. 204

While the government plans to support women-led small businesses with bank loans, the majority of Liberian women do not have bank accounts. Therefore, the tendency to leave behind the majority of those in actual need is high. These include those who carry their goods using wheelbarrows, pans and buckets on their heads. By identifying, organising and exposing these women to modern technology, their businesses will be greatly boosted, which will benefit themselves and their families.

Greater coordination should be observed for such support measures to be truly effective. The government should ensure that all programmes scale up, and that the implementation of new programmes is undertaken coherently within the structure of the overall social protection system, and in close coordination with international agencies. This necessitates close communication/dialogue between relevant ministries and agencies to ensure proper targeting so that the programmes are wide enough to truly leave no-one behind and to support the most vulnerable.

For the purposes of financing such interventions, the GoL should exploit the opportunities offered by the global discourse on debt-service suspension and the greater international will for grants in lieu of loans. This would ensure increased fiscal space to allow for much needed social spending. This is essential to ensure adequate benefit amounts and sufficient coverage of social safety nets to ward off the poverty effect of the crisis in the short term.

Medium to long term (building back better):

Short-term emergency social protection should be leveraged as an opportunity to extend social protection and social security to informal workers and those previously

202 WHO, “Culture and Mental Health in Liberia: A Primer”, 2017; abcNews, 12 October 2019, see ref. 19.
not covered in the long term. This would safeguard vulnerable groups to future shocks. The registration of beneficiaries under a COVID-19 intervention should serve as a foundation for an inclusive social assistance database/registry to refer to for future shocks, which will help to develop a shock responsive system.

Liberia should extend social protection coverage. The country does not currently have sufficient fiscal space to allow for universal programmes. The GoL should first implement programmes that target the most vulnerable groups currently left behind by the existing framework, namely: the elderly, PLWDs, the informal economy and large segments of those in extreme poverty.

The government should extend social security to the informal sector by simplifying administrative procedures such as flat rate contributions, and provide other incentives to ensure coverage. The GoL should consider bringing on board representative organisations (e.g. NAPETUL) to serve as a medium to encourage participation. It could also consider making social security mandatory for certain categories of workers, such as the self-employed. This was the approach taken in the Philippines that led to three times more coverage of informal sector workers.

The extension of social security should also be accompanied by more extensive non-contributory programmes targeting the most vulnerable. Such programmes (e.g. cash transfers) should be accompanied by information campaigns or soft conditions in the form of a conditional cash transfer, but without enforcement, similar to the Livelihood Empowerment Against Poverty (LEAP) cash transfer programme in Ghana. These programmes should stress the importance of providing adequate health care, education, nutrition and emancipation of girls in return for cash transfers. Moreover, a cash-plus programme with accompanying psychosocial and livelihood training has been shown to be even more effective in fostering long-term human development beyond just poverty reduction.

The extension of social protection necessitates the development of adequate infrastructure, administrative capacities, and investments in digitalisation, technology, and data collection to enhance the efficiency and effectiveness of social protection databases. The government should implement the envisaged National Household Social Registry (NHSR) without delay.

Such multidimensional policies can form the foundations of long-term transformative social protection policies. This would build human development and foster the sustained graduation out of poverty for the Liberian population in line with the government objectives laid out in the PAPD. It would also work towards the achievement of SDG 1.

In the long term, once Liberia has developed a broad tax revenue base on the back of sustainable economic growth, the country would be in a better position to establish a truly universal social protection system towards 2030.205

Strengthen human capital in order to boost employment and improve resilience in the long term. Youth are perceived as among the most vulnerable group due to the multiple shocks they face, including disruptions to education, employment and income losses due to layoffs and reduced working hours. Furthermore, they are over-represented in less protected forms of work and in sectors most at risk due to COVID-19. Therefore, there is a need to invest in youth employment and skills development, such as digital technologies, in order to make this group more resilient, as well as to ensure an inclusive and sustainable long-term recovery.

Food security, nutrition and agricultural livelihoods

Short term:

1. Address the immediate urgent needs and decreases in food security among the most vulnerable populations, especially the urban poor. Liberia must ensure the continuity of the critical food supply chain for the most vulnerable populations. Emergency food assistance policies, the COHFSP and school feeding programmes should be directed at vulnerable urban populations and rural households without access to adequate nutrition, particularly those working in the informal sector, women, elderly, PLWD and youth in the services sector.

2. Safeguard the income security of the most vulnerable agricultural sector workers along the entire food systems value chain. Agricultural wage workers and landless farm labourers are estimated to be among the most vulnerable, poor and food insecure groups. The immediate critical step would be to cushion and alleviate the economic shocks for workers who have lost their jobs or had hours reduced via social assistance.

3. Address the urgent market disruptions by balancing supply and demand to avoid price increases. Many

farmers are selling less and consuming internally in their households, which is leading to disruptions of rural to urban market linkages. Critical food supply chains must be maintained by putting coronavirus containment measures in place while simultaneously facilitating critical imports and exports.

4. Facilitate the imports or domestic production and procurement of necessary agricultural inputs such as agro equipment, fertilizers and seeds for farmers to ensure that their planting and harvesting continues smoothly. The Ministry of Agriculture (MoA) and partner organisations have already taken concrete steps in this regard, and these should be scaled up to ensure that inputs reach the most vulnerable farmers throughout Liberia. This will help support domestic production and thus maintain these farmers’ outputs and consequent incomes. This will also help ensure that supply-related constraints do not push prices up to unsustainable levels.

5. The government and partners should safeguard the access of households with children to nutritional supplements, especially those with high food insecurity and malnutrition risks. The work of partners alongside the GoL in procuring and distributing vitamin A and nutritional supplements must be continued and scaled up to cover the households most at risk of malnutrition. This must be combined with public information campaigns on the importance of maintaining diversified, adequate nutrition and continued breastfeeding.

Medium to long term (building back better):

1. Liberia should invest in improving the productive capacities of the agricultural sector as most of the population’s livelihoods are based on agricultural activities. Productive agricultural practices must be widely disseminated through farmer training. The MoA and partners should play a role in facilitating access to improved crop varieties, agricultural technologies, inputs and equipment, and better storage facilities, which will help improve productivity and reduce post-harvest losses.

2. The government should also invest in improving transportation and communication infrastructure in the country, such as improving the quality of roads and expanding the road networks, as these have been linked with supply-side constraints and reduced access to markets for farmers. This will improve access to markets for rural agriculturalists and help support domestic food systems in the long term to be sustainable in the face of shocks similar to COVID-19 that exacerbate supply-side constraints.

3. Greater domestic livestock production should be encouraged and facilitated to reduce the dependence on imports for these products in the domestic market, and avoid shortages and related price volatilities. This would also contribute to increasing livelihoods for livestock raising farmers, improve diet diversity and improve overall nutrition.

4. Liberia should consider developing a food security and nutrition monitoring system (FSNMS) that would play a pivotal role in future shocks and help identify those most at risk of food insecurities and malnutrition. This system would better target appropriate policies and monitor their effectiveness. The current MoA food security reports are a good step in this direction. However, the system should be systematised and based on frequent, robust data collection systems to improve efficiency. Such a system could also aid farmers by providing seasonal trends analyses to better link supply and demand in order to reduce wastage, improve efficiency and ultimately improve livelihoods.

5. Nutritional literacy campaigns that target schools (for instance using school feeding programmes), communities, mothers and women’s groups should be disseminated on a large scale throughout the country, in collaboration with relevant line ministries and international agencies. This would help to guarantee that Liberians internalise the health benefits of proper nutrition and thus observe proper nutritional practices by eating nutrient dense foods, breastfeeding and maintaining balanced diets in the long term. This would help reduce the need for nutritional supplement distributions in the future.

6. Establish a comprehensive social protection system with universal coverage to help reduce food insecurities and malnutrition in the long term (see Box X on social protection), as economic constraints have been shown to be the major driver of food insecurity and malnutrition in the country.206 For instance, cash-plus cash transfer programmes accompanied by nutritional sensitisation have been shown to have significant positive returns on food security and malnutrition.207

---

Children

**Short term:**

1. Ensure that the COHFSP and school feeding programmes reach most or all of the intended beneficiaries. This is to ensure that the most vulnerable children do not face food insecurity and related malnutrition, which may have devastating long-term consequences on their cognitive development and future prospects. It would also ensure that the negative coping strategies of families related to children, such as child labour, are limited as far as possible.

2. Liberia should prioritise the continued access to essential child services for children in need. This includes health care services such as immunisation, HIV/AIDS treatment, psychosocial and mental health services, young/newborn childcare, and maternal care. Positive steps have been taken in this regard by UN donor partners, such as the recent Swedish funding of SRK 10 million (Swedish krona) to fund essential child services. Child services should extend to childcare for children who have family members infected by COVID-19. The “Julue-Ta” children’s home is a good example. These sorts of centres should be extended across the country to ensure equal access for all Liberian children.

3. The government must uphold adequate access to justice and recourse against domestic and child violence. Efforts are being made by the Ministry of Gender, Children and Social Protection in this regard by setting up complaint channels. However, bottlenecks in applications and enforcement must be addressed through quick investigations and proper injunction measures for suspect cases. Information campaigns must continue to inform the public of proper recourse channels, which should also be developed to be easily accessible, such as hotlines and simple online complaints.

4. In addition to in-kind food distributions, the GoL should consider enacting complimentary social protection measures such as cash transfers (suggested above, see Box X), which have been shown to effectively respond to shocks such as COVID-19, limit child poverty and reduce the incidence of child labour.208

**Medium to long term (building back better):**

1. The social protection recommendations noted above in the Social protection section equally apply in the medium to long term. This is because universal health coverage, cash transfers and long-term shock responsive social protection measures, if designed in a transformative and comprehensive manner, will lead to greater access to education, health and income security and reduce food insecurities. This will directly benefit children in the medium term by allowing households to provide adequate child services, education, health care and other child investments, which will lead to more meaningful human development in the long term. This will serve as a foundation for children’s future development and opportunities, contributing to greater income and well-being in the future. This will moreover benefit the country in an aggregate sense through a more productive and healthier workforce that can contribute to broadening the tax base, as well as boost social security contributions and the general economic development of the country. These measures will also reduce the need for households to resort to child labour in times of economic constraints by providing adequate income security for families. Empirical evidence underlines the vital role that the combination of social protection and education policies play in reducing child labour in contrast to structural demographic and economic changes.209

2. Consider aligning the mandatory school age with the minimum working age by increasing the school age to 16 years. Currently, the mandatory school age is lower than the minimum working age, thus putting 15-year-old teenagers at risk of the worst forms of child labour.210

3. Ensure that the women and children protection section of the national police – and the justice system in general – is sufficiently resourced and functioning effectively to monitor and enforce child labour laws, and that penalties are stringent enough to have an effective deterrent effect.

4. Continue to develop crucial child services in the long term to ensure an improvement in the health and well-being of children, who constitute the majority

---

208 ILO & UNICEF, COVID-19 and Child Labour: A time of crisis, a time to act. 2020, see ref. 54.
of the population. This means ensuring broad access to health services, immunisation and other child services to ensure that the demographic dividend is capitalised on through the human development of the future generation of Liberians.

Education

In order to mitigate the negative impacts of the confinement and economic distress related to COVID on education outcomes there is a need to:

1. **Create incentives for families to send their children, especially girls, back to school once they reopen.** In order to recover from the crisis-induced income loss, households may face difficulties in sending their children back to school due to educational costs. Moreover, more vulnerable households may also have the incentive to keep their children out of school for paid work, or even to "marry off" their daughters for a bride price. Therefore, there is a need to mitigate these issues by ensuring that every household is able to cover these costs. This could be mitigated by ensuring low tuition fees and the provision of school meals. The cash transfers proposed above could also be used in this regard.

2. **Provide support to children and communities that may have been the most vulnerable during the crisis.** As mentioned earlier, girls and children with disabilities have been found to be the most vulnerable during the crisis. Therefore, there is a need to accompany and bring back this vulnerable group into the learning process.

3. **Provide a clean and safe environment in schools to ensure a safe reopening and reinforce the incentive to send children back to schools.** This means the provision of adequate WASH facilities, health kits and PPE by the GoL and partners, and to ensure that these are properly distributed at a large scale in a timely manner, according to the staggered approach of reopening schools. Educational staff should also be trained in proper hygiene and COVID health related practices.

4. **Reduce learning losses by adjusting expectations from the curriculum.** As mentioned, the COVID crisis may incur a certain level of learning loss for all students, although remote learning platforms have been put in place. A catch-up period will be needed for the most affected children to avoid them being left out from the national education curriculum. Furthermore, there is a need to ensure that all actors are able to cover the extra costs incurred by this catch-up period to avoid any incentives to push pupils who are lagging behind to other institutions. Expectations from the curriculum would need to be adapted to ensure that all students are able to learn effectively. As education is provided by different public and private actors in the country, there is also a need to coordinate these expectations across actors to avoid any further inequality in learning outcomes.

Gender and the protection of vulnerable groups

**Short term:**

1. **Gender considerations need to be prioritised and mainstreamed into the national COVID emergency response plan, specific sectoral responses and the recovery plan.** To inform these plans and policies, all studies related to the outbreak need to disaggregate collected and analysed data by sex, age and disability.

2. **Essential sexual and reproductive health, neonatal and paediatric services need to remain open and accessible during the crisis.** Particular attention needs to be given to increase psychosocial support and protection services for SGBV survivors and potential victims of SGBV. Expand SGBV services, including shelters, health and psychosocial support, and adapt them to the specific needs and constraints of the at-risk populations.

3. **Prioritize safeguarding the implementation of the policies in place targeted at eliminating the practice of FGM, and the instances of SGBV, as well as providing services and support to the survivors, including access to justice.** Channel and allocate sufficient financial resources for the implementation of existing policies and legal framework. Make sure that the legal system regarding SGBV has sufficient resources, and that the size of Criminal Court E throughout the country is not limited.

4. **Develop policies to address the increased burden of unpaid and community work, often performed**

---

by women, as well as the increased distress and heightened risk of violence for women and children. Involve all partners and enable civil society and community-led solutions to prevent SGVB and child labour.

5. **Safeguard the rights of vulnerable population groups who are often overlooked during crises, such as PLWDs, people suffering from mental illness, women and informal workers.** These vulnerable groups all have different needs for different services. When designing policies, national response plans and social protection schemes, the specific needs of each group need to be carefully studied and accounted for.

6. **The government and relevant partners must ensure adequate disability sensitive COVID-19 related information dissemination.** Diverse communication methods must be employed, including easy-to-read formats, braille where possible, sign language and subtitles to ensure that all PLWDs have equal access information.

7. **Access to essential services for PLWDs, the elderly and other vulnerable groups should be maintained during the pandemic.** Special accommodations to access certain WASH and health facilities should be provided for people with special needs. Social support workers and services should be subsidised if facing risks of shutting down due to financial constraints. Special rules should also be considered in terms of social distancing for essential care providers on whom PLWDs depend. These persons could be provided with PPE, financial incentives or aid to ensure the continuity of their provision of care.

   The COHFSFP, school feeding programmes and future COVID social protection measures should ensure that PLWDs are prioritised as beneficiaries, given the high incidence of poverty and food insecurity amongst this vulnerable group. The elderly too must not be left out of social programmes, especially due to their higher levels of poverty and vulnerability to COVID-19. Emergency cash transfers may specifically target PLWDs or/and the elderly given that they are amongst the most vulnerable and deprived individuals in Liberia.

8. **Prisons should be provided with proper hygiene facilities, PPE and medical supplies to ensure that prevention measures are taken against the virus.** The government should also continue considering decongestion policies as suggested by the WHO for those who have committed minor offences.

9. **Ensure the inclusion of the LGBTQI community in the emergency programmes and reject any false rumours circulating about the community.** The government should be explicit in its rejection of any false rumours circulating about the role of the LGBTQI community in transmission of COVID-19, and consider reprimanding such rumours. Moreover, measures should be in place to ensure that this community is not excluded from the COVID-19 response plan and equally benefits from the emergency programmes being rolled out now and in the future.

**Medium to long term (building back better):**

1. **The development of a more comprehensive social protection system, cash transfers and social safety net programmes post-COVID should ensure the inclusion of PLWDs and be specifically directed at vulnerable groups.** PLWDs and the elderly have higher poverty incidence and risk of falling through the cracks of current social programmes. For instance, Liberia could consider working towards its promise of building a social protection floor by offering a universal or targeted, but extensive, old-age grant, excluding those under NASSCORP. Empirical evidence has shown the wide benefits associated with such transfers in terms of reducing poverty for the elderly and indirectly benefiting children and the household as a whole through intra-household sharing. These transfers also have spillovers onto, for example, health, education, investments and income-generating activities.212

   Social security benefits under NASSCORP should extend to cover disability benefits for contributors. As noted above, social security programmes should extend beyond formal sector workers to cover all or segments of the informal economy through lower flat rate contributions or subsidised contributions. Universal non-contributory programmes, or those targeting extreme poor households, would indirectly benefit PLWDs as the majority of them live in poverty. These extensions should also apply to pensions with separate pension funds and contributions for

informal sector workers. This would thus equally benefit the future elderly population in Liberia.

Complementing these policies, or in lieu of them, a subsidised universal health coverage system must be considered, as this would ensure greater access to health care for all vulnerable groups and reduce the poverty effect of out-of-pocket health expenditure, which remains a major contributor to falling into poverty. Developing such a system would also improve the health system’s capacity to respond to future health shocks.

2. **Strengthen the participation of women and other vulnerable groups such as the elderly and PLWDs in decision-making processes in politics, emergency response and security sector.** The needs of women, girls and other vulnerable groups need to be represented in decision-making processes, and representatives need to be involved in consultations for programme/social protection system design.

3. **Adopts programmes and decisive actions aimed at prevention of SGBV and provision of increased and improved support to victims and survivors of SGBV including legal assistance.** The legal system and the size of the courts dealing with the SGBV cases needs to reinforced.

4. **Ensure enhanced entrepreneurship skills and value chains for traditional practitioners to access markets for their products.**

**Macroeconomic recovery**

It is important for the government and development partners to recognise and adapt to the exceptional degree of macroeconomic uncertainty of COVID-19 and its impact on revenue collection and public expenditure. Serious attention should be paid to the use of effective fiscal management tools to jump start the Liberian economy. As the COVID-19 global pandemic unfolds, the short- and medium-term fiscal stance should focus on measures to ensure efficiency, equity and effectiveness in the use of public resources. Similarly, efforts to diversify the economy and develop productivity are crucial.

1. **Divert resources from the least needed sectors to sectors of high priority, including social spending, private sector (MSME) stimulation, health and education.** In the short term, financing needs to be diverted from the least needed sectors to the prioritised social spending on health, social protection and education to provide relief to the most vulnerable and protect livelihoods. Debt relief and grants should also be sought to increase the fiscal space. Transparency is also key to ensure good fiscal management during the pandemic.

After the immediate crisis containment period, fiscal policy needs to strike a fine balance between supporting economic recovery and ensuring fiscal sustainability. Difficulties encountered in deciding which projects to cut or postpone present a major challenge. The preparation of the 2021 budget will need to: (i) take stock of the still uncertain impact of the COVID crisis on the economy and the government’s fiscal position; (ii) evaluate the fiscal space for continued priority crisis spending and recovery measures; (iii) assess the government’s financing needs; and (iv) enhance transparency and accountability by providing a proper presentation and accounting of COVID-19 related fiscal responses, including off-budget measures. Fiscal recovery measures should be timely, targeted and temporary, and public investment will in many cases be a suitable instrument for kickstarting economic growth. During the immediate crisis and the recovery phase, there is a need for strong prioritisation and project selection processes, accompanied by clear policy objectives, dedicated coordination mechanisms and high transparency.

2. **Adopt policies to provide greater opportunities through the labour market to both skilled and unskilled workers within society.**

**Medium to long term (building back better):**

1. **Diversify the economy from a dependence on export commodities such as rubber/ore to more productive and self-sufficient agriculture, higher-value exports, services and the digital economy.** An important strategic entry point will be through a diversified agriculture sector. Ensuring enhanced productivity, value addition and market linkages is one of the most effective ways of ending food import reliance and hunger and improving food nutrition, while also driving economic growth and development. The

---

213 It is estimated that the country spends close to US$100m annually on the importation of rice, its staple food. Rice consumption account for 25% of expenditure of urban household and 17% for rural households.
modernisation of agriculture productivity through mechanisation will bolster the country’s foreign exchange, add value to the local currency, create employment opportunities, reduce the rate of food poverty and contribute to the achievement of SDGs 1 and 2.

2. **Invest in human capital to provide the foundation for long-term economic diversification and development.**

A foundation for this is human capital, human development and infrastructure investment through the development of strong health, education, social protection and infrastructure systems. The quality of education should be raised to address the demands of a diversifying economy and changing labour market demands. Private sector and private investment development are also important to enhance the productive and export capacities of the country to reduce reliance on natural commodity exports. The improvement of the business environment is also important in this regard.

3. **Develop domestic revenue mobilisation capacities to reduce reliance on foreign finance.** Working towards the SDGs (2030) and the PAPD requires a rapid strengthening and development of government revenue mobilisation to allow for greater investment in the economic and human development of the country, whilst reducing dependence on external aid. The tax system should be developed to cross the 15% of GDP threshold found to be the tipping point for meaningful economic development. Consumption, goods and services, and excise taxes have been largely untapped and should be leveraged to broaden tax revenue in the longer term. However, it is important to be prudent, as indirect taxes are generally regressive in nature. Consumption taxes could be lowered or waived for the most essential goods such as foodstuff.

   a. A more comprehensive, transparent and streamlined system for natural resource concessions in line with the global tax transparency initiative is also key. Despite the large share of output of the natural resource sector, public revenue from these activities have remained largely unexploited. This may be due to the low corporate income tax revenues from this sector, numerous exemptions and enforcement. The rectifying of such tax inefficiencies, and enhanced transparency of fiscal management in the sector, will contribute to raising additional revenues for investment towards the SDGs and the PAPD in the longer term.

4. **Conduct a Gender Responsive Budgeting (GRB) analysis for monitoring of national budgetary resources allocated and as an advocacy tool for ensuring that the post recovery effort strongly takes into account the needs of women and girls.**

**Livelihoods, the informal economy and MSMEs**

Micro, small and medium-sized enterprises have a fundamental impact on the Liberian real economy and should therefore be encouraged and supported to survive and grow during and after COVID. The pandemic has provided an opportunity to build a strong economy and strengthen the Liberian economic base and markets.

**Short term:**

1. **Provide immediate relief to MSMEs in the form of grants, loans, subsidies, tax relief and credit constraint easing.** Professional assistance to negotiate with creditors or landlords and free advertising credits could particularly help minority owned small businesses respond to the pandemic and protect their employees. The public sector could help by incentivising lending and addressing the concerns of banks about the risks of lending to underserved national businesses. Commercial banks and financial institutions should be allowed to be more flexible regarding their creditors, ease credit rules and provide respite for debts to avoid large-scale business defaults – especially for businesses in the most affected and key sectors.

2. **MSMEs and businesses should be supported in terms of financing and reduced administrative and financial burdens so that they can do business and recover from the crisis.** Due to the risk of a lack of liquidity during the crisis, government and financial institutions should play an important role in financially supporting enterprises to restart and operate their activities, and thus generate employment opportunities. In order to target vulnerable enterprises, institutions can use data from telecommunication companies to make regular payments to targeted populations via mobile money. Encouraging the use of such services could contribute
to recovering the economy from the crisis.\textsuperscript{214} Tax relief measures could also be implemented for MSMEs. Within this response, there is a need to bring a focus on urban areas, but also more particularly on rural areas and women-owned MSMEs, which may have less access to finance. Red tape related to the ease of doing business should be temporarily reduced to ensure businesses are supported.

Beyond supporting the near-term needs of companies, decision makers in the private, public and social sectors should treat the COVID-19 pandemic as an impetus to address the many structural challenges encountered through their own policies and strategies.

3. **Engage key stakeholders from the private sector, civil society and the informal economy in recovery efforts and policy making.** These should involve the Chamber of Commerce (LCC), the business association (LIBA), networks of non-governmental organisations (NGOs), informal sector representatives (e.g. NAPETUL) and other key private sector actors. This would ensure participatory policy making that is accountable to larger segments of the population and that responds to the needs of various actors in the heterogenous Liberian population.

4. Extend social protection and social insurance to informal workers, both in the short term (assistance) and long-term (transformative).

5. **Make marketplaces more accessible and hygienic, and leverage their social aspect by using them as important information dissemination and economic hubs.** The government should avoid closing local marketplaces and restricting internal movement. Instead there is a need to invest in making marketplaces accessible, safe and hygienic. The masks produced by the “One Million Mask Initiative” of President Weah, as well as the masks and other COVID-19 supplies donated by development partners, could partly be used to ensure the safer opening of markets.

6. **Targeted information campaigns should be rolled out to sensitise informal workers, especially those in close proximity type work, to the proper hygiene, social distancing and preventative measures to be taken.** These campaigns should be implemented alongside sector representatives.

7. **PPE should be distributed at low prices, or even at no cost or subsidised, for informal market workers, petty traders and other close-contact activities to ensure that these workers do not have to incur additional losses of income in trying to respect the health-related measures.**

**Medium to long term (building back better):**

1. **Create greater opportunities for domestic businesses to develop by improving the business environment.** Vital is this regard is enhancing greater access to finance, which is a key constraint to MSME development, especially for women. Other constraints to businesses should also be eased, such as ensuring greater access to electricity, easing registration and permit procedures, and more streamlined administrative procedures and reduced costs related to cross-border trade.

2. **Provide support to young people, women and in entrepreneurship and social innovation in response to COVID-19.**

3. **Provide technical support to female-led micro and small entrepreneurs.**

4. **Ensure improved access by rural women to sustainable micro finance services to support their engagement in economic activities.**

**Governance and social cohesion**

Taking into account Liberia’s pre-COVID structural features and trends, as well as incidents reported since early 2020, the following priorities have emerged as urgent and/or important:

1. **Ensure a conflict sensitive COVID response by anticipating and monitoring the impact of the response on both state–society and inter-group relations.** While recent surveys show that the risk of relapse into violence is limited,\textsuperscript{215} without attention to fragility dimensions, economic tensions and the lack of dialogue already leading to localised incidents could reignite pre-existing intercommunal tensions, deepen elite–population mistrust, worsen the SGBV situation, and marginalise youth. Districts combining the highest vulnerability and the highest risk of violence should be monitored very closely. These are the counties most exposed to violence in the past.


and districts with two to three main tribes rather than one or no dominant tribe.\textsuperscript{216}

2. **Ensure transparency regarding the overall response by both national and international actors.** This will be key to address some of the pre-existing grievances and to mobilise local authorities, community leaders and the general public in the management of the crisis. Budget transparency, access to public and legislative information, and perceptions of high levels of corruption in the civil service and the private sector were paramount issues pre-COVID that led to protests. The second quarter 2020 efforts to put all available domestic resources into the government consolidated account are promising. Transparency regarding public procurement will help strengthen public confidence as well as mobilise the private sector in the COVID response. Human rights and gender sensitive budgeting is essential given grievances in terms of inequality and discrimination, and the differentiated impact of COVID on women and girls. Practical options could include:

a. Conducting an independent audit of all government bodies and agencies and private contractors that receive coronavirus funding.

b. Setting up an independent oversight body to periodically review spending on coronavirus operations, with periodic and comprehensive reporting to the public on progress regarding the use of coronavirus funding and COVID response results.

c. Ensuring transparent and gender-responsive contracting and procurement processes that adhere to Liberia’s Procurement Plan and Concessions Commission (PPCC) standards, as well as international standards, on all spending related to the COVID-19 response.

d. Developing a whistleblowing mechanism for safe reporting on COVID response expenses.

e. Implementation of the Gender Responsive Budgeting (GRB) policy and mainstreaming gender into the planning and budgeting cycle.

3. **Engage local authorities and leaders and civil society organisations as key actors in supporting government efforts in addressing the multidimensional crisis, as demonstrated during the Ebola crisis.** They are also key to ensuring resilience at the community level. Transparency regarding resources and accountability for the administration’s response to COVID will also matter at the local level (county and district) and require the participation of local governments, local leaders and civil society organisations. Simple tools such as posters in town councils and community spaces and a dedicated phone number to report concerns can have a significant impact. Women’s groups will play a central role at both household and community levels to help women withstand the multidimensional shocks from COVID.

4. **Urgently address access to justice, including on cases relating to land, SGBV and inheritance issues.** Access to justice was a challenge pre-COVID, and is getting worse, especially with courts closing, compounding trial delays, and the lack of early release of pre-trial or at-risk detainees. It is also a central element of state–society relations. Possible ways to address this pressing and protracted issue include: an increase in the use of remote services (phone and online) for paralegal work; a dedicated effort to register births, a condition for access to basic services and social protection; an acceleration of the harmonisation of customary justice decisions through the registration of decisions with formal justice systems; the release of pre-trial or at-risk detainees; the cautious use of mobile courts within a county; and extending the reach of security and justice hubs.

5. **Pursue security sector reform.** Security sector reform is still a work in progress, and the current COVID crisis demonstrates that private security groups and militias continue to play an important and unpredictable role. The security forces’ response so far is more controlled and proportionate than during the Ebola crisis. This means that there may be momentum to affirm new standards in professional and ethical conduct. Moreover, COVID creates both new motives and new opportunities for trafficking and extortion. Codes of conduct for private security groups and militias could also be implemented as part of deals with state security forces. Fragile urban settings such as West Point will require particular attention, as will border areas, especially given the scale of human trafficking and the possible pressure for movement to and from border countries.

6. **Protect and promote civil liberties by strengthening the role of civil society organisations and independent public bodies.** Civil liberties, particularly expression, press, assembly, privacy and equal treatment under the law, may potentially be under threat, even if there are fewer casualties and arrests than in comparable countries. Civil society organisations and independent public bodies could play a more direct role in monitoring violations and safeguards.

**Box 2. Summary of thematic recommendations**

### Health

**Short term:**

1. Ensure the availability and accessibility of adequate PPE for frontline health workers.

2. Increase the supply of medical supplies and equipment for the treatment and isolation units to ensure the effective emergency response.

3. Invest in the protection and adequate remuneration of frontline and community health care workers.

4. Maintain and safeguard access to essential health services, such as maternal, child, newborn, sexual, reproductive, adolescent, nutrition and mental psychosocial support services.

5. Improve coordination and logistics for handling cases and for the movement of suspected cases to isolation and treatment facilities.

**Medium to long-term**

6. Develop a long-term comprehensive strategy to continue strengthening decentralised and resilient primary health care systems.

7. Improve the accessibility of quality health care services both financially and physically.

8. Improve the skills of health care personnel and ensure that health care facilities are ready to provide quality care.

9. Destigmatise and increase the number of mental health professionals and psychosocial support professionals.

### Social protection

1. Provide emergency income support given that the majority of those most impacted are not covered by social insurance nor social protection. In addition to food distribution programmes, income support should be provided to the most vulnerable groups of population.

   a. Leverage the opportunity to develop a comprehensive social protection registry to scale up social protection coverage in the medium to long-term and to better respond to shocks in the future by targeting the most vulnerable.

   b. Target the most vulnerable groups that rely mainly on vulnerable and informal sector work. To ease administrative implementation target population sub-groups such as children, women, the elderly, informal sector workers, urban poor or other similar groups.

   c. Leverage digital/online applications and mobile transfers to streamline the process and cut costs.

   d. Work with local governments to reach those with no digital means and partner with representative organisations such as NAPETUL for outreach and vetting.

   e. Women are overrepresented in the informal sector and often do not have bank accounts. Ensure their exposure and inclusion in the social protection schemes and digital technologies.

   f. Ensure the communication, collaboration and coordination between the relevant ministries and international agencies to ensure proper targeting and coverage for the support measures to be truly effective.

   g. Capitalize on debt-service suspension global discourse and greater international will for grants to alleviate the burden on the fiscal space and allow for financing of the social protection scheme.
Food security, nutrition and agricultural livelihoods

**Short term:**
1. Address the immediate urgent needs and decreases in food security among the most vulnerable populations, especially the urban poor.
2. Safeguard the income security of the most vulnerable agricultural sector workers along the entire food systems value chain.
3. Address the urgent market disruptions by balancing supply and demand to avoid price increases.
4. Facilitate the imports or domestic production and procurement of necessary agricultural inputs.
5. The government and partners should safeguard the access of households with children to nutritional supplements.

**Medium to long-term:**
1. Liberia should invest in improving the productive capacities of the agricultural sector as most of the population’s livelihoods are based on agricultural activities.
2. The government should also invest in improving transportation and communication infrastructure to alleviate supply-side constraints and improve access to markets for farmers.
3. Greater domestic livestock production should be encouraged and facilitated to reduce the dependence on imports for these products in the domestic market, and avoid shortages and related price volatilities.
4. Liberia should consider developing a food security and nutrition monitoring system (FSNMS).
5. Nutritional literacy campaigns targeting schools (for instance using school feeding programmes), communities, mothers and women's groups should be disseminated on a large scale throughout the country, in collaboration with relevant line ministries and international agencies.
6. Establish a comprehensive social protection system with universal coverage to help reduce food insecurities and malnutrition in the long term.

Children

**Short-term**
1. Ensure that the COHFSP and school feeding programmes reach most or all of the intended beneficiaries.
2. Liberia should prioritise the continued access to essential child services for children in need.
3. The government must uphold adequate access to justice and recourse against domestic and child violence.
4. In addition to the in-kind food distributions, the GoL should consider enacting complimentary social protection measures such as cash transfers.

**Medium-term**
1. Universal health coverage, cash transfers and long-term shock responsive social protection measures, if designed in a transformative and comprehensive manner, should lead to greater access to education, health and income security and reduce food insecurities.
2. Consider aligning the mandatory school age with the minimum working age by increasing the school age to 16 years.
3. Ensure that the women and children protection section of the national police – and the justice system in general – is sufficiently resourced and functioning effectively.
4. Continue to develop crucial child services in the long term to ensure an improvement in the health and well-being of children, who constitute the majority of the population.
Education

1. Create incentives for families to send their children, especially girls, back to school once they reopen.
2. Provide support to children and communities that may have been the most vulnerable during the crisis.
3. Provide a clean and safe environment in schools in order to ensure a safe reopening and reinforce the incentive to send children back to schools.
4. Reduce learning losses by adjusting expectations from the curriculum.

Gender and the protection of vulnerable groups

Short-term

1. Gender considerations need to be prioritised and mainstreamed into the national COVID emergency response plan, specific sectoral responses and the recovery plan
2. Essential sexual and reproductive health, neonatal and paediatric services need to remain open and accessible during the crisis.
3. Adopt policies targeted at eliminating the practice of FGM, and the instances of SGBV, as well as provide services and support to the survivors, including access to justice.
4. Develop policies to address the increased burden of unpaid and community work, often performed by women.
5. Safeguard the rights of vulnerable population groups who are often overlooked during crises, such as PLWDs, people suffering from mental illness, women and informal workers.
6. The government and relevant partners must ensure adequate disability-sensitive COVID-19 related information dissemination.
7. Access to essential services for PLWDs, the elderly and other vulnerable groups should be maintained during the pandemic.
   a. The COHFSP, school feeding programmes and future COVID social protection measures should ensure that PLWDs and the elderly are prioritised as beneficiaries.
8. Prisons should be provided with proper hygiene facilities, PPE and medical supplies to ensure that prevention measures are taken against the virus.
9. Ensure the inclusion of the LGBTQI community in the emergency programmes and reject any false rumours circulating about the community.

Medium- to long-term:

1. The development of a more comprehensive social protection system, cash transfers and social safety net programmes post-COVID should ensure the inclusion of PLWDs and be specifically directed at vulnerable groups.
   a. Social security benefits under NASSCORP should extend to cover disability benefits for contributors.
   b. Universal non-contributory programmes, or those targeting extreme poor households, would indirectly benefit PLWDs as the majority of them live in poverty.
   c. Complementing these policies, or in lieu of them, a subsidised universal health coverage system must be considered, as this would ensure greater access to health care for all vulnerable groups and reduce the poverty effect of out-of-pocket health expenditure, which remains a major contributor to falling into poverty. Developing such a system would also improve the health system’s capacity to respond to future health shocks.
2. Strengthen the participation of women and other vulnerable groups such as the elderly and PLWDs in decision-making processes in politics, emergency response and security sector.
3. Prioritise the prevention of SGBV and support to victims and survivors of SGBV including legal assistance.
4. Ensure enhanced entrepreneurship skills and value chains for traditional practitioners and smallholder female farmers to access markets for their products.
Macroeconomic recovery

**Short-term**

1. Divert resources from the least needed sectors to sectors of high priority, including social spending, private sector (MSME) stimulation, health and education.

2. Adopt policies to provide greater opportunities through the labour market to both skilled and unskilled workers within society.

**Medium- to long-term:**

3. Diversify the economy from a dependence on export commodities such as rubber/ore to more productive and self-sufficient agriculture, higher-value exports, services and the digital economy.

4. Invest in human capital to provide the foundation for long-term economic diversification and development.

5. Develop domestic revenue mobilisation capacities to reduce reliance on foreign finance.

6. Conduct a Gender Responsive Budgeting (GRB) analysis for monitoring of national budgetary resources allocated and as an advocacy tool for ensuring that the post recovery effort strongly takes into account the needs of women and girls.

Livelihoods, the informal economy and MSMEs

**Short-term**

1. Provide immediate relief to MSMEs in the form of grants, loans, subsidies, tax relief and credit constraint easing.

2. MSMEs and businesses should be supported in terms of financing and reduced administrative and financial burdens so that they can do business and recover from the crisis.

3. Engage key stakeholders from the private sector, civil society and the informal economy in recovery efforts and policy making.

4. Extend social protection and social insurance to informal workers, both in the short term (assistance) and long-term (transformative).

5. Make marketplaces more accessible and hygienic, and leverage their social aspect by using them as important information dissemination and economic hubs.

6. Targeted information campaigns should be rolled out to sensitize informal workers, especially those in close proximity type work, to the proper hygiene, social distancing and preventative measures to be taken.

7. PPE should be distributed at low prices, or even at no cost or subsidised, for informal market workers, petty traders and other close-contact activities.

**Medium- to long-term:**

1. Create greater opportunities for domestic businesses to develop by improving the business environment.

2. Provide support to young people, women and in entrepreneurship and social innovation in response to COVID-19.

3. Provide technical support to women micro and small entrepreneurs.

4. Ensure improved access by rural women to sustainable micro finance services to support their engagement in economic activities.
Cross-cutting recommendations

The COVID-19 crisis presents an opportunity for Liberia to “build back better” and to bring society together by improving trust, transparency and communication. Besides the thematic recommendations summarised in Box 2, overall policy recommendations for the national and international response to support the implementation of the thematic recommendations and “realise” scenario 1 include:

1. **Mobilising and maximising all domestic and international sources of financing.** No single source of development finance will suffice to manage and recover from COVID’s multiple shocks.
   a. **Develop a comprehensive private sector recovery and development strategy.** Adopt measures to alleviate the impacts on MSMEs in the short term, and in the medium to long term promote private sector development by creating an enabling environment to incentivise domestic and foreign investments. Taking into account the evolving trade conditions, this is an opportunity to develop local industries and promote regional trade, which would also contribute to employment creation.

2. **Ensure transparency regarding the overall response by both national and international actors.** Transparency on public procurement in particular will help strengthen public confidence but also mobilize the private sector in the COVID response. Transparency on the COVID response will also matter at the county and district levels. Practical options could include:
   i. an independent audit of all government bodies and agencies and private contractors that receive coronavirus funding;
   ii. an independent oversight body to periodically review spending, with periodic reporting to the public;
   iii. transparent contracting and procurement processes adhering to international and Liberia’s Procurement Plan and Concessions Commission (PPCC) standards;
   iv. a whistleblowing mechanism for safe reporting on COVID response expenses.

3. **Engage local authorities, community leaders and civil society organisations, including women’s groups, as key actors in supporting government efforts in addressing the multidimensional crisis.**

4. **Urgently address access to justice, including on cases relating to land, SGBV and inheritance issues.** An increase in the use of remote services (phone and online) for paralegal work, a dedicated effort to register births, an acceleration of the harmonization of customary justice decisions, release of pre-trial or at-risk detainees, the cautious use of mobile courts within a county and extending the reach of security and justice hubs, could help address this pressing and protracted issue.

5. **Pursue security sector reform, as there may be momentum to affirm new standards in professional and ethical conduct.** Codes of conduct for private security groups and militias could be implemented as part of deals with State security forces. Fragile urban settings such as West Point, will require particular attention, as will border areas.

6. **Protect and promote civil liberties by strengthening the role of civil society organisations and independent public bodies which could play a more direct role in monitoring both violations and safeguards.**

b. **Mobilise donor and investor communities, including private capital,** to preserve development finance and manage the COVID crisis, especially for vulnerable people, and stay on course in terms of socio-political and economic stability. Development finance was already falling pre-COVID and fiscal space was limited by poor domestic revenue mobilisation and management. There will be a need for dedicated and creative efforts to mobilise private capital.

c. **The GoL should engage with donors, and renew the commitment to make progress in the areas funded by ODA budgets to preserve ODA flows to Liberia.** Donors should commit to preserving ODA budgets to Liberia to contain the drop in other sources of financing (domestic revenues, investment, remittances). To prevent further aid shocks, ODA needs to be stable and predictable over the next five to eight years, rather than surge and dwindle as it did after the end of the civil war and the Ebola crisis.
2. GoL and international partners will need to uphold the highest standards in terms of transparency regarding the financial, in-kind and technical assistance provided, and promote peer learning on what works to manage the crisis. This can be particularly effective at the regional level, e.g. ECOWAS.

   a. Transparency on the overall response by both national and international actors, including corresponding resources and actions, can be summarized in a results matrix such as those used in EU-UN-World Bank Recovery and Peacebuilding Assessments, and used by GoL in the past. Such a matrix requires a highly collaborative effort across GoL (ideally in the lead), Civil Society, Private Sectors actors, the diaspora, and the international community. A minimalist and uncosted example is provided in the Annex III. GoL’s continued efforts to ensure all budget entities use the centralised financial management system, and finalisation of the off-budget COVID response plan with development partners are central to transparency.

   b. To ensure transparency and acceptance of COVID response measures, continued communication and dialogue are necessary, and the involvement of civil society is critical.

   c. Renewed commitment by the GoL to better manage natural resources. As part of a compact with international donors, the GoL should recommit to better manage natural resources with the help of the Extractive Industries Transparency Initiative (EITI) secretariat and other domestic resources. GoL to renew its commitment to better management of natural resources, e.g. resuming the country’s pioneering role in the EITI.

3. Coordinated action across the humanitarian, development and peace spectrum is key, as high transaction costs and leakages are likely to undermine effectiveness. The COVID response in Liberia requires more than finance. Supporting households, communities, civil society, the private sector and governments will require coordinated action across the humanitarian, development and peace spectrum. This coordinated action will need to address immediate health and humanitarian challenges, as well as support livelihoods and social cohesion, bearing in mind the specific needs and roles of women and youth and the communities bearing the brunt of COVID’s compound effects, such as slum dwellers and communities with limited access to infrastructure and services.

4. Community leaders and associations and the private sector have a key role to play in supporting the government to deliver a rapid and inclusive response, particularly with regards to supply chains of food and essential goods, and the provision of basic services in highly vulnerable and/or hard-to-reach communities. A particular effort needs to be made to include women and affected vulnerable communities in decision-making processes.

If the above policy recommendations are endorsed, the UNCT could use this report as a shared diagnosis and to develop a shared results matrix across the international community, but more importantly with the GoL and Liberia’s non-state actors. There should be a clear articulation of the critical path activities out of the current multidimensional emergency, and the vision of what is a “built back better” Liberia. This results matrix is meant to be revisited at least every six months and developed collaboratively.

1. Methodology
This paper aims to identify and assess both the direct and indirect effects of the COVID-19 pandemic in Liberia at the micro and macro levels, and identify implications for the donor community, including the UN system. It summarises the findings from a literature review and secondary sources of information, key informant interviews with government stakeholders, and a quantitative data analysis and microsimulation of the COVID impact on the poverty rates in the country.

A microsimulation was modelled using the latest available household survey.218 Behavioural models were predicted for occupational choice, wages and household income using econometric methods. Macro-level projections taken from international and national sources were then fed into the micro-model to calibrate the development of income, employment and consumption at the household level over time. Two scenarios were modelled: one with the COVID-19 shock, and one counterfactual scenario where the macro-level projections were taken from pre-COVID estimates.

This rapid assessment study follows the five pillars of the UN framework for the immediate socio-economic response to COVID-19 and employs the logical structure and sectoral overview of the COVID Recovery Needs Assessment (CRNA) methodology, partly using a post-disaster and recovery/peacebuilding needs assessment jointly developed by the UN, the World Bank and the European Union. The checklist for a Human-Rights Based Approach (HRBA) to a socio-economic country response to COVID-19 was also used as a guiding document to draft the report. Given the evolving context, over the coming months it is expected that this rapid assessment report will be updated as new insights and data become available. This will deepen the analysis of the implications for PADP, Agenda 2030 and the post-pandemic recovery needs assessment based on the CRNA and UNDP’s socio-economic impact assessment (SEIA) tools.

Sources of data:
- ILOSTAT, https://ilostat.ilo.org/data/

2. Potential COVID-19 scenarios!

<table>
<thead>
<tr>
<th>Possible futures</th>
<th>Scenario 1: Effective and holistic response</th>
<th>Scenario 2: Health damage controlled</th>
<th>Scenario 3: A triple health, economic and political crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID and other health issues</td>
<td>+</td>
<td>+</td>
<td>!</td>
</tr>
<tr>
<td>Economic resilience</td>
<td>+</td>
<td>!</td>
<td>!</td>
</tr>
<tr>
<td>State–society relations, social cohesion</td>
<td>+</td>
<td>!</td>
<td>!</td>
</tr>
</tbody>
</table>

218 Liberia HIES 2016, see ref. 89.
### 3. Results matrix

<table>
<thead>
<tr>
<th>3-6 mo: Damage control</th>
<th>Macroeconomic, fiscal and labor issues</th>
<th>Human development</th>
<th>Governance, social cohesion, and human rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-6 mo</td>
<td>TBD</td>
<td>Coordinate action across the humanitarian, development and peace spectrum to implement targeted social protection schemes</td>
<td>Develop (participatory mode) and publish results matrix</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen the primary health care delivery</td>
<td>Engage and build on community leaders and associations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop food security schemes for the most vulnerable</td>
<td>Publish public procurement notices, attributions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthen and amplify community-led solutions</td>
<td>COVID response and GBV hotlines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Related costs: TBD</td>
<td>Identify districts combining the most vulnerability and risk of tensions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Related activities: TBD</td>
<td>Release of under-age and pre-trial inmates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key performance indicators: TBD</td>
<td>Independent observatory of human rights violations and safeguards</td>
</tr>
</tbody>
</table>

| 6-12 mo: Stabilisation | Economic diversification plan with diversified agricultural sector as the main driver of innovation and job creation | TBD | Access to justice through increased paralegal work through community-level and remote services (phone and online) |
|                        | | | Accelerated harmonisation of formal and no-formal justice systems |
|                        | | | Code of conduct for militias and private security groups |
|                        | | | Related costs: TBD |
|                        | | | Related activities: TBD |
|                        | | | Key performance indicators: TBD |

| 12-36 mo: Building back better | TBD | TBD | Budget transparency |
|                               | | | Related costs: TBD |
|                               | | | Related activities: TBD |
|                               | | | Key performance indicators: TBD |

### 4. Interviews conducted

<table>
<thead>
<tr>
<th>No</th>
<th>Institutions/persons</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ministry of Education</td>
<td>July 2020</td>
</tr>
<tr>
<td>2.</td>
<td>Ministry of Gender and Children and Social Protection</td>
<td>July 2020</td>
</tr>
<tr>
<td>3.</td>
<td>Ministry of Agriculture</td>
<td>July 2020</td>
</tr>
<tr>
<td>4.</td>
<td>Ministry of Commerce</td>
<td>July 2020</td>
</tr>
<tr>
<td>5.</td>
<td>Ministry of Youth and Sports</td>
<td>July 2020</td>
</tr>
<tr>
<td>6.</td>
<td>Ministry of Finance, Fiscal Affairs</td>
<td>July 2020</td>
</tr>
<tr>
<td>7.</td>
<td>Ministry of Finance, Economic Management</td>
<td>July 2020</td>
</tr>
<tr>
<td>8.</td>
<td>Water Sanitation and Hygiene</td>
<td>July 2020</td>
</tr>
<tr>
<td>9.</td>
<td>UNDP Peace and Development Adviser</td>
<td>July 2020</td>
</tr>
<tr>
<td>10.</td>
<td>Accountability Lab Liberia Country Team</td>
<td>August 2020</td>
</tr>
<tr>
<td>11.</td>
<td>National Bureau of Concessions</td>
<td>September 2020</td>
</tr>
<tr>
<td>12.</td>
<td>CEO of the MI Group</td>
<td>September 2020</td>
</tr>
<tr>
<td>13.</td>
<td>Liberia Chamber of Commerce Secretary General</td>
<td>September 2020</td>
</tr>
<tr>
<td>14.</td>
<td>Liberian Business Association</td>
<td>September 2020</td>
</tr>
</tbody>
</table>
BIBLIOGRAPHY


- Institute for Research and Democratic Development (IREDD), Naymote Partners for Democratic Development (NAYMOTE-Liberia), Accountability Lab Liberia and Center for Transparency and Accountability in Liberia (CENTAL) joint statement, 9 April 2020: “Non-governmental organizations, civil society organizations, traditional and religious leaders, community leaders and the media played key roles during the Ebola fight and must be recognized by the government and provided the opportunity to contribute”, http://gnliberia.com/2020/04/26/as-liberia-battles-COVID-19-four-civil-society-groups-issue-joint-statement/.


- Pulver, C., “Responses to the financial impacts of COVID-19 through social cash transfers and digital payment infrastructure”, MSC.


- Republic of Liberia, “Pro-Poor Agenda for prosperity and Development (PAPD)”, 20 November 2018.


- UNDP, “COVID-19 and Human Development”, 29 April 2020, https://datastudio.google.com/u/0/reporting/ab84128c-7d8d-441b-ba49-ac04ab074e69/page/QYXLB.
- World Bank, “World Bank Predicts Sharpest Decline of

70


RAPID ASSESSMENT of Covid-19 Impact and Roadmap for Recovery in Liberia