

Protecting the Health of Vulnerable Populations in Liberia

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ANNUAL REPORT 2023

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Abbreviations

ADSR Animal Disease Surveillance and Response

AEFI Adverse Events Following Immunization

AFP Acute Flaccid Paralysis

AIDS Acquired Immune Deficiency Syndrome

AMR Anti-Microbial Resistance

ASRH Adolescent Sexual and Reproductive Health

BCC Basic Emergency (BEC) and Critical Care

BEC Basic Emergency Care

BFHI Baby Friendly Hospital Initiative

CBSR Community Based Surveillance and Response

CFR Case Fatality Rate

CND Communicable and Non- Communicable Diseases

CSU Country Support Unit

DHIS District Health Information System

DTRA Defense Threat Reduction Agency

EPHS Essential Package of Health Services

EPI Expanded Programme on Immunization

EPR Emergency Preparedness and Response

ERF Emergency Response Framework

FAO Food and Agriculture Organization of the United Nations

FHP Family Health Program

FRH Family and Reproductive Health

GBV Gender Based Violence

GoL Government of Liberia

GPW General Programme of Work

HCC Health Coordination Committee

HCW Health Care Workers

HIV Human Immunodeficiency Virus

HPD Health Promotion and Social Determinants of Health

HPG Health Partners Group

HSCC Health Sector Coordination Committee

HSS Health Systems Strengthening

HTH HIV, Tuberculosis, and Hepatitis

IATI International Aid Transparency Initiative

ICC Inter-agency Coordination Committee for immunization

ICF Internal Control Framework

IDSR Integrated Disease Surveillance and Response

IEC Information, Education and Communication

IHR International Health Regulations

IMS Incident Management System

ISS Integrated Supportive Supervision

JEE Joint External Evaluation

LC Life Course

LCM Liberia Coordinating Mechanism

LCRMC Local Compliance and Risk Management Committee

LHEF Liberia Health Equity Fund

MDA Mass Drug Administration

MFDP Ministry of Finance and Development Planning

MOH Ministry of Health

MPI Multi-dimensional Poverty Index

MPNDSR Maternal, Perinatal, Newborn Death Surveillance and Response

NAPHS National Action Plan for Health Security

NCD Non- Communicable Diseases

NISP National Immunization Strategic Plan

NNT Neonatal Tetanus

NPIL National Public Health Institute of Liberia

NPHRL National Public Health Reference Laboratory

NTD Neglected Tropical Disease

NUT Nutrition and Food Safety including Diet & Obesity

ODK Open Data Kit

OHS Occupational Health and Safety

PAPD Pro poor Agenda for Prosperity

PBF Performance Based Financing

PHEIC Public Health Emergency of International Concern

PHEOC Public Health Emergency Operation Center

PIRI Periodic Intensification of Routine Immunization

PLHIV Persons Living with HIV

RCCE Risk Communication and Community Engagement

RDF Revolving Drugs Fund

RMNH Reproductive, Maternal and Newborn Health

SEAH Sexual Exploitation Abuse and Harassment

SRHR Sexual Reproductive Health and Rights

STARS Situation Analysis of Rehabilitation

TNR Tobacco and reduction of other NCD Risk factors

TPT Tuberculosis Preventive Treatment

TVD Tropical and Vector-Borne Diseases

UHC Universal Health Coverage

UHP UHC- Healthier Population and Health Promotion

UNCT United Nations Country Team

USAID United States Agency for International Development

US-CDC US Center for Disease Control

VPD Vaccine Preventable Disease

WCO WHO Country Office

WHA World Health Assembly

WHE WHO's Health Emergencies

WHO World Health Organization



Foreword

Dr Clement Lugala Peter WHO Representative

The year 2023 holds significant importance for Liberia—from hosting the Third Global Community Health Worker’s Symposium to successfully integrating the COVID-19 Pandemic into Primary Health Care (PHC) and conducting peaceful and credible General Elections --- these achievements will leave an indelible mark in the country’s history.

Within the framework of our General Programme of Work and guided by the Country Cooperation Strategy and the United Nations Sustainable Development Cooperation Framework, WHO, in partnership with other organizations, is working alongside the Liberian government to implement key healthcare priorities. These priorities include improving access to quality essential health services, achieving Universal Health Coverage by strengthening health systems and primary healthcare, promoting healthier populations through multisectoral actions, and enhancing the country’s ability to prepare for, prevent, and respond to public health threats.

We have achieved several significant results in the health sector with our health partners. We have developed policies, strategies, standard operating procedures, and technical guidelines to provide better healthcare services. We have also generated evidence through assessments, after-action reviews, and external evaluations of the core capacities of the International Health Regulations. Our efforts have resulted in high COVID-19 vaccination coverage and increased routine vaccination efforts to catch up with children who missed their routine immunization due to the COVID-19 pandemic.

Concurrently with the response to COVID-19, Liberia has faced measles and Lassa fever outbreaks. We have made additional efforts to reduce maternal and neonatal deaths and combat communicable, non-communicable, and neglected tropical diseases. Additionally, we are addressing social determinants of health and the impacts of climate change on health.

We achieved our goals due to the unwavering support of the Regional Office and Headquarters. We extend our heartfelt gratitude to our partners and donors, including the UN family, for their continued assistance in advancing our health agenda.

I want to take this opportunity to express my gratitude to all WHO staff who have dedicated their expertise, energy, and time to support their counterparts and work closely with health development partners. This collaboration has led to better alignment and harmonization of health programs to promote better health and well-being for all the people of Liberia. As you read about our achievements and lessons learned, I hope you appreciate the hard work and dedication that has gone into making a positive impact on the health of the Liberian people.

The country office is committed to maintaining the same team spirit, commitment, and agility while working with the new leadership in the Ministry of Health in 2024 and beyond. However, more support is needed to assist the government in achieving its national health targets and health-related Sustainable Development Goals (SDGs).



Acknowledgement

We are grateful to the Government of Liberia for their leadership and guidance. We sincerely appreciate the Ministry of Health and other allied institutions.

We thank our Regional Director for Africa and the Director General for their unwavering support throughout the year. We are grateful for our strong partnerships and collaboration with all our bilateral and multilateral partners, including donors, development and technical partners, UN entities, civil society, academia, and the private sector, who stood with us in 2023 to enable our support for Liberia’s health sector agenda. Thank you for your financial support.

1. Executive Summary

WHO collaborated with partners to support the Ministry of Health (MoH) in strengthening Liberia's healthcare delivery system.

This report highlights the organization's efforts towards advancing the country's health and well-being.



1.1. Highlights: Key Achievements

Universal Health Coverage (UHC) Cluster

- **Developed key plans and policy documents:** WHO helped MOH develop critical national policy documents and guidelines, including Standard Operating Procedures. Some of the documents produced are the National Health Quality Strategy, National Health Promotion Policy, National Standard Treatment Guidelines, Essential Medicines Lists, COVID-19 Case Management Handbook, National Guideline for Continuous Professional Development, Health Services Continuity Planning Guideline, National Occupational Health and Safety Guideline, WASH in Healthcare Facilities Road Map, Maternal Newborn Quality of Care Improvement Action Plan, and curriculum for nurses and midwives.
- **Strengthened health workforce:** The MOH and its partners received support from WHO to enhance the skills of 200 frontline health workers in various programmatic areas. These include Health Service Resilience, Basic Emergency Care (BEC) and Basic Critical Care (BCC), Integrated Interagency Triage Training (IITT), Infection Prevention and Control (IPC), and Emergency Preparedness and Response (EPR), which also covers surveillance and immunization.

- **Donated supplies for improving health:** Donated various medicines, equipment, and medical supplies to improve diagnostics, patient care, and specific disease control programs. In addition, three vehicles (two ambulances and one pick-up) helped MoH enhance health emergencies and the health system by ensuring medical-grade oxygen is available at service delivery points.

- **Ensured availability of safe blood and its products:** the Ministry of Health was supported in addressing postpartum haemorrhage in three county hospitals—C.H. Rennie, Phebe, and G.W. Harley Hospitals. The main objective was to ensure the availability of safe blood and blood products for the transfusion of pregnant women who may experience haemorrhage during and after childbirth.

- **Contributed to achieve an increased DPT3 coverage:** The Government of Liberia increased DPT3 vaccine coverage from 50% in 2022 to 85% by September 2023 in all counties, with assistance from the WHO program.



The initiative also increased immunization uptake and reduced reported weekly measles cases from the highest reported cases of 942 in March 2023 to less than 40 cases per week in the fourth quarter of 2023.





Communicable and Non-Communicable Diseases Cluster (UHC-CND)

- Key strategic documents revised and developed:** Helped revise the National HIV/AIDS Strategic Plan, National TB Strategic Plan and National Malaria Strategic Plans and thus facilitated the mobilization of 87.3 million for the next two years in support of HIV/AIDS, Malaria, and TB control programs. In collaboration with partners, WHO supported the Ministry of Health in developing the National Mental Health Policy (2023-2033) and Strategy (2023-2028). These instruments will guide the prevention, promotion, treatment, and recovery of people affected by mental disorders.
- Enhanced TB Preventive Treatment (TPT):** The National TPT guidelines were developed and implemented to prevent the onset of active pulmonary TB in individuals who are HIV positive, children who are in contact with confirmed cases of pulmonary TB, and people living with HIV. The guidelines support TB surveillance, early case detection, and treatment.

This success was due to a robust vaccine administration approach, which included the integration of COVID-19 vaccination into routine immunization.

- Supported in maintaining polio-free status:** Liberia has managed to maintain its polio-free status by carrying out rigorous surveillance activities. It is one of the five countries in West Africa that has successfully met the two essential AFP surveillance indicators - non-Polio AFP rate and stool adequacy rate. The Enterovirus (NPENT) rate is currently at 21%, higher than the regional target of 10%.
- Sustained AFP surveillance certification:** By maintaining sensitivity for the two key indicators of AFP Surveillance, which are Non-Polio AFP rate and Stool Adequacy rate.

Liberia achieved an **annual incidence of non-measles febrile rash illness of 5.8 per 100 000 people in 2023, compared to 22.4 per 100 000 in 2022.**



The target was 2 per 100 000. This was due to the increased sensitivity of the surveillance system.

- Actioned TB surveys:** Montserrado County in Liberia conducted a TB point prevalence survey with the technical support of the WHO and financial contribution from the Global Fund. The survey revealed a crude TB prevalence rate of 169/100 000 people. The findings will be used to target interventions and mobilize resources for conducting nationwide drug-sensitive and drug-resistant TB surveys in Liberia.
- Developed an innovative online training platform:** For the National TB Program, contributing to improved national capacity (105 service providers trained) for TB prevention and management. This training platform contains seven modules, which can be accessed at <https://nltcp.indrap.org/>
- Co-developed Malaria vaccine roll out plan:** Collaborated with other partners to support MoH in developing the 2024 Malaria vaccine rollout plan. Around 188,807 doses will be administered to children under five in April 2024.

Tropical and Vector-Borne Diseases (TVD)

- Developed key plan:** Collaborated with partners to develop Liberia's National Tropical Diseases (NTD) Master Plan 2023-2027, supporting the MoH in guiding targeted interventions against major NTDs of public health significance.

- Supported Lymphatic Filariasis treatment:** Across 13¹ of 15 counties, procured and supplied **47,520,000 Mectizan tablets** to treat **2.4 million people**.



Sight Savers financially supports the ongoing Mass Drug Administration (MDA).

- Achieved 94% MDA coverage:** Among **school-age children** of the Grand Cape Mount and Grand Bassa Counties, procuring and administering **343 000 praziquantel tablets** that benefited **99,489 out of the targeted 105,419 for schistosomiasis elimination**.



Health Emergencies (WHE) Cluster

- Strengthened preparedness and response:** Supported the MoH and NPHIL by developing 15 County-Specific Emergency Preparedness and Response Plans (EPR) and a National Measles EPR plan. Helped review the COVID-19 pandemic preparedness and response after-action review, documenting best practices, lessons learned, and challenges and developing a COVID-19 transition plan guiding the integration of COVID-19 response into routine health services.
- Sustained COVID-19 detection:** by integrating it into routine surveillance (four tuberculosis and influenza sentinel testing sites established), resulting in the detection of 877 suspected cases (TB- 482, COVID-19-286, Influenza-109) from Epidemiological weeks 1-48, 2023.
- Completed Joint External Evaluation (JEE) 2023:** The Government of Liberia received support in assessing the country's International Health Regulations (IHR) Core capacities by completing the JEE in 2023.

LIBERIA TAKES BOLD STEP TO INTEGRATE COVID-19 VACCINES INTO ROUTINE IMMUNIZATION

In the bustling town of Monrovia, Liberia, a remarkable turn of events has unfolded, bringing hope and protection to the heart of the community. As of December 15, 2023, routine immunization coverage has skyrocketed from a modest 50% in July 2023 to an impressive 86%, thanks to the integration of COVID-19 vaccination into routine immunization.

Liberia stands proudly among the three triumphant countries that achieved the WHO global vaccination target of 70% in Africa by December 31, 2022. This remarkable feat did not go unnoticed, and with the guidance of the Incident Management System (IMS), the Ministry of Health spearheaded a visionary move to fortify the nation's health defences further.

Faced with interrupted routine immunization and outbreaks of vaccine-preventable diseases, the Liberian Ministry of Health integrated COVID-19 vaccination into routine immunization, with guidance from IMS. This decision is aligned with global guidance from the Strategic Advisory Group of Experts on Immunization (SAGE). It aims to strengthen the health system and enhance service delivery by leveraging COVID-19 resources.

Amidst the uncertainty caused by the COVID-19 pandemic, Liberia took a proactive approach to protect its people from the virus and strengthened its defences against other preventable diseases. This success story is evident in the bustling streets, which serve as a testament to the community's resilience and unwavering commitment to safeguarding the people's health.



¹ Cape Mount, Montserrado, Margibi, Grand Bassa, Rivercess, Sinoe, Grand Kru, RiverGee, Grand Gedeh, Maryland, Nimba, Lofa, and Bong

The evaluation identified gaps and recommendations for developing a National Action Plan for Health Security for 2024-2029.

• **Strengthened capacities:** In Integrated Disaster Surveillance and Response (IDSR) and other epidemic-prone diseases, including COVID-19 testing and confirmation by donating laboratory reagents, supplies, and consumables, including rapid diagnostic tests and installing a genomic squeezing machine and saver for COVID-19 and other pathogens.

• **Improved patient care quality:** Disseminated 6 000 copies of the newly developed IPC minimum requirement assessment tool and donated assorted IPC supplies to strengthen IPC practices in 40 hospitals located in Montserrado County.

• **Improved hand hygiene compliance in health centres:** Quarterly hand hygiene audits were conducted in 34 out of 38 hospitals across 15 counties, training 442 frontline healthcare workers and monitoring awareness to improve compliance among healthcare workers in Liberia. As a result, hand hygiene compliance increased by 18%.

• **Strengthened the joint zoonotic diseases surveillance capacity:** Trained 45 multisectoral surveillance officers and developed Animal Disease Surveillance Guidelines using the WHO diseases prioritization tool to better detect and respond to zoonotic diseases.

• **Decreased measles cases and related deaths:** Cases decreased from **8 868 in 2022 to 4 717 in 2023**, with a **higher vaccination rate (82% in 2023 vs. 77% in 2022)**. **Deaths also reduced from 87 to 8**, resulting in a **lower-case fatality rate of 0.17%**.



• **Improved Lassa fever case management:** Donating 95,000 ampoules of Ribavirin helped reduce the CFR from 34% (24/73) in 2022 to 29% (32/107) in 2023.

Healthier Population And Health Promotion (UHP) Cluster

• **Helped MoH conduct the first-ever health equity analysis:** The assessment determined health inequality levels and deprivation of marginalized communities and slums across the country.

• **Increased access to assistive technology (AT): Assistive products for vision and mobility were provided free of charge to 3 446 individuals with disabilities (out of 110 260 PWDs) in 5 out of 15 counties of Liberia, representing 3.1% of the disabled population according to the Liberia 2008 Housing and Population Census.**



• **Expand the implementation of the Baby Friendly Hospital Initiative (BFHI):** From nine to 11 of the 15 counties in 2023 have implemented the program. This and other ongoing strategies have maintained the national exclusive breastfeeding rate at 55% (LDHS 2019/2020). The global exclusive breastfeeding rate is 44% (WHO Report 2021).

Corporate Services and Enabling Functions (Management)

• **Strengthened various health sector coordination platforms and policy dialogue:** with GoL and partners, including the COVID-19 IMS (resolved in May 2023), Health Sector Coordination Committee (HSCC), Health Coordination Committee (HCC), Liberia Coordinating Mechanism (LCM), Inter-agency Coordination Committee (ICC), Health Partners Group (HPG), Technical Working Groups (TWGs) among others. This has resulted in improved Health Sector Coordination and strengthened strategic partnerships.

• **Organized key meetings:** WHO held senior leadership and WHO dialogue to prioritize health needs, comply with WHO administrative procedures, and endorse PB 2024/2025. As the secretariat of the Health Partners' Group, WHO supported and hosted monthly meetings for members and hosted a retreat with the leadership of the Ministry of Health to discuss strategic issues in the health sector. In collaboration with health partners, WHO supported MOH to establish the ICC and secure funds for routine vaccine co-financing through discussions with the Ministry of Finance.

• **Enhanced national capacities:** For preventing and managing gender-based/sexual gender-based violence, including Sexual Exploitation, Abuse and Harassment (SEAH), by training 50 healthcare providers across eight One-Stop centers.

• **Commemorated WHO's 75th anniversary:** Five radio talk shows increased awareness of key health issues, such



as routine immunization, emergency preparedness, and patient safety. WHO's achievements were documented, including the engagement of WHO at 75 Champion (Her Excellency the Vice President) in advocating for workplace environments that support breastfeeding.

• **Improved Resource Mobilization:** Collaborated with partners such as **USAID, US CDC, Peacebuilding Fund (PBF), and the Global Fund to increase locally raised resources in 2023 to approximately \$US 5 million from \$US 3.5 million in 2022.**



• **Increased WHO visibility and public engagement:** Published 21 stories on the Country Office website, showcasing the organization's work and impact in Liberia, two stories published in collaboration with the Regional Office, and one with Headquarters. WCO's reach increased on X from 162 000 in 2022 to 472 273 in 2023, while Facebook increased from 480 000 in 2022 to 631 800 in 2023. WHO Liberia collaborated with program management and team leaders to produce three bulletins, providing stakeholders and the public with comprehensive updates on their activities, achievements, and upcoming initiatives.

• The WCO had **US\$ 30 440 487** as its **programme budget allocation for the 2022-23 biennium, with 91% of this being funded. The implementation rate at year-end was 95%.**



1.2. Key Challenges

- Weak coordination in the health sector requires strengthening.
- High out-of-pocket expenditures result in low access to and utilization of essential health services.
- The limited availability of essential medicines, basic equipment, and IPC supplies affects the counties' provision of adequate health services. Weak logistics capacity, inadequate funds, and poor road network limit access to some counties.
- Identified weaknesses in detecting, reporting, investigating, and responding to public health threats in the recent Joint External Evaluation of the International Health Regulation (IHR) core capacities.
- Maternal and newborn deaths are high due to a shortage of basic equipment, blood and medical supplies, including infection prevention and control supplies, and insufficient dedicated health workforce.
- Most public health facilities have more volunteers than professional health workers, resulting in the delivery of sub-optimal care packages.

1.3. Key Recommendations

- **Strengthen coordination:** WHO and other health sector partners should better support the Ministry of Health to improve coordination and performance. This includes enhancing coordination platforms, strengthening intra and inter-ministerial coordination, and clarifying complementary roles of other government sectors. This will lead to improved health outcomes and well-being.
- **Increase government funding:** WHO and other partners should collaborate with MOH and MFDP to increase government funding for health. Implement financial strategies like the Liberia Health Equity Fund and Revolving Drug Fund. Explore new ways of financing health programs like health insurance. Reduce fragmentation of external funding and initiate a Compact to support health sector financing.
- **Improve availability of medical supplies:** In collaboration with the World Food Programme (WFP) and donor partners, WHO should continue to assist MoH in improving the availability of essential medicines, medical supplies, commodities, and basic equipment in public health



facilities. This includes ensuring that these resources are distributed efficiently to the last mile to minimize stock-outs, strengthening inventory management, and enhancing transparency in the monitoring and using medicines.

- **Enhance capacities:** WHO should continue to play a co-leadership role in supporting the Ministry of Health to improve its capacity for preparedness, prevention, and response to public health threats. This includes facilitating the implementation of flagship programs and revising the National Action Plan for Health Security (NAPHS) to strengthen the country's readiness and response to emergencies of public health significance.
- **Improve quality and access to SRHR services:** The Ministry of Health (MOH), with support from WHO and other partners, should improve the accessibility and quality by providing institutional deliveries and other maternity lifesaving interventions, such as EmONC services. Basic medical equipment, supplies and reproductive health commodities should also be made available in all public health facilities to reduce neonatal and maternal deaths. Strengthen implementation of MPNDSR to ensure timely and targeted service delivery across the continuum of care.
- **Undertake human resource audit:** WHO should assist the Ministry of Health in conducting a human resource audit to improve the recruitment, deployment, retention, and management system of healthcare workers. This should

include updating the HRH pool and payroll to enhance the efficiency of the healthcare delivery system.

1.4. Lessons Learned

- Conducting a Simulation Exercise (SimEx) helps identify weaknesses and strengths in the preparedness plan, facilitating evaluation and recalibration of readiness.
- Enhancing hospitals' capacity to use medical oxygen is crucial to creating demand for oxygen and optimizing operations of PSA plants in Star Base and Bomi.
- Integrating the COVID-19 vaccine into routine immunization services at primary healthcare facilities has increased access to COVID-19 vaccines in all health centers. This approach has also contributed to improving the uptake of COVID-19 vaccines and routine immunization despite the downgrading of COVID-19 as a non-Public Health Emergency of International Concern.
- The government's prioritization of addressing the challenges faced by at-risk youths resulted in more resources being mobilized by partners to provide targeted services.

The adoption of mobile money transfers has ensured real-time payments of allowances for participants in WHO-supported activities, contributing to motivation and better performance.

REVOLUTIONIZING ALLOWANCE DISTRIBUTION FOR HEALTH WORKERS

In a groundbreaking move, Liberia has set a new standard in program implementation efficiency, emphasizing value for money (VfM) through an innovative approach to cash distribution for health workers. The adoption of mobile money transfers for processing allowances, initiated by the World Health Organization (WHO), has addressed logistical challenges and emerged as a model for sustainable resource distribution in healthcare.

CHALLENGES AND THE NEED FOR INNOVATION

2020 brought forth a formidable challenge for Liberia as it faced an outbreak of circulating vaccine-derived polio virus type 2 (cVDPV2). In response, the Ministry of Health (MOH) swiftly introduced the nOPV2 vaccine, making Liberia the first country to deploy this vaccine. The success of this initiative heavily relied on the commitment and expertise of hundreds of vaccinators across the country. Timely allowance payments to these frontline workers became pivotal, yet traditional methods presented significant challenges.

Although well-intended, the conventional approach of cash payments from the national level to communities was fraught with inefficiencies. Delays in disbursement, high transaction costs, and security risks associated with handling large sums of cash created substantial obstacles. Recognizing the urgency for an effective solution, WHO, in collaboration with the MOH, pioneered an innovative method to streamline the payment process through mobile money transfers.

MOBILE MONEY:

TRANSFORMATIVE IMPACT ON VALUE FOR MONEY

Efficiency: The adoption of mobile money transfers has significantly reduced the time required to process payments, ensuring prompt delivery of allowances to vaccinators. This real-time access to funds has boosted morale and sustained their commitment to protecting the Liberian population from vaccine-preventable diseases.

Ethics: The system records each transaction electronically, minimizing the risk of fraud or misappropriation. This newfound clarity has instilled confidence among health workers, assuring them of fair and accurate allowance management.

Equity: The mobile money transfer system ensures equitable treatment, eliminating deductions or inaccuracies in the allowance disbursement process. Health workers now have confidence in the fairness and efficiency of the system.

Economy: Beyond its transformative impact, the mobile money approach has proven economical. Digitalized payments have significantly reduced transaction fees, making the process more cost-effective than manual cash disbursement. Logistical expenses associated with cash handling have been drastically minimized.

Nyanjiku Foday, a Vaccinator at Dupo Road Health Centre in Montserrado, shared her experience, "Before the mobile money transfer system, we had to wait for weeks or months to receive our allowances. But now, with mobile money, we get our allowances quickly, and it's so easy to access. This has made a big difference in timely receipt of incentives."

SUSTAINABLE SUCCESS BEYOND VACCINATION EFFORTS

The success of this initiative extends beyond polio and COVID-19 vaccination efforts. Recognizing its effectiveness, WHO and other UN agencies are applying the same principles of mobile money transfers for various activities beyond the Ministry of Health. This showcases the versatility and scalability of the system, maximizing value for money across various healthcare initiatives. Mr. Adolphus Clark, EPI Manager at the Ministry of Health, emphasized the transformation, "The implementation of the mobile money payment system has brought about a significant transformation in the way large-scale payments are made, guaranteeing timely, efficient, secure, and transparent payment methods."

Implementing mobile money transfers in Liberia emerges as a beacon of innovation in healthcare resource distribution. By leveraging technology to streamline payments and enhance transparency, efficiency, and accountability, Liberia sets an example for others seeking to optimize service delivery and contribute to stronger, more resilient healthcare systems. As WHO EPI Officer Dr Abdullahi Suleiman emphasizes, "Leveraging on mobile money for payment of mass vaccination workers isn't just a technological upgrade; it's a strategic move towards transparency, efficiency, and financial inclusion."

This pioneering approach offers valuable insights for those aiming to revolutionize fund disbursement and ensure timely allowances for frontline workers, ultimately fortifying global healthcare systems.



Source: <https://www.afro.who.int/countries/liberia/news/liberia-demonstrates-value-money-vfm-programme-implementation-through-higher-value-driven-solution?country=838&name=Liberia>

2. Background

Liberia is a low-income country with a population of 5.2 million people. The population growth rate is 3.0%, and the majority is young, with 44% below 15 years old. The country has five regions, 15 counties, and 98 health districts.

In 2022, the gross national income was US\$ 680 per capita in purchasing power parity, according to the World Bank. The country's GDP per capita is estimated to be US\$ 754.5 in 2022, with an annual growth rate of 4.8% (World Bank).



Regarding socio-economic development, Liberia's Human Development Index (HDI) was 0.465 in 2022, ranking the country at 173 out of 186 countries. The national poverty headcount for Liberia stands at 49.6%, and the Multidimensional Poverty Index (MPI) is 0.259. Around 71.2% of Liberians have experienced multidimensional poverty, with 33.2% of them being severely poor. Also, 20.4% of the population is deemed "vulnerable" and at risk of slipping back into poverty.

Liberia's Demographic, Economic And Health Indicators

Liberia faces health challenges reflected in its life expectancy, with the total expectancy at birth being 64.4 years in 2020, below the global average of 72.8 years. High mortality rates, outlined in the Liberia Demographic and Health Survey 2019-20, reveal concerning figures: under-five, infant, and neonatal mortality rates stand at 93, 63, and 37 per 1 000 live births, respectively, while the maternal mortality ratio is 742 per 100 000. These rates are among the highest globally.

The Global Burden of Disease highlights the top causes of death in Liberia in 2019, dominated by malaria, diarrheal diseases, and neonatal disorders. The combined causes

of death and disability reveal a similar pattern. Despite these challenges, there has been progress in key Universal Health Coverage indicators, including DPT 3 immunization (83%), Mean Fasting Blood Glucose (4.4 mmol/l or 78.4mg/dl), and the use of insecticide-treated nets (57.4%). HIV prevalence is 2.1%, TB incidence is 510/100,000, and malaria prevalence is at 28%. Vaccination coverage, especially DTP 3, has improved, though measles-containing vaccine coverage varies.

Healthcare delivery indicators demonstrate mixed results: skilled birth attendance is 84%, institutional delivery is 80%, but chronic malnutrition affects 3% of children under five, and 45% of pregnant women are anaemic. Health facility density is promising at 2.1 per 10 000 people, meeting WHO standards, yet the core health workers' density has declined to 11 per 10 000 people, far below the recommended 44.5 health workers per 10 000.

Worryingly, health emergency indicators and International Health Regulations (IHR) capacity have declined from 51% in 2021 to 43.3% in 2023. According to the WHO Global Health Observatory dashboard, Liberia's health trajectory is expected to worsen due to declining performance in indicators like adult and childhood obesity, stunting, and other health risk behaviors. Addressing these challenges will ensure a healthier future for the Liberian population.

3. Results in 2023

This section provides an overview of the major accomplishments, challenges, and opportunities in improving national systems in Liberia. The focus is on the key initiatives and programs implemented and supported by the World Health Organization (WHO) between January and December 2023.

WHO's work in Liberia is organized into four clusters, including Universal Health Coverage-Life Course, Health Emergencies, Universal Health Coverage-Communicable and Non-Communicable Diseases Cluster (UHC-CND), and Corporate Services and Enabling Functions (Management).



This report highlights key results achieved through support provided to the GoL in collaboration with partners, emphasizing the importance of continued investments in the health sector.

3.1. Universal Health Coverage Cluster/Life Course (UHC/LC)

The UHC/LC cluster comprises Health Systems Strengthening (HSS), Family and Reproductive Health (FRH), and Expanded Program on Immunization (EPI) programs. Efforts towards universal health coverage are guided by several policies, including the National Health Policy and Plan (2022-2031), Community Health Policy (2023 – 2032) and Strategy (2023-2027), National Health Financing Strategy (2022-2026), and Essential Package of Health Services II. These policies prioritize reducing gender and health inequities and discrimination.

Health System Strengthening (UHC-HSS)

The WHO Country Office's Health System Strengthening (HSS) efforts aim to help the MOH and its partners improve access to quality essential health services as part of achieving Universal Health Coverage (UHC). The Cluster's efforts focused on the six building blocks of health systems and social determinants of health: Governance & Leadership,

Human Resources for Health, Health Financing, Health Information, Essential Medicines, and Service Delivery.

The HSS cluster has considered the lessons from previous outbreaks, such as Ebola and COVID-19. It will focus on building resilience across all six building blocks to help the MOH and its partners better prepare for future health crises.

Key Achievements

1. Leadership and governance

- A national health care quality strategy has been developed and costed from 2023 to 2027. The strategy will guide and inform quality improvement efforts for public and private health facilities and community structures at national and sub-national levels. The goal is to achieve Universal Health Coverage (UHC) and other Sustainable Development Goal 3 (SDG 3) targets.
- Annual Integrated Operational Plans are developed for programs and 15 county health teams to operationalize EPHS II and the National Health Sector Strategic Plan (2022-2026).
- First-ever Guidelines for Continuous Professional Development (CPD) are now available to assist laboratory personnel, nurses, midwives, physicians, physician assistants and allied health personnel in Liberia.



- Developed the National Guideline for Health Service Continuity Planning during Public Health Emergencies in Liberia that will support health service continuity planning at the national and sub-national levels to build back better from COVID-19 and national preparedness efforts for future outbreaks in Liberia.
- The National Occupational Health and Safety (OHS) Guidelines have been developed to protect health workers from hazards and minimize risks by complying with standardized, coordinated, and effective approaches and tools. These guidelines also guide improving occupational health and safety management systems.

2. Essential medicines, vaccines, technologies and diagnostics

- Revised National Standard Treatment Guidelines and Essential Medicines Lists have been created to enhance prescription practices among clinicians. It is intended to inform resource allocation for service delivery, especially for procuring essential medicines and other commodities, to improve health outcomes for patients and clients.
- National Antimicrobial Resistance Monitoring, Surveillance and Stewardship have been strengthened through technical and financial support from WHO. The AMR

surveillance strategy informs the monitoring, tracking, and reporting of antimicrobial-resistant organisms' emergence, spread, and impact in human and animal populations.

3. Health workforce

- Operationalized a Health Service Resilience Training package in Bong, Lofa, and Grand Cape Mount counties to enhance the skills and knowledge of frontline health workers in health facilities to better prepare for emergencies and provide high-quality health services during public health events.
- WHO supported MOH in launching and rolling out the Emergency Care Toolkit. Training on the toolkit enhanced health workers' capacity to deliver emergency care.
- Built the national capacity for providing Basic Emergency Care (BEC), which benefited 71 clinicians from all counties, 15 provisional facilitators, one registered facilitator, and four master trainers. As a result, core capacities for delivering BEC are now available within the country, leading to improved triage and emergency care services in ten hospitals.

4. Service delivery

- The National COVID-19 Treatment Handbook was developed and implemented, facilitating the integration of COVID-19 case management into routine service delivery.
- The national capacity for producing and distributing medical-grade oxygen has been enhanced by donating three vehicles, improving the ability to deliver medical-grade oxygen to health facilities. This promotes timely intervention and reduces mortality rates caused by a lack of oxygen.
- The capacity of counties to prepare and respond to Avian Influenza, Lassa fever, and mass casualties has been built. WHO supported the MOH and NPHIL in rolling out the dedicated health system SimEx (Off-The-Shelf Exercise) package in three counties. This has enabled each county to develop its context-specific action plan to address three public health events: Avian influenza, Lassa fever, and mass casualties.
- The Liberia Medical and Dental Council (LMDC), in partnership with the Ministry of Health (MOH) and other organizations, received support from the WHO to develop a set of Quality and Safety Standards. These standards will help assess healthcare service delivery and accredit public and private health facilities.

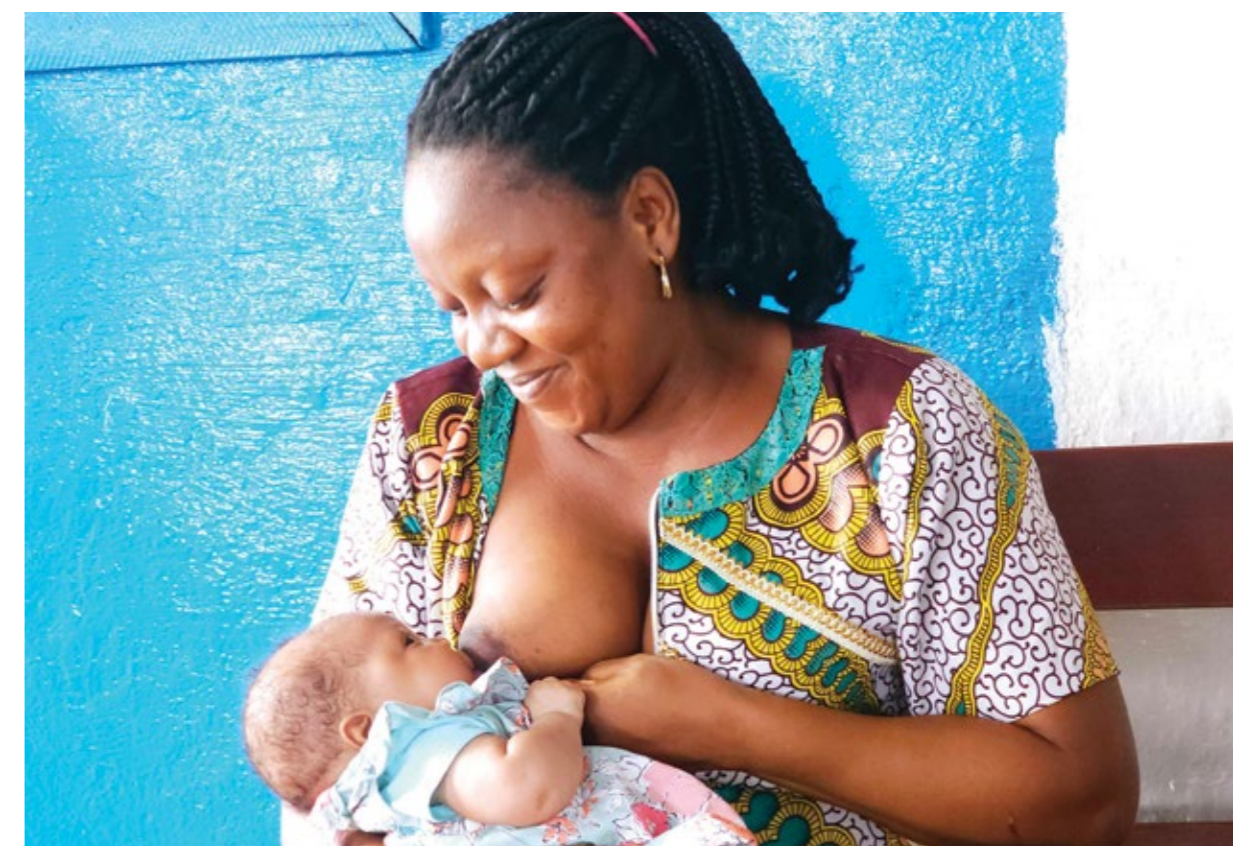
Family And Reproductive Health

The Family and Reproductive Health (FRH) Unit consists of programs that focus on providing care throughout an individual's life. The unit has collaborated with the Family Health Program (FHP) and Nutrition Division of the Ministry of Health to accelerate the delivery of essential sexual, reproductive, maternal, newborn, child, and adolescent health services and nutrition programs in Liberia. The unit has partnered with other priority programs to promote gender, equity, and human rights. Through working with other health partners, including the UN, civil society, and other government sectors such as gender, youth, education, and local government, the unit has significantly contributed to improving SRMNCAH, gender, and nutrition services across the country.

Key Achievements

1. Reproductive maternal newborn health (RMNH)

- The national curriculum for registered nurses and midwives was revised and launched to improve the quality of nurse-midwifery education and, ultimately, improve patient care.



- Maternal Newborn Quality of Care Improvement Action Plans have been developed to guide health facilities and national program managers to provide quality maternity care services and reduce maternal and newborn deaths and disabilities.

- Healthcare facilities have improved health outcomes for pregnant women and newborns by enhancing clinical management through the application of SRMNCAH continuum of care protocols, which have built the capacity of health professionals to provide better care.

2. Child and adolescent health and development

- Capacity-building sessions were held for 145 underprivileged youths across seven communities in Montserrado County, emphasizing the importance of self-care for improved mental and sexual health outcomes.
- WHO completed a needs assessment in three out of 15 counties to assess service providers' capacity for adolescent-friendly services. It disseminated its findings and developed a roadmap for improved adolescent-friendly health services in Liberia.

Expanded Program on Immunization

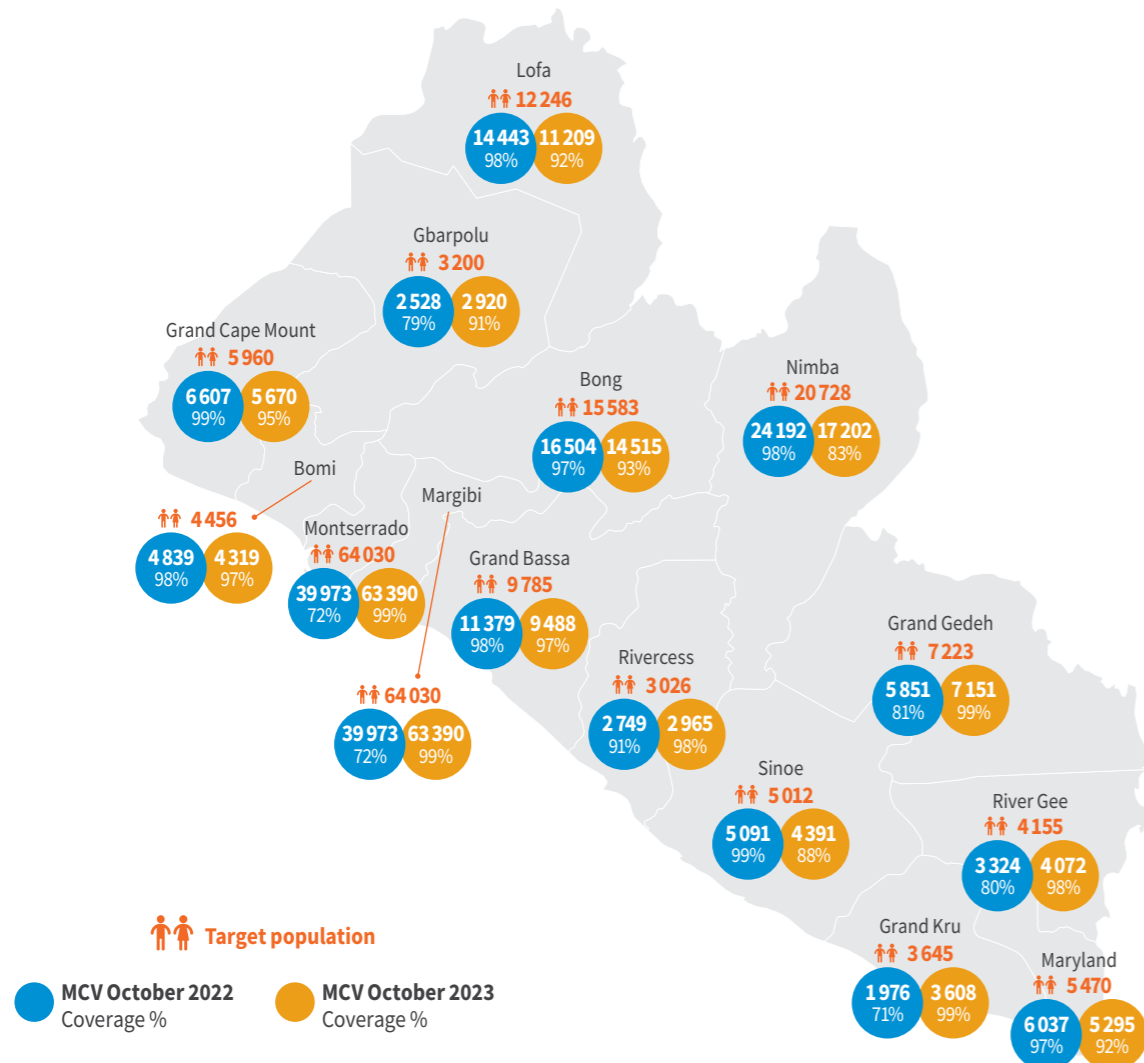
Immunization is the most cost-effective way to protect infants, adolescent girls, and women of childbearing age from communicable diseases. It also helps reduce illness and death in these groups. The World Health Organization recommends that children, adolescent girls, and women of childbearing age receive all recommended vaccines to prevent diseases. At least 85% of the population must be immunized for most diseases to achieve herd immunity.

Liberia has created its National Immunization Strategic Plan (NISP) for 2023-2028. The NISP aligns with the Global Immunization Agenda 2030 and will reinforce and improve immunization services to increase access to targeted populations. This effort has increased the number of health facilities providing immunization services from 514 in 2012 to 628 in 2023.

Key Achievements

- The timeliness of reporting for routine immunizations has improved from 96% in 2022 to 98% in 2023. This improvement resulted from WHO's supportive supervision and provision of logistics for report collection and data submission, as evidenced by the timely receipt of reports from counties.

- Between July and November 30, 2023, **21 immunization outreaches** were conducted, resulting in improved **coverage of Penta3 86%**, **180 818 children** and **measles-containing vaccines 82%**, and **168 530 children**.



- As of December 14, the number of children who received the measles-containing vaccine as part of routine immunization increased from 178 700 to 182 609 due to integrating the COVID-19 vaccine into the routine immunization program.

- Integrating COVID-19 vaccination into routine immunization reduced the weekly measles cases from 942 in March 2023 to less than 30 cases weekly in Q4 2023.
- WHO assisted the Ministry of Health create the National Measles Outbreak Preparedness and Response Plan, aiding the country in readiness against measles outbreaks.

Vaccine Preventable Diseases (VPD) Surveillance

AFP Surveillance

- Polio-free AFP status maintained:** The intensified surveillance by the AFP has played a vital role in achieving two significant indicators - non-polio AFP (2.8%) and stool adequacy (100%). In 15 counties, 58 AFP cases have been reported. The storage capacity of AFP samples in laboratories has improved as WHO provided a separate chest freezer for environmental samples. The laboratory documentation of potentially infectious material has been completed, providing evidence for the country's annual containment capacity for polio.

Non-polio AFP rate/100,000 <15yrs in 2023 as of Week 45D

County	Total Pop 2023	<15 years pop	Expected	Reported	Non-Polio AFP Rate	Number of cases <14 days specimen collected	% of stool <14 days	Number of cases with lab result	Number of NPENTs	% of NPENT	% County in reporting suspected AFP case
Bomi	133 668	60 151	0,5	1	1,9	1	100%	1	0%	2%	
Bong	467 502	210 376	1,8	4	2,2	4	100%	4	0%	7%	
Gbarpolu	95 995	43 198	0,4	2	5,4	2	100%	2	0%	3%	
Grand Bassa	293 557	132 101	1,1	2	1,7	2	100%	2	1	50%	3%
Grand Cape Mount	178 798	80 459	0,7	3	4,3	3	100%	3	0%	5%	
Grand Gedeh	216 692	97 511	0,8	4	4,7	4	100%	4	0%	7%	
Grand Kru	109 342	49 204	0,4	3	7,0	3	100%	3	0%	5%	
Lofa	367 376	165 319	1,4	4	2,8	4	100%	4	0%	7%	
Margibi	304 946	137 226	1,2	1	0,8	1	100%	1	0%	2%	
Maryland	172 202	77 491	0,7	2	3,0	2	100%	2	1	50%	3%
Montserrado	2E+06	864 411	7,5	18	2,4	18	100%	8	1	6%	31%
Nimba	621 841	279 829	2,4	9	3,7	9	100%	9	1	11%	16%
Rivercess	124 653	40 850	0,4	3	8,5	3	100%	3	0%	5%	
River-Gee	90 777	56 094	0,5	1	2,1	1	100%	1	0%	2%	
Sinoe	150 358	67 661	0,6	1	1,7	1	100%	1	0%	2%	
Liberia	5E+06	2 361 880	20,4	58	2,8	58	100%	48	4	7%	100%

• **Measles Surveillance:** By enhancing the measles surveillance system, measles cases decreased from 8185 in 2022 to 4407 in 2023, resulting in an annual non-measles febrile rash of 3.04/100 000.

• **Neonatal Tetanus (NNT) Surveillance:** Early case detection increased from 40 cases (2022) to 48 cases in ten counties (2023) due to the improved NNT Surveillance system.

• **Yellow fever:** Liberia reported 74 suspected cases of yellow fever from 13 counties (87%), but there were no confirmed cases. Increased active case search improved VPD surveillance.

• **Integrated supportive supervision (ISS):** Increased ISS visits to priority sites from 2 982 to 3 123 in 2022 and 2023, respectively, improving the sensitivity of the surveillance system.

• **Routine Immunization:** The National Immunization Technical Advisory Group has bolstered its decision-making

capacity for immunization programs by incorporating evidence-based information. Established the Immunization Coordination Committee (ICC) to oversee the management of the immunization program. Furthermore, inter-country peer reviews and regional training initiatives enhanced members' competence within the National Adverse Events Following Immunization (AEFI) Surveillance Committee. This concerted effort has led to notable advancements in standardized AEFI case classification in Liberia.

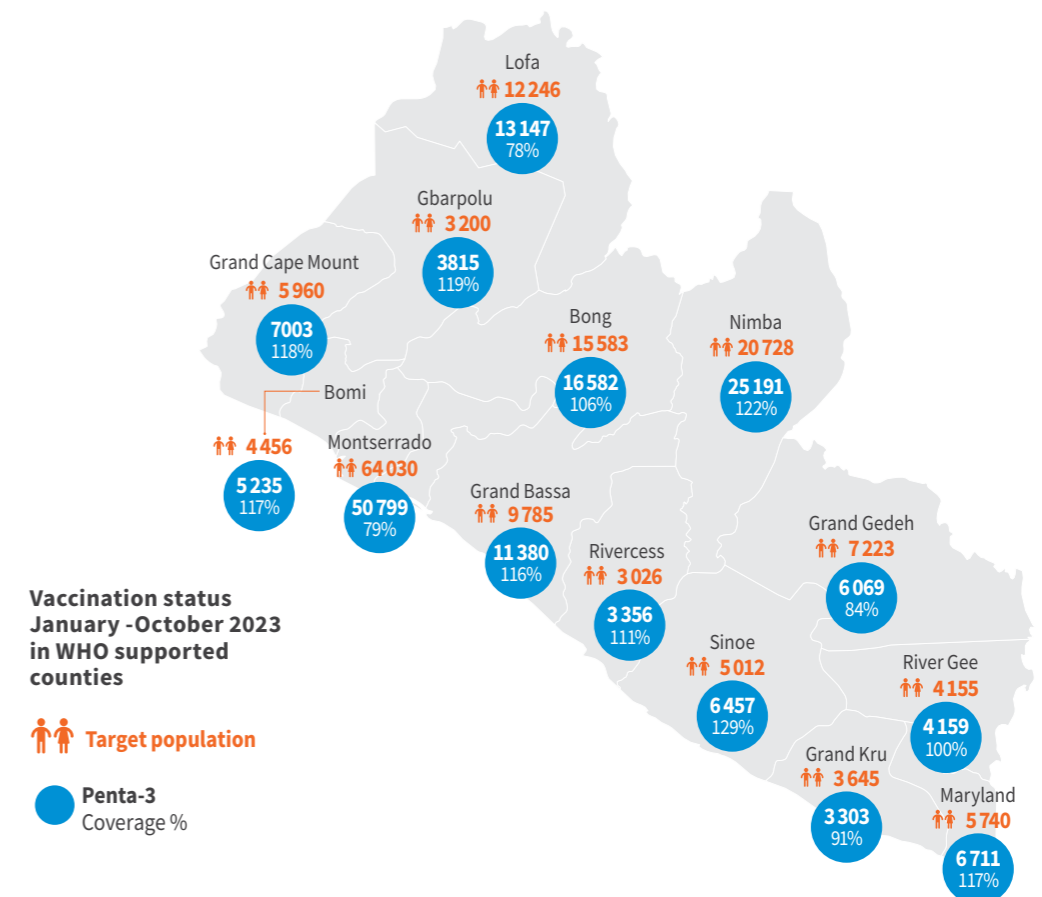
• **COVID-19 vaccination integration:** The number of people receiving immunizations for all antigens increased from 2 805 177 in 2022 to 2 963 388 in 2023 due to the integration of COVID-19 vaccines into routine immunization. This has helped protect the population against vaccine-preventable diseases. By integrating COVID-19 vaccines, the country reached 58 730 new target groups, including 54% of pregnant women, 7% of people with comorbidities, 5% of health workers, 14% of elderly persons, and 20% of prisoners. Additionally, 70 525 children received the pediatric COVID-19 Pfizer vaccine by mid-December 2023.

Vaccination status of Neonatal Tetanus cases by County as of week 1-42, 2023

County	Vaccinated	Vaccinated by History	Not Vaccinated	Yellow fever Vaccinated
Bomi	0	0	0	3
Bong	0	0	2	1
Gbarpolu	0	0	1	1
Grand Bassa	0	0	4	4
Grand Cape Mount	0	0	0	4
Grand Gedeh	0	0	1	6
Grand Kru	0	0	3	22
Lofa	0	0	1	2
Margibi	0	0	0	0
Maryland	0	0	1	1
Montserrado	0	0	31	0
Nimba	0	0	3	3
Rivercess	0	0	0	4
River-Gee	0	0	1	18
Sinoe	0	0	0	5
Liberia	0	0	48	74

Integrated Joint Supportive Supervision (ISS) conducted by month from January 01 – December 18, 2023, in Liberia

County	Monthly Target	Jan.	Feb.	Mar.	April	May	June	July	August	Sept.	Oct.	Nov.
Bomi	8	1	4		4	5	2	4	22	14	7	9
Bong	8	5	3	35	11	13	13		27	13	21	4
Gbarpolu	8	5	2	7	4	6	8	2	1	5	4	3
Grand Bassa	8	1	14	13	9	13	6	4	8	17	9	4
Grand Cape Mount	8	6	6	10	15	9		10	21	4		
Grand Gedeh	8	5	6	36	29	35	43	8	6	9	4	4
Grand Kru	8							5	11	6	2	4
Lofa	8	4	2	12	6	10						
Margibi	8			1	1	1	3		2	2		
Maryland	8	5	6	26	21	18	18	9	23	16	6	8
Montserrado	16	1	10	32	4	23	2		1			
Nimba	8	14	20	31	37	21	22	20	28	11	2	
Rivercess	8	6	17	18	18	13	13	3	5	9	1	2
River-Gee	8								12	14	16	12
Sinoe	8	2	10	8	14	5	17	5	7	4		
Liberia	128	55	100	229	173	172	147	70	174	124	72	50





TRANSFORMING HEALTH RESILIENCE: LIBERIA'S JOURNEY TO IMMUNIZATION SUCCESS

In a concerted effort to safeguard its population, Liberia, supported by the World Health Organization (WHO), embarked on a groundbreaking initiative to integrate COVID-19 vaccines into routine immunization and primary health care services. Initiated in April 2023, the effort aims to ensure sustained access to COVID-19 vaccines for priority groups, including the elderly, refugees, pregnant women, and those with comorbidities.

Aligned with global strategies and Strategic Advisory Group of Experts on Immunization (SAGE) recommendations, Liberia's Ministry of Health, in collaboration with WHO and other partners, strategically employed "The Big Catch-Up" global campaign to revitalize routine immunization. A holistic support framework unfolded, encompassing key initiatives such as expanding the cold chain system, providing integration tools, logistical support for vaccine transportation, and empowering frontline vaccinators.

A paradigm shift occurred following the successful integration of six initially designated counties. With WHO's comprehensive support and funding from USAID, the initiative expanded to cover 14 out of 15 counties. Micro-planning, backed by WHO field presence, set the stage for meticulous execution of the

integration strategy. Adolphus Clarke, Liberia's Ministry of Health, expressed pride in the collaboration, stating, "Our partnership with WHO and other stakeholders has allowed us to prioritize target groups, ensuring equitable vaccine access."

By December 2022, Liberia achieved impressive milestones, with over 81% of the total population fully vaccinated. WHO's continued support anticipates reaching over 80% of the target population through ongoing integration efforts. Seven counties with WHO presence boasted coverage rates exceeding 90%, showcasing the tangible impact of strategic planning and collaboration.

Hon Dr. Wilhelmina Jallah, Liberia's Minister of Health, acknowledged the pivotal role of health partners, including WHO, in navigating challenges and securing a brighter future. Dr. Clement Peter, WHO Country Representative, underscored the success as a model for others, emphasizing that the integration not only combats COVID-19 but strengthens overall health systems, fortifying communities against vaccine-preventable diseases. Liberia's journey is a testament to resilience and collective determination, a beacon of hope in the global fight for health equity.

Source: <https://www.afro.who.int/countries/liberia/news/liberia-takes-bold-step-integrate-covid-19-vaccines-routine-immunization>

3.2. Communicable and Non-Communicable Diseases Cluster(UHC-CND)

The Communicable and Non-Communicable Diseases cluster is responsible for coordinating four primary areas of disease control:

- HIV, Tuberculosis, Hepatitis, and STIs (HTH)
- Tropical and Vector-Borne Diseases (TVD)
- Vaccine-Preventable Diseases (VPD)
- Non-Communicable Diseases (NCDs).

Liberia's major monitored Neglected Tropical Diseases (NTDs) include Schistosomiasis, Trypanosomiasis, Lymphatic Filariasis, Onchocerciasis, and Buruli Ulcer.

Disease Prevention and Control

The Disease Prevention and Control program focuses on the prevention and control of communicable diseases, such as HIV, Tuberculosis, Hepatitis, Malaria and STIs (HTH), and Vaccine-Preventable Diseases (VPD).

Key Achievements

Communicable Diseases:

Human Immuno-deficiency Virus (HIV)

- Collaborating with partners, WHO assisted the Ministry of Health (MoH) in revising the National HIV/AIDS Strategic Plan, National TB Strategic Plan, and National Malaria Strategic Plan. This collaboration has resulted in the mobilization of SU\$ 87.3 million for the next two years to support HIV/AIDS, Malaria, and TB control programs.

- WHO's technical support for HIV/AIDS testing and treatment has contributed to an increase in testing, treatment, and retention in HIV/AIDS care, leading to viral load suppression.

The efforts have helped achieve **77:94:84** in 2023 of the global **95:95:95** target through **increased awareness, access to ARVs, and improved quality of service.**



Tuberculosis (TB)

- Helped develop and implement the National TB Preventive Treatment (TPT) guidelines for the prevention of active pulmonary TB in people living with HIV, children, and

supported household contacts of confirmed pulmonary TB cases. This intervention contributes to TB surveillance, active case finding, and early treatment.

- The Montserrado County in Liberia conducted a TB point prevalence survey with the technical support of the WHO and financial contribution from the Global Fund. The survey revealed a crude TB prevalence rate of 169/100 000 people. The findings will help develop target interventions and mobilize resources for Liberia's nationwide drug-sensitive and drug-resistant TB surveys.
- Developed an innovative online training platform for the National TB Program that contributes to improved national capacity (105 service providers trained) for TB prevention and management. This training platform contains seven modules, which can be accessed at <https://nltcp.indrap.org/>.

Malaria

- WHO conducted a midterm review of the National Malaria Strategic Plan (2021-2025), which led to its revision and extension until 2027.
- Developed a malaria vaccine introduction plan collaboratively with partners to make approximately 188 807 doses of malaria vaccine available for administration in children under five by 2024.
- WHO co-chaired and contributed to completing the 2022 Malaria Indicator survey, which reported a decline in malaria prevalence among children under five years old from 28% in 2011 to 10% in 2022.



Non-Communicable Diseases And Injuries

In Liberia, the major Non-Communicable Diseases under surveillance include mental health, reproductive health cancers (breast, cervical and prostate), substance use disorders, violence and injuries and rehabilitation services.

Mental Health

- WHO helped develop the National Mental Health Policy (2023-2033) and Strategy (2023-2028) through the technical working group, which will guide the prevention, promotion, treatment, and recovery of persons affected by mental disorders.

Tropical and Vector-Borne Diseases (TVD)

- Collaborating with Sight Savers, WHO donated 47 520 000 Mectizan tablets to the MoH to prevent and treat Lymphatic Filariasis in 13 counties, targeting 2.4 million people.
- Achieved 94% MDA coverage among school-age children of the Grand Cape Mount and Grand Bassa endemic counties by procuring and administering 343 000 praziquantel tablets that benefited 99 489 out of the targeted 105 419 for schistosomiasis elimination.
- Supported the printing, dissemination, and implementation of the National Tropical Diseases (NTD) Master Plan 2023-2027, which offers guidance for targeted interventions and resource mobilization in NTD service delivery
- Human African Trypanosomiasis (HAT): The Ministry of Health and NPHIL conducted a community-based assessment in four endemic districts in Bong County with support from WHO to determine the existence of HAT. In March 2022, the HAT Integrated Surveillance System was established by setting up sentinel sites according to the WHO recommendations. Around 44 new CHAs and 1 Lab technician were trained and incorporated into the Surveillance. A new and last Sentinel Site was set up in Sanoyea District to strengthen the Surveillance and active case findings.

3.3. Health Emergencies (WHE) Cluster

The WHO-Liberia Country Office is responsible for supporting the government in managing public health emergencies and disasters by taking measures to mitigate, prevent, prepare for, detect, respond to, and recover from them. It aims to improve health outcomes for those affected by these emergencies by providing timely, appropriate, effective, and coordinated health actions to the International Health Regulations (IHR) 2005. Its ultimate goal is to ensure that the population in Liberia is better protected from public health emergencies.

Key Achievements

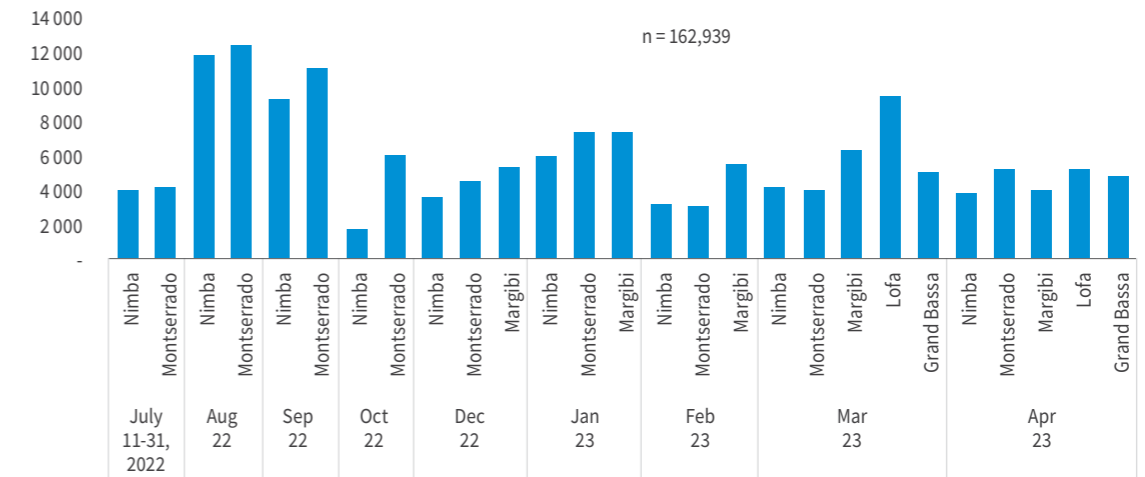
Country Prepared For Health Emergencies

- Fifteen County-Specific Emergency Preparedness and Response Plans (EPR) have been developed to enhance the readiness and response to public health crises and bolster EPR interventions. A National EPR plan has also been created, incorporating the insights gained from COVID-19 preparedness and response.
- Conducted an after-action review on the COVID-19 pandemic preparedness and response that documented the best practices, lessons learned, and challenges faced and resulted in developing the COVID-19 transition plan. The transition plan will guide the integrating of COVID-19 response into routine health services. Furthermore, the recommendations generated from the review will be used to update the National Action Plan for Health Security (NAPHS) spanning from 2024 to 2028.
- Supported the government in completing the Joint External Evaluation with an overall score of 43.9% in collaboration with partners (World Bank, USAID, FAO, US-CDC, and UNICEF), using the JEE 3.0.
- The National Public Health Institute, in collaboration with WHO and other partners, completed the mandatory annual State Party IHR Report for the year 2023. The report will be submitted to the WHO IHR secretariat of the World Health Assembly (WHA) on time through the Regional Office of Africa.
- Assisted the Liberian government in validating and finalizing the revised Public Health Emergency Operations Handbook (PHEOH), which guides public health emergency and routine operations across all EOCs in the country.

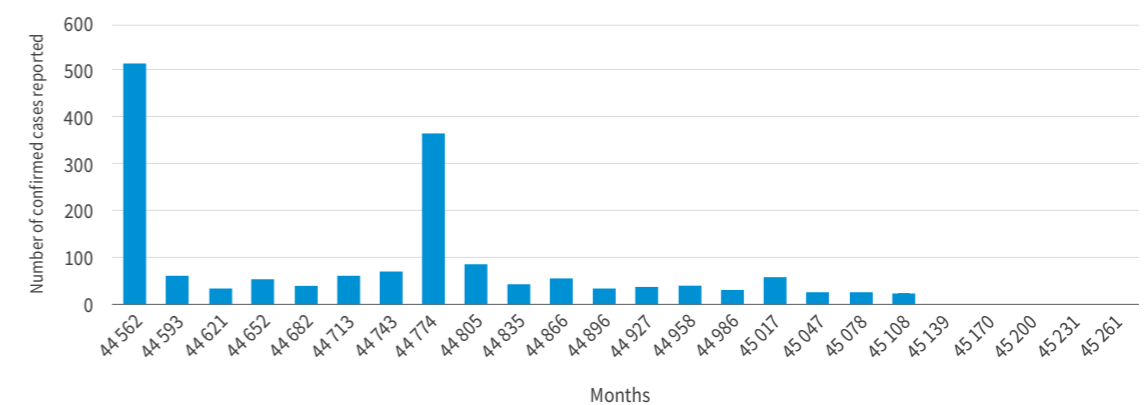
Epidemics and Pandemics Prevented

- In 2023, 29 551 samples were tested using Ag RDTs, with 101 COVID-19 cases confirmed in five counties: Lofa, Margibi, Nimba, Montserrado, and Grand Bassa. Cumulatively, since the initiative was introduced in August 2022 and ended in April 2023, it has led to:
 - Around 162 939 samples tested (Montserrado-57 409, Nimba-46 817, Margibi-30 914, Lofa-14 873 and Bassa-9 945)
 - Also, 320 confirmed cases (Montserrado-166, Nimba-113, Margibi-18, Lofa-12, and Grand Bassa-11)
 - Approximately 1 682 contacts line listed and followed up (Montserrado-558, Nimba-807, Margibi-160, Lofa-56, and Grand Bassa-101)

- Improved Lassa fever case management by donating 95 000 ampoules of Ribavirin, reducing the CFR from 34% (24/73) in 2022 to 29% (32/104) in 2023.
- NPHIL and its partners received support in integrating COVID-19 surveillance into routine surveillance systems, such as IDSR and influenza sentinel sites, by updating IDSR investigation and reporting tools. Around 1 060 surveillance officers and frontline health workers received on-the-job orientation, enabling them to detect 1 877 suspected cases, of which 36 were confirmed as COVID-19 cases. No cases of influenza were confirmed during this period.



Confirmed COVID-19 Cases -2022-2023 (n=1363)



Health Emergencies Rapidly Detected and Responded

IDSR

- In 2023, 127 public health alerts were recorded. 72% of these (91) were investigated, and 87% (110) were responded to within 48 hours. WHO supported NPHIL through weekly analysis of IDSR performance, aiding in timely epidemic preparedness and response decision-making.
- WHO provided surveillance tools to 878 public and private health facilities. As a result, 20 178 alert cases were reported, investigated, and confirmed. Among these were 4 717 measles cases, 87 COVID-19 cases, Lassa fever cases, 18 M-pox cases, 01 Rift Valley Fever, and 01 yellow fever. WHO distributed 22 000 copies of IDSR alerts, case investigation and reporting forms, 2 500 case definitions, and 2 000 job aids for community health workers.
- WHO provided various supplies for collecting, packaging, and transporting samples related to IDSR epidemic-prone diseases to all 15 counties to ensure the safe collection and transportation of 1 500 samples by Riders for Health to the National Reference Laboratory.
- Improved the country's emergency preparedness capacity by training 2 064 health workers on IDSR, IPC, Laboratory, and One Health Coordination.
- Developed the national Event-Based Surveillance guidelines and the national M&E framework for Disease Surveillance in collaboration with partners to strengthen the disease surveillance system.

Laboratory

- Strengthened the capacity to detect and respond to measles outbreaks by providing reagents and sample collection kits. This confirmed 137 cases out of the 1,716 samples tested in 2023.
- Provided laboratory reagents, supplies, and consumables to improve the detection of viral hemorrhagic fever and influenza-like illness. In total, 1 500 patient specimens were tested, and the results showed 107 cases of Lassa fever, 18 cases of Monkey-pox, 1 case of Yellow Fever, and 0 cases of Influenza-like illnesses.

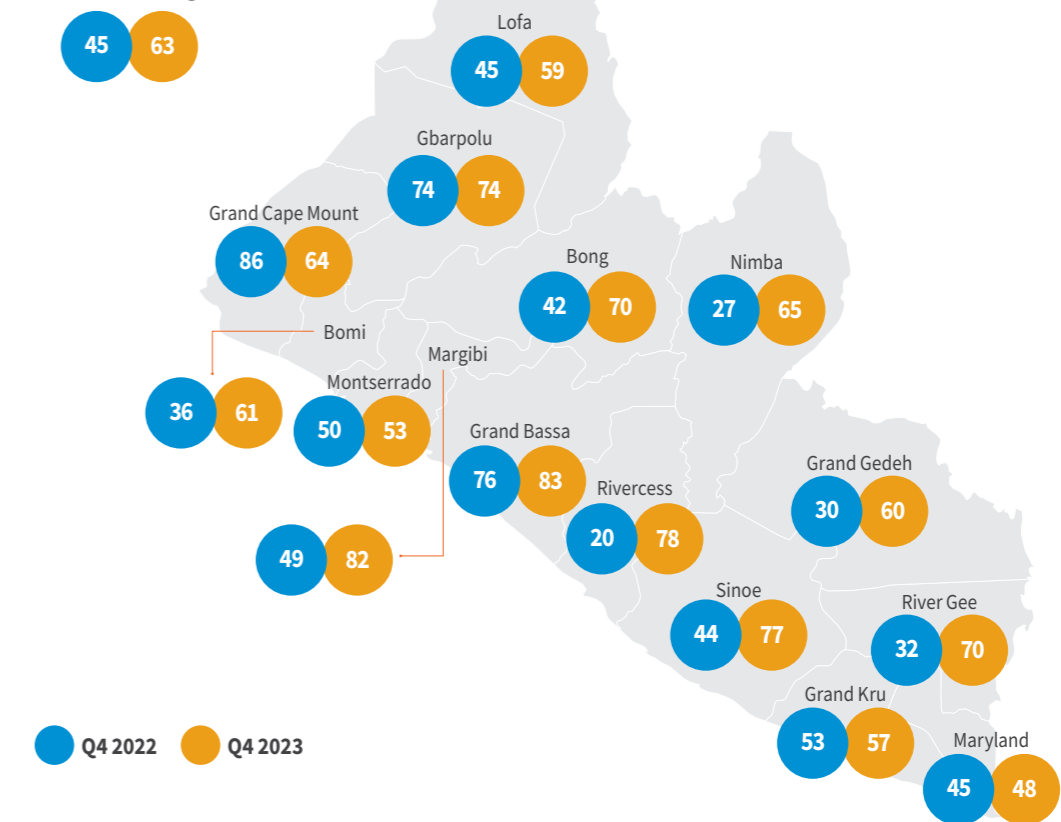
- The National Reference Laboratory received technical and financial assistance from WHO for their External Quality Assurance and Quality Control. The assessment revealed that the laboratory complies with international standards to confirm epidemic-prone diseases.

- The National Reference Laboratory has established its genomics and bioinformatics capacity by installing a data server, battery bank system, air conditioner, cabling and stable internet. This will enable the NPHRL to conduct genomic sequencing for COVID-19 and other epidemic-prone disease pathogens and their variants.

Infection Prevention & Control (IPC)

- Supported MoH in finalizing the National Infection Prevention and Control (IPC) Guidelines 2023-2027 that will improve the skills of healthcare workers and promote adherence to IPC practices and standards.
- Enhanced IPC practices of 40 health facilities by providing various IPC supplies. These include 100 000 pairs of OBGYN gloves, 15 000 pairs of examination gloves, 20 000 pairs of sterile gloves, 15 000 pieces of nose masks, and 5 000 bottles of hand sanitiser. Additionally, provided 400 leak-proof waste bins, 5 000 bottles of liquid hand soap, 1 000 sharps containers, 2 000 biohazard bags, and 6 000 copies of the IPC minimum requirement assessment tool.
- Collaborated with partners and health regulatory bodies to integrate Infection Prevention and Control training modules into higher learning institutions such as the University of Liberia and Tubman National Institute of Medical Arts.
- Hand hygiene compliance significantly increased from 45% in 2022 to 63% in 2023 due to training, mentorship, awareness, supportive supervision, monitoring, and contributions of IPC supplies from WHO and partners.
- Liberia hosted a "Health Emergencies Country Readiness and Strengthening Infection Prevention and Control (IPC)" workshop on Ebola and Marburg diseases. Around 60 participants from Liberia, Uganda, Tanzania, Sierra Leone, Ghana, and South Africa attended the workshop, facilitated by staff from WHO African Region and headquarters. The workshop standardized IPC guidance and practices for responding to Ebola and Marburg diseases across different countries.

National Average



One Health

- Supported the Ministry of Agriculture/Ministry of Health/ National Public Health Institute of Liberia (MoA/MoH/ NPHIL) and partners in developing National Animal Disease Surveillance and Response (ADSR) technical guidelines. Implementation of these guidelines will strengthen priority animal disease surveillance and country preparedness.
- The baseline needs assessment for the One Health workforce has been completed in collaboration with the World Bank, which documented the capacity of the One Health workforce and will be used to develop a comprehensive national strategy and retention plan for 2024 to 2029.
- WHO, with funding from the Defense Threat Reduction Agency, provided technical support to enhance the capacities of 45 multisectoral surveillance officers in detecting and responding to zoonotic diseases. The support included the development of Animal Disease Surveillance Guidelines using the WHO diseases prioritization tool.

- WHO's technical support helped train 336 county Rapid Response Teams (RRTs) members from four counties on preparedness and response to zoonotic disease outbreaks and other health emergencies. This training was funded by DTRA and utilized the One Health approach.

- With technical assistance from WHO, a national One Health Coordination action plan for 2024-2029 to strengthen the One Health coordination mechanism.

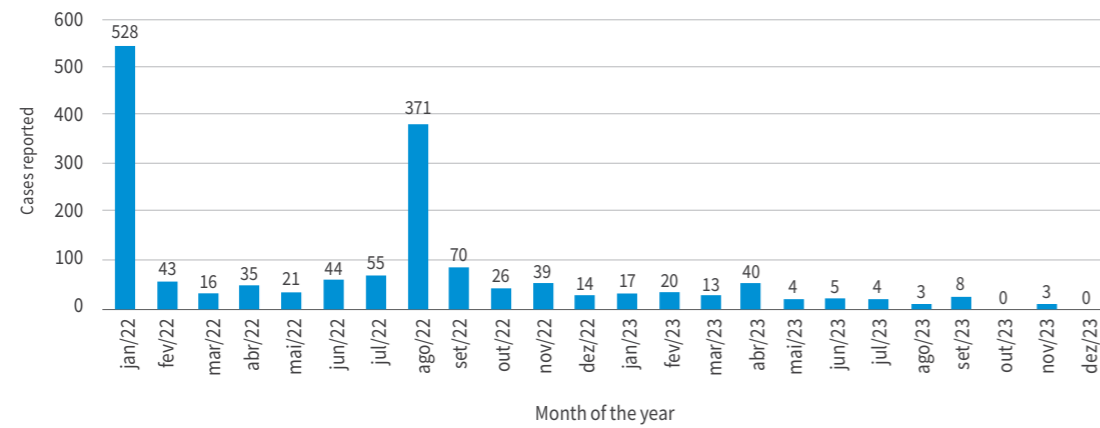
- Established One Health information system by developing and launching the One Health platform website to share information.

Summary of Disease Outbreaks

The country experienced outbreaks of COVID-19, Measles, Lassa fever and Mpox simultaneously from epidemiological week 1 to 52 of 2023.

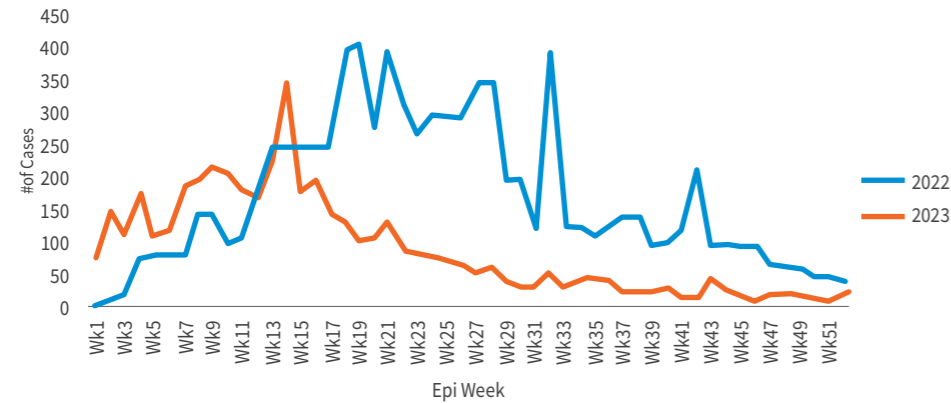
- **COVID-19:** In 2022, 1 631 confirmed cases and 163 cases were recorded in 2023, with over 90% of cases recorded in the first and second quarters of the year.

COVID-19 cases recorded in Jan 2022 to December 2023 (n=1,379)



• **Measles outbreak:** In 2023, 4 717 cases were reported, with a death rate of 0.17%. This is a significant drop from the previous year, 2022, when there were 8,868 cases of measles and 87 deaths, with a fatality rate of 1.16%. This decrease is

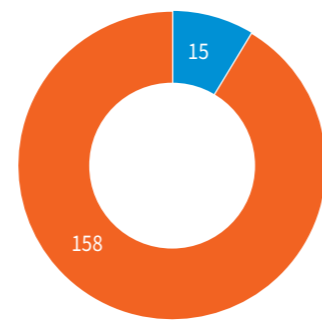
attributed to the increased coverage of measles-containing vaccines, which rose from 50% in January 2023 to 82% in December 2023. The sensitive surveillance system also played a crucial role in identifying and managing outbreaks.



• **Lassa fever outbreak:** Bassa (44), Bong (37), Nimba (17), Montserrado (04), and Bomi (01) counties, totalling 13 districts, have been affected. The age group most affected is 20 to 35 years, with 63% males and 47% females affected. WHO has provided Ribavirin medicine to support case management.

• **Monkey pox (Mpox):** There were 158 suspected cases reported, out of which 15 cases were confirmed in 2023, compared to 61 cases in 2022. WHO provided case definitions, case-based investigation forms, and fact sheets and trained 108 county and district surveillance officers from 15 counties to strengthen alerts and case detection & Investigation.

Mpox n=158 suspected cases & n=15 confirmed cases Jan to dec 2023



● Suspected cases ● Confirmed cases

County	Outbreak Districts	Outbreak Start Date	Total Suspected Cases	Total confirmed cases	Deaths in HCWs	Total Deaths	CFR%	Total Contacts	#HCW Contacts	Contacts _case	HCW_ became a confirmed case	Contacts under followup	Contacts completed	Days in countdown	Outbreak Status
Montserrado	Bushrod	13-Feb-23	15	2	0	1	50%	29	21	0	0	0	29	Completed	Over
	Central Monrovia	03-Mar-23	29	1	0	1	100%	28	27	0	0	0	28	Completed	Over
Bong	Suakoko	21-Apr-23	155	45	2	9	20%	473	191	6	18	44	366	Active	Ongoing
	Sanoyea	19-Sep-23	2	2	0	1	50%	36	18	0	0	0	37	Active	Ongoing
	Kokoya	03-Oct-23	1	1	0	0	0%	5	0	0	0	5	0	Active	Ongoing
	Jorquelleh	15-Oct-23	12	13	1	3	23%	121	86	3	3	41	128	Active	Ongoing
Grand Bassa	District 3A&B	21-Aug-23	86	32	0	9	28%	177	40	40	0	0	159	Completed	Over
	Buchanan	11-Aug-23	2	1	0	1	100%	4	2	0	0	0	0	Completed	Over
Nimba	Sannioullie-Mah	06-Feb-23	42	2	0	0	0%	43	35	8	0	0	43	Completed	Over
	Tappita	20-Nov-23	14	3	0	3	100%	58	29	4	0	22	36	Active	Ongoing
	Yarwin Mehsonoh	05-Dec-23	1	1	0	1	100%	14	0	0	0	14	0	Active	Ongoing
	Bain Garr	01-Jun-23	10	3	0	3	100%	61	25	0	0	0	31	Completed	Over
Montserrao	Central Monrovia	27-Nov-23	1	1	0	0	0%	49	0	0	0	49	0	Active	Ongoing
			370	107	3	32	30%	1098	474	61	21	175	857		

3.4. Healthier Population and Health Promotion (UHP) Cluster

Promoting health and preventing diseases are crucial to achieving Universal Health Coverage (UHC). The Healthier Populations (UHP) Cluster is designed to support Pillar three (3) of WHO's GPW13. This cluster aims to make people healthier in Liberia by reducing health inequities, preventing diseases and injuries, addressing health determinants, and promoting partnerships for whole-of-government and whole-of-society collaborative action.

The Cluster consists of five programs:

- Climate change, Health, and Environment, including Occupational Health, Healthy Settings, and Urban Health (CHE)
- Health Promotion and Social Determinants of Health, including Health in all policies and disease-specific promotional activities (HPD)
- Nutrition and Food Safety, including Diet & Obesity (NUT)
- Tobacco and reduction of other NCD Risk factors (TNR)
- Violence, Injuries, and Disabilities, including Rehabilitation (VID).



Key Achievements

Health Promotion and Social Determinants of Health

- Conducted the first Health Equity Survey to determine the level of inequality and deprivation within the health sector, leading to the development of the Health Equity Strategic Plan.
- WHO assisted the Ministry of Health train 30 Health Promotion stakeholders on the Healthy Setting Approach. This improved the alignment of Health Promotion with global and regional outcomes.
- WHO supported the MOH in developing and disseminating Information, Education and Communication (IEC) materials to enhance public awareness of food safety in the country.

Nutrition and Food Safety

- During the observance of World Breastfeeding Week, supported the WHO @75 Champion in advocating for an environment that enables breastfeeding at home and in the workplace. Printed messages, mobilized media channels, and supported airing the Champion's advocacy message across the country to promote exclusive and continuing breastfeeding for improved infant and young child feeding practices.

- In collaboration with WHO and other partners, the government is implementing an initiative across nine to 11 counties to improve maternal, infant, and young child feeding practices. Additionally, WHO supported the government in developing the national multisectoral nutrition strategic plan (LMNCSP) through technology.
- WHO supported the government in developing the National Multisectoral Nutrition Strategic Plan in collaboration with partners. This was achieved through technical review sessions, final plan editing, and national presentations by the Vice President for the launch of the plan. Once implemented, the plan aims to address the multifaceted challenges of malnutrition in Liberia.
- Supported the Ministry of Health (MoH), National Public Health Institute of Liberia (NPHIL), and partners to revitalize the International Food Safety Authority Network (INFOSAN) platform. This led to the developing of the INFOSAN roadmap, which guides food safety and foodborne disease surveillance.

Tobacco and Reduction of Other NCD Risk Factors

- In collaboration with partners, supported MoH in developing the Alcohol Policy (2023-2033) and Strategy (2023-2028) to guide the implementation of interventions addressing harmful alcohol use.
- WHO supported MoH in managing substance use disorders by training 95 service providers (medical doctors, nurses, physician assistants, and clinical social workers) on prevention, recovery and rehabilitation. This has led to increased capacity for the management of substance use disorders by skilled mental health clinicians and allied health workers in Liberia.

Violence, Injuries and Disabilities, Including Rehabilitation

- Procured and donated assistive technology products to improve the vision and mobility of 3 446 people with disabilities in five out of 15 counties.

Climate Change, Health, and Environment

Wash

- In collaboration with partners, WHO supported NPHIL in developing a roadmap for improving WASH services in healthcare facilities.
- Collaborated with partners to develop national OHS guidelines for the MOH's support.



3.5. Corporate Services and Enabling Functions (Management)

The Representative's office oversees corporate services and enabling functions. This includes coordinating strategic leadership and governance, planning and resource allocation, administrative resource management (financial and human), partnerships and resource mobilization, and strategic communication.

Strengthened Strategic Health Leadership and Governance

WHO convened health partners, advocating for better health, and coordinated with other UN agencies to support the Ministry of Health's mandate in Liberia.

Key Achievements

- WHO discussed with MOH senior leadership the need to prioritize health needs, ensure compliance with administrative procedures, and endorse PB 2024/2025.
- In collaboration with health partners, WHO supported MoH in establishing the ICC. WHO also discussed securing funding for co-financing routine vaccines with the Ministry of Finance.
- WHO continues to provide secretariat functions and has hosted 11 health partner group meetings.
- WHO supported the Ministry of Health in convening and coordinating health sector mechanisms, resulting in stronger strategic partnerships and information dissemination.

Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

- Enhanced the capabilities of the Ministry of Health (MoH), Ministry of Gender, and collaborative partners by successfully concluding training sessions for health professionals at one-stop centers. Additionally, provided comprehensive training for national coordinators specializing in Gender-Based Violence (GBV) to prevent and address incidents of sexual misconduct effectively.
- WHO Comprehensive SEAH Risk Assessment Tool, defined mitigation actions, and budget have been completed. The resulting risk is being closely monitored in the risk register to ensure full compliance with WHO's zero-tolerance culture towards SEAH.
- All categories of personnel in the WCO have signed 1 000 copies of #No Excuse Cards to prevent and respond to sexual misconduct and ensure that everyone adheres to the organization's culture of zero tolerance towards any form of sexual misconduct.



Strategic Health Information

- WHO participated in the portfolio review on the PAPD implementation.
- In collaboration with WHO African Region, ALMA, and West African Health Organization, supported the Family Health Division of the Ministry of Health to adopt an integrated Scorecard for RMNCAH, setting the basis for accountability to improving maternal, neonatal, child, and adolescent health.
- WHO supported the first-ever joint UN mission to four counties, monitoring UN and GoL projects in 40 sites within UNSDCF/PAPD. The objective was to evaluate progress, results, and impacts and identify key challenges for better coordination and results.

External Relations/Resource Mobilization

Developing and maintaining strategic partnerships is crucial for resource mobilization and program implementation.


Key Achievements

- **Improved Partner Engagement/ Relations:** WHO Liberia participated in at least 15 bilateral partner meetings at the program and leadership levels to strengthen collaboration and improve work relations, contributing to enhanced strategic partnership, trust building and mutual accountability.
- **Enhanced donor compliance and communications:** Developed and submitted 24 internal and external technical reports for projects.
- **Improved Resource Mobilization at the country level:** In 2023, mobilized approximately US\$ 5 million compared to the US\$ 3.5 million it received in 2022 due to friendly and trusted relationships with donors such as USAID, US CDC, the Global Fund, and the Peacebuilding Fund.

Strategic Communications

Effective, integrated, and coordinated communication is crucial for improving WHO's visibility and increasing public awareness of health for all Liberians. This section highlights the comprehensive efforts undertaken by the Country Office to enhance communication and visibility across various domains, ensuring that the work of WHO resonates with stakeholders, partners, and the public.

Key Achievements

- Enhanced WHO's presence by publishing 28 stories on the Country Office, Regional Office, and Headquarters websites, demonstrating the organization's contribution to national development.
- **WCO's social media platforms increased from 162 000 to 472 273 on X and 480 000 to 631 800 on Facebook in 2022 and 2023, respectively.** 
- Empowered 37 young Liberian journalists to champion the SDGs through accurate reporting. This has enabled them to track progress, inform the public, hold stakeholders accountable, and drive positive change towards a more sustainable future for Liberia. So far, they have published over 14 stories on health-related SDGs.

- Enabled 205 government officials from Surge Rapid Response Teams in Botswana and Tanzania through targeted training to enhance their external communications capabilities during emergencies and equipped them with essential skills and knowledge to effectively manage external communications, ensuring timely and accurate information dissemination to safeguard public health and maintain trust during crises. The aim was to improve their ability to handle emergencies by providing them with the necessary tools to communicate effectively with the public.

- In collaboration with program management and team leads, WHO enhanced its visibility by producing three quarterly bulletins, including comprehensive updates on country program implementation, achievements, and upcoming initiatives to stakeholders and the public.

- Launched the WHO's 75th-anniversary year-long campaign in collaboration with the Vice President as the Health Champion for the campaign and delivered the following:

- Championed Breastfeeding Advocacy: WHO's 75th-anniversary campaign gained traction by using the Vice President's influence as a Health Champion to promote supportive workplace environments for breastfeeding.
- Leveraged on ECOWAS Radio Outreach, enhancing Public Health Literacy
- ECOWAS radio broadcast five talk shows featuring MoH and WHO experts who delivered informative messages on disease outbreaks, vaccinations, and patient safety to Liberians and others.



Program Management

The country office uses program management as a crucial function to enhance planning, allocation, and utilization of resources. This will help monitor and evaluate the achievement of GPW13 results. The program management office will work on strategic and operational planning, budget management, monitoring and evaluation, including work plans and support to governing bodies.

Key Achievements

- Timely completion of WCO's operational planning for the Programme Budget 2024-2025 (PB24-25) improved planning and resource allocation. The plan is aligned with the national health priorities and the extended GPW 13.
- Achieved 91% utilization rate and 100% International Aid Transparency Initiative compliance through effective oversight of work plans, including creating, updating, and monitoring WCO work plans and ensuring full, appropriate, and timely resource utilization.
- Effective oversight of implementation, using KPIs to monitor progress and ensure compliance with work-plan management standards, timely submission of performance assessments, and promoting a culture of results-based management and reporting have strengthened monitoring and evaluation.

Country Support Unit (CSU)

The Unit offers administrative and operational assistance to the WCO in line with established policies, regulations, and standard operating procedures (SOPs). The output of the CSU is evaluated using Key Performance Indicators, which are updated monthly by WHO African Region/GMC and assessed based on the effective measures taken by the team to ensure complete adherence to all processes.

Accountability and Risk Management

- Following full compliance to the laid internal controls by the WCO, the Internal Control Framework (ICF) Self-Assessment score was 3.95, which is an improvement from 3.82 in 2022.
- The Local Compliance and Risk Management Committee held four quarterly meetings to address the gaps identified from the ICF assessments and other areas in the 2023 work plan. As a result, the WCO managed to secure four long-term agreements (LTAs) covering clearing and forwarding, fuel, stationery, and printing.

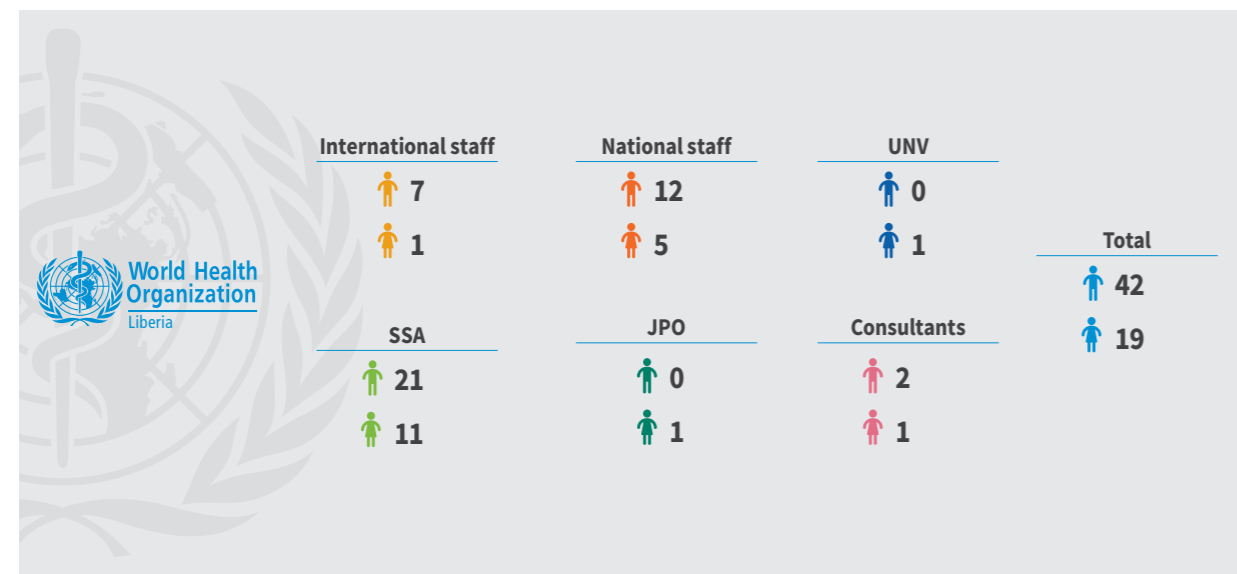
- The World Customs Organization (WCO) reviews its risk register quarterly, which includes risks related to PRSEAH, and outlines actions to mitigate and manage these risks during implementation.

Human Resources

The WCO's workforce comprises 62 staff members, 41 males and 21 females, with 26 holding staff contracts. The elevated count of Special Services Agreement contract holders is attributed to the recruitment of county coordinators to facilitate the seamless integration of the COVID-19 vaccine into routine immunization practices. The breakdown of human resources is outlined below.

WCO filled eight positions² in response to the recommendations of the functional review. Among these, 37.5% or the three positions have females. As of 2023, the office has a workforce of 61 personnel, with 31% or 19 of them being females.

All HR-approved positions that were part of the functional review process have been filled, except for the WHE Team Lead, which is still in progress. The recruitment process for the UCN Team Lead has not yet been initiated. As per the Functional Review HR plan approval, three positions under CSU have been dropped.



² The positions filled- Finance Officer, Finance Assistant, Operations Assistant, WR's Secretary, Shipping Assistant, Human Resource Assistant, Health Promotion/Social Determinants Officer, and Emergency and Preparedness Officer.



Budget and Finance

The World Customs Organization (WCO) allocated a program budget of US\$30 440 487 for the 2022-23 biennium, with 91% of the funds successfully secured. As of December 12, 2023, the implementation rate mirrored this at 91%. Conducted rigorous weekly and monthly reviews of work plans to guarantee alignment with project objectives, ensuring timely utilization of donor funding and adherence to the approved proposal agreement. This proactive approach to work-plan oversight prevented the potential loss of donor funds and facilitated the punctual execution of activities.

Effective management of imprest minimized issues throughout the year, and the adoption of mobile money transfers significantly improved the efficiency of disbursing allowances for meetings and workshops compared to previous years.

Key Achievements

- Sustained and improved control effectiveness of KPIs throughout the year due to continuous review of actions that contributed to the measurement of the indicators.
- Regular quarterly meetings of the Local Compliance and Risk Management Committee were held to ensure adequate compliance with internal controls.
- Assorted medical and non-medical supplies, including vehicles, were procured, cleared, and donated to the Ministry of Health and the NPHIL to support essential health services, preparedness, and response to health emergencies. See Annex 2 for details.

4. Priority Focus for 2024 and Beyond

The WHO Liberia Country Office is committed to contributing towards the extended GPW13 goals, primarily focusing on better alignment, harmonization, and improving health sector service delivery.

The extended GPW-13 aims to close major gaps in progress towards achieving the Sustainable Development Goals by implementing lessons learned from the COVID-19 pandemic. It also seeks to support the country in achieving an equitable and resilient recovery towards the Agenda 2030. The goal is to ensure synergies in achieving better results.



S/N	GPW 13 Strategic Goals	WCO core priorities
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1	Universal Health Coverage (Provision of essential Health services)
	Health system strengthening and services (HSS)
	Support the implementation of EPHS (II) in all healthcare facilities in the 15 counties by the end of 2025.
	Support the implementation of Key national health financing reforms (PBF, RDF, LHEF) and National HRH policy and strategy.
	Support the MoH in conducting a National household survey.
	Support the roll-out of the Essential medicines, diagnostic and equipment lists and Standard treatment guidelines.
	Support developing and rolling out the National action plan for substandard and falsified products (SFPs).
	Revise and disseminate the Supply Chain Management Master Plan to promote access to affordable health commodities at all public health facilities.
	Strengthen Inventory, forecasting & quantification to take stock of essential medicines in targeted healthcare facilities.
	Develop and implement The National Pharmacovigilance Regulations, including guidelines for defining regulatory framework.
	Support the development and rollout of the AMR Surveillance and antimicrobial use (AMU) monitoring guidelines to at least ten hospitals/laboratories conducting antimicrobial susceptibility testing (AST).
	Revise and disseminate the AMR National Action Plan (NAP) at national and county levels by end of 2025

Family and Reproductive Health

Support RMNCAH Service providers in delivering quality services with adequate management and oversight.

Enhance ASRH-friendly services for improved SRHR coverage among adolescents and young people in health facilities and communities.

Strengthen blood safety and transfusion services in nine counties (Sinoe, Grand Bassa, Maryland, Lofa, Montserrado, Nimba, Bong, Margibi, and Grand Gedeh) hospitals for CEmONC.

Enhance service providers' capacity to provide adolescent-friendly services in six counties.

Support integration of child and adolescent health interventions into national development packages of care for health and wellbeing

Establish Maternal Newborn Health Quality of Care learning sites in three selected counties.

Scale-up implementation of maternal, perinatal, and newborn death surveillance and response (MPNDSR) towards generating and using the evidence for preventing and addressing deaths and disabilities in all maternity settings and services

Strengthen the national capacity for the prevention and management of gender-based/sexual gender-based violence, including human rights.

Enhance health facility capacity to manage gender-based violence through multi-sectoral action.

Expanded Programme on Immunization

Strengthen VPD Surveillance in the context of IDSR at all levels to guide equity-based immunization program decision-making.

Strengthen Routine immunization services in all 15 counties through institutionalization and implementation of the RED/REC/REP strategies (PIRI and outreach).

Enhance immunization programs across the life course by introducing new vaccines and immunization-related technologies.

Support VPDs and other IDSR surveillance active case searches in priority sites within the health facilities and communities.

Support AEFI surveillance for COVID-19 and other immunization services in health facilities and communities, including the malaria vaccine.

Support the joint integrated supportive supervision using ODK technology/platform to monitor immunization activities.

Support weekly outreaches to sustain routine immunization activities (transport and allowances for outreaches) in 14 counties.

Support conducting quarterly periodic intensification with COVID-19 vaccination integrated into RI.

Disease Prevention and Control

Strengthen the control and elimination of Tropical and Vector-borne Diseases.

Support the National TB Program to improve TB case finding, diagnosis and treatment.

Support increase in access to service delivery for NCD, Mental and Neurological conditions and Substance Abuse.

Support implementation of the HIV National Strategic Plan.

Support the implementation of National Mental Health policy and strategy in collaboration with partners (including suicide).

Support surveillance of Anopheles stephensi in selected locations in Liberia.

Support conducting the Situation Analysis of Rehabilitation.

Support mass distribution of Insecticide Treated Net in selected counties with a high prevalence of Malaria.

Support the Mass Drug Distribution for Prevention and Treatment of Targeted Neglected Tropical Diseases.

Provide technical support for seamless and tailored tools for training TB service providers.

Support the finalization of the Biosafety Level 3 upgrade of the TB Reference Lab.

Support the adaptation and implementation of new tools and instruments to achieve the 95-95-95 target for HIV testing, treatment, and viral suppression.

Conduct cohort analysis of PLHIV in treatment and care.

2 Health Emergencies (Protection from Health Emergencies)

Better Protection from Health Emergencies (WHE)

Conduct an all-hazards risk profiling and mapping using the WHO STAR tool and update the National multi-hazard and disease-specific contingency plans.

Support the strengthening of integrated disease surveillance by scaling up IDSR/eIDSR implementation by providing the necessary tools, equipment, and technical support.

Support the improvement of Liberia's public health laboratory systems by providing reagents and supplies for timely confirmation of disease outbreaks.

Support the adoption and use of technical resources and tools, including tools and resources for infection prevention and control (IPC).

Support updating and implementing tools, plans, SOPs and guidelines for public health emergencies, including the National Action Plan for Health Security 2024 to 2028.

Support emergency preparedness mechanisms & plans using an all-hazards, "one health" approach (including emergency medical supplies like IPC supplies, emergency drugs, e.g. Ribavirin to treat Lassa fever, emergency vaccines, e.g. anti-rabies vaccines, among others).

Train and equip Liberia's health emergency workforce to strengthen and sustain their capacity to promptly respond to and recover from the adverse effects of outbreaks and health emergencies.

Improve Liberia's readiness and response coordination mechanisms for response and recovery following shock events using the emergency response framework (ERF) performance standards.

Conduct and validate annual State Parties reporting using the WHO's SPAR tools.

Support the MoH/NPHIL in adapting and disseminating the Ebola/Marburg IPC guidelines.

Adapt the Regional Multi-Hazard RCCE strategy (2023-2032) and support its implementation.

Integrate key IPC activities into all the infectious diseases contingency and multihazard plans.

3 Healthier Population and Health Promotion (UHP) Cluster

Health Promotion and social determinants of health

Develop and support the implementation of the National Health in All Policies (HAiP) Framework and health equity strategy.

Conduct multi-sectoral policy dialogue on addressing NCD risk factors.

Collaborate with the Health Information System (MOH) to generate evidence and support the Health Promotion Unit in designing messages targeting NCDs.

Support operationalization of the rectified FCTC Framework.

Climate Change, Health and Environment

Strengthen the country's capacity to address the health impact of Climate Change.

Support the implementation of the WASH road map in facilities.

Review/adapt and implement water quality and testing guidelines.

Support the Solarization of selected health facilities.

Conduct health vulnerability assessment due to the impact of Climate Change.

Procure and donate reagents to MOH to support water quality testing in healthcare settings.

Nutrition and food safety

Support the implementation of the Liberia Multisectoral Nutrition Strategic Plan and other essential nutrition actions at national and subnational levels to improve maternal and child health.

Support strengthening the country's capacity to address international Health Regulation (IHR) core requirements for food safety.

Support the advocacy engagements with the National Legislature on revising and implementing the Code of Marketing of Breastmilk Substitutes Bill.

Support MOH in conducting BFHI assessments in four county hospitals for BFHI implementation and certification.

Support MOH in reviewing the data collection tools for nutrition surveillance and supporting their implementation.

Strengthen the capacity of national multisectoral collaborative mechanisms through the INFOSAN Platform to respond to food safety incidents.

Support the adaptation of the WHO Global Strategy for food safety.

4 Corporate Services And Enabling Functions (Management) & Partnerships

Enhance Strategic Health Leadership and Governance

Support MOH in strengthening coordination to improve the effectiveness and efficiency of the health sector.

Work towards Increased transparency and accountability within the value-for-money framework for optimal use of resources.

Facilitate and implement effective budget and finance management, monitoring and planning.

Work on increasing resource mobilization in support of WCO priorities and programmes.

Strengthen effective communication and documentation of achievements and lessons learned for improved credibility /visibility.

Lead and facilitate the commemoration of WHO Health Days.

Sustain the promotion, prevention and response to sexual exploitation, abuse and harassment.

Enhance strategic health information, data generation and utilization

Country Support Unit (CSU)




Improve administrative functions, including human resource management and staff development, to enhance WCO performance.

Improve all financial and procurement processes to enhance WCO performance.








Effective budgeting and finance management, monitoring, and planning for achieving GPW13 results.

5. Annexure

Annex 1: Summary of WCO workforce by category 2023


Description	Longer Term	Temporal	UNV	SSA	JPO	Consultants	Total
2023 staff count	22	2	1	32	1	3	61
Total 	24	2	1	32	1	3	61
Male 	17	2	0	21	0	2	42
Female 	5	0	1	11	1	1	19

Annex 2: Supplies Donated to the Ministry of Health (MOH) in 2023

Donation Date 	Description 	Program 	Unit 	Qty 	Cost 
26-Jan-23	GeneXpert module,(3 boxes of 5+4+4=13 module)	WHE		13	1937
08-Feb-23	Ribavirin Ampules for Lassa Fever outbreak	WHE		3000	30 000,00
29-Mar-23	 Equipment and medical supplies to enhance ICU in Liberia	HSS			14 265,00
	1. Hospital beds, metal, semi fowet,USI 1003		pcs	3	
	2. Patient monitor 6parameter, PM7000		pcs	2	
	3. Endotracheal tube of all sizes		pcs	100	
	4. Laryngoscopes set		set	1	
	5. Intravenous infusion pump		pcs	2	
	6. Syringe pump		pcs	2	
	7. Nasogastric tubes (NG tube)		pcs	100	
	8. Resuscitation bag (Ambu)		pcs	2	
	9. Blood pressure cuff (digital),Omron		pcs	2	
	10. Blood gas analysis (ABG)machine		pcs	1	
	11. Suction machine, mobile, 2* 2000ml jars		pcs	4	
	12. EKG/ECG machine, make Allenger, 12channels		pcs	2	
	13. BiPAP system, make anjue B19		pcs	2	
	14. CPAP, Bubble for Neonatal ICU		pcs	1	
	15. Fluid warmer		pcs	2	
	16. Defibrillator/AED, Phillips, model heart start		pcs	2	
	17. Glucose meters (code-free)		pcs	2	
	18. Gluco meter strip (50 pack)		pks	2	
	19. Haemoglobinometer, Hemocue 301		pcs	2	

Donation Date	Description	Program	Unit	Qty	Cost
30-Mar-23	20. Hand held pulse oximeter, contec		pcs	2	
	21. IV cannula (catheter), large guage (100/pack)		pks	2	
	22. Video laryngoscope		pcs	1	
	23. handheld bronchoscope		pcs	1	
	24. Oxygen concentrator		pcs	2	
	25. Venturi mask 40%/60%		pcs	4	
	26. D-Dimer machine		pcs	1	
	27. D-Dimer test, probe cleaner & wash solution		set	1	
	28. Aneroid sphygmomanometer (with stand)		pcs	2	
	29. Procedure trolleys		pcs	2	14 265,00
	Yellow fever test kits for Liberia	WHE			
	1. Aptaca cryo-tube 2ml		box	2	
	2. Aptaca micro- test rube		bag	1	
	3. Micro-centrifuge rack		pcs	4	
	4. Tween 100ml		bottle	1	
	5. Glycerol G5516-100ml		bottle	1	
	6. Carbonate -Bi-carbonate buffer PH9.6 100 tablets		bottle	1	
	7. BPS tablets		bottle	5	
	8. Milchpulver powdered milk 500g		jar	1	
	9. KPL TMB stop solution 4X100ml		box	4	
10. AHN my tips pipette tip 200ul		box	6		
11. AHN my tips pipette tip 20ul		box	1		
12. AHN my tips pipette tip 1000ul		box	1		
13. Immulon 2HB Flat bottom microtube plates		pcs	80		
14. Enhanced-K blue TMB substance 200ml		bottle	2		
15. KPL Affinity purified antibody goat anti-human 1gm (1.0mg)		bottle	1		
16. yellow fever virus vero antigen		bottle	4		
17. Flavi-virus group specific		bottle	1		
18. Normal vero antigen		bottle	4		
19. Rack tray		pcs	4		
20. Flavi-virus 1gm positive control		bottle	1	1 322,97	
19-Apr-23	Assorted laboratory supplies and consumable	WHE			
	1. (40pks X 1000 pcs) cryo chill vial self-standing internal threat with silikon washer holder 1.8ml		pcs	4000	
	2. (15 cartoons X12pks X 100pcs) blood collection needles holder		pcs	18000	

Donation Date	Description	Program	Unit	Qty	Cost
11-May-23	3. (1cartoon X 50 pcs) biohazard safety box		pcs	50	
	4. (12pks x 20 pcs) stool container 60ml		pcs	240	8 820,00
	QIAamp viral RNA kit	WHE	pks	20	
	ABI 7500 PCR micro plate		pks	10	
	Ethanol 100%		pcs	50	
	Nuclei free water 500ml		pcs	4	
	3m breath easy turbo unit, respirator set		pcs	3	
	3m battery, respiratory set		pcs	3	
	3m charger, respiratory set		pcs	2	
	others				88 477,30
16-May-23	Genomic sequencing server for COVID-19 and other priority disease	WHE			
	1. Supermicro server 2029BT-DNCOR		pc	1	
	2. Supermicro 946SE1C R1K66JBOD 4U		pc	1	
	3. HGST ULTRASTAR HE 10 10TB SAS		pcs	20	
	4. APC UPS 10000 VA 220-240 RACK MOUNT		pcs	1	78 275,00
23-May-23	1. Ambulances & L/Cruiser double Cabin Pickup	HSS	pcs	3	72 400
26-Jun-23	1. Monkey POX virus detection Kit	DPC	box	1	2 034,60
28-Feb-23	1. Medicine(albendazole tabs), Tests and documents	DPC	Pallets	15	
	2. Medicine(Mectizan 500tablets/can), Tests and documents		cans	14921	
	1. DDP tests (20/kit)		kit	3	
	2. RDT test (30/kit)		kit	10	
	3. BD lancets		box/400 pc	2	
	4. Azithromycin 500mg tablets		pcs	540	
	5. Skin NTD strategic framework		crt/40 pcs	2	
	6. Skin NTD training guide		crt/400 pcs	5	
7. Yaws brochure		crt/1000 pcs	5		
8. Yaws poster		crt/900 pcs	9	83 820	
19-Apr-23	Influenza laboratory consumables	WHE			
	1. Speciman collection kits		Kit/50 pcs	3000	
	2. Zip plastic bag		prk/100 pcs	5000	
	3. Examination gloves (S)		prk/50 pairs	50	
	4. Examination gloves (M)		prk/50 pairs	50	
	5. Examination gloves (L)		prk/50 pairs	50	
	6. Cryobox for 2ml cryovials		pcs	100	

Donation Date	Description	Program	Unit	Qty	Cost
	7. Cryobox 2ml with flat bottom		pcs	24	
	8. Biohazar bags		pcs	1000	
	9. Papertower		pcs	100	
28-Feb-23	COVID 19 Ag RDTs for CBSR-Initiative				
	1. COVID 19 antigen based rapid diagnostic test kits		Crts	114	
February 28, 2023	COVID 19 Treatment handbook & SOPs		sets	1500	23 895,00
August 14 2023	1. DELL LATITUDE LAPTOP	EPI	pc	1	1 200,00
August 14 2023	 Emergency equipment and supplies for critical care at Star Base ICU				
	NIBP Cuff small child		pcs 3x5/crts	15	
	NIBP Cuff small adult		pcs	15	
	NIBP Cuff adult		pcs	30	
	Kendall ECG electrodes		pcs	25	
	Kendall foam electrode		pcs	25	
	SPO2 sensor		pcs	15	
	SPO2 sensor		pcs	15	
	SPO2 sensor adapter cable		pcs	10	
	NIBP tube		pcs	10	
	ECG cable		pcs	10	
	Power code		pcs	5	
	Temperature probe		pcs	10	
	Grounding cable		pcs	5	
	Cardio- Aid 360-B		set	1	
	Syringe 30ml		pcs	100	
	Syringe pump		pcs	2	
	Oxygen mask adult elongated		pcs	40	
	Oxygen mask pediatric standard with tubing 200cm		pcs	40	
	Laryngeal mask-adult single use green		pcs	2	
	Laryngeal mask-adult single use yellow		pcs	2	
	Laryngeal mask-adult single use blue		pcs	2	
	Laryngeal mask-pediatric single use pupose		pcs	1	
	Laryngeal mask-pediatric single use red		pcs	1	
	Tracheostomy tube		pcs	10	
	Tube exchanger		set	1	
	Endotracheal tube		size20		
	Endotracheal tube		size24		

Donation Date	Description	Program	Unit	Qty	Cost
	Endotracheal tube		size 28		
	Endotracheal tube		size 12		
	Endotracheal tube		size 16		
	Endotracheal tube		size 32		
	Spinal needles		22G pcs	25	
	Spinal needles		25G pcs	25	
	Surgicric II cricothyrotomy kit		pcs	2	
	Breathing system filter		pcs	25	
	Lubricating jelly		pcs	5	
	Syringes		pcs	5	
	Urine drainage bag		pcs	15	
	Feeding tube green size		pcs	10	
	Feeding tube orange size		pcs	10	
	Feeding tube black size		pcs	5	
	Suction catheter orange size		pcs	20	
	Suction catheter black size		pcs	10	
	Suction catheter white size		pcs	20	
	Aspirator instruments		set	2	
	Oxygen concentrator spare parts		set	1	
	Adult canula with 2m tubing		pcs	2	
	Infant canula with 2m tubing		pcs	4	
	Newborn canula with 2m tubing		pcs	4	
	Humidifiers		pcs	2	
	Tubing adapter kit		pcs	4	
	Coarse filter		pcs	15	
	Pre-filter		pcs	15	
	Inlet filter		pcs	15	
	Bacteria's filter		pcs	15	
	Oxygen venturi mask		pcs	5	
	Silicone tube 8/14		sets	2	
	Patients monitors		pcs	5	
	Rechargeable lithium battery		pcs	2	
	Charger stam		set	2	
	Pulse oximeter		set	2	
	Patients monitor accessory		set	2	

Donation Date	Description	Program	Unit	Qty	Cost
August 14 2023	Oxygen concentrator set		pcs	5	
	Paper towels		pcs	500	21 798,03
August 14 2023	Essential medicines for management of MH conditions	HSS			
	1. Chlorpromazine 50mg Tab.		prks/100tabs	53	
	2. Amitriptyline		prks/100tabs	10	
	3. Phenobarbitone 50mg tab.		can/1000tabs	7	
	4. Diazepam 10mg tab		16 boxes/ 50strips/10tab	8000	
27-Sep-23	5. carbamazepine 200mg tab		399 prksX 10tabs.	39900	9 998,00
	Masks and hand sanitizers	WHE			
	1. Face mask, evony medical disposable		pcs	48 000	
27-Sep-23	2. Hand sanitizers		pcs	1 008	7 250,00
	PURair PCR 48 PCR cabinet	WHE	pc	1	
27-Sep-23	Sub-cell GT gel caster, full size		pcs	2	
	Sub-cell GT UV transparent tray 15x25cm		pcs	2	
	Multi channel pipette compatible comb, mp 26 well		pcs	2	
	Sub-cell GT Horizontal electrophoresis system		pc	1	
	PCR gradient thermo cycler		pc	1	29 239,00
November 20,2023	Chest freezer model: HNAS-350	EPI	pcs	1	450,00
November 20,2023	Filariasis Test Strips for Liberia		pcs	6 048	
November 20,2023	Ribavirin Medicine for Liberia		ampules	10 000	
November 20,2023	Rubella Test Kits for Liberia		4 kits	384	
November 20,2023	Measles Test Kits for Liberia		5 kits	480	10 266,00
December 5,2023	Human African Trypanosomiasis (HAT) supplies for Liberia	DPC			
	1. Blood Lancet		prks	8	
	2. Capillary tubes		prks	4	
	3. Fliter papers		prks	2	
	4. Paper envelopes		pcs	100	
	5. Zip plastic bags		pcs	100	
	6. Plastic spoons		prks	10	
	7. Cotton absorbent		roll	8	
	8. Hand sanitizers		pcs	96	
	9. Medical face masks		pcs	200	
	10. Examination gloves M		prks/100	1	
11. Examination gloves L		prks/100	1		

Donation Date	Description	Program	Unit	Qty	Cost
December 5,2023	12. Digital stopwatch and		prk	4	
	13. led pencial		prk	4	3 141,00
	Reagents and supplies for voluntary blood testing and collection	WHE			
	1. HBsAg Eliza reagent 96 tests		pack	5	
	2. HIV ½ Eliza reagent 96 tests		pack	5	
	3. Syphilis Eliza reagent 96 tests		pack	7	
	4. HCV Eliza reagent 96 tests		pack	1	
	5. HIV ½ RDT,100test/pack		pack	5	
	6. Hepatitis B RDT, 100test/pack		pack	5	
	7. Hepatitis C RDT, 100test/pack		pack	5	
	8. Syphilis RDT, 50 tests/pack		pack	9	
	9. Malaria PF/PAN 25cassette/pack		pack	24	
	10. RDT,HIV Bioline, 25 tests/pack		pack	5	
	11. RDT, HIV Unigold, 25 tests/ pack		pack	3	
	12. Hemocue 301 Microcuvette 50/pack		pack	12	
	13. Blood grouping SERA A, B, & D		pack	8	
	14. Blood bag 250ml (100/cartoon)		Cartoon	3	
	15. Blood bag 450ml (100/cartoon)		cartoon	3	
	16. EDTA tube 100 tubes per pack 4ml		pack	4	
	17. Plain tube 100 tubes/pack 6ml		pack	4	
	18. Cotton wool 500G per roll		Roll	2	
	19. Alcohol swab 100/pack		pack	6	
	20. Examination glove medium,non-powered, 100/pck, 10pks/ cartoon		Pack	2	
	21. Adhesive tape 10/pack		pack	6	
	22. Blood administration set 1/pack		pack	100	
	23. AAA kodak batteries pack		pack	2	
	24. AA kodak batteries pack		Pack	2	
25. Biohazard bag 100/pack		pack	1		
26. Sharp containers, disposable (medium 4.5L) 25/pack		pack	12		
27. Needles and syringes, 5ml 100/box		box	3	6 892,00	

Annex 3: WHO @ 75 in pictorial





Meet our partners



Credits

Production: Julie Pudlowski Consulting
Photography: ©WHO

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