

ANNUAL REPORT 2024



World Health
Organization
Liberia



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ACRONYMS

AAID ARREST Agenda for Inclusive Development

AFP Acute Flaccid Paralysis

AIDS Acquired Immunodeficiency Syndrome

AMR Anti-Microbial Resistance

ARREST Agriculture, Roads, Rule of Law, Education, Sanitation, Tourism

AVoHC African Volunteers Health Corps

CSU Country Support Unit

EPI Expanded Programme on Immunization

EPR Emergency Preparedness and Response

EVD Ebola Virus Disease

FAO Food and Agriculture Organization of the United Nations

FRH Family and Reproductive Health

GOL Government of Liberia

GPW General Programme of Work

HIV Human Immunodeficiency Viruses

HPG Health Partners Group

HPV Human Papillomavirus

IDSR Integrated Disease Surveillance and Response

IHR International Health Regulations

IPC Infection Prevention and Control

MDA Mass Drug Administration

MOA Ministry of Agriculture

MOH Ministry of Health

NCD Non-communicable Diseases

NPHIL National Public Health Institute of Liberia

NTD Neglected Tropical Diseases

PEN Package of Essential NCD interventions

PIRI Periodic Intensification of Routine Immunization

PSA Pressure Swing Adsorption

SDG Sustainable Development Goals

SEAH Sexual Exploitation Abuse and Harassment

SIA Supplementary Immunization Activities

SRHR Sexual and Reproductive Health and Rights

SPAR States Parties Self-Assessment Annual Report (SPAR)

SURGE Strengthening & Utilizing Response Groups for Emergencies

SUD Substance-Use Disorder

ToT Training of Trainers

RMNCAH Reproductive, Maternal, Newborn, Child, and Adolescent Health

PEPFAR U. S. President's Emergency Plan for AIDS Relief

UHC Universal Health Coverage

UNCT United Nations Country Team

UNICEF United Nations Children's Fund

UNDP United Nations Development Programme

UNAIDS Joint United Nations Programme on HIV/AIDS

UNFPA United Nations Population Fund

USAID United States Agency for International Development

VPD Vaccine Preventable Disease

WAHO West African Health Organization

WASH Water, Sanitation and Hygiene

WASH FIT Water and Sanitation for Health Facility Improvement Tool

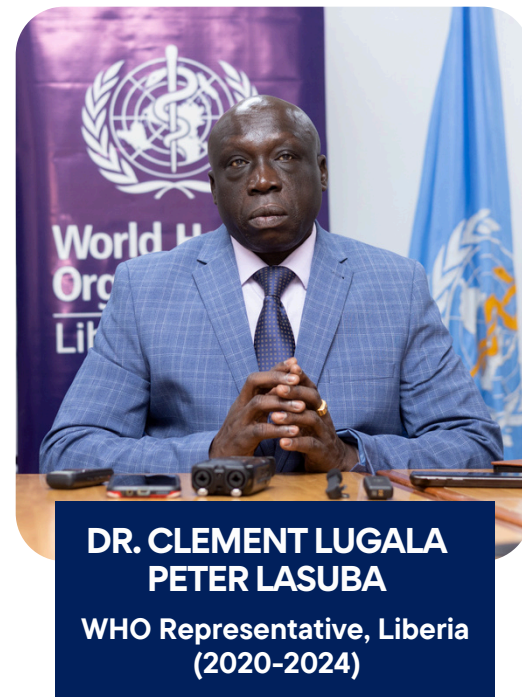
WHE WHO Health Emergencies Programme

WHO World Health Organization

WHO AFRO - WHO Regional Office for Africa

WHO HQ - WHO Headquarters

FOREWORD



Liberia successfully conducted peaceful elections and transfer of power with support of the international community. This nationally led process was a milestone in the country's political trajectory, contributing to sustainable peace, political stability and development. Despite the long political transition that culminated in the formation of a new government, interruption of service delivery was minimal. There was significant progress in implementation of key health priorities, which centred on strengthening the

health system, increasing access to universal health services, improving preparedness and response to health emergencies, and addressing non-communicable disease risk factors and social determinants of health. It is important to note that the period under review coincided with the mid-way implementation of Liberia's Country Cooperation Strategy (CCS 2022-2026) and the end-year implementation of the United Nations Cooperation Framework (2020-2024).

The government has prioritized health, as articulated in the national development plan, the ARREST Agenda for Inclusive Development (AAID), and has committed to reduce the high maternal and newborn deaths in Liberia and fight the scourge of drug and substance abuse among young people. Some of the key results in 2024 were the following among others: access to health services improved by ensuring availability of essential medicines and medical supplies, nearly one million children protected against measles and polio through nationwide vaccination, approximately 2.4 million people protected against lymphatic filariasis and schistosomiasis through Mass Drug Administration and malaria vaccine introduced to protect 45,000 children in high burden counties.

Access to safe blood improved through the establishment of blood transfusion centres in three counties, outbreaks of Lassa fever, mpox, and measles were controlled with very low mortalities, diagnostic capacity was improved with the establishment of genomic sequencing at the national public health laboratory, and consignment of medicines and medical supplies, equipment, and diagnostic materials were donated to the Ministry of health to strengthen the health system and increase access to health care.

Despite these results, the health sector continues to grapple with high out-of-pocket expenditure and inadequate financial support, shortage of essential medicines including basic equipment and supplies, shortage of quality health workers and reliance on volunteers to implement vaccination and other community-based preventive health interventions, inadequate access to health services due to weak infrastructure and poor road network, and inadequate data management.

WHO successfully collaborated with the government and partners, which included the Ministry of Health, NGOs, legislative health committees in the House of Representatives and the Senate, and other relevant ministries and agencies of government. WHO remains a trusted partner of the government and provides leadership and technical guidance in the health sector. During the year under review, incredible technical and financial support was provided to Liberia from WHO Headquarters (HQ) and WHO Regional Office (AFRO) that facilitated the implementation of the priorities highlighted in this report. The support from WHO AFRO and HQ was timely and immensely contributed to improving operations in the country.

WHO's field presence in all the fifteen (15) Counties was a game changer in implementation of primary health care interventions including immunization, maternal, newborn and child health, surveillance, and response to disease outbreaks. WHO's internal processes were incredible and innovative actions through use of mobile money payments reduced risks and improved effectiveness and efficiency.

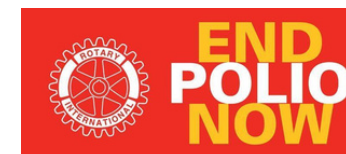
I am pleased to present this annual report to you, showcasing achievements in 2024 and a snapshot of priorities identified for 2025. I hope you will find the report informative as WHO, in collaboration with partners, will continue to support the Ministry of Health in advancing the national health agenda to achieve the health-related sustainable development goals for better health outcomes and wellbeing for all Liberians.



Dr Clement Peter Lugala Lasuba
Outgoing WHO Representative in Liberia

ACKNOWLEDGEMENT

We are grateful to the Government of Liberia for the leadership and commitment to the health sector. We sincerely appreciate the Ministry of Health and other allied institutions. We thank our WHO Regional Director for Africa and the Director General for their unwavering support throughout the year. We also extend our gratitude to all our bilateral and multilateral partners, including donors, development and technical partners, UN entities, civil society, academia, and the private sector, for standing with us in 2024 to enable our support for Liberia's health sector agenda. Thank you for the strong partnership and financial support, without which the achievements outlined in this report would not have been possible



ABOUT LIBERIA

Liberia is a low-income country located in West Africa, and shares borders with Sierra Leone to its west, Guinea to its north, Ivory Coast to its east, and the Atlantic Ocean to its south. It covers an area of 43,000 square miles (111,369 km²) and is divided into 15 counties. With a population of around 5.4 million, the country is characterized by a youthful demographic. Close to three-quarters (74.6%) of the population is below the age of 35, while 41% comprises individuals under 18. The gross domestic product (GDP) per capita was US\$704 in 2023 and grew by 4.7% in 2024.



Population
\$5.4M



Youth
75%



GDP per capita (2024)
US\$ 737



In terms of socio-economic development, the Human Development Index (HDI) for Liberia was 0.465 (ranked 177 out of 191) in 2023-2024. The national poverty headcount for Liberia is 49% with a Multidimensional Poverty Index (MPI) of 0.259. About 45% of Liberians experience multi-dimensional poverty, with 33.2% severely poor and 20.4% “vulnerable” to slipping into poverty. Approximately, a third of the population is illiterate, with 46.3% of primary school-age children not enrolled in school.

In 2023, Liberia undertook the SDG Voluntary National Review to assess the country’s performance regarding the implementation of the 11 SDGs that the country has committed to achieve. The review showed that only 20% of the SDG targets (SDG 13 and 17) had been achieved or are on track to be achieved by 2030. On nearly half of the targets (including SDG 2, 5, 6, 9, 15, and 16), very limited progress was achieved (stagnated), while for the remaining targets (about 30%), the situation was worsening (SDG 1 and 4). Liberia ranked 157/166 with an SDG index score of 49.9 in 2023.



In October and November 2023, the country held peaceful presidential and parliamentary elections and a new government was inaugurated in January 2024. In July 2024, the President of Liberia, H.E Joseph Boakai, launched the 5-year national development plan of the country, the ARREST Agenda for Inclusive Development (AAID), as well as the county-specific development agenda for each of the 15 political subdivisions of Liberia, and the Public Sector Investment Plan. The goal of the AAID 2025-2029 is to achieve the Liberia Vision 2030 for middle-income country status, and it is aligned with the Liberia Agenda for Transformation 2030, the Economic Community of West African States (ECOWAS) Vision 2050, the African Union Agenda 2063, and the Sustainable Development Goals (SDGs) 2030.

Health Outlook

Liberia has demonstrated notable achievements in steadily improving its key health indicators in the past years. Significant progress has been made in the fight against HIV and AIDS, evidenced by achieving 80-98-95 against the 95-95-95 targets for HIV Testing, Treatment, and Viral Suppression, alongside successful efforts in reducing malaria prevalence from 28% in 2011 to 10%, and enhancing immunization coverage for polio, measles, and COVID-19. Furthermore, Liberia's International Health Regulations (IHR) core capacities rose from 43.9% in 2023 to 49.1% in 2024, according to the 2024 IHR States Parties Self-Assessment Annual Report (SPAR). In 2020, the country’s life expectancy at birth was 64.4 years (Source: National Health Strategic Plan 2022-2026).



Despite the progress, Liberia grapples with significant health challenges. The maternal mortality rate is one of the highest in Sub-Saharan Africa, at 742 deaths per 100 000 live births, and the under-five mortality stands at 93 deaths per 1000 live births. The 2019 Burden of Disease study identified the leading causes of death as malaria, diarrheal diseases, neonatal disorders, lower respiratory infections, ischemic heart disease, HIV/AIDS, stroke, tuberculosis, cirrhosis, and complications of pregnancy and childbirth. The same study reported the leading risk factors for death and disability were malnutrition, poor water, sanitation, and hygiene (WASH), air pollution, high blood pressure, high body mass index, high fasting plasma glucose, dietary risks, alcohol use, and kidney dysfunction.

Liberia is also highly vulnerable to climate change impacts, ranking 167 on the 2022 ND-GAIN Index, with a score of 36.9. The country has great needs for investments and innovations to improve readiness and a greater urgency for climate action.

To support the government's efforts to improve population health and well-being in Liberia, the WHO Country Cooperation Strategy (2022-2026) prioritizes four areas of support in the health sector: Universal Health Coverage, Health Emergencies, Maternal and Child Health, and Healthier Populations. These priorities are aligned with the National Health Policy and Strategic Plan and the Essential Package of Health Services, the UN Sustainable Development Cooperation Framework, and the WHO 13th General Programme of Work. Strategic interventions have been implemented through the 2024-2025 biennium work plan of the WHO Country Office, in collaboration with the Government of Liberia, the UN Country Team, other development partners, and civil society and academia. All interventions and workplan implementation have adopted a human rights-based approaches, incorporating gender equality, diversity, equity, and inclusion, ensuring no one is left behind.



EXECUTIVE SUMMARY

This annual report highlights key achievements, challenges, and lessons learnt during the implementation of the first-year activities of current biennium workplan and the country cooperation strategy 2022-2026. The following are the synopsis of key achievements in 2024 by programmatic area:

Expanded Programme on Immunization

Liberia is implementing its five-year (2023-2028) National Immunization Strategic Plan (NISP), aligned with the Global Immunization Agenda 2030. To scale up access to life-saving immunization services, the number of primary health facilities offering these important services increased from 628 in 2023 to 630 in 2024, out of a total of more than 900 health facilities in the country. During the three rounds of polio immunization campaigns, a total of 2.7 million doses of oral polio vaccine were administered children under 5 in targeted areas. A total of 780,469 children were vaccinated in 14 of the 15 counties and over 94% of the 98 health districts, achieving vaccination coverage of more than 95%.

In April 2024, MOH, in collaboration with Gavi, UNICEF, USAID, Jhpiego, and WHO, successfully introduced and integrated the RTS,S malaria vaccine into the routine immunization program. To date 33,732 eligible children have been vaccinated against malaria in 6 high-burden counties. As part of routine immunization, 113,840 children aged 0-23 months received penta-valent vaccine during three rounds of Periodic Intensification of Routine Immunization (PIRI).

Family and Reproductive Health

WHO facilitated a joint UN H6 scoping mission aimed at supporting Liberia to accelerate reduction in maternal and newborn mortality through advocacy for renewed government and partners' commitments in response to the Government's declaration of the high burdens of maternal and newborn mortalities as national health emergencies.

In collaboration with UNICEF, WHO supported the development and launch of the national Reproductive, Maternal Newborn, Child, and Adolescent Health and Nutrition (RNMCAH+N) Policy and Child Survival Action Plan and Strategy 2024-2031.

With funds from USAID, WHO assisted the National Blood Safety Program (NBSP) to mobilize unpaid voluntary blood drives to enhance availability and access to safe blood, primarily for the management of postpartum hemorrhage in the referral hospitals in three counties. This initiative resulted in the availability of 296 units of safe blood, which were subsequently distributed to healthcare facilities nationwide.

Health Systems Strengthening

Key health sector documents (including the National Health Policy, Essential Package for Health Services, Health Financing Strategy, Standard Treatment Guidelines, and Essential Medicines List) were developed, printed, and disseminated throughout the country to provide technical guidance in strengthening the health system towards achieving universal health coverage.

The capacity of forty-six frontline health workers was enhanced in rational drug prescription and use and compliance with WHO standards and other Global best practices using the revised Standard Treatment Guidelines (2023) and Essential Medicines List for Liberia.

WHO supported the production and distribution of over 4,000 J-cylinders of medical oxygen from two ultra-modern Oxygen plants (Star Base and Bomi) to referral hospitals in 10 counties to treat more than 2,000 patients requiring critical care, including pregnant women and children under five.

The National Health Care Quality Strategy, the National Action Plan for Patient Safety (2025-2030), and the Patients' Rights Charter were developed and disseminated to 31 end users to enhance implementation of the Global Action Plan for Patient Safety in Liberia.

Disease Prevention and Control

WHO supported the MOH to develop the National Action Plan for Health Security (NAPHS 2025-2029). Implementation of this plan will contribute to improving the health security of the Liberia.

WHO facilitated the completion of the mandatory IHR States Parties Self-Assessment Annual Report (SPAR) for 2024.

With support from WHO, Liberia has established its genomic and bioinformatics capacity for the detection and classification of epidemic-prone pathogens through hands-on training for 10 laboratory technicians in genomic sequencing and bioinformatics for epidemic-prone diseases beyond COVID-19.

A total of 409 mpox suspected cases were investigated in 2024, with 63 confirmed cases in 14 of the 15 counties, with no death reported. In 2024, a total of 1,801 measles cases were reported with no deaths, compared to 4,421 cases and 13 deaths in 2023.

Liberia has adopted the WHO Mosaic Respiratory Surveillance Framework to strengthen surveillance system for key respiratory viruses, including influenza and COVID-19.

In response to a fuel tanker explosion on 26 December 2023, WHO continued its support to the care of the victims through the donation of medical supplies to the Ministry of Health in January 2024 for the care of 298 severely burned victims in 5 hospitals, which contributed to the survival of 200/298 victims (67%).

Healthier Populations

WHO provided technical and financial supported for the training of a total of 40 environmental health technicians across the country on the use of the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) for data collection in healthcare facilities.

As part of global reporting commitments, the National WASH Commission conducted and submitted the 2024-2025 Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) country survey with technical support from WHO.

WHO provided technical support to the MOA, MOH and other stakeholders to develop a costed national roadmap on the comprehensive food security and nutrition survey (CFSNS) to be conducted in 2025. The survey findings will inform the development of national policies and plans, including nutrition policy development as well as support development partners planning and operational decisions to support vulnerable populations.

Country Support and Enabling Functions

WHO supported and participated in the elaboration of the National Development Plan, the ARREST Agenda for Inclusive Development (AAID) 2024-2029 alongside the 15 County Development Agendas (CDA) and the National Public Sector Investment Plan.

As part of its resource mobilization efforts, WHO country office in Liberia secured over US\$1.25 million through local resource mobilization efforts to complement WHO's core funding in support of the government's health priorities.

WHO visibility was enhanced by producing and publishing 25 impact stories and 2 multimedia products on the WHO Country Office, WHO AFRO, and WHO HQ websites. Additionally, WHO's social media engagements increased from 1100 to 1900 followers on Facebook and from 1301 to 1800 followers on X, formerly Twitter.

Successfully conducted three quarterly workforce trainings on PRSEAH, emphasizing zero tolerance for SEAH. This resulted in high, consistent compliance with established norms, standards, and policies, fostering a well-sensitized workforce committed to high integrity and the prevention of SEAH.

A total of US\$13 415 679 was allocated to WHO Liberia Country Office for the 2024-2025 biennial plan. From this amount, 73% was used for program activities, while about 27% was used to cover human resources and operations costs. By the end of 2024, the utilization rate was at 75%.

Key challenges

The major challenges in 2024 included but not limited to weak coordination, shortages of essential medicines and supplies, gaps in health workforce (quantity, distribution, skills mix), limited funding to health sector, inadequate availability and access to quality essential health services among others.

Best practices

Key best practices noted in 2024 were:

- a strong WHO presence in all fifteen counties strengthening health service provision and data management
- the synchronization of three (3) rounds of polio campaigns across four countries: Liberia, Guinea, Sierra Leone and Côte d'Ivoire following the outbreak of cVDPV-2 in the region
- the use of mobile money transfers for real-time payments to front line health workers.

Key recommendations

Among the recommendations are strengthening health sector coordination at national and subnational levels, fostering implementation of key health financing reforms, providing support to strengthening of procurement and supply chain management systems, support the implementation of the National Action Plan for Health Security (NAPHS) and county specific EPR Plans and use of strategic information for decision making.

Key recommendations

In 2025, the WHO country office will continue to implement the approved 2024-2025 biennium plan. The latter has the following programmatic areas and expected outcomes as outlined in the table below

Pillars	Programmatic Area	Outcomes
1	Universal Health Coverage	1.1 Improved access to quality essential health services 1.2 Reduced number of people suffering financial hardship 1.3 Improved availability of essential medicines, vaccines, diagnostics and devices for PHC
2	Health Emergencies	2.1 Prepared for health emergencies 2.2 Epidemics and pandemics prevented 2.3 Health emergencies rapidly detected and responded to
3	Better Health and Wellbeing	3.1 Determinants of health addressed 3.2 Risk factors reduced through multi-sectoral action 3.3 Healthy settings and Health in All Policies promoted
4	More effective and efficient WHO better supporting Liberia	4.1 Strengthened country capacity in data and innovation 4.2 Strengthened WHO leadership, governance, and advocacy for health 4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

2024 IN NUMBERS

2.7 million
doses of polio vaccine were administered to children under five years in all 98 districts of the country, following the declaration of a circulating variant type 2 poliovirus (cVDPV2) outbreak.

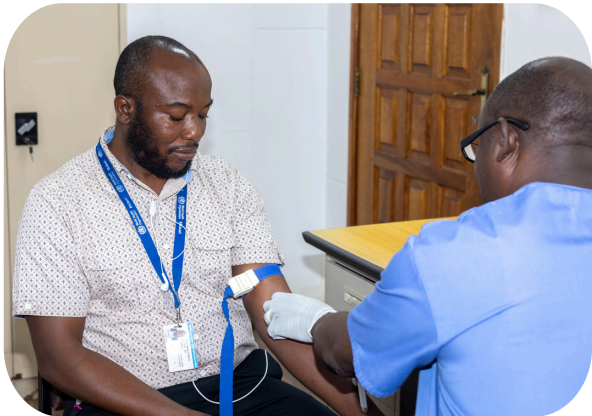


113 480
children aged 0-23 months received the pentavalent vaccine (a combination of 5 different vaccines against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, and *Haemophilus influenzae* type b) to reduce child mortality and morbidity.

296
units of safe blood were donated through the National Blood Safety Programme (NBSP) to increase access to safe blood, primarily for managing postpartum hemorrhage in three counties, with support from WHO and USAID.



780 469
children under the age of five were vaccinated against measles during a one-week immunization campaign.



2.4 million
adults and children were targeted for prevention and treatment of Schistosomiasis and Filariasis in 6 endemic counties in Liberia, thanks to a donation of drugs (Praziquantel tablets, Albendazole tablets, and Ivermectin tablets and Filaria test kits) to the Ministry of Health.



242 000
girls aged 9 to 14 protected against cervical cancer with the HPV vaccine with 43% receiving the first dose and 30% completing the two-dose series since the launch of the vaccine in 2019.

112 000
doses of the RTS,S malaria vaccine were shipped to Liberia in a groundbreaking effort to reach 45 000 children aged 5 to 23 months across the six counties of the southeast of the country.



60
health facilities were provided essential IPC supplies that included Personal protective equipment (PPE)



50
newly trained emergency responders joined Liberia's AVoHC SURGE team.



UNIVERSAL HEALTH COVERAGE

1

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1.1. IMMUNIZATION

Immunization remains the most cost-effective health intervention for protecting children under five, adolescent girls, and women of childbearing age against vaccine-preventable diseases. It also helps to reduce morbidity and mortality among these target populations. WHO recommends that children under five, adolescent girls, and women of childbearing age should receive all required vaccines that can prevent diseases. It is further recommended that, to achieve herd immunity in a target population, the immunization coverage for childhood antigens should be at least 95%, particularly for measles.

Liberia developed its five-year (2023-2028) National Immunization Strategic Plan (NISP) aligned with the Global Immunization Agenda 2030. The plan aims to support the overall goal of the national immunization program in Liberia by continued strengthening of immunization services, availability, and access to all the target populations. To scale up access to these important life-saving services, the number of primary health facilities offering immunization services was increased from 628 in 2023 to 630 in 2024, out of a total of more than 900 health facilities in the country.

2.7 million

doses of polio vaccine administered to children under 5

780 469

children aged 9-59 months were vaccinated against measles

242 000

girls aged 9-14 received the HPV vaccine since 2019

113 840

children aged 0-23 months received the Penta vaccine in 2024

112 000

doses of the RTS,S malaria vaccine shipped to Liberia in 2024



876 643

children vaccinated against polio in Round 1 from 10 - 13 May 2024

927 673

children vaccinated against polio in Round 2 from 7 - 13 June 2024

934 689

children vaccinated against polio in Round 3 from 27- 30 September 2024

8114

vaccinators, recorders, social mobilizers, and supervisors facilitated the campaigns

Polio Vaccine

In February 2024, Liberia reported 2 cases of polio (cVDPV2) through environmental surveillance. To protect the health of children under the age of 5 years, the Ministry of Health (MOH) in partnership with WHO, UNICEF, and Gavi conducted three polio supplemental immunization activities targeting 857,768 children under five. During the three rounds, 2.7 million doses of oral polio vaccine were administered in all 98 health districts of Liberia.

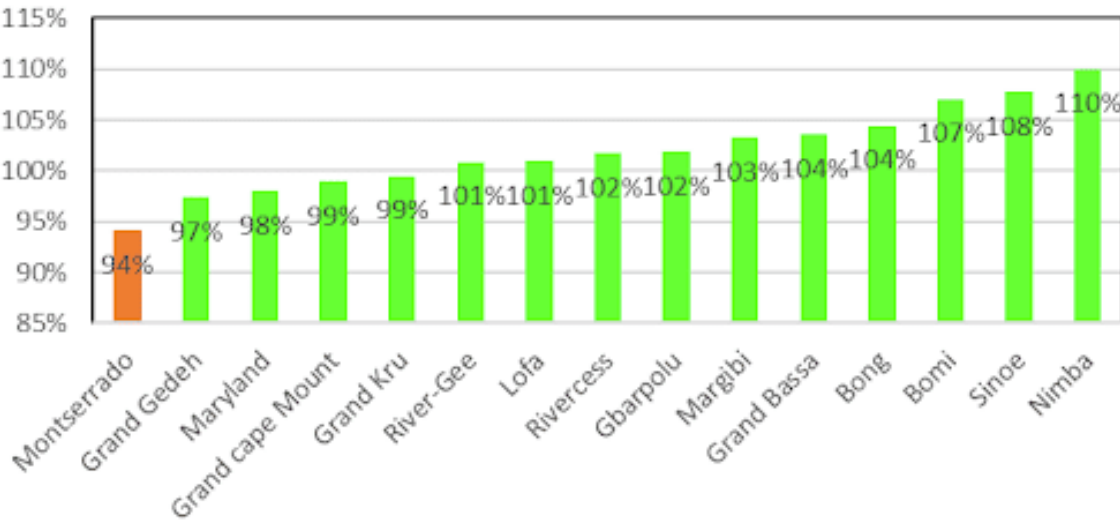
The campaigns brought together a total of 7,566 vaccinators, recorders, and social mobilizers from 98 health districts and 548 supervisors of vaccination teams. The teams underwent training led by district health officers and county health team supervisors, and national supervisors and partners provided technical support throughout. Additionally, a total of 98 vaccine accountability coordinators, 685 vaccine accountability monitors, 109 independent monitors, and 98 people were strategically selected, trained, and deployed to conduct the Lot Quality Assurance Sampling survey (LQAS) of the immunization campaigns



Measles Vaccine

Measles supplemental immunization activity was conducted from 25 November to 2 December 2024. The campaign targeted children aged 9-59 months, which accounted for 779 789 (14%) of the total population. A total of 780 469 children were vaccinated in 14 of the 15 counties and 93.8% of the 98 health districts, achieving vaccination coverage of more than 95%.

Administrative Coverage of Measles SIA by County in Liberia, December 4, 2024



Average coverage (national) = 102%

Malaria Vaccine

WHO supported the MOH to accelerate malaria elimination through the introduction of the new malaria vaccine.



In April 2024, MOH, in collaboration with Gavi, UNICEF, USAID, Jhpiego, and WHO, successfully introduced and integrated the RTS,S malaria vaccine into the routine immunization program. Liberia received a first shipment of 112 000 doses of this groundbreaking vaccine, anticipated to reach approximately 45 000 children in six counties with high malaria burden.



To strengthen the integration of the malaria vaccine in routine immunization, document and share lessons and best practices, WHO supported MOH to plan and implement mini-evaluation of the malaria vaccine following six months of introduction.



With support from WHO and other immunization partners, the EPI team at MOH developed and submitted to Gavi an application for resources to scale up the malaria vaccine to the remaining counties across the country.



“ Now that my son is protected, I feel relieved that he will not get sick. ”

Shedrick Barlee, Father

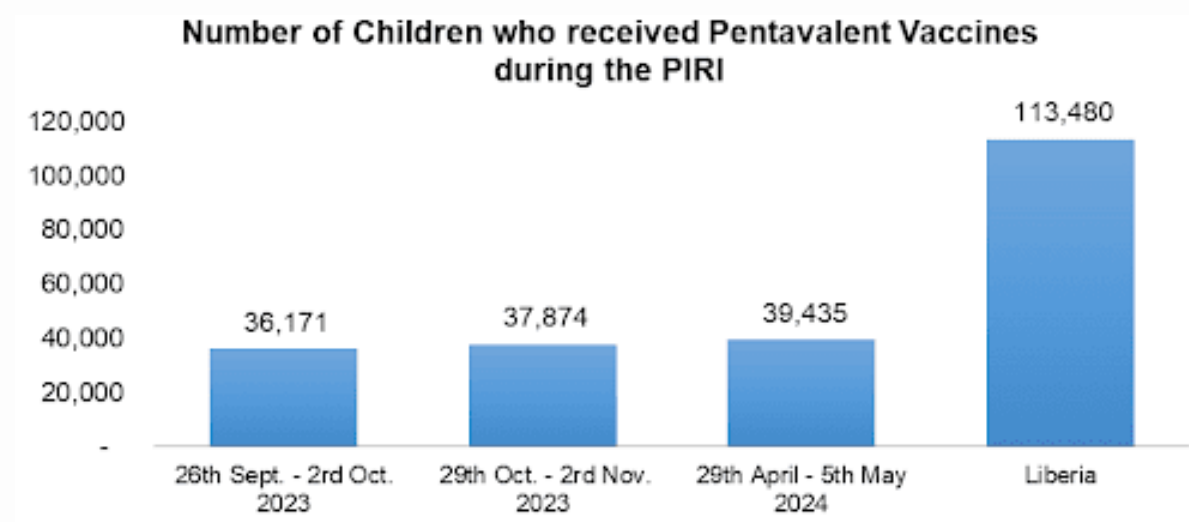


112 000
doses of the RTS,S malaria vaccine shipped to Liberia in 2024



Pentavalent Vaccine

Liberia has a high burden of infectious diseases, and routine immunization helps to reduce child mortality and morbidity significantly. The pentavalent vaccine, often referred to as “penta vaccine”, is a combination of five different vaccines into one, to protect against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, and *Haemophilus influenzae type b* (Hib). By immunizing children against these five diseases, the vaccine helps to lower the incidence of these potentially deadly infections. Since late 2023, 113 840 children aged 0-23 months received the penta vaccine during three rounds of Periodic Intensification of Routine Immunization (PIRI). Montserrado (38 695), Nimba (16 708), and Bong (9012) counties recorded the highest administration of Penta vaccines.



Human Papillomavirus (HPV) Vaccine

The HPV infection, acquired through sex, is a risk factor for cervical cancer. In Liberia, cervical cancer is the leading cancer among women, followed by breast cancer, making it the primary cause of female cancer-related deaths. The most recent WHO data shows that in Liberia, an estimated 470 women died of cervical cancer in 2020 and a further 639 new cases were diagnosed – about 26 cases per 100 000 women. According to the country’s HPV Information Centre, women between the ages of 15 and 44 are at particularly high risk. To address this significant health threat, Liberia has integrated the HPV vaccine into routine immunization, alongside other measures such as cervical cancer screening for early detection and treatment.

The primary focus of HPV vaccination is girls aged nine to 14 years, to protect them before the onset of sexual activity. Since 2019, this vaccination initiative has successfully reached over 242 000 eligible girls, with 43% receiving the first dose and 30% completing the two-dose series. With this coverage, Liberia is making steady progress towards achieving the 90% HPV vaccination coverage target for the eligible population by 2030. With support from WHO, Gavi, UNICEF and other partners, the government efforts underscore the commitment needed to expand vaccination coverage further and ultimately reduce the prevalence of cervical cancer in Liberia.



Vaccine-Preventable Disease (VPD) Surveillance

- **Acute Flaccid Paralysis (AFP)**

The MOH, with technical support from WHO, trained 25 primary healthcare workers as surveillance focal points for VPD, including polio. This training equipped health workers with the skills to strengthen VPD surveillance. Through a training of trainers (ToT) approach, these focal points trained other surveillance staff at the county, district, and zonal levels, scaling up improved surveillance practices across the country. This capacity building contributed to the detection of a total of 95 AFP cases across the 15 counties in Liberia; all the cases are below 15 years of age.

- **Measles**

Measles surveillance activities were conducted in all the 98 health districts in Liberia and 22 urban and suburban zones in Montserrado County. During the active case search, awareness-raising activities were carried out among the local population through community engagement, facilitating the reporting and timely investigation of suspected measles cases. A total of 1725 suspected measles cases were reported and investigated, among which 1335 cases were confirmed.

- **Neonatal Tetanus (NNT)**

A total of 33 cases of NNT were reported in 2024; up to 97% of the reported cases were detected in health facilities and 3% were detected in the community. Of these reported NNT cases, 10 (30%) resulted to deaths.

- **Yellow Fever**

Liberia reported 88 suspected yellow fever cases in 2024; up to 55% of the reported cases were male and 45% were female. Each county reported at least one case in 2024.

- **Integrated supportive supervision (ISS)**

In 2024, a total of 1929 ISS were conducted in all the 15 counties. There was a 17.5% increase in the number of visits, compared to 2023 when 1591 visits were conducted. Grand Bassa County conducted the highest number of visits and Lofa County conducted the lowest number of visits.



25

surveillance focal points
trained for VPDs

1725

cases of measles
reported in 2024

33

cases of NNT reported
in 2024

88

suspected yellow fever
cases in 2024

1929

ISS conducted in all 15
counties in 2024

1.2. FAMILY AND REPRODUCTIVE HEALTH

Reproductive Maternal Perinatal Newborn and Under-five Health

- A joint UN H6 scoping mission, facilitated by WHO, aimed to accelerate reduction in maternal and newborn mortality through advocacy, renewed government commitment, and a declaration prioritizing reproductive, maternal, newborn, child, and adolescent health (RMNCAH) in Liberia for high level national response.
- The first-ever maternal newborn micro-planning tool was developed and rolled out in 18 strategically selected health facilities in two high-burden counties, revealing evidence of the multifaceted drivers contributing to high maternal and newborn mortality rates in Liberia.
- WHO provided technical and financial support to the MOH to adapt the ECOWAS/WHO scorecard for monitoring key RMNCAH indicators. Thirteen of the 26 indicators were adapted, enhancing the national RMNCAH scorecard and providing a national framework for monitoring, reviewing, and planning RMNCAH programs and services.
- In collaboration with UNICEF, WHO supported the development and launch of the national Reproductive, Newborn, Child, and Adolescent Health and Nutrition (RNMCAH+N) Policy and Child Survival Action Plan and Strategy 2024-2031.
- WHO provided technical and financial support to MOH and partners to review, validate, and endorse the Maternal, Perinatal, and Newborn Death Surveillance and Response (MPNDSR) tools to prevent and mitigate deaths among pregnant women and newborns.



Child and Adolescent Health and Development

- WHO supported MOH's pilot program to audit and review pediatric deaths at three referral hospitals. This program facilitated an in-depth analysis of under-five mortality and provided crucial evidence to inform a shift towards high-impact, targeted child health and well-being services.
- WHO collaborated with USAID and one of its implementing partners (PROPEL Health) to validate the situation analysis report on sexual reproductive health and rights (SRHR). The findings of the report were used to guide the selection and adaptation of WHO recommendations which will be used to develop the national SRHR strategy for Liberia towards the delivery of a standard package of SRHR services.
- Liberia participated in the first-ever Global Ministerial Conference on Ending Violence Against Children (EVAC) in Bogota, Colombia on 7-8 November 2024. WHO provided technical and financial support to preparatory sessions and drafting pledge documents to promote high-level decisions for ending violence against children in Liberia.



296
units of safe blood
distributed to health
facilities



36
blood transfusion
service providers
trained on safe blood
donation

Blood Donation

- With USAID funding, WHO assisted the National Blood Safety Program (NBSP) to mobilize unpaid voluntary blood drives to enhance availability and access to safe blood, primarily for the management of postpartum hemorrhage in the referral hospitals of three target counties. This initiative resulted in the availability of 296 units of safe blood, which were subsequently distributed to healthcare facilities nationwide.
- To strengthen the capacity of the three beneficiary hospitals, 36 blood transfusion service providers underwent training on safe blood transfusion practices. This training equipped them with the knowledge and skills for proper and timely blood transfusion management, including the ability to promptly respond to any adverse reaction

1.3. HEALTH SYSTEM STRENGTHENING

Essential Medicines, Vaccines, Technologies and Diagnostics

- With support from WHO, MOH improved IPC practices in 60 health facilities by providing essential supplies that included personal protective equipment (PPE) comprising gloves, face masks, gowns, face shields, and disinfectants, critical in protecting healthcare workers from exposure to healthcare-associated infections.
- Forty-six (46) frontline healthcare professionals comprising medical doctors, physician assistants, registered nurses, midwives, and pharmacists from 37 health facilities in Grand Cape Mount County were trained in the updated national Standard Treatment Guidelines (STG) and essential medicines list (EML). The training enhanced their capacity for rational drug prescription and use and compliance with international standards.
- In fulfillment of the global requirement to track AMR, WHO supported MOH to complete the eighth round of the Annual Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS 8.0), with the engagement of 26 technical officers from the relevant sectors, line ministries, and agencies in the exercise.
- A total of 2500 copies of key health sector documents (including the National Health Policy, Essential Package for Health Services, Health Financing Strategy, STG, and EML) were printed and disseminated to provide strategic guidance in strengthening the health system and service delivery for quality universal health coverage.
- To accelerate the implementation of the AMR National Action Plan, WHO enhanced leadership and coordination by establishing regular multi-sectoral working group forums, complete with defined terms of reference and robust reporting mechanisms.

Service Delivery, including continuity of essential services

Technical and financial support provided by WHO, in collaboration with relevant partners and stakeholders, contributed to improving health service delivery in the country. The key achievements in 2024 include:

- Periodic maintenance and operation of the two ultramodern PSA oxygen plants (one at the Liberia Government Hospital in Bomi County and the other at the Star Base in Montserrado County), enabling the production and distribution of over 4000 J-cylinders of medical oxygen to referral hospitals in 10 counties for the treatment of more than 2000 patients requiring critical care including pregnant women and children under five.
- National Action Plan for Patient Safety (2025-2030) and the Patients' Rights Charter was developed, and orientation was provided to 31 end users to enhance implementation of the Global Action Plan for Patient Safety in Liberia.
- A total of 18 staff at the national tertiary referral hospital (JFK Medical Center) were trained on the application of the Integrated Interagency Triage Tool (IITT) to improve the quality of emergency care services at the hospital.



60

health facilities
provided essential
IPC supplies



36

frontline healthcare
professionals trained
in new STG and EML



2500

copies of key health
sector documents
disseminated

Health Workforce

A fit-for-purpose human resources for health is a key requirement for the delivery of quality health services and contributes to the attainment of Universal Health Coverage. WHO support to MOH in 2024 contributed to the following results:

- A national IPC certificate course was set up and the inaugural cohort of 35 health workers were trained to enhance IPC practices in healthcare facilities.
- Health workforce compensation scheme was mapped and validated, including salary scales and job classifications, to establish an objective basis for salary rates for health workers. The findings are being used to guide to derive appropriate compensation packages for the public sector health workforce.

Health Information System

WHO collaborated with partners to strengthen the Health Information System contributing to information generation, repository and knowledge management. The key results from this support include:

- Facilitated the Liberia Medical and Dental Council (LMDC) finalize the first comprehensive Standards for Health Facility Accreditation and conducted a TOT on the electronic tool for health facility assessment.
- Two research manuscripts on COVID-19 and Lassa fever were developed and published as part of mentoring research fellows from the National Public Health Institute of Liberia (NPHIL) through the Structured Operational Research and Training Initiative (SORT IT) under UNICEF, UNDP, World Bank, and the WHO Special Program for Research and Training in Tropical Diseases.
- Data collection tools for the Health Management Information System (HMIS) were revised and updated, including the master, outpatient, and inpatient ledgers for health facilities.

- The Liberia National Health Observatory (LNHO) was activated, as part of the integrated African Health Observatory (iAHO), to enhance to use of data for strategic decision-making in the health sector; a total of 18 MOH staff were trained on the Data Capture Tool (DCT) and electronic equipment for data management.

Laboratory

Laboratory capacity building has been a key component of WHO support to strengthening the health system, with focus areas including sample transportation, testing, equipment, supplies, training, and quality assurance. The key results achieved in 2024 are:

- WHO donated test kits for yaws, human African trypanosomiasis (HAT), and Filariasis Test Strips for post-MDA to contribute to accelerating the elimination of targeted Neglected Tropical Diseases in the country.
- Improved quality assurance HIV laboratory services, including Early Infant Diagnosis (EID) and virus load testing, in collaboration with Canada's Public Health Agency.





DISEASE PREVENTION AND CONTROL 2

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2.1. COMMUNICABLE DISEASES

HIV/AIDS

The national response to HIV and AIDS in Liberia is making steady progress in controlling this public health threat to eliminate it as a major public health problem in the country. On the 95-95-95 target for HIV testing, treatment, and viral suppression in those on treatment, the country is now at 80-98-95 as at July 2024. The achievement has come through efforts of partnership, collaboration and coordination of efforts and mobilized resources under the leadership of the Ministry of Health, the National AIDS Commission, the Liberia Coordinating Mechanism for the Global Fund, with support from WHO, UNAIDS, and other partners and stakeholders. The key collaborating partners include FHI 360 with PEPFAR funding, the Armed Forces of Liberia with US DOD funding, and the network of people living with HIV.

The key achievements in 2024 are:



The Global Fund awarded a US\$93 million grant to the GOL for HIV, TB, Malaria, and Health System Strengthening interventions for the period 2024-2026. WHO supported the Liberia Coordinating Mechanism to mobilize these resources.



WHO collaborated with UNAIDS, PEPFAR, and stakeholders to support the National AIDS Commission and the Ministry of Health to hold a stakeholder consultation in preparation for developing the National HIV Response Sustainability Roadmap beyond 2030.



WHO supported the World AIDS Day commemoration with emphasis on advocacy, awareness, and demand generation to fill the HIV testing gap and sustain progress on treatment and viral suppression in those on treatment.

Malaria

Malaria prevalence by microscopy has been reduced from 28% in 2011 to 10% in 2022. In 2024, WHO collaborated with relevant partners and stakeholders to support the MOH to strengthen malaria response through the following achievements:



Mass distribution of more than 3 million insecticide-treated nets across the country for the prevention of malaria in households throughout Liberia.



The National Malaria Program was supported to conduct and validate an equity assessment of malaria services in Liberia. The findings of this assessment are being used to guide targeted malaria programming and resource allocation to ensure equity in malaria services as part of accelerating UHC and malaria elimination in the country.



The National Malaria Program was supported to undertake data analysis for sub-national tailoring of malaria programming and resource allocation based on evidence and in line with equity.

Tuberculosis (TB)

While overall progress is being made in the national TB response, the main challenges are low case detection lost to follow-up at more than 10% and limitations in programmatic management of multidrug-resistant TB and management of childhood TB. To address these challenges, support to the National TB response has focused on:

- Technical support to the National TB Control Program to implement TB Preventive Treatment, with guidelines developed in 2023; accelerated TB case finding and contract tracing; strengthened TB diagnostic capacity, including digital imaging equipment, and adoption of the Simple One Step (SOS) for stool sample testing.
- Resource mobilization for the national TB response in collaboration with the Liberia Coordinating Mechanism for the Global Fund and partners.



Non-Communicable Diseases

Over the past years, WHO has supported the MOH to strengthen NCD response in Liberia. Specific intervention areas have included the development of policies, strategies, and guidelines for rehabilitation, assistive technology, cancer interventions, mental health and psychosocial services, generation of strategic information, and scale-up of implementation of WHO PEN and PEN-Plus at primary healthcare level. WHO provided technical and financial support to MOH with the following achievements:

- The NCD Policy 2024-2033 and National Strategic Plan 2024-2028 was revised and updated, adopting WHO normative tools.
- Systematic Assessment of Rehabilitation Services (STARS) was conducted, in collaboration with AIFO Global, through WHO. The findings will guide the development of appropriate interventions for equitable and quality rehabilitation services in Liberia.
- Implementation of WHO PEN and PEN-Plus was scaled up at the primary health care levels in selected counties.

Mental Health

For the past two years, substance use, mainly by at-risk youth, has been on the rise in Liberia. In response to this situation, the GOL has declared substance use disorders (SUDs) a national emergency. This declaration has brought to the fore interventions for preventing and controlling SUDs as a priority for the allocation of resources from the Government and partners to protect the future generations of the country. WHO's contribution in 2024 includes:

- Collaboration with other UN agencies and the GOL to specify, quantify, and procure a consignment of narcotic and psychotropic medication for the treatment of people with SUD, mainly the youth.
- Financial and technical support to the MoH to train a total of 43 addiction professionals (nurses, physician assistants, medical doctors) covering 60-day curricula on universal prevention and treatment, in collaboration with the Colombo Plan Drug Advisory Program and the US Bureau of International Narcotic and Law Enforcement Affairs.
- Provision of a set of electro-encephalogram (EEG) machine and accessories for use by the only referral mental health hospital in Liberia, to strengthen and improve the management of mental health neurological conditions.



Neglected Tropical Diseases

WHO is collaborating with partners to support the Ministry of Health to accelerate elimination of targeted NTDs in Liberia, including Human African Trypanosomiasis (HAT), Schistosomiasis and Soil Transmitted Helminths, Onchocerciasis, Lymphatic Filariasis, Leprosy, Yaws, and Buruli Ulcer.



WHO donated a consignment of Albendazole tablets, Praziquantel tablets for Mass Drug Administration (MDA) targeting more than 2 million people for the prevention and treatment of Lymphatic Filariasis and Onchocerciasis, and Schistosomiasis and Soil Transmitted Helminths, and Filaria Test Strips for post-MDA screening in six endemic counties in Liberia.



Up to 2.4 million adults and school-age children were targeted for prevention and treatment of Schistosomiasis and Filariasis in six endemic counties through the donation of a consignment of drugs (Praziquantel tablets, Albendazole tablets, and Ivermectin tablets and Filaria test kits) to the MoH to strengthen the response to NTDs and accelerate progress towards elimination in Liberia.



With funding from Anesvad Foundation under special arrangement, the National Program was supported to plan and implement MDA, using drugs the WHO Drug Donation Program, for the treatment and prevention of Schistosomiasis and Soil Transmitted Helminths targeting 1.2 million people in five endemic counties, with therapeutic coverage of 92%.





HEALTH EMERGENCIES 3

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3.1. PREPAREDNESS

- WHO conducted a scoping mission on emergency preparedness and response flagship initiative in Liberia leading to the development of a two-year implementation roadmap and advocacy with key line ministries, the UNCT, the House of Representatives and the Senate committees of health.
- Fifty newly trained emergency responders joined the Liberia AVoHC-SURGE training as part of strengthening national and regional capacities for emergency preparedness and response.
- WHO provided surveillance tools to 1 024 public and private health facilities. As a result, 8 742 alerts of public health diseases, conditions, and events including measles (1801), mpox (409), Lassa fever (242), polio (104), yellow fever (101), neonatal tetanus (22), dengue (7) and Ebola (5) were reported and investigated. While 7540 travelers were screened for COVID-19 at eight designated points of entry, only two alerts were reported.

- WHO supported the adaptation and validation of the Ebola and Marburg disease outbreaks IPC guidelines to improve IPC practices in the event of these outbreaks in Liberia.
- A rapid IPC assessment was conducted in 39 hospitals across 15 counties to evaluate the readiness and adherence to IPC in the response to mpox outbreak. The assessment found that 28% of the health facilities demonstrated 80% compliance with IPC standards, while 51% demonstrated an average of 50%. The findings informed the mentorship and provision of IPC supplies to address critical gaps identified.
- WHO supported the MOH to develop the National Action Plan for Health Security (NAPHS 2025-2029) providing guidance for improving health security for the country.
- WHO facilitated the completion of the mandatory IHR States Parties Self-Assessment Annual Report (SPAR) for 2024, through the MOH and One Health stakeholders. The report has been submitted to the WHO IHR secretariat of the World Health Assembly (WHA) through the WHO AFRO
- WHO supported the adaptation of the Protocol for national influenza sentinel surveillance and validated a national five-year Pandemic Influenza Preparedness Plan. These documents are guiding sentinel surveillance, response, and control of Influenza-like Illnesses (ILI) and severe acute respiratory illnesses (SARI) in the country.



50

newly trained emergencies responders joined the Liberia AVoHC SURGE team



1024

public and private health facilities were provided surveillance tools

3.2. DETECTION

- With support from WHO, Liberia has established its genomic and bioinformatics capacity for epidemic-prone disease pathogens through hands-on training for 10 national laboratory specialists in genomic sequencing and bioinformatics for epidemic-prone diseases beyond COVID-19. As a result, the trainees were able to discover mpox Clade IIb, a distinct strain from the earlier identified clade IIa from samples tested at Nigeria CDC with support from WHO.



- Additionally, WHO procured and donated laboratory supplies, reagents and equipment to the government for genomic sequencing and bioinformatics analysis of epidemic-prone disease pathogens.
- WHO supported the participation of four laboratories (NRL, Phebe, J. J. Dossen, and JFD Labs) in external quality assurance for viral hemorrhagic fevers (Ebola and Marburg), COVID-19 and mpox. The results were 100% concordant.
- Liberia has adopted the WHO Mosaic Respiratory Surveillance Framework to strengthen surveillance strategies for key respiratory viruses, including influenza, and COVID-19. A total of 50 professionals from relevant government and private sectors were equipped to utilize a One Health approach to reduce the impact of these diseases of epidemic potential.

- WHO procured and supplied MOH and NPHIL with influenza specimen collection materials, reagents and reporting tools that contributed to the reporting and investigation of 118 alerts of Influenza-like Illness (ILI) and Severe Acute Respiratory Infection (SARI), of which four were confirmed as influenza type B and two as COVID-19 in third quarter 2024.
- In collaboration with MOH, WHO conducted a scoping mission to assess the capacity and readiness of laboratories to implement the Global Laboratory Leadership Program (GLLP), in the context of One Health. WHO provided laboratory specimen collection, packaging and transportation materials, reagents, test kits, equipment, and consumables to improve the detection of epidemic-prone diseases in the country.
- WHO provided laboratory specimen collection, packaging and transportation materials, reagents, test kits, equipment, and consumables to improve the detection of epidemic-prone diseases in the country.



3.3. RESPONSE

- In response to a fuel tanker explosion on 26 December 2023, WHO procured and donated medical supplies to MOH in January 2024 for the care of 298 severely burned victims in five health facilities which contributed to the survival of 200/298 (67%).
- WHO supported the National Disaster Management Agency (NDMA) to develop the Flood Incident Action Plans (IAPs) and provided assorted medical supplies that were prepositioned to enhance disaster management.
- WHO facilitated MOH to deploy nine experts to support the Rwanda Ministry of Health to respond to an outbreak of Marburg, categorized as grade-3 emergency, as part of south-south collaboration.
- A total of 3000 vials of Ribavirin were donated to MOH to support Lassa fever case management, contributing to the reduction of the case fatality rate from 43% (48/111) in 2023 to 29% (18/62) in 2024.

Mpox outbreak

- In response to the mpox outbreak in Liberia in the third quarter of 2024, the country first developed a one-month Incident Action Plan (IAP) followed by a six-month response plan aligned with the mpox global WHO Strategic Preparedness and Response Plan (SPRP) and the continental mpox plan with Africa CDC. This plan helped to guide and coordinate response in line with best practices.
- WHO supported national response to the mpox outbreak; through enhanced active case finding, case investigation, contact tracing, and public awareness. As a result, up to 409 suspected cases with 63 confirmed cases were detected across 14 of the 15 counties, with no death reported.
- Mpox response Intra Action Review was conducted by the One Health stakeholders with support from WHO and partners. This exercise resulted in the evaluation of the country's preparedness and response approach and the development of an improvement plan (IAP) to address response gaps.
- WHO handed over to MOH essential medicines, IPC and laboratory supplies and supported the training of 360 health workers (191 female, 161 male) on case management, IPC procedures, and sample collection techniques, contributing to improvement in patients' quality of care and safety of health care providers.
- The MOH, with support from WHO, developed the mpox vaccination operational plan aimed at controlling the outbreak.



Measles outbreak

- WHO supported the response to measles outbreak in the country through active case finding, case investigation, contact tracing, risk communication and provision of surveillance tools and specimen collection materials. This contributed to the detection of 1801 cases with no deaths, compared to 4421 cases and 13 deaths in 2023. Over half (51%) of the cases in 2024 occurred in children under five. Of all suspected cases, 54% had a history of vaccination, 35% were unvaccinated, and the vaccination status was unknown for 11%.
- Liberia's annualized non-measles febrile rash illness rate was 6.7 per 100 000 with 13/15 counties achieving the target of above 2.0 per 100 000. This decrease is attributed to the increased measles vaccine coverage through routine and supplemental immunization in 2024.
- Twenty-eight (28) cases of rubella were also confirmed through laboratory testing.

Lassa fever

- WHO supported Lassa fever case detection and response through the provision of Ribavirin and surveillance tools. This resulted in the reduction of the case fatality rate and the reporting of 242 suspected cases, with 41 confirmed cases and 12 deaths.

63

mpox cases

1801

measles cases

41

Lassa fever cases

28

rubella cases

3.4. ONE HEALTH

The One Health approach is being emphasized globally for addressing health issues at the human, animal, and environmental interface. Liberia adopted this approach in 2018 and has an established multi-sectoral and multidisciplinary coordination platform comprising steering and technical committees, and technical working groups. The key achievements in 2024 are:

- The One Health roadmap 2024-2029 was developed using lessons learned, best practices, and recommendations from the evaluation of the 2018-2022 roadmap.
- In collaboration with FAO, WHO supported the conduct of One Health Joint Risk Assessment (JRA) for priority zoonotic diseases (Lassa fever, rabies, and Anthrax) to inform the development of a mitigation plan.
- The One Health stakeholders, including government ministries, agencies and partners, developed the standard operating procedures (SOP) to guide joint field investigation and response to outbreaks of zoonotic diseases in Liberia.



HEALTHIER POPULATIONS 4

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4.1. CLIMATE CHANGE, HEALTH AND ENVIRONMENT

In the course of 2024, Liberia achieved the following with technical and financial support from WHO and relevant partners:

- A total of 40 environmental health technicians were trained across the country on the use of the WASH FIT tool for data collection in healthcare facilities. This initiative improved the capacity of MOH to conduct a rapid status assessment of WASH conditions in 93 healthcare facilities. The findings are being used to inform policy action and the development of the 2025 work plan.
- The National WASH Commission conducted and submitted the 2024-25 Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) country survey, complying with the global requirements.
- The MOH and National WASH Commission reviewed 18 policy documents towards developing a strategic report, highlighting recommendations and pathways for integrating WASH and climate change into national health policies and strategies.



4.2.NUTRITION AND FOOD SAFETY

- With support from WHO, NPHIL developed case definitions for 26 foodborne diseases to enhance foodborne disease surveillance, in the context of IDSR.
- WHO provided technical support to the MOA, MOH and other stakeholders to develop a costed national roadmap on the comprehensive food security and nutrition survey (CFSNS) to be conducted in 2025. The survey findings will inform the national food and nutrition policy development.



Breastfeeding

- WHO supported the MOH to scale up the Baby Friendly Hospital Initiative (BFHI) in three additional hospitals in two counties. The hospital-based initiative is complimented by 300 mother support groups at the community level to promote breastfeeding and sustain child survival.
- WHO printed and disseminated promotional materials and job aids on breastfeeding, demonstrating appropriate breastfeeding practice at the workplace and home.
- A breastfeeding corner was created at Emirates Hospital in Gbarpolu County by MoH, with technical and financial support from WHO and other nutrition stakeholders, during the launch of the 2024 World Breastfeeding Week (WBW).
- WHO provided financial and technical support for the revision of the draft Code of Marketing Breastmilk Substitutes (CMBS Bill) in readiness for endorsement by the national Legislature and Executive.

4.3. HEALTH PROMOTION AND SOCIAL DETERMINANTS OF HEALTH

- WHO provided technical and financial support for the development, and dissemination of six targeted Information, Education, and Communication (IEC) materials on mpox to all 15 counties to enhance community protection. Mpox Preventive skits in Liberian English were produced, translated into 10 local dialects, and aired on the national radio station with support from WHO.
- WHO supported the development of IEC materials for the introduction of the malaria vaccine in collaboration with MoH and partners.
- WHO supported the GOL in the submission of the country's information on the labelling of alcoholic beverages that would be used to prepare a discussion paper for consideration at the committee on food labelling.



4.4. TOBACCO CONTROL AND REDUCTION OF OTHER NCD RISK FACTORS

The key results achieved in 2024 include:

- WHO provided technical and financial support to the MOH to conduct the strategic dialogue for the ratification of Liberia's quota of controlled substances. As a result, the quantities of controlled substances that can be imported and utilized in Liberia were increased.
- With support from WHO and other stakeholders, two draft Bills on the Convention on the Use of Psychotropic Drugs and Controlled Substances were developed and submitted for approval and implementation.
- WHO provided guidance to civil society and stakeholders to advocate with the national Legislature to ratify the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco and Tobacco Products.
- WHO provided technical and financial support to the country to collect, validate, and submit data for the 10th round of Global Tobacco Control Report.
- WHO supported Liberia to participate in the Tenth Conference of Parties to the WHO FCTC and the Third Meeting of Parties to Eliminate Illicit Trade in Tobacco and Tobacco Products.



4.5.VIOLENCE, INJURIES AND DISABILITIES INCLUDING REHABILITATION

Over the past years, WHO has been collaborating with partners to support the MOH, the Ministry of Gender and Social Protection, the National Commission on Disability, and other stakeholders to improve coordination of efforts and investments for preventing injuries, improving road safety, and provision Assistive Technology and rehabilitation services in Liberia.

- WHO supported the conduct of the Systematic Assessment of the Rehabilitation situation in Liberia to provide evidence to strengthen the rehabilitation system.
- As part of the World Health Day Commemoration, the office of the Second Lady with support from WHO, donated 16 wheelchairs and 20 white canes to the community of People with Disabilities through the National Disability Commission reaffirming commitment to inclusive healthcare.



COUNTRY SUPPORT AND ENABLING FUNCTIONS 5

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5.1. LEADERSHIP AND GOVERNANCE

- WHO supported and participated in the elaboration of the ARREST Agenda for Inclusive Development (AAID) 2024-2029 alongside the 15 County Development Agendas (CDA) and the National Public Sector Investment Plan. These instruments define the country's development agenda for the next five years.
- To strengthen health service delivery, WHO held management and programmatic meetings with MoH, county health teams and county coordinators, providing guidance and technical support for health sector coordination.
- WHO provided guidance and regular updates on health issues including outbreaks and public health emergencies at national, regional and global levels to the UNCT.
- WHO held its 2024 annual retreat under the theme "Achieving UHC in a context of high expectations in a changing environment" to reflect on the year's progress, challenges, and opportunities, to strengthen team building and to boost the planning for the upcoming year.
- Scheduled WCO 21 senior management team, 23 professional staff and four general staff meetings were held, and minutes documented to provide guidance and enhance team performance and coordination.

5.2. EXTERNAL RELATIONS AND PARTNERSHIPS

- WHO submitted 13 project proposals to donors and established two new partnership agreements.
- WHO secured over US\$ 1.25 million through local resource mobilization efforts to complement WHO's core funding in support of the government's health priorities.
- WHO facilitated 14 stakeholder engagement meetings, resulting in stronger partnerships and improved coordination. Additionally, 12 Health Partners Group (HPG) meetings were successfully conducted, streamlining donor-partner coordination, and maximizing efficiency.
- Nineteen (19) grant implementation follow-up meetings were conducted with partners and professional staff, ensuring adherence to guidelines and promoting effective grant management.
- Seventeen (17) high-quality technical reports and two (2) final certified financial statements were submitted on time to development partners, ensuring transparency and accountability in resource utilization.
- Two targeted capacity-building sessions were conducted to enhance professional staff and senior management team's capacity in resource mobilization and reporting.
- WHO led the implementation of the health component of the UN Peacebuilding Fund project on at-risk youth under the UNFPA-led consortium.
- WHO played a key role in supporting government initiatives by leading the MoH and MoA in developing and submitting a proposal to the Pandemic Fund, positioning the organization as a key implementing entity.

US\$ 1.25 million

secured through local resource mobilization



13

project proposals submitted for donors funding



2

partnership agreement signed



5.3. EXTERNAL COMMUNICATION

- WHO visibility was enhanced by producing and publishing 25 impact stories and two multimedia products on the WHO Country Office, WHO AFRO, and WHO HQ's websites.
- WHO's social media engagements increased from 1100 to 1900 followers on Facebook, and from 1301 to 1800 followers on X.
- The WHO Country Office Communications Unit, collaborated with the UN Communications Group (UNCG), contributed to facilitating the launch of the UN Hub in Zwedru, Grand Gedeh County, as part of the One UN approach to supporting Liberia's development.
- The Communications Unit facilitated the organization of six events including the "Health For All" campaign and the appointment of the First Lady as Maternal and Child Health Champion. These initiatives significantly enhanced WHO's visibility and solidified its position as a key health partner in the country.
- The Communications Unit supported the roll-out of key vaccination campaigns including three rounds of polio, measles, malaria and mpox awareness raising, as well as high-level missions including the H6 mission for maternal and child health and HERA mission for emergency preparedness and response.
- In collaboration with the WHO AFRO, 18 media houses in Liberia were trained on safe media reporting on health content.

1800

followers on X



1900

followers on Facebook



25

impact stories published



18

media houses trained on
safe media reporting



5.4. PRSEAH

WHO has a ‘Zero Tolerance Culture’ for preventing and addressing sexual exploitation, abuse and harassment (PRSEAH) everywhere at all times. The Organization has designated staff and focal points in the whole of its spectrum to support the leadership against SEAH. In 2024, WHO achieved the following results:

- Partnered with Women Empowerment Inc. (WPI), a civil society organization, to strengthen community-based reporting mechanisms in three health districts within Nimba County. This initiative raised awareness among community members, including households, about their right to a safe environment free from SEAH and their right to report such incidents.
- Successfully conducted three quarterly workforce trainings on PRSEAH, emphasizing zero tolerance for SEAH. This resulted in high, consistent compliance with established norms, standards, and policies, fostering a well-sensitized workforce committed to high integrity and the prevention of SEAH.
- Actively supported the UN and the GOL to celebrate the 16 Days of Activism, calling on all to join the world and Liberia in the movement for ending violence against women and children in a unified, consistent and committed manner.
- PRSEAH-related informational materials were printed and disseminated to all WCO workforce members, including those at the field level, to increase awareness and compliance.

5.5 COUNTRY SUPPORT UNIT

The Country Support Unit (CSU) plays a pivotal role at the country level. Under the overall coordination of the Operations Officer, CSU provides operations support to management and staff to fully assume their responsibilities of implementation of health programmes, and ensuring compliance with organizational policies, procedures, rules, and regulations on all administrative and financial matters.

Finance and Budget

- A total of US\$13 415 679 was allocated to WHO Liberia Country Office for the 2024-2025 biennial plan. From this amount, 73% financed programme’s activities while about 27% was used to cover human resources and operations costs.
- Over the years, payment procedures have evolved significantly, with 90% of our budget disbursed through digital payment. By the end of 2024, the budget implementation rate was 75%.

Procurement and Logistics

- Through procurement processes, CSU has facilitated the supply of medical and non-medical items.

Medical Supplies

Program	EPI	NTD	WHE	Total
Value in USD	34 505	2 450 907	195 668	2 702 977

Non-medical Supplies

Program	EPI	CSU	Total
Value in USD	8 391	84 756	93 147

- The WCO has disposed of six old vehicles to comply with WHO fleet management standards. The acquisition of one new vehicle was a solution to staff movement while providing technical support to the MoH.
- Four long-term agreements including two for fuel supply, one for vehicle maintenance and one for customs clearing services were concluded through the piggybacking process with other UN agencies.
- A meeting with WHO suppliers was organized to brief them on WHO rules and regulations related to procurement, supply, and payment processes, WHO ethics including PRSEAH.
- WHO facilitated a quality assurance review in collaboration with the Regional Office Compliance, Risk Management and Assurance (CRMA) team. Two briefing sessions on WHO business processes were organized for the administrative, finance and senior management teams at the MoH as part of the quality assurance team’s recommendations.

Human Ressources

In 2024, WCO total staff number is 60 distributed as follows:

Type of Contract	International	National FT	Consultant	SSA	JPO
Male	5	16	1	19	0
Female	1	5	0	12	1
Total	6	21	1	31	1

Following the functional review recommendations, the recruitment of three out of four pending positions was concluded including 2 international positions (namely a WHE Team Lead and Communications officer) and one General Service staff (Driver).

The gender aspect was considered while selecting new staff. Specifically, the WCO has committed to attract and retain female candidates. For the recruitments conducted in 2024, women represent 33% of fixed-term recruitments, while SSA recruitments count 75%.

ICT

- WCO premises’ safety and security improved with the installation of a biometric security access control.
- WHO conducted a review of the country office’s ICT infrastructure and it was found to be satisfactory to support the office programmes and operations.





TOWARDS A HEALTHIER FUTURE

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6.1. KEY CHALLENGES

While progress was made in the health sector in 2024, systemic weaknesses continue to create obstacles towards attaining universal health coverage. The following challenges highlight the key areas that will require additional attention to improve access to quality healthcare:

- **Supply Chain and Logistics:** Critical shortages of essential medical supplies, including basic equipment, blood, and IPC materials undermined efforts to reduce maternal and infant mortality rates. Furthermore, frequent stock-outs of essential laboratory and medical supplies compromised the timely detection, response, and containment of disease outbreaks, posing a significant threat to public health security. In 2024, WHO provided direct donations of essential supplies to the MoH to alleviate immediate shortages. Moving forward, WHO will strengthen its support by advocating for increased national investment in sustainable supply chain management systems and working with partners to improve the availability of essential supplies across the country.
- **Human Resources for Health:** Critical health workforce challenges, including a high reliance on unpaid volunteers, an insufficient number of skilled personnel, inadequate remuneration and retention strategies, inequitable distribution, and health workforce planning and management affected service delivery. These challenges limit the national capacity to effectively implement the National Health Policy, National Action Plan for Health Security, and other strategic health plans towards achieving Health For All. In 2024, WHO supported health workforce mapping including the revision of compensatory mechanisms.

- **Financial Sustainability:** Limited funding impeded the implementation of critical health priority programs, and efforts to optimize resource utilization were further hampered by a narrowing donor landscape. Recognizing the urgency, WHO contributed to health financing through locally mobilized and core funding to directly support government health initiatives. Advocacy for increased domestic resource mobilization for health and engagement with non-traditional donors are essential to foster sustainable financing for health in Liberia.

- **Access to quality essential health services:** Inadequate infrastructure, including poor road networks and limited telecommunications, coupled with a constrained supply chain and inequitable distribution of services, restrict access to quality essential healthcare services. Furthermore, high out-of-pocket healthcare expenditures create a significant financial barrier to access and utilization of essential health services, disproportionately affecting vulnerable populations. To address these multifaceted barriers, WHO is providing ongoing technical assistance to enhance the efficiency and effectiveness of health service delivery, with a focus on strengthening primary healthcare.

- **Data Management:** Limited interoperability of data platforms, coupled with inadequate data utilization and feedback mechanisms, hindered timely program planning, activity implementation, and effective response to disease outbreaks. WHO will continue to advocate for improved interoperability of existing data systems.

6.2. BEST PRACTICES

- The synchronized three (3) rounds of polio campaigns in Liberia, Guinea, Sierra Leone and Côte d'Ivoire following the outbreak of cVDPV-2 in the region strengthened the collaboration and coordination for responding to disease outbreaks as a region and across the three levels of WHO.
- WHO presence at the subnational level (15 counties) strengthened the county health teams to improve health service delivery, respond to disease outbreaks, and local capacity building in line with the government policy of decentralized health service delivery. This continues to build trust between the MoH and NPHIL with WHO.
- The use of mobile money transfers ensures real-time payments of allowances for participants in WHO-supported activities contributing to motivation and better performance.
- Conducting intra-action reviews for mpox and simulation exercises (SimEx) on Pandemic Influenza, identified the weaknesses and strengths of the preparedness efforts and provided an opportunity to evaluate and re-calibrate readiness to respond to disease outbreaks.
- WHO's secretariat and convening role at the HPG has been instrumental in strengthening partnerships and coordination towards advancing Universal Health Coverage and national development goals.

6.3. RECOMMENDATIONS

The following recommendations are presented to address the identified challenges and capitalize on the opportunities outlined in this report:

- Strengthen health sector coordination at national and subnational levels through engagements with all key stakeholders using the multisectoral or Health in All Policies (HiAP) approach, and regular partners' mapping and follow-up.
- Adapt the WHO Strategic Framework for Partnership and Collaboration to Liberia's context to enhance resource mobilization to support program planning and implementation.
- Advocate for and provide guidance on human resources for health (HRH) to optimal delivery of health services and support the development and implementation of key health workforce policy and strategic instruments.
- Support the implementation of the National Health Financing Policy and Strategy and other key health financing reforms, including Liberia Health Equity Funds (LHEF), and Revolving Drugs Funds (RDF).
- Support strengthening of procurement and supply chain management systems, especially last mile distribution, regular monitoring, and reporting on essential medicines.
- Strengthen critical data and strategic information gaps through data harmonization, interoperability of data platforms and use of data and feedback.
- Support the implementation of the National Action Plan for Health Security (NAPHS) and county specific EPR Plans to strengthen the preparedness, detection, investigation and response capacities for public health emergencies/events.

6.4 LOOKING AHEAD

In 2025, the WHO country office will continue to implement the approved 2024-2025 biennium plan. The latter has the following programmatic areas and expected outcomes as outlined in the table below.

Pillars	Programmatic Area	Outcomes
1	Universal Health Coverage	1.1 Improved access to quality essential health services 1.2 Reduced number of people suffering financial hardship 1.3 Improved availability of essential medicines, vaccines, diagnostics and devices for PHC
2	Health Emergencies	2.1 Prepared for health emergencies 2.2 Epidemics and pandemics prevented 2.3 Health emergencies rapidly detected and responded to
3	Better Health and Wellbeing	3.1 Determinants of health addressed 3.2 Risk factors reduced through multi-sectoral action 3.3 Healthy settings and Health in All Policies promoted
4	More effective and efficient WHO better supporting Liberia	4.1 Strengthened country capacity in data and innovation 4.2 Strengthened WHO leadership, governance, and advocacy for health 4.3 Financial, human and administrative resources managed in an efficient, effective, results-oriented and transparent manner

These expected outcomes will contribute to pillar 6 of the national development plan (AAID) on human capital development towards the attainment of UHC and other SDG 3 targets. In addition to contributing to the health sector outcomes in pillar 6 of the AAID, WHO will contribute to achieving some of the outcomes of the other five pillars of the AAID to address some of the social determinants of health and health risk factors. These include but are not limited to Pillar 1: Economic Transformation, Pillar 2: Infrastructural Development, Pillar 3: Rule of Law, Pillar 4: Governance and Anti-Corruption and Pillar 5: Environmental Sustainability.

It is worth noting that moving forward, from 2025, the WHO will initiate the implementation of the approved WHO Fourteenth General Program of Work which guides our work with Member States from 2025 to 2028. The WHO GPW 14 strategic goal is to promote, provide and protect health & well-being for all people, everywhere. The six strategic objectives of GPW 14 are:

- 1. Respond to climate change, an escalating health threat in the 21st century.
- 2. Address health determinants and the root causes of ill health in key policies across sectors.
- 3. Advance the primary health care approach and essential health system capacities for universal health coverage.
- 4. Improve health service coverage and financial protection to address inequity and gender inequalities.
- 5. Prevent, mitigate and prepare for risks to health from all hazards.
- 6. Rapidly detect and sustain an effective response to all health emergencies.

In conclusion, WCO will maintain its commitment and support to the MoH, NPHIL and other health sector-related agencies, commissions and institutions to achieve UHC.



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