

WHO LIBERIA ANNUAL REPORT

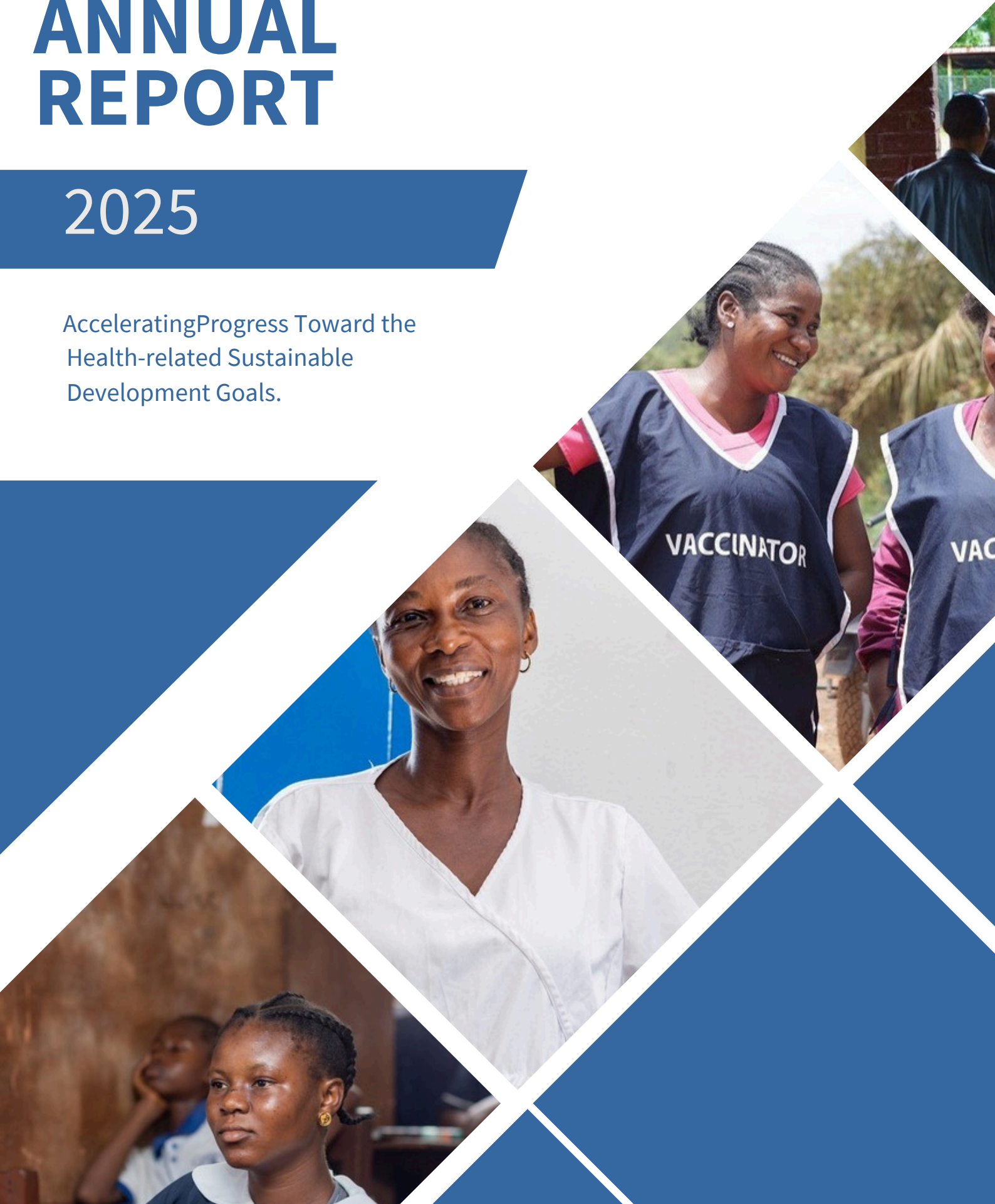


World Health
Organization

Liberia

2025

Accelerating Progress Toward the
Health-related Sustainable
Development Goals.



Contents

3 Abbreviations

4 Foreword

5 Executive Summary

7 2025 In Numbers

8 Chapter 1: The Political, Socioeconomic, and Public Health Context of Liberia

11 Chapter 2: WHO Mission and Technical Cooperation Objectives in Liberia

13 Chapter 3: Contributing to the SDGs and UHC in Liberia: Key WHO Outputs, Outcomes and Results

33 Chapter 4: Looking Backward: Challenges, Conclusions and Lessons Learnt in 2025

35 Chapter 5: Looking Ahead: Strategic Priorities and Approach for 2026 and Beyond

Abbreviations

AAID Agenda for Inclusive Development

AFP Acute Flaccid Paralysis

AMR Anti-Microbial Resistance

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

ASRH Adolescent Sexual and Reproductive Health

BFHI Baby-Friendly Hospital Initiative

CAC Comprehensive Abortion Care

CCS Country Cooperation Strategy

CDA County Development Agenda

CHE Climate Change, Health, and Environment

CSO Civil Society Organization

CSU Country Support Unit

DHS Demographic and Health Survey

dIMCI Digital Integrated Management of Childhood Illness

EmONC Emergency Obstetric and Newborn Care

EPI Expanded Programme on Immunization

EPR Emergency Preparedness and Response

eREC Effective Refractive Error Coverage

EVD Ebola Virus Disease

FCTC Framework Convention on Tobacco Control

FRH Family and Reproductive Health

GDP Gross Domestic Product

GoL Government of Liberia

GPW General Programme of Work

GYFLaN Global Network of Yellow Fever Surveillance Laboratories

HIS Health Information System

HIV Human Immunodeficiency Virus

HMIS Health Management Information System

HPD Health Promotion and Social Determinants of Health

HPV Human Papillomavirus

HSS Health Systems Strengthening and Resilience Building

ICU Intensive Care Unit

IDSR Integrated Disease Surveillance and Response

IEC Information, Education, and Communication

IHR (2005) The 2005 International Health Regulations

IMNCI Integrated Management of Neonatal and Childhood Illness

IPC Infection Prevention and Control

LMHRA Liberia Medicines and Health Products Regulatory Authority

MCH Maternal and Child Health

MGCS Ministry of Gender, Children, and Social Protection

MNS Mental, Neurological, and substance use disorders

MoA Ministry of Agriculture

MoH Ministry of Health

NAPHS National Action Plan for Health Security

NCD Non-communicable Diseases

NCDI Non-communicable Diseases and Injuries

NHP National Health Policy

NIS National Immunization Strategic Plan

NITAG National Immunization Technical Advisory Group

NNT Neonatal Tetanus

NPJIL National Public Health Institute of Liberia

NTD Neglected Tropical Diseases

NUT Nutrition and Food Safety including Diet & obesity

PEN Plus Package of Essential Noncommunicable Diseases Interventions Plus

PHC Primary Health Care

PRSEAH Prevention of and Response to Sexual Exploitation, Abuse, and Harassment

RCCE Risk Communication and Community Engagement

RMNCAH+N Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition

SCORE Survey, Count, Optimize, Review, and Enable

SDG Sustainable Development Goals

SRHR Sexual and Reproductive Health and Rights

SUD Substance Use Disorders

TNR Tobacco and reduction of other NCD Risk factors

UHC Universal Health Coverage

UHP - Healthier Population

UNCT United Nations Country Team

UNRC United Nations Resident Coordinator

UNSDCF United Nations Sustainable Development Cooperation Framework

UNV United Nations Volunteer

VPD Vaccine-Preventable Disease

WASH Water, Sanitation and Hygiene

WCO WHO Country Office

WHE WHO Health Emergencies

WHO World Health Organization

Foreword

The year 2025 was a defining period for WHO Liberia, marked by both notable achievements and significant constraints. While global reductions in multilateral aid posed significant challenges and limited operational capacity, the Office remained steadfast in delivering on its mandate. Despite these constraints, WHO Liberia made meaningful progress in supporting the Government and people of Liberia. This Annual Report highlights key results and reflects our collective efforts to strengthen the health system and protect Liberian lives.

During the year, WHO Liberia provided strategic technical support for priority public health initiatives, including the development of key health policies and frameworks, particularly in Primary Health Care and health systems strengthening. Support was also extended to the scale-up of immunization, communicable and noncommunicable disease programmes, and maternal and child health interventions, contributing to improved service delivery and health outcomes. WHO also played a critical role in strengthening preparedness and response to public health emergencies, including mpox, yellow fever, Lassa fever, and measles. These efforts contributed to incremental progress toward Universal Health Coverage.

Looking ahead, persistent challenges, including sustainable health financing, quality of care, primary health care strengthening and scale up, and equitable access to essential services, will continue to shape WHO Liberia's priorities for 2026 and beyond. WHO will increasingly focus on its core normative functions, including technical assistance, capacity building, coordination, and evidence-based policy guidance, while exploring new partnerships to expand its reach and impact.

I extend my sincere appreciation to the Ministry of Health, our development partners, donors, the United Nations system, and the dedicated WHO Liberia team for their continued collaboration and commitment. I look forward to sustained partnership as we work together to accelerate progress toward equitable, quality health services for all in Liberia. Thank you.



Dr. Olushayo Olu
WHO Representative, Liberia

Executive Summary

In 2025, WHO's work in Liberia was guided by the Country Cooperation Strategy (CCS), which serves as the Organization's medium-term strategic framework for engagement with the Government of Liberia. Accordingly, WHO focused its technical cooperation on advancing Universal Health Coverage, improving maternal and child health outcomes, promoting a healthier population, and strengthening preparedness for and response to public health emergencies.

Under health systems strengthening and service delivery, WHO supported the development of priority national policies, strategies, and guidelines, while building the capacity of over 406 frontline health workers. Targeted investments in maternal and newborn health included strengthening referral systems for emergency obstetric and newborn care and supporting the first national voluntary blood donation drive. WHO also facilitated the procurement and deployment of essential medicines, equipment, and supplies worth over US\$450,000, contributing to improved service readiness and quality of care across the health system.

In the area of disease prevention and control, WHO strengthened national capacity to address both communicable and noncommunicable diseases. Support to malaria, tuberculosis, and HIV programmes included end-term reviews to inform the development of new strategic plans and Global Fund applications.

The malaria vaccine was successfully introduced and scaled up nationwide. WHO also expanded the Package of essential noncommunicable diseases plus programme to four hospitals, training 105 health workers to manage complex noncommunicable diseases. In addition, 913 at-risk youth received treatment and rehabilitation for substance use disorders through a joint UN supported initiative.

Significant progress was recorded in immunization and surveillance systems. National coverage reached 83% for DPT3, 82% for MCV1, and 60% for MCV2, while 47,511 children were vaccinated against malaria and 42,781 girls against human papillomavirus (HPV). A post campaign measles survey reported 81.1% coverage, supported by strengthened surveillance, digital reporting systems, and expanded community-based case detection. These efforts enhanced data availability and informed evidence-based decision-making.



WHO also played a central role in health emergency preparedness, detection, and response. WHO support to strengthen surveillance systems generated 29,224 alerts, of which 23,589 were verified. Laboratory capacity was enhanced through investments in diagnostics, genomic sequencing, and quality assurance, including achieving 80.1% concordance in yellow fever testing. WHO supported responses to multiple outbreaks, including 2,419 suspected mpox cases (1,451 confirmed), 1,712 measles cases (1,408 confirmed), and 223 Lassa fever cases (37 confirmed), contributing to improved case management outcomes.

Through the Healthier Populations programme, WHO advanced multisectoral action on environmental health, nutrition, and health promotion. Key achievements included a Water and Sanitation for Health Facility Improvement assessment in 97 health facilities, distribution of 6,000 information, education and communication materials reaching one million people, and expansion of the Baby Friendly Hospital Initiative from 11 to 13 counties. National nutrition data showed a reduction in stunting from 30% to 26.3%, while highlighting emerging challenges in breastfeeding and malnutrition.

Despite these achievements, programme implementation was constrained by reduced health sector financing, high out-of-pocket expenditure, shortages of essential medicines, procurement delays, and an inadequate health workforce. Weak governance and coordination, alongside social and cultural barriers, further affected access to rights-based health services. Nevertheless, WHO made significant contributions toward advancing health related sustainable development goals including universal health coverage.

Key Lessons Learned

- Coordinated engagement with the Ministry of Health and partners
- Strengthened health information systems
- Robust multisectoral coordination
- Resilient primary health care
- Sustained implementation of the One Health approach and International Health Regulations

Looking Ahead

- High-impact technical assistance
- Health systems strengthening and policy leadership
- Strategic focus on sustainable financing
- PHC revitalization
- Digital and innovation health technology application
- Enhanced national health security in 2026 and beyond

2025 In Numbers



47,511

Eligible children vaccinated against malaria across nine counties.



42,781

Girls aged 9-18 years vaccinated during the nationwide Human Papillomavirus (HPV) multi-age cohort (MAC) campaign.



40,032

Individuals vaccinated against Mpox as of December 2025 (19,184 males and 20,848 females).



40,000

Essential life-saving commodities procured to strengthen maternal and newborn health services in Liberia.



29,224

Alerts detected through event-based surveillance.



15,472

Alerts reported through CSO-supported active case search.



400+

Multidisciplinary health workers trained.



7,231

Eligible children (9-59 months) were vaccinated against yellow fever.



2,419

Mpox suspected cases detected and investigated in 76 health districts.



125

Personnel trained on prevention of sexual exploitation, abuse and sexual harassment (PRSEAH).



52%

Average core International Health Regulation (IHR) capacities scored measurable improvement from 49.1% in 2024, reflecting a more resilient and prepared national health security framework.



137

Mobile devices provided to surveillance officers to facilitate the transition from paper-based reporting to real-time electronic disease surveillance (e-IDSR).

Chapter 1

Background: The Political, Socioeconomic, and Public Health Context of Liberia

Background: The Political, Socioeconomic, and Public Health Context

Liberia, a low-income country in West Africa, continues to pursue a pathway toward sustainable development and socioeconomic transformation. In 2025, the Government, under the leadership of H.E. President Joseph Nyuma Boakai, Sr., launched the Agriculture, Roads, Rule of Law, Education, Sanitation, Tourism (ARREST) Agenda for Inclusive Development (AAID) 2025–2029, a five-year national development framework valued at US\$8.38 billion.

The AAID, complemented by County Development Agendas (CDAs), provides a strategic roadmap to accelerate progress toward the Sustainable Development Goals (SDGs) and Liberia Vision 2030. The plan prioritizes economic transformation, poverty reduction, and strengthened governance through enhanced domestic resource mobilization, private sector engagement, and coordinated support from development partners.



64.1 years

Life Expectancy (2024)



\$ 8.38 Billion

Total Plan Value
(2025-2029)

Liberia has recorded modest improvements in key health indicators over the past two decades. Life expectancy increased from 53.3 years in 2000 to 64.1 years in 2024, and the country achieved wild poliovirus-free status in 2020.

Routine immunization coverage improved from 65% in 2020 to 81% in 2024, while malaria prevalence declined significantly from 28% in 2011 to 10.2% in 2022. There has also been a gradual decline in HIV prevalence.

These gains reflect sustained investments in public health programmes and partnerships, including technical support from WHO and other stakeholders. Despite these advances, Liberia continues to face substantial public health challenges.

Maternal, neonatal, and child mortality remain high, with a maternal mortality ratio of 742 per 100,000 live births, an under-five mortality rate of 93 per 1,000 live births, and a neonatal mortality rate of 37 per 1,000 live births, as reported in the 2019/20 Demographic and Health Survey (DHS).

In parallel, the country is experiencing a growing burden of noncommunicable diseases (NCDs), alongside increasing vulnerability to the health impacts of climate change.



According to the 2023 Global Burden of Disease Study, the leading causes of death in the country include malaria, neonatal disorders, lower respiratory infections, stroke, ischemic heart disease, maternal disorders, HIV/AIDS, diarrheal diseases, chronic kidney disease, and road injuries.

When considering both mortality and disability, neonatal disorders, malaria, and lower respiratory infections remain predominant contributors. Notably, most of these conditions are preventable or manageable through strengthened Primary Health Care (PHC) systems and effective public health interventions.

From a socioeconomic perspective, Liberia has demonstrated gradual economic recovery, with a Gross Domestic Product (GDP) per capita of US\$851.5 in 2024 and a GDP growth rate of 5.1% in 2025.

Nevertheless, development challenges remain significant. The country ranks 178 out of 191 on the Human Development Index (HDI) and scored 52.52 on the SDG Index in 2025, ranking 157 out of 167 countries. Poverty remains widespread, with 52.3% of the population living in multidimensional poverty, reflecting persistent inequalities in access to basic services, including health, education, water, and sanitation.

Overall, Liberia's development context is characterized by a dual trajectory of progress and persistent structural challenges. While notable gains have been made in health and economic indicators, significant gaps remain in health outcomes, equity, and system resilience. These realities underscore the critical importance of increased public health investments, strengthened multisectoral collaboration, and continued technical support to accelerate progress toward SDGs including Universal Health Coverage (UHC), and long-term national development goals. Thus, these shaped WHO Liberia's strategic priorities for 2025.



Chapter 2

WHO Mission and Technical Cooperation Objectives in Liberia

WHO Mission and Technical Cooperation Objectives in Liberia

The WHO Liberia Country Cooperation Strategy (CCS) serves as the Organization's medium-term strategic framework for engagement with the Government of Liberia (GoL) and was the basis of WHO's work in 2025. It provides a structured approach to collaboration, ensuring alignment with national priorities as articulated in the national frameworks such as the AAID.

The current CCS is anchored on four strategic priorities: advancing UHC, improving Maternal and Child Health (MCH), attaining a healthier Liberian population, and affectively preparing for and responding to public health emergencies. These priority areas reflect WHO's comparative advantage and are closely aligned with key national and global frameworks, including the Liberia the National Health Policy (2022–2031), Health Sector Strategic Plan (2022–2026), the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020–2025, and WHO's Thirteenth General Programme of Work (GPW 13), among other relevant instruments.

The ongoing WHO Liberia CCS, which started in 2022, is scheduled to conclude at the end of 2026.

In preparation for the next planning cycle, efforts are underway to develop a new generation CCS aligned with WHO's Fourteenth General Programme of Work (GPW 14), the AAID, and relevant national and sectoral policies and strategies. This process is being conducted through a broad and inclusive consultative approach, engaging key stakeholders including Ministries, Commissions and Agencies (MCAs), the United Nations Country Team (UNCT), Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs), the private sector, the legislature, and academia.

Adopted by the World Health Assembly at its 77th session in May 2024, GPW14 provides the overarching strategic direction for WHO's work in the coming years. It is guided by the vision of promoting, providing, and protecting health and well-being for all, everywhere.

The framework is structured around six strategic objectives:

- Addressing the health impacts of climate change
- Tackling the broader determinants and root causes of ill health through multisectoral action
- Advancing the PHC approach and strengthening essential health system capacities toward UHC
- Improving service coverage and financial protection to reduce inequities and gender disparities
- Preventing, mitigating, and preparing for health risks from all hazards
- Ensuring rapid detection and sustained response to health emergencies



Chapter 3

Contributing to the SDGs and UHC in Liberia: Key WHO Outputs, Outcomes and Results

3.1 Strengthening Health Systems Resilience as a Platform to Enhance Health Services Delivery

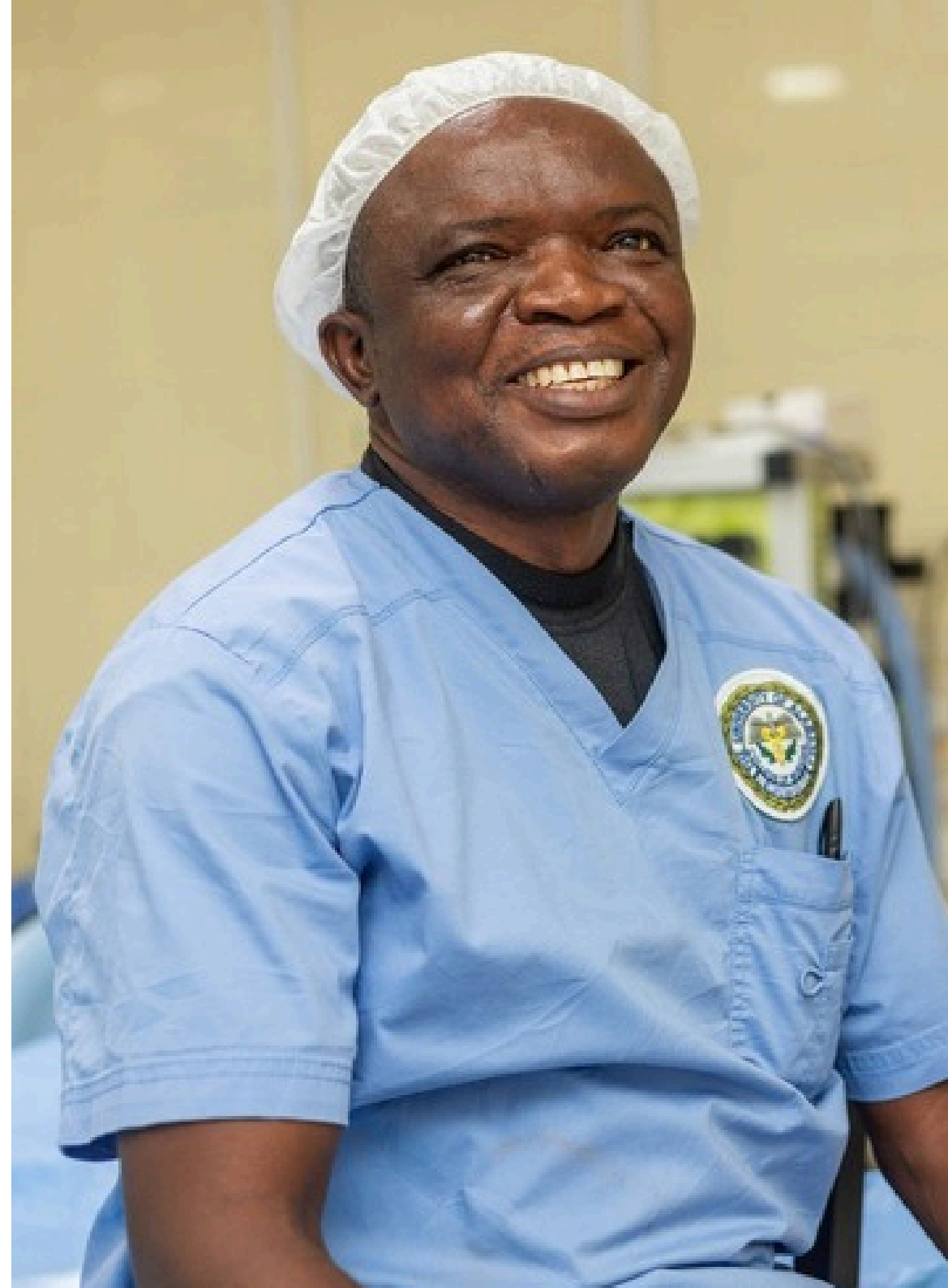
In 2025, WHO continued to play a central role in supporting the GoL to strengthen the building blocks of the health system, with the overarching goal of improving access, quality, efficiency, and resilience of health services. Through targeted technical and financial assistance, WHO supported key reforms and system-wide interventions across leadership and governance, health information systems, health workforce, essential medicines, and health financing.

Health Leadership and Governance

In the area of leadership and governance, WHO, in collaboration with partners, provided substantial support to the Ministry of Health (MoH) and the National Public Health Institute of Liberia (NPHIL) in the development of critical national policies, strategies, and guidelines.

These included the Leadership and Management Governance (LMG) policy and strategy, the Antimicrobial Resistance/Antimicrobial Stewardship (AMR/AMS) National Action Plan, the National Action Plan for Patient Safety (2025–2030) and Patients' Rights Charter, Reproductive, Maternal, Neonatal, Child, Adolescent Health and Nutrition (RMNCAH&N) guidelines, the National Noncommunicable Diseases (NCD) policy and strategy, and operational plans at national and county levels.

These instruments have provided a strong policy and regulatory foundation to guide health sector interventions toward achieving UHC and health-related SDGs. In addition, WHO supported the rollout of leadership and management training across 93 health sub-districts, contributing to strengthened governance and improved functionality of decentralized health systems.



Health Information Systems

WHO also made significant contributions to strengthening the national Health Information Systems (HIS). The Organization supported the completion and submission of the second round of the WHO Survey, Count, Optimize, Review, and Enable (SCORE) assessment, which highlighted areas of progress and persistent gaps in Liberia's health data systems. Complementing this, WHO supported a comprehensive HIS functionality assessment, which identified an overall early maturity level and provided critical evidence to inform the development of a national HIS policy and strategy. WHO further supported the annual health sector performance review and high-level policy dialogue during Liberia's first national health summit under the new administration, resulting in a joint communiqué outlining priority actions to address key health challenges, including maternal and child mortality.



Health Workforce and Essential Medicines

In strengthening the health workforce, WHO provided technical assistance for the completion of Liberia's second health workforce census. The findings provided updated evidence base for workforce planning and policy development, revealing modest improvements in workforce density but also highlighting significant gaps relative to global benchmarks. This evidence continues to inform strategic efforts to scale up, equitably distribute, and retain the health workforce.

WHO's support to essential medicines focused on strengthening regulatory systems and ensuring the quality of medical products.

In collaboration with the Liberia Medicines and Health Products Regulatory Authority (LMHRA), WHO supported post-market surveillance activities in selected counties, assessing the quality of priority antibiotics. The findings confirmed compliance with established standards while underscoring the need for sustained surveillance across additional products and geographic areas.



Health Financing

In the area of health financing, WHO supported the completion of a health financing vulnerability assessment, which identified Liberia as having a high vulnerability profile. The findings provided critical insights into financing gaps and informed recommendations for strengthening financial sustainability, including enhancing domestic resource mobilization, expanding health insurance coverage, improving pooling mechanisms, and promoting efficiency in resource use.



3.2 Support to Reduce Maternal and Childhood Morbidity and Mortality

In response to the Government of Liberia’s declaration of a national emergency on maternal and newborn mortality, WHO intensified its support to the MoH to accelerate progress in reducing preventable deaths among mothers and newborns in 2025. This declaration underscores the urgency of addressing persistent gaps in maternal and neonatal health through coordinated, system-wide interventions.

Thus, during the reporting period, WHO played a central role in supporting the scale-up of priority Sexual and Reproductive Health and Rights (SRHR) interventions, including strengthening Emergency Obstetric and Newborn Care (EmONC), improving access to skilled birth attendance, expanding family planning and Comprehensive Abortion Care (CAC), enhancing referral systems, investing in the health workforce, promoting community engagement, and strengthening data and accountability mechanisms.

WHO’s contributions were instrumental in advancing both policy and service delivery outcomes.

The Organization provided technical and financial support for the development of national RMNCAH referral guidelines, as well as the revision of CAC training modules and the development of adolescent-responsive SRHR training materials. These efforts strengthened the national framework for standardized, rights- based service delivery.



In addition, WHO supported the capacity building of over 200 multidisciplinary health workers across key service areas, including EmONC, SRHR, CAC, and laboratory services. This investment enhanced clinical competencies, promoted adherence to evidence-based practices, and reinforced data-driven public health decision-making, thereby contributing to improved quality and accessibility of maternal and newborn health services.

WHO also provided targeted operational support to strengthen emergency response systems. Notably, the Organization supported the successful implementation of Liberia's first voluntary blood donation drive in Grand Cape Mount County, which resulted in the collection of safe blood supplies to support obstetric care. This initiative improved the readiness of key referral facilities to manage obstetric emergencies and contributed to reducing mortality associated with severe bleeding and other complications.

Furthermore, WHO strengthened service delivery capacity through the procurement and deployment of essential life-saving medical equipment and supplies, including ICU and delivery of beds, blood banks, neonatal care equipment, oxygen concentrators, and resuscitation devices valued at an estimated four and fifty thousand United States Dollars (USD450,000). The strategic deployment of these resources across referral facilities is expected to significantly enhance the availability, quality, and timeliness of good quality maternal and newborn care, while improving emergency preparedness and contributing to the reduction of preventable deaths.

Overall, WHO's comprehensive support has been pivotal in reinforcing Liberia's health system response to the maternal and newborn health emergency and advancing progress toward improved health outcomes.

Key Results

1

200+ multidisciplinary health workers trained in EmONC, SRHR, CAC, and laboratory services.

2

Liberia first voluntary blood donation drive implemented in Grand Cape Mount County.

3

USD 450,000 in life-saving equipment deployed across referral facilities.

4

National RMNCAH referral guidelines and SRHR training materials developed.



“ I know I will give birth safely because I’ll be in good hands.”

— Jessica Zue

Beneficiary of the H6 constructed
Maternity Waiting Home.

Grand Cape Mount County

3.3 Preventing and Controlling Communicable Diseases

During the reporting period, WHO provided comprehensive technical and strategic support to the MoH to address the growing burden of communicable and noncommunicable diseases in Liberia. Malaria remains a major public health concern, with an incidence of 43 per 100,000 population. HIV/AIDS continues to affect an estimated 36,000 people living with HIV in 2025. Tuberculosis control also remains challenging, with Liberia currently off track to meet the End TB targets of an 80% reduction in incidence and a 90% reduction in mortality, and with 162 cases of drug-resistant TB reported during the period. At the same time, noncommunicable diseases (NCDs) are on the rise, accounting for 38% of the disease burden, 60% of hospitalizations, and 43% of deaths in the country.

In the area of communicable diseases, WHO played a key role in strengthening national programmatic capacity and strategic direction. The Organization supported the development and operationalization of malaria vaccine guidelines, which enabled the introduction of the malaria vaccine in six southeastern counties, followed by scale-up to the remaining nine counties in 2025.

WHO also provided technical assistance to conduct end-term programme reviews for national malaria, tuberculosis, and HIV strategic plans. The findings from these reviews are being used to develop updated national strategic plans, which are a prerequisite for Liberia's application to the Global Fund Grant Cycle 8 (GC8) by June 2026.

In addition, WHO continued to support coordination mechanisms through the Liberia Coordinating Mechanism, technical working groups, and national health coordination platforms to strengthen planning, implementation, and monitoring of the Global Fund GC7 grant.



3.4 Preventing and Controlling Non-communicable Diseases Including Improving Mental Health and Psychosocial Health

In 2025, WHO's support to noncommunicable diseases focused on expanding access to integrated and decentralized care. The Organization supported the expansion of the Package of Essential Noncommunicable Diseases Interventions (PEN Plus) programme in four hospitals namely Phebe, CB Dunbar, Curran Lutheran, and Tellewoyan, across two counties (Lofa and Bong). A total of 105 health workers were trained to support the implementation of PEN Plus clinics using an integrated service delivery approach. This intervention strengthened the capacity of district-level facilities to manage complex NCDs, including type 1 diabetes, rheumatic heart disease, sickle cell disease, severe asthma, and hypertension, thereby improving access to care for rural and vulnerable populations.

WHO also contributed to addressing mental health and substance use disorders through its support to a joint three-year programme implemented in collaboration with sister UN agencies (UNFPA and UNICEF) and relevant Government ministries.

This initiative resulted in the treatment and rehabilitation of 913 at-risk youth with substance use disorders. In addition, WHO supported the upgrading of facilities at the Youth Agriculture Training Center, enhancing its capacity to provide a safe and therapeutic environment for detoxification, treatment, recovery, and reintegration for over 100 at-risk youth per cycle, while also strengthening staff capacity to deliver quality, youth-centered services. In the area of neglected tropical diseases (NTDs), WHO provided strategic technical support to the MoH in the development of key policy and planning documents.

These included elimination roadmaps for lymphatic filariasis, onchocerciasis, and schistosomiasis, as well as a policy and strategic plan for urogenital schistosomiasis. These instruments are guiding national efforts toward the prevention, control, and elimination of priority NTDs.



3.5 Scaling up childhood Immunization Services and Coverage

During the reporting period, WHO provided comprehensive technical, operational, and financial support to the MoH to strengthen immunization service delivery and Vaccine-Preventable Disease (VPD) surveillance systems in Liberia. These efforts contributed to improving vaccination coverage, enhancing disease detection, and strengthening the overall performance of the Expanded Programme on Immunization (EPI).

In 2025, WHO supported the introduction and scale-up of malaria vaccination across nine counties, resulting in 47,511 eligible children being vaccinated. This was achieved through targeted technical and financial support, including the training of 287 district-level supervisors and vaccinators across four of the seven health districts in Montserrado County, thereby strengthening implementation capacity at subnational level.

In addition, WHO supported the MoH and partners in the implementation of a nationwide Human Papillomavirus (HPV) multi-age cohort (MAC) vaccination campaign targeting girls aged 9 to 18 years, as part of national efforts to address the rising burden of cervical cancer.

WHO’s support included technical guidance, operational coordination, and independent monitoring to assess campaign quality, coverage, and social and behavioral outcomes. As a result, a total of 42,781 eligible girls were vaccinated, based on both card verification and recall.

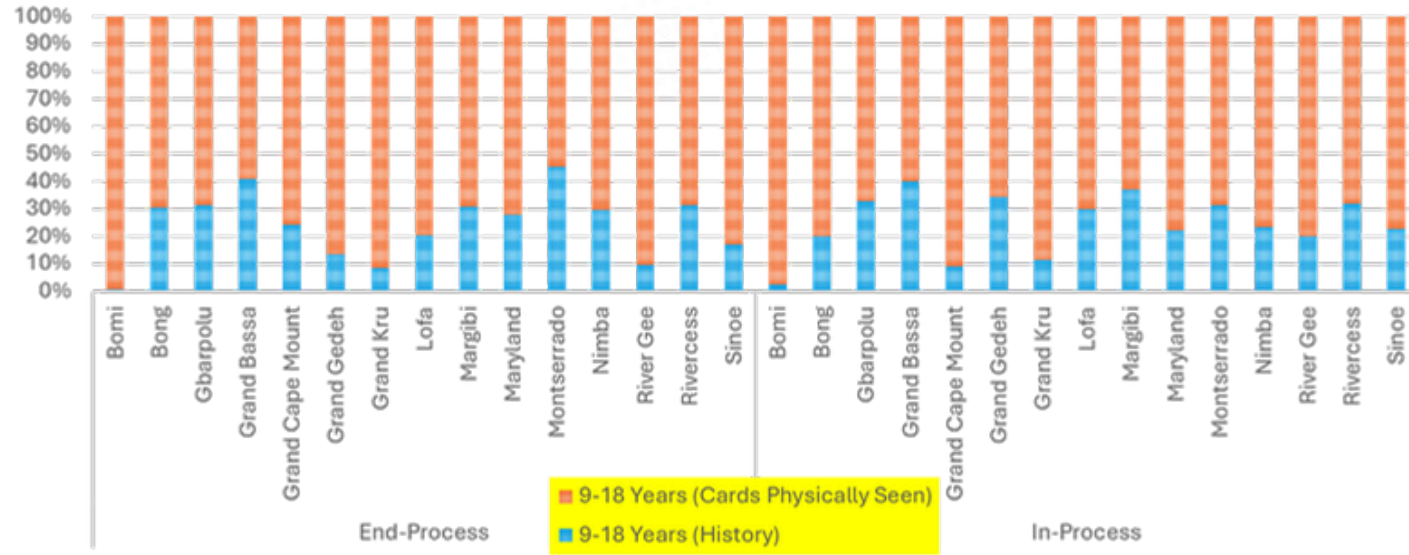


Figure 1: In Process and End Process of Vaccinated Girls

WHO also made significant contributions to strengthening VPD surveillance systems. The Organization supported the training of 98 district surveillance officers in case detection and reporting, which contributed to the identification and reporting of 46 Acute Flaccid Paralysis (AFP) cases and the collection of 16 environmental surveillance samples nationwide. As of week 52, of 2025, Liberia’s Non-Polio AFP rate stood at 1.9 per 100,000 population (against a target of 2 per 100,000), while stool adequacy reached 100%, indicating strong performance in specimen collection.

To further expand surveillance reach, WHO engaged CSOs to conduct active case searches in five counties. This initiative targeted remote, hard-to-reach, and high-risk communities and resulted in the reporting of AFP 15,472 alerts as of December 2025. Complementing this effort, WHO supported active case-finding across 227 priority surveillance sites in five counties (Grand Bassa, Bong, Nimba, Sinoe, and Montserrado), leading to the identification and investigation of five previously missed AFP cases, thereby strengthening the sensitivity of the surveillance system.



Figure 2 : Distribution of CSO Communities Active Case Search

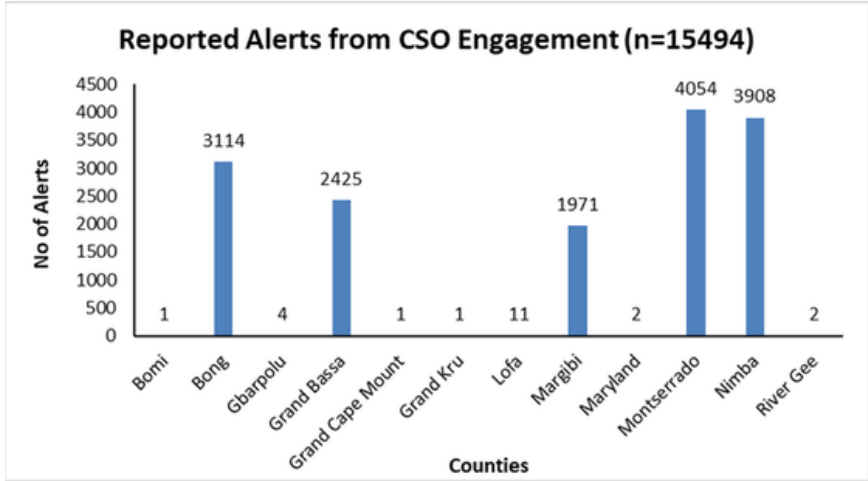


Figure 3: Reported Alerts of CSO Active Case Search

In measles surveillance, WHO supported routine surveillance activities across all 98 health districts, including community awareness initiatives to improve case detection and reporting. Between weeks 1 and 50 of 2025, a total of 1,656 suspected measles cases were reported and investigated, of which 348 were laboratory-confirmed.

WHO also provided technical support, with funding from Gavi, for a post-campaign measles coverage survey to evaluate the 2024 national measles vaccination campaign. Of the 1,488 eligible children identified, 1,461 (98.2%) were successfully surveyed. National coverage was estimated at 81.1%, with no significant variation across population groups. The survey identified key determinants of vaccine uptake, including prior vaccination status, parental education, and awareness of the campaign. Among informed caregivers, vaccination coverage reached 90.0%, compared to 29.1% among those unaware.

Reported barriers included logistical challenges in rural areas and limited information dissemination in urban settings. Mild adverse events were reported in 18% of vaccinated children, primarily fever and injection-site pain. The outcome of this survey availed the EPI of MoH and health partners the opportunity to make informed strategic decisions on measles outbreaks situation.

To further strengthen surveillance systems, WHO supported the scale-up of electronic surveillance nationwide. A total of 137 surveillance officers across all districts and zones were equipped and supported, with 1,459 supervisory visits conducted across high-, medium-, and low-priority sites. WHO also provided 137 mobile phones to enhance real-time reporting and, through Gavi support, procured and delivered 31 laptops equipped with statistical software to strengthen data analysis, interpretation, and use within the health management information and surveillance systems.

3.6 Ensuring Timely Prevention of, Preparedness for, and Effective Response Public Health Emergencies

During the reporting period, WHO provided comprehensive technical, operational, and financial support to strengthen Liberia's capacity to prepare for, detect, respond to, and recover from public health emergencies. Through the WHO Health Emergencies (WHE) Programme, significant progress was achieved across the pillars of preparedness, detection, response, and One Health coordination, contributing to enhanced national health security and resilience.

In the area of preparedness, WHO strengthened early warning and surveillance systems through targeted technical assistance, training, and the provision of 953 surveillance tools. These efforts contributed to the detection of 29,224 alerts, of which 23,589 were confirmed or reviewed as public health diseases, conditions, and events. WHO also facilitated high-level policy dialogue and advocacy that resulted in Liberia, alongside 12 other African countries, committing to the introduction of Ebola virus disease (EVD) vaccination for frontline health workers.

In addition, WHO supported the evaluation of the Integrated Disease Surveillance and Response (IDSR) system, with findings informing the development of the national surveillance plan (2026–2030). Following the adoption of the WHO Mosaic Respiratory Surveillance Framework, WHO further supported the development of a national respiratory pathogen plan using the PRET Module 1 approach, strengthening pandemic influenza surveillance, with 2,084 influenza alerts reported and 110 confirmed cases (subtypes A and B).

WHO also made substantial contributions to strengthening detection capacity, particularly in laboratory systems. The Organization provided critical inputs, including specimen collection and transportation materials, reagents, diagnostic kits, high-performance computers, and uninterrupted power supply systems, which enhanced early detection and genomic sequencing capacity.

Liberia successfully established genomic and bioinformatics capabilities, including the detection and classification of mpox clades IIa and IIb. WHO also supported an external quality assurance (EQA) exercise for yellow fever serological diagnosis under the Global Network of Yellow Fever Laboratories (GYFLaN), with the national reference laboratory achieving 80.1% concordance (exceeding the 60% target) within the recommended 21-day turnaround time. WHO worked with MOH to conduct Malaria National Diagnostic Capacity Assessment Report Dissemination Workshop that led to a shared understanding of diagnostics gaps capacity across all 15 counties and developed mitigation plan to enhance malaria diagnosis services.

Further support was provided to decentralize laboratory services through the provision of GeneXpert Mpox cartridges and supplies to three laboratories (Tellewoyan Hospital, JJ Dossen Hospital, and Sinjie health Center).

A total of 589 IDSR samples were tested, with 94 yielding presumptive positive results of mpox from the newly decentralized labs and 80.1% confirmed as accurate by the National Reference Laboratory. WHO also supported the Global Laboratory Leadership Programme (GLLP) readiness assessment, with Liberia achieving a score of 38 out of 48, indicating readiness for programme implementation. Additionally, WHO supported the investigation of a viral hemorrhagic fever alert across three counties (Maryland, Nimba, and Montserrado), successfully ruling out major pathogens such as Ebola, Lassa fever, dengue, and Marburg, while demonstrating national surge capacity.



In the area of response, WHO provided critical support to the management of multiple disease outbreaks. For Mpox, WHO supported intra-action reviews, active case search, and surveillance strengthening, resulting in the detection and investigation of 2,419 suspected cases across 76 health districts, with 1,451 confirmed cases and 8 deaths reported. In response to measles outbreaks, WHO supported case detection, investigation, risk assessment, and laboratory strengthening, contributing to the reporting of 1,712 suspected cases, including 1,408 confirmed cases. The annualized non-measles febrile rash illness rate was 4.7 per 100,000 population, exceeding the WHO target of ≥ 2 per 100,000.

WHO also supported Lassa fever detection and response through the provision of 2000 doses of Ribavirin and surveillance tools, leading to the identification of 223 suspected cases, including 37 confirmed cases and 8 deaths. The case fatality rate declined from 29.3% in 2024 to 21.6% in 2025, reflecting improved case management. In response to a yellow fever outbreak in Grand Bassa and Grand Cape Mount counties, WHO supported investigation and response activities, which identified suboptimal immunization coverage (89% for yellow fever and 65% for measles MCV2 among children under five). A targeted vaccination response resulted in 1,741 previously missed children aged nine months and above being vaccinated.

WHO further strengthened multisectoral coordination through the One Health approach. The Organization supported the domestication of the 2024 International Health Regulations (IHR) recommendations, leading to the designation of the MoH as the National IHR Authority, NPHIL as the National IHR Focal Point, and the Liberia Immigration Service as the lead institution at points of entry into the country. A national declaration affirming Liberia's commitment to the 2024 IHR amendments was formally endorsed. WHO also supported the 2025 IHR States Parties Self-Assessment Annual Report (SPAR), with Liberia achieving an average core capacity score of 52%, an improvement from 49.1% in 2024.

Additionally, WHO, in collaboration with Africa CDC, supported the update and validation of the One Health governance manual, strengthening coordination across human, animal, and environmental health sectors and facilitating dedicated budgetary allocation for One Health activities within the national budget.



3.7 Ensuring a Healthier Liberian Population

Through its Healthier Populations programme, WHO supported the GoL to advance multisectoral actions aimed at promoting healthier, safer, and more equitable communities, while shifting the focus from curative care to prevention and well-being. Interventions were implemented across key thematic areas, including Climate Change, Health and the Environment (CHE); Health Promotion and the Social Determinants of Health (HPD); Nutrition and Food Safety (NUT); tobacco and Reduction of other NCD risk factors (TNR) among others.

In the area of CHE, WHO provided technical and financial support to strengthen environmental health systems and climate resilience. The Organization supported MoH to conduct a comprehensive WASH-FIT assessment across 97 health facilities, generating evidence to inform improvements in service delivery and alignment with national standards. WHO also contributed to the development of Liberia's Nationally Determined Contributions (NDC 3.0), ensuring that health was recognized as a standalone sector within the national climate change framework.

Capacity building was further strengthened through WHO's facilitation of participation by two MoH staff in the 2nd Global Conference on Climate Change and Health, enhancing engagement with global platforms such as the Alliance for Transformative Action on Climate and Health (ATACH). In addition, WHO supported the establishment of a national Water, Sanitation and Health (WASH) Account through technical assistance, stakeholder engagement, and data system strengthening, marking a significant milestone toward institutionalizing WASH financing and accountability.



Under HPD, WHO strengthened community engagement and risk communication capacities. The Organization supported the production and distribution of 6,000 Information, Education and Communication (IEC) materials across all 15 counties, reaching approximately one million people with key messages on mpox and noncommunicable diseases.

WHO also trained 25 national and county-level Health Promotion Officers in Risk Communication and Community Engagement (RCCE) and social listening, enhancing decentralized capacity for effective community engagement during public health responses. Furthermore, WHO supported the conduct of Liberia's first mpox community protection assessment across four counties, generating critical socio-behavioral data that is now informing national RCCE strategies.

In the area of NUT, the Organization supported the expansion of quality nutrition services and strengthened the evidence base for policy and programming. Through technical and financial support, two additional county hospitals were certified under the Baby-Friendly Hospital Initiative (BFHI), increasing coverage from 11 to 13 counties. WHO also supported the production and distribution of 300 breastfeeding promotional materials and job aids to promote optimal infant and young child feeding practices.

In collaboration with the Ministry of Agriculture and other sectors, WHO supported the nationwide Comprehensive Food Security and Nutrition Survey (CFSNS), which provided critical data on nutrition trends. The findings indicated a reduction in stunting from 30% in 2018 to 26.3% in 2025, while highlighting emerging challenges, including a decline in exclusive breastfeeding rates from 55% to 41% and an increase in Global Acute Malnutrition from 5.4% to 8.5%, with 12 of 15 counties remaining above the national average for stunting.

In the area of TNR, the Organization mobilized US\$277,000 to support the implementation of the WHO Africa Tobacco Project, advancing the operationalization of the WHO Framework Convention on Tobacco Control (FCTC) in Liberia.

In addition, WHO supported a national situation analysis on refractive error, providing the evidence base for the development of Liberia's first National Operational Plan to achieve effective refractive error coverage (eREC) by 2030.



3.8 Enhancing Country Support and Programme Enabling Functions

Within the One UN and under the leadership and guidance from the United Nations Resident Coordinator (UNRC), WHO supported and actively engaged in the UNCT, Inter Agency Programming Team (IAPT), Results Groups, and Thematic Working Groups to provide oversight and support the implementation of the UNSDCF (2020-2025). Additionally, WHO provided strategic technical support to the development of the AAID, alongside the 15 CDA and the National Public Sector Investment Plan. These instruments were launched for implementation by the President of The Republic of Liberia in January 2025.

Furthermore, WHO supported the UNSDCF (2020-2025) end-term evaluation and contributed to the elaboration of the new UNSDCF 2026-2030. The UNSDCF is fully aligned to the AAID and has three pillars (Pillar 1, Human Capital Development, Pillar 2 Good governance and Rule of Law and pillar 3) Economic Development and Sustainability, guiding joint UN efforts to support the GoL to implement the AAID toward the SDGs.

Joint WHO and MoH country prioritization and costing for key health outcomes under the GPW 14 was completed in 2025.

The process resulted in a final list of strategic outcome and output priorities for the 2026-2027 biennium plan. These strategic priorities are fully aligned to NHP, HSSP, UNSDCF and CCS 2022-2026.

WHO sustained high-level engagement with the MoH, NPHIL and other key ministries, agencies and commissions related to the health sector, as well as the international development aid community. This included convening the Health Partners Group to help keep health high on the national development agenda and providing regular participation and presentations in key coordination mechanisms, including the Health Sector Committee, Health Coordination Committee, Core Partners Group, the informal group of Ambassadors, ICC, Liberia Coordination Mechanism, and other high level and technical coordination platforms.



3.9 Increasing WHO's Resource Base and Visibility Through Enhanced Partnerships and External Relations

During the reporting period, WHO strengthened its external relations, partnerships, programme management, and communications functions to support the effective delivery of health priorities in Liberia, despite a challenging and evolving donor aid landscape. Through strategic engagement, resource mobilization, and enhanced accountability mechanisms, WHO ensured sustained operational effectiveness and visibility of its impact.

In the area of external relations and resource mobilization, WHO successfully mobilized US\$ 1,302,888 at the country level through the development and submission of 11 funding proposals, demonstrating strong proactive engagement despite constrained financing conditions. However, three high-probability funding opportunities were adversely affected by the withdrawal of the United States Government, particularly from the United State Agency for International Development and United States Centers for Diseases Control and Prevention funding streams. WHO maintained robust partnership engagement, working with 24 partners across key institutions, including the Global Fund, World Bank, UK-AID, European Union, African Development Bank, and IMF.

A total of 32 bilateral meetings were conducted to strengthen collaboration and advocacy, and three agreements with non-State actors were signed, expanding the partnership base. WHO also supported 31 governing body engagement activities for Member States and leveraged the Health Partners Group as a key coordination platform, particularly in the context of Sweden's announced withdrawal from bilateral support.

WHO demonstrated strong programme management and accountability throughout the period. A total of 13 donor reports were submitted with 100% timeliness, reflecting high standards of transparency and compliance. In addition, 20 grant implementation follow-up meetings were conducted to ensure effective oversight and performance monitoring, while 15 field visits by the WHO Representative and technical teams enhanced WHO visibility and showcased programme impact.

Capacity strengthening remained a priority, with eight capacity development activities delivered to staff on external relations and partnerships. WHO also strengthened internal systems through the development of an integrated biennial work plan and enhancements to the Business Management System, supported by targeted online training.



3.10 Support to Effectively Communication Key Health Messages and WHO's Work in Liberia

The Organization's communications function played a critical cross-cutting role in enhancing the visibility and impact of WHO's work in Liberia. Significant progress was made in digital transformation, with WHO Liberia's social media presence expanding substantially. Facebook followers increased from 1,800 to 4,000, while X (formerly Twitter) followership grew from 1,600 to 2,000. The Organization developed fifteen website articles and produced three high-impact video products highlighting key initiatives, including World Health Day, mpox vaccine introduction, and maternal health interventions.

WHO also implemented strategic communication and advocacy campaigns, including a successful World Health Day campaign featuring eight media appearances, and a joint multimedia campaign on maternal and newborn mortality in collaboration with the MoH and WHO/AFRO.

Capacity building for effective communication was strengthened through two targeted training sessions, including a general staff orientation on visibility standards and a specialized smartphone photography training for frontline responders.

Stakeholder engagement was further enhanced through the production of two biannual newsletters reaching a network of 120 stakeholders, and the dissemination of the 2024 Annual Report to over 800 partners. In collaboration with the UNRC's Office, WHO also developed two human-interest impact stories for the UN Liberia Newsletter. Additionally, over 100 social media posts were published to mark key health observances, raising public awareness and reinforcing WHO's role in advancing national health priorities.

4,000

Facebook Followers
From 1,800

2,000

X Followers
From 1,600

800+

Partners Reached
Through Annual Report

100+

Social Media Posts

8

Media Appearances
(World Health Day)



3.11 Preventing Sexual Exploitation, Abuse and Harassment (PSEAH)

During the reporting period, WHO reinforced its zero-tolerance policy on sexual exploitation, abuse, and harassment (SEAH) through targeted interventions aimed at strengthening prevention, response, and accountability mechanisms. In collaboration with the GoL, UN agencies, and civil society partners, WHO supported capacity building, community engagement, and survivor-centered approaches to enhance safeguarding systems across the country.

WHO partnered with Women Empowerment Inc. (WPI) to deliver targeted capacity-building sessions for 25 personnel from the MoH and the Ministry of Gender, Children, and Social Protection (MGCSP), including senior officials, frontline health workers, and child protection practitioners.

This intervention also strengthened community-based reporting mechanisms in three health districts in Nimba County, improving early detection and reporting of at least two SEAH incidents. In addition, WHO supported the completion of survivor service mapping in Nimba County, identifying available support structures and facilitating assistance for two SEAH survivors, thereby demonstrating a practical commitment to survivor-centered care.

WHO further strengthened institutional capacity through the training of key operational personnel. A total of 35 mpox rapid response team members in Montserrado, 30 data collectors for the mpox socio-behavioral survey deployed across all 15 counties, and 60 participants at a regional Ebola prevention meeting were trained on PRSEAH principles and standards.

These efforts contributed to high levels of awareness and compliance with SEAH policies, fostering a culture of integrity and accountability across programmes.

At the policy and coordination level, WHO actively supported the development of national terms of reference for in-country SEAH focal points across UN and partner organizations, as well as the development of IEC materials to strengthen awareness and prevention efforts. Complementing this, WHO ensured the printing and dissemination of PRSEAH informational materials to all Country Office staff, including field personnel, further reinforcing awareness and adherence to safeguarding standards.



3.12 Enhancing WHO Liberia's Operational Capacity

The Country Support Unit (CSU) made a significant contribution to the effective implementation of WHO-supported public health programmes by ensuring the timely procurement and delivery of essential medical and non-medical supplies. Throughout the year, CSU successfully coordinated multiple shipments of varying size and complexity, enabling WHO programme teams and partners to maintain uninterrupted operations and respond effectively to public health needs nationwide. These efforts were critical in sustaining programme delivery and supporting emergencies and routine health interventions across the country.

WHO expenditure per programme during 2025

#	Programme	Total Expenditure in USD
1	UHC	2,305,335
2	WHE	506,149
3	HPO	54 839
4	Polio	225 554
5	PIP	175 204
6	Operations	668,689
Total		3,935,770



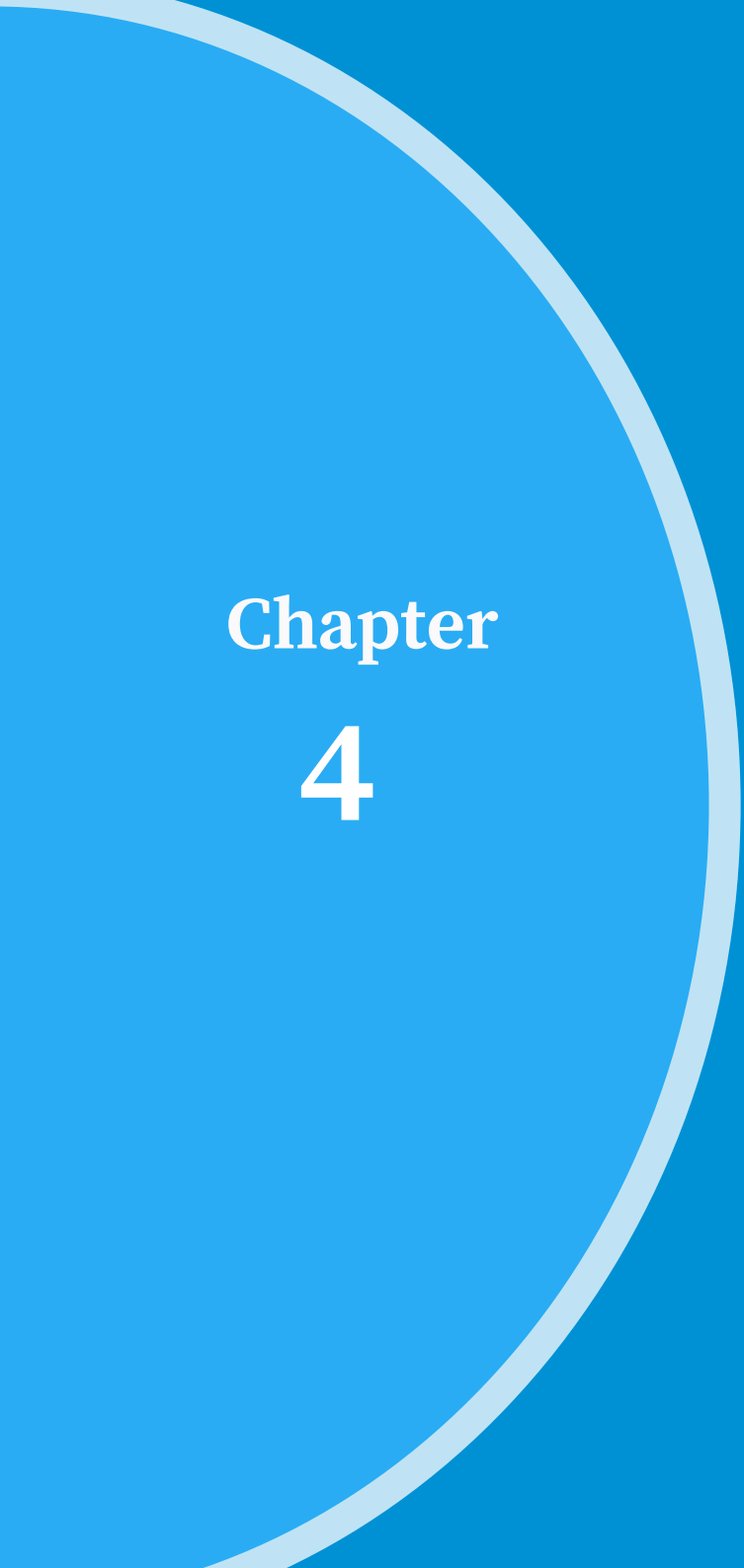
Additionally, the CSU implemented targeted office improvement initiatives aimed at strengthening staff productivity and well-being. Office maintenance works and the provision of new furniture improved the functionality and comfort of the workplace, directly benefiting 32 staff and supporting day-to-day programme implementation and operational efficiency.

In addition, the establishment of a newly equipped conference hall, featuring upgraded furniture, equipment and an improved layout, enhanced the quality of internal and external meetings, collaborative working sessions, and engagement with partners and stakeholders.

In line with WHO's digital transformation agenda, CSU strengthened the office's communication and visibility capacity through the acquisition of modern communication and branding tools. Furthermore, the recruitment of a national UN Volunteer (UNV) for Digital Communication reinforced the systematic collection, digitalization and dissemination of information on WHO's work.

This role has strengthened the production of high-quality communication materials, ensuring partners and stakeholders remain well informed about WHO programmes and achievements.





Chapter
4

**Looking Backward:
Challenges, Conclusions and
Lessons Learnt in 2025**

In the course of 2025, WHO's programme implementation in Liberia was affected by several systemic constraints that limited the scale, scope, and pace of interventions. A major challenge was the reduction in health sector financing from key development partners, which constrained resources for staffing and operations. This limitation affected WHO's ability to fully deliver technical and operational support to the MoH, underscoring the need for sustained and predictable financing to ensure continuity of essential health services and strengthen health systems. Furthermore, financial barriers remained significant, with high out-of-pocket expenditure among the Liberian population limiting access to essential health services and reinforcing the urgency of advancing financial risk protection in the country.

Persistent gaps in the availability and access to essential medicines and health commodities, including safe blood, uterotonics, vaccines, and diagnostics, continued to impact service delivery particularly maternal health services.

In addition, reliance on overseas procurement and extended lead times led to delays in the delivery of critical supplies, affecting timely WHO programme implementation. Additionally, shortages in the health workforce at both national and subnational levels constrained programme planning, implementation, and monitoring.

Weaknesses in governance and coordination mechanisms across stakeholders further constrained efficiency, alignment, and accountability. Social and cultural barriers also posed challenges, particularly in access to rights-based services such as CAC, where provider stigma and personal beliefs limited-service uptake.

Despite these challenges, WHO made significant contributions to advancing Liberia's progress toward health-related SDGs, including UHC as demonstrated by the preceding achievements. Several key lessons emerged in the process.

First, coordinated and results-oriented engagement with the MoH and partners proved critical for effective programme delivery. Second, strengthening routine HIS through platforms such as DHIS2, scorecards, data visualization tools, and surveys was essential for evidence-based prioritization of health interventions. Third, effective implementation of cross-cutting programmes such as nutrition and WASH requires strong multisectoral coordination. Fourth, a resilient PHC system, with strong linkages across all levels of care and active community engagement, is fundamental to improving health outcomes. Finally, the One Health approach and the implementation of the 2005 IHR remain central to strengthening national health security and resilience to public health emergencies.

In conclusion, while notable progress was achieved, addressing the systemic challenges will be critical to sustaining gains and accelerating progress toward equitable, resilient, and high-performing health systems in Liberia moving forward.

Chapter 5

Looking Ahead: Strategic Priorities and Approach for 2026 and Beyond

In 2026 and beyond, WHO Liberia will build on the achievements of 2025 by adopting a more strategic, forward-looking approach to health systems strengthening. The Organization will deploy innovative and adaptive approaches, including strengthened and more structured partnerships, expanded use of digital health and emerging technologies, and targeted resource mobilization, to address persistent challenges and reinforce enabling factors for improved health outcomes.

WHO's strategic direction will be recalibrated to align with evolving global and national development financing realities. In particular, the Organization will progressively transition from direct operational support toward a more normative role, focusing on the provision of high-quality technical assistance, policy guidance, and strategic leadership to the MoH and partners. This shift will be guided by the development of a new generation CCS, aligned with the GPW14, AAID and the UNSDCF, to support Liberia's efforts to accelerate progress toward the SDGs and UHC, while promoting financial sustainability.

Key strategic thrusts of WHO Liberia's engagement will include strengthening health sector coordination at national and subnational levels through a multisectoral "Health in All Policies" (HiAP) approach, ensuring inclusive and aligned stakeholder engagement. WHO will also support reforms to enhance domestic resource mobilization, including the implementation of the Liberia Health Equity Fund, Community Revolving Drug Funds, and performance-based financing mechanisms.

In addition, WHO Liberia will prioritize strengthening procurement and supply chain management systems, with a focus on last-mile distribution, and improving the availability and accountability of essential medicines and health commodities. Efforts to enhance data and strategic information systems will focus on supporting MoH to develop modern HIS strategies, improving data generation, harmonization, interoperability, and utilization for evidence-based decision-making.

Central to WHO Liberia's strategy will be the revitalization of the PHC approach as a key pathway to achieving UHC. This will include a strong focus on equity in access to essential health services, spanning communicable and noncommunicable diseases, mental health, maternal and child health, and health promotion among others. WHO will also support the development of climate-resilient health systems capable of addressing the health impacts of climate change.

Finally, strengthening national health security will remain a core priority. WHO will support the implementation of the 2005 IHR, Liberia's NAPHS, the One Health approach, and the recently adopted Pandemic Accord to enhance preparedness, detection, and response capacities to public health emergencies.

In summary, WHO Liberia's strategic approach for 2026 and beyond will focus on delivering high-impact technical assistance, strengthening systems and partnerships, and supporting sustainable, resilient, and equitable health systems that can meet current and emerging health challenges.



Partners and Donors



Ministry Of Gender, Children and Social Protection
Republic of Liberia







2025

Learn more about our work



+231 8865 16803



wholiberia@who.int



[@WHOLiberia](#)



World Health Organization Liberia



www.afro.who.int/Liberia