REPUBLIC OF LIBERIA
MINISTRY OF HEALTH

ANNUAL HEALTH SERVICE PERFORMANCE
REPORT 2024

TABLE OF CONTENTS

ABBREVIATION AND DEFINITION

AHSPR	Annual Health Sector Performance Report
NHPP	National Health Policy and Plan
HMIS	Health Management Information System
OPD	Outpatient Department
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
MOH	Ministry of Health
ACT	Artemisinin-based Combination Therapy
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
ART	Anti-Retroviral Therapy
ARV	Antiretroviral
CHA	Community Health Assistant
CHV	Community Health Volunteer
CHT	County Health Team
DOTS	Direct observed therapy short course
DST	Drug sensitivity testing
EPI	Expanded Program on Immunization
EmONC	Emergency Obstetric and Newborn Care
FBO	Faith-based organization
GAVI	Global Alliance for Vaccines and Immunization
GoL	Government of Liberia
GFATM	Global Fund for AIDS, Tuberculosis, and Malaria
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IMS	Incident Management System
IPT	Intermittent Preventive Treatment
NACP	National AIDS Control Program
NDS	National Drug Service
NLTCP	National Leprosy and TB Control Program
NMCP	National Malaria Control Program
NNT	Neonatal Tetanus
NTDs	Neglected Tropical Diseases
PBF	Performance-Based Financing
PMTCT	Prevention of Mother-to-Child Transmission
QA	Quality Assurance
QM	Quality management
QC	Quality control
STI	Sexually Transmitted Infection
TB	Tuberculosis
OPV	Oral Polio Vaccine
PENTA	Pentavalent

SIAs	Supplemental Immunization Activities
TT	Tetanus Toxoid
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WHO	World Health Organization
YF	Yellow Fever
CBIS	Community-Based Information System
IMAM	Integrated Management of Acute Malnutrition
LDHS	Liberia Demographic Health Survey
EPHS	Essential Package of Health Services
ANC	Antenatal Care
IPT	Intermittent Preventive Treatment
TTM	Trained Traditional Midwives
PNC	Post-Natal Care
NHPD	National Health Promotion Division
MNDSR	Maternal Newborn Disease Surveillance Response
NBSP	National Blood Safety Program
NRL	National Reference Laboratory
LMDC	Liberia Medical and Dental Council
WBDD	World Blood Donor Day
IDSR	Integrated Disease Surveillance Response
EPI	Expanded Program on Immunization
NPHIL	National Public Health Institute of Liberia
LIS	Laboratory Information System
HRIS	Human Resource Information System
UBR	Universal Birth Registration
RED	Reach Every District
REP	Reach Every Pregnant Woman
SARA	Service Availability Readiness Assessment

FORWARD

It is with great pleasure that I present the 2024 Annual Health Sector Performance Report on behalf of the Ministry of Health. This report reflects the collective efforts and progress made during the third year of implementing our five-year National Health Policy and Plan, aligned with the Government of Liberia's ARREST Agenda for Inclusive Development.

The year 2024 marked a period of both challenges and meaningful strides in advancing our goal of Universal Health Coverage (UHC) and strengthening health security. Through continued collaboration with our partners, frontline health workers, and communities, we have made significant progress in improving access to essential health services, particularly for the most vulnerable populations.

This report highlights key achievements, tracks performance against priority health indicators, and identifies areas that require renewed focus and investment. It serves not only as an accountability tool but also as a guide to inform strategic decisions that will shape the future of the health sector.

Achieving our national health goals requires unwavering leadership, strong governance, resource efficiency, and, above all, a shared commitment to equity, quality, and resilience in health service delivery, with an emphasis on reducing maternal and neonatal mortality. As we continue on this transformative journey, I urge all stakeholders, including government agencies, development partners, civil society, and communities, to remain engaged and proactive in supporting our vision of a healthier Liberia.

Finally, I extend my sincere thanks to the strong leadership and support of H.E. President Joseph Nyumah Boakai Sr. and our development partners, who continue to stand shoulder to shoulder with us. We are confident that we can achieve the goal and objectives of the NHP to improve the health and well-being of all people in Liberia.

Together, we can build a health system that truly leaves no one behind.

Louise M. Kpoto, MD, MPH, Mmed-OBGYN, PhD, FWACS
MINISTER

OFFICE OF THE MINISTER ★ MINISTRY OF HEALTH ★ REPUBLIC OF LIBERIA

ACKNOWLEDGEMENT

The Ministry of Health extends its sincere appreciation to all those who contributed to the development and completion of the 2024 Annual Health Sector Performance Report.

We are especially grateful to our dedicated health workers across the country, whose unwavering commitment to service delivery remains the backbone of our health system. Your efforts in often challenging conditions are the true reflection of our shared vision for a healthier Liberia.

We acknowledge the invaluable contributions of the Ministry's departments, county health teams, program managers, and staff who provided data, insights, and analysis to inform this report. Your commitment to accountability and evidence-based planning is commendable.

We also extend our appreciation to our development partners, including the World Bank, WHO, UNICEF, USAID, the Global Fund, and numerous other organizations, for their ongoing financial, technical, and strategic support. Your partnership is instrumental in driving progress toward Universal Health Coverage and health security.

We also recognize the contributions of civil society organizations, private sector actors, and community structures for your collaboration in advancing health outcomes at all levels.

Finally, we thank the Divisions of Policy and Planning and Vital Statistics for coordinating the data collection, validation, and reporting process. Your coordination in ensuring the integrity and completeness of this report is highly appreciated.

Together, we continue to move forward in strengthening our health system and improving the well-being of every Liberian.

Malayah Tamba Chieyoe

Deputy Minister for Po licy, Planning, and M&E

OFFICE OF THE DEPUTY MINISTER FOR POLICY, PLANNING AND M&E
MINISTRY OF HEALTH

EXECUTIVE SUMMARY

The Annual Health Sector Performance Report is a statutory requirement that highlights progress, critical challenges, and recommendations for improvement in health service delivery and system strengthening nationwide. The report reflects the implementation of the National Health Policy and Plan and the Essential Package of Health Services II and captures the implementation at all tiers of the health system, from the community through the district, county, and up to the central MOH1.

Strategic Objectives of the MOH

The strategic objectives outlined in the report include:

1. Strengthening Governance: Enhancing the leadership and management capacities within the health sector to ensure effective policy implementation and accountability.
2. Ensuring Availability of a Skilled Health Workforce: Addressing the shortage of healthcare professionals through training, recruitment, and retention strategies.
3. Improving Access to Quality Health Services: Expanding healthcare infrastructure and services to ensure that all citizens have access to essential health services.
4. Guaranteeing Health Security: Implementing national frameworks to respond to health emergencies and ensure the safety and well-being of the population[1].

Health Service Utilization

Health facilities across Liberia recorded a total of 3,449,824 outpatient visits, with 2,525,461 of those representing curative consultations in 2024. Additionally, the national health facility utilization rate for the period was 1.61 visits per inhabitant, representing a 31.1% increase compared to 2023. Despite this progress, the current rate remains below the World Health Organization's recommended benchmark of 2.5 visits per person per year. The increase in utilization indicates a slight increase in access to healthcare services. However, there is a need for improvement in service delivery and quality of care.

Maternal and Child Health

Maternal health remains a high priority due to high mortality rates. The Ministry of Health has adopted an integrated approach to improve Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH). In 2024, the percentage of pregnant women who received antenatal care at least four times was 23 percent, a decline from previous years. Maternal mortality rate stands at 742 deaths per 100,000 live births. There was a reduction in maternal death reported from health facilities in 2024 by 13 percent. Neonatal deaths reduced in 2024 compared to 2023 by 9 Percent. MOH is stepping up efforts to improve maternal health by increasing access to skilled birth attendants, emergency obstetric care, and promoting family planning services.

Immunization

The Expanded Program on Immunization (EPI) aims to reduce morbidity and mortality due to vaccine-preventable diseases. In 2024, Liberia introduced the R21/Matrix-M malaria vaccine in six southeastern counties. The national immunization coverage for various vaccines, including Pentavalent 3 and measles, has shown significant progress. Immunization campaigns and community outreach programs have played a crucial role in increasing vaccine coverage and protecting children from preventable diseases.

Communicable diseases

The burden of malaria has reduced significantly; however, it remains a major public problem in Liberia. During the period under review, malaria accounted for 36.3 percent of outpatient consultations. Children accounted for 22 percent of malaria cases in Liberia, representing a decrease from the previous year. The estimated number of all forms of TB cases was 12,957, with 7,414 actual cases notified in 2024. The TB treatment success rate for the cohort of TB cases registered is 71.7%. The proportion of TB patients tested for HIV increased from 87% in 2020 to 97% in the same year. The integration of TB and HIV services has been a key strategy in addressing the dual burden of these diseases and improving patient outcomes. Among 169,857 people tested for HIV, 7,128 tested positive, showing a 2.58 positivity rate.

Non-communicable diseases

Non-communicable diseases have become a major public problem in Liberia. However, the MOH and its partners are making significant efforts to increase access to care and mitigate the burden of NCDs. In 2024, the MOH developed guidelines and protocols and instituted mass drug distribution for key NTDs that are prevalent in Liberia. Under mental and substance abuse, mental health services were integrated into routine health services. The 1974 Convention on the importation of controlled substances (psychotropic medications) was ratified in 2024. Additionally, 50 acres of land were secured for the construction of a Neuropsychiatric hospital in Bentol, Montserrado County.

Health Financing

Liberia's Health financing landscape is characterized by high out-of-pocket payments, leading to catastrophic health expenditures and pushing the vulnerable population into poverty yearly. Resource mapping, expenditure tracking, and National Health Accounts indicate a decline in donor funding for health and high out-of-pocket payments. The MOH is working towards sustainable health financing to reduce out-of-pocket expenses, which account for 62 percent of health expenditure. Efforts to institute sustainable financing include a drug revolving fund, cost-sharing, and social health insurance—the Liberia Health Equity Fund.

Challenges

The overarching challenges in the health sector include:

- limited skilled health care providers and a demotivated workforce
- High number of volunteers in public health facilities
- High rural to urban migration of health care workers, especially in the south-eastern counties
- unsustainable financing of health care leading to high out-of-pocket payments and limiting access to health care.

Recommendations

The report identifies several challenges, including inadequate funding, limited technical capacities, and logistical constraints. Recommendations include:

1. Increasing Budget Allocations: Advocating for higher government spending on health to ensure sustainable financing for health programs.
2. Place volunteer health care workers on payroll
3. Support the implementation of sustainable financing strategies—Drug revolving fund, cost-sharing, and social health insurance.

4. Improving Data Collection Systems: Integrate data systems to ensure interoperability and ensure timely and comprehensive data for decision-making.
5. Enhancing Coordination with Partners: Strengthening collaboration with development partners, NGOs, and the private sector to leverage resources and expertise.

CHAPTER 1: INTRODUCTION

The Annual Health Service Performance Report (AHSPR) is a requirement of the Ministry of Health, in line with its statutory mandate to produce annual reports on the performance of the health sector. By this mandate, the MOH annually develops a comprehensive performance report focused on health service delivery, which highlights the progress made in the health system, identifies challenges, and provides recommendations to improve health service delivery in the subsequent year.

The induction of Ambassador Joseph Nyumah Boakai Sr.'s administration marks a new chapter in Liberia's public policy landscape, leading to a transition from the Pro-Poor Agenda for Transformation and Development (PAPD) to the ARREST Agenda for Inclusive Development (AAID). The AAID is built upon six pillars, of which the health sector falls under the Human Capital Development pillar.

With the determination of the. Government to improve the health system in Liberia, ARREST Agenda of AAID built upon the five-year National Health Sector Strategic Plan, A Roadmap to Universal Health Coverage 2022 – 2026. The National Health Strategic Plan, developed in 2022, is strategically aligned with the AAID to improve the health and well-being of all people in Liberia through the incremental delivery of the Essential Package for Health Services Two (EPHS II), starting with the priority package for UHC based on available resources.

The strategic plan is now in its third year of implementation in the health sector but under another administration with renewed vigor and dynamism for the wholesome revitalization and transformation of the health with the firm determination and intention among others to reduce maternal, child and neonatal morbidity and mortality and improve mental health situation in the country through effective and sustained supply chain system and equitable distribution of skilled health workforce.

The year 2024 is the first year of implementation of the Five-Year National Health Strategic Plan under the new government and new administration of the MOH, headed by Dr. Louise M. Kpoto, the Minister of Health. Therefore, the AHSPR is the first performance report since the Liberian Government transitioned from the PADP to the ARREST agenda of AAID. The AHSPR details and highlights progress and achievements made towards core health indicators and general improvement during 2024, and pinpoints the challenges that impeded the full achievement of set targets. It also contains recommendations for enhancing the sector's performance in the coming year.

The report presents data comparing the performances of counties against set targets on key health system indicators, using aggregated routine health service delivery data reported through the DHIS2. It also covers the central MOH's departments, divisions, programs, and units' performances against their planned activities and deliverables.

The objective of this report is to document the performance of the MOH for calendar year 2024 against the targets of core indicators and to inform planning, enabling informed management decision-making. The report compared achievement toward targets over the last three years, from 2022 to 2024. This comparative analysis is conducted to determine the extent to which the MOH's performance is on track to achieve the critical targets set for 2026 and 2029.

1.1 The Process of Compiling the Report

The development process of the AHSPR 2024 was consultative and involved the participation of directors of Divisions and Unit heads from all departments of the MOH. These directors and unit heads prepared their annual activities reports and submitted them to the Unit of M&E for consolidation and development of the AHSPR for 2024.

The information used in compiling the AHSPR 2024 has quantitative and qualitative components. The Quantitative component of the AHSPR used the HMIS aggregated routine health service data in the District Health Information Software (DHIS2) platform. The HMIS data and other subsystems were extracted from DHIS-2 for 2024 representing the quantitative portion of the report. At the same time, the qualitative component was gathered from programs and divisions and other central units 'activities reports, including other health sector activities reports for the year.

1.2 Strategic Objectives

As outlined in the National Health Plan and Policy, its strategic roadmap, and the ARREST Agenda for Inclusive Development (AAID), the Ministry of Health has defined clear strategic objectives for implementation, which include:

1. To strengthen governance, leadership, and management at all levels of the health care delivery system and devolve management responsibilities, resources, and authority to the lower levels in line with the Local Government Law and National Policy on Decentralization and Local Governance.
2. To ensure the availability and retention of a highly skilled and well-motivated health workforce, including strengthening pre-service health education systems and absorption and retention to close workforce gaps.
3. To improve access to and utilization of quality essential health services at all levels of care to all persons, regardless of gender or social status, through standardized, integrated, and sustainably financed health messages, including community health, quality essential medicines, vaccines, and diagnostics.
4. To ensure that health security is guaranteed through national frameworks aligned with the International Health Regulations 2005.

1.3 Vision, Mission, and Goal

Vision	**Mission**
Liberia's vision is to have a healthy population, with particular protections for the poor and vulnerable, to achieve equitable growth and sustainable development.	The mission of the MOH is to transform the health sector into an effective, efficient, and equitable system for the delivery of quality health services towards the attainment of UHC.
GOAL	
To improve the health and well-being of all in Liberia	

1.4 The Projected Demographics for Calendar Year 2024

The population for the period 2024, under review, was projected from the Liberia National Population and Housing Census 2022, using an annual growth rate of 3% to compute the figure based on the demographic percentages of the variables.

Table 1. Demographic variables and population

Characteristics	Percentage	Value
Total population	100%	5,617, 648
Women of reproductive age	28%	1,572,648
Expected pregnancy	5%	280,882
Expected delivery	4.5%	252,794
Non-Pregnant women	23%	1,011,177
Under five-year	10%	955000
Under Two Years	3%	168529
Under one	1%	56177
Under fifteen Years	45%	2527942
BCG	4.3%	241559
Adolescent Age group	24%	1348,236
Adolescent Age group Female	12%	674,118
Adolescent Age group male	12%	674,118
9-14 Girls	7%	393235

CHAPTER 2: OVERALL PROGRESS AND PERFORMANCE AGAINST KEY HEALTH SECTOR INDICATORS

The HMIS, utilizing the web-based platform DHIS2, stores aggregated routine health service data for the MOH. The platform is used to gather quantitative data on facilities' reporting and service data, which are analyzed to determine the overall performance of the health service against set targets.

This chapter presents an overview of the overall progress and trends in the health sector Performance for the calendar year 2024. It therefore includes an assessment of the performance of the core indicators in service delivery areas and programs across the health sector.

Timely HMIS reporting to the Central MOH is one of the relevant performance indicators as outlined in the Investment Plan. This indicator is also in line with the policy that complete routine health service data from counties should be submitted to the central Ministry on or before the 17th of the subsequent month. Also, in keeping with the 1976 Public Health Law, every health facility, public and private, is required to report monthly service utilization data to the MOH.

The health facilities reporting rate is an indicator that contributes to measuring facility management and performance. It indicates the status of a facility in terms of its existence and operational state in providing healthcare services. The MOH's performance on facility reporting, in terms of completeness and timeliness, has been remarkable over the years. The reporting rate on time has also been excellent, indicating that, generally, facility reporting, as well as timely reporting, has improved tremendously.

The reporting rate or completeness by facilities remains consistent on a positive path with a slight increase from 99% in 2023 to 100% in 2024. However, there was a sharp decline in the reporting rate on time by 32% from 94.7% in 2023 to 64% in 2024. The sharp decline in the timely reporting rate was due to a payment default, which led to the server shutdown for Liberia data entry. The table below presents the reporting summary for 2024 by county and nationally. The overall reporting coverage rate of the MOH was 100% for the year 2024, with a timely reporting of 64%. Grand Kru County achieved 100% reporting with a timeliness of 99.1% among all counties, followed by River Gee with 99.1% reporting and a timeliness of 97.8%. Generally, the percentage of reporting coverage for 2024 remains the same from 2023.

Table 2. Reporting rate for 2024

Name	Actual Reports	Expected Reports	Percent	Reports On Time	Percent On Time
Bomi	348	348	100%	258	74%
Bong	564	564	100%	368	65%
Gbarpolu	180	180	100%	121	67%
Grand Bassa	408	408	100%	267	65%
Grand Cape Mount	456	456	100%	293	64%
Grand Gedeh	300	300	100%	208	69%
Grand Kru	288	288	100%	203	70%
Lofa	720	720	100%	458	64%

Margibi	757	757	100%	293	39%
Maryland	312	312	100%	212	68%
Montserrado	3,348	3,348	100%	2,135	64%
Nimba	912	912	100%	637	70%
River Gee	240	240	100%	185	77%
Rivercess	252	252	100%	169	67%
Sinoe	468	468	100%	317	68%
Liberia	9,553	9,553	100%	6,124	64%

2.1 Health Service Utilization

The health services utilization rate is a valuable indicator of performance. It measures the accessibility and the extent to which health services are utilized by the population, particularly for consultation and curative services, excluding immunization. The population's use of health services is encouraged by various factors. These factors include the availability of appropriate supplies and interventions, service accessibility, readiness, quality, responsiveness, and awareness.

Health service utilization is often 0.5 - 1.0 new consultations per person per year in stable populations or 4.0 in emergency-affected populations. A substantially lower utilization rate suggests that the population may not have adequate access to health services or that these services may be inaccessible due to geographical, financial, or cultural barriers.

The national picture of service utilization at 1.6 is low, but it is on track in a stable population, such as Liberia, and demonstrates significant improvement from 2023 to 2024. The increase in service utilization confirms the improved situation resulting from the sustained provision of essential medicines and medical consumables at all public facilities.

The Use of Epidemiological Tools in Conflict-Affected Populations: Open-Access Educational Resources for Policymakers.

Health service utilization measures the use of healthcare services by individual populations to prevent, diagnose, treat, or manage health conditions. It reflects how people interact with the health system and how often they seek care. The utilization of health services at the clinic, health center, and hospital levels is categorized into Outpatient consultations (OPD) and Inpatient consultations (IPD).

Table 3. Health facilities utilization by counties in 2024

County	Projected Catchment Population In 2024	PHC Head Count			Curative consultations (OPD)			% of Cur. Cons.	Utiliz. Rate
		< 5 yrs	5yrs and above	Total	< 5 yrs	5yrs & over	Total		
Bomi	141,848	35,706	83,048	118,754	29,265	65,967	95,232	80%	1.19
Bong	496,035	99,598	175,693	278,517	41,699	82,226	123,925	44%	1.78
Gbarpolu	101,841	19,553	57,159	76,712	15,765	33,386	49,151	64%	1.33
G. Bassa	311,575	73,407	169,344	242,751	50,397	111,584	161,981	67%	1.28
G. C. Mt	189,760	37,574	70,818	108,764	33,869	54,892	88,761	82%	1.74
G. Gedeh	229,889	32,564	73,864	106,807	11,299	36,087	47,386	44%	2.15
G. Kru	116,001	32,280	74,145	106,425	24,011	59,363	83,374	78%	1.09
Lofa	389,749	74,416	157,266	238,659	48,175	110,070	158,245	66%	1.63
Margibi	323,517	62,402	134,703	197,105	30,762	94,725	125,487	64%	1.64
Maryland	183,098	37,336	106,393	145,724	27,072	76,399	103,471	71%	1.26
Monts.	2,037,952	381,321	822,612	1,203,933	285,288	783,747	1,069,035	89%	1.69
Nimba	659,711	119,707	253,552	376,099	71,953	180,402	252,355	67%	1.75
River Gee	96,350	21,097	54,279	76,169	16,344	39,025	55,369	73%	1.26
Rivercess	132,244	23,297	57,854	81,151	15,379	37,866	53,245	66%	1.63
Sinoe	160,354	25,083	67,171	92,254	18,853	39,591	58,444	63%	1.74
National	**5,569,923**	**1,075,341**	**2,357,901**	**3,449,824**	**720,131**	**1,805,330**	**2,525,461**	**73%**	**1.61**

2.2 Outpatient Department Services Utilization

In 2024, health facilities across Liberia recorded a total of 3,449,824 outpatient visits, with 2,525,461 (73%) classified as curative consultations. This results in a national health facility utilization rate of 1.61 trips per inhabitant, representing a 31.1% increase compared to the 2023 rate. Despite this progress, the current rate remains 35.6% below the World Health Organization's recommended benchmark of 2.5 visits per person per year.

Grand Gedeh County reported a utilization rate of 2.1, the highest in the country and the closest to meeting the WHO standard. This highlights promising practices or conditions in that county which may be explored and replicated elsewhere to boost service utilization nationally.
A county-level breakdown is provided in the table above, revealing both gains and disparities in healthcare service use across the country.

CHAPTER 3: MATERNAL NEONATAL AND CHILD HEALTH

Maternal health refers to women's health during pregnancy, childbirth, and the postnatal period. It remains a top priority for the Government of Liberia because the mortality rate in this group is among the highest in the country. The MOH, recognizing the importance of maternal health, has adopted a comprehensive approach to intervention focused on improving Reproductive, Maternal, Neonatal, Child, and Adolescent Health, including Nutrition (RMNCAH_N). This part of the report reviews the health system's performance on key service indicators, especially those related to RMNCAH, with an emphasis on Antenatal Care.

The antenatal care period offers an opportunity for pregnant women to receive essential interventions and care crucial to their health and the well-being of their unborn babies. The MOH mandates that pregnant women receive at least four antenatal care visits during pregnancy, up to and including delivery. The focus is shifting toward eight ANC visits before delivery, in accordance with Global Health Standards.

There is a renewed commitment to reducing maternal and neonatal death in the country. Therefore, MOH is addressing inequalities that affect health outcomes, especially sexual and reproductive health, neonatal and child health, ensuring that all women, newborns, and children have access to respectful and high-quality maternal and child care.

3.1 Antenatal Care

Antenatal services are relevant care provided to pregnant women before delivery. It is a cost-effective maternal health intervention that is globally encouraged to ensure that pregnant women are assessed periodically and prepared for labor and delivery. The proportion of pregnant women who received care is determined by ANC coverage.[2] Data. This is calculated based on the demographic variable, the number of expected pregnancies, which is estimated as 5% of the general population. The percentage of the first ANC visit in 2024 is 37%, and the percentage of the fourth or subsequent visit is 23%. While the rate of ANC first visits made steady progress in 2024, compared to 2016 at 81%, there was a sharp decline in the percentage of 4th visits in 2024 by 17.2%. The table below provides details on ANC visits at first and fourth trimesters by county for 2024. Nimba and Bong Counties show better performance among the rest of the counties on both the first and fourth visits of the ANC during the year, with River Gee being the least performing county.

Table 4. ANC first and fourth visits by county 2024

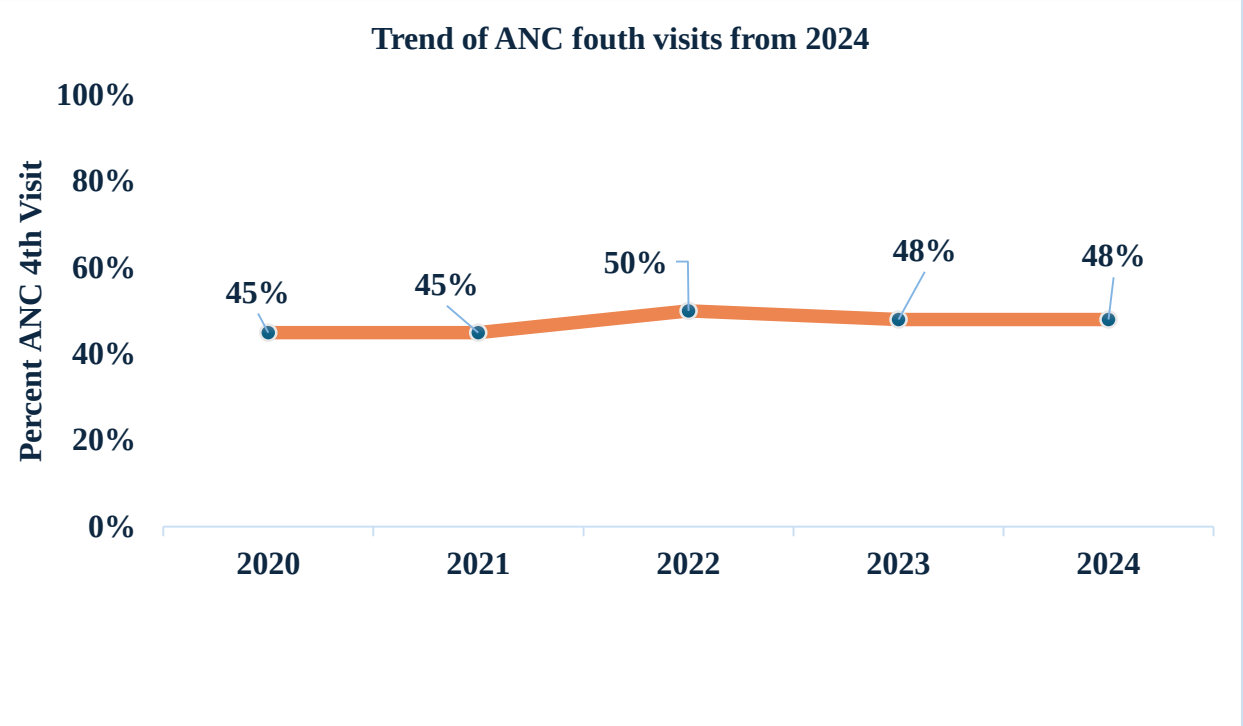
County	Catchment population	Est. Pregnant Women 5%	Number of 1st ANC visit	Number of 4th+ ANC visits	% of 1st ANC visit	% of 4th+ ANC visit
Bomi	141,848	7,092	4,039	3,347	57%	47%
Bong	496,035	24,802	10,918	4,414	44%	18%
Gbarpolu	101,841	5,092	3,456	1,950	68%	35%

[2] ANC coverage is determined by dividing the number of ANC visits by the expected number of pregnant women in the catchment population. This care for pregnant women in preparation for delivery

Grand Bassa	311,575	15,579	6,936	3,250	45%	21%
Grand Cape Mount	189,760	9,488	4,123	2,566	43%	27%
Grand Gedeh	229,889	11,494	5,964	7,879	52%	69%
Grand Kru	116,001	5,800	1,955	1,529	34%	26%
Lofa	389,749	19,487	9,222	5,687	47%	29%
Margibi	323,517	16,176	5,506	3,207	34%	20%
Maryland	183,098	9,155	5,178	4,281	57%	47%
Montserrado	2,037,952	101,898	19,793	13,202	19%	13%
Nimba	659,711	32,986	15,880	6,588	48%	20%
River Gee	96,350	4,817	2,564	1,889	53%	39%
Rivercess	132,244	6,612	2,350	1,434	60%	22%
Sinoe	160,354	8,018	3,986	1,821	50%	23%
National	**5,569,923**	**278,496**	**101,870**	**63,044**	**37%**	**23%**

The chart "Trend of ANC fourth visits from 2020–2024" presents the percentage of pregnant women who completed their fourth antenatal care (ANC) visit over five years. The data reveals that the completion rate remained constant at 45% in both 2020 and 2021, indicating no progress during those two years. In 2022, a noticeable improvement was observed, with the percentage rising to 50%, suggesting that efforts to strengthen ANC follow-up may have yielded positive results during that period. However, the trend saw a slight decline in 2023, dropping to 48%, and remained unchanged in 2024. Although the overall trend shows a modest increase from 45% to 48% across the five years, the plateau in the last two years indicates a need for renewed focus on sustaining improvements. This suggests that while some progress has been made, additional efforts are needed to address barriers to continued attendance at ANC and to improve the situation further. The chart titled "Trend of ANC fourth visits from 2020–2024" presents the percentage of pregnant women who completed their fourth antenatal care (ANC) visit over five years. The data reveals that the completion rate remained constant at 45% in both 2020 and 2021, indicating no progress during those two years. In 2022, a noticeable improvement was observed, with the percentage rising to 50%, suggesting that efforts to strengthen ANC follow-up may have yielded positive results during that period. However, the trend saw a slight decline in 2023, dropping to 48%, and remained unchanged in 2024. Although the overall trend shows a modest increase from 45% to 48% over the five years, the plateau in the last two years suggests a need for renewed focus on sustaining these improvements. This suggests that while some progress has been made, additional efforts are required to overcome barriers to continued attendance at ANC and to improve maternal health service utilization.

Figure 1. Trend of ANC fourth visits from 2020 to 2024



Intermittent Preventive Treatment[3] (IPT) It is a preventive measure pregnant women are required to receive to prevent malaria during their pregnancies. According to the National Malaria control program Protocol, at least two doses of IPT should be taken by a pregnant woman during pregnancy to prevent a severe Malaria situation. Health facilities' records of 2024 indicated that 118,339, or 62.8% of the expected deliveries, received a second dose of IPT. Bong County administered the highest second dose of IPT over 100%, followed by Nimba at 99%, and Lofa, third in line, with 81%. Rivercess and Montserrado administered the second dose to less than 40% of their population in 2024. The national coverage of the IPT 2nd dose for 2024 is 62.8% of the expected delivery. The target for IPT2nd dose coverage according to the NIP is 80% by 2021. Therefore, to achieve the target of 80% nationally by 2021, there should be an annual national increase in IPT 2nd dose by 4.3% henceforth, from the current baseline of 62.8% in 2024. The table below shows details of IPT 2nd dose by county that culminated in the national coverage for 2024.

Table 5. IPT coverage by county in 2024

County	2024 Expected Delivery	Number of 1st Dose	Number of 2nd+ Dose	Percent of 1st Dose	Percent of IPT 2nd Dose
Bomi	6,383	4,769	12,632	3.2%	4.5%
Bong	22,322	16,700	33,220	11.0%	11.7%
Gbarpolu	4,583	4,695	10,644	3.1%	3.8%
Grand Bassa	14,021	11,769	19,061	7.8%	6.7%
Grand Cape Mount	8,539	6,401	12,422	4.2%	4.4%
Grand Gedeh	10,345	6,730	19,307	4.5%	6.8%
Grand Kru	5,220	2,662	4,832	1.8%	1.7%
Lofa	17,539	12,558	29,967	8.3%	10.6%
Margibi	14,558	9,252	16,362	6.1%	5.8%

[3] Intermittent Preventive Treatment is a treatment given to pregnant women preferably beginning in the second trimester to prevent malaria during pregnancy

Maryland	8,239	6,271	14,890	4.1%	5.2%
Montserrado	91,708	35,781	46,325	23.7%	16.3%
Nimba	29,687	22,436	38,097	14.8%	13.4%
River Gee	4,336	3,109	7,804	2.1%	2.8%
Rivercess	5,951	3,095	6,301	2.0%	2.2%
Sinoe	7,216	4,979	11,843	3.3%	4.2%
National	**250,647**	**151,207**	**283,707**	**6.7%**	**6.7%**

3.2 Delivery

The expected number of deliveries[4] For 2024, it was projected to be 250,647. Out of this number, 55.7%, or 139,678 deliveries, were reported. Institutional deliveries accounted for 50% of the expected deliveries, and home deliveries accounted for 0.7%. The proportion of deliveries attended by skilled personnel is 97%. The reduction in home delivery, though marginal, is a positive indication for increased facility delivery. The reduction in home deliveries was likely due to awareness created at the community level and motivational packages for TTMs to refer pregnant women to the facilities. Elimination of home delivery, if achieved, will be a milestone in the health system, given the fact that home deliveries are a factor in the reduction of maternal and neonatal mortalities and infection of mothers and newborns after birth. The table below presents details on the percentage of home and facilities deliveries.

Table 6. Deliveries by skilled birth attendants and cadres of staff in 2024

County	Number of deliveries					Percentage of deliveries		
	2024 Expected deliveries	2024 Actual	Institutional	Home	By skilled staff	Facility	Home	By skilled staff
Bomi	6,383	5125	5031	94	5031	100%	2%	98%
Bong	22,322	15674	15460	214	15458	100%	1%	99%
Gbarpolu	4,583	4321	4271	50	4271	100%	1%	99%
Grand Bassa	14,021	10030	9927	103	9925	100%	1%	99
Grand Cape Mount	8,539	5584	5553	31	5535	100%	1%	99
Grand Gedeh	10,345	6186	6176	10	6173	100	0%	100%
Grand Kru	5,220	2719	2706	13	2706	100%	0%	100%
Lofa	17,539	11083	11078	5	11078	100%	0%	100%
Margibi	14,558	8820	8610	210	8586	100%	3%	97%
Maryland	8,239	6461	6394	67	6388	100%	4%	96%
Montserrado	91,708	25804	24885	919	24800	100%	0%	100%
Nimba	29,687	26694	26648	42	26644	100%	1%	99%
River Gee	4,336	2445	2436	9	2412	99%	1%	99%
Rivercess	5,951	3001	2989	12	2989	100%	0%	100%
Sinoe	7,216	5731	5731	0	5713	100%	0%	100%

[4] Expected deliveries is determined by estimating 4.5% of the population

TOTAL	**250,647**	**139678**	**137895**	**1783**	**137711**	**98%**	**1.28 %**	**98.72 %**

3.3 Postnatal Care

Postnatal care[5] Attendance is a critical component of maternal and newborn health. It is a service that assesses both the mother and the newborn for complications and provides early preventive treatment. Regardless of where the delivery occurs, mothers of newborns must attend postnatal care to be examined by trained health workers within 42 days after delivery. In 2024, 77% (145643) of postnatal care visits were done during the year under review. Bong and Lofa reported the highest numbers, followed by Rivercess, with Montserrado reporting the lowest. However, the information on PNC is not disaggregated by visits (first, second, or third) due to a lack of additional PNC information. The table below shows details of PNC by county in 2024.

Table 7. Postnatal visits by county 2024

County	2024 Expected Deliveries	2024 Actual Deliveries	# of PNC Visits within 48 hours	% of PNC with 48 hours
Bomi	6,383	5125	5165	101%
Bong	22,322	15674	15792	101%
Gbarpolu	4,583	4321	4221	98%
Grand Bassa	14,021	10030	9743	97%
Grand Cape Mount	8,539	5584	5495	98%
Grand Gedeh	10,345	6186	6027	97%
Grand Kru	5,220	2719	2681	99%
Lofa	17,539	11083	10856	98%
Margibi	14,558	8820	8308	95%
Maryland	8,239	6461	6369	99%
Montserrado	91,708	25804	18600	72%
Nimba	29,687	26694	26606	100%
River Gee	4,336	2445	2415	999%
Rivercess	5,951	3001	2980	99%
Sinoe	7,216	5731	5402	94%
National	250,647	139678	130660	96%

3.4 Family Planning

Family planning (FP) service is an imperative health service if women of reproductive age (15-49) are to reduce fertility and control childbirth and, by extension, reduce maternal mortality. Family Planning service is one of the surest ways by which unwanted pregnancy, especially amongst teenage and adolescent girls, can be prevented. The primary family planning commodities used in Liberia and probably widely accepted among women besides condoms over the years were Depo in 2024. Oral contraceptives were also widely accepted among the family planning commodities users in 2024, compared to other commodities like IUDs and implants. IUD is always the least used FP commodity, apparently due to a lack of proper knowledge among service providers or rejection among users for peculiar reasons. There were 1,756 users of IUDs in 2024, while 22,897 used the implant during the year. The table below shows Family Planning commodities by type and by county.

Table 8. Family planning commodities by type and by county 2024

County	Condoms		IUCD	Depo	Oral Contraceptives	Implant
	Female	Male				
Bomi	725	2,756	129	2057	680	495
Bong	223	11,770	117	7721	3065	2880
Gbarpolu	7	610	12	240	477	272
Grand Bassa	1	11,056	93	5176	2922	2415
Grand Cape Mount	183	6,661	127	2600	1582	538
Grand Gedeh	43	4,291	5	3222	2683	1167
Grand Kru	42	3,120	41	1732	672	712
Lofa	263	12,585	14	7967	4673	2126
Margibi	408	13,680	170	10916	1705	949
Maryland	236	12,371	62	2922	5507	4554
Montserrado	1,153	16,085	794	14530	4852	3751
Nimba	469	8,346	42	7266	3635	938
River Gee	5	475	48	1523	874	902
Rivercess	64	3,006	32	4645	235	429
Sinoe	488	11,939	70	3578	1653	769
National	4,310	118,751	1756	76095	35215	22897

3.5 Neonatal Health

The first month of life is critical and perhaps the most vulnerable period for child survival. A notable number of under-5 deaths occur in the newborn period- within the first 28 days. Liberia is among the nations in sub-Saharan Africa with the highest neonatal death rates, with more than 27 deaths per 1000 live births. The MOH's five-year strategy intends to reduce neonatal death to 17/1000 livebirths by 2026. This planned achievement is on track given the consistent reduction in routine neonatal deaths reported from facilities over the last two years. From 2023 to 2024, the MOH reduced neonatal deaths by 9%, from 760 in 2023 to 691 in 2024. A computed ratio compared to live births for the two years shows 5/1000 live births for the last two years. (DHIS2). Other neonate health services, such as nutrition and PNC, also show improvement in the health system.

3.6 Child Health

Child health can be attained and sustained by providing a wide range of priority health services to children at the right time and implementing cost-effective child health interventions at both community and health facility levels. The most cost-effective and child-survival interventions include immunization, integrated management of neonatal and childhood illnesses (IMNCI), integrated management of acute malnutrition (IMAM), micro-nutrient supplementation, and deworming, among others. All of these services, particularly immunization, have shown improvement in children's health within the health system, as detailed in this report.

CHAPTER 4: MORTALITY

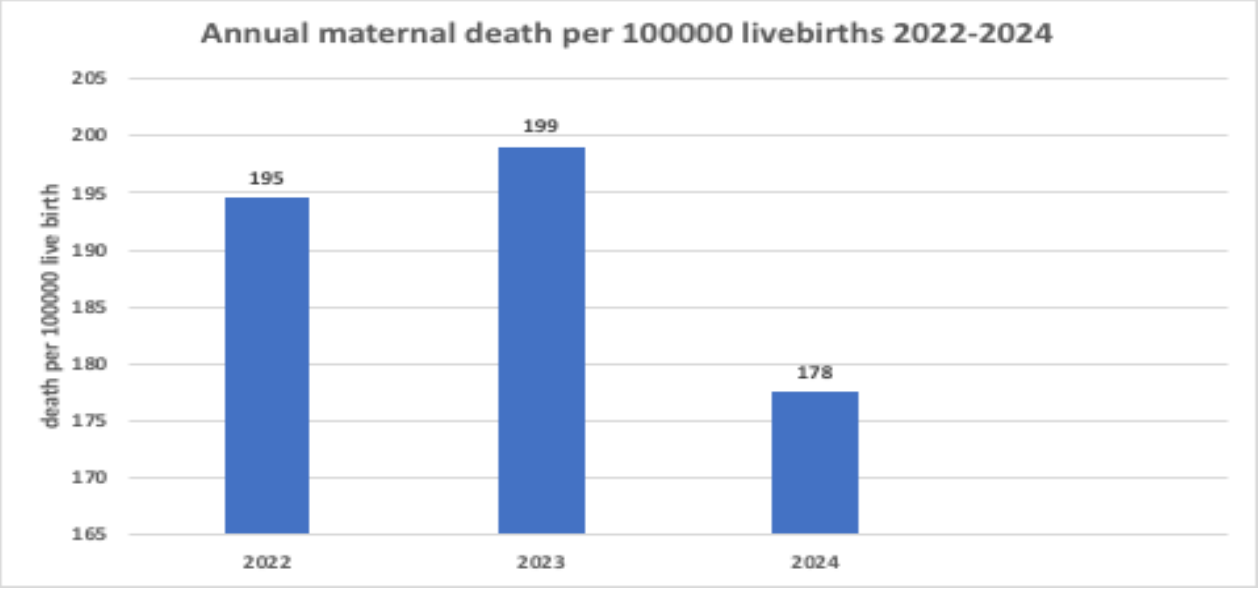
4.1 Maternal Mortality Ratio

The current Maternal Mortality Ratio MMR of the country stands at (742/100,000 live births), according to the 2019-2020 LDHS, which represents a 30% decrease from 1,072/100,000 live births in the 2013 LDHS to 742/100,000 in the 2019/2020 LDHS. Maternal death reported through the DHIS2 from 2020 to 2022 indicates a path of unlikely hood for the achievement of the 2026 target in the NHP for MMR. The health system should maintain an annual reduction of MMR by 44 from the current ratio of 742/100,000, or 6% each year for five years, to achieve the set target of 520/100,000 by 2026, as envisaged by the new NHP.

The predominant cause of maternal deaths in the country is hemorrhage, accounting for 41% of maternal deaths (Liberia 2020 Maternal and Neonatal Death Surveillance and Review). Therefore, the MOH needs to design an intervention that focuses on curtailing the condition leading to postnatal hemorrhage among mothers. The MOH target for MMR reduction in the National Strategic Plan by 2026 is 520/100,000. While this target remains a high MMR, it will result in a 30% reduction in MMR when achieved.

The MOH is making significant continuous progress toward the reduction of maternal death. Reported maternal death from the facilities was reduced by 13% from 278 maternal deaths reported in 2023 to 242 in 2024. This reduction, though not significant enough, is a progress in the right direction toward the effort to reduce maternal death in the country amidst the challenges that befall the health system. The figure below depicts the comparative maternal mortality rate per 100,000 live births from 2022 to 2024.

Figure 1. Annual maternal death per 100000 livebirths 20222-2024



The MOH is fully aware of the stricken maternal death ratio, which covers the visibility of other improved health indicators, and is therefore working harder with partners and service providers in every endeavor to effectively implement and provide services geared towards the reduction of maternal and newborn mortalities in line with the road map of maternal and newborn mortality reduction. Factors affecting maternal health include, but are not limited to, limited access to basic and emergency obstetric services, low utilization of family planning

services, low coverage of antenatal and postnatal services, unskilled birth attendants during home deliveries, delays in referrals, and weak referral systems. The infrastructural situation that causes inaccessibility of ambulances due to a bad road network is also a contributing factor to the high maternal death rate.

The primary health reasons of maternal deaths in Liberia are postpartum hemorrhage, obstructed or prolonged labor, complications from unsafe abortions, eclampsia, malaria, and anemia. In 2024, there were 242 maternal deaths reported across the counties. The highest number was 113, reported by Montserrado, followed by 29 from Nimba and 18 from Bong Counties. The lowest was one reported by Gbarpolu. Seemingly, there could be underreporting of maternal death by facilities for fear of punitive action. Community maternal reports remain a challenge due to the quality of the data being reported. The current maternal mortality for 2024 is 178/100000 live births. This is a precursor, plus or minus, that the MOH is on track to reduce the maternal death ratio below 742/100,000 when the next DHS is conducted. The table below presents maternal deaths reported by county for the period under review.

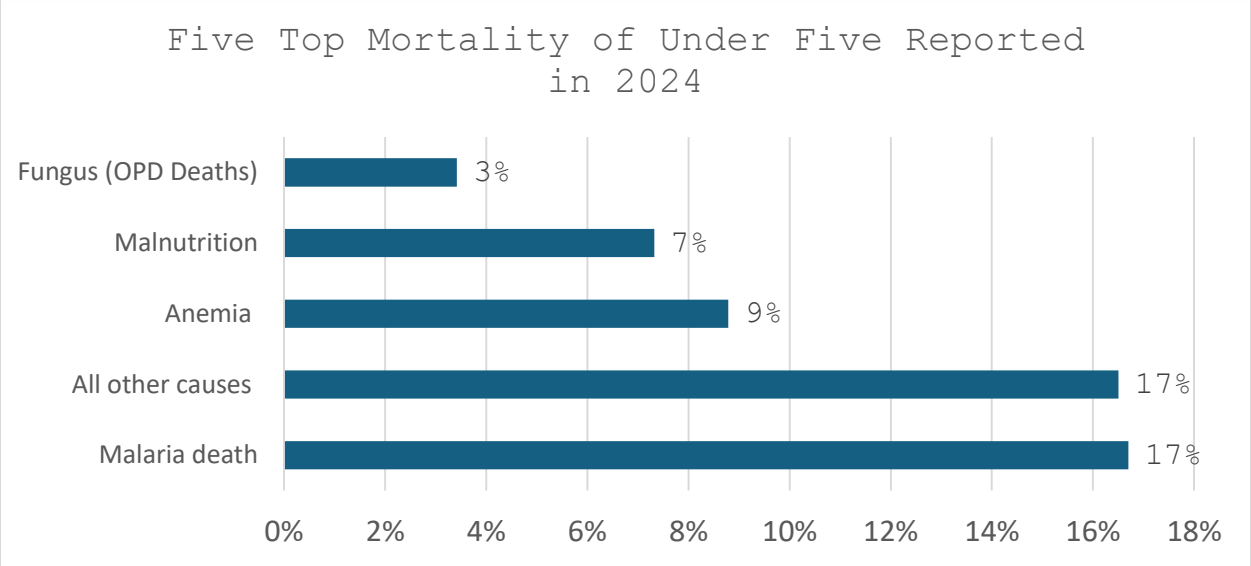
Table 9. Maternal deaths reported by the county in 2024

County	Live births	Maternal Death	Death/100000
Bomi	5,001	5	100
Bong	15,296	18	118
Gbarpolu	4,292	1	23
Grand Bassa	9,750	19	195
Grand Cape Mount	5,488	9	164
Grand Gedeh	6,089	6	99
Grand Kru	2,677	3	112
Lofa	11,025	15	136
Margibi	8,444	13	154
Maryland	6,393	5	78
Montserrado	24,269	113	466
Nimba	26,519	29	109
River Gee	2,426	2	82
Rivercess	2,984	2	67
Sinoe	5,665	2	35
National	136,318	242	178

4.2 Outpatients Under-Five Deaths

Malaria accounted for the highest number of under-five deaths, with 171 cases representing 17% of the total. Deaths from all other unspecified causes closely followed, totaling 169 cases, also making up 17%. Anemia contributed to 90 under-five inpatient deaths (9%), while malnutrition resulted in 75 deaths, representing 7%. Among under-five outpatient deaths, fungal infections led to 35 deaths (3%), and tuberculosis was responsible for 31 deaths, also accounting for 3% of the total OPD deaths.

Table 11. Top Five Causes of Under Five Mortality Reported in 2024



chapter Morbidity

The health management information system tracks diseases that are diagnosed and treated at various health facilities in Liberia. This section of the report discusses three major diseases (Malaria, Tuberculosis, and HIV/AIDS) that have generated both national and international interest and are very relevant to Liberia's health system. These priority diseases account for a significant proportion of Liberia's disease burden and mortality; they are of primary public health concern.

4.3 Death Due to Malaria

Malaria is the leading cause of morbidity and mortality in Liberia. The NMCP is making an effort to eliminate, if not eradicate, malaria from Liberia. The disease is endemic and affects mainly the under-five and pregnant women. In 2024, Malaria accounted for 36.3% of outpatient consultations in Liberia. Data from HMIS in 2024 reveal that 4.1 million consultations were made, of which 1.5 million were attributed to Malaria. Children under five years of age accounted for 912,381 or 22% of the malaria cases. Out of the 1.5 million cases of malaria reported to health facilities, 83.6% were treated with ACT. The table below presents Malaria cases diagnosed and treated by the County in 2024.

Table 10. Malaria cases diagnosed and treated by the county in 2024

County	Consultation	Malaria Cases	Malaria Cases by Age		% of Cases Treated with ACT
			< 5 years	>=5 years	
Bomi	118754	34755	12775	21980	98.5%
Bong	278517	50968	22638	28330	87.0%
Gbarpolu	76712	16013	5805	10208	96.9%
Grand Bassa	242751	46212	19658	26554	79.0%
Grand Cape Mount	108764	26054	12070	13984	83.0%
Grand Gedeh	106807	24768	8137	16631	76.7%
Grand Kru	106462	25458	10372	15086	84.0%
Lofa	238659	64789	23266	41523	85.0%
Margibi	197127	40612	12341	28271	77.7%
Maryland	145724	36773	13356	23417	89.0%

Montserrado	1204327	319526	111552	207974	75.6%
Nimba	376099	89228	36849	52379	73.0%
RiverGee	76169	19809	7390	12419	85.0%
Rivercess	81151	19816	7188	12628	87.6%
Sinoe	92418	20232	8524	11708	80.0%
National	3450441	835013	311921	523092	80.0%

CHAPTER 5: NATIONAL HEALTH PROGRAM INDICATORS PERFORMANCE

5.1 Tuberculosis Program Performance

Liberia is a high-burden country for tuberculosis, according to the World Health Organization (2014). The trend of the country's TB prevalence has been on the increase since 2005. However, from 2020 to the present, the rate has maintained a stable trend. The estimated number of all TB cases in 2024 was expected to be 12,957, and the number of bacteriologically confirmed new cases was projected to be 6,201. However, the actual number of cases of all forms of TB notified was 7,414, which is 57.2% of the expected cases. The reported number of new smear-positive cases detected during the year was 3,232, which is 52.1% of the projected number of smear-positive cases.

The notification of TB cases over the years has shown variation in the pattern. TB cases increased by 8.6% from 2016 to 2024 (7119 in 2016 to 7728 in 2024). TB smear-positive cases increased from 2,919 in 2016 to 3,232 in 2024, representing a 10.7% rise over the last eight years. The trend in TB case notification shows a consistent growth from 2014 to 2024, likely due to active case search and the expansion of the program in counties and through community involvement.

5.1.1 Cases Registered

All TB cases registered make up 95.3% percent of all cases, and relapse accounts for 2.29%. Previously treated excluding relapse (other categories of TB cases diagnosed are: Previously treated excluding Relapse (2.4%), Previously history unknown (0.21%). The table presents types of TB cases diagnosed in 2024

Table 11. Types of TB cases diagnosed in 2024

Categories of TB Cases	Number	Percent
All TB cases registered New	7067	95.30%
Relapse	162	2.29%
Previously treated, excluding (Relapse)	170	2.40%
Previously history unknown	15	0.21%
Total	7414	100%

5.1.2 Smear Conversion

TB cases, particularly all smear-positive cases, are monitored while taking TB treatment. A total of 3,199 cases were registered, of which 72% were diagnosed, 72% converted from smear-positive TB cases to smear-negative, and 19% of sputa were not tested, probably due to their inability to produce sputum or because their sputum was not sent to the laboratory for testing. The lost-to-follow-up rate was 3%, and 3% of the participants died, while 3% did not convert from smear-positive to smear-negative. The program policy is that individuals who do not convert from smear-positive to smear-negative are considered suspected MDR-TB cases and are eligible for the GeneXpert rapid molecular test. According to the treatment protocol, smear-positive TB patients who are on treatment are sent to the laboratory after the initial phase of treatment. The table below shows the number of TB smear-positive cases, TB cases registered

for treatment that were monitored after the initial phase of treatment, lost to follow-up, and those that died.

Table 12: New smear-positive cases registered in 2024

Types	Number	Percent
Smear Conversion Negative	2962	64%
Smear Conversion Not Done	1092	24%
Lost to Follow-up	152	3%
Died	67	1%
Smear Positive	219	5%

The treatment success rate for the cohort of TB cases registered is 71.7% (2077/2898). The lost-to-follow-up rate is 17.6% (510/2898). This percentage of lost to follow-up indicates underperformance or poor management of TB cases. A lost-to-follow-up rate of above 5% is unacceptable; a rate below 5% is allowable and indicates good program performance. On the other hand, when there is a failure rate of 4% it means that 56 patients are suspected of MDR-TB according to the program treatment protocol. The table below outlines the treatment outcomes of TB patients registered during the review period.

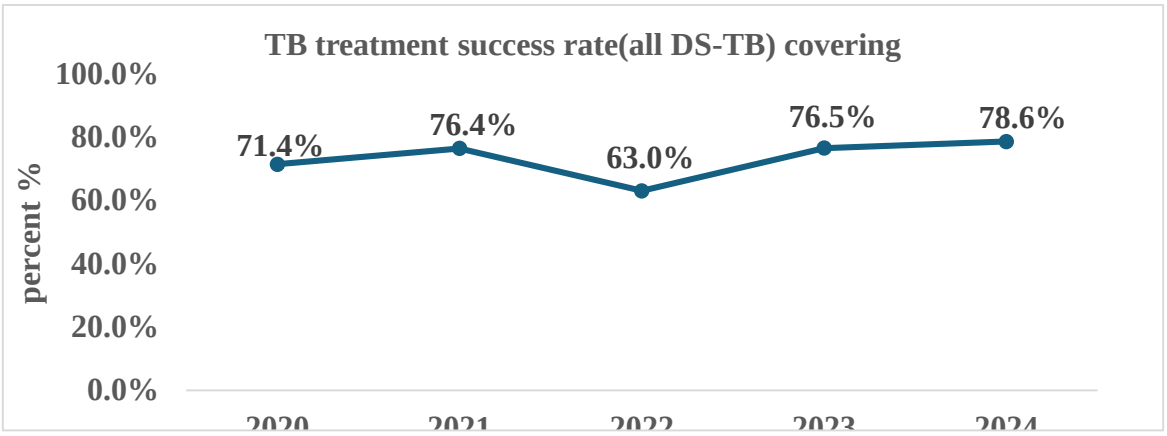
Table 13. Cohort Treatment outcome of registered TB cases in 2024

Categories	*TB Cases Registered (Except for TB Cases moved to second-line treatment)*	Cured	Completed Treatment	Failed	Died	Lost to Follow-up	Not Evaluated	Total
New Smear Positive	7123	2595	3035	28	232	1051	200	7141
Relapse	136	49	43	1	10	28	5	136
Previously treated, excluding (Relapse)	118	41	35	1	5	28	3	115
Previous history treatment unknown	1	0	0	0	0	0	1	1
Extra Pulmonary (Bacteriologically Confirmed + Clinically Diagnosed)	1330	0	1100	6	39	153	32	1340
Pulmonary (Bacteriologically Confirmed + Clinically Diagnosed)	6001	2683	2036	19	205	889	169	5988
TB/HIV Patients	931	319	340	1	62	163	46	931

5.1.3 TB Treatment Success Rate

The data presents the treatment success rate for drug-susceptible tuberculosis (DS-TB) in Liberia from 2020 to 2024. In 2020, the success rate was 71.4%, which increased to 76.4% in 2021, indicating an improvement in treatment outcomes. However, there was a sharp decline in 2022, with the success rate dropping to 63.9%, possibly due to disruptions in health services or challenges in treatment adherence. Encouragingly, the situation improved significantly in 2023, with the success rate rising to 76.5% and further to 78.6% in 2024, marking the highest rate recorded in the five years. This overall upward trend reflects progress in TB treatment interventions and program performance.

Figure 2. TB treatment success rate, treatment trend 2020-2024



5.1.4 Treatment Outcome

TB treatment outcome includes cured, completion, defaulters, deaths, and treatment failure. Between 2020 and 2024, the tuberculosis (TB) cure rate for drug-susceptible TB (DS-TB) cases doubled, increasing from 20.1% to 40.1%, with a peak of 40.2% in 2023. This steady improvement suggests enhanced treatment adherence, more effective case management, and possibly improvements in diagnostic and follow-up practices within the health system. Although the treatment completion rate initially declined from 51.6% in 2020 to 36.7% in 2022, it has since rebounded to 42.1% in 2024. This recovery may indicate the resolution of earlier challenges, such as those related to COVID-19 disruptions, and points to a revitalized focus on ensuring patients complete their treatment regimens.

The proportion of patients lost to follow-up, as well as those who start but do not complete treatment, also showed a positive downward trend, decreasing from 20.3% in 2020 to 14.4% in 2024. This improvement reflects enhanced patient monitoring, improved support mechanisms, and potentially more robust community outreach and counseling programs. At the same time, the TB-related death rate remained relatively stable, fluctuating only slightly between 3.2% and 4.5% over the five years. This stagnation signals a need for targeted interventions, including earlier diagnosis, timely treatment initiation, and better management of coexisting conditions that may worsen patient outcomes.

One of the most significant improvements was seen in the treatment failure rate, which spiked to 5.4% in 2021 but fell to 0% from 2022 through 2024. This dramatic decline suggests notable gains in treatment efficacy and possibly better management of drug resistance. In summary, while the TB program has achieved encouraging progress in cure rates, treatment completion,

and reductions in defaulters and treatment failures, mortality remains a persistent concern. Sustained investment is necessary to build on these gains, particularly in reducing TB-related deaths and ensuring consistent patient support throughout the treatment journey.

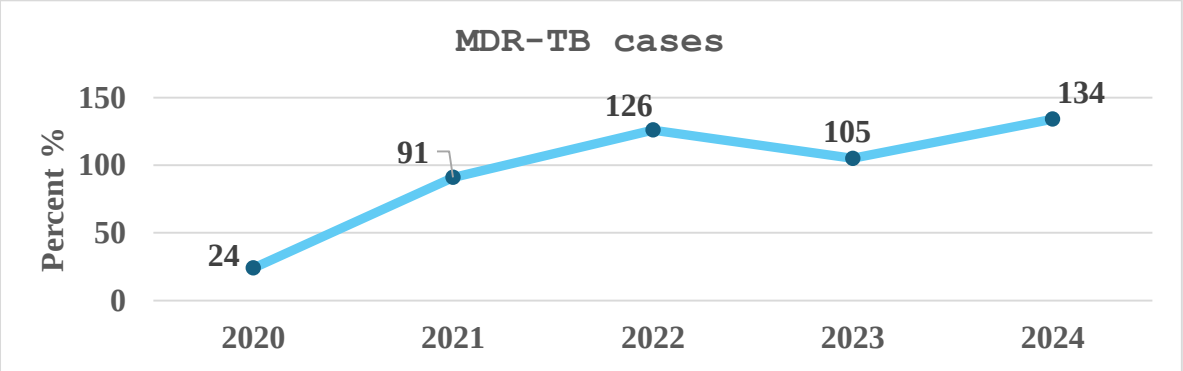
Table 14: TB treatment outcome per year 2020-2024

Categories	2020	2021	2022	2023	2024
Cured (all DS-TB cases) Rate	20.1	36.7	33.1	40.2	40.1
Completed (all DS-TB cases) Rate	51.6	45	36.7	41.141.1	42.142.1
Lost to follow-up (all DS-TB cases) Rate	20.3	14.8	13.6	14.914.9	14.414.4
Died (all DS-TB cases) Rate	3.9	4.5	3.2	2303.5	2343.2
Failed (all DS-TB cases) Rate	0.3	5.4	0	0	0

5.1.5 MDR-TB Cases Reported 2020-2024

MDR-TB (Multidrug-Resistant Tuberculosis) cases data reported from 2020 to 2024 show a fluctuating but generally increasing trend. In 2020, only 24 cases were reported, but this number surged significantly to 91 cases in 2021. The upward trend continued in 2022, with 126 cases reported, indicating a growing need for improved detection of MDR-TB. However, in 2023, there was a slight decline to 105 cases, which may suggest temporary progress in control efforts or variations in reporting. By 2024, the number of cases rose again to a peak of 134, the highest in the five years. Overall, the data reflect a rise in MDR-TB cases, highlighting the need to strengthen public health interventions, sustained monitoring, and effective treatment strategies. The figure below presents the details of the trend of MDR-TB cases in the country.

Figure 3. 2020-2024 Trend of MDR Cases



5.1.6 TB and HIV co-infection trends over the years.

Testing of TB patients for HIV has faced challenges due to stock-outs of HIV test kits. This issue was particularly severe in 2020 and to some extent in 2023. However, the situation significantly improved in 2024. The proportion of TB patients tested for HIV increased from 87% in 2020 to 97% in 2024. In 2022, the COVID-19 pandemic disrupted services, resulting in the suspension of laboratory testing of bodily fluids. Despite this, 97% of TB patients were tested for HIV that year, indicating that health workers are now more familiar with and adhering to testing protocols.

There is a need for the program to strengthen collaborative supervision of TB/HIV activities across counties to ensure that co-infected patients are promptly initiated on antiretroviral therapy (ARV). In 2024, all 748 TB/HIV co-infected patients were successfully started on

ARV, and the same number (645 cases, or 100%) also received cotrimoxazole preventive therapy (CPT). The table below presents the trend in ART and CPT uptake from 2020 to 2024.

Table 15. TB/HIV co-infected patients diagnosed from 2020 to 2024

Cases	2020	2021	2022	2023	2024
TB - Notified TB cases (all cases, all forms)	6990	7454	7034	7524	7414
TB Cases tested for HIV	6114	7413	6299	7116	7208
Co-Infected cases	786	800	686	716	748
CPT	694	729	620	601	645
ART	694	729	620	601	645

5.2 HIV Counseling and Testing (HCT)

Counseling and testing are the entry points for the prevention and control of HIV. They provide access to HIV services, and they are an integral part of the national HIV response. Counseling and testing through provider initiative (PICT) and voluntary counseling and testing (VCT) have created the platform for over a hundred thousand clients to get tested and to know their HIV status. PICT and VCT have led to behavioral change and opportunity for those who tested positive to enroll in care and support and access treatment. Out of 168,053 clients tested for HIV, 47% (78985) tested positive.

Table 16. HIV Counseling and testing by county in 2024

Counties	Clients Tested for HIV	Client Tested for HIV+	Percent Tested HIV+
Bomi	4815	147	3%
Bong	7868	216	3%
Gbarpolu	6429	165	3%
Grand Bassa	10520	254	2%
Grand Cape Mount	3191	131	4%
Grand Gedeh	6956	138	2%
Grand Kru	5203	108	2%
Lofa	5578	150	3%
Margibi	7620	283	4%
Maryland	11775	383	3%
Montserrado	64856	3671	6%
Nimba	20965	737	4%
River Gee	1561	81	5%
Rivercess	6035	70	1%
Sinoe	4681	120	3%
Total	168,053	665	47%

Age groups were not categorized among pregnant women tested. Pregnant women made up 0.8% of clients testing positive for HIV during the year. Non-pregnant females and males

account for 19.8% of clients who tested positive. Non-pregnant females account for 9.4% of clients testing positive for HIV in 2024. Females within the age group of 25 years or greater mainly were affected, making up 5.7% of HIV-positive clients, followed by females in the age group of 0-11 years at 2.9%. Similarly, males in the age group of 25 years or more account for 4.8% of clients testing HIV positive, followed by males 0-11 years at 3.7%. The analysis shows that females are more likely to be HIV infected than males, particularly among those in the age group 25 or older of both sexes. However, the table below demonstrates that more non-pregnant females were tested than males during the year.

Table 17. Client tested by age group and gender 2024

Sex	Age group	Clients Tested for HIV	Number of Clients Tested for HIV+	Percent Tested HIV+
Female	0-11 Months	1110	32	2.9
	1-14 yrs.	5280	127	2.4
	15-19 yrs.	15115	209	1.4
	20-24 Yrs	21994	516	2.3
	25 Yrs plus	59030	3387	5.7
	Pregnant	203296	1621	0.8
	Subtotal	**102559**	**4271**	**15.6**
Male	0-11 Months	940	35	3.7
	1-14 yrs.	3907	111	2.8
	15-19 yrs.	4835	105	2.2
	20-24 Yrs	10196	343	3.4
	25 Yrs plus	47420	2263	4.8
	Subtotal	**67298**	**2857**	**16.9**
Grand Total				

5.2.1 HIV and AIDS Care, Treatment, and Support

HIV and AIDS are widespread pandemics that have claimed the attention of the world at large, with millions of people infected and affected by them. The Global Fund support program in Liberia has, over the years, afforded thousands of people affected by the disease the opportunity to receive treatment in the country. The NACP manages the program. There were 169,857 clients tested for HIV, and 7128 were tested positive (2.58% for females and 1.38% for males) across all age groups.

Table 18. Clients on ART in 2024

	In care not on ART					On ART				
County	**2024 0-11 mths**	**2024 1-14 yrs.**	**2024 15 - 19 yrs**	**2024 20 - 24 yrs**	**2024 25+ Yrs**	**2024 0-11 mths**	**2024 1-14 yrs.**	**2024 15 - 19 yrs**	**2024 20 - 24 yrs**	**2024 25+ Yrs**
Bomi	0	0	0	0	3	24	219	255	627	5532
Bong	0	0	1	2	16	387	433	168	1348	9753
Gbarpolu	0	0	0	0	15	1	35	69	227	1532
Grand Bassa	0	0	0	4	26	10	229	291	14	611584

Grand Cape Mount	0	1	0	0	9	57	101	121	544	3918
Grand Gedeh	0	0	0	0	2	11	206	156	596	9045
Grand Kru	0	0	0	0	1	7	30	10	220	1473
Lofa	0	0	0	0	5	19	207	371	1047	8835
Margibi	0	0	0	0	11	128	604	252	1651	11993
Maryland	0	0	0	0	1	0	456	334	732	12557
Montserrado	4	1	0	7	52	432	5641	9813	29056	154217
Nimba	3	1	3	0	2	290	1071	881	3359	28221
River Gee	0	0	0	0	2	0	150	54	359	4991
River Cess	0	0	0	0	9	21	50	88	170	2123
Sinoe	0	0	0	0	0	34	137	86	262	3272

5.2.2 Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs) are a significant public health concern. However, information or data on the prevalence of STIs is not readily available. The National AIDS and STIs Control Program developed standardized guidelines and training modules to guide the process. STIs prevention and control remain one of the significant strategies in the prevention of HIV among the general population.

STIs are diagnosed either by etiological or syndromic means. STIs cases diagnosed and treated include Vaginal and Urethral discharges, Genital ulcers, Inguinal buboes, and Scrotal swelling, among others.

Montserrado County reported the highest number of STI cases (33,563), which accounts for 26.7% of the total number of STI cases for the year (125,485). River Gee reported the lowest number (1,749), representing approximately 1.4% of the reported cases. The figure below details STI cases reported in 2024.

5.2.3 Prevention of Mother-to-Child Transmission of HIV (PMTCT)

Prevention of mother-to-child transmission (MTCT) service is an integral part of HIV service to save the lives of children born to HIV infected mothers. The Global community is shifting its focus from preventing mother-to-child transmission to eliminating mother-to-child transmission (eMTCT). The process involves creating strong linkages between community and health facility services. The Ministry of Health, through the National AIDS and STIs Control Program (NACP), conducted a national training for rolling out Option B+. Option B+ calls for every pregnant woman who tests HIV positive to be immediately placed on antiretroviral therapy (Lifelong treatment) without clinical staging.

Promoting HIV counseling and testing amongst pregnant women remains one of the most critical priorities of the Ministry of Health through collaborative efforts of stakeholders and partners. Ensuring the counseling and testing of all pregnant women during antenatal care visits is an effective way to prevent possible transmission of the virus from pregnant women to their unborn babies.

In 2024, ANC clients tested for HIV amounted to 134,195, of which 127,814, or 95% of the clients tested, received their results. Out of the ANC clients tested, 3048 or 2.3% were HIV positive. The table below gives details of ANC HIV counseling and testing by county in 2024

5.2.4 Infants placed on ARV Prophylaxis

Children born to HIV positive women are also most likely to acquire infection through mother-to-child transmission MTCT according to studies. This type of infection in infants usually occurs during either pregnancy, labor, delivery, or breastfeeding. In the absence of any intervention, the risk of such transmission is estimated to be 15–30% in non-breastfeeding populations and 20–45% in breastfeeding populations. In 2024, 400 live births to HIV positive pregnant mothers were placed on antiretroviral (ARVs) prophylaxis.

CHAPTER 6: CENTRAL MINISTRY OF HEALTH DEPARTMENTS, DIVISIONS, AND UNITS

6.1 Department of Policy, Planning, Monitoring & Evaluation

The Department has two bureaus with responsibilities that include guiding policy formulation and strategic planning, coordinating operational plans and health system research, managing the health information system, and conducting monitoring and evaluation. The department generates evidence through a health information system and research to monitor and evaluate programs and cost-effective interventions. It is also responsible for registering and certifying births and deaths in Liberia. The Department of Policy, Planning, and Monitoring and Evaluation comprises two Bureaus, each headed by an Assistant Minister, and seven units, each headed by a Director, to ensure the effective and efficient functioning of the Department. The Bureau of Policy and Planning comprises the following units: Planning and Policy, Health Financing, External Aid Coordination, Governance, and Decentralization. The Bureau of Vital Statistics shall consist of five units as follows: Monitoring and Evaluation, Health Information System, Research and Information Technology, and Birth and Death Registration.

6.1.1 Bureau of Policy and Planning

6.1.1.1 Policy & Planning Unit

The Policy and Planning Unit leads the formulation of health sector and sub-sector policies, as well as the MOH's strategic and operational planning, at both the central MOH and decentralized levels through the county health teams. It supports microplanning at facilities, including PHCs and hospitals, as well as county health planning. It performs activities alone and in conjunction with the resource and partners mapping, as time allows. The Policy and Planning Unit coordinates the development of the health sector chapter of the National Development Framework and the health sector annual budget under the chairmanship of the Assistant Minister for Policy and Planning.

Goal: To ensure that the MOH provides strategic direction for the health sector by formulating evidence-based policies, strategies, and plans that are well aligned with the national development framework, as well as sub-regional, regional, and global development instruments to ensure health and well-being for all.

Main Activities

- Coordinate the development of the New Boakai administration's National Development Framework.
- Lead the development and consolidation of Annual integrated operational Plans for Central and decentralized levels of the MOH that capture GOL and partners' resources for 2025.
- Coordinate the development of the Health Sector annual Budget within the MOH and all health spending entities.
- Lead the development of various units and program-specific policies, strategic plans, and programs.

Achievements

The program has successfully secured funding for the FY 2025 operational planning processes across all levels of the health system, marking a significant step forward. Key achievements include the development of the FY 2024 Annual Operation Plan (AOP) Implementation Assessment form, the updating of the Activity Mapping Template, and the revision of the Planning Template from the previous year. With support from Monitoring and Evaluation (M&E), the costing of the AAID has been finalized, and the post-anti-fraud policy has been circulated for input. Additionally, the DLI workplan has been submitted to procurement, while the Anti-Fraud Policy has been shared with key stakeholders for further input.

Moreover, technical support has been provided for the revision of the Nutrition Policy, with a roadmap and budget submitted to the World Bank office PMU. The PHC strategy development concept note has been finalized and is awaiting approval from the Assistant Minister for Policy and Planning. The central and county-level planning templates for assessing the implementation of the 2024 OP have been revised, pending official communication from the DMP office for sharing. Invitations have been distributed for the validation of the Anti-Fraud Policy, scheduled for October 10, 2024. The assessment template for the FY 2025 Annual Operational Plan is currently being finalized for circulation. Additionally, participation in the Self-Care SOP Situational Analysis Validation has been completed, along with a presentation on the Ministry of Health's Policy Direction at the MOHSMT/PPM&ED and MSH-HSS Local Health Solutions Project Meeting.

- The Policy and Planning Units successfully coordinated the development of the Health Chapter of the ARREST Agenda for Inclusive Development under the technical guidance of the Assistant Minister for Policy and Planning and the overall leadership of the Minister and Senior Management Team.
- Operational Plan for 2024 was developed, costed, and published with GOL budget, and the majority of the partners' resources captured in the Plan.
- Coordinate the development of the Health Sector annual Budget within the MOH and all health spending entities.
- Various program-specific policies and strategic plans were developed.

Challenges

- Planning and Policy development and related activities are entirely donor dependent. There is no GOL budget allocation for policy and planning, as well as associated activities.
- Delay in processing financing requests in the MOH once resources are mobilized to ensure the timely development of the operation plan. The 2024 operation plan was published far beyond the first quarter. Slow transition played a part, but there were further delays beyond the transition.
- There are limited technical capacities in the Policy and Planning unit at the central and in the County Health Teams.
- Progress on the Liberia Health Equity Fund (LHEF) for Universal Health Coverage has stagnated, as it remains with the director of the cabinet with no recent advancements reported.

\Recommendation

- Include Policy and Planning in the GOL budget to provide funding for Policy and planning activities.
- Support capacity building for Planning staff at central and in the county to reduce the time it takes to complete the plan, the quality of the plan, and the planning processes
- Reduce financial and procurement requests turnaround time to ensure the timely completion of planned activities.

6.1.1.2 Governance & Decentralization Unit (GDU)

Leadership and governance drive the health system, making it functional and enabling it to deliver desirable results effectively. Decentralization, on the other hand, brings health services, resources, and their management closer to the people, facilitating their participation in decision-making about their health.

The Governance and Decentralization Unit (GDU) leads health Governance, Leadership, Management, and Decentralization. GDU aims to ensure that the MOH structures align with its mandate and functions to facilitate smooth operation at all levels of the health system—both central and decentralized levels. GDU aims to establish structures and systems in line with the GOL's Local Government Act and Decentralization Policy, as well as the National Health Policy, to facilitate effective leadership and management, promote local participation in health systems management, and ensure accountability.

Activities

- Organize quarterly Decentralization Technical Working (DTWG) meetings.
- Review and align the MOH Decentralization Policy and Strategy to the National Health Investment Plan (2015-2021).
- Conduct capacity building assessment in three (3) counties.
- Conduct orientations for County Health Boards (CHB), District Health Boards (DHBs), and hospital boards in all fifteen (15) counties.
- Validate and disseminate the final draft of the CHB Operational Manual.
- Rollout Leadership Development Program Plus (LDP+) training for CHT senior management in three (3) counties.
- Establish and finalize District Health Teams in the counties.
- Incentivize the remaining staff of the Unit.
- Advocate for or seek vehicular support for the Unit.
- Participate in Liberia Decentralization Support Program (LDSP) activities.

Achievements

- The Governance and Decentralization Unit, in partnership with Expertise France, designed the Harnessing Effective Approaches on Leadership, coordination, and Training project (HEALTH) to support the MOH to strengthen CHT, DHT, and health

facility management teams and governance structures' capacity to contribute to building a resilient health system capable of meeting health needs of Liberians.

- GDU participated in a 3-day CO-CREATION (September 10-12, 2024) working session held BY USAID Local Health Solutions (LHS) Activity at the Corina Hotel
- Three out of four DTWG meetings were conducted during the year.
- Capacity building assessments were conducted in three (3) counties.
- Orientations for County Health Boards (CHB) using the Draft CHB Operational Manual were conducted in eight (8) out of fifteen (15) counties, followed by joint supportive intervention visits.
- Participation in the opening of County Service Centers in three counties – Gbarpolu, Bomi, and Grand Cape Mount
- Advocated for vehicles through a communication to the United Nations Mission in Liberia (UNMIL) through the Office of the Deputy Minister for Policy, Planning, and M&E.
- Advocated for the incentivization of GDU staff through a communication to the Deputy Minister for Policy, Planning, and M&E.

Challenges

- No budgetary allocation from the Department of Policy, Planning, and M&E for GDU
- The unit lacks Vehicles to enhance its activities
- Health Decentralization Policy expired and has not been revised due to a lack of funding.
- Many of the governance structures are not functional due to a lack of funding for regular quarterly supervision and mentoring of county governance structures.
- Some key staff in the unit are not on payroll; they have been volunteering for years.
- The Unit lacks logistics to facilitate its work.

Recommendations

- Provide vehicles for GDU
- Provide incentives for the remaining staff of the Unit who are committed to the performance of their duties.
- Allotted funds for operational support to the Unit in the exercise of its day-to-day activities.
- Need to revise the MOH Decentralization Policy and strategy.
- Provide resources or budget support for coaching and mentoring of governance structures to make them functional.
- Provide logistics to make the unit functional
- Put staff who have been volunteering for years in the department on payroll

6.1.1.3 External Aid Coordination Unit

The External Aid and Coordination Unit serves as the focal point for the MOH to communicate with donor organizations, implementing partners, including NGOs and Private Sector actors in health. It is responsible for leading internal and external coordination for the MOH. EACU is accountable for organizing health coordination meetings and serving as the secretariat for the Health Sector Coordinating Committee (HSCC) and the Health Coordinating Committee (HCC) meetings. It is responsible for monitoring and supporting other coordination mechanisms, including Technical Working Groups, and facilitating information sharing internally among departments, programs, and units, and externally with partners on behalf of the MOH. It leads the issuance of sectoral clearances to health organizations and works with MFDP in issuing accreditations to NGOs.

Main activities

The Unit participated in a GOL/NGO Conference, organized by the Ministry of Finance and Development Planning in Gbarnga, Bong County, aimed at enhancing and strengthening NGO coordination, facilitating information sharing, and promoting dialogue around national development plans and strategies.

Organized a Meeting on the International Health Partnership Plus (IHP+) Discussion of Key Findings in Buchanan, Grand Bassa County. It was intended to discuss key findings gathered from the IHP+ 5th round of monitoring, which was conducted from September to December 2016 by the National Expert in collaboration with the MOH and WHO.

Achievements:

- Trained 10 Laboratory Technicians from Montserrado, Margibi, Bomi, Grand Cape Mount, and Grand Bassa Counties, with support from WAHO, for Disease Surveillance
- Developed Health-related NGOs Activities Appraisal Form
- Helped to develop the IHP+ Country Compact
- Issued Letter of Sectoral Clearance to 58 Health-related NGOs
- Issued Letter of Sectoral Clearance to 58 Health-related NGOs to operate in the health sector.
- Developed Health-related NGOs Performance Appraisal Form, currently available for use to appraise activities undertaken by each NGO over a one-year duration, provided under the issuance of NGO Sectoral Clearance.
- Conducted WARDS Lab Training in collaboration with MOH and WAHO

Challenges:

- Lack of an Aid Policy to regulate or guide activities
- Lack of rules or regulations to enforce the non-compliance of NGOs
- Non-compliance of most NGOs to attend coordination meetings
- Constant refusal of NGOs to disclose financial and other relevant information relating to the project(s) implementation
- NGOs not willing to register or renew registration
- Delay in submission of project reports

- Lack of staff motivation, due to low salaries/incentives
- Lack of a vehicle to conduct assessment of NGOs' facilities or projects, etc

Recommendation

- Seek funding/support for the development of Aid
- Policy
- Established rules or regulations that will require NGO to adhere to procedures to foster actions of deterrence in case of violation of such laws or regulations
- NGOs should furnish the CHTs with their respective financial and other relevant information, relating to project implementation
- That a vehicle or motorbike be made available for the conduct of assessment of NGOs' facilities or projects, etc.
- Improve salaries or incentives for staff

6.1.1.4 Health Financing Unit

The Health Financing Unit is responsible for coordinating all healthcare financing functions, including conducting health sector financing studies to inform evidence-based decisions on planning, budgeting, resource allocation, and investments in the health sector. With an overarching goal, the Unit works to ensure that health services provided to Liberia's population are affordable to the country, while preventing catastrophic household health expenditures.

The unit worked with external consultants and partners to conduct the Health Resource Mapping Exercise for each fiscal period, determining the availability of the resource envelope for the health sector. The unit facilitates access to funding from the government, donors, and partners for the health sector, enabling proper planning based on available financial resources.

The Health Financing Unit within the Ministry of Health Department of Policy and Planning is crucial for achieving Universal Health Coverage (UHC). It focuses on increasing health sector funding, improving resource mobilization, and ensuring equitable and sustainable access to healthcare. The unit works to implement health financing reforms, complementing other initiatives like performance-based financing and the Liberia Health Equity Fund.

Key Functions

- Increased Funding: To increase funding for the health sector to meet national and global health goals, including the Sustainable Development Goals (SDGs).
- Domestic Resource Mobilization: Improving the mobilization of domestic resources to reduce reliance on donor funding, which has fluctuated.
- Universal Health Coverage (UHC): Ensuring access to affordable and quality healthcare for all Liberians through health financing reforms.
- Strategic Planning: support the development and implementation of the National Health and Social Welfare Plan, which guides decision-making in the health sector.
- National Health Accounts (NHA) and Resource Mapping Expenditure Tracking (RMET): Utilizes RMET and NHA data to map partner commitments as well as track

health expenditures, refocus efforts on primary healthcare and prevention, and reduce out-of-pocket expenses.

- Community Health Program: Support the Community Health Program, which serves as the foundation of the healthcare delivery system, including Community Health Workers (CHWs)

Main Activities

- Conduct Quarterly Health Financing Technical Working Group and JLN CCG Meetings
- Conduct Quarterly Community Health Financing TWG Meetings
- Conduct Policy Dialogue to present the findings of health financing analytics for the Liberia Health Equity Fund (LHEF)
- Conduct health care financing capacity building initiatives for staff of the Health Financing Unit and the MOH senior managers
- Conduct Equity training for county and Central MoH staff
- Support the conduct of advocacy and community engagement for the Liberia Health Equity Fund (LHEF) for Universal Health Coverage
- Support the costing of relevant MOH strategies
- Conduct Fiscal Year 2023 National Health Accounts data analysis and report writing Exercise
- Conduct Fiscal Year 2024 National Health Accounts Exercise
- Conduct Liberia's counterpart financing monitoring and tracking exercise for FY2024 and FY2025
- Conduct Global Fund investment monitoring and tracking exercise
- Design an RMET data and implement the FY2025 resource mapping and expenditure tracking exercise for 2024
- Conduct Public Expenditure Review and other health financing analytics
- Provide routine operational support to the health financing HFU

Achievements

- Conducted one Health Financing JLN CCG meeting, including one Health Financing Technical Working Group meeting
- Conducted one Health Financing Technical Working Group (TWG) meeting
- Completed and validated the actuarial analysis report for the Liberia Health Equity Fund (LHEF)for Universal Health Coverage
- Submitted the Liberia Health Equity Fund (LHEF) for Universal Health Coverage bill to the president’s office
- With support from the World Bank, training for 3 HFU staff, 1 PBF staff, and one senior manager on RMNCH financing was conducted in Tanzania from June 2 - 7, 2025

- Completed the costing of the National Community and Child health strategies with support from Last Mile Health, as well as supporting the Mental Health strategy costing exercise
- Completed FY2023 National Health Accounts data collection exercise
- Completed and submitted FY2024 Liberia Counterpart Financing report to the Global Fund team in May 2025
- Completed and validated FY2025 Resource Mapping and FY2024 Expenditure Tracking report
- The World Bank team completed the Public Expenditure Review and other health financing analytics

Challenges

- Most Staff of the Health Financing Unit lack analytical skills. The unit usually relies on external TA from Last Mile Health, whose schedule is often tight.
- Some staff of the unit are yet to be placed on the GoL payroll, while other salary grades do not match their respective
- Delays in response to these surveys by donors, implementing partners, and public institutions continue to hinder the purpose for which these exercises serve
- Limited availability of TA for RMET and NHA data analysis due to competing institutional commitments
- Delays at Central MoH and Plan International to sign and process the request.

Recommendations

- Conduct training for the staff of the health financing unit to enhance their analytical skills
- Ensure donor and implementing partners comply with the Resource Mapping Expenditure Tracking (RMET) and National Health Accounts (NHA) exercises
- Ensure timely signing and processing of the request at the Central MoH and Plan International
- Ensure volunteer staff of the Health Financing Unit are enrolled on the GoL payroll and incentives are reclassified based on their respective roles

6.1.2 Bureau of Vital and Health Statistics

6.1.2.1 Research Unit

The Research Unit of the Ministry of Health is responsible for governance, management, and coordination of research for health in Liberia. The Unit promotes the use of research for health findings through publications, policy briefs/workshops, dissemination, and digital display. Additionally, the Unit provides or participates in capacity development on specific research for health capacity needs.

The Unit supports internal programs, divisions, other units, and partners in the design and implementation of research for health. It also provides guidance to units and partners through the development and revision of research protocols and recommendations for ethical

compliance, tailored to the specific type of research. The unit recommends using research priority topics to avoid duplication and maximize the use of available resources.

Activities

- The National Blood Safety Assessment, in collaboration with the National Blood Safety Program, with support from the World Bank, was conducted in World Bank-supported counties: Maryland, Rivercess, Sinoe, and Grand Kru. The assessment aimed to determine the availability and readiness of hospitals that provide blood transfusion services.
- In collaboration with the Community Health Program and funding from IRC, the Research Unit conducted a study on Barriers Women Face during Antenatal Care (ANC), referral, and counter-referral. The study was conducted in one rural and one urban community in four counties: Grand Kru, River Gee, Bong, and Lofa counties.
- The Research Unit, with funding from Last Mile Health and in collaboration with the National Community Health Program and the Policy and Planning Unit, conducted a national System Maturity Study for Community Health Workers (CHWs). This model provided a systematic way to evaluate the CHW system's development in important areas like governance, funding, human resources, and service delivery.
- Research unit in collaboration with National Community Health Program (NCHP) conducted a study on Community Perception on National Community Health Program NCHP in ten counties. The study was to gather the impact the program has provided for the community since its inception, operation of the program, and the challenges faced by community health workers as regards to their duties.
- The Unit collaborated with the National Malaria Control Program and Last Miles Health in implementing assessment on Community Perception on Malaria Vaccines in two (2) counties (River Gee and Rivercess). The study aimed to understand community members' knowledge of general vaccines, their side effects, and the challenges they face in accessing these vaccines.
- The Research Unit collaborated with the lead team at CAPACARE Liberia to develop a protocol for the nationwide study, "Surgical Infrastructure Assessment." This comprehensive study aims to evaluate the standardization of surgical units, the availability of pharmaceutical products at facilities offering surgeries across Liberia, and the influence of financing on surgical unit performance. It also assesses the challenges faced by the surgical units in service delivery systems. The study is currently ongoing
- Additionally, the Research Unit designed and structured a grant proposal for the project, titled "Health Disparities in Pulmonary Hypertension," which aims to investigate the prevalence, risk factors, healthcare access, and social determinants of health associated with this condition. The Pulmonary Hypertension Association will fund this project upon approval of the grant proposal.

Challenges

- Poor coordination of research-related activities implemented between the MOH and the Partners
- Limited logistics to run the affairs of the office

- Limited capacities in the conduct of operational research (proposal development and report writing for publication)
- No specific software for data programming, capturing, and analysis due to a lack of dedicated funding for the unit

Recommendations

- Support human and financial resource development to govern, manage, and coordinate research for health
- Advocate for the coordination of research for health among stakeholders by first promoting the use of one set of research guidelines among stakeholders
- Advocate to improve staff motivation and retention within the Research Unit
- Advocate for the procurement of research infrastructures and logistics to facilitate the function of the Unit
- Identify a specific budget line to support adequate implementation of research for health priority activities
- Develop and fund a capacity-building plan for HMERT staff

6.1.2.2 Birth Registration

Birth Registration is the legal status of children. It is the official record of a child's birth, maintained by the state, which includes the child's name, place of birth, date of birth, and parental information. A birth certificate is a permanent, official, and visible evidence of a country's legal recognition of a child's existence as a member of society. It is therefore a proof of identity and allows people to claim their fundamental rights. In fulfillment of this basic human right, the Government of Liberia, through the Ministry of Health, instituted the registration of births over four decades ago following the enactment of the Public Health Law of 1976.

Since 2010, the MOH and partners have decentralized birth registration and certification by establishing birth registration centers in all fifteen (15) counties of Liberia, mainly for children. This endeavor has significantly increased birth registration in the country, resulting in a 13-year under-13 population registration of 407,276 from 2011 to 2024. The number of births registered in 2024 was low compared to 2016. The highest registration rate for 2024 was recorded in Bong County, at 12.3%, followed by Sino County at 10%. The lowest registration rate in 2024 was recorded in Rivercess at 3.2%. Generally, the registration rate in 2024 shows a 67.8% decline from 2016, indicating underperformance in birth registration during that year. The table below shows the registration of under-13-year-olds from 2011 to 2024.

Birth registration trends in Liberia since 2007. The table shows that 80,839 births were registered in 2024, of which 52.2% were for children under age 13. Birth registration reached a record high at the central level due to improvements in services.

Activities

Society first acknowledges a child's existence and identity through birth registration, as mandated by Articles 7 and 8 of the UN Convention on the Rights of the Child. The right to be recognized as a person before the law is a critical step in ensuring lifelong protection and is a prerequisite for exercising all other rights. Civil registration is the process by which a person's

legal identity is bestowed, and it conventionally commences with the recording of an individual's birth and the issuance of a birth certificate. A birth certificate is proof of that legal identity and is the basis upon which children can establish a nationality, avoid the risk of statelessness, and seek protection from violence and exploitation, and provides them with other (social) rights. The Birth Registration Unit of the MOH is decisive in upholding the right in line with its mandate.

Achievements

- Through the help from our health partners (UNICEF, WORLD BANK, etc.), birth registration, the service is now decentralized to all counties in Liberia; however, only children 0-12 years are registered and certificated nationwide free of charge.
- Over the years, there has been a series of Birth Registration campaign activities nationwide to expand the coverage of the service and get more children registered and certified. The service has gained momentum due to a series of publicity efforts, and more parents have gained an understanding of the service's importance, becoming eager to have their children registered and certified.
- Decentralizing Birth Registration and removing charges on children 0-12 registration and certification has played a pivotal role in reducing the number of delayed registrations.
- Another strategy the Ministry has adopted is to include clinicians in the Birth Registration service provision. Clinician training will soon be conducted to enable them to participate in civil registration.
- Six (6) years ago, the country used an offline and non-centralized information management system to process and issue certificates. This process posed serious challenges in terms of generating and analyzing reports. Now the Ministry of Health, through its partners, has developed and set up the District Health Information System (DHIS2) not just for Birth Registration but for all health sub-systems, resolving some significant difficulties in reporting.
- The integration of birth and death registration into the DHIS2 platform in Liberia was motivated by the need to improve the monitoring and reporting of both birth and death registration indicators.
- The availability of accurate and timely data on vital events has enabled the government and partners to develop evidence-based policies and programs that can effectively address the health needs of the population.
- Additionally, the DHIS2 platform has also improved data quality and completeness. As of 2023, 93,031 birth registrations have been recorded in DHIS2, constituting 67% of all birth registrations and certifications through the DHIS2 platform.
- Developed a National Birth and Death Registration Policy to improve services and set guidelines for registration and certification.
- Developed and printed 500 copies of birth registration posters to increase awareness of birth registration. Posters are currently being distributed to county service centers and health facilities.
- Procured 35 pieces of antivirus software to protect birth registration computers that are vulnerable to viruses, causing the breakdown of county-level computers. Antiviruses are currently being distributed to county service centers.

- Trained 150 vaccinators (75% private providers) on immunization and birth registration services in Montserrado County to improve immunization and birth registration coverage in the county.
- Train 85 vaccinators (90% private providers) from the 14 counties on immunization and birth registration services.
- Trained over 45 birth registration personnel from the national and county levels on the use of the birth registration web-based platform using the BR training manual

Challenges

- Budgetary constraint inhibits the Ministry's ability to sustain the Birth Registration Centers established across the Country. There are still more staff that the Ministry needs to absorb on payroll and secure funding to maintain and develop new centers, which also remains a challenge.
- Decentralizing adult registration and certification remains a daunting challenge due to some legal concerns and the unavailability of funding. However, the Government is committed to ensuring that these challenges are resolved and adult registration and certification are decentralized nationwide as soon as possible.
- Conducted birth registration advocacy meeting with County Health Officers and M&E Officers from 14 counties to solicit local health authority support and commitment for birth registration improvement; and
- Conducted birth registration monitoring and supervision in seven counties (Grand Cape Mt, Bomi, Rivercess, Sinoe, Grand Gedeh, Nimba, and Lofa).
- Provided GSM scratch cards to county birth registration teams to facilitate the online registration and certification of births.
- Provided gasoline to county birth registration teams to facilitate the collection of application forms and the distribution of certificates to health facilities.

6.1.2.3 Monitoring and Evaluation Unit

The Monitoring and Evaluation Unit is charged with the overarching responsibilities of providing policy makers, program managers, and the Ministry of Health as a whole with information regarding progress and performance of the health system towards achieving targets as set in the NHPP and NIP. In combination with other efforts, the M&E Unit, in line with its Plan, focuses on monitoring the health system and providing strategic information to decision-makers to make evidence-based decisions and enable them to ensure that the implementation of programs and services is directed towards the ultimate achievement of the goals and objectives of the health sector.

The Monitoring and Evaluation plan of the health System for 2016-2021 has been revised and validated. A systematic assessment of the previous M&E plan informed the revision. The revised M&E Plan aligned the sector M&E framework with the Health Sector Investment Plan for Building a Resilient Health System, the government of Liberia development framework, and the Sustainable Development Goals, with support from the health sector Pool Fund and the World Bank.

Main activities

- Conducted the semi-annual data verification in FARA-supported counties
- Conducted Verification of Implementation, a periodic monitoring of the health sector's performance
- Lead the organization of HMER coordination meetings
- Three HMERTWG (Technical/operational level) coordination meetings were held with programs and units, including key partners in attendance
- One HMERCC (Policy level) Coordination meeting was held
- Developed the M&E Chapter of the Drugs Revolving Fund pilot project manual
- Led the development of the National Health Facility registry of Liberia specification for the development of applications for publication and hosting of the master health facility registry online.
- Drafted the scope of work for the automation of the Community-Based Information System (CBIS)

Achievements

- Three out of four Monitoring visits or Verification of Implementation (VOI) were conducted in all 15 counties, looking at health system and service delivery issues
- Provided support to the Malaria Control Program for the planning, training, and conduct of the 2024 Malaria Indicators Survey.
- Coordinated the interoperability of the MOH's various information systems-
- Supported the National TB and Leprosy National Strategic Plan costing.
- Coordinates the development of the eLMIS- Adopted the Automated Therapeutic Coding System for the development of the electronic Logistic Management Information System.
- Led MOH Focal persons for the development of the MOH Performance Management and Compliance System (PMCS)
- Led the development of the Qatar Fund for Development (QFFD)

6.1.2.4 Information Communication Technology (ICT) Unit

The Information and Communication Technology (ICT) Unit of the Ministry of Health continues to serve as a backbone for the digital operations that support health systems, service delivery, and administrative efficiency across the Ministry. In 2024, the ICT Unit focused on expanding staff capacity, strengthening the use of digital platforms, and providing essential support services despite limited resources. The Unit played a critical role in training, supervision, system deployment, and maintenance activities throughout the year. This report provides a comprehensive overview of the ICT Unit's performance in 2024, including a summary of planned activities, progress in implementation, notable achievements, challenges encountered, and recommendations for improvement.

Main activities

During the year under review, the ICT Unit successfully implemented several of its planned activities. One of the significant accomplishments was facilitating virtual training sessions on the eCBIS platform in collaboration with Ona. These sessions were attended by key Ministry

staff and focused on data entry, validation, and reporting functionalities of the platform. The training helped improve participants' understanding of community-based health data collection and its role in strengthening the health system.

The Unit also coordinated training for staff on the government's e-procurement platform, enabling participants to engage in online procurement processes and submissions effectively. This initiative helped promote transparency and efficiency in procurement management.

In addition to training, the ICT Unit continued to provide routine technical support for Ministry staff. This included troubleshooting software and hardware issues, resolving network problems, and conducting basic repairs and maintenance on computers and accessories. Despite having limited tools and spare parts, the team successfully responded to multiple technical support requests throughout the year.

A significant milestone was the Unit's active participation in the training of trainers (ToT) for the Electronic Immunization Registry (EIR). This engagement equipped ICT staff with the knowledge required to support the national rollout of the system. Following the training, the Unit collaborated with other stakeholders to supervise the EIR pilot in selected counties. The supervision exercise revealed several issues, including gaps in the quality of training received by healthcare workers, difficulties in deploying and configuring devices, and challenges in using equipment by field staff. These findings were critical in shaping the next phase of EIR implementation and provided valuable lessons for future digital health deployments.

The ICT Unit also successfully deployed and launched a Mobile Device Management (MDM) system. This system enabled real-time tracking and remote management of mobile devices used across various health programs. With the MDM platform, the Unit was able to enforce device security policies, monitor usage, and improve accountability in the handling of government-issued devices.

Achievements

Despite limited financial and human resources, the ICT Unit achieved several notable milestones in 2024. Key among these was the successful facilitation of digital platform training sessions, which helped build the technical capacity of Ministry staff in eCBIS, e-procurement, and EIR platforms. The supervision of the EIR pilot further demonstrated the Unit's leadership role in evaluating and providing technical guidance for new digital health initiatives.

The launch of the MDM system marked a significant step forward in digital device governance, providing enhanced visibility into how mobile assets are utilized within the healthcare system. Additionally, the consistent support provided by the Unit ensured that essential digital operations remained functional throughout the year, minimizing disruptions to work processes caused by computer-related issues.

Challenges

While there were many successes, the ICT Unit also faced several challenges that impacted its ability to deliver services effectively. A major constraint was the lack of funding to procure the necessary tools and equipment for conducting hardware repairs and advanced troubleshooting. The absence of diagnostic tools and replacement parts made it difficult to resolve many technical issues promptly.

Human resource limitations also posed a significant challenge. The ICT Unit remains understaffed, with a small team tasked with supporting a wide range of services across the Ministry. There is a notable gap in the specialized skill sets required for systems administration, network management, and cybersecurity. Furthermore, the existing ICT organogram does not adequately reflect the Unit's growing responsibilities or provide a clear pathway for staffing and structural development.

Inadequate funding also restricted training opportunities for ICT personnel, making it challenging to keep pace with evolving technologies and best practices. The EIR pilot supervision exercise revealed deficiencies in the quality and scope of end-user training, as well as issues with the deployment and usage of equipment. These findings highlighted the need for more robust training programs and better coordination during rollout phases.

Another major challenge encountered during the year was the loss of some data in the Ministry's DHIS2 system. This data loss incident affected several program areas, forcing data officers to re-enter critical health data, resulting in delays and inefficiencies. The incident underscored the urgent need for robust data backup and recovery mechanisms to protect the integrity of national health information systems.

Recommendations

- To improve the performance of the ICT Unit and support the Ministry's digital transformation goals, several recommendations are proposed.
- Provide the Unit with essential tools and equipment to perform hardware repairs and system diagnostics. A dedicated allocation in the Ministry's budget should be set aside for this purpose.
- Recruit additional ICT professionals with specialized expertise in systems, networks, and cybersecurity. This should be complemented by a review and revision of the ICT organogram to ensure that it reflects the current scope of work and provides room for growth and specialization.
- The Ministry should commit to continuous professional development for ICT staff, including certifications and participation in regional or global digital health forums. Future system deployments should be accompanied by comprehensive training for end-users, including hands-on support and refresher sessions.
- The MDM system should be scaled up to cover all mobile devices issued under various health programs. Regularly generated monitoring reports from the system can be used to guide accountability, asset tracking, and informed future procurement decisions.
- The Ministry should increase the number of backup servers supporting the DHIS2 system and other mission-critical platforms. Regular testing of backup systems and development of a formal disaster recovery plan should also be prioritized to ensure the resilience of health data infrastructure.
- Finally, the Ministry should seek partnerships and technical assistance from development partners to strengthen its ICT infrastructure and expand access to modern digital tools.

6.2 Department of Health Services

The Department of Health Services is the technical arm of the Ministry of Health. The Department has two Bureaus: the Bureau of Curative Services, which oversees county healthcare delivery services in health facilities and communities, and the Bureau of Community Health, which provides community health services. The Bureau of Preventive Services oversees national programs related to the prevention and control of communicable and non-communicable diseases, as well as formulating policies and strategies for intervention. The Department comprises 26 programs, units, and divisions.

6.2.1 National Health Promotion Division

Health promotion aims to empower individuals, families, and communities to take control of their health, thereby improving and maintaining health outcomes. The National Health Promotion Division of the Ministry of Health coordinates all health promotion activities in collaboration with programs and partners. NHPU creates demand for positive health services and enhances health-seeking behavior by utilizing the formal health system to promote positive behavior change. Implementation of Health Promotion activities cuts across all programs, and it operates at all levels of the health system.

To fulfill its mandate, Health Promotion operates through five sub-units: Messages and Materials Development, Advocacy, Community Engagement and Social Mobilization, Health Communication and Research, and the Communication and Resource Center, as well as Risk Communication and Community Engagement. Health Promotion aims to enhance stakeholders' participation and ownership in achieving better health outcomes for the population. It involves inter-sectoral collaboration and multi-disciplinary actions.

Additionally, concerning the decentralization approach, health promotion extends and works through the fifteen counties' health promotion focal persons to implement the MOH's agenda on health promotion at sub-national levels.

Achievements:

- Finalized the development of promotional messages and awareness (audio and SBC) on the handling of butcher animals and handling of food on the GHAS, in Montserrado County, on June 28, 2024.
- Participated in a three-day working retreat held for senior managers and Directors of the Ministry of Health, at the Royal Ambassador Hotel in Lower Margibi County.
- Attended the emergency coordination with the joint team from the National Public Health Institute on notification about an increase in the number of cases of COVID-19 among pilgrims returning from Mecca. This meeting will be held on Sunday, June 30, 2024.
- Completed first draft revision of the One Health Risk Communication and Community Engagement strategy at the Murex Plaza with support from the GIZ regional office.
- Conducted the sixth joint coordination meetings of the One Health Risk Communication and Community Engagement and National Health Promotion Technical Working Group, with key interventions on awareness and community engagement activities planned for the reduction of cases such as measles, Lassa fever, and Cholera.

- The national policy and strategic plan on health promotion has been developed, with support from WHO; validated and approved, however, it requires a layout for production and dissemination.

Challenges:

- Provision of public Address equipment for community engagement Activities
- Limited logistics availability (motorbikes, computers) for county focal persons at sub-national levels
- Inadequate qualified health promotion professionals in the country, in both quality and quantity. Currently, only twenty-one (21) of the 93 health districts of Liberia have health promotion officers.
- Lack of dedicated budgetary lines for Health Promotion activities implementation.
- Limited internal coordination between programs and Units on planning and implementing Health Promotion activities.
- Development and dissemination of SBC Training materials, Messages/jingles, flyers, posters, etc, by partners without the involvement of the National Health Promotion Unit, as required by law, resulting in conflicting messaging and community resistance.
- Lack of Logistics (vehicles, Motorbikes, Laptops, and computers), which continues to undermine the intervention of Health Promotion Focal Points.

National Blood Safety Program

The National Blood Safety Program (NBSP), in addition to the provision of safe blood units to hospitals for patients requiring blood transfusions, also has the mandate to transition from 'paid blood donation' to voluntary, unpaid blood donation.

Main Activities

- The blood centers conducted outreach into schools and communities by the blood safety staff, and involved students' participation in sensitizing their peer groups towards voluntary blood donation. These interactions then lead to the collection of blood from voluntary, unpaid blood donors (blood drives).
- Conducted blood drives in Margibi County at Lango Lippaye, EJ Yancy, and the KRTTI Demonstration Schools,
- In partnership with ACCEL, the NBSP conducted a training workshop for 45 health workers on quality assurance and control on blood safety and transfusion practices through support by the Global Fund; the training was held in the BWI Library extension from January 23-27, 2024
- With support from ACCEL, the field coordinator, along with a lab staff of ACCEL, made assessment visits to five (5) county hospitals in River Gee, Maryland, Grand Kru, Sinoe, and Rivercess from March 02-22, 2024
- With support from ACCEL, supervisory visits were made to Bomi, Cape Mount, and Gbarpolu Counties from May 7-12, 2024, to assess four (4) health facilities (LGH Bomi, Chief Jallalone Hospital, Sinje Health Center, and St Timothy Hospital) based on AFSBT Standards with emphasis on factors affecting quality in blood and blood transfusion.

- Held a series of stakeholders' preparatory meetings for WBDD, celebrated under the theme: 'Give blood, Give now, Give often' with focus on the need to acquire an adequate supply of blood. Blood donors were recognized during programs held at the blood banks. Total blood units collected during this quarter were 594 units
- Increased sensitization and blood drives at vocational schools, churches, and the marketplaces were the hallmark of activities that yielded the collection of 434 units of blood
- Increased sensitization and blood drives at schools, churches, and the marketplaces were the hallmark of activities that yielded the collection of 137 units of blood.
- Held two (2) week-long training workshops on donor management, counselling, and phlebotomy for staff of the Montserrado and Bong Counties' Regional Blood Banks from June 26-30 and July 3-7, 2024, respectively.
- With support from ACCEL, six (6) technical staff were mentored on "coaching and competent assessment to ensure Quality Management Standards" by a consultant (Ms. Judith Charlie) from July 10-15, 2024.
- With funding support from the Global Fund, conducted two (2) week-long training workshops on "quality control and assurance in blood safety" for ninety (90) health workers who request and handle blood and blood products in Margibi and Grand Bassa Counties from Sept 25-29 and Oct 2-6, 2024, respectively.
- Secured support from ACCEL/UMass and the US Center for Disease Control (CDC) to conduct the KAP Study on blood safety, which is expected to start on the 15th January 2018, and it is hope that the results of this study would provide clearer understanding on the motivation and hindrances of blood donation by Liberians, including health workers.

Achievements

- MOH, through her partners, established two (2) regional blood banks and donation centers in Montserrado and Phebe, Bong Counties. These centers attract and encourage people to participate in voluntary, unpaid blood donation. Blood units collected are tested for five (2) disease markers (Malaria, Hep B, Hep C, Syphilis, and HIV1/2); and only units that are free from these disease markers are considered safe and are therefore distributed to hospitals.
- Realized 98 units of blood from three (3) participating high schools, and in Bong County in the Bong Mines area
- Realized 45 units of blood from blood drives conducted at two (2) Global Fund-supported high schools - the Baptist High and the Botoe Barclay High/ formally Central High Schools
- The Blood Bank collected 594 blood units during one of the quarters in the year. Generally, the Blood was successful by and large during the year in collecting blood units from several initiatives and programs undertaken during the year, as provided for in the statistics table below

Challenges

- Delays in document approval to implement activities result in a negative impact on programmatic outputs.

Recommendation

- There is a need for action to find a dedicated space for housing the Regional Blood Bank.
- Provide two (2) vehicles to the NBSP to handle its blood drives' field operations as well as to attend to other daily programmatic and administrative issues.
- Take measures to institute the Global Fund, to ensure that its PIU has timely access to the fund to implement planned GF activities

National Reference Laboratory

The National Reference Laboratory (NRL) is responsible for network laboratory services nationwide through Quality Assurance, conducting training and supervision, and testing new technologies and appropriately advising the MoH in this regard. It also has the mandate to support surveillance activities by testing for diseases of epidemic potential, which require immediate notification to the country office of the World Health Organization (WHO), as well as other diseases of Public Health importance. Diseases under surveillance include Poliomyelitis, Lassa fever, Yellow fever, Measles/Rubella, Cholera, Meningitis, and Ebola virus.

Main Activities

- Provide technical guidance and coordinate the implementation of Public Health Surveillance using the Integrated Disease Surveillance and Response (IDSR) priority disease diagnosis in Liberia
- Provide policy and evidence-based guidance to the Office of the Deputy DG-Technical:
- Produce and disseminate a timely laboratory report
- Liaise and network with DPC and other international epidemiological laboratory surveillance networks to conduct laboratory investigation of diseases under active surveillance and other events of unknown etiology
- With technical support from partners, develop strategic and contingency plans and decision-making algorithms to support coordinated responses to outbreaks and emerging threats
- Support counties in appropriate safe specimen collection plans to facilitate prompt response to emergencies
- To deliberate and propose evidence-based recommendations on any other matter relevant to disease prevention and control

Achievements

- Finalized the development of the DST decentralization plan
- Decentralized AMR laboratory surveillance to other facilities plan developed
- Developed biosafety/biosecurity plan

- Availability of updated EVD repository, and development of a repository for other IDSR priority diseases (bacterial strains, M/R, YF, LF)
- Conducted baseline SLIPTA assessment for the public health laboratory
- Roll-out SLIPTA/SLMTA assessment at the PH and major hospital clinical laboratory to be started
- Reinstated QA/QC at the public health laboratory
- Enrolled in NRL in EQA programs
- Monitored lab performance daily
- Concluded a three-phase training in SLIPTA/SLMTA Accreditation in June of 2024
- A baseline assessment has been conducted using the WHO/ SLIPTA checklist, and more gaps were discovered and worked on
- The National reference laboratory has obtained a one-star after the administration of a WHO SLIPTA checklist
- The measles and yellow fever laboratory of the National Reference Laboratory was accredited in May 2024
- Ten Laboratory mentors trained by the African Society of Laboratory Medicine (ASLM) and qualified as Mentors
- Trained a team of auditors to conduct an in-depth laboratory supervision and assessment. The ASLM team did the training
- The National Diagnostic unit, along with the laboratory technical working group, has conducted Laboratory supervision in all fifteen counties
- All 15 County Diagnostic Officers have been trained on safe sample collection, packaging, and transportation
- Through our partner WHO, laboratory sample collection materials have been distributed to all the counties. This action helps with the proper sample collection, packaging, and safe transportation to the nearest diagnostic center
- Supplied county referral hospitals with basic Gram staining technique procedure to facilitate preliminary detection of pathogens of concern before reaching a full-scale outbreak
- The Centre for Disease Control team, through ACCEL, has reinstated the Bacteriology sections at the National Reference laboratory, the Phebe Public Health Laboratory, Jackson F. Tappita, and Redemption Hospital. This is an effort to support the One Health platform addressing the Antimicrobial Resistance platform and the detection of bacteria, Species that are of IDSR priority
- Finalized the following draft documents: Lab 5-year strategic plan, laboratory policy, and Laboratory Standardization and Guidelines. We are currently awaiting the new lab organogram and have also drafted a one-year operational plan for the lab.
- Developed a concept note for strengthening the supply chain of lab commodities.
- Actively participating in eIDSR formation
- Strengthened laboratory networking/coordination

- Established a quality management system for the laboratory
- Established bacteriology testing at the Tappita Hospital Lab
- Trained 20 technicians in an advanced molecular laboratory technique (PCR) and trained five (5) as trainers with support from DTRA and WHO.
- Conducted training in Microbiology diagnostics with support from ACCEL, WHO, and CHAI.
- Trained CDOs and some NRL staff members in the first phase of SLIPTA/SLMTA. The training was supported by ACCEL, represented at the establishment of the ECOWAS Regional Biobank in Abidjan.
- Established MOU with Ghana & South Africa – Rabies testing (in collaboration with MOA)
- Built IDSR testing capacity over the year 2024

Priorities for 2024

- Strengthening and expanding the newly reinstated bacteriology testing
- Include other pathogens like Salmonella (typhoid)
- Finalize Lassa testing protocol evaluation at NRL
- Gene pert decentralization and ELWA 3 lab transition plan
- Implementation of lab supportive supervision
- Streamlining feedback mechanism for IDSR priority diseases to stakeholders – especially health facilities

Challenges

- Misdiagnoses and the use of improper medication lead to the waste of resources due to inappropriate treatment.
- Clinical misdiagnosis, inadequate healthcare and laboratory infrastructure, poor quality assurance and control practices, limited test menus, poor turnaround time, and low diagnostic accuracy are areas of paramount concern

Recommendations

- Surveillance team/ DPC to speak to CHTs
- Ensure timely dissemination of results to facilities
- Better budget allocation for the laboratory system (by MOH/MFDP)
- Prompt repair/replacement of the national laboratory team vehicle
- Fostering coordination with other line ministries/sectors linked to the laboratory as part of the one-health concept

Pharmacy Division

The Ministry of Health's Division of Pharmaceutical Services (DPS) oversees public health logistics supply chain management and pharmacy practice in Liberia. The DPS aims to

maximize performance through effective linkages between organizations within the supply chain. From January to August 2024, the DPS undertook several initiatives to improve the systems. The focus is as follows: Forecasting and Quantification of medicines and supplies, Logistics Management Information System (LMIS), Monitoring and Supervision of County Depots and select health facilities, data quality monitoring, and Quarterly and Last-Mile Distribution of health products. Others included the Rollout of Standard Treatment Guidelines in Montserrado and Grand Cape Mount Counties, the NQTC-led quantification of blood products and nutrition commodities (2024-2026), which yielded critical data for health service planning. Estimated costs for blood drives are $1,268,592, with consumables projected at $484,122, among other expenses.

Achievements

- Completed major quantifications for blood and nutrition products, establishing foundations for supply planning through 2026.
- Conducted quarterly reviews, ensuring the availability of essential health commodities.
- Secured procurement commitments from USAID, Global Fund, WAHO, and the World Bank.
- Advanced the World Bank-funded procurement process for RMNCAH commodities.
- Procured over US$1.4 million worth of essential medicines, distributed statewide.

Challenges

- Unavailability of salaries for three key staff under the Global Fund Malaria grant since June 2024.
- Limited capacity-building opportunities for DPS staff due to funding constraints
- Delays in the World Bank procurement process due to administrative issues.
- Insufficient funding for routine data quality monitoring across health facilities.
- Limited vehicle for monitoring and supervision.
- Inaccurate data from health facilities affects forecasting accuracy.
- Inadequate workstations/rooms and a lack of laptops for DPS staff.
- Delay in eLMIS reporting due to insufficient internet access.

Recommendations

- Ensure timely disbursement of salaries for Global Fund staff.
- Provide training opportunities for DPS staff to enhance systems.
- Allocate funds for monitoring and supervision activities. Procure additional vehicles for DPS operations.
- Finance the printing of LMIS tools to fill gaps. Improve data collection systems to enhance forecasting accuracy.
- Expedite the World Bank procurement process through increased stakeholder engagement.
- Strengthen coordination with procurement partners to minimize delays.

Expanded Programs on Immunization

Immunization remains one of the most cost-effective public health interventions globally, preventing 3.5 to 5 million deaths annually from vaccine-preventable diseases (VPDs) such as measles, polio, influenza, and diphtheria. In Liberia, the National Immunization Program (NIP), under the Ministry of Health (MOH), continues to make significant strides in expanding and strengthening immunization services, despite challenges posed by political transitions and logistical barriers.

In 2024, Liberia underwent a national political transition, which delayed the implementation of key immunization activities until the fourth quarter of the year. Despite these setbacks, with the tireless efforts of staff and robust partner support, the NIP implemented critical activities aimed at sustaining and improving immunization coverage nationwide. These activities align with global efforts to achieve universal vaccine access, reinforce primary healthcare, and safeguard human rights by preventing life-threatening diseases.

The Liberian immunization infrastructure operates through a four-tier logistics system consisting of the National Vaccine Store, Regional Stores, County Depots, and Health Facility Levels. Vaccines, procured through UNICEF's supply division, are distributed across the country primarily via road transportation in a pull-based system according to population needs and consumption data.

Currently, Liberia's projected population stands at 5,569,923, with key target groups including children under five, pregnant women, adolescent girls, and women of childbearing age. Approximately 726 out of 778 health facilities provide routine immunization services across all 15 counties, supplemented by regular outreach activities supported by partners like WHO.

Throughout 2024, strategic interventions, including the introduction of new vaccines (such as the malaria vaccine) in six counties, intensified outreach to reach zero-dose children, daily health facility immunization services, and polio and measles elimination strategies, were implemented. Additionally, Liberia conducted two synchronized rounds of the novel Oral Polio Vaccine type 2 (nOPV2) campaigns in response to confirmed cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) detected via environmental surveillance.

The NIP places strong emphasis on planning, training, advocacy, and social mobilization to generate demand for vaccines and increase coverage. Health worker capacity was strengthened through training programs to improve service delivery in underserved and hard-to-reach areas. Surveillance for VPDs and Adverse Events Following Immunization (AEFI) remains integral to the immunization strategy, ensuring rapid detection, response to outbreaks, and maintaining public confidence in vaccine safety.

Routine Immunization Performance

The EPI program is responsible for all immunization and immunization-related activities in Liberia. Its goal is to reduce morbidity and mortality due to vaccine-preventable diseases (VPDs) amongst children from birth to less than two years and also provide Tetanus Diphtheria vaccines to women of childbearing age. The key objectives of the program are:

- To increase routine immunization coverage among children under two years as measured by the third dose of Pentavalent vaccine (Penta 3) from 82% in 2020 to at least 95% by December 31, 2024
- To reduce the drop-out rate to at most 10% by December 31, 2024
- To maintain and sustain gains made toward MNTE attainment
- To maintain polio-free state status by the end of December 2024
- To introduce the new vaccine into routine immunization once available

Table 19. Target population group for routine supplemental immunization 2024

Target group	Projected Population
Children < 2 years	167097
Children 0-59 months	857,768
Pregnant women	256,216
Women of childbearing age (WCBA)	1,024,866

Table 20 Immunization coverage per antigen by county

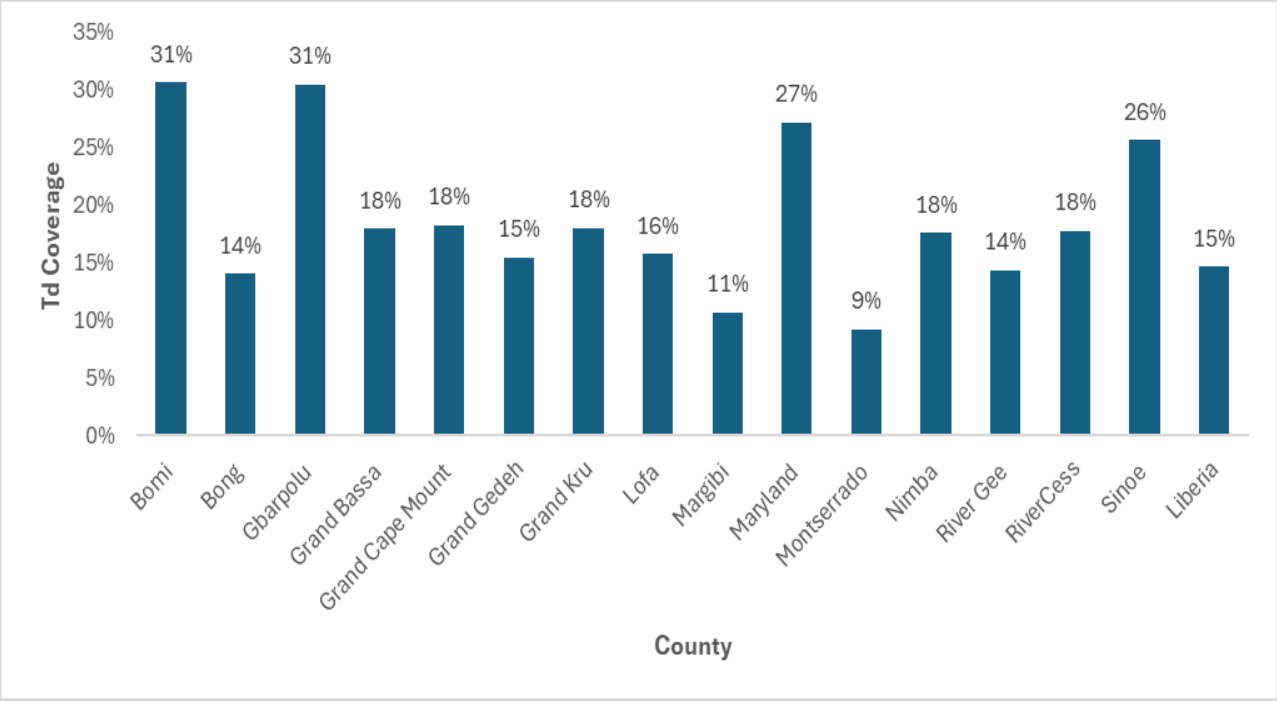
Tetanus Diphtheria (Td)

Tetanus Diphtheria (Td) vaccines are administered to pregnant and non-pregnant women of childbearing age (15–49 years) to protect their unborn children from neonatal tetanus. In Liberia, TD vaccines are administered through routine immunization services. In 2024, 487,211 doses of Td vaccines were administered to women of reproductive age, including both non-pregnant and pregnant women. Pregnant women were the most beneficiaries of the Td1 and Td2 vaccines, accounting for 65% and 56%, respectively. For Non-pregnant women of reproductive age, Td1 and TT2 coverage was 6% and 4% respectively. The Table below provides details on TD administration by County in 2024.

Table 21: TD vaccines administration by county 2024

County	Catchment Population	Est. Preg. Women (5%)	Td1		Td 2+		Td Coverage	
			Non-Preg.	Preg.	Non-Preg.	Preg.	Td1 Preg	Td2+Preg
Bomi	142952	6576	4581	5649	5152	8141	86%	31%
Bong	490273	22553	3195	13321	6661	19553	59%	87%
Gbarpolu	97924	4505	2165	5258	3737	6297	117%	140%
Grand Bassa	303176	13946	3980	12686	6178	13322	91%	96%
Grand Cape Mount	188665	8679	3046	6134	3131	7787	71%	90%
Grand Gedeh	234961	10808	3003	7233	3206	7118	67%	66%
Grand Kru	119633	5503	2368	3454	1790	3895	63%	71%
Lofa	382218	17582	3136	10749	5698	16102	61%	92%
Margibi	321635	14795	2459	8047	3404	7981	54%	54%
Maryland	178505	8211	6081	6564	6267	7280	80%	89%
Montserrado	2073722	95391	13399	52329	15672	43657	55%	46%
Nimba	648233	29819	5088	23115	6474	28093	78%	94%
River Gee	128927	5931	1672	3155	2529	3913	53%	66%
Rivercess	99367	4571	1229	3458	1243	4014	76%	88%
Sinoe	159732	7348	4442	5282	5064	7574	72%	103%
National	5,569,923	256216	59844	166434	76206	184727	65%	72%

Figure 4: Td coverage by county 2024 (pregnant and Non-pregnant)



Main Activities

Throughout 2024, the Expanded Program on Immunization (EPI) within the Ministry of Health, with strong collaboration from partners, carried out several critical activities aimed at

strengthening Liberia's immunization coverage and reaching underserved populations. Despite a slow start due to political transitions and logistical challenges, significant progress was made, particularly in the fourth quarter.

Routine Immunization

- Daily routine immunization services were maintained at health facilities nationwide.
- Essential cold chain equipment was deployed, and routine vaccines were distributed from the National Vaccine Store to regional and county depots.
- Post-malaria vaccine supportive supervision visits ensured quality service delivery following the new vaccine rollout.
- Two rounds of Periodic Intensification of Routine Immunization (PIRI) were conducted in 14 counties to address missed vaccinations.

New Vaccine Introduction

- Liberia successfully introduced the R21/Matrix-M malaria vaccine in six southeastern counties: Grand Gedeh, Grand Kru, Maryland, Sinoe, Rivercess, and River Gee.
- A Malaria Vaccine Scale-up Application was submitted to Gavi to expand access nationwide.

Polio Response and Supplemental Immunization Activities (SIAs)

- Three rounds of nOPV2 campaigns were implemented across all 15 counties, achieving a 109% vaccination rate (857,768 target vs. 934,689 children vaccinated)

Targeted Campaigns

- A mini-HPV vaccination campaign targeted adolescent girls in four districts of Montserrado County: Bushrod, Somalia Drive, Central Monrovia, and Commonwealth.
- A successful measles vaccination campaign was conducted across all 15 counties, with plans for a Measles Root Cause Analysis through both quantitative and qualitative methods.

Surveillance and Training

- A Training of Trainers (TOT) program was conducted for all County Surveillance Officers (CSOs) on Vaccine Preventable Diseases (VPD) surveillance, laying the groundwork for district-level rollouts.
- Adverse Events Following Immunization (AEFI) surveillance was enhanced during all campaigns and vaccine introductions.

Vaccine Supply, Cold Chain, and Logistics

- UNICEF donated cold chain equipment and accessories worth over US$400,000 to the Ministry of Health to ensure the safe storage and delivery of vaccines, supporting routine immunization for children and mothers.
- The Ministry of Health, in collaboration with Africa CDC and GIZ, enhanced vaccine distribution, cold chain maintenance, and community engagement in immunization activities.
- Efforts were made to strengthen the supply chain management system for routine services, with data on vaccine availability and stock-outs reported annually through the WHO/UNICEF Joint Reporting Form on Immunization (JRF).

Community Engagement and Communication

- Community engagement efforts were strengthened using the Community Health Assistant (CHA) platform during outreach sessions and mass vaccination campaigns.
- Regular advocacy, social mobilization, and technical working group meetings were held with stakeholders, including NPHIL and MOH departments, to guide outbreak responses and new vaccine introductions

Strategic Planning and Equity Efforts

- Development of the Equity Assessment Fund (EAF) Utilization Roadmap was initiated to address immunization inequities, especially in hard-to-reach communities.

Supplemental Immunization Activities (SIAs)

Supplemental immunization activities are primarily focused on mass vaccination. It is usually conducted at times to narrow immunity gaps from routine immunization or respond to outbreaks through nationwide/circumscribed or catch-up campaigns, depending on the nature of the response. The SIA mainly targets children between the ages of 0 and 59 months. However, depending on the age group affected by the disease, the SIAs widen the scope.

The Expanded Program on Immunization (EPI), along with its partners, conducted three rounds of successful mass nOPV2 vaccination campaigns (Novel Oral Poliovirus Type 2 Vaccination) and a round of measles follow-up campaigns. The nOPV2 campaigns targeted 857,768 children aged 0-59 months, and the measles campaign targeted 779,789 children aged 9-59 months.

However, to actualize this global mandate, strategic objectives were developed to ensure that the current gains made are sustained and maintained. These objectives include, but are not limited to, the following.

Achievements

Administrative Coverage by County

Table 22. Administrative coverage of nOPV2 and Measles Campaign by County 2024

County	nOPV2			Measles
	Round 1	Round 2	Round 3	
Bomi	105%	109%	120%	107%
Bong	103%	109%	112%	104%
Gbarpolu	105%	109%	111%	102%
Grand Bassa	112%	118%	112%	104%
Grand Cape Mount	106%	108%	110%	99%
Grand Gedeh	95%	103%	100%	97%
Grand Kru	90%	99%	106%	99%
Lofa	106%	112%	108%	101%
Margibi	100%	100%	117%	104%
Maryland	92%	99%	99%	98%
Montserrado	94%	99%	99%	94%
Nimba	129%	138%	139%	110%
River Gee	98%	99%	104%	101%
Rivercess	107%	119%	105%	102%
Sinoe	99%	109%	114%	108%
Liberia	**102%**	**108%**	**109%**	**100%**

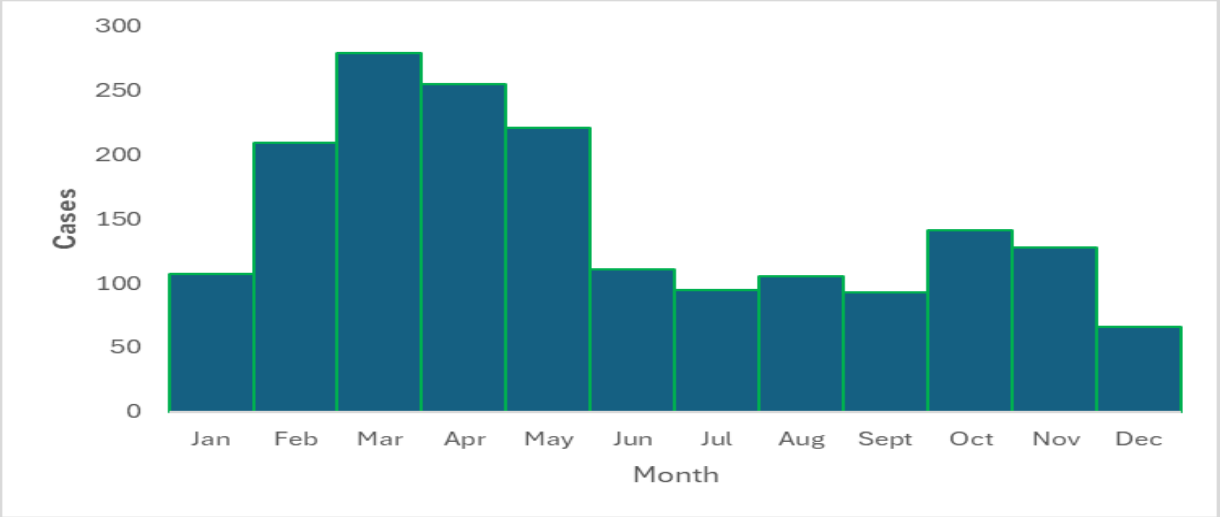
Surveillance (Vaccine-preventable diseases)

During the reporting period, Liberia made significant strides in enhancing its immunization and disease surveillance systems through coordinated efforts led by the Ministry of Health and the National Public Health Institute of Liberia (NPHIL), with support from partners such as the U.S. Centers for Disease Control and Prevention (CDC) and the African Field Epidemiology Network (AFENET). Key VPDs' activities conducted during the period include:

- Adverse Events Following Immunization (AEFI): Four severe AEFI cases were reported, one in Bomi County and three in Nimba County. These cases were thoroughly investigated and managed at the hospital level, ensuring patient safety and maintaining public confidence in immunization programs.
- Disease Surveillance Enhancements: Collaborative efforts with NPHIL's Department of Infectious Disease Epidemiology (DIDE) led to the production of weekly epidemiology bulletins, providing timely data for informed decision-making. Comprehensive training sessions on Vaccine-Preventable Disease (VPD) surveillance were conducted for all District Surveillance Officers (DSOs) and Zonal Surveillance Officers (ZSOs) nationwide, thereby bolstering the country's capacity to detect and respond to outbreaks.
- Environmental Surveillance**:** Positive cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were detected in samples collected from the Fiamah Treatment Plant and Redemption Street Bridge sites in Montserrado County. Additionally, a Sabin-like poliovirus was identified from an acute flaccid paralysis (AFP) sample in Grand Cape Mount County, prompting detailed investigations to prevent potential outbreaks.
- AEFI Surveillance System Assessment**:** An assessment of the AEFI surveillance system was conducted in Grand Gedeh, River Gee, Maryland, Grand Kru, Sinoe, and Rivercess counties. This evaluation, aligned with WHO guidelines, was part of the preparatory activities for introducing the malaria vaccine, aiming to ensure robust monitoring of vaccine safety and efficacy.
- Electronic Surveillance Training: A Training of Trainers (TOT) program on electronic surveillance (eSURV) was implemented for all County Surveillance Officers (CSOs) and national-level stakeholders. Plans are underway to extend this training to district-level personnel, thereby enhancing data collection and reporting capabilities nationwide.
- Measles Vaccination Campaign Support: In collaboration with the Supplemental Immunization Activities (SIA) Unit, support was provided for the nationwide measles-containing vaccine (MCV) campaign, aiming to increase coverage and prevent outbreaks.
- Monkeypox (Mpox) Outbreak Response: Leadership was provided in developing an immunization plan for the monkeypox (Mpox) outbreak response, aligning with the Continental Response Plan 2.0. This plan emphasizes intensified efforts to control outbreaks and implement concrete actions to mitigate the spread of Mpox across the region.
- Capacity Building: The Liberia Field Epidemiology Training Program (LFETP) continued to play a pivotal role in strengthening the country's public health workforce. As of September 2024, LFETP has graduated 291 individuals at the Frontline level and 116 at the Intermediate level, including 39 Medical Directors trained through the

Executive FETP. These trained professionals have played a crucial role in outbreak investigations and responses at various levels of the healthcare system.

Figure 5. Trend of measles cases Jan-dec 2024



During the period under review (Epi weeks 1–52), the number of measles cases increased from Epi weeks 4, 18, and 49. Between Epi wk. 21 – 49, there was a moderate case load

Table 23. VPD case load by county 2024

Row Labels	AFP	Measles	Neonatal Tetanus	Yellow Fever	Grand Total
Bomi	5	28	0	4	37
Bong	3	39	5	1	48
Gbarpolu	4	54	0	4	62
Grand Bassa	3	62	10	4	79
Grand Cape Mount	7	57	0	13	77
Grand Gedeh	7	192	0	8	207
Grand Kru	3	165	3	25	196
Lofa	12	55	0	5	72
Margibi	2	18	0	0	20
Maryland	3	213	0	7	223
Montserrado	26	75	11	2	114
Nimba	25	582	3	12	622
River Gee	1	145	0	8	154
Rivercess	2	12	1	7	22
Sinoe	5	113	0	1	119
Grand Total	108	1810	33	101	2052

Table 24.Non-Polio AFP rate 3/100000<15years by county week 52, 2024

County	< 15 years pop	Expected	Reported	Non-Polio AFP Rate	Number of cases <14 days specimen collected	% of stool <14days	Number of cases with lab result	Number of NPENTs	% of NPENT	with out lab
Bomi	62196	0.6	5	8.3	5	100	5		0	
Bong	215425	2.2	3	1.4	3	100	2		0	1
Gbarpolu	43630	0.4	4	10.0	4	100	4		0	
Grand Bassa	134743	1.3	3	2.3	3	100	3		0	
Grand Cape Moun	82471	0.8	8	10.0	8	100	6	2	25	
Grand Gedeh	101412	1.0	7	7.0	7	100	6	1	14	
Grand Kru	51467	0.5	4	8.0	4	100	3	1	25	
Lofa	168626	1.7	11	6.5	11	100	10	1	9	
Margibi	140931	1.4	1	0.7	1	100	1		0	
Maryland	78808	0.8	2	2.5	2	100	2		0	
Montserrado	898124	9.0	25	2.8	25	100	21	4	16	0
Nimba	285705	2.9	24	8.3	24	100	16	6	25	2
Rivercess	57047	0.6	2	3.3	2	100	2		0	
River-Gee	42729	0.4	1	2.5	1	100	1		0	
Sinoe	69556	0.7	5	7.1	5	100	3	1	20	
Liberia	2432868	24.3	105	4.3	105	100	85	16	15	3

Non-Polio AFP Rate	<3 =	
	≥ 3 =	
Stool adequacy	<80% =	
	≥80% =	
Non-Polio Enterovirus	<10% =	
	≥10% =	
	Silent	

As of date, we have received lab results for the 105 samples sent to the Lab with 3 pending results.

Vaccine quality and other supplies

During the reporting period, Liberia's immunization supply chain saw significant improvements through effective collaboration between the Ministry of Health and key partners, including UNICEF, WHO, the World Bank, Africa CDC, and GIZ.

Efforts were made to integrate the Expanded Program on Immunization (EPI) supply chain with the broader Ministry of Health logistics system. This included aligning vaccine nomenclature on the Electronic Logistics Management Information System (eLMIS) and conducting temperature mapping studies at the Central Medicine Store (CMS). A draft memorandum of understanding was developed, and discussions with stakeholders and a visiting Gavi team focused on optimizing the movement of vaccines and supplies to the CMS.

The table below shows the vaccines received at the national level, distributed to the counties, and balanced at the national depot from January to December 2024.

Table 25. Summary of vaccines received and issued in 2024

Antigen	Available	Issued/Used	Balance
BCG	642,000	332,000	310,000
bOPV	1,075,000	1,020,600	544,00
IPV	144,100	139,650	4,450
PENTA	586,800	394940	191,860
PCV	575,400	332,400	243,000
ROTA	440,400	245,300	195,100
MCV	1,459,500	753,00	706,500
Yellow Fever	407,500	267,100	140,400
TCV	108,420	101,760	6,660
HPV	131,710	103290	28,420
Td	726,400	357,200	369,200
J&J	0	0	0
Pfizer	351,360	77,820	273,540
Mpox	10800	6,800	4,000

Challenges

- Many vaccinators are not on the GoI payroll, which is causing motivation issues.
- Trained Clinician Associates (CAs) are transitioning to other roles, leading to staff attrition.
- A significant number of health facility staff and Community Health Assistants (CHAs lack training in AEFI surveillance.
- There is a notable knowledge gap in some districts and health facilities regarding the completion of data tools and reporting procedures.
- There is no dedicated budget allocated to AEFI surveillance within the EPI program.
- Delays in printing essential tools occur as partners await the Minister of Health's signature on the foreword pages of guidelines and Standard Operating Procedures (SOPs).
- Some health facilities experience stock-outs of AEFI reporting forms.
- Final classification of severe AEFI cases remains pending, indicating potential delays in the investigation and documentation processes.
- The cascading of electronic surveillance (eSURV) training has been delayed, hindering the adoption of digital reporting systems.
- Limited IEC/BCC materials for routine immunization
- Low community mobilization activities
- Limited or no evidence of robust community engagement for routine immunization
- Lack of Data Validation activities by County Health Teams, resulting in the poor quality of data

- Over 100% coverage reported for most antigens, predominantly caused by denominator issues in most counties.
- Timeliness – Delay in the submission of timely reports due to a lack of computers for the majority of the data officers at the district level.

Recommendations

Enhance Human Resource Capacity

- Recruit additional Clinician Associates to manage AEFI cases effectively.
- Implement both introductory and refresher training programs for CAs to ensure up-to-date knowledge and skills.
- Develop and execute a comprehensive training plan for health workers nationwide, focusing on AEFI surveillance protocols.
- Provide targeted training for newly appointed surveillance officers at the health facility level.
- Conduct regular supportive supervision to address knowledge gaps and enhance the competencies of surveillance officers.

Strengthen Financial and Logistical Support

- Conduct regular supportive supervision to address knowledge gaps and enhance the competencies of surveillance officers.
- Collaborate with partners to secure funding and resources dedicated to AEFI surveillance activities.
- Work with partners, particularly WHO, to produce and distribute additional AEFI reporting forms to health facilities.
- Conduct advocacy meetings to mobilize in-country funding aimed at bolstering AEFI surveillance initiatives.

Improve Operational Efficiency

- Conduct advocacy meetings to mobilize in-country funding aimed at bolstering AEFI surveillance initiatives.
- Develop a strategic plan for the distribution of surveillance tools to counties, ensuring timely and equitable access.
- Accelerate the rollout of eSURV training for District Surveillance Officers (DSOs) and Zonal Surveillance Officers (ZSOs) to modernize data collection and reporting mechanisms.
- Establish clear protocols and timelines for the classification and documentation of severe AEFI cases to enhance response times and data accuracy

Surveillance:

- National Surveillance Team to heighten VPD surveillance activities at all levels
- All levels to ensure timely reporting and feedback (Weekly, Monthly, and Quarterly)
- County Surveillance Officers should ensure that all detected cases are line-listed with focus on AFP, Measles, and other VPD reported to the DPC data unit weekly.

Data Quality:

- OIC should ensure that at least one complete set of EPI data tools is available
- Counter Verification – To ensure that the data is consistent across all data collection instruments, vaccinators should verify the report from both the daily summary book and the ledger when compiling the monthly report

Logistics:

- Ensure that all counties and health facilities establish a systematic replenishment plan to resupply health facilities with vaccines and other needed supplies (e.g., EPI data tools). If this is done correctly, it will help to address issues relating to stock-out of vaccines and the EPI data tool, since stock-out isn't a national problem
- Expansion of current cold chain capacity at all levels through the installation of 140 solar direct drive (SDD)
- Procurement of 100 motorbikes under GAVI–HSS, plus 60 through WHO, for onward distribution to health facilities to support the conduct of outreach services
- Recruitment, training, and deployment of 15 counties' cold chain technicians (CCT) to counties
- Strategies for hard-to-reach areas or inaccessible communities (i.e., Focus or campaign outreach, mobile, etc.)

National Leprosy and Tuberculosis Program

Liberia is classified as a high-burden Tuberculosis country by the World Health Organization. The government is now experiencing a considerable number of Multidrug-Resistant (MDR) cases nationwide. The National Leprosy and Tuberculosis Control Program (NLTCP) is one of the three national disease programs supported by the Global Fund for Malaria, TB, and HIV/AIDS in Liberia. NLTCP is the national program with the mandate and responsibility to plan and implement strategic activities and interventions for TB prevention and control in the country.

In this regard, the National Tuberculosis Reference Laboratory (NTRL) consistently performs TB Culture, as well as first- and second-line drug susceptibility testing. NTRL collaborates with private culture labs across the country that have enrolled in the External Quality Assurance (EQA) program for both Microscopy and GeneXpert. The NTRL performs AFB smear microscopy, GeneXpert MTB, and TB culture (Solid and Liquid Medium), including first-line and second-line DST, as well as Line Probe Assays (LPA, Hain) for both first-line and second-line treatment.

The patients eligible for culture include prisoners, MDR contacts, all presumptive Retreatment cases with MTB on Xpert MTB/RIF, all MDR patients on treatment, and all other categories with rifampicin resistance by Xpert MTB/RIF.

Achievement

- 2024 World TB Day was commemorated with TB School awareness
- Conducted TB awareness in P. C.S. High School, Kendejah High School, SDA High School, and Dominion High School, as well as media engagement awareness that constituted radio talk shows on ELBC and ECOWAS Radio, and airing of jingles, and an indoor program at which the first lady, Madam Boakai, delivered a keynote. Speech.

- The first lady challenged everyone to redouble their efforts in reducing TB deaths by 95% and cut new cases by 90% between 2015 and 2035, as enshrined in the post-2015 End TB Strategy.
- With support from the Carter Center under the TB REACH Project, TB preventive Therapy (TPT) recording and reporting tools were validated and integrated in the DHIS2 for routine reporting. The TB Reach project seeks to integrate Mental Health and TB screening services in partnership with the Mental Health Unit at MOH, NLTCP, and the Carter Center.
- With support from the Carter Center under the TB REACH Project, a pool of staff from the NLTCP and the Montserrado CHT, comprising staff from TB Case Management, Laboratory, program, and M&E staff, conducted a facility-based supervision of all forty-six (46) TB treatment facilities in Montserrado County.
- Conducted mentorship for TB/MH service providers on TB Screening, Case management, diagnosis, and treatment
- The supervision teams interacted directly with service providers and reviewed all recording and reporting ledgers at their facilities. The supervision also generated the following key summary findings:
- All notified TB cases are tested for HIV and documented, while all TB cases are also screened for mental health with forms attached to patients' charts
- Anti-TB Drugs available at all facilities visited, with shelf life of up to 2025 and December 2026.
- Up to 80-90% of facilities visited have TB reporting and recording tools, with mental health screening tools
- TPT services are limited at all facilities visited
- TB ICC & BCC materials were available at all facilities visited
- The TB program installed four X-ray machines and five Hematology machines at selected facilities in the country. The Global Fund procured these two sets of equipment. The Hematology analyzer machines were installed at the following locations (Liberia Government Hosp-Bomi, Liberia Government Hosp—Bassa, TB Annex Hosp- Montserrado, CB Dunbar Hosp-Bong, Redemption Hosp-Montserrado, and Ganta Rehab Hosp-Nimba)
- X-ray machines were installed at the following locations (TB Annex Hospital, Redemption Hospital, Rene Hospital-Margibi, and JFK Hospital-Montserrado)
- Piloted stool testing in eight TB facilities in Montserrado, Maryland, Nimba, and Bassa counties. Upon completion of the pilot and analysis of the results, the program and partners will decide to integrate the new intervention into our
- Laboratory diagnosis of TB will increase TB case notification among children.

Challenges

- The program is heavily reliant on donor funds, especially the Global Fund, for implementation. Due to the current global trend of financial crisis and donor fatigue, the Government of Liberia needs to take full responsibility for implementing the program to ensure its financial sustainability.

Community Pharmacy

The Government of Liberia (GoL) has been financing free care for the public sector. At the same time, out-of-pocket expenditures (OOPs) apply to the private sector and some private health insurance schemes. This health financing system does not provide financial protection for people experiencing poverty, as OOP has increased from 35% to 53% in the last ten years. Liberia's Government Health Policy objective is to pursue Universal Health Coverage (UHC) by improving financial access to care through health insurance.

The Community Pharmacy Units were established with the mandate to implement a community pharmacy scheme that would alleviate the situation of stockouts of essential medical supplies and reduce the burden of out-of-pocket expenditure through a cost-sharing mechanism.

The Community Pharmacy system will ensure the availability of drugs in all public health facilities, with the community being part of its management, and serve as a precursor to the introduction of a more sustainable health financing scheme, namely, the National Health Insurance.

Achievement:

- The HFU has reviewed the Community Pharmacy manual
- The training manual has been reviewed and adapted to the Community Pharmacy Concept
- Few Facilities Have been visited and assessed by the Unit, including CB Dumbar, the Liberian Government Hospital in Bomi County, the Liberian Government Hospital in Grand Bassa,
- There have been several meetings held involving the HFU and the representation of the pharmacy Unit, the Government, OFM, M&E, to plan for the next action plan.

Family Health Program

The Maternal, Newborn, and Child Health (MNCH) program is focused on addressing key health challenges affecting women and children across Liberia. The program coordinates nationwide efforts to ensure the delivery of high-quality maternal and child health (MCH) services to clients. A core priority of the program is reducing maternal and neonatal mortality, in alignment with national health objectives and global targets, such as those outlined in the Sustainable Development Goals (SDGs).

Achievement

The program has set up infant resuscitation tables in two of the four health facilities visited in Sinoe (Jacksonville Clinic and FJ Grant Hospital. However, there is a gradual improvement in the effort to reduce maternal and neonatal deaths in the county.

- Maternal and Neonatal deaths are reviewed and reported immediately/within 24 hours
- Increased awareness of the negative effects of home delivery through the county health team and local authorities.
- Availability of revised MPNDSR Guidelines & review forms were adhered to
- Stillbirths are reviewed internally by OB staff & documented (JJ Dossen)

- HF conducts near-miss MN cases & death cases of concerns
- Babies born in the hospital now have charts (Bomi)

Challenges

- There has been a total of 799 neonatal deaths between January and December 2024 across all counties. Of these 799 deaths, 108 (13.5%) were accounted for by community deaths, while 691 (86.5%) accounted for facility deaths. Montserrado County reported the highest number of neonatal deaths (436), followed by Bong County with 95 deaths and Nimba with 55 deaths. In contrast, River Gee recorded the lowest number of neonatal deaths, with just 8 cases, followed by Gbarpolu and Maryland Counties, which had 10 deaths each. This reveals that counties in central Liberia accounted for the majority of neonatal deaths after Montserrado compared to the other counties.
- Neonatal deaths by various causes were found, with birth asphyxia being the most significant cause, accounting for 71 deaths, followed by neonatal sepsis with 25 deaths. Preterm birth accounts for 9 cases. Fewer deaths are attributed to stillbirth, aspiration, congenital disabilities, and low birth weight
- Conducted mentorship at all 24 health facilities visited within the six Counties on hands-on usages of the pathography, applying and removing anti-shock garments, active management of the third stage of Labor, removing retained placenta, Management of PPH using uterine tonic drugs, UBT insertion, usages on MVA Set HBB, administration of magnesium sulfate, insertion and removal of IUCD, Proper filling out of the MCH Ledgers, and usages of the Gestational wheel to detect EED of pregnancy.
- Damaged incinerator for waste management or poor IPC standard across the six counties. Poor referral system across all six counties (poor ambulance service
- Delay in referral from peripheral facilities
- Stock out of essential antibiotics except for F J Grant & Gbediah, which have a minimum amount of oral antibiotics
- Limited staff working within the maternity unit across the six counties
- NICU is partially functional at Gbediah Hospital (No photo therapy machine, no NG tube, no radiant warmer), and the remaining counties
- No functional Ambug bag for newborn resuscitation within all the health facilities visited in Sinoe
- Uterotonic drugs (oxytocin & misoprostol) stock out in Henry Town Clinic, Gbarpolu County
- Family Planning services are provided only in a youth-friendly clinic in Sinoe, with no routine FP services.
- Combined labor and Delivery rooms across all six counties
- No fuel for the oxygen tank in Maryland
- 50 % of the health workforce in all six counties have served as volunteers for over 4-5 years

- Limited supply of electricity (only solar source) within major referral hospitals, except RTM, which has a backup generator in Sinoe from PBF funding
- Limited supportive supervision by the reproductive health department within the county due to limited logistical support

Reproduction Health

Activities

- Supply plan review meetings for reproductive health/family planning commodities. Forecast review meetings for reproductive health/family planning commodities
- Quarterly requisitions for reproductive health/family planning commodities
- Supervision of reproductive health/family planning
- Physical inventory of reproductive health/family planning commodities

Achievements

- Strengthened collaboration with County Pharmacists to ensure the timely delivery of commodities and improve stock monitoring mechanisms.
- Strengthened collaboration with County Pharmacists to ensure the timely delivery of commodities and improve stock monitoring mechanisms.
- Adjustments to the national distribution plan were made to prevent potential stockouts and overstocks at health facilities.
- Forecasting models were adjusted to reflect updated service delivery and consumption data
- 100% of requisitions were successfully submitted to the National Warehouse for distribution, ensuring a continuous supply to all health facilities.
- On-site training was provided to health facility staff on proper commodity handling, stock management, and reporting practices to mitigate future errors

Challenges

- Delays in commodity deliveries
- Unpredictable fluctuations in demand
- Data inconsistencies
- Delays in requisition submissions
- Inadequate storage conditions
- Limited availability of staff
- Incomplete records at certain facilities
- Poor documentation practices

Recommendations

- To address these challenges and improve the management of RH/FP commodities, the following recommendations are proposed:
- Strengthen coordination with key partners to improve the efficiency of supply chain management and reduce delays in deliveries.
- Implement automated monitoring tools to detect shifts in demand earlier and more accurately, improving forecasting.
- Conduct additional training for data collection staff at service delivery points to enhance accuracy in reporting and forecasting.
- Regularly update forecasting models to reflect current trends in service delivery, improving planning accuracy.
- Streamline the requisition approval process within the eLMIS to prevent delays and ensure timely distribution.
- Improve stock monitoring in hard-to-reach areas to prevent stockouts by utilizing real-time tracking tools.
- Increase the frequency of supervisory visits to high-risk and underperforming facilities to provide better oversight and support.

Community Health

Community Health is a foundational strategy aimed at enhancing access to and utilization of essential health services and interventions, particularly for populations in hard-to-reach areas. The current community health landscape in Liberia demonstrates a significant commitment towards achieving Universal Health Coverage (UHC). This is pursued by improving access to vital life-saving services across the nation, especially within its most remote communities.
The National Community Health Program serves as the cornerstone of Liberia's healthcare delivery system. It is instrumental in driving the effective implementation of:

- Delivery of Integrated Services: Ensuring a holistic approach to healthcare provision.
- Monitoring and Evaluation: Systematically tracking progress and identifying areas for improvement.
- People-Centered Community Health Services: Prioritizing the needs and involvement of communities in health initiatives.

This program plays a critical role in strengthening disease prevention and treatment efforts throughout Liberia. The overarching goal of the National Community Health Program is to reduce the burden of disease in Liberia by: significantly

- Increasing access to high-quality, standardized community health services.
- Promoting the utilization of resilient and responsive community health interventions.

Achievement

- Validated NCHP Advocacy, Costing, and Sustainable Financing Strategies
- Conducted a Bi-Annual Review Meeting in which deliberations aimed at addressing critical gaps and challenges to enhance implementation in subsequent months

- Developed a Revised NCHP Competency-based Curriculum
- Conducted Data Quality Review to improve the quality of data
- Five counties, namely Sinoe, Maryland, Grand Kru, Grand Cape Mount, and Bong, completed 100% of their household registration and entered data (using the DHIS2)
- Improved supply system to enable CHAs to provide treatment to about 90% of cases of all malaria, diarrhea, and pneumonia identified during the period under review.
- Trained 3,641 CHAs, including CHSSs, on a digital platform for the NCHP to improve the data quality and assurance for real-time reporting and provided digital devices and tools to enhance the quality-of-service delivery and data outcomes
- Developed a Community Health Workforce eMaster List platform that is hosted on the DHIS2 to enhance HR data for CHWs
- Conducted training for the fifth (5th) Community Health Assistants (CHAs) cohort in Grand Bassa County. Orientation was conducted for 17 CHSS and master trainers, and 160 out of 170 completed the full course of training.
- Conducted Malaria Vaccine Training for Community Health Workers in the Six Southeastern Counties in collaboration with the Expanded Program on Immunization (EPI), the National Malaria Control Program (NMCP), the Health Promotion Division, Last Mile Health, and other partners. A total of 145 CHSS and 1027 CHAs were trained
- Artemether and Lumefantrine Training for CHA: Following the change in the first-line malaria treatment from ASAQ to AL, NCHAP conducted training for CHWs in the fifteen counties. The training was delivered in two phases: TOT for CHSS and county supervisors, followed by district-level roll-down training for CHAs. In Rivercess 30 CHSS and 252 CHAs were 25 CHSS and 210 CHAs trained in Grand Gedeh. In Grand Bassa, 64 CHSS and 450 CHAs were trained. The training was facilitated by CHSD and NMCP staff, with monitoring done by the CHT supervisors.

Challenges

- The Community Health Services Division has only one functioning vehicle to conduct supervision and monitoring of the program implementation as required by the NCHP guidelines.
- Limited office space for CHSD staff as more staff are being added
- CHSS of all USAID-funded counties (Lofa, Bong, and Grand Kru) have not received salaries since February 2024.
- At CMS, the CHA commodities are supplied with other programs, which makes it challenging to pick and package the commodities.
- No laptops for the Assistant Director and the Curriculum Development Team.
- Delay in the procurement of CHA commodities and other items under the Project 5993.
- Constant stock out of iCCM commodities (ORS, Zinc 20mg, Amox 250mg, PCM 100mg, and anti-Malaria) continues to undermine the work of the Community Health Workers

Mental Health Unit

The Mental Health Unit was established in 2009 by the Ministry of Health as mandated by the Essential Package of Health Services with the responsibility to coordinate, supervise, and monitor Mental, Neurological, and Substance Use Disorders services in Liberia.

Achievements

- Developed Mental Health Policy & Plan
- M&E Framework of MH Policy completed
- Annual Work Plan validated
- Development of the Mental Health Dashboard
- Celebration of World Mental Health Day
- Completion of the Mental Health Atlas
- Contextualization of the mhGAP 3.0
- Revised the Mental Health Ledger/Register
- MOH Comprehensive SUD Intervention design
- MOH Primary Prevention is ongoing in schools and communities
- Assessment of institutions providing SUD and Mental Health services completed in Montserrado and Grand Bassa Counties
- Commencement of the Echo TOT training for UTC&UPC
- Scholarship for two Mental Health clinicians at the Ghana University was completed
- Establishment of Wellness Centers within various counties, as requested by the Hon. Minister of Health, completed
- 50 acres of land were purchased for the building of a neuro-psychiatric hospital. The land is situated in Bentol, Montserrado County
- Integration of Mental Health Services into HIV Service delivery completed
- Ratification of the 1971 Conventions was completed to allow for the importation of controlled
- substances (specific psychotropic medications which have been enlisted on the Essential Medicine List)
- WHO has confirmed commitment to procure medications used in the treatment of SUD (List reviewed and quantification concluded)
- New positions were created within the Mental Health Unit, and five new staff members were added.
- New positions (3 staff added): Lead Psychiatrist, SUD Services; Lead Psychiatrist, M/N Services; Coordinator, SUD Services
- Existing positions (2 staff added): Coordinator, Community MH; Coordinator, MH Education

Challenges

- Mental Health Unit does not have a functional vehicle for field activities and a laptop for staff
- County coordinators don't have a motorcycle for supervision and monitoring
- Medication stockout in facilities offering mental health services

Recommendation

- That medication be available to prevent constant relapse of clients
- That vehicles, motorbikes, and laptops be available to national and county coordinators
- Support adequate supervision, follow-up, and mentorship
- To request financial support from the government and Partners to cover the cost and print the
- Revised policy and plan

Essential medicines and Supply chain

Some essential psychotropic medications are in limited supply, with facilities suffering regular stockouts of the product. A situation that can be associated with the lack of available drug consumption data. Furthermore, in the past, mental health conditions have been reported as secondary diagnoses, which could have contributed to the limited information on mental health conditions and medications.

Throughout the 2024 annual year, the Mental Health Unit, through its assigned Pharmacist, has worked diligently with the Supply Chain Management Unit and the Pharmacy division to achieve the following:

- Integration of mental health commodity into LMIS, participated in the validation of the Essential Medicine Listing (EML), and quantification of Psychotropic medications
- Identification of the mental health tracer commodity
- Advocated and received a donation of psychotropic medications from Medicine du Monde (MDM) that was supplied to the counties per requisition
- The MHU received neuropsychiatric medications, which partners donated, and these were distributed to all 15 counties in 2024.
- On September 16, 2024, The Carter Center Mental Health Program began the construction of a Wellness Unit in the compound of the CH. Rennie Hospital in Kakata, Margibi County, aims to improve mental health services in Liberia.
- The National Mental Health unit has three staff members with 236 GOL Mental Health Clinicians assigned in every county. Since the attrition of three staff members (Technical officer for research, focal person for social workers, and technical officer for school mental health) from the mental health unit in January 2024, a serious human resource gap has existed within the unit. All attempts to recruit and fill the vacancies proved futile because the Human Resource Director clearly stated that there is no funding to recruit new staff.

Malaria Control Program

Malaria is the leading cause of attendance at outpatient departments and is also the number one cause of inpatient deaths in Liberia. Hospital records suggest that at least 39 percent of all inpatient deaths and 55 percent of deaths among children under age 5 are attributable to malaria (NMCP, 2013). Although curable and preventable, malaria remains a significant public health problem in Liberia, taking its most tremendous toll on young children and pregnant women. The National Malaria Control Program is the technical arm of the Ministry of Health that is responsible for implementing all Malaria control and elimination interventions in Liberia.

The NMCP, with support from the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria (GFATM), the U.S. President's Malaria Initiative, and several other local and international partners, has over the years scaled up Malaria prevention, treatment, and care. The Program is updating its new strategic Plan for the next five years (2016–2020), which aims to scale up key interventions, such as case management.

Main Activities

- Finalize and print the National Malaria M and E Plan
- Conduct the Episode Study to determine the malaria episode by age group
- Conducted two routine quarterly monitoring and evaluation of Malaria Control indicators
- Conducted Malaria Indicator Survey field activities
- Conduct ACT Drug Efficacy Study
- Finalize MIS report
- Finalize Impact evaluation studies
- The rollout training of County Supervisors on IPT and ANC nets
- Planned and began the implementation of IPT3 supervision to optimize three plus doses of IPT.
- Conduct two rounds of advocacy meetings
- Developed the PMI Malaria Operational Plan with PMI Washington and Liberia Teams

Achievements

- The Minister signed the Global Fund Proposal for continued funding, negotiated and approved, and the Grant.
- 2.6 million Nets procured for 2018 mass distribution.
- Treated over 1,442,498 suspected and confirmed malaria cases in both public and private health facilities from January to November 2024.
- M and E Plan finalized and printed
- Malaria episode study completed and report finalized
- ACT Drug efficacy Study commissioned and ongoing
- Malaria indicator survey report finalized and launched

- 105 health workers trained in malaria case management
- Coordination was also strengthened through the holding of bi-monthly meetings with USAID and partners
- Multiple supervisions and mentorship activities conducted to improve malaria service delivery

Case Management and Diagnostics

A total of 2,160,498 suspected malaria cases were recorded during the period under review. Of these cases, 83% (1,803,049) were tested using both RDTs and Microscopes. Test results showed 61% (1,103,359) of the suspects were positive for malaria infection. Treatment records revealed that 80% (1,442,657) of malaria cases were treated with the artemisinin-based combination therapy of artemisinin and amodiaquine (the recommended national first-line antimalarial treatment) during the period under review.

Malaria in Pregnancy

A total of 290,056 pregnant women and newborn mothers utilized malaria-related ANC services during the period under review. Prevention of Malaria in Pregnancy using prophylaxis accounted for 66% (191,681), with IPT2 recorded at 46%.

Challenges

- Getting all facilities to report on their stock status by the SBRR. Information was gathered during the monitoring and evaluation (M&E) visit.
- Inadequate information report from facilities through SCMU (Stock Balance and Requisition and stock-out of antimalarial information);
- Poor recording and reporting of some health facilities

Recommendation

- The PR and partners continue to strengthen the national supply chain system so that all stock information can be gathered through the SBRR.
- Improve the system to collect complete consumption and stock-out data information

National AIDS and STIs Control Program (NACP)

The NACP is responsible for managing and treating HIV/AIDS and STI conditions in the country**.** During the period under review, the program implemented activities to address the spread of the disease among the population with support from the Global Fund.

Achievements

- Seventy-five percent of the eight HIV care and treatment sites and community PrEP offices, including Ganta United Methodist Hospital, Karnplay Health Center, and E & J Hospital, participated in a PMTCT data verification survey conducted in collaboration with Evidence Action.
- The PMTCT Team, alongside the Care and Treatment and Laboratory units of the national program, rolled out TB Preventive Therapy across all FHI360-supported facilities in Montserrado, Margibi, and Nimba counties.

- Complemented by on-site training for healthcare providers supported by FHI360.
- The Prevention Team conducted supervisory visits to four facilities in Grand Bassa, providing mentorship to clinicians, while also engaging Community Health Officers to integrate maternal syphilis prevention into regular health activities.
- The Prevention Unit also worked with the supply chain team to ensure consistent availability of condoms and testing commodities for the National AIDS Control Program. Significant achievements include the integration of mental health services into HIV care with the Montserrado County Health Team, reaching consensus on testing algorithms for diverse populations, and adopting a family-centered approach to eliminate mother-to-child transmission of HIV, syphilis, and hepatitis.
- The unit also established a commitment to deliver high-quality services for HIV-positive pregnant women and successfully organized a stakeholder meeting to bolster Early Infant Diagnosis (EID) services, fostering collaboration among healthcare professionals and policymakers to combat vertical transmission of HIV.
- During recent supervisory visits to Bong County, the team tested 132 pregnant women for HIV, yielding no positive results, while testing for syphilis revealed one positive case that was treated. At Phebe Hospital, 23 pregnant women were diagnosed with syphilis and treated
- Across five facilities in Bong County, 394 pregnant women were tested for HIV, with two positives and 392 negatives. For syphilis, 335 women were tested, resulting in ten positive cases treated at Phebe Hospital. The Prevention Unit also hosted a PrEP Technical Working Group Meeting to engage stakeholders and NACP staff

Challenges

- HIV-positive mothers are not returning with their children for confirmation testing within the recommended timelines of six to eight weeks, twelve months, and twenty-four months. This issue, coupled with frequent shortages and poor management of pharmaceutical inventory, has contributed to patient attrition at treatment facilities.
- Additionally, data entry errors in the DHIS2 system by County Health Team clerks and inconsistent recording of dual HIV test results by clinicians have hindered accurate reporting through the Health Management Information System (HMIS).
- Improper documentation or a lack of documentation for the HIV condition in facilities.
- Lack of complete duo test kits in Zowienta Clinic, thereby forcing clinicians to rely on Determine tests.
- Stockouts of condoms and Uni-Gold tests persist as significant challenges at facilities like C.H. Rennie Hospital in Margibi.

Gaps

- Decline in testing coverage for pregnant women in Nimba, due to the limited availability of HTS ledgers in some facilities.
- Some facilities lack HTS ledgers
- Staff attrition has resulted in a shortage of ART personnel, complicating Early Infant Diagnosis (EID) and viral load testing across treatment centers.

- Lack of follow-up home visits has led to the loss of HIV-positive mothers and their infants, particularly since the mother peer program has been abolished, resulting in many infants missing their scheduled tests at 6-8 weeks, 12 months, and 24 months.
- Clinicians struggle with data computing in the HMIS report, leading to inaccuracies in recording confirmed negative and positive results.
- New clinicians lack knowledge of the HIV/syphilis dual testing procedure.
- A significant challenge lies in ensuring timely follow-up for HIV-positive mothers and their children, which is essential for their health and well-being.
- Prioritizing timely drug requests is crucial to prevent shortages, as lapses in pharmaceutical inventory management can negatively impact patient care and treatment efficacy

Neglected Tropical Diseases

The program achieved notable progress during the review period, as summarized below. However, it also faced significant challenges and gaps that may have impeded this progress, which are highlighted in this report.

Achievements

- The program successfully conducted a Pre-Mass Drug Administration (MDA) census, collecting and analyzing data in Grand Cape Mount, Montserrado, and Nimba counties for eligible and ineligible populations.
- Carried out Mass Drug Administration activities for schistosomiasis in five counties: Bong, Maryland, Lofa, Grand Kru, and Sinoe.
- Completed Lymphatic Filariasis Transmission Assessment Survey (TAS1) in Bong, Margibi, and Montserrado counties, which passed the survey and thus halted MDA, indicating that Lymphatic Filariasis transmission has been effectively interrupted in these areas.
- Received significant pharmaceutical supplies from the World Health Organization, including nearly two million doses of Albendazole, Ivermectin, and Praziquantel for NTD control.
- Logistics were enhanced with the procurement of motorbikes and computers to support case management. At the same time, supportive supervision was conducted in four counties to mentor health facility staff and improve reporting and treatment data.
- Developed a protocol for the second TAS, along with plans for Hydrocele surgery in multiple counties, and regular coordination meetings with partners have been held to ensure effective collaboration and oversight.

Challenges

- Limited involvement of Community Health Assistants (CHAs) and Community Drug Distributors (CDDs), who are experienced with the Mass Drug Administration (MDA)
- Distinguishing between smaller and larger communities has proven difficult, complicating targeted outreach efforts.

- The identification of experts for technical areas, including entomology and parasitology, for the Onchocerciasis and Lymphatic Filariasis elimination committee
- Shortage of vehicles necessary for executing multiple activities outlined in the 2024 annual operational plan.
- Delays and bureaucratic obstacles in accessing government-allotted funds.
- Limited capacity of County Health teams to effectively schedule personnel and locations, which is crucial for balancing competing priorities.

Supply Chain Management Unit

The Supply Chain Management Unit (SCMU) is the management structure of the Ministry of Health responsible for overseeing all supply chain activities within the Liberian Public Health Supply Chain system. The SCMU strives to maximize performance, based on the available resources, by facilitating seamless linkages between organizations and functions within the supply chain. The Unit functions include increasing the visibility of data throughout the healthcare system, monitoring the performance of the National Drug Service (NDS) / Central Medical Store (CMS), as well as county depots, healthcare facilities, hospitals, health centers, and clinics. The Unit further facilitates greater coordination between supply chain stakeholders to ensure alignment of demand with supply through data-based quantifications and the development of unified procurement plans. As a focal point for supply coordination, the SCMU is involved in virtually all supply chain and system strengthening interventions as the primary mechanism for institutionalizing good supply chain management practices and linking logistics activities throughout the supply chain.

Challenges

- Inadequate implementation of the supply chain master plan, especially for 2016-2024
- Inadequate Governance, Management, and Accountability issues across all levels of the system
- Fragmented procurement, warehousing, and distribution systems
- Inadequate inventory management system and some donated drugs leading to huge expiry of drugs and medical supplies
- Frequent stock-outs of essential medicines and supplies
- Inadequate quantification and forecasting of commodities and supplies

Recommendations

- Strengthen Supply Chain System governance and oversight through the MOH Technical Oversight committee
- Re-activate and strengthen the supply chain coordination mechanism – Supply Chain Technical working groups
- Develop a financing strategy for the supply chain system
- Improve the system of last-mile delivery and distribution to ensure healthcare products are available at the facility and community levels
- Develop and implement a strategy to maintain and reinforce commodity security

- Fragmented procurement, warehousing, and distribution systems
- Inadequate inventory management system, leading to the expiry of vast quantities of donated drugs and medical supplies
- Reinforce performance management across the system and disciplinary actions for non-adherence
- Reinforce the rational use of drugs in the era of antimicrobial resistance (AMR)
- Recruit and train additional staff for the Supply Chain Management unit to improve management and oversight
- Develop a long-term Human Resources development plan for the supply chain system
- Renovate/construct county depots and develop a maintenance plan
- Re-activate the community outreach pharmacy
- Assess and implement the Revolving Drug Fund scheme

Health Quality Management Unit (HQMU)

The HQMU is vital in setting up all quality and safety initiatives for success and has the responsibility to provide strategic directions and define the overall programmatic direction for quality leadership, management, and implementation in the MoH. The unit uses evidence-based best practices to develop a roadmap for quality improvement in Liberia.

Achievement

- The Unit conducted a Workshop to thoroughly assess the existing legally binding instruments affecting Infection Prevention and Control (IPC), Healthcare-Associated Infections (HAI), and Antimicrobial Resistance (AMR) in Liberia. This comprehensive analysis aimed to identify the strengths and weaknesses within these legal frameworks, with a focus on how they either support or hinder the development of robust IPC programs. The workshop sought to pinpoint areas where improvements are needed, laying the groundwork for future modifications and the development of more effective legal documents. The ultimate goal was to enhance the overall effectiveness of Liberia's IPC, HAI, and AMR programs.
- Infection Prevention and Control Practices and Healthcare-Associated Infections through Regional Approaches Legal Framework Development - Implementation of IPC Framework in Liberia.
- Distributed assorted Infection Prevention and Control (IPC) supplies to thirteen healthcare facilities: ten in Montserrado and three in Margibi County.
- Validated and finalized the Monitoring and Evaluation Plan for the National Infection Prevention and Control Certificate Training Program.
- Validated the Ebola and Marburg Disease IPC Guidelines for Liberia.
- Finalized the National Healthcare Quality Strategy for 2024-2028
- Strengthened Infection Prevention and Control (IPC) practices at John F. Kennedy Medical Center, JDJ Memorial Medical Center, and Redemption Hospital through onsite mentorship and coaching.

Challenges

- Lack of dedicated budget for IPC and QoC
- No vehicle for HQMU for the implementation of its activities
- Limited financial support from the national government.

Recommendations

- Provide adequate dedicated budget for HQMU activities
- Provide utility vehicle(s) for HQMU activities implementation.
- Recruit additional staff (Diagnostic Coordinator, Data Manager, etc.) for the unit
- Include HQMU in the annual allocation of operational funding.
-

Performance-Based Financing Unit

Performance-based Financing (PBF) is an implementing strategy employed by the Ministry of Health (MoH) to support the improvement of the quality health status of Liberians on an equitable basis. This strategy is also geared towards strengthening accountability and efficiency of service delivery in a decentralized manner, wherein functions are separated at the tier levels of care. Recognizing the need to strengthen health systems, the Ministry leads and establishes regulatory capacity by setting standards, developing policies and operational guidance, and monitoring and evaluating performance.

Activities

- Lessons learnt from the last fiscal year informed the revision and modification of the PBF operational manual by all key stakeholders to be implemented at primary healthcare facilities in Bong, Nimba, and Lofa counties
- Three days of training were conducted in each of the three FARA-supported counties on the updated PBF operational manual
- The regular monthly coordination meeting with partners was held to track progress on performance, identify challenges affecting implementation, and provide feedback to implementers
- To improve data quality for evidence-based decision making, the Unit worked closely with other relevant units, including M&E, HMIS, as well as county health teams and health partners, to conduct routine verification and counter-verification to validate accurate data at all facilities in the six counties (Bong, Nimba, Lofa, Margibi, Montserrado, and Grand Bassa)
- . Bonuses are being processed for payment for the service delivery bonus for July-September 2024 and the administrative bonus for January-June 2024
- The counter-verification team is preparing to counter-verify both administrative and service delivery indicators for July-December 2024.

Achievements

- The PBF Operational Manual for primary level implementation has been revised, validated, and disseminated to key stakeholders.

- With technical and financial support from Collaborative Support for Health, 145 persons in Bong (48), Nimba (67), and Lofa (47) were trained by the district and county health teams on the processes and procedures of PBF operations.
- Revision and validation of the standard performance indicators and the setting up of performance targets.
- A training of trainers workshop for county health teams, health partners, and PBF steering committees and hospital administrators on the concepts and principles of performance-based financing at primary and hospital levels
- 145 persons were trained from Bong (48), Nimba (67), and Lofa (47) counties on the concepts and principles of performance-based financing at the primary level.
- 205 supervisors from the six selected hospitals (Redemption - [35], CB Dunbar & Phebe - [57], Tellewoyan-[26], F.J. Grant [43], and Jackson F Doe [44]).
- Both clinics and hospitals developed business and operational plans to operationalize PBF
- Performance indicators were reviewed, validated, and endorsed for the primary level health facility and county health teams by all stakeholders.
- Reactivated PBF steering committees in Bong, Lofa, and Nimba counties.
- Identified PBF focal person in each of the three counties to support program implementation.
- Bong, Lofa, and Nimba Counties' Health Teams, alongside Africare and International Rescue Committee (IRC), conducted quarterly verification of service delivery indicators at 115 primary health care facilities to improve data quality and health services.
- Health Monitoring, Evaluation & Research Unit, along with the PBF, conducted counter-verification of administrative indicators at 20% health facilities in Bong, Nimba, and Lofa counties, which is equivalent to 18 primary health care facilities, to improve service data
- Paid bonuses for two quarters (Jan-June 2024) at 115 primary healthcare facilities in Bong, Nimba, and Lofa counties
- PBF and Quality Management Unit to finalize the Joint Integrated Supportive Supervision Tool to assess the quality of care at primary healthcare facilities.
- Hired a consultancy firm to develop and make operational the PBF data management system. The selected firm, Blue Square Technology, has conducted an analysis mission and submitted the first draft of its report, which has been reviewed by technical experts within the MOH and is awaiting feedback.
- The Unit worked very closely with the Quality Management Unit to revise and pilot test the MOH Joint Integrated Supportive Supervision (JISS) checklist to promote quality at the primary level of care. Some minor changes were made with the expectation that the revised checklist would be utilized in May 2024.
- For the fiscal period, key indicators for both administrative and service delivery, were selected to monitor health sector performance and assess progress made against set targets based on MOH priorities including maternal and child health as per of the

Essential Package of Health Services, in Bong, Nimba, Lofa, Montserrado, and Sinoe counties, at selected clinics, health centers and hospitals. Overall, there has been a gradual improvement in health performance indicators resulting from the PBF intervention.

- The project aims to strengthen the institutional capacity needed to improve health outcomes in maternal health, child health, and internal medicine at target facilities. The project deploys innovative approaches that focus on the quality of health services at five participating hospitals

Central-level PBF Training

- The PBF Unit, with technical support from a Technical Assistant, along with the Project Implementation Unit and the World Bank Liberia office, conducted training for 27 senior-level managers on the concepts and principles of PBF. More emphasis was placed on the institutional arrangement, with a focus on the specific roles and responsibilities of each actor.

Hospital-level PBF Training

- The PBF Unit, in coordination with the Project Implementation Unit, also conducted training for 205 senior management and quality improvement teams at selected hospitals (Tellewoyan, FJ Grant, Jackson F Doe, Phebe, and Redemption & CB Dunbar). Results from the training indicated a broader understanding of PBF concepts and principles, with emphasis on the roles and responsibilities of each actor. Following the training, each hospital developed business and operational plans to highlight strategies for mobilizing financial resources to support quality improvement. Performance agreement has also been signed. Phebe, Redemption, and CB Dunbar hospitals have received start-up funds and have begun implementation. Meanwhile, funds are being processed for Jackson F Doe, Tellewoyan, and FJ Grant to initiate implementation.

Challenges

- Harmonization of PBF at primary and secondary levels
- Limited human resource capacity
- Inadequate logistics
- Unstable and reliable internet connectivity for the office
- Vehicle maintenance.
- Internal coordination with other stakeholders
- Inadequate funding to conduct a client satisfaction survey in Bong

Recommendation

- A clearly defined communication line between the PBF Unit and the Fund-holder (e.g., HSSP) should be drawn to prevent overlapping of functions.
- The Unit still has a vacancy for one position (PBF Primary-level Officer). The slots have not been filled out yet, although the TOR has been sent to PIU for feedback to facilitate the recruitment
- Work with QMU to develop an electronic version of the JISS checklist.

Division of Complementary Medicines

The Division of Complementary Medicine (DCM) is the arm of the Ministry of Health that is responsible for the traditional medicine sector in Liberia. Under the Liberia Public Health Law, the Division of Complementary Medicine (DCM) is mandated to incorporate desirable aspects of Traditional Medical practice into the official health care delivery system to complement Conventional Medicine. The DCM is expected to work closely with stakeholders, including relevant agencies and line ministries, to achieve its objectives.

Main Activities

- Conduct data entry training for the Division staff by the NPHIL.
- Ongoing; Clinical Case Series Study to Evaluate Alternative Therapy Approaches on Scabies Rash in Liberia using traditional medicine
- Internal meetings with staff and partners.
- Decentralization of the Division activities in all 15 counties is ongoing.

Achievements:

- The Division of Complementary Medicine, in collaboration with the National Public Health Institute of Liberia (NPHIL), carried out a data collection exercise and took sample herbs from fifty (50) herbalists in five counties (Gbarpolu, Bomi, Cape Mount, Margibi, and Grand Bassa) for research purposes.
- A staff member from the Division of Complementary Medicine traveled to the People's Republic of China to study Traditional Chinese Medicine.
- Completed Mopping exercise in twelve (12) counties, namely: Gbarpolu, Bomi, Grand Cape Mount, Grand Gedeh, Sinoe, Rivercess, Margibi, Grand Bassa, Montserrado, Lofa, Bong, and Nimba counties, with a total number of 2,403 TMPs interviewed in 513 Communities visited.
- Developed a Five (5) Years Strategic Plan with an Operational Budget.
- Re-established the Complementary Medicine Board with new leadership from different institutions.
- Changed signatories at the LBDI Bank from the past Board members to the present leadership.

Challenges

- The African Traditional Medicine Day 2024 was not celebrated this year due to the lack of funding.
- The Division did not receive 60% of its subsidy this year. Making it difficult to complete its Operational Plan 2024/2018.
- There is no research center or training institution in Liberia (Laboratory)
- Lack of scholarship to young potential Liberians who are interested in the field of traditional medicine studies.

Recommendations

- Absorb new staff into the health system to help improve the effort of the Division
- Increase the Government of Liberia budgetary allocation to the Division
- Integrate TMPs into the health system and provide a scholarship for the staff of the Division
- Establish traditional medicine institutions in Liberia since WAHO has developed the curriculum.
- Establish a Botanical Garden in Liberia
- Conduct a national survey on traditional medicine practitioners in the fifteen counties.
- Provide a vehicle for use by the Division

6.3 Department of Administration

The Department of Administration, as one of the foundational arms of the Ministry, is responsible for managing institutional systems, human and logistical resources, infrastructure, and internal compliance frameworks that enable the effective delivery of health services nationwide. The Department's operations are executed through 13 specialized units: Human Resource, Infrastructure, Procurement, Compliance, Internal Audit, Financial Management, Transport, Warehouse, Energy, Housekeeping, Communication & Media, Gender & Social Inclusion, and Maintenance. These Units collectively serve as the administrative backbone of the Ministry, ensuring that systems are operational, efficient, and accountable.

This Consolidated Quarterly Performance and Activities Report for the year 2024 presents a comprehensive overview of the Department's achievements, challenges, and strategic actions undertaken over the reporting period. It reflects the Department's unwavering commitment to improving internal governance, strengthening service delivery, and ensuring optimal support for the Ministry's programs and operational arms throughout Liberia.

During the first half of the year, the Department focused on several priority areas, including streamlining human resource processes, rehabilitating key health infrastructure, enhancing procurement and compliance mechanisms, and improving logistical coordination. These activities were implemented amid ongoing national efforts to strengthen the health system's resilience in the wake of post-pandemic recovery, funding constraints, and increasing service demands.

Office of the Compliance Unit

- Compliance Unit work cuts across the various departments and sectors of the health system:
- In January 2023, we transformed the Audit Tracker into two: GOL Subsidy and Partners Support. The audit queries are now separated.
- As of October 4, 2024, the GOL Subsidy Audit Queries Tracker has 93 queries; 35 are mitigated, 45 are partially mitigated, and 13 mitigation actions are still pending for court investigation.

- Partners Support Audit Queries Tracker has 294 queries; 183 queries mitigated, 84 partially mitigated, while 27 query actions are still pending.
- Continuous follow-up with compliance Officers at CHTs and CHTs without Compliance Officers to address/mitigate their audit queries in the given period.
- Continuous review of financial transaction documents, other activities, and signatures on them by Compliance Officers at CHTs.
- Formed part of panels to evaluate various bids to procure goods & services funded by GOL, programs, and projects (World Bank, GAVI, FARA, and GOL) that are geared to strengthening the health system of Liberia.
- Team up with Internal Audit & Supply Chain (Pharmacists) to validate and receive pharmaceuticals from suppliers to the Central Medicine Store (CMS) for onward distribution to GOL medical facilities across the country.
- The Unit is currently following up on 55 USAID-assessed risks referred to as Risks Mitigation Plan (RMP), with about 65% mitigated, 26% in progress, while 9% resolution is beyond MOH controls.

Challenges

- The Compliance Unit has several constraints, but to name the major ones:
- No vehicle for mobility of Compliance Officers to conduct spot checks or to visit CHTs and Hospitals without the presence of Compliance Officers;
- Limited laptops for Compliance Officers at MOH Central to work effectively and efficiently;
- No internet support/scratch cards to call, view, and send mails to Compliance Officers and CHTs officials;
- Lack of support to conduct refresher training and awareness to Compliance Officers and some key persons at the CHTs; and
- Compliance Unit, MOH Central has a gap of 2 staff, a lack of Compliance Officers at three of the Southeastern CHTs (Grand Kru, Maryland & River Gee), and one at the Western (Bomi) of Liberia.

Recommendations

- We sincerely plead with management to collaborate with the various programs and projects to intervene in providing the following, so that we perform effectively and efficiently:
- Provide a vehicle for our mobility, for the Compliance Unit to rigorously follow up on audit queries with those concerns and conduct spot checks;
- To speedily update the Audit Trackers, we kindly request that the programs/projects provide the Compliance Unit with some laptops and scratch cards to enhance our work.
- We plead with FARA and GAVI management to provide a Projector and sponsor two (2) workshops for Compliance Officers refresher training at venues to be determined; and

- Management should employ and deploy Compliance Officers at the four (4) CHTs without replacing the two (2 at Central MOH that were transferred and appointed.

Communication Unit

The Mandate of the Communications Unit – Ministry of Health is to educate, digitalize, and disseminate information to the general public on the functions, policies, strategies, initiatives, and activities of the health sector through various units, programs, and departments, as well as to donors and implementing partners.

The Communications Unit – Ministry of Health mandate also includes strengthening, improving, and transforming communications through radio talk shows, media briefings, media coverage, press releases, newsletters, photography, videography, podcasts, online streaming, and digital media publications, amongst others.

Achievements
The Communications Unit made some significant achievements for August 2024, and they're listed below based on the unit's specific objectives:

Education

- Family Planning and Reproductive Health Awareness
- Monkey Pox Awareness
- Breastfeeding Awareness

Digitalization

- MOH National WhatsApp Group: 601
- MOH Facebook Page Followers: 14,859
- MOH Facebook Page – Number of Posts for August 2024: 19

Broadcasting

- Press Conference (N/A)
- Online Platforms (N/A)

Innovations and Publications

- No activity occurred for August 2024
- Press Release (N/A)
- Press Conference (N/A)

Engagements & Partnerships

- Held Official Meeting with the Ministry of Information, Cultural Affairs & Tourism
- Held an Official Meeting with the Liberia Broadcasting System

Challenges
The Communications Unit is challenged and is therefore seeking intervention based on the following:

- Lack of Budgetary Allotment
- Limited Office Stationery and Equipment

- Limited Office Space
- Shutting Down of Health Hour on ELBC
- Lack of Communication Policy and Strategic Plan
- Limited Traffic on MOH Facebook Page
- Outdated MOH Website
- Lack of MOH YouTube Channel

Recommendations

The Communications Unit recommends the following for prompt actions from the Department of Administration and the Office of the Minister:

- Budgetary Allotment for the Communications Unit
- Office Stationery and Equipment
- MOH Communications Studio
- Restoration of Health Hour on ELBC
- Drafting of a Communication Policy and Strategic Plan
- Boosting of MOH Facebook Page
- Rebrand MOH Website
- Create MOH YouTube Channel

Infrastructure Unit

Achievements

- New Redemption Hospital in Caldwell (155-bed Hospital, Pediatric and Maternity) is approximately **75%** completed as of August 2024.
- LIBR DST LABORATORY LEVEL 3 (Upgrade of structure for lab use; mechanical air handling system, new flooring, drainage, electrical, workstations, exterior roof, site concrete pad for equipment), civil works (99% completed)
- MOH infrastructure also shared an assessment report to remedy high moisture presence in the lab area before the full completion of the project. The remedy cost is US$4,808.00.
- Global Fund / US$485K paid for original works (to local civil works contractor and AFMS)
- Installation of Solar Panel System for LIBR level 3 lab (Delivery, installation, and commissioning of a 100KVA Solar Panel System with wiring, batteries, PV combiner box, DC control box, PV grand mounting unit, AC control board, lightning arrester station; training of two MOH staff to maintain solar system) are 100% completed.
- LBR-1061-18 KFW Health System Strengthening Project (ESP II) (New Construction and Rehabilitation of 8 different levels of Health Facilities)
- Generally, all new construction works are at the finishing level with the ceiling, plumbing, and other works ongoing.

- Expansion works are also at the finishing level. The project was delayed and experienced cost overruns; KFW requested a significant reduction of the scope at the Grand Gedeh Hospital. The MOH Infrastructure unit has liaised with the CMO office and redesigned existing buildings to accommodate specific services that were previously omitted from the project.
- Procurement process ongoing by Crown Agent, Crown Agent J.J. Dossen Hospital (Maryland County), Japanese Government ($ 2.2 M)
- Construction of Proposed Saniquillie Hospital in Nimba (construction of a 100-bed hospital complex)
- Detailed design prepared by MOH. A contractor has been selected by LACE, and construction works are currently ongoing.
- Superstructure walls for three structures (emergency, laboratory & MCH - IPD buildings are completed, while roofing works are ongoing). Projects are being stalled due to a funding delay.
- Detailed design prepared by MOH for the Construction of the Proposed Hospital, Buchanan, Grand Bassa (construction of a 100-bed hospital complex). A contractor has been selected by LACE, and construction works are currently ongoing.
- Foundation and superstructure walls completed for eight (10) buildings, namely (emergency, triage, surgical, laundry, MCH IPD, male & female ward, pediatric ward, laboratory, and two security bldgs.)
- Roofing works completed for eight structures; plastering and plumbing works substantially completed for eight structures; construction of septic tank completed. Projects are being stalled due to a delay in funding
- National Drug Service Central Warehouse Office Building (construction of a 100-bed hospital complex)
- Detailed design prepared by MOH. LACE and construction selected a contractor for ongoing work.
- Foundation and superstructure walls completed for eight (10) buildings, namely (emergency, triage, surgical, laundry, MCH IPD, male & female ward, pediatric ward, laboratory, and two security bldgs.)
- A local contractor completed Medical Oxygen Plant Construction in Grand Bassa County. Extra works completed (Construction of generator building, generator & fencing) with support from the World Bank
- JFK Medical Oxygen Plant completed by local contractor. Additional work involving the connection to the generator from the building has been completed with support from the World Bank.
- The project proposal UNDP/GCF S4H Program for the Provision of solar systems for all health facilities in all counties based on the National ambition and the GOL contribution to co-financing has been finalized and submitted to the GCF in early 2024
- Partners Building (Construction of a 4-story building, now reduced to 3 story due to budget constraints; office space for partners and MOH staff including a floor for Birth Certificate Unit) the completion of the ground floor, structural framing of the first floor

and the construction of columns, beams and timber frame roof at the 2nd floor level; completed.

- Extension of CB Dunbar Maternity Hospital (The construction of a new 2 Story structure – 3,380 sq. ft. building area x 2 floors (Basement and Ground floor) to provide Internal Medicine, Family Planning, NICU, storage, and staff lockers.)
- Phase 1: project about 70% completed (foundation finished, basement columns erected, main ramp and stairs built, retaining wall completed, ground floor walls erected to roof level.
  Project on hold pending milestone payment of US$75,034.32 to the contractor.
- The contractor was engaged to execute a compacted backfill against the retaining wall pending the full resumption of construction activities.
- The MOH awaits the contractor's response.

Transport Unit

Planned Activities

- Distribution of the fifty-two (52) Yamaha motorbikes
- Coding of the fifteen (15) TVS Star motorbikes
- Coding of the one Toyota Land Cruiser ambulance
- Inspection of the Ministry of Health driver's license

Achievement

- Received two (2) used SUV vehicles, one Toyota Prado and a Nissan Patrol, donated by GIZ
- Received seven (7) new Toyota Land Cruiser Ambulances donated by UNDP
- Received eleven (11) SUV vehicles, including a Toyota Hiace (15) seated bus, donated by the World Bank
- Received fifty-two (52) Yamaha AG 100 bikes through community health, donated by project 5993
- Received one (1) Toyota Land Cruiser ambulance donated by the World Bank
- Received fifteen (15) TVS Star motor bikes donated by ACTs through NTDS
- One missing ambulance from River Gee County is reported

Challenges

- Lack of computers and stationaries
- No vehicle in the transport pool for smooth operation
- Lack of internet connectivity

Recommendations

- There is a need to revamp and enforce the Ministry of Health task force
- Make the vehicle available in the pool for smooth operation

- To work on the staff salary for an increment
- To make available internet connectivity

Warehouse

The Warehouse Unit is responsible for receiving, storing, and dispatching all goods purchased by the Ministry and donated to support the healthcare services of the Liberian populace. Additionally, it is charged with the responsibilities to conduct periodic inventories of goods received and stored, prepare goods received notes for the processing of vendors payments, raise issuances for the approval of scratch cards and fuel release to end users, and manage all donated Infectious Prevention and Control (IPC) supplies and medical equipment for the Corona Virus Pandemic. The Unit also rendered other administrative services requested by the senior Management team of MOH.

Activities

- During the last fiscal year, the warehouse unit performed the following cardinal functions:
- Received several quantities of stationery for US$195,414.17, which was purchased by both the Government of Liberia (GOL) and donor partners.
- General Goods (comprising printing materials, office equipment, medical drugs, and yellow books also purchased by the GOL and donor-funded programs in the amount of US$410,591.66
- Moreover, the unit also received, stored, and distributed several pieces of motor vehicles' spare parts for the government and various donors, end users implementing activities for the Ministry for US$10,936.00
- Again, the MOH purchased new vehicles for US$56,800.00 with funding from the donor partners (World Bank).
- The unit also received several donated supplies from the following supporting partners to help curb the spread of the coronavirus disease (WHO, Arcelor Mittal, the Chinese government, and the government of Liberia). These items included Infectious Disease Prevention and Control supplies, laptops, medical supplies, mattresses, and hospital beds, among others.
- We also received, stored, and distributed scratch cards purchased by the GOL and Donors working with the MOH for US$119,737.00 and Fuel in the amount of US$345,649.97 to help in the delivery of quality healthcare services of the Republic of Liberia. These fuels were purchased by the GOL, PIU/World Bank, REDISEE, COVID-19 Response IMS, FARA, Global Fund, EPI, UNFPA, UNICEF, WAHO, and WHO, with funding sources including the following:
- Furthermore, the unit also conducted inventory exercises and submitted copies to management. The essence of this exercise is to inform management of transactions occurring in the warehouse, specifically regarding goods purchased and their corresponding balances, thereby promoting transparency and accountability.
- We also attended the NetSuite Financial Management Training held in Buchanan, Grand Bassa.

- We also prepared and submitted all of the Warehouse staff performance planning and appraisal, and submitted them to the Human Resource office for onward submission to the Civil Service Agency.
- We also attended the Department of Administration Weekly meetings, as well as the preparation of the Weekly Activities Reports.

Human Resources for Health Division

The successful implementation of public health interventions relies on well-trained and adequately supported staff. Liberia faces a major challenge, marked by a shortage of healthcare workers and uneven distribution of the health workforce between urban and rural areas. Some counties and health facilities lack more than 40% of the necessary staff to serve rural communities, resulting in non-licensed nurse aides providing healthcare services.

This hinders the expansion and implementation of vital health interventions, especially in remote and rural areas where a shortage of healthcare workers leads to poor health outcomes. Recent updates on Liberia's public health workforce reveal a crisis in human resource coverage. This crisis primarily results from attrition and the retirement of healthcare workers without replacements, among other factors. The decreasing number of healthcare workers, particularly registered nurses and other essential clinical staff, is caused by voluntary resignations, deaths, emigration to the private sector, and emigration to other countries. Low pay, unequal distribution of skilled workers, and poor working conditions further increase attrition rates in the healthcare sector. The issue is intensified by the government's freeze on public-sector hiring over the years, which has resulted in a smaller healthcare workforce, limiting the Ministry's ability to meet rising demand for health services.

Despite the large number of volunteers and contractors across health facilities, their integration into the GOL payroll system has been delayed due to budget constraints. There remains a critical need for healthcare workers to strengthen the Ministry's workforce. The shortage of healthcare workers negatively affects health outcomes, healthcare systems, and service delivery, emphasizing the urgent need for action. It is essential to invest in incentives to attract and retain healthcare workers in rural areas, where their services are most needed. This fiscal year's report outlines workforce trends and related activities concerning the Ministry's human resource functions, including HR management, HR planning and policy, and HR development and training.

Trends in the Public Health Workforce 2024

At the end of Fiscal Year December 2023, the Ministry of Health reported a total workforce of 10,556 employees. GOL staff numbered 9779, CHSS had 537, partner-supported staff accounted for 240, and volunteer staff across the 15 counties were reported at 1,701.
As of September 2024, there was a 7% (754) decline in the Public Health Workforce due to CSA payroll verification and blocking, national identification card duplication, Central HR verification and supervision, abandonment, and other factors. As of September 30, 2024, the total number of active and paid employees on the MoH payroll is 9025. The remaining staff who have been blocked by the CSA are currently undergoing verification for possible reinstatement by the CSA.

Table 26: Distribution of staff and expenditure by cadre of health workers

No.	Cadre	No. of Staff	Amount	Annual
1	Administrative support	2267	413,421.29	4,961,055.48
2	Bio-Medical Technologist	17	8,150.00	97,800.00
3	Clinical Support	2500	425,863.57	5,110,362.84
4	Core Administrative	484	343,059.73	4,116,716.76
5	EHT	112	27,225.27	326,703.24
6	Lab. Technician	92	30,288.54	363,462.48
7	Medical Doctor	361	911,741.96	10,940,903.52
8	Midwife	842	263,071.64	3,156,859.68
9	Nurse	2294	779,215.90	9,350,590.80
10	OR Technician	40	11,555.05	138,660.60
11	Pharmacist	139	174,638.48	2,095,661.76
12	Physician Assistant	217	79,663.51	955,962.12
13	X-Ray Technician	17	5,430.31	65,163.72
TOTAL		9382	3,473,325.25	41,679,903.00

Public Health Workforce breakdown per county and percentage

The MOH August 2024 human resource data from the MOH personnel listing shows that counties in the western and southeastern regions of Liberia have the lowest percentage of health workers: (Bomi (4%), Cape Mount (4%), and Gbarpolu (3%)), while counties in the southeast—including Rivergee (3%), Grand Kru (3%), Maryland (4%), and Sinoe (4%)—have the fewest professional cadres to serve their populations.

The data table below also shows that a higher proportion of health workers are from Montserrado (30%), Nimba (10%), Lofa (9%), and Bong (10%) counties. However, these counties also have the largest populations and the most health facilities in Liberia.

Table 27 Public health workforce breakdown per county and percentage

No.	Cadre	TOTAL	BOMI	BONG	GBARPOLU	GRAND BASSA	GRAND CAPE MOUN	GRAND GEDEH	GRAND KRU	LOFA	MARGIBI	MARYLAND	MONTSERRADO	NIMBA	RIVER GEE	RIVERCESS	SINOE
1	Administrative support	2267	112	233	76	94	103	111	70	254	44	80	664	191	83	68	84
2	Bio-Medical Technologi	17	1	1	1	1	1	1	1	1	1	0	4	1	1	1	1
3	Clinical Support	2500	125	265	84	95	117	166	91	269	95	118	394	315	121	83	162
4	Core Administrative	484	9	21	7	11	11	14	8	15	13	10	279	52	8	14	12
5	EHT	112	2	2	2	8	5	7	0	7	6	5	45	15	2	4	2
6	Lab. Technician	92	2	12	2	3	3	5	4	4	4	3	27	14	3	4	2
7	Medical Doctor	361	8	24	8	10	8	3	5	12	13	14	216	21	4	10	5
8	Midwife	842	24	118	22	17	25	73	33	85	43	32	229	55	24	26	36
9	Nurse	2294	104	230	49	124	93	80	44	153	147	65	809	231	50	49	66
10	OR Technician	40	1	0	1	1	1	0	0	3	2	0	14	13	3	1	0
11	Pharmacist	139	3	8	4	3	4	3	3	4	7	4	77	10	3	4	2
12	Physician Assistant	217	8	13	4	8	14	11	14	19	11	6	83	10	10	2	4
13	X-Ray Technician	17	2	2	0	1	0	2	1	1	0	1	4	3	0	0	0
TOTAL		**9382**	**401**	**929**	**260**	**376**	**385**	**476**	**274**	**827**	**386**	**338**	**2845**	**931**	**312**	**266**	**376**
	COUNTY % HWF		4%	10%	3%	4%	4%	5%	3%	9%	4%	4%	30%	10%	3%	3%	4%

Sex Composition of the Public Health Workforce

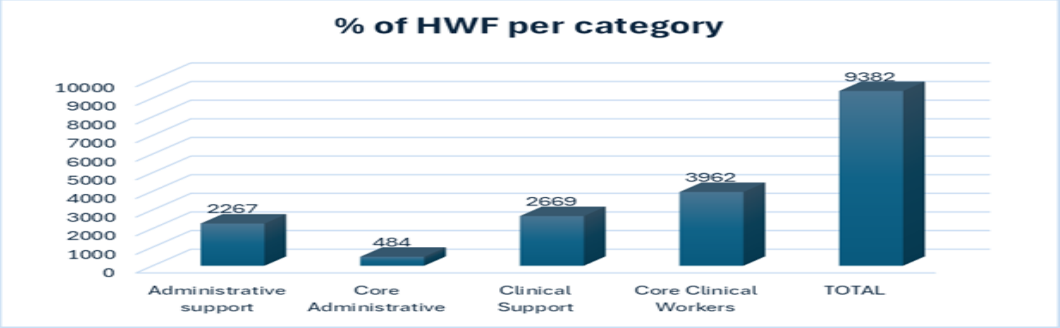
Gender distribution in the realm of HR should be carefully examined. As of August 2024, the public health workforce comprises approximately 44% (4,162) female employees and 56% (5,221) male employees, as reported in the MOH payroll data.

Percentage distribution of the public Health workforce per Category

The health workforce is structured into four categories based on their function and duties as indicated in the graph below: Core Clinical, Clinical Support, Core Administrative, and Administrative Support.

- Core Clinical Health Workers (Medical Doctors, Nurses, Midwives, Lab Techs, Pharmacists, Nurse-Midwives, and Nurse Anesthetists), etc.
- Clinical Support (Nurse Assistant/Aide, Vaccinator, Dispenser, Lab Asst./Aide, registrar EHT, Social workers), etc.
- Core Administrative staff (All presidential appointees, Directors, Deputies, Coordinators, supervisors, Administrators, Officers, Accountant, procurement Officer), Etc.
- Administrative Support staff (Driver, Cleaner, Security Secretary, Adm. Assistant, and all other staff providing administrative support to their respective Units or Divisions).

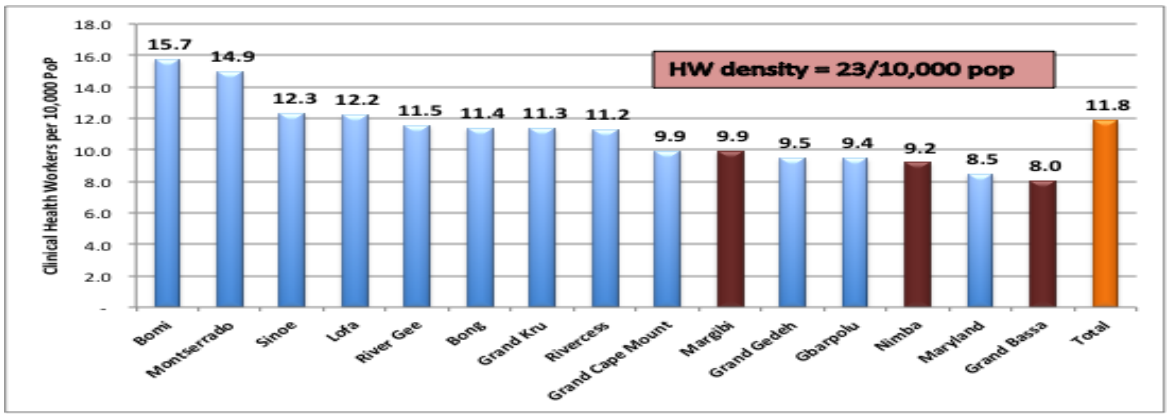
Figure 1 Percentage distribution of public health workforce per category



Health Workforce Density

The health workforce density is an essential indicator for measuring the distribution of core Clinical workers by county or nationally. The World Health Organization (WHO) global target for health workers density is 23 per 10,000 population, of which Liberia has obtained just over the 50 percent mark. The current national health worker density per 10,000 population is 11.8, which varies across counties (Human Resource for Health census report 2016).

Figure 2 Clinical health workforce per 10,000 population per county



Key Outputs under Insurance

As of January to present, 5,850 employees and their dependents have received medical treatment at various health facilities. Of the total, each county excluding Montserrado is supplied with 375 medical slips, while Montserrado is supplied with 750 medical slips. Redemption, JDJ, Montserrado County Health Team (CHT), EMS, Bromley Mission Health Center, and Birth Registration each received 25 medical slips.

Currently, the issuance of new insurance ID cards is underway, starting with Montserrado County and will extend to the remaining counties in the coming days. However, to ensure that our staff fully benefits from the insurance package, MOH and Saar have agreed that, according to the signed contract, each employee will be issued two insurance ID cards.

As of October 31, 2024, 369 employees are eligible for a pension. Following the CSA's directive, they are advised to remain at home from August 1 to October 31, 2024, receiving their full salary for the months covered by their handshake package. During the review period, a total of 7 deaths were reported. Consequently, 7 death letters were issued so that the next of kin could receive the death benefits from SAAR Insurance Company from January to October 2024. Thirty refund letters were issued to employees for reimbursing expenses incurred for medical care from SAAR Insurance Company between January and October 2024.

Performance Management

Performance management is an ongoing process of communication between a supervisor and an employee that occurs throughout the year to support the organization in achieving its strategic objectives. This communication involves clarifying expectations, setting objectives, providing feedback, and reviewing results. Performance management appraisal was not conducted this year at the Central office because, since the start of this new government, there have been many changes in supervisors, directors, and program heads. This meant that already trained supervisors had to make way for newly assigned supervisors who needed training. During the reporting period, 98 District Health Officers and 15 Human Resource Officers were trained in Performance Management in Grand Bassa and Nimba Counties, respectively. With this training, we expect the performance of the trainees to improve.

Human Resource Planning and Policy:

5,850 employees and their dependents received medical treatment at various health facilities from January to the present. Out of the total number above, each county, excluding Montserrado, is supplied 375 medical slips, while Montserrado is supplied 750 medical slips. Redemption, JDJ, Montserrado County Health Team (CHT), EMS, Bromley Mission Health Center, and Birth Registration, respectively, received 25 medical slips each.

- Presently, the Issuance of new insurance ID cards is ongoing, starting with Montserrado County. And will extend to the remaining counties in the coming days. However, to ensure that our staff fully benefit from the insurance package, MOH and Saar have agreed that, according to the signed contract, each employee will be given two insurance ID cards.
- 369 employees are entitled to a pension as of October 31, 2024. By directive of the CSA, they are requested to stay home from August 1 to October 31, 2024, with full salary for the months that constitute their handshake package.

- During the period under review, a total of 7 deaths were reported. Accordingly, seven death letters were processed for the next of kin to receive death benefits from SAAR Insurance Company from January to October 2024.
- 30 refund letters were issued for employees to receive refunds for monies spent to seek medical attention from SAAR Insurance Company from January to October 2024.

Performance Management

Performance management is an ongoing process of communication between a supervisor and an employee that occurs throughout the year, supporting the accomplishment of the organization's strategic objectives. The communication process includes clarifying expectations, setting goals, providing feedback, and reviewing results. Performance management appraisals were not conducted this year at the Central office. Since the inception of this new government, there have been numerous turnovers among supervisors, directors, and program heads. This meant that already trained supervisors had to make way for newly assigned supervisors who needed to be taught. For the reporting period, 98 District Health Officers and 15 Human Resource Officers were trained in Performance Management in Grand Bassa and Nimba Counties, respectively. With this training, we expect the trainee's output to improve.

Human Resource Planning and Policy

Human Resource Planning (HRP) is a key component of the Human Resource for Health Unit. Its primary role is to systematically assess the numbers and types of health employees required by the Ministry to effectively deliver its programs, and ensure that necessary recruitment, training, and related programs are implemented to provide the required human resources. This sub-section of the HRH unit analyzes the strategic objectives of the Ministry and assesses the human resources needed to achieve them.

Achievement

The HRH unit is collaborating with the WHO consultant to revise the Health Workforce Classification, Career Ladder, and Salary Scale in Liberia. A preliminary report has been sent to the SMT for initial feedback. The HR Unit has reestablished the HRH Technical Working Group and has held three monthly meetings.

Recommendations

- GOL & Partners provide resources to conduct a National Workforce Census to identify the availability, distribution, and skills mix of health workers across all counties and health facilities in both the public and private sectors.
- Update the outdated HRH Policy and Plan, along with the Strategic Plan.
- That MOH provides a functional, user-friendly, and supported Human Resource Information System to establish a robust and reliable minimum dataset of all healthcare workers. This will strengthen the health workforce information system, including validated essential identity information such as national identification, photo, bank account number, assignment area, and the ability to track attrition nationwide.
- That GOL prioritizes filling all vacant positions created by GOL pension within the healthcare sector.

- The HRH office should have the necessary tools to ensure the unit functions effectively.

Procurement Unit

The Procurement Unit, like any other, is established by law, specifically Section 29 of the Public Procurement & Concessions Act, operating under the supervision of the Procurement Committee of the Ministry of Health. The Procurement Unit, since its establishment, has been staffed with trained personnel knowledgeable in the field of public procurement. The unit is responsible for supervising procurement officers assigned to county health teams and government-subsidized hospitals and health centers nationwide.

Our procurement system has been striving to provide reasonable assurance of best value for money, while also increasing efficiency and effectiveness, and reducing potential risks to have a positive impact on donors' contributions/funding.

The tables below provide an overview of the significant procurement actions executed during the period from January to September 30, 2024. The beginning of the fiscal year was marked by the transition of state powers and the preparation and approval of the national budget; as a result, many things were not accomplished.

Achievement

- Preparation of Procurement Plans
- Completion of procurement processes for complex works under GOL Funding, and the FARA, GAVI, 5993.

Challenges:

- The Procurement Unit is faced with numerous challenges, including but not limited to:
- The Procurement Unit for the period under review could not have achieved 100% execution of all of its activities included on the procurement plan due to a funding gap and budgetary constraints.
- Procurement in the informal sector (where there is no way of obtaining documentation)
- Standard practice of procurements in some parts of the country, where they have minimal options for competition
- Reduce confidence level in the system by Vendors and contractors
- Completion of a procurement process without implementation due to the lack of funds.
- Basic operational supports (stationery and other office consumables) to enhance the day-to-day activities of the office
- Change in leadership at the county level

Recommendation:

- The following are suggested recommendations for senior management action:
- Quarterly Supervision of Counties and Hospitals by the Central Procurement Unit
- Timely payment to contractors and vendors upon completion of their contract obligations

- Conduct biannual refresher training for the procurement staff both at the central and county levels
- Timely submission of budgets and cash plan for preparation of the procurement plan

Energy Unit

The Energy Unit focuses on generator maintenance, power supply efficiency, environmental conditions within the Unit, and infrastructure requirements. The report highlights key operational concerns, departmental needs, and technical recommendations.

Achievements
Generator Maintenance Awareness: The Director emphasized the importance of timely servicing of the existing generator, given its age and operational load, demonstrating the Unit's commitment to preventive maintenance.

Load Management Advisory:
Proactive reminders were issued to avoid overloading the generator during the dry season when equipment usage typically increases.

Technical Recommendation for Future Equipment:
In anticipation of receiving an additional generator, the Director suggested adding a "Two-Throw-Over" switch and 300mm² or 250mm cables to ensure efficient switching and connectivity between units.

Environmental Comfort Advocacy:
The Unit reiterated the need for additional air-conditioning units to counter the rising temperatures, highlighting the importance of staff comfort and equipment longevity.

Challenges

- Overdue Payment for Generator Servicing:
- The unpaid last servicing bill and the upcoming service raise worries about whether the vendor might hesitate to continue providing services.
- The primary generator is old, requiring more frequent servicing and careful load management to prevent breakdowns.
- Insufficient air-conditioning in the Unit is affecting comfort levels and potentially impacting equipment performance.

CONCLUSION

The health service performance for 2024 demonstrates improvement in some critical health indicators. In 2024, maternal deaths in facilities were reduced by 13% while neonatal death reported was also reduced by 9%. This achievement needs to be sustained and advanced to keep the MOH on the path of reducing maternal and neonatal death towards the set targets of 2026 and 2029 in the country. Health service utilization has significantly improved by more than 50% compared to the previous year, 2023, indicating an improved state of the supply chain system. This ensures the availability and accessibility of critically needed medicines and medical consumables, thereby attracting patients to public facilities across the country.

Other key findings indicate notable improvements in other health indicators. For instance, during the year under review, there was a 20% increase in outpatient visits and a 15% rise in immunization rates. Malaria incidence among children under five was significantly reduced during the year. The various departments and units also indicate considerable achievement in their planned activities, as summarized in this report.

Admittedly, however, significant gaps remain despite the progress stated above, especially in areas where Liberia still falls short of global standards set by the World Health Organization (WHO) and the United Nations' Sustainable Development Goals (SDGs). For example, skilled birth attendance is only at 55%, significantly below the WHO-recommended target of 80%. Additionally, Liberia's maternal mortality rate is 742 deaths per 100,000 live births, one of the highest in the world and far from contributing meaningfully to the SDG goal of fewer than 70 deaths per 100,000 by 2030. Therefore, while Liberia is on the path to reducing maternal deaths, the MOH needs to enhance its strategies and interventions for maternal and child health to make a stronger impact nationally and globally. Childhood immunization coverage stands at 75%, still below the global benchmark of 90%.

These findings underscore the urgent need for policymakers and program implementers to focus on targeted interventions that address these gaps. Lessons from successful health systems worldwide research suggests that community health worker programs, integrated primary care, and robust monitoring, evaluation, and health information systems can significantly enhance service delivery. As Liberia seeks to enhance health outcomes, fostering collaboration among stakeholders, including government agencies, non-governmental organizations, and community leaders, is crucial.

Areas for improvement include increasing funding for health services, enhancing workforce training, and developing innovative financing methods to ensure equitable access to care. Comparing these results to global standards reveals that, while progress has been made, sustained commitment is vital for closing these gaps and achieving better health outcomes.

To align with the recommendations outlined in the report, the Liberia ARREST Agenda for Inclusive Development (AAID), and the National Health Policy Plan 2022-2032, the following recommendations are vital:

- Strengthen Community Health Initiatives: Expand and support community health worker programs as outlined in the AAID to improve outreach and service delivery in underserved areas.
- Enhance Data Collection and Utilization: Invest in monitoring, evaluation, and health information systems to support real-time data analysis and more informed decision-

making, aligning with the Health Policy's emphasis on evidence-based planning and resource distribution.

- Foster Public-Private Partnerships: Engage the private sector in health service delivery to improve access and efficiency, following the collaborative strategies recommended in the AAID.
- Prioritize Capacity Building: Focus on training healthcare professionals to develop a skilled workforce capable of providing high-quality care, as emphasized in the National Health Policy Plan 2022-2032.
- Develop Innovative Financing Solutions: Investigate new financing methods, such as health insurance models and the Community Revolving Drug Fund (CRDF), to reduce the economic burden on vulnerable groups and support the financial sustainability goals outlined in the National Health Policy and Plan.

By adopting these recommendations, Liberia can develop a resilient healthcare system that not only meets the current needs of its population but also prepares to effectively address future health challenges. Emphasizing continuous improvement and alignment with global health standards will be crucial to ensure that no one is left behind in the pursuit of universal health coverage.