

LIBERIA



AT A GLANCE

Population (2016):
4.3 million¹

Population at risk of malaria
(2014): **100%²**

Malaria incidence/1,000
population at risk (2013): **369³**

Under-five mortality rate (2013):
94/1,000 live births⁴

- 1 U.S. Census Bureau, International Data Base 2015
- 2 World Health Organization (WHO), *World Malaria Report 2015*
- 3 WHO, *World Health Statistics 2016*
- 4 Demographic and Health Survey (DHS) 2013

The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

Country Context

With the entire population at risk, malaria is a major health problem in Liberia. According to the most recent health facility survey, malaria accounts for about 40 percent of outpatient department attendance and 33 percent of inpatient deaths. Malaria transmission occurs year-round within all geographic areas of Liberia. Parasitemia prevalence averages 28 percent nationally, varying by region. According to data from the 2011 Malaria Indicator Survey, malaria parasite infection was nearly 50 percent among children under five years in the southeastern-most region. *Plasmodium falciparum* is the major source of infection.

Since August 2005, Liberia had made considerable progress in malaria control and prevention. National achievements, documented in the 2013 DHS, include increases in artemisinin combination therapy (ACT) coverage, intermittent preventive treatment for pregnant women (IPTp) uptake, and insecticide-treated net (ITN) ownership and use.

As a result of the 2014–2015 Ebola epidemic, Liberia experienced dramatic declines in public health indicators and in the delivery of basic health care, reversing years of progress in improving the health of Liberians, particularly women and children. Massive disruptions in health service delivery and distrust in the health system by the population were well documented. The full extent of the impact of the Ebola crisis on malaria control is not yet known.

However, data suggest that there has been a significant recovery in health system utilization post-Ebola, with an increase in the number of malaria cases reported via the Health Management Information System (HMIS) in 2015 compared to 2014. As the crisis waned, the Government of Liberia has been able to shift its attention to recovery efforts. It is working to address urgent short-term health needs, plan for longer-term investments to shore up health worker capacity, strengthen critical components of the health system, and prepare to address future epidemics. The U.S. Government and other partners are supporting facility reopening, training and supervision of staff, distributing personal protective equipment, and restoring community-based services, including malaria services.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Liberia.

Liberia Malaria Indicators	PMI Baseline (MIS 2009*)	MIS 2011	DHS 2013
All-cause under-five mortality rate	114/1,000	–	94/1,000
Proportion of households with at least one ITN	47%	50%	55%
Proportion of children under five years old who slept under an ITN the previous night	26%	37%	38%
Proportion of pregnant women who slept under an ITN the previous night	33%	39%	37%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years	45%	50%	48%

* MIS - Malaria Indicator Survey

PMI Contributions Summary

Liberia is in its eighth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	288,850	2,295,850
		ITNs distributed	306,550	2,050,550
Rapid Diagnostic Tests		RDTs procured	1,750,000	8,200,000
		RDTs distributed	1,103,575	6,506,550
Artemisinin-based Combination Therapy		ACTs procured	2,484,625	16,318,325
		ACTs distributed	1,632,288	11,994,319
Sulfadoxine-pyrimethamine		SP treatments procured	156,667	732,000
		SP treatments distributed	156,667	667,666
Health Workers		Health workers trained in treatment with ACTs	220	n/a ²
		Health workers trained in IPTp	225	n/a ²

1 The data reported in this table are up to date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2016 PMI activities in Liberia, please see the [Liberia Malaria Operational Plan](#).