

LIBERIA



AT A GLANCE

Population (2017):
4.7 million¹

Population at risk of malaria
(2016): **100%²**

Malaria incidence/1,000
population at risk (2015): **246.2³**

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

¹ World Bank, Population Estimates & Projections 2017

² World Health Organization (WHO), World Malaria Report 2017

³ WHO, World Health Statistics 2017

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

In Liberia, malaria is the leading cause of attendance in outpatient departments and the number one cause of inpatient deaths. Hospital records suggest that at least 33 percent of all inpatient deaths, and 41 percent of inpatient deaths among children under five years of age, are attributable to malaria. The Plasmodium falciparum parasite is the major source of infection and malaria transmission occurs year-round within all geographic areas.

The 2016 Malaria Indicator Survey (MIS) showed 45 percent of malaria rapid diagnostic test positivity rate among children age 6-59 months, with regional variations from 12 percent in Greater Monrovia to 69 percent in South Eastern B; and 62 percent of households had at least one insecticide-treated net (ITN). National achievements from the 2009 MIS to the 2016 MIS included: increases in artemisinin combination therapy coverage in children under five years of age from 45 percent to 81 percent; intermittent preventive treatment for pregnant women uptake from 45 percent to 55 percent; households with at least one ITN from 47 percent to 62 percent; and children under five years of age with fever who had a finger or heel stick from 23 percent to 50 percent.

During the 2014–2015 Ebola epidemic, Liberia experienced massive disruptions in health service delivery and a decrease in population trust in the health system. With the Ebola epidemic over, Liberia's government has shifted its attention 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 providing technical and financial support to reduce malaria burden in Liberia. The Liberian Ministry of Health's Joint Annual Health Sector Review Report of 2016 indicated that malaria services were mostly available and provided by 97 percent of the health facilities across the country.

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	MIS 2016
All-cause under-five mortality rate	114/1,000	-	94/1,000	-
Proportion of households with at least one ITN	47%	50%	55%	62%
Proportion of children under five years old who slept under an ITN the previous night	26%	37%	38%	44%
Proportion of pregnant women who slept under an ITN the previous night	33%	39%	37%	40%
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years	45%	50%	48%	55%

* MIS - Malaria Indicator Survey

PMI Contributions Summary

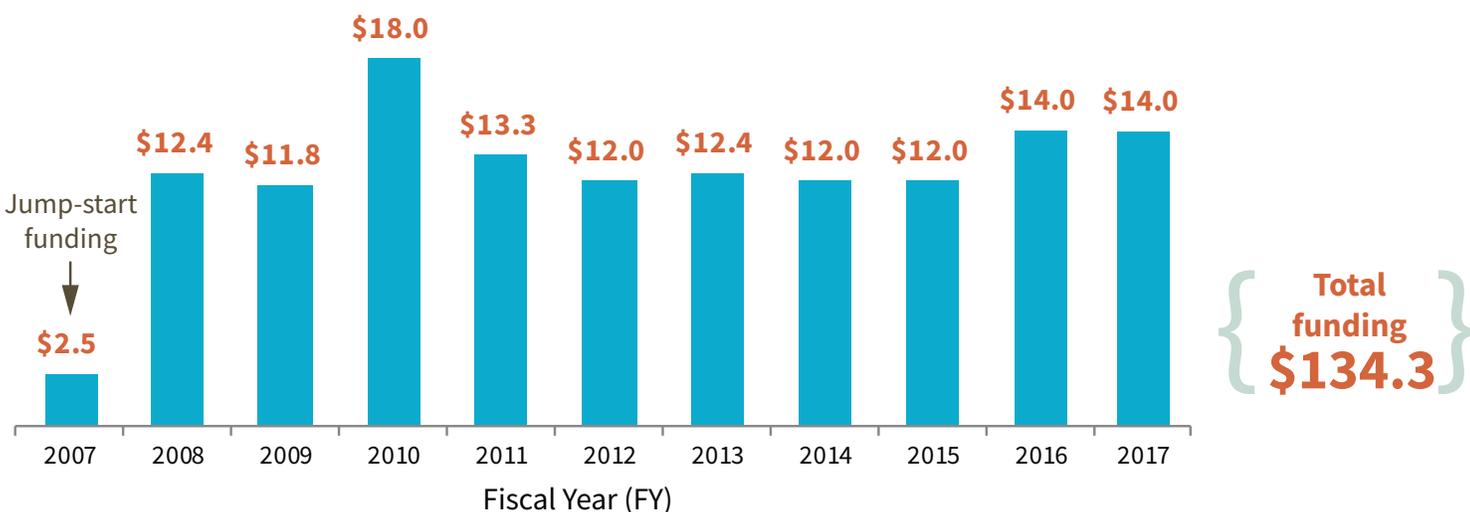
Liberia is in its eleventh year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	320,000	2,935,850
		ITNs distributed	267,500	2,418,050
Rapid Diagnostic Tests		RDTs procured	2,400,000	12,857,000
		RDTs distributed	485,253	8,076,803
Artemisinin-based Combination Therapy		ACTs procured	2,006,200	20,922,350
		ACTs distributed	5,905,575	18,965,894
Sulfadoxine-pyrimethamine		SP treatments procured	0	1,209,666
		SP treatments distributed	352,811	1,177,144
Health Workers		Health workers trained in treatment with ACTs	829	n/a ²
		Health workers trained in IPTp	422	n/a ²
		Health workers trained in malaria diagnosis	829	n/a ²

1 The data reported in this table are up to date as of September 30, 2017. Please refer to Appendix 2 of the [PMI Annual Report](#) for year-by-year breakdowns 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 2018 PMI activities in Liberia, please see the [Liberia Malaria Operational Plan](#).