

Rebuilding Liberia's health system





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Acronyms

ACT	Artemisinin Combination Therapy
AEFI	Adverse Events Following Immunization
AESI	Adverse Events of Special Interest
AFENET	Africa Field Epidemiology Network
AFP	Acute Flaccid Paralysis
AFRO	African Regional Office
AIDS	Acquired Immune Deficiency Syndrome
AMR	Antimicrobial Resistance
ANC4	Ante-natal care
ART	Anti-retroviral Therapy
BFHI	Baby Friendly Health Initiative
BMGF	Bill and Melinda Gates Foundation
CBSR	Community Based Surveillance and Response
CCS	Country Corporation Strategy
CER	Comprehensive EPI Review
CFR	Case Fatality Ratio
CHAI	Clinton Health Access Initiative
CHE	Climate, Health, and Environment
CHT	County Health Teams
COVID	Corona Virus Diseases
CSU	Country Support Unit
DHIS	District Health Information System
DHS	District Health System
DOA	Days of Activism
DPT3	Diphtheria, Pertussis and Tetanus
EACU	External Aid Coordination Unit
ECSA	Emergency Care System Assessment
EHT	Environmental Health Technician
EML	Essential Medicine List
EPHS	Essential Package of Health Services
EPI	Expanded Programme on Immunization
EPR	Emergency Preparedness and Response
EQA	External Quality Assurance
EVD	Ebola Virus Disease
FCTC	Framework Convention on Tobacco Control

FHP	Family Health Programme
FRH	Family and Reproductive Health
FY2023	Fiscal Year 2023
GAP	Global Action Plan
GAVI	Global Alliance for Vaccines and Immunization
GDF	Global Drug Facility
GDP	Growth Domestic Product
GER	Gender, Equity and Human Rights
GLAAS	Global Analysis and Assessment of Sanitation and Drinking Water
GLC	Green Light Committee
GoL	Government of Liberia
GPW13	Thirteenth General Programme of Work
HAI	Healthcare Associated Infection
HBIC	Home Based Isolation and Care
HCC	Health Coordination Committee
HEP	Health Emergency Programme
HIV	Human Immunodeficiency Virus
HPG	Health Partners Group
HSCC	Health Sector Coordination Committee
HSS	Health System Strengthening
HSSP	Health Sector Strategic Plan
IATI	International Aid Transparency Initiative
ICF	Internal Control Framework
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulation
IMS	Incident Management System
IOS	Internal Oversight System
IPC	Infection Prevention and Control
ISS	Integrated Supportive Supervision
ITN	Insecticide Treated Nets
KPI	Key Performance Indicators
LCM	Liberia Coordinating Mechanism
LCRMC	Local Compliance and Risk Management Committee

LDHS	Liberia Demographic and Health Survey
LGH	Liberia Government Hospital
LIMS	Laboratory Information Management System
MCH	Maternal and Child Health
MCV1	Measles Containing Vaccine-1
MDA	Mass Drug Administration
MDR	Multi-Drug Resistance
MGCSF	Ministry of Gender, Children and Social Protection
MOH	Ministry of Health
NAPHS	National Action Plan for Health Security
NCD	Non-Communicable Disease
NHA	National Health Account
NHPP	National Health Policy and Plan
NHPSP	National Health Policy and Strategic Plan
NHQS	National Healthcare Quality and Strategy
NISP	National Immunization Strategic Plan
NPAFP	Non Polio Acute Flaccid Paralysis
NPENT	Non Polio entero-virus
NPHIL	National Public Health Institute of Liberia
NTD	Neglected Tropical Diseases
OCR	Outbreak Crisis and Response
OPV2	Oral Polio Vaccine
PAPD	Pro-Poor Agenda for Prosperity and Development
PB	Programme Budget
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PHSM	Public Health Safety Measures
PIRI	Periodic Intensification of Routine Immunization
PMTCT	Prevention of Mother to Child Transmission
PPP	Purchasing Power Parity
PRSEAH	Prevention of Sexual Exploitation, Abuse and Harassment
PSA	Pressure Swing Adsorption

RCCE	Risk Communication and Community Engagement
RDT	Rapid Diagnostic Testing
RI	Routine Immunization
SAM	Semi-Annual Monitoring
SARI	Severe Acute Respiratory Illness
SARS	Severe Acute Respiratory Syndrome
SDG	Sustainable Development Goal
SDH	Social Determinants of Health
SEAH	Sexual Exploitation, Abuse and Harassment
SIA	Supplemental Immunization Activities
SOP	Standard Operating Procedure
SPACO	Special Presidential Advisory Committee on COVID-19
SRHR	Sexual, Reproductive Health and Rights
SRMNCAH	Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health
STEPS	Step Wise Approach for NCD surveillance
STG	Standard Treatment Guidelines
TCV	Typhoid Conjugate Vaccine
TWG	Technical Working Group
UHC	Universal Health Coverage
UNCT	United Nations Country Teams
UNICEF	United Nations Children's and Education Fund
UNSDCF	United Nations Sustainable Development and Control Framework
VNR	Voluntary National Review
VPD	Vaccine Preventable Diseases
VTM	Viral Transport Media
WASH	Water, Sanitation and Hygiene
WCO	WHO Country Office
WHE	WHO Health Emergencies Programme
WHO	World Health Organization
WISN	Workload Indicators of Staffing Needs
WUENIC	WHO,UNICEF Best Estimates Immunization Coverage

Foreword



Dr. Clement Lugala Peter
WHO Representative in Liberia

2022 has been an exciting year at WHO, and I am happy to present the year’s annual report summarizing our key accomplishments and contributions towards implementing Liberia’s national health agenda. These achievements were possible due to our joint efforts and collaboration with the Government of Liberia, health partners and the United Nations system towards attaining the Pro-poor Agenda for Prosperity and Development (PAPD) aspirations and health priorities of the Sustainable Development Goals (SDGs).

Health has remained a key priority on the national political agenda. As a result, the government has created an enabling environment and engaged robustly with partners and Civil Society Organizations (CSOs) to facilitate the delivery of health services in the country.

The year has witnessed significant achievements towards improving the health and well-being of the people in Liberia. Considerable progress helped curb the COVID-19 threat, and increased vaccination coverage built national immunity. Additionally, WHO supported containing the repeated outbreaks of measles, Lassa fever and Monkeypox. We focused on strengthening preparedness and response through capacity building, elaborating strategic plans, provision of medical supplies to improve early detection and response, and conducting after-action reviews to inform updating of the national action plan for health security, among others.

Liberia is on the right trajectory towards attaining Universal Health Coverage (UHC) and other health-related SDGs, despite COVID-19 shocks and a weak health system. We are working towards strengthening the health system by establishing two oxygen plants, capacity building, and launching and implementing the national strategic

documents and instruments, including the National Health Policy, UHC Roadmap, and the Essential Package of Health Services. Improving the quality of care for newborns, children, adolescents and women, and combating communicable, non-communicable and neglected tropical diseases remains our focus. We work closely with other line ministries to address the environment and the climate change issues gradually taking shape.

The Country Office salutes the Government of Liberia, development partners, NGOs and CSOs for their strong collaboration and partnership. We are grateful to the Office of the Regional Director for Africa, AFRO, and HQ for the support during the year. This tireless support enabled us to support the government in achieving the desired results in 2022, and we look forward to your

continued support, collaboration and engagement as we address key health challenges and improve health outcomes in Liberia.

WHO remains committed to supporting the Government of Liberia to address critical health problems through strategic partnerships, multi-sectoral engagements, data, innovation, and prioritization. Our work continues to be guided by the principles of gender, equity, and human rights – and leaving no one behind.

Finally, I want to sincerely thank my team and colleagues in the Country Office who have made us proud. Achieving the WHO Director General’s Award of Excellence is a recognition of your collective efforts and a testimony to your hard work and commitment to saving lives and improving the health and well-being of the Liberian people. Let us work towards better health outcomes in 2023.



Acknowledgement

We want to take this opportunity to acknowledge the immense efforts put forth in rebuilding Liberia’s health system. After years of conflict and instability, the country is on the road to recovery and growth, focusing on improving healthcare for all citizens.

We are grateful for the contributions of the government and partners (international organizations, non-profits, and individual donors), who have provided the necessary resources and support to help rebuild and strengthen the healthcare system in the country. The following donors supported our work throughout the year:

- The United States Government (USAID)
- CDC-USA
- The Government of Germany
- The Government of Canada (DFATD)
- Bill and Melinda Gates Foundation
- The Government of Korea (KOICA)
- GAVI, the Vaccine Alliance
- European Commission and ECHO
- The Government of Norway (NORAD)
- UNITAID
- United Nations Fund for International Partnerships (UNFIP)

Their unwavering commitment to this cause has enabled us to provide quality care to those in need and lay the foundation for a better future.

We also recognize the dedication and hard work of the healthcare professionals, WHO staff at the country, regional, and HQ levels, who have worked tirelessly to provide medical services despite their challenges. Their compassion and commitment to serving their communities have been a beacon of hope during these difficult times.

We are proud to be a part of this collaborative effort to rebuild Liberia’s health system and improve its people’s health and well-being. We remain committed to this cause and will continue to work together to ensure that every Liberian has access to quality healthcare.

Thank you for your support and contribution to this noble cause. Together, we will build a brighter future for Liberia.

Executive Summary



Rebuilding Liberia's health system is crucial for improving the country's overall health outcomes. This annual report highlights key achievements, challenges, and lessons learned in implementing programmes of technical cooperation with the Government of Liberia from January to December 2022.

The key achievements are summarized under the following thematic areas.

1. Universal Health Coverage

1.1. Improving Leadership and Governance

The country witnessed sustained strategic interventions in 2022 in emergency preparedness and response, priority disease outbreaks, and provision of quality routine health services. These strategic interventions were made possible by the Government of Liberia with strategic guidance from WHO through effective coordination of public health and non-health sectors in response to COVID-19 and overall health sector coordination towards universal health coverage (UHC) and other SDGs targets.

WHO launched and published key policy and technical, strategic documents like the National Health Policy 2022-2031, Health Sector Strategic Plan (HSSP) 2022-2026 and Essential Package of Health Services II (2022-2026), National Health Promotion Policy and Strategy, NTD Masterplan (2023-2027), National Action Plan for Health Security (NAPHS), the National Disease Surveillance Strategic Plan, the Monitoring and Evaluation (M&E) Framework for the Disease Surveillance Strategic Plan, the National Emergency Preparedness and Response Plan, the National Referral Pathway Guidelines for Immediately Reportable Diseases, Conditions and Events, and the National IPC Strategic and Operational Plan.

1.2. Strengthening delivery of essential health services

WHO completed developing the first-ever costed Operational Plan for Emergency Care Systems in Liberia. This followed a joint emergency and critical care systems assessment using the Global WHO Emergency Care System Assessment (ECSA) Toolkit. The plan's implementation commenced with training 65 health professionals in Basic Emergency Care (BEC), creating a pool of certified national trainers in BEC.

WHO completed installing and commissioning two modern oxygen plants at Star Base and the Liberia Government Hospital (LGH) Bomi. The two plants will produce approximately 120 cylinders of medical-grade oxygen per day to serve a population of about 2.3 million in five counties (Montserrado, Margibi, Bomi, Gbarpolu, and Grand Cape Mount).

1.3. Improving access to and availability of essential medicines, medical products, and diagnostics

WHO supported the Ministry of Health (MoH) in assessing factors affecting medical commodities' availability and security at nine counties' healthcare facilities. This has revealed causes of stock-outs of essential medicines and proposed strategies to guide interventions by the MoH and partners to prevent disruptions in essential commodities at the last mile.

WHO provided approximately 2 million doses of Mectizan tablets to treat schistosomiasis. As a result, 516,400 persons in three counties (Bong, Lofa, and Nimba) were treated with 91% coverage. Additionally, 2.4 million doses of Albendazole were administered, covering 2.4 million people in the 15 counties. To further enhance national capacity for COVID-19 testing, WHO contributed 214,000 of Ag-RDT tests, achieving the target of ten tests/10,000 population weekly. This positioned Liberia among the six countries in Africa to achieve this milestone.

1.4. Health Information systems (data and strategic information for decision-making)

The country introduced the COVID-19 clinical surveillance system for acute and post-COVID-19 conditions, which has improved patient-level data management, enabled the clinical characterization of patients, and reviewed drivers of mortality cases across high-burden counties in Liberia. The SDG 3 GAP M&E framework outlines the overall performance and implementation, including areas for improvement. COVID-19 Preparedness and Response as well as M&E documentation were concluded. Also completed was the second rapid mortality survey for Liberia to determine the all-cause mortality data, including excess mortality due to COVID-19.



1.5. Family and Reproductive Health and Nutrition

WHO's strategic support to the government and partners led to adapting the AFRO-recommended Sexual and Reproductive Health and Rights (SRHR) Scorecard indicators to improve evidenced-based lifesaving decisions. These will prevent mortality and disability among pregnant women, neonates and infants, in close collaboration and partnership with other UN agencies and civil society. In the Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) workstream, WHO and partners enhanced gender mainstreaming into programming, including emergencies and the national development agenda, through capacity building of 30 skill mix professionals across key sectors, including health, education, civil society, the Ministry of Gender, Children and Social Projection, and other UN agencies.

Around 125 at-risk youths gained improved health and well-being by using distributed self-care hygiene kits, contributing to their improved mental health status, reintegration into society, and better self-esteem.

1.6. Neglected Tropical Diseases

WHO's financial and technical assistance facilitated the revision and updating of the NTD Masterplan for 2023-2027 in alignment with the national development agenda and WHO Roadmap for NTDs for 2030 and the Global Leprosy Strategy 2030.

1.7. HIV and AIDS

Liberia's progress on the 95-95-95 targets triple currently stands at 66% for HIV testing, 93% for treatment, and 76% for viral suppression among those on ART.

1.8. Tuberculosis (TB) and Malaria

Liberia's national TB notification rate stands at 73%. WHO is also collaborating with relevant partners to support the MoH in rolling out the Malaria vaccine in 2023. WHO also helped update and utilize the National Malaria Strategic Plan currently being used to guide interventions on Malaria control in Liberia.

1.9. WASH, Climate Change, and Environmental Health

WHO's strategic support has strengthened national capacity for cholera preparedness and response by developing county-level cholera preparedness and response plans and training national staff through readiness assessments. These efforts have led to the prepositioning of preparedness and response consumables and supplies in cholera hotspots across the country, resulting in zero reporting of cholera cases in Liberia in 2022.

1.10. Expanded Programme on Immunization (EPI)

By the end of 2022, Liberia had fully COVID-19 vaccinated 3,732,954 eligible individuals, constituting 81% of the population - an achievement that has positioned Liberia as the second country in the African Region in line to achieve the target of fully vaccinating 90% of the total population. In addition, Routine Immunization (RI) reporting timeliness has improved from 89% to 96% by training 123 districts and County Data Managers and M&E Officers in using the upgraded DHIS2 version.

Thanks to the intensification of surveillance activities, the country has maintained a polio-free status. Liberia has sustained two key indicators for AFP Surveillance (Non-Polio AFP rate and Stool Adequacy rate) with the sensitivity of the AFP surveillance at certification standard.

2. Health Emergencies

2.1. Emergency Preparedness

WHO supported the weekly analysis, monitoring and reporting of Integrated Disease Surveillance and Response (IDSR), improving timely decision-making for epidemic-prone diseases preparedness and response in the country. As a result, national IDSR performance improved to 94% in 2022 from 89% in 2021. The key performance indicators are 97% case notification within 72 hours, 92% for suspected and confirmed cases investigated, 98% for completeness and timeliness of reporting, and 64% for community case detection and notification.

2.2. Emergency Response including COVID-19

WHO supported the detection and response to 76 disease outbreaks, of which 91% were responded to within 72 hours. Between 01 January to 31 December 2022, Liberia confirmed and responded to 1,263 COVID-19 cases with zero fatalities.

3. Corporate and Enabling Support

3.1. Strategic Health Leadership and Governance

WHO played a leadership role in providing strategic guidance, technical and financial support, and innovation in achieving the current 81% COVID-19 vaccination coverage towards reaching the 90% coverage target. In addition, WHO actively led and participated in coordination platforms and mechanisms that guided the implementation of key health programmes. These include the Health Sector Coordination Committee (HSCC), co-chairing the Health Coordination Committee (HCC), the Standing Secretariat for the Health Partners Group (HPG), and membership in the National AMR Multi-Sectoral Working Group, among others.

As part of the UNCT, WHO participated in and supported the planning and implementation of the Voluntary National Review (VNR) on SDGs and completed the final report. The VNR provided data and information on key areas to be addressed through collaborative efforts for all the sectors to facilitate achieving the SDGs.

3.2. Preventing and responding to sexual exploitation, abuse and harassment (PRSEAH)

WHO collaborated with other UN agencies and the government to celebrate the 16 Days of Activism (16 DoA) with the PRSEAH perspective. The Organization initiated knowledge acquisition on SEAH prevention and reporting, including 50 government personnel and the media and WCO staff compliance to the 'zero tolerance culture' by completing four PRSEAH awareness and training sessions for all WCO personnel.

3.3 Strategic Communication

WHO established a health reporters' network with 47 journalists from various media houses with a symposium on health reporting and COVID-19, contributing to enhanced visibility of the WHO- Liberia brand and improving the quality of health reporting.



Impact story

Liberia takes giant steps towards 90% COVID-19 vaccination coverage



Figure 1: WHO field office staff in Grand Bassa orienting students on COVID-19 vaccination

Background

Liberia recorded its first case of COVID-19 on 16 March 2020, reaching 8,053 cases and 294 deaths by December 2022. During 2022, there country confirmed a total of 1,342 cases with zero deaths.

The initial deployment of COVID-19 vaccines in Africa, including Liberia, faced inequity and unclear vaccination strategy challenges. The rollout of the COVID-19 vaccination and uptake in Liberia was initially slow due to high levels of community resistance and hesitancy, misinformation, and general mistrust in public health interventions. As a result, the Government of Liberia (GoL) adopted several strategies and interventions through the National Incident Management System (IMS) to prepare, respond to, and contain the outbreak.

As of 31 December 2022, Liberia is the second African country to have fully vaccinated 81% of the total population (3,749,044 persons), up from only 22% (1,015,942 persons) in February 2022. As a result, Liberia's capacity for timely response to the COVID-19 outbreak and other incidents of national, regional, and international significance has improved from 92% in January 2022 to 97% in November 2022.

WHO's contribution

With 81% of the general population fully vaccinated in Liberia, six counties supported by WHO have fully vaccinated 3,138,236 persons, accounting for 92% of the fully vaccinated general population. Three counties, namely Sinoe, Grand Bassa and Montserrado, each fully vaccinated 92% of their population, followed by Lofa, Nimba and Maryland counties which each vaccinated 91% of their population. All WHO-supported counties achieved $\geq 91\%$ of their targets. As a result of this performance, WHO earned additional credibility, confidence, and trust with the GoL and health partners, resulting in the request that WHO take on an additional county (Margibi, Liberia's fifth most populous county) towards achieving the 90% coverage target.

The impact

As a result of the interventions including vaccination, Liberia registered zero deaths associated with COVID-19 in 2022. Stronger political will and leadership improved coordination at national and sub-national levels, including with partners in responding to disease outbreaks. This has further resulted in more robust community ownership of the vaccination and campaigns, lowering the prevalence and incidence of COVID-19 in communities.

Assigning responsibilities across national, sub-national, and community levels and including influential community leaders was a game changer in improving coordination and promoting community ownership.



Figure 2: A community health worker preparing to administer the vaccine to a secondary school student

Background



Liberia is a country in West Africa, with a population of approximately 5.6 million people. It has faced numerous challenges in developing its health system, including limited access to quality healthcare, shortage of healthcare workers, and inadequate funding. These challenges have resulted in poor health outcomes, high maternal and child mortality rates, and a high burden of infectious diseases like malaria and tuberculosis.

In recent years, the Government of Liberia, with support from international organizations, especially WHO and other UN agencies and donors, has made significant efforts to improve the country's health system. This includes investments in developing human resources, strengthening healthcare delivery systems, and improving financial sustainability. These contributions are aligned with the National Health Policy 2022-2031, Health Sector Strategic Plan 2022-2026, the Pro-Poor Agenda for Prosperity and Development (PAPD) 2018-2023, GoL-UN Sustainable Development Framework 2020-2024, WHO Thirteenth

General Programme of Work (GPW13) 2018-2025, and the Sustainable Development Goals (SDGs).

WHO's work in Liberia focuses on four strategic priority areas at national and sub-national levels: Universal Health Care (UHC), Health Emergencies, Maternal and Child Health (MCH), and Healthier Population and Health Promotion (addressing social determinants of health, or SDH).

Liberia's demographic, economic and health indicators

The majority of Liberia's population is young, with 44% of it under the age of 15 years. The gross national income was US\$ 620 per capita in purchasing power parity in 2021.

Its GDP per capita is estimated at US\$ 673 in 2021, with an annual growth rate of 4% (World Bank).¹ The country is geographically divided into five regions and 15 counties, with county population distribution ranging from 74,317 in Grand Kru County to 1,434,974 in Montserrado County.²

According to the Liberia Demographic and Health Survey (LDHS) 2019-20, the under-five, infant and neonatal mortality rates stand at 93, 63, and 37/1,000 live births, respectively, while the maternal mortality ratio was 742/100,000. These mortality figures are among the highest in the region and globally.

The HIV prevalence among adults aged 15-49 is 2.1%. The DTP3 vaccine coverage remained low at 66%, with measles-containing vaccine 1 and 2 coverage at 58% and 35%, respectively, in 2021 (WHO UNICEF Estimate Immunization Coverage) 15-49 was 2.1 %, TB incidence was 510/100,000, and Malaria prevalence was 28%.

Up to 87% of pregnant mothers attended four antenatal care (ANC4) visits. Skilled birth attendance was 84%, and institutional delivery was 80%. However, up to 3% of children under five years are reported to have chronic malnutrition, and 45% of pregnant women are anaemic.

Although the country has made some significant effort towards attaining UHC, current projections for 2023 show a negative trend in three UHC indicators: DTP3 immunization (66%), Mean Fasting Blood Glucose (<40%), and use of insecticide-treated nets, or ITN (39%). There is a

¹ file:///C:/Users/salihuh/Documents/WCO%20Liberia%20September%202021/Annual%20Report/References/Liberia-Economic-Update-Finding-Fiscal-Space.pdf

² Liberia National Population and Housing Census projected figure in 2020

significant decline in terms of progress for these indicators. In collaboration with MoH and other partners, WHO has prioritized key strategic interventions to address these priority areas in the 2022-23 biennial work plan.³

The health facility density for Liberia is 2.1 per 10,000 people, which is encouraging based on the WHO threshold of 2 facilities per 10,000 people. However, the core health workers' density is 12.8 per 10,000 people, nearly a quarter of the WHO recommendation of 44.5 health workers per 10,000 people.

Health emergency indicators and the core International Health Regulations (IHR) capacity have improved from 46% in 2016 to 51% in 2021.

According to the WHO Global Health Observatory dashboard, Liberia is anticipated to have a negative trajectory towards contributing to a healthier population. This is mainly due to a decline in performance for some indicators, such as adult and childhood obesity, stunting, and other health risk behaviours.



Figure 3: Map of Liberia showing the different regions and indices

³ <https://portal.who.int/triplebillions/PowerBIDashboards/ExploreIndicators>

Introduction

The health of a nation is a critical indicator of its overall well-being and progress. Recognizing the importance of a robust and sustainable health system for the well-being of its citizens, the Government of Liberia, with support from WHO and partner agencies, has made significant efforts, even during major events, such as the upcoming election in October 2023 and the outcome of the concluded National Census in January 2023. This annual report provides an overview of these efforts and the progress made in building Liberia's health system over the past year.

The sections in this report highlight the achievements, challenges, and opportunities in the development of the health system, with a focus on the key initiatives and programmes implemented and supported by the four clusters in the Liberia Country Office from January to December 2022 to improve access to quality healthcare through UHC. These are

- (i) Universal Health Coverage-Life Course,
- (ii) Health Emergencies,
- (iii) Universal Health Coverage-Communicable and Non-communicable diseases cluster (UHC-CND), and
- (iv) Corporate Services and Enabling Functions (administration and management).

It is worth noting that over the last 3-5 years, Liberia has made significant progress towards UHC, health emergencies (HEP) and healthier populations (HPOP). However, some gaps show a negative trajectory towards some of the targets. Liberia will likely make a positive trajectory towards UHC by 2023, with some progress in 2022 in areas of average service coverage (Antiretroviral therapy (HIV),

IHR core capacities, and hospital bed density). The negative trajectory anticipated by 2023 primarily regards the HEP and HPOP targets, specifically in routine immunization and nutrition, air quality, road safety, and WASH.

The achievements cover key priority activities in the first year of the joint GoL-WHO Programme Budget 2022-23 and contribute to the GPW13 outcomes of the triple billion goals (accessing UHC, protection from health emergencies, and healthier populations) 2018 to 2025. Accordingly, the GPW13 has been extended with an additional two years focusing on five priorities to deliver concrete results and impacts in countries by 2030. These five priorities are:

- Support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes.
- Reorient health systems towards primary healthcare as the foundation of universal health coverage.
- Strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels.
- Harness the power of science, research innovation, data, and digital technologies.
- Strengthen WHO as the leading and directing authority on global health.

The report also provides a detailed analysis of the role of partnerships and collaborations in driving progress and highlights the importance of continued investment in the health system for better health outcomes for the people of Liberia.

Universal Health Coverage Cluster (UHC)



The UHC/LC cluster comprises Health Systems Strengthening (HSS), Family and Reproductive Health (FRH), and Expanded Program on Immunization (EPI) programmes at national and sub-national levels.

Health System Strengthening (UHC-HSS)

Liberia's health system continues to face enormous challenges across all the six WHO building blocks and social determinants of health. These challenges include, but are not limited to, inadequate access to and utilization of essential health services (UHC Coverage Index of 42%), limited access to safe, affordable and effective medicines, inadequate sustainable financing, and an insufficient health workforce at all levels. To address some of these challenges, the WCO has provided targeted technical guidance and support to strengthen the health systems at all levels. These efforts have been based on and guided by the WHO Member States Action Framework for HSS towards UHC in the African Region.

Key achievements

Improving Leadership and Governance

1. Provided technical and financial support to MoH and partners to review National Health Policy & Plan (NHPP 2011-2021) and elaborate National Health Policy (2022-2031) and Health Sector Strategic Plan (HSSP) 2022-2026. The national health policy and strategic plan set policy and strategic direction and the medium to long-term framework on the interventions and resources required to deliver essential health services to the population in Liberia towards UHC and other SDG 3 targets.

2. As part of efforts to strengthen and improve health sector coordination, WHO, in collaboration with MoH and other partners, completed a rapid assessment of the External Aid Coordination Unit, the secretariat responsible for overall health sector coordination in Liberia. The assessment identified critical gaps that MoH and partners will strengthen to improve health sector coordination.

Strengthening delivery of essential health services

1. Completed developing Liberia's first-ever costed Operational Plan for Emergency Care Systems. This followed a joint emergency and critical care systems assessment using the Global WHO Emergency Care System Assessment Toolkit. The plan's implementation commenced with



Figure 4: Ministry of Health and its partners, including WHO, commemorate UHC day 2022 under the theme "Your Health Matters"

training 65 health professionals in Basic Emergency Care (BEC), creating a pool of certified national trainers in BEC.

2. Completed validation of the second Essential Package of Health Services (EPHS II) for Liberia to cover the period of 2022-2026. Jointly funded, delivered, and monitored by the government and partners, the package defined essential services at all levels of the health systems and contributed towards achieving UHC and other SDG 3 targets.

3. Installed and commissioned two modern oxygen plants: a duplex PSA plant with 50Nm³/hr capacity and a single PSA plant with 9Nm³/hour production capacity at Star Base and the Liberia Government Hospital Bomi, respectively. The two plants will produce approximately 120 cylinders of medical-grade oxygen per day to serve a population of about 2.3 million in five counties (Montserrado, Margibi, Bomi, Gbarpolu and Grand Cape Mount).

4. Completed the first National Survey to measure progress in implementing the WHO Global Patient Safety Action Plan (2021-2030) with a consolidated national response submitted to the WHO-Global Patient Safety Network. The survey's findings have informed the development of the national patient safety action plan as part of efforts to build a culture of safety and a sustainable patient safety programme in Liberia.



Figure 5: A laboratory technician at Redemption Hospital examines a specimen for antimicrobial sensitivity

Improving access to and availability of essential medicines, medical products, and diagnostics

1. Completed anti-microbial resistance (AMR) tripartite annual assessment and reporting for Liberia in collaboration with the National One Health Platform. The tripartite AMR country self-assessment survey and monitoring exercise critically reviewed and summarized the country's progress and identified gaps in implementing key actions to address AMR at the national level to inform policy decisions and public health actions.
2. Supported the MoH in assessing factors affecting medical commodity availability and security at healthcare facilities. This case study of nine counties has provided evidence on the causes of stock-out of essential medicines and proposed strategies to guide interventions by MoH and partners to prevent disruptions in crucial commodities at the last mile.
3. Supported coordination, strategic partnership, and collaboration on AMR multi-sectoral response involving relevant sectors (Human, Animal, Environment) and agencies and other UN agencies. This led to successful joint planning and prioritization of AMR interventions by various

partners using global and national baseline AMR data and commemorating World Antimicrobial Awareness Week.

Addressing Health Workforce

1. Completed the WHO Global Code of Practice on the International Recruitment of Health Personnel for Liberia. The Code strengthens the understanding and ethical management of international health personnel recruitment in Liberia through improved data, information, and international cooperation.
2. Supported the MoH and partners to complete the first-ever Workload Indicators of Staffing Needs (WISN) study, including reporting and validating results. The WISN findings will inform the development of staffing norms and an implementation guide to strengthening health workforce planning and management in Liberia.
3. Supported the MoH to build the capacity of 24 local biomedical technicians in oxygen safety standards, operation, and maintenance of PSA oxygen plants. These technicians operate PSA plants in Star Base and Bomi counties to produce medical-grade oxygen for managing critically ill patients in routine care, including COVID-19.

4. Facilitated respiratory care (oxygen therapy) training-of-trainers (ToT) for 73 clinical and ambulance staff from private referral hospitals in Montserrado. The personnel will cascade the oxygen therapy training and improve the administration, monitoring and weaning of oxygen for patients in critical care in Liberia, especially patients with Severe Acute Respiratory Illness (SARI).

Sustainable health financing

1. Completed costing of HSSP 2022-2026 using the One Health tool that informed and guided the resources/financial requirements, needs and available projections for the health sector strategic plan over the next five years. This is a critical piece of information for resource mobilization efforts for successful implementation and monitoring and evaluation of the plan.
2. Completed the conduct of the National Health Accounts (NHAs) for FY 2019-2020 and initiated the planning for the conduct of the NHA for FY 2021. The NHA remains a critical diagnostic tool for the country's health expenditure status. However, the highlights from the NHAs have shown high out-of-pocket (OOP) contribution and reduced public contribution and donor funding to the health sector. These trends call for urgent efforts for sustainable financing, including introducing key reforms outlined in the national health financing strategy and NHPSP in the medium to long-term.



Figure 7: Hands-on training of local biomedical equipment technicians (BMETs) in Bomi LGH & Star Base



Figure 6: Commissioning of PSA oxygen plants in Bomi, 2022

Health information systems (data and strategic information for decision-making)

1. As part of the global efforts by WHO Member States to track and monitor COVID-19 cases (retrospectively and prospectively), WHO introduced COVID-19 clinical surveillance systems in Liberia. Established clinical surveillance systems for acute and post-pandemic conditions will improve the collection, analysis, and use of clinical data to inform clinical decision-making in managing COVID-19 patients, including post-COVID conditions.
2. The system will capture clinical data for cases admitted in all the COVID-19 treatment units or centres.
3. Completed COVID-19 Preparedness and Response M&E documentation. The process took stock of all the efforts by pillars regarding the planning and implementation of the COVID-19 EPR plan.
4. Completed the second rapid mortality survey to determine the all-cause mortality data, including excess mortality due to COVID-19 in Liberia.

Family and reproductive health and nutrition

The Family and Reproductive Health (FRH) Unit comprises programmes focusing on the care continuum along the life course. The Unit continued its collaboration with the Family Health Programme (FHP) of the Ministry of Health primarily towards accelerated restoration and delivery of essential sexual reproductive health, maternal, newborn, child and adolescent health services and nutrition programmes in Liberia. Other collaboration and partnership areas for other priority programmes included gender, equity, and human rights mainstreaming. In addition, working with other health partners, including the UN, civil society, and other government sectors, like gender, youth, education and local government, the Unit realized quite a few optimal gains in improving SRMNCAH, gender and nutrition services.

Key achievements

SRMNCAH

1. Sexual Reproductive Health

1.1. SRMNCAH data generation, monitoring, and tracking was strengthened by adopting the AFRO-recommended SRHR Scorecard indicators, thereby improving evidence-based lifesaving decisions and interventions towards preventing deaths and disability among pregnant women, neonates and infants. Approximately 20 professionals from the MoH, UN agencies, and civil society employees collaborated on this initiative.

1.2. Towards ensuring improved gender lens programmes and services, WHO built the gender mainstreaming capacity of 30 professionals across critical government sectors, including health (MoH), gender (Ministry of Gender, Children and Social Protection), and education (Ministry of Education). Civil society and UN agencies also benefited.



Figure 8: Map of Liberia showing the location of Maternal and Newborn Quality of Care Assessment at the health facility level, September 2022



Figure 9: A healthy mother looking at her healthy infant- promoting safe motherhood and child development

4. Gender, equity and human rights (GER)

4.1. WHO contributed to gender-sensitive planning and budgeting of national health emergency plans by analyzing the national COVID-19 response plan. This effort established the foundation and basics for GER mainstreaming, including in emergencies.

5. Midwifery education and leadership

5.1. The Framework for Action for Strengthening Quality Midwifery Education to achieve Universal Health Coverage in 2030 was launched at the start of 2022 to understand and strengthen the midwifery workforce, contribute to better care for mothers and newborns, and inform interventions to reduce maternal and newborn mortality.

5.2. A situational analysis conducted in the first half of 2022 shows that an educational and professional pathway for midwives in Liberia exists. Still, there is need for midwifery advocacy and a discussion about leadership training and education to build midwifery capacity for high-quality health services.

5.3. The WHO leadership profiling tool, used to interview midwifery leaders in Liberia, provides insights into leadership and education and informs further actions in strengthening midwifery leadership. In addition, a leadership analysis will contribute to a better understanding of how leadership is taught and adapted within the midwifery profession in Liberia.

2. Maternal Newborn Quality of care

2.1. Liberia successfully contextualized the WHO electronic maternal and newborn Quality of Care tool by pre-testing it at two major hospitals in Monrovia. The localized version of the tool was used to determine the progress, gaps, and issues related to the quality of maternal and newborn health care services at the seven major hospitals.

2.2. The assessment findings were the reference for developing the national maternal and newborn quality of care improvement plan and seven hospitals' specific quality of care improvement priorities. These will be used to mobilize resources and guide addressing the identified gaps.

3. Child and adolescent health and development

3.1. Capacity was built to empower at-risk youth through self-care interventions and community social networks, boosting good health-seeking and practice.

3.2. Healthcare facilities in five selected communities were further capacitated by training 25 service providers for improved customer-friendly health care for at-risk youth. The training will deliver a harmonized quality of service approach at the health facility level for at-risk youth and young people.

3.3. The health and well-being of 125 at-risk youth improved by distributing and using self-care hygiene kits, contributing to their improved mental health status, reintegration into society, and better self-esteem.



Figure 10: A midwife examines a pregnant mother during an antenatal care visit in Bahn



Figure 11: 2-year-old Miracle Johnson receives her Vitamin A during a Measles vaccination campaign at Chocolate City Clinic in Montserrado County

Expanded programme on immunization (EPI)

The immunization programme continues restoring and strengthening immunization services made available and accessible to all targeted populations, and is aligned with the five-year National Immunization Strategic Plan and the Global Immunization Agenda 2030. In collaboration with partners, WHO-Liberia coordinates and provides technical support to the government to reduce morbidity /mortality from vaccine-preventable diseases.

Key achievements

Routine immunization

1. Timeliness of Routine Immunization reporting has improved from 89% to 96% after training 123 districts and County Data Managers and M&E Officers in using the upgraded DHIS2.
2. After a decade, the Comprehensive EPI Review was conducted, and the final report is now available. It will inform the development of the National Immunization Strategic and other EPI operational plans.
3. Gavi 5.0 TCA PEF (Gavi's five-year plan for targeted country assistance) is available, replacing the 4.0 as part of transitioning Gavi processes from 4.0 to 5.0, which places the country on track towards the 2030 Global Immunization Agenda.
4. Increased MCV1 coverage from 74% to 89% after two phases of Measles periodic intensification of routine immunization (PIRI).

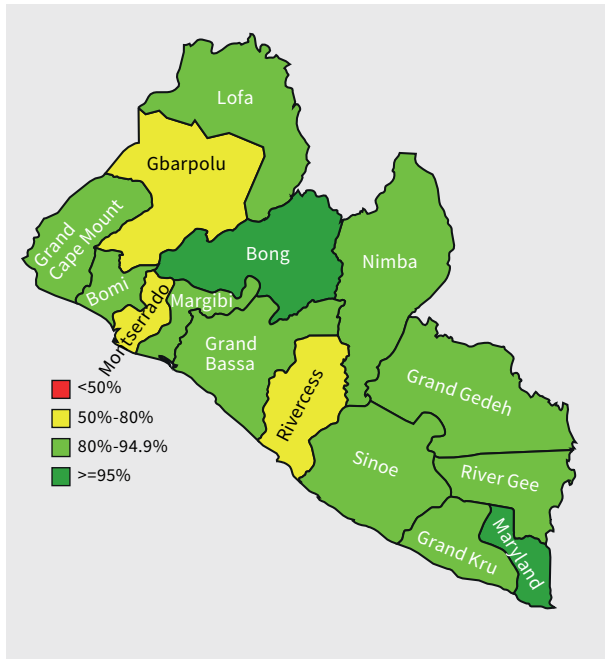


Figure 12: Coverage of Penta-3 Vaccine by county, September 2022

Polio eradication

1. Liberia has maintained its polio-free status due to the intensification of surveillance activities. It is among the five countries in West Africa that have achieved the two key Acute Flaccid Paralysis (AFP) surveillance indicators of the Non-Polio AFP rate and Stool Adequacy rate.

2. In December 2020, Liberia isolated Cvpd-s2 from the environment, followed by isolation from an AFP case in 2021. As part of the response, Liberia was declared an outbreak country, and two rounds of vaccination campaigns using nOPV2 were conducted nationwide.

3. Despite the above, Liberia is still counted among the outbreaks countries and is expected to undergo a review to determine the possibility of closure of the outbreak in Liberia after 12 months of non-isolation of the virus.

4. As part of the effort to enhance AFP surveillance and to keep faith with the positive surveillance indicators, Liberia's environmental surveillance was reviewed this year to enhance its sensitivity.

Vaccine preventable diseases (VPD) surveillance

1. Sustained the two key indicators for AFP Surveillance (Non-Polio AFP rate and Stool Adequacy rate), maintaining the sensitivity of the AFP surveillance at certification standard.

2. 97 AFP cases were reported from all 15 counties (100%) with population under 15 years of age, bringing the NPAFP to 5.0 (regional target- 3/100,000). The national Stool Adequacy

rate is 95% (regional target is $\geq 80\%$), and the National Non-Polio Enterovirus rate is 21% (regional target is 10%).

3. Increased Integrated Supportive Supervision visits in priority sites from 2,982 in 2021 to 3,123 in 2022 indicate the intensity of active case searches.

4. Detailed Measles and AFP surveillance guidelines are available for surveillance officers after revision and updating with the full participation of EPI and immunization partners (NPHIL, CDC, AFENET, BMGF) led by WHO.

5. Conducted the inter-country Adverse Effects Following Immunization (AEFI)/surveillance peer review. A report is available to strengthen AEFI surveillance in the country and other countries to learn from the findings.

6. 567 AEFI cases were classified by the national AEFI committee arising from the various new vaccine introductions (TCV, nOPV2, COVID-19) as of November 2022, compared to 668 cases in 2021. Three severe AEFI cases were identified, and WCO reimbursed their hospital bills.

7. Built capacities of 16 new Clinical Associates (CAs) and 17 County Surveillance Officers on AEFI case detection, reporting, and investigation with improved reporting of cases areas that hitherto had no CAs. This resulted from gaps revealed by the AEFI supportive supervision conducted by the AEFI secretariat in nine counties.



Figure 13: Preparation of measles vaccine during the measles vaccination campaign in Montserrado

8. Liberia achieved an annual non-measles febrile rash illness rate of 22.4 (target 2/100,000) compared to 5.8 in 2021, indicating an increased sensitivity of the surveillance system and ability to detect cases early. Around 8,185 suspected measles cases were reported in 2022, compared to 428 in 2021 during the same period. Of these, 317 cases were laboratory confirmed compared to 45 cases in 2021—an indication of improved sensitivity coupled with measles outbreaks.

9. A total of 44 neonatal tetanus cases (expected 1/county) were reported from ten counties (67%) in 2022, compared to 39 cases from nine counties (60%) in 2021. All were clinically confirmed.

10. Liberia reported 84 suspected cases (expected 1/county) of yellow fever from 13 counties (87%), compared to 96 cases in 2021 from 14 counties (93%). No case was confirmed.



Figure 14: WHO and the MoH team collecting samples from sites for strengthening environmental surveillance

Table 1: Data for Non-Polio AFP Rate by county in Liberia, 2022

County	Total Pop 2022	<15 years pop 2022	# of expected AFP cases	# of reported AFP cases	# of Non-Polio AFP cases <15 years	Non-Polio AFP Rate <15 years	# of cases within 14 days of stool	% of cases within 14 days stool	Number of cases with lab result	# of NPENTs	% of NPENT	% County in reporting suspected AFP cases
Bomi	112 526	50 637	2	2	2	3,9	2	100%	2	0	0%	2%
Bong	446 099	200 745	7	16	16	8	16	100%	16	1	6%	16%
Gbarpolu	111 548	50 197	2	3	3	6	3	100%	3	0	0%	3%
Grand Bassa	296 560	133 452	4	3	3	2,2	3	100%	3	0	0%	3%
Grand Cape Mount	169 990	76 496	3	3	3	3,9	3	100%	3	0	0%	3%
Grand Gedeh	167 558	75 401	3	5	5	6,6	4	80%	5	2	40%	5%
Grand Kru	77 470	34 862	1	1	1	2,9	1	100%	1	0	0%	1%
Lofa	370 361	166 662	5	8	8	4,8	7	88%	8	2	25%	8%
Margibi	280 815	126 367	4	3	3	2,4	3	100%	3	1	33%	3%
Maryland	181 845	81 830	3	3	3	3,7	3	100%	3	1	33%	3%
Montserrado	1 495 876	673 144	21	21	21	3,1	19	90%	21	4	19%	21%
Nimba	618 054	278 124	9	27	27	9,7	26	96%	27	6	22%	27%
Rivercess	89 345	40 205	2	1	1	2,5	1	100%	1	1	100%	1%
River Gee	95 657	43 046	2	2	2	4,6	2	100%	2	0	0%	2%
Sinoe	136 970	61 637	2	2	2	3,2	2	100%	2	1	50%	2%
Liberia	4650676	2092804	70	100	100	4,8	95	95%	100	19	19%	100%



Figure 16: School children showing their vaccination cards after receiving COVID-19 vaccination

COVID-19 vaccination

1. WHO supported all three phases of the COVID-19 deployment with logistics, training on new vaccines and their movement and storage at the regional and county depots, and the vaccination campaigns in the seven supported counties. Of late, the Margibi County was added to the original six counties supported by WHO following a request from the Government of Liberia, in order to step up vaccine uptake in the county.

2. Liberia has fully vaccinated around 3.7 million persons, constituting 81% of the population, from 1 April 2021 to December 2022. This achievement has placed Liberia as the second country in the African region in line to achieve the target of fully vaccinating 90% of the population.

3. In the seven counties supported by WHO, a total of 3,123,887 people were fully vaccinated, accounting for 92% of the 81% of fully vaccinated people in Liberia at large.

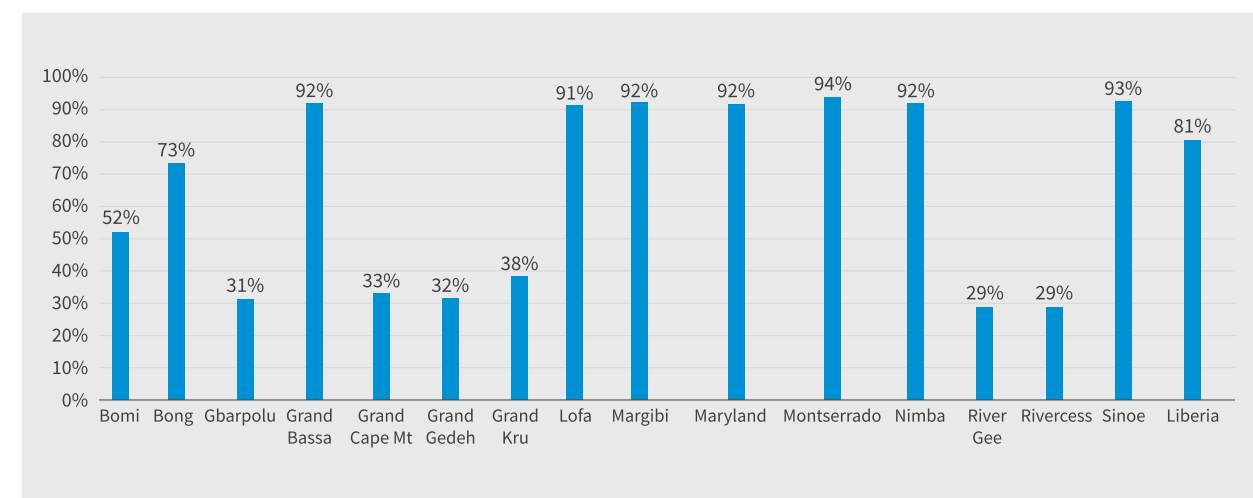


Figure 15: COVID-19 fully vaccinated (FV) coverage by county in Liberia as of December 31, 2022

Communicable and non-communicable diseases cluster (UNC-CND)



The communicable and non-communicable diseases cluster focuses on preventing and controlling communicable diseases (Malaria, HIV and AIDS, Tuberculosis and Viral Hepatitis), non-communicable diseases (mental health and neurological disorders, substance use disorders, and injuries), and Neglected Tropical Diseases.

WHO supported the MoH and partners to adopt the latest WHO strategies, recommendations, and guidelines to update national strategic plans and guidelines towards achieving national and global targets, including SDG3 targets, by 2030.

Key achievements

Communicable diseases

HIV and AIDS and Viral Hepatitis

1. WHO's technical assistance and guidance helped in HIV and AIDS programming, including reviewing and elaborating the HIV-AIDS strategic plan and adapting and implementing various service delivery models to strengthen and improve HIV-AIDS service delivery and uptake, especially among key populations.
2. The National Strategic Plan for the national HIV-AIDS programme has been updated for 2025. The targets for HIV testing, enrolment in treatment and care, and viral suppression have been adjusted from 90-90-90 to 95-95-95 to align with global targets.
3. Differentiated Service Delivery Model has been adapted to the needs and context of key populations to address the disproportionate burden of HIV in these population segments. Drop-in-centres and Pre-Exposure Prophylaxis for preventing HIV transmission have been adopted as core interventions, primarily targeting key populations.
4. On the progress towards the 95-95-95 targets, Liberia is at 66% for HIV testing, 93% for treatment, and 76% for viral suppression for those on ART.
5. Under the Prevention of Mother-to-Child Transmission (PMTCT) of HIV, 73% of facilities provide PMTCT services, and Early Infant Diagnostic testing was conducted for 82% of exposed infants within the first six months of birth.
6. Leveraging Global Fund resources, WHO supported MoH and partners on Viral Hepatitis programming, mainly focused on integrating regnant women with Viral Hepatitis and syphilis testing services into PMTCT services.

Tuberculosis

1. WHO supported the MoH and partners in reviewing and updating the National Strategic Plan for TB response, aligned with the End TB Strategy. Additionally, the integrated

treatment guidelines and algorithm have been updated to adopt the shorter nine-month regimen for treating Multi-Drug Resistant TB, and efforts are focused on adopting the six-month regimen.

2. Under the regional Global Fund grant for laboratory systems strengthening, WHO coordinated and facilitated technical guidance and external quality assurance for TB laboratory services to Liberia's MoH from the Uganda National Reference Laboratory. The technical support mainly focused on capacity strengthening for the MDR-TB reference laboratory.

3. WHO helped conduct an annual assessment of the TB Programme in collaboration with the Green Light Committee and the Global Drug Facility of the Stop TB Partnership to improve programme performance.

4. At the end of September 2022, all forms of bacteriologically confirmed and clinically diagnosed TB cases were successfully treated (treatment completed and cured). All the identified contacts of diagnosed TB patients, particularly children, were placed on preventive treatment.

5. In collaboration with EQUIP Health and other partners, WHO supported the MoH to strengthen and improve sample collection and transportation systems by integrating the collection and transportation of samples for IDSR, TB, and HIV-AIDS.

Malaria

1. Supported MoH and partners to review and update the National Malaria Strategic Plan through 2025 to guide and inform malaria prevention and control, including preparing the Global Fund grant application for the 2024-2026 funding cycle.
2. Validated a school-based strategy for mosquito net distribution through the school system in collaboration with the Ministry of Education to supplement the regular nets mass distribution every three years to accelerate achieving universal net coverage. The ongoing Malaria indicator survey will provide country-wide data on the net coverage.
3. WHO is collaborating with relevant partners to support the MoH in rolling out the malaria vaccine in 2023 and helped submit the country's expression of interest to which Gavi, the Vaccine Alliance, which has been accepted. Efforts are currently focused on writing the funding request for a tailored roll-out of the vaccine based on the malaria burden at the district level. Conducted data analysis to generate evidence for the phased planning and implementation of the Malaria Vaccine in the routine vaccination programme.

Neglected tropical diseases (NTDs)

1. WHO provided technical and financial assistance to MoH to revise and update the national NTDs Masterplan for 2023-2027. The NTD Masterplan is aligned with the national health agenda and the global WHO Roadmap for NTDs 2030. The NTD Masterplan provides guidance and direction for integrated interventions and resource mobilization.
2. In 2022, WHO conducted two rounds of Mass Drug Administration (MDA) targeting schistosomiasis and lymphatic filariasis, as well as Pre-Transmission Assessment Survey (TAS) and TAS assessment with technical and financial support from WHO, Sightsavers, and other partners.
3. The MDA implemented for treating and controlling schistosomiasis in adults reached 516,400 persons in Bong, Lofa and Nimba counties, with 91% treatment coverage. Data for the MDA for lymphatic filariasis and the Pre-TAS and TAS Assessments conducted in 10 of 15 counties are currently under analysis.



Figure 17: Nurses at the National Dialysis Centre conducting a dialysis session on a patient

Non-communicable diseases (NCDs) and injuries

Cancers

1. Following the development of the National Cancer Policy to guide interventions to address cancers in Liberia, WHO has collaborated with partners to support the Ministry of Health in setting up two centres of excellence for cervical cancer screening, treatment and care in Monrovia, which holds over 30% of the population, and in Gbarnga, Bong County. These cater to the central, northern, and southeastern regions.
2. Established the model to reach 140,000 women of reproductive age and targeted 15,000 women. A total of 65 women were screened between February and June 2022, of whom five were treated for pre-cancer lesions, and eight were identified with advanced cancer-- five cases underwent a hysterectomy, and three were placed on treatment and palliative care.



Figure 18: Beatrice Banya, a survivor of cervical cancer, expresses her joy following successful screening and treatment at CB Dunbar Hospital in Bong County

3. WHO provided 12,767 assistive technology products (7,007 pairs of glasses and 5,760 mobility products). The interventions have focused on vision, mobility, and self-care. Around 8,823 persons have benefited from prescribed eyeglasses and walking aides distributed in Montserrado, Bong, Grand Bassa, Nimba, and Maryland counties in 2022.

4. To promote road safety, WHO supported a multi-sectoral collaboration to revise Liberia's 1972 Vehicle and Traffic Laws. The amended law is being submitted to the legislature for endorsement.

STEPwise approach to Non-Communicable Diseases (NCDs) risk factor surveillance survey

1. WHO supported the MoH in conducting a STEPwise approach to the NCD risk factor surveillance (STEPS) survey to provide data and information to develop programmes to reduce morbidity, mortality, and disability related to chronic NCDs and their risk factors. The data analysis has been completed and report writing is underway.

Mental Health and Substance Use Disorder

1. In collaboration with partners, WHO supported the MoH in developing two policy and strategic documents in 2022: the National Alcohol Policy 2023-2027 and the National Mental Health Policy and Strategy 2022-202 to guide and give a strategic direction for mental health programmes and interventions.



Figure 19: Dr. Momolu Massaly screens for cervical cancer at CB Dunbar Hospital in Bong County

Health emergencies (WHE) cluster



WHO Liberia Country Office works under the health emergencies cluster to support the government in the mitigation, preparation, detection, response to and recovery from public health threats. It ensures Liberia is better protected from public health emergencies as prioritized in the Pro-Poor Agenda for Prosperity and Development (PAPD), the health-related Sustainable Development Goals (SDGs), and the International Health Regulations (IHR) 2005, with interventions at national and sub-national levels.

The Organization contributes to the “one billion more people better protected from health emergencies”, focusing on three broad areas: Preparedness & IHR, prevention of epidemics and pandemics, and emergency response.

Key achievements

Emergency preparedness

Integrated Disease Surveillance and Response (IDSR)

The national IDSR overall performance improved to 94% in 2022 from 89% in 2021, with specific key performance indicators being 97% for case notification within 48-72hrs, 92% for suspected and confirmed cases investigated, 98% for completeness and timeliness of reporting, and 64% for community case detection and notification. Weekly analysis and monitoring of IDSR performance improved timely decision-making for the country’s preparedness and response to epidemic-prone diseases.

WHO improved the country’s emergency preparedness capacity by providing training in IDSR, IPC, Laboratory and One Health coordination to a total of 2,064 health workers.

These include 693 trained in IDSR, 345 on Influenza sentinel surveillance, 300 on IPC, 287 on Monkeypox screening, investigation and management, 252 on COVID-19 enhanced community-based surveillance and response, 205 in priority diseases laboratory-quality specimen collection, packaging and transportation, and 50 on foodborne diseases surveillance.

Strengthened the country’s preparedness and case outcomes of Lassa fever patients to 33% case fatality in 2022 from 64% in 2021 by providing 7,500 doses of Ribavirin medicine for case management that was prepositioned to district hospitals in the six counties endemic for Lassa fever.

Strengthened the country’s capacity for preparedness and response to the Cholera outbreak by providing and prepositioning Cholera kit items worth US\$300,000 to the large populous counties of Montserrado, Nimba, Margibi, and Grand Bassa.

The national disease surveillance system was strengthened by developing and validating five strategic documents through extensive desk reviews, consultations, technical working groups (TWGs) meetings and validation exercises



Figure 20: WHO staff conducting COVID-19 data verification in the field, Margibi County

by the One Health platform. The developed documents include an updated National Action Plan for Health Security (NAPHS), the National Disease Surveillance Strategic Plan, the M&E Framework for the Disease Surveillance Strategic Plan, the National Emergency Preparedness and Response Plan, and the National Referral Pathway Guidelines for Immediately Reportable Diseases, Conditions and Events.

Supported the National Public Health Institute of Liberia and the 15 counties’ public health emergency operations centres with equipment (30 desktop computers, 20 laptops, two large viewer smart TV screens, 33 tablets, and 16 android phones) for initiating the Go. Data platform for disease outbreaks data management and their linkage with the national incident management system for health emergencies response and coordination. However, the Public Health Emergency Operations Centres (PHEOCs) are not fully operational due to logistical and operational challenges.

Laboratory and diagnostics

WHO strengthened Laboratory confirmation of epidemic-prone diseases by donating assorted laboratory supplies to the government. Supplies included PCR tests of TaqPath reagents, Viral Transport Media and swabs, Monkey-Pox



Figure 21: COVID-19 genomic surveillance training at the National Reference Laboratory-Liberia

Virus Real-Time PCR kit, Cholera kits of 43 complete sets of IDSR-priority diseases sample collection materials and consumable supplies, dry ice to support the shipment of COVID-19 samples for genomic sequencing, examination gloves, and centrifuge tubes, among others. (See Annex 2 for the list of consumables provided to the National Public Health Reference Laboratory).

Established the country's capacity for COVID-19 genomic sequencing to conduct COVID-19 variants of concern surveillance through staff training, procurement and installation of sequencing machines, reagents, and supplies.

The Laboratory priority diseases confirmation quality standards were maintained and evaluated through two rounds of External Quality Assurance for SARS-CoV-2 and viral hemorrhagic fever (EVD, LF, YF) implemented at four COVID-19 testing laboratories with 100% correlation with external quality testing.

WHO helped develop and validate the National Laboratory Services strategic plan 2023 -2017, Laboratory Information System Improvement plan, Procurement and Supply Chain Management Improvement plan, and Guidance Document for Multi-Sectoral Coordination of Laboratory Systems and Services to strengthen clinical and public health laboratory services.

Infection prevention and control (IPC)

Developed and validated national IPC strategic and operational plan, monitoring and evaluation framework and updating the national IPC guidelines for strengthening the IPC systems and practices following a comprehensive assessment of 38% (350/938) of health facilities assessed (public and private) across the 15 counties. The national-level IPC programme result showed 48% compliance to the core IPC components during the comprehensive national IPC assessment.

WHO strengthened IPC practice that has led to a reduction in health worker-associated and nosocomial infections by providing assorted IPC supplies-- 3,000 pieces of leak-proof waste bins, 15,000 bottles of hand sanitizers, 12,000 bottles of liquid hand soap, 7,000 sharps containers, 20,000 biohazard bags, 150 chlorine buckets, 100,000 pairs of examination gloves, 50,000 pairs of sterile gloves, 10,000 pairs of OBGYN gloves, 120,000 pairs of a locally-produced nose masks, 500,00 pieces of surgical masks, and 150 bottles of chlorhexidine. The supply has ensured health workers have the requisite supplies to improve the practice of IPC and reduce infection among healthcare workers.

One health

- Strengthened the IHR multidisciplinary and multi-sectoral/One Health coordination by developing and validating the One Health governance manual currently guiding multi-sectoral coordination for preparedness and response to public health events.
- WHO supported the MoH and partners in updating the National Action Plan for Health Security (NAPHS), which will guide the implementation of International Health Regulations (IHR).
- As a result of WHO's support in the capacity strengthening of 456 healthcare workers, the country's capacity for Rapid Response to disease outbreaks improved to 85.7% in 2022 from 83% in 2021 in disease outbreaks rapid response in the context of One Health at the county level.
- Conducted the annual IHR state party country self-assessment and reporting using the revised Joint External Evaluation (JEE) tools with an overall score of 59%, an improvement of 7% from the previous year. However, this revealed the national capacity to mitigate public health threats is still weak, as evidenced by the staggering and weak scores.

Emergency preparedness and response

The WCO contributed to the country's improved detection, investigation and reporting of epidemic-prone diseases with 24,450 alert cases reported and investigated, and 6,025 cases confirmed (3,528 measles, 1,253 COVID-19, 736 pertussis, 436 Yaws, 65 Lassa fever, 6 Monkeypox, and 1 presumptive case of yellow fever) by providing 35,000 copies of IDSR investigation and reporting forms, 2,500 job aids for community health workers, and 2,000 copies of the 3rd Edition IDSR technical guidelines to 836 public and private health facilities. In addition, WHO built capacities of 3,564 frontline health workers on priority disease case definitions and provision and prepositioning of IDSR priority disease sample collection, packaging and transportation supplies in all 15 counties.

WHO and US-CDC supported the MoH in successfully concluding the Ebola Virus Disease (EVD) survivors project to trace EVD viral particles shading through semen, resulting in zero EVD survivors shedding the virus through semen. This has made Liberia the first country affected by EVD to achieve this milestone. The longest patient took 66 months to sero-covert to negative status.

WHO supported the government in introducing SARS-CoV-2 and Influenza sentinel surveillance into the existing surveillance system, driving the establishment of respiratory disease surveillance in the context of IDSR in Liberia.

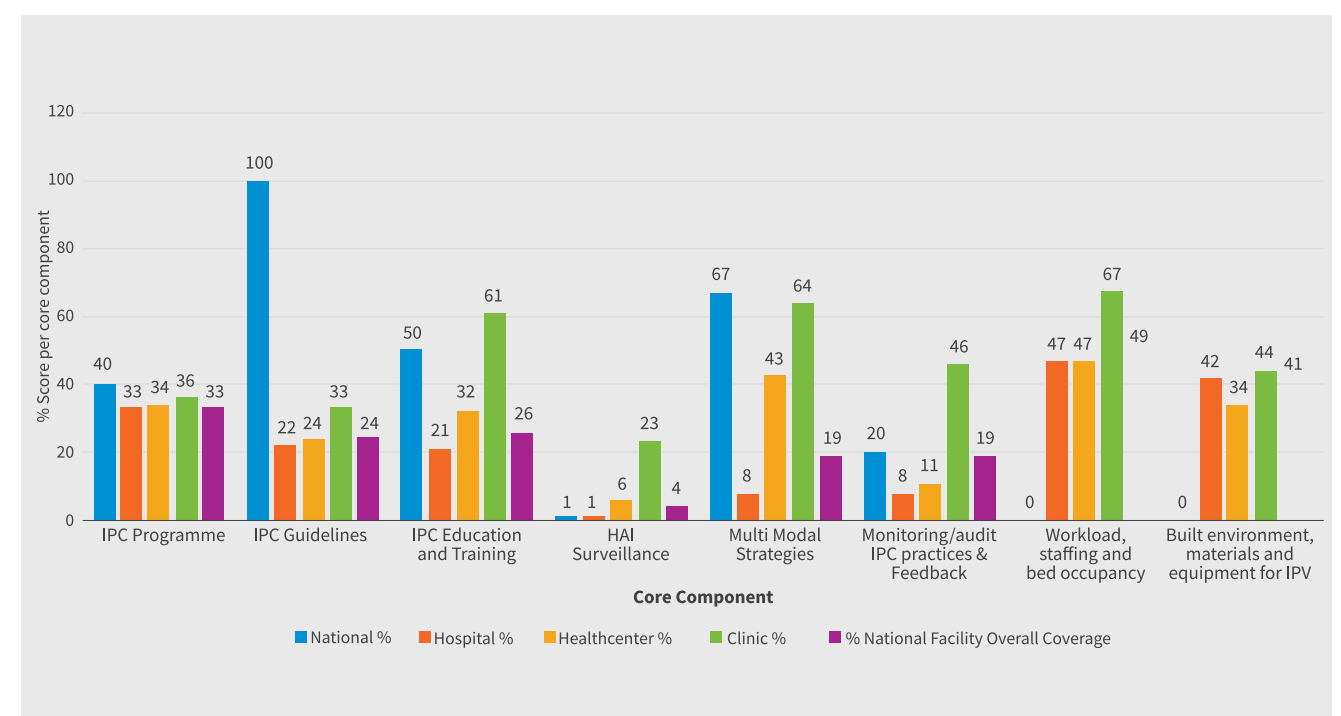


Figure 22: Overall IPC Compliance for National and Facility level by WHO Core Component

- A total of 275 health workers (clinicians, surveillance, and laboratory staff) were trained from four county referral hospitals (70 from Redemption Hospital, 65 from Phebe Hospital, 70 from G. W. Harley Hospital, and 70 from Grand Bassa Government Hospital) to conduct surveillance for Influenza, Severe Acute Respiratory Infections (SARI) and COVID-19.
- 15 national facilitators were trained to provide oversight at the four sentinel sites. Additionally, essential assorted IPC, laboratory supplies, and case investigation and reporting tools were provided to the sites, in addition to four desktop computers for data management.
- A total of 456 specimens were collected and tested for COVID-19, with 187 of these samples transported to the National Reference Laboratory pending shipment to a referral laboratory for Influenza testing as the country finalizes its capacity for Influenza testing. At the same time, the Influenza surveillance data has been included in the national weekly early warning epidemiological bulletin.

Emergency response

The country responded to 76 disease outbreaks. Of these, 85.7% were responded to within 72 hours, following the timely provision of technical, financial, and logistical support from the government, WHO and other partners through the Incident Management System and National Epidemics Preparedness and Response Committee.

COVID-19 Response

Between January and December 2022, Liberia responded timely to 1,263 COVID-19 cases, a relatively low number compared to 2021 and other countries. This was due to the robust implementation of the response tools that include timely Community-Based Surveillance and Response initiative and vaccinations led by the Government of Liberia through the IMS with support from WHO and other partners.

Cumulatively, from 16 March 2020 to 30 December 2022, Liberia recorded 8,053 confirmed cases, including 294 deaths (Case Fatality Rate- 3.6%) and 404 health workers' infections (including eight deaths), while 7,752 patients recovered.

In 2022, no case was hospitalized in the ICU facility, and no death was recorded. WHO contributed technical, financial, logical, and operational support to the COVID-19 response.

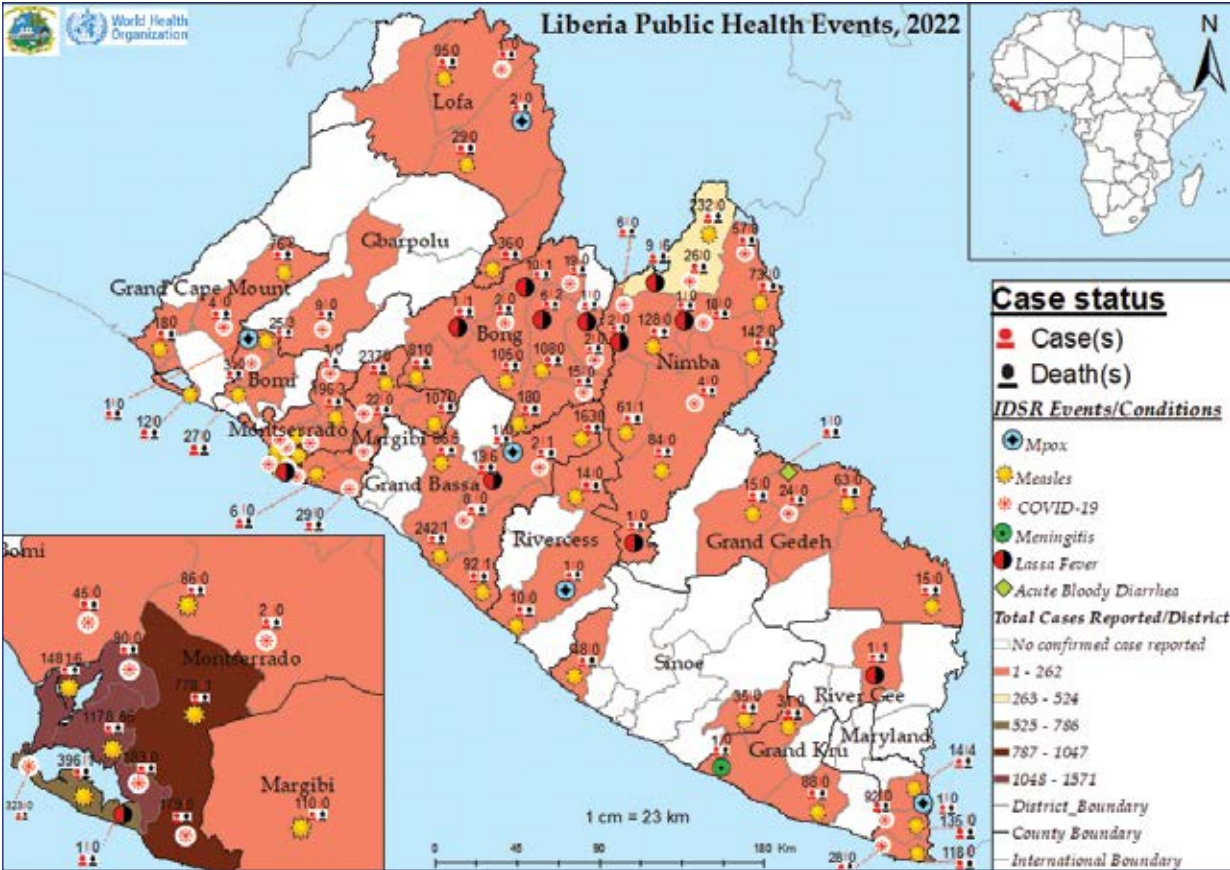


Figure 23: Liberia Public Health events, 2022

Table 2: Disease outbreaks and response in Liberia,2022

Disease / Event	Frequency	Number of Outbreaks with Investigation Reports	Duration Between Notification and Response		
			≤2 days	3 - 7 days	>7 days
Lassa Fever	22	20	20	1	2
Measles	43	39	41	1	1
Yaws	1	1	0	1	0
M-Pox	5	1	3	0	2
Yellow Fever	1	1	0	0	0
Pertussis	3	3	1	1	2
Total	76	66 (87%)	65 (85.7%)	4 (5%)	7 (9.3%)

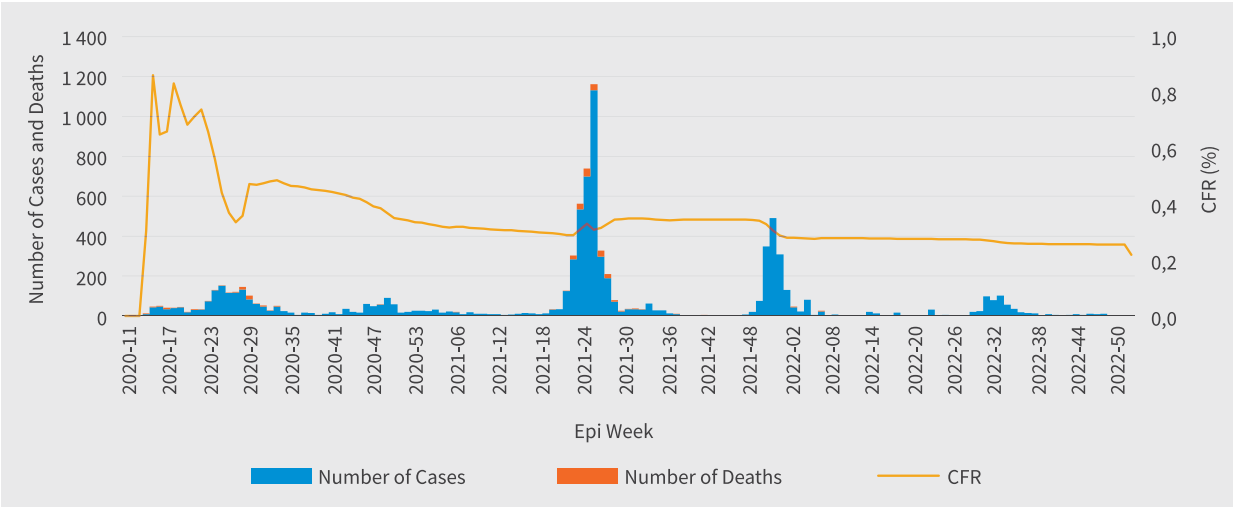


Figure 24: COVID-19 cases and deaths EPI curve for Liberia

Community Based Surveillance and Response (CBSR) Initiative

To address the low COVID-19 case detection and response, WHO introduced a CBSR-I that brings surveillance, testing, IPC, risk communication, HBIC, and vaccination to communities and healthcare settings. Also, 241,000 Ag-RDTs were procured and distributed to the health facilities in Montserrado, Nimba and Margibi counties in the initial phase. The second phase included Margibi County.

A total of 74,509 samples were tested (38,421 in Montserrado, 30,682 in Nimba, and 5,428 in Margibi), of which 242 were confirmed cases (155 in Montserrado, 82 in Nimba, and 5 in Margibi), and 1,197 contact lines listed and followed up (4.8 contacts per case – 3.3 in Montserrado, 7.5 in Nimba, and 11.3 in Margibi). A total of 10,502 persons were vaccinated under this initiative, contributing to the overall country full vaccination coverage.

Provided IPC community hygiene kits to 1,439 people (242 COVID-19- positive cases and 1,197 contacts) that included medical masks and reusable cloth masks, alcohol-based hand sanitizer and liquid soap (500ml each), improving compliance among confirmed cases and their contacts.

Around 242 positive cases were assessed and cared for under home-based isolation and care arrangement by the CBSR-Initiative team. This has continued to build trust in the MoH-led COVID-19 pandemic response.

Around 186,453 community members in Nimba, Montserrado, and Margibi counties were sensitized and briefed on the available vaccines, sites, safety of the vaccines, and public health and social measures (PHSMs).

WHO completed two years (2020 to 2021) of COVID-19 Preparedness and Response documentation for Liberia. The process took stock of all the efforts by pillars on the COVID-19 EPR planning and implementation.

Measles outbreak

Cumulatively, 8,177 suspected cases, of which 7,656 were confirmed cases, were reported from 52 health districts in 15 counties, with a Case Fatality Rate (CFR) of 1.1% (85 cases out of 7,656). Among the 7,656 confirmed cases, 6.1% (469 cases) were laboratory confirmed, 7.0% (535 cases) were clinically confirmed, and 85.8% (6,567) were EPI linked. The most affected were children aged 1-4 years, 51% males and 49% females. As a result, WHO supported a reactive

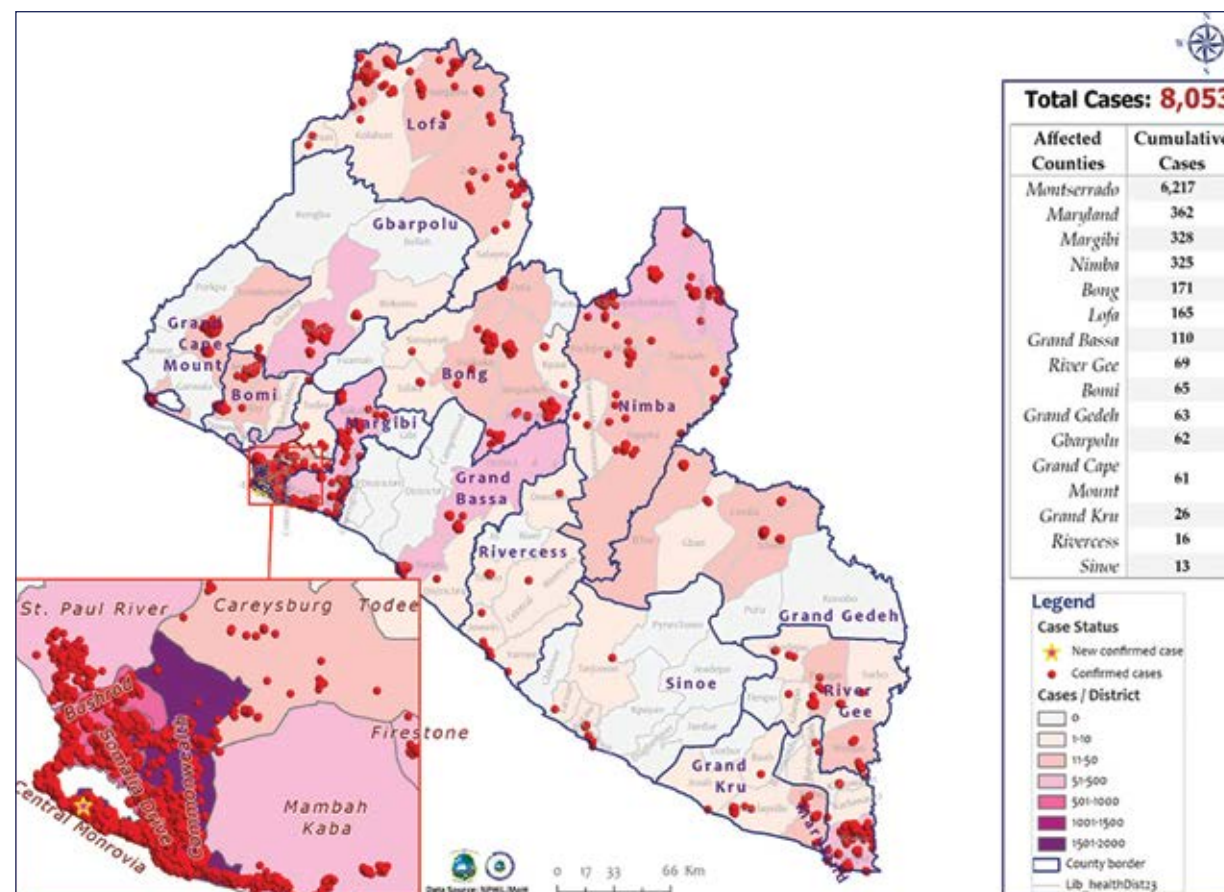


Figure 25: Distribution of COVID-19 cases by district in Liberia, December 30, 2022

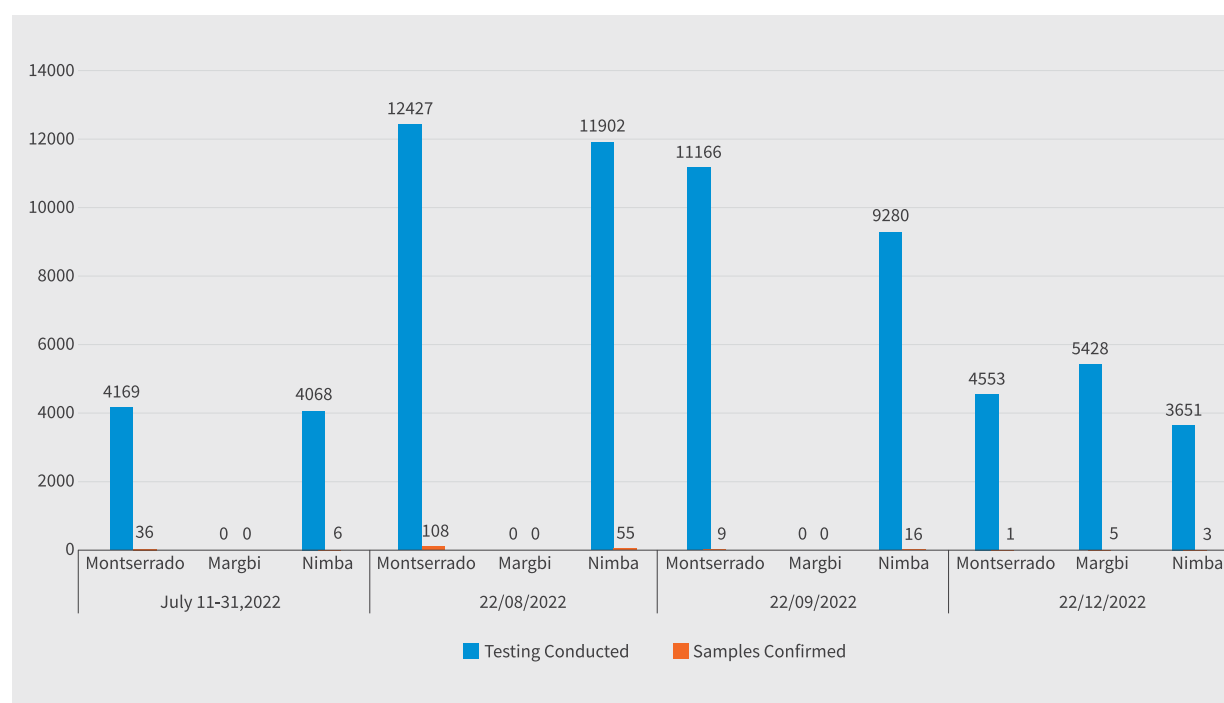


Figure 26: CBSR COVID-19 tests and confirmed cases by month in Montserrado, Margibi and Nimba counties, July-December 2022

measles vaccination campaign held in the week of 18-24 July 2022, with an administrative coverage of 283,576 persons, representing 90% of the targeted population in 38 out of 93 districts. This ultimately reduced the number of measles cases in the intervention districts.

Lassa Fever

Around 108 suspected cases of Lassa fever - 67 of these confirmed, including 22 deaths - were reported from five counties as follows: Grand Bassa (25), Bong (19), Nimba (15), Montserrado (1), and River Gee (1). Nine districts in these counties were affected, with the most affected age group being 20-35 years, 63% males and 47% females, and a CFR of 33. However, the CFR has halved in 2022 (33%) compared to 2021 (64.0%), partly attributed to improved case management due to the availability of injectable Ribavirin medicine procured by WHO and prepositioned to district-level hospitals in all counties reporting suspected and confirmed cases.

Yaws outbreak

Cumulatively, 438 cases were recorded with no deaths, and 1,867 contact lines were listed and followed up from 23 communities in Foya district of Lofa County, affecting an age range of 2 to 36 years. WHO Liberia Country Office deployed 6,000 Azithromycin (500mg) tablets for managing cases and prophylaxis to contacts with clear technical guidance to the county and district health teams, rapidly strengthening the district-led response and enabling the outbreak to be contained in two months.

Monkeypox

Cumulatively, 61 suspected cases samples have been collected and tested, with six confirmed for this event in Liberia in 2022. All six cases are not EPI linked (1 each in Maryland, Grand Bassa, Bomi and Rivercess counties, and 2 in Lofa). WHO supported updating, printing, and disseminating the Monkeypox case definition, case-based investigation forms, factsheet and training 108 county and district surveillance officers from 15 counties and 234 port health and immigration officers from five counties.

Pertussis outbreak

Cumulatively, 736 cases of pertussis were recorded in Maryland, Grand Bassa, and Grand Kru counties between 30 March and 22 July 2022. 59% of the cases were vaccinated for DPT-3.

WHO provided technical guidance and investigation tools to detect the outbreak. As a result, the outbreak resolved naturally. WHO could not respond timely due to a lack of vaccines.

Healthier population and health promotion

The Health Promotion and Social Determinants of Health Unit is one of the units within the WHO Country Office with the overarching goal of ensuring healthy lives and promoting well-being.

As Health Promotion is cross-cutting, the unit collaborated with the MoH and partners for a more responsive approach to addressing the social determinants of health, current and emerging burden of diseases, and readiness for any future outbreaks.

Key achievements

1. WHO supported the government in revising and elaborating the National Health Promotion Policy and Strategic Plan 2022-2027 to guide the implementation of Health Promotion intervention across the country for the next five years.
2. WHO supported completing a qualitative research study on the social and behavioural factors influencing public compliance with COVID-19 vaccine uptake and other public health measures. Findings and recommendations from the study will inform new strategies to improve risk communication and community engagement for COVID-19 and other health interventions.
3. Strengthened community actions for health through increased awareness and sustained community engagement. This resulted in community ownership, created demand generation for the COVID-19 vaccine, and voluntary testing driven by local leaders.

WASH, Climate Change, and Environmental Health

1. Enhanced county-level capacity for cholera preparedness and response through national ToT training on preparedness and response, which contributed to zero incidences of cholera cases. Also, WHO completed a cholera preparedness and response readiness assessment enabling counties to develop a preparedness and response plan available for use in the event of an outbreak.

Nutrition

1. Parliamentary (House of Representatives) endorsement of the code of marketing of breast milk substitutes and passage into law serves as the regulatory framework for strengthening breastfeeding, particularly exclusive breastfeeding for the first six months of life.

Corporate services and enabling functions (Administration and Management)



The corporate services and enabling functions headed by the Representative's office coordinate strategic leadership and governance, planning and resource allocation, administrative (financial and human) resource management, partnerships and resource mobilization, and implementation and strategic communication.

Strengthened Strategic Health Leadership and Governance

WHO played a leadership role in supporting the Ministry of Health's mandate to ensure Liberians have better health. This includes building the national capacity for health governance and providing guidance and updates on global health evolutions, including the implications for national health programmes with partners. Also, co-chairing health coordination mechanisms to ensure partner investments are well aligned with priorities of the health sector strategic plan, and convening partners, stakeholders, the private sector, and the community on complex health agendas, including during public health emergencies.

Key achievements

1. WHO provided technical guidance to the Special Presidential Advisory Committee on COVID-19 (SPACO), the Incident Management System (IMS), the National Emergency Preparedness and Response Committee (NEPRC), UNCT, and partners for COVID-19 preparedness and response. This has resulted in improved coordination and pandemic control.
2. Provided strategic guidance and technical and financial support in achieving the current 81% COVID-19 vaccination coverage.
3. Supported the Government of Liberia by leading the IMS at national and sub-national levels to ensure strengthened multi-sectoral partnerships and response to emergencies such as COVID-19, Measles, Lassa fever, and Monkeypox.
4. WHO actively led and participated in coordination platforms and mechanisms that guided the implementation of key health programmes. These include co-chairing the Health Sector Coordination Committee, as well as participating in and providing technical guidance for the Health Coordination Committee, the Standing Secretariat for the Health Partners Group, and membership in the National AMR Multi-Sectoral Working Group. WHO is also a member of the newly constituted Inter-Agency Coordination Committee on immunization.
5. Completed the evaluation of GoL-WHO Country Cooperation Strategy (CCS) 2018-2021 and elaborated the fourth generation CCS 2022-2026. The new CCS will be launched in Q1 of 2023. The CCS sets the GoL and WHO medium-term framework for cooperation to implement the national health agenda over five years (2022-2026).

6. As part of the UNCT, participated in and supported the planning and implementation of the Voluntary National Review (VNR) on SDGs and the final report for Liberia completed. The VNR provides data and information on key areas to be addressed through collaborative efforts for all the sectors that will facilitate SDGs attainment.

7. As the co-Chair and member, WHO participated and supported the M&E working group to update the United Nations Sustainable Development Cooperation Framework (UNSDCF) joint work plan and data using the UNINFO platform.

8. WHO serves as the co-Chair of the M&E working group as part of the Inter-Agency Program Team to support the UNCT in the planning, monitoring, implementation, reporting and evaluation of the four results groups of the UNSDCF.

Preventing and Responding to Sexual Exploitation, Abuse, and Harassment (PRSEAH)

1. Initiated knowledge acquisition on SEAH prevention and reporting and WCO Staff compliance to the 'zero tolerance culture' by completing four awareness and training sessions for the whole WCO personnel on PRSEAH.
2. Assorted materials, including the PRSEAH 'Dos and Don'ts' and the WHO Code of Conduct, were printed, signed by all personnel, distributed, and displayed at various strategic locations within the WCO and during WHO key events to sustain knowledge and prevention of sexual misconduct.
3. Collaborated with other UN agencies and government to celebrate the 16 Days of Activism (DoA), where the WHO Resident Representative emphasized PRSEAH as an integral part of the campaign, demonstrating the high level of commitment to preventing and responding to SEAH and saying 'No' to violence against women, girls, and children.
4. WCO focal points for PRSEAH identified and capacity being built for ready access to PRSEAH resources and programmes.
5. Built capacity for safeguarding measures in programmes and communities through a training mix of 50 government personnel and the media on PRSEAH to improve knowledge and prevention of SEAH at the workplace and outside of the workspace.

Strategic Health Information

1. As part of the UNCT under the guidance of the Resident Coordinator and Minister of Finance and Development Planning, participated and supported the VNR of the 2030 Agenda goals to take stock of the Government of Liberia and partners' efforts towards achieving the Sustainable Development Goals (SDGs) targets by 2030. As a result, the Government of Liberia presented the final VNR report 2022 to the United Nations as its second review of the implementation of the SDGs.

2. WHO contributed to developing the 2021/2022 monitoring report of the UN-GoL Sustainable Development Cooperation Framework in the joint online reporting platform and developing the 2022-23 work plan, focusing on the health and human development sector.

3. The SDG3 GAP M&E framework for Liberia has been completed. The M&E framework outlined the overall performance and implementation of the SDG3 GAP in Liberia, including areas for improvement.

Transparency and Accountability

In line with the pro-results values and responsive strategic operations of the transformation agenda, WHO-Liberia has

fully complied with rules and regulations, clear delegation of authority, Standard Operating Procedures, and all other internal controls in the four clusters of the WCO.

1. This resulted in a score of 3.82 (out of a highest of 4) for the Internal Control Framework (ICF) Self-Assessment. In addition, the Local Compliance and Risk Management Committee held four (quarterly) meetings to address gaps identified from the ICF assessments, which were resolved for improvement in 2022.

2. The risk register was reviewed quarterly, and two new risks were added under the staff system and structures and political/governance risk categories. Both risk levels are moderate, and mitigation actions have been outlined to address and manage the risk.

3. The 2018 Audit was closed with all open recommendations fully closed, and the WCO was serviced with a closed report letter from Internal Oversight Services (IOS)/HQ. The WCO ensured a clear segregation of duty in a well-functioning coordination mechanism where clear delegation of authority and reporting lines are adhered to. This aligns with the Organization's rules and regulations, policies, and Standard Operating Procedures for its day-to-day operations.



Figure 27: WHO communications team in the field collecting content for an EU-supported documentary on COVID-19 vaccination for vulnerable populations

External relations/Resource mobilization

External partnerships remain key for the strategic mobilization of resources to implement programmes, provide accountability, and fulfil donor compliance requirements through the development and timely submission of quality donor technical and financial reports, case studies, and impact stories.

Specifically, the WCO has achieved the following in this regard:

- Improved local resource mobilization by responding to 16 internal and external calls for Concept Notes and proposals during the year, translating to over US\$ 3.5 million in locally mobilized resources.
- Enhanced communication and compliance with donor regulations by developing and timely submission of at least 20 internal and external reports to donors.
- Improved partner coordination as the secretariat of the Health Partners Group through convening at least 12 meetings, five UNCT Partnerships Working Group meetings, and various other forums fostering stronger relations between WHO and internal (UN) and external partners.

Strategic communications

Throughout the year, WHO personnel engage in activities at the Country Office and field levels in order to improve communications and the visibility of WHO in Liberia. The results below reflect these efforts.

Key achievements

1. Around 18 articles and one photo story were posted on the WCO Liberia website and another four stories were published on the WHO AFRO website.
2. Three case studies were produced on cervical cancer, AMR, and SDG gaps.
3. WCO social media platforms reached >162,000,000 on Facebook and >880,000 on Twitter.
4. Produced two written documentaries on Liberia's experience in reaching the 70% and 90% WHO COVID-19 vaccination targets.
5. Produced two video documentaries on reaching the 70% target and increasing the COVID-19 vaccination through community mobilization, in collaboration with WHO AFRO.



Figure 28: Briefing of Health Reporters Network on responsible health reporting and communication

6. Established a health reporters' network registering 47 journalists from various media houses, combined with a symposium on health reporting and COVID-19. This orientation has improved coverage of health-related content in the media and enhanced WHO-Liberia's visibility.
7. 129 media mentions of WHO-related work in Liberia were highlighted in the press, enhancing WHO's credibility as the leader in health.

Programme management

Programme management is one of the reinforced cross-cutting functions the Country Office utilizes in improving planning, allocating and utilizing resources and enhancing monitoring and evaluation to achieve GPW13 results. Areas of work under the programme management officer include strategic and operational planning, budget management, monitoring and evaluation, and support to governing bodies.

Key Achievements

1. Completed WCO's strategic planning for the Programme Budget 2024-2025 (PB24-25). If fully implemented, this will improve the SDG-3 achievement gaps in Liberia and implement activities that will improve health systems, support better preparedness for and response to health emergencies, and address social determinants of health as identified in the National Health Policy and Plan, and the Country Cooperation Strategy (CCS) 2022-2026.

2. Developed and updated WCO work plans by ensuring complete, appropriate and timely utilization of resources, resulting in an 85% utilization rate and 100% IATI compliance. Completed the development of the integrated Outbreak Crisis and Response (OCR) 2023 Operational Planning in line with the 2023 Global Health Emergency Appeal and the GPW 13 to better respond to COVID-19 and other health emergencies.

3. Strengthened monitoring and evaluation through effective oversight of key performance indicators (KPI) monitoring and reporting (KPI coordination), completion of performance assessment (SAM-1), and building a culture of results-based management and reporting.

Country support unit (CSU)

The CSU unit is made up of the Human Resources (HR), Travel, Procurement and Logistics, Information and Technology (IT), Budget and Finance, and General Administration units. The units operate under laid-down internal controls vis-à-vis the organizational standing rules, policies and Standard Operating Procedures (SOP). Most of the CSU's work output is measured by key performance indicators (KPIs) on a monthly basis and tracked by the Regional Office in order to measure and rank country office performance. The processes are also weighed against the annual self-assessment internal control system, and identified gaps are addressed to ensure improvement in subsequent years, as indicated in the Transparency and Accountability section above.



Figure 29: Staff of WCO Liberia Country Support Unit recognized for their contribution to the achievements of the office in 2022

Human Resources

The Functional Review under the AFRO Transformational Agenda has made significant progress, with eight out of the ten positions approved for recruitment under various stages of the recruitment process. At year-end of 2022, personnel numbered 59, with 41 males and 18 females. Of the 59, 37% (22) are staff contract holders, and 63% (37) are non-staff contract holders and consultants. The WCO promotes and supports the Organization's drive to increase gender balance in the workforce. This materialized in the recruiting of three female consultants and one Junior Professional Officer during the year.

Budget and Finance

The WCO work plan implementation was managed efficiently, with weekly and monthly updates shared with the programme and CSU staff members for follow-up actions. It ensured that agreed donor budget lines in approved proposals were respected. Encumbrances are reviewed regularly to ensure the timely utilization of funds within timelines as agreed with donors.

Key Achievements

1. Improved AFRO KPI control effectiveness is 63%, up from 62% in 2021, and the WCO was ranked ninth out of 47 budget centres, a major leap up from the nineteenth position in 2021.
2. The budget implementation rate is 87% at a green KPI rating, over and above the average implementation rate of 50% in mid-biennium.
3. The 2018 Audit, which was open for four years, has been finalized and closed.

Key challenges

- i. Limited funding to implement other health priority programmes, including filling critical HR positions approved by the functional review recommendations. Efforts to scale up resource utilization are restricted due to the limited donor landscape.
- ii. Despite the technical support from WHO, the national capacity to implement the National Health Policy and Strategic Plans is limited due to health systems issues and inadequate contribution from the government.
- iii. Despite the concerted efforts of the Government of Liberia in controlling the COVID-19 pandemic, restoration of health services was slow.
- iv. Weak infrastructure and inequitable distribution of services compromise access to healthcare services.
- v. Inadequate WHO field presence at the county level, due to lack of robust finance and logistical support. WHO has presence in six out of 15 counties).

Recommendations

- i. Leveraging WHO's leadership position in the health sector to continue providing technical guidance, strategic advice, advocacy and a convening role to strengthen partnerships, multi-sectoral collaboration and resource mobilization for the health sector.
- ii. Advocate with the government, donors, and private sector to increase domestic resource mobilization for health sector development to achieve the UHC and SDGs.
- iii. Strengthen the health system for delivery of essential services and address health security.
- iv. Advocate with government and partners to improve health infrastructure and ensure equitable health service distribution and delivery, especially in rural communities.
- v. Mobilize additional resources to maintain and scale up WHO field presence in priority counties.



Lessons learned

- i. Coordination, alignment, and taking stock of resources and implementation at the county and national levels were critical in fast-tracking the achievement of concrete results.
- ii. Integration and alignment of parallel activities mitigated/lessened budget burden and risk of competition among partners.
- iii. WHO's strong engagement and cooperation with the government and partners were critical for achieving GPW13 results.
- iv. Routine programmatic supportive supervision and mentorship for frontline health workers and surveillance officers was critical in strengthening preparedness for robust disease surveillance and improving quality outbreak response and preventive interventions.
- v. Health media network engagement is helping to amplify WHO's work and promotes WHO visibility.

Conclusion

WHO's support and achievements in Liberia in 2022 have leveraged the government's support and leadership in promoting and improving the health and well-being of Liberians.

WHO in Liberia has made significant achievements in saving many lives and improving the health of the people in Liberia. These achievements cut across several areas:

- Improving leadership and governance
- Strengthening delivery of essential health services
- Improving access to and availability of essential medicines, medical products, and diagnostics
- Addressing health workforce
- Improving health information systems (data and strategic information for decision-making)

- Enhancing capacity for WASH, climate change, and environmental health
- Strengthening family and reproductive health and nutrition
- Establishing a robust expanded programme on immunization
- Neglected Tropical Diseases
- Improving in preparing for and responding to health emergencies

WHO reaffirms its commitment to working together and supporting the Government of Liberia, in collaboration with partners and all stakeholders, to further strengthen the health system and build the capacity for a better and stronger system.



Priority focus in 2023 and beyond

The WHO Liberia Country Office will continue working towards contributing to the achievement of the GPW13 goals through the interventions listed below. The primary focus will remain on improving the health sector service delivery. Additionally, strategic engagement will be reinforced internally with programmes and externally with the Government of Liberia (GoL) and partners. This will foster and ensure synergies in achieving better results. The table below demonstrates the WCO core priorities for 2023, aligned with the PB 2022-23 Workplan:

S/N	GPW13 Strategic Goals	WCO core priorities
1	Universal Health Coverage (Provision of essential Health services)	Health system strengthening and services (HSS) Support the implementation, monitoring and evaluation of the National Health Policy (2022-2031) and Health Strategic Plan (2022-2026) and the Essential Package of Health Services II (2022-2026) Support the implementation of the National Health Financing Policy and Strategy (2022-2026), including National Health Accounts for FY 2022 Support the review and elaboration of the National Health Workforce Policy and Strategy and the National Healthcare Quality and Strategy (NHQS 2023-2027) Support the elaboration and rollout of the National Standard Treatment (STGs) and Essential Medicines List (STGs & EMLs) 2023-2026) and Procurement and Supply Chain Master Plan Support the implementation of the National Action Plan on the Prevention and containment of Antimicrobial Resistance in Liberia Family and Reproductive Health Support MoH to implement the RMNCAH continuum of care protocols, guidelines, and job aids at the health facility level in all 15 counties Empower and build the capacity of healthcare facilities and communities in the delivery of competencies in adolescent and young people's health, including self-care interventions Build synergy among MoH and key sectors of government and partner institutions for gender, equity and rights programming and services Implement the quality-of-care improvement plans in collaboration with sister UN agencies and other stakeholders for maternal newborn care within selected healthcare facilities Complete and submit the final version of the midwifery leadership profile for Liberia as part of the Framework for Action Strategy

		Plan for and support the commemoration of events on the international day of the midwife
		Expanded Programme on Immunization
		Improve VPD surveillance through the strengthening of ISS monitoring activities
		Support deployment of pediatric dose of Pfizer vaccines by February 2023
		Support the integration of COVID-19 vaccination into routine Immunization
		Support PIRI and outreaches for increased and efficient vaccination coverage
		Enhance vaccines safety surveillance through intensification and reporting AEFIs/AESI as part of new vaccines surveillance
S/N	GPW13 Strategic Goals	WCO core priorities
		Disease Prevention and Control
		Support the implementation of the NTD Master Plan
		Support the MoH to develop NCD Policy and strategic plan using the STEPS Survey Report
		In collaboration with EPI Unit, support MOH to roll out the malaria vaccine in the 48 selected districts
		Increase access to assistive technology services in Liberia
		Support the implementation of the National Alcohol Policy and Strategy
		Implement the WHO Framework Convention on Tobacco Control to eliminate illicit tobacco and tobacco products trade
		Strengthen prevention and control of HIV, TB, and Malaria services in Liberia
		Finalize and implement the mental health policy and strategy
2	Health Emergencies (Protection from Health Emergencies)	
		Better Protection from Health Emergencies (WHE)
		Support the implementation of the updated (2023-2027) national action plan for health security to enhance IDSR/IHR core capacities
		Sustain and strengthen capacities for detection and response to COVID-19
		Support implementing the National IPC strategic plan to improve preparedness and response to emergencies and routine healthcare services.
		Support the implementation of the National Laboratory strategic plan to improve detection and response to health emergencies

		Support risk communication and community engagement for health emergencies response and routine health care services
3	Health Promotion (Promotion of Health and well-being)	
		Health information and Promotion
		Improve data generation to inform the decision on mitigating the burden of diseases for social determinants of health from three selected sectors (Health (EPI, TB/HIV, Malaria), Transport and City cooperation)
		Support implementation of the newly revised National Health Promotion Policy and Strategic Plan
		Support the commemoration of WHO-approved Health Days to improve health and well-being
		Enhance documentation of approaches, lessons, and best practices of RCCE interventions
		Strengthen partnership collaboration for health promotion and social determinants of health
		Environment, Water, and Sanitation
		Adopt and support the implementation of the National Scorecard on climate change and health
		Support enhancement of WASH in health care facilities, including medical waste management
S/N	GPW13 Strategic Goals	WCO core priorities
		Nutrition for health and food safety
		Support implementation of the multi-sectoral national nutrition strategic plan
		Strengthen nutrition and food disease surveillance and reporting
		Expand implementation of the Baby Friendly Hospital Initiative to improve infant and young child feeding in Liberia
4	CORPORATE SERVICES AND ENABLING FUNCTIONS (MANAGEMENT) and Partnerships	
		Enhance Strategic Health Leadership and Governance
		Improve health sector coordination, monitoring, evaluation and planning
		Effective budget and finance management, monitoring and planning
		Strengthen programme management and reporting
		Improve resource mobilization and partnerships
		Effective communication and documentation, including commemoration of WHO-approved Health Days
		Promote a culture of prevention and responding to sexual exploitation, abuse, and harassment
		Enhance strategic health information generation and use
		Country Support Unit (CSU)
		Improve financial, procurement and human resource management, and staff development that would enhance overall KPI control effectiveness
		Effective budget and finance management, monitoring and planning

Annex

Figure 30: The winners of the 2022 Director Generals Team Award of Excellence



Logistics and Procurement

Table 3: Showing a breakdown of all purchase orders (POs) in 2022 and their cost (in US\$)

Contract Type	Total PO Amount	Total Number of POs
Agreement for Performance of Work	1,310,394	31
Agreement for Performance of Work - Emergency	362,510	3
Consultant	364,740	17
Consultant - Emergency	73,926	3
Direct Financial Cooperation	85,900	3
Fellowship	6,820	1
General External Services	1,182,370	185
Goods	1,248,916	39
Imprest	7,032,076	201
Letter Of Agreement - Non Grant	1,591,728	29
Technical Service Agreement	29,981	1
	\$13,289,363	513

Table 4: Laboratory supplies and consumables provided by WHO to the Government of Liberia, as of 31 December 2022

Supplies and consumables	NRL	CBSR (3 counties)	IDSR (15 counties)
EDTA vacutainer tubes (Purple)	5,000 pcs	0	15,000 pcs
Plain vacutainer tubes (Red)	5,000 pcs	0	10,000 pcs
Vacutainer needles	7,000 pcs	0	15,000 pcs
Vacutainer needle holder	7,000 pcs	0	15,000 pcs
Stool container with screw cap & spoon, sterile	1,000 pcs	0	2,000 pcs
Specimen collection swab, BD BBL Culture swab, with Cary-Blair transport media	1,000 pcs	0	2,000 pcs
Cryovial 2mL	54,000 pcs	0	3,000 pcs
Flip top micro-centrifuge tubes 1.8ml	50,000 pcs	0	0
Abs. Ethanol alcohol (500ml)	160 bottles	0	0
Bio-hazard bags	16,400 pcs	13,000 pcs	30,000 pcs
Cryoboxes	130 pcs	0	300 pcs
COVID-19 (Ag. RDTs)	21,000	121,000	0
COVID-19 (PCR)	5,000	30,315	0
Monkeypox test kits	500	0	0
Cholera test kits	1500	0	0
	Dry ice	0	0
Aprons - Disposable	300 pcs	1500 pcs	150 bottles (Influenza sites)
Zipper Locking bags, 4ml, clear 6x8" (100pcs/Pack)	0	30 pks	150 pks
Adhesive closure specimen bags	0	3,000 pcs	1,500 pcs
Sanitizer with 70% alcohol, 475ml	30 bottles	300 bottles	15 bottles (Influenza sites)
Paper Towel, Disposable	300 rolls	800 rolls	100 rolls (Influenza sites)
Gloves, Examination, Latex, Powdered, S (100's)	30 pks	60 pks	5Pks (Influenza sites)
Gloves, Examination, Latex, Powdered, M(100's)	30 pks	60 pks	5Pks (Influenza sites)
Gloves, Examination, Latex, Powdered, L (100's)	30 pks	60 pks	5Pks (Influenza sites)
GeneXpert Cartridges	2000 test	0	0
QIA amp Viral RNA Extraction kits (250 columns)	15 kits	0	0
TaqPath RT PCR kits	1,000 tests	0	0
VTMs	1000 pcs	0	0

Credits
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WHO Liberia Country Office

1st Floor, One UN House,
(Pan African Plaza), P. O. Box 316, 1000
Monrovia, Liberia

Website: <http://www.afro.who.int/countries/liberia>

E-mail: afwcolr@who.int