The entire population of Liberia is at high risk for malaria. The annual reported number of malaria cases in 2018 was 1,342,953 with 758 deaths.
Malaria
Sustaining Essential Health Services During the COVID-19 Pandemic
The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women (intermittent preventive treatment in pregnancy). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Liberia, it will be of vital importance to ensure that the planning for the universal coverage campaign for long-lasting insecticidal nets (LLINs) scheduled for 2021 goes ahead, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. It is of particular note that this guidance was developed based upon the experiences of distributing LLINs in Liberia during the Ebola outbreak, and we thank you sincerely for the leadership of the Ministry of Health for this important action. Without this campaign, coupled with the need to also sustain essential health services including malaria case management, there will be an increase in malaria cases and deaths. Under the worst-case scenario, in which there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 7.5% increase in malaria cases, and a 104.1% increase in malaria deaths in Liberia. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Global Fund Update
The Global Fund has announced that Liberia will receive US$77.7 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. The Global Fund has determined the total allocation amount based on Liberia’s disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Liberia this is calculated at US$39.8 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Liberia is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to accelerate progress.

Progress
Liberia secured the resources required for the procurement and distribution of the anti-malarial commodities in 2020 and has procured sufficient LLINs to achieve universal operational coverage of the targeted at risk population. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. Liberia has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.
Impact
The annual reported number of malaria cases in 2017 was 1,342,953 with 758 deaths.

Key Challenges
- The increase in malaria incidence and mortality rates estimated by WHO between 2015 and 2018.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2018</td>
<td>Q4 2020</td>
<td>Delivered not yet due</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Ensure the GF malaria funding application is submitted by Q3 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years</td>
<td>Q3 2020</td>
<td>Delivered not yet due</td>
<td></td>
</tr>
<tr>
<td>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td>Delivered not yet due</td>
<td></td>
</tr>
</tbody>
</table>

RMNCAH and NTDs

Progress
Liberia has achieved good coverage in the tracer RMNCAH indicator of exclusive breastfeeding, postnatal care and vitamin A coverage. Liberia has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Liberia is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, and soil transmitted helminths. Preventive chemotherapy coverage in Liberia is very good for schistosomiasis (97%), and good for soil transmitted helminths (76%), onchocerciasis (69%) and lymphatic filariasis (68%). Overall, the NTD preventive chemotherapy coverage index for Liberia in 2018 is 77, which represents an increase compared with the 2017 index value (71).
### Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
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</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH1: Optimise quality of care</td>
<td>Address the falling coverage of vitamin A</td>
<td>Q1 2021</td>
<td></td>
<td>Deliverable not yet due</td>
</tr>
<tr>
<td>RMNCAH1: Impact</td>
<td>Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities</td>
<td>Q4 2020</td>
<td>Yellow</td>
<td>Liberia developed COVID-19 Guidelines and Preparedness and Response Plans. Based on the Ebola experience, the use of appropriate PPEs in every health facilities was reinforced. Social distancing, wearing of masks, avoiding public gathering were initiated. Despite these challenges, service provision in all clinical domains continued even though key data indicators have dropped in value. For example, facility deliveries have reduced thereby resulting into increased community deliveries.</td>
</tr>
</tbody>
</table>

Liberia has responded positively to the RMNCAH recommended action addressing low coverage of ARTs, with recent increases in coverage noted, and continues to track progress as this action is implemented.

### New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH1: Optimise quality of care</td>
<td>Address the falling coverage of DPT3</td>
<td>Q2 2021</td>
</tr>
</tbody>
</table>

**Key**
- **Action achieved**
- **Some progress**
- **No progress**
- **Deliverable not yet due**

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1 RMNCAH metrics, recommended actions and response tracked through WHO