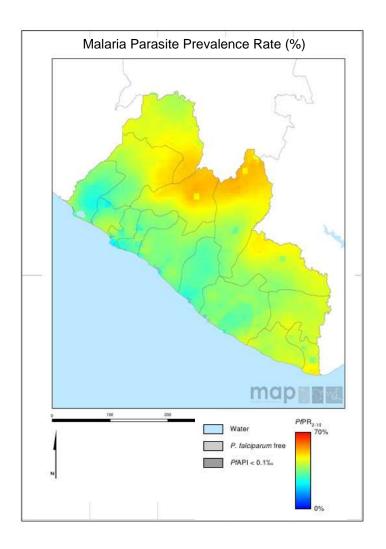
## **Liberia ALMA Quarterly Report** Quarter Four, 2016



## **Scorecard for Accountability and Action**

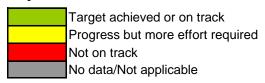


Commodities Financed and Financial Control				
LLIN financing 2016 projection (% of need)	100			
Public sector RDT financing 2016 projection (% of need)	100			
Public sector ACT financing 2016 projection (% of need)	100			
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)				
Insecticide Resistance Monitoring, Implementation and Im	pact			
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3			
Insecticide resistance monitored since 2014 and data reported to WHO				
National Insecticide Resistance Monitoring and Management Plan				
Scale of Implementation of iCCM (2016)				
Operational LLIN/IRS coverage (% of at risk population)				
Estimated change in malaria incidence rate (2010–2015)				
Estimated change in malaria mortality rate (2010–2015)				
Tracer Indicators for Maternal and Child Health				
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	24			
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	10			
% deliveries assisted by skilled birth attendant	61			
Postnatal care (within 48 hrs)	71			
Exclusive breastfeeding (% children < 6 months)	55			
Vitamin A Coverage 2014 (2 doses)	¢			
DPT3 coverage 2015 (vaccination among 0-11	52			

The entire population of Liberia is at high risk for malaria. The annual reported number of malaria cases in 2015 was 1,781,092 with 1,379 deaths.

## Key

month olds)



# **Liberia ALMA Quarterly Report Quarter Four, 2016**



#### Malaria

#### **Global Fund Update**

The Global Fund has announced that Liberia will receive US\$ 65.7 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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\$ 36.3 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 sustain the gains made in recent years.

#### **Progress**

Liberia has secured the resources required for the procurement and distribution of the anti-malarial commodities required in 2016. The country has also distributed sufficient LLINs to achieve 100% operational coverage in 2016. The country has carried out insecticide resistance monitoring since 2014 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 2015 was 1,781,092 with 1,379 deaths. WHO estimates that the country has achieved a decrease of 20 - 40% in the malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

**Previous Key Recommended Action** 

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector control	Given the reported mosquito resistance to 3 classes of insecticide, urgently finalise and implement the national insecticide resistance monitoring and management plan	Q1 2017		Deliverable not yet due

**New Key Recommended Action** 

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q1 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q1 2017

### **MNCH**

#### **Progress**

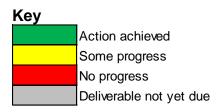
Liberia has achieved good coverage in the tracer MNCH indicator of exclusive breastfeeding. Liberia has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard.

#### **Key Challenge**

• Ensuring the coverage of essential health services following the ebola outbreak.

**Previous Key Recommended Actions** 

Objective	Ac	tion Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH¹: Optimise quality of care	a)	Work to address decreasing DPT3 coverage	Q4 2016		Progress not reported
Care	b)	Identify and address reasons for decreasing vitamin A coverage	Q3 2017		Liberia have integrated vitamin A distribution in two of the four polio campaigns in 2016. The country is also working to enhance routine distribution by improving annual forecasting
	c) Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Deliverable not yet due. The country has completed the policy shift to Test-and-Treat all children and is working to enhance case-finding of HIV positive children. HIV programming is being integrated within routine child healthcare tools (EPI Card, iCCM tools). Community engagement for paediatric ART (including family testing, family disclosure, retention) is also planned	



<sup>&</sup>lt;sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA