

Country Profile | President's Malaria Initiative (PMI)

LIBERIA

April 2009



At a Glance: Liberia

Population - 2009: 3.4 million¹

Life expectancy at birth - 2009:
41 years (male), 43 years (female)¹

Population at risk of malaria - 2002:
100%²

Under-5 mortality rate - 2007:
133/1,000 live births, or approximately
1 in 7 children³

¹ US Census Bureau, International Data Base 2009

² WHO/AFRO Malaria Country Profile 2004

³ UNICEF State of the World's Children 2009

Background

Until 2003, Liberia had been in a state of intermittent civil war for more than a decade, and almost all health services were provided by humanitarian assistance groups. With political stability, the Government of Liberia is increasingly taking over the provision of health services. Malaria is endemic throughout Liberia and is a leading cause of morbidity and mortality, with the entire population of approximately 3.4 million at risk. It accounts for more than 40 percent of all outpatient consultations and 18 percent of inpatient deaths.

Liberia is one of 15 countries benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

Goal

The goal of PMI is to reduce malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under five years of age – with lifesaving prevention and treatment measures.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In support of Liberia's NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

Results to Date

Liberia is in its second year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations.

Insecticide-treated mosquito nets: Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, last up to three years, and do not need re-treatment with insecticide. Prior to the conflict, there was little history of ITN use in Liberia. The government has a target of one long-lasting

ITN for each sleeping space, or approximately three per household. Since its launch in Liberia, PMI has procured 197,000 long-lasting ITNs, of which 184,000 were distributed for free during 2008. The majority of these nets (172,000) were distributed as part of a door-to-door campaign carried out in two counties. The remaining 12,000 nets were distributed free to pregnant women through antenatal clinics (ANCs).

Indoor residual spraying: IRS involves the coordinated, timely spraying of the inside walls of homes with insecticides. Mosquitoes are killed when they land on these sprayed walls and pick up the residual insecticide. In the late 1950s, IRS was used as part of a malaria control effort in Liberia. During and after the conflict, this intervention was used primarily as an emergency response in internally displaced persons camps. It is anticipated that by the end of the first quarter of 2009, PMI will support spraying of 25,000 houses in Margibi as a first step toward rebuilding capacity for routine IRS in Liberia.

Malaria in pregnancy: Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman’s immunity to malaria. Unborn children also suffer the consequences of maternal malaria infections, which can result in low birthweight and a higher risk of death early in infancy. In Liberia, sulfadoxine-pyrimethamine (SP) is used for IPTp. SP is provided free of charge in health facilities through funding from UNICEF and the Global Fund. Since Liberia became a PMI focus country, PMI has assisted the Ministry of Health in training 417 health workers about the risks of malaria in pregnancy, and supported demand creation for early and frequent ANC attendance through radio communications and training of community health workers.

Diagnosis and treatment: ACTs are highly effective against malaria parasites and have few or no side effects. Liberia adopted ACTs in May 2003 and is in the process of updating its national policy guidelines for malaria diagnosis. Since beginning work in Liberia, PMI procured an emergency consignment of 496,000 ACT treatments and distributed them to health facilities. This procurement was in response to a stockout of ACTs that occurred at the end of a Global Fund grant that had been covering the country’s ACT needs. PMI also provided funding to train 595 health workers in malaria case management.

PMI Funding

For fiscal year 2009, PMI allocated \$11.8 million in funding for malaria prevention and treatment in Liberia. Of this amount, 30 percent will support procurement and distribution of ITNs, 34 percent procurement of ACTs and improved case management, 8 percent IRS, and 3 percent malaria in pregnancy activities. Six percent will support monitoring and evaluation. Approximately 53 percent of the total budget will be spent on commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009
Budget	\$2.5 million	\$12.4 million	\$11.8 million

For details on 2009 PMI activities in Liberia, please see the Malaria Operational Plan at http://www.pmi.gov/countries/mops/liberia_mop-fy09.pdf.