

LIBERIA

April 2010



At a Glance: Liberia

Population – 2010: 3.6 million¹

Life expectancy at birth – 2010:
55 years (male), 58 years (female)¹

Population at risk of malaria – 2002:
100%²

Under-5 mortality rate – 2008:
145/1,000 live births, or approximately
1 in 7 children die before their fifth
birthday³

¹ US Census Bureau, International Data Base 2010

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 3.6 million at risk. It accounts for more than 40 percent of all outpatient consultations and 18 percent of in-patient deaths.

The President's Malaria Initiative (PMI)

Liberia is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through fiscal year (FY) 2014, and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations in sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; Malaria No More; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Liberia's national malaria control strategy, PMI supports four key interventions to prevent and treat malaria:

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, but can repel and kill mosquitoes for up to three years.
- **Indoor residual spraying (IRS):** IRS involves the coordinated, timely spraying of the inside walls of houses with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission.
- **Intermittent preventive treatment for pregnant women (IPTp):** IPTp is a highly effective means of reducing the serious consequences of malaria in both the pregnant woman and her unborn child, which include maternal anemia and low birthweight babies. IPTp consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP) given not less than one month apart during the second and third trimesters of pregnancy. In most countries, SP needs for IPTp are being met by national governments and other donors.

- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests (RDTs) and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in most malaria-affected regions of Africa, and are extremely effective against malaria parasites; they few or no side effects.

Progress to Date

Liberia is in its third 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.

PMI-Supported Activities	2007	2008	2009	Cumulative
IRS: Houses sprayed ¹	-	-	20,400	-
IRS: Residents protected ¹	-	-	163,149	-
ITNs: Procured	197,000	-	430,000	627,000
ITNs: Distributed	-	184,000	430,000	614,000
SP Treatments: Procured	-	-	78,666	78,666
SP Treatments: Distributed	-	-	78,666	78,666
ACTs: Procured	496,000	-	1,303,175	1,799,175
ACTs: Distributed	-	496,000	1,303,175	1,799,175
RDTs: Procured	-	-	850,000	850,000
RDTs: Distributed	-	-	850,000	850,000
Health workers trained in IPTp use ²	-	417	750	-
Health workers trained in ACT use ²	-	595	746	-
Health workers trained in diagnostics ²	-	-	22	-

¹ A cumulative count of the number of houses sprayed and residents protected is not provided since some areas have been sprayed on more than one occasion.

² A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

PMI Funding

The proposed FY 2010 PMI budget for Liberia is \$18 million, of which 26 percent will support procurement and distribution of ITNs; 37 percent will support improved malaria diagnosis, procurement of ACTs, and case management; 23 percent will be used for IRS. Approximately 45 percent of the total budget will be spent on malaria commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009	FY 2010
Budget	\$2.5 million	\$12.4 million	\$11.8 million	\$18 million

For details on FY 2010 PMI activities in Liberia, please see the **Liberia Malaria Operational Plan:** http://www.pmi.gov/countries/mops/fy10/liberia_mop-fy10.pdf.



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