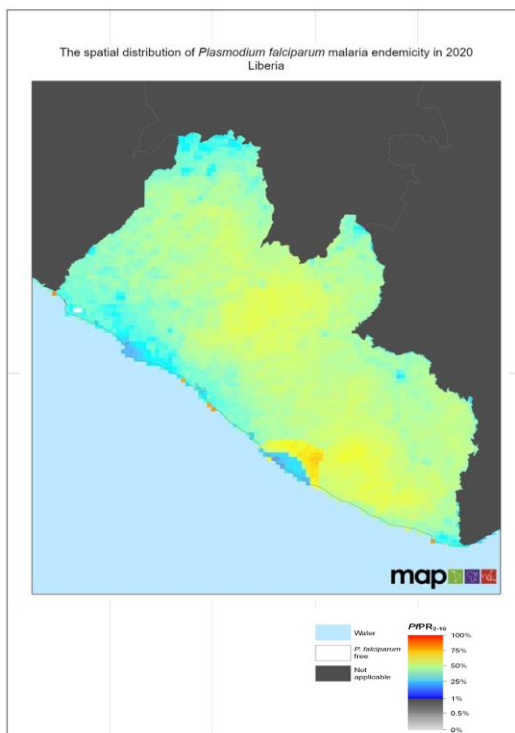


Scorecard for Accountability and Action



Metrics

Financing		
LLIN financing (2024-2026) projection (% of need)		100
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)		100
% of National Malaria Strategic Plan Financed (2024-2026)		
Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		4
Insecticide resistance monitored since 2015 and data reported to WHO		
RDTs in stock (>6 months stock)		
ACTs in stock (>6 months stock)		
LLIN/IRS campaign on track		
% of vector control in the last year with next generation materials		100
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)		72
% of Neglected Tropical Disease MDAs Achieving WHO Targets		75
Estimated % of children (0-14 years old) living with HIV who have access to antiretroviral therapy (2023)		32
Vitamin A Coverage 2022 (2 doses)		7
DPT3 coverage 2023 (vaccination among 0-11 month olds)		82

The entire population of Liberia is at high risk for malaria. The annual reported number of malaria cases in 2022 was 760,056 with 353 deaths.

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change also presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise our carbon footprint, implement integrated and multisectoral solutions, and adapt our health systems to the threats of climate change. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health and Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$60 million.

Progress

Liberia secured the resources required for the procurement and distribution of the anti-malarial commodities in 2024-26. The country has good stocks of ACTs and RDTs and has completed the ITN campaign. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, Liberia has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control Scorecard, but this is not yet posted on the ALMA Scorecard Hub. The country is considering establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

Impact

The annual reported number of malaria cases in 2022 was 760,056 with 353 deaths.

Key Challenges

- The increase in malaria incidence and mortality rates estimated by WHO between 2015 and 2021.
- Insufficient resources to fully implement the national strategic plan

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Q1 2023		No progress reported

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

Liberia has enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH ¹ : Optimise quality of care	Address the falling coverage of vitamin A	Q1 2021		Since the integration of Vitamin A into Routine services there has been a decrease in coverage due to limited stocks at facility level. The poor coverage is also due to the lack of community health workers (CHW) distributing Vitamin A at community levels to those children who were not able to receive it during routine health facility visits. Coverage of 41% was achieved in the first half of 2024, which is higher than coverage achieved over the same period in 2023. Additionally, this does not capture data on Vitamin A given during outreach by vaccinators

Liberia has responded positively to the RMNCAH recommended action addressing low coverage of ARTs, and continues to track progress as actions are implemented.

Neglected Tropical Diseases

Progress

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. In 2022, preventive chemotherapy coverage was 73% for lymphatic filariasis, 73% for onchocerciasis, 86% for schistosomiasis and 59% for soil transmitted helminthiasis. Overall, the NTD preventive chemotherapy coverage index for Liberia in 2022 is 72, which represents a very substantial increase compared with the 2021 index value (61). The country reached WHO MDA coverage target for lymphatic Filariasis and schistosomiasis only.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due