



INSIDE THIS ISSUE

- Highlights from the first quarter
- Upcoming Projects

HOW IS WHO SUPPORTING THE GOVERNMENT OF LIBERIA IN RESPONDING TO PUBLIC HEALTH EMERGENCIES, STRENGTHENING COORDINATION AND PARTNERSHIP FOR HEALTH ?

Improving capacities for routine health services, response to public health events, data quality for disease surveillance at the county and national levels are integral in achieving optimal health of a population.

Between January to March 2022, WHO Country Office (WCO) supported the government of Liberia in the preparedness and response to 3 disease outbreaks (COVID-19, Lassa fever and Measles). In an effort to improve COVID-19 response in the country, on 16th March, 2022 WHO donated medical supplies to the Ministry of Health aimed at strengthening Liberia's health systems to improve emergency preparedness.

HIGHLIGHTS

- How is WHO supporting the government of Liberia to respond to public health emergencies, strengthening coordination and partnership for health ?
- Liberia is promoting safe and adequate nutrition for neonates and infants- endorsement of Code for Marketing Breastmilk substitutes into Law
- Liberia opens its First Dialysis centre
- Pressing towards the 70% National coverage for COVID-19 vaccination in Liberia
- Stepping up action on Prevention of Sexual Exploitation, Abuse and Harassment (PRSEAH)- WHO Liberia Country Office
- Strengthening Health Information Systems in Liberia

Liberia is promoting safe and adequate nutrition for neonates and infants- Handbill for National Code on Marketing of Breastmilk Substitute to be enacted into Law



The various supplies donated are improving technical capacities in Infection Prevention and Control(IPC), case management for COVID-19, laboratory services, water quality monitoring and treatment and IT equipment targeted at initiating the Go-data platform to improve data management for accurate disease outbreak information.

Among the supplies donated by WHO to the Ministry of Health were; 200 oxygen cylinders which boosted O2 availability at Star Base and county treatment units leading to improved clinical outcome (recovery) of COVID-19 patients having severe or critical disease admitted. Furthermore, a total of 49 suspected Lassa fever cases were reported, of these 19 cases tested positive and 24 negative and of the positive cases 7 died (CFR=37%). WHO also donated 7,500 doses of Ribavirin, the Lassa fever medicine for case management to the National Public Health Institute of Liberia (NPHIL) and Ministry of Health (MoH) which was distributed to all counties endemic of Lassa Fever. This has contributed to the timely treatment of cases, improving the case outcomes and reducing the Case Fatality Ratio. The country registered a total of 1,196 suspected measles cases with at least 3 deaths reported during this period, of the suspected cases 1,036 (87%) cases were confirmed positive engaging the country in response mode to curtail the outbreak.

The Minister of Health, and the Director of the Nutrition Division/MOH with support from WHO and other key nutrition actors: UNICEF, Action Against Hunger, Concern Worldwide, REACH, SUN Civil Society Alliance of Liberia (SUNCSAL), embarked on a journey with the House of parliament to advocate for the passage of the Bill on the Code of Marketing of Breast-milk Substitutes and other infant and young child feeding products into Law to curb the prevalence of stunting which is currently estimated at 30%.

This is effectively committing Liberia in a process to promote safe and adequate nutrition for neonates and infants through ensuring strict compliance with the National Code on Marketing of Breastmilk Substitute for infant and young child feeding; an appreciable landmark in addressing all forms of malnutrition and improving maternal and child health for generations.

The International Code on Marketing of Breast-milk Substitutes has been in existence for nearly 41 years globally to promote safe and adequate nutrition for neonates and infants and, Liberia as a member state has made significant progress towards enacting the code into law.

The event was made public following series of legislative advocacy engagements over the years. A public hearing on the Bill was held on the 17th of March 2022 that resulted in the passage of the Bill by the Lower House of Representatives in Parliament.

Liberia makes a leap in controlling kidney disease by establishing its First dialysis center



Chronic kidney disease (CKD) is causing an increase in renal problems all over the world, with a bigger burden in developing countries. The estimated global burden in Africa is around 13.9 %. The prevalence of chronic kidney disease (CKD) and related deaths in Liberia is unknown due to late case presentation, lack of dialysis diagnostic centres, therefore, contributing to a higher death toll in Sub-Saharan Africa.

"Grossly underestimated-our statistics show that from 2013 to 2021, 243 cases were diagnosed with chronic renal failure and 195 patients died of the condition, representing 80.2%, meaning that out of every 10 people, 8 died-a worrisome situation", said Dr Wihelmina Jallah- Minister of Health

WHO supported the Ministry of Health with the refurbishment of the Ellen Johnson Sirleaf (EJS) National Dialysis facility and contributed to the training of nurses and biotechnologists, as well as the purchase of the first lot of consumables.

According to His Excellency (H.E.), President George Manneh Weah, opening of the facility relieves financial, social, and psychological pressure on Liberians who had to travel to other countries to seek dialysis services that were not available locally, as well as those who could not afford to raise the funds required to obtain the service in neighboring countries and beyond.

"I am excited because many Liberians with the condition will have the privilege of seeking care in their own country", said the Honorable Minister of Health, Dr. Wihelminah. Jallah, at the opening of the 10-bed facility in Monrovia.

"It is another milestone in Liberia's health system and has the potential to deliver safe and effective treatment that can preserve the lives of people with end-stage renal disease," said Dr Peter Clement- WHO Representative- Liberia

Additionally, WHO has supported Liberia in undertaking a national risk-factor survey (STEPS Survey) on non-communicable diseases including hypertension and diabetes, which contribute to renal failure. The results will generate new evidence on Liberia's data to inform decisions on prevention and control of NCDs.

"No one needed to tell you how costly seeking the service has been. Not only would one have to worry about the cost of treatment in a foreign country, but the airfare, accommodation, and so many other associated costs, which made the overall cost of this lifesaving treatment unaffordable for many," said President Weah.

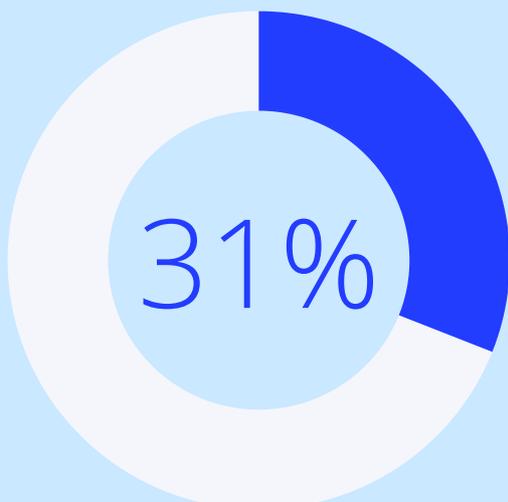


PRESSING ON TOWARDS THE 70% NATIONAL COVERAGE FOR COVID-19 VACCINATION IN LIBERIA



As of December 2021, the African Region targeted 30% of its population to be fully vaccinated against COVID-19. Africa collectively attained 18% coverage for COVID-19 vaccination with Liberia fairing at 21%. To continue containing the Covid-19 pandemic, WHO reset the target at 70% of countries' populations to be vaccinated by end of June 2022.

In March 2022, the Ministry of Health with support from WHO, USAID, ECHO, African CDC and other stakeholders embarked on a 5-week mass vaccination exercise across all 15 counties in Liberia. WHO took lead in providing strategic guidance and support to the government during the exercise. The keys pillars in ensuring the exercise was a success were; social mobilization for demand creation and effective supportive supervision of the immunization activities on ground. The introduction of Pfizer has also been an integral tool to incorporate children aged 12 to 17 years in the eligible vaccination span- as some of the vaccinations were conducted in schools. Liberia currently at 31% is optimistic in meeting the 70% vaccination target by the end of June 2022.



Percentage coverage for National COVID-19 Vaccination

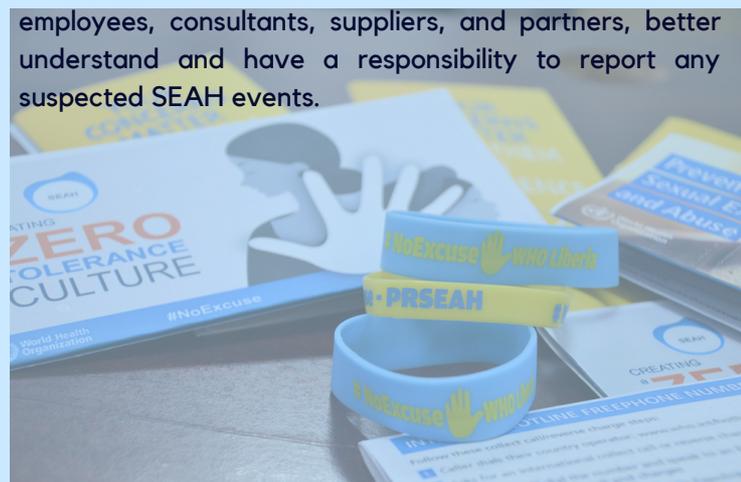
STEPPING UP ACTION ON PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION ABUSE AND HARASSMENT (PRSEAH)- WHO LIBERIA COUNTRY OFFICE



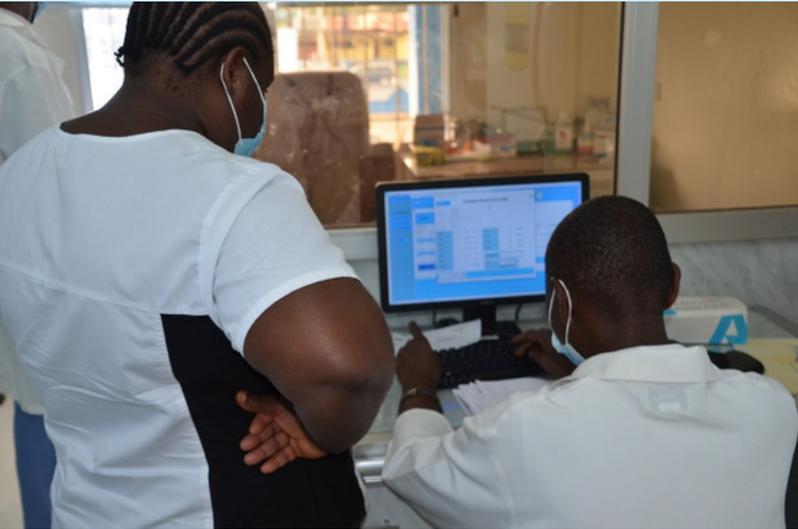
Sexual Exploitation and Abuse (SEA) of the communities we serve is a serious breach of WHO's commitment to serving and protecting the most vulnerable. Relatively, Sexual Harassment (SH) in the workplace is a significant breach of our duty of care and trust. *The WHO's leadership, staff, and Member States all agree on this.*

Over the recent years, the dangers of SEA have risen significantly as such, more should be done at all levels- individual and corporate to eliminate SEA. In all our health programs including emergency response, WHO is increasingly being called upon to ensure Prevention and Response to Sexual Exploitation Abuse and Harassment (PRSEAH).

Following the global roll out of the PRSEAH campaign, Liberia Country office developed and operationalized its team objective committing to a zero tolerance culture to Sexual Exploitation, Abuse and Harassment. The team, lead by the PRSEAH Focal points conducted a sensitization session for general staff (to be held quarterly) to serve as a platform that fosters the PRSEAH culture among staff members. The workplace is a safe place for all staff members to better implement PRSEAH in their day to day work. Everyone, including employees, consultants, suppliers, and partners, better understand and have a responsibility to report any suspected SEA events.



STRENGTHENING HEALTH INFORMATION SYSTEMS IN LIBERIA



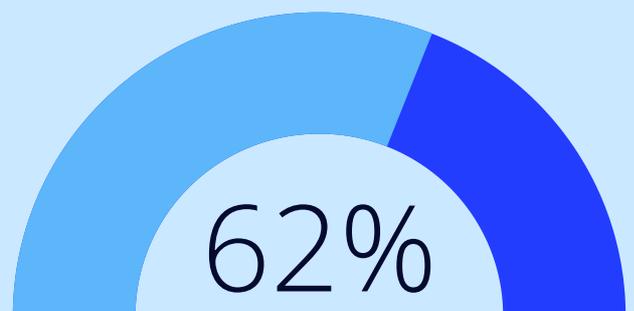
WHO supported the MOH and partners to conduct the novel HHFA, an upgrade of the SARA. Technical and financial assistance was provided to facilitate human resource capacity building, data collection, analysis and documentation of findings from the assessment. The survey findings covered 576 out of 936 public and private facilities in Liberia.

Availability, quality and effectiveness of health services are integral to universal health coverage (UHC) and contribute to achieving the Sustainable Development Goals (SDGs). The Ministry of Health (MOH) built-in a monitoring and evaluation system as an invaluable component of its ten-year strategic plan and an integral part of the post-Ebola recovery and investment plan (2015-2021). A common challenge has been the poor quality of reports from health facilities and counties. While it is evident to systematically improve the quality of data generated from the health facilities through a well-functioning routine health management information system, more important, there is a need to periodically take stocks of the entire health system through a comprehensive assessment. Liberia conducted the Service Availability and Readiness Assessment (SARA) in 2016 and 2018.

The Harmonized Health Facility Assessment (HHFA) provided essential information on service delivery through assessing and monitoring service availability and readiness (capacity) at district and health facility levels; assessing the equitable and appropriate distribution of services and resource as well as provided the sector with skills and tools for monitoring service and resource availability on a regular basis.

The HHFA provided essential information on status of the health system in terms of service accessibility (e.g., density of health facilities and beds, core health workers, service utilization), as well as the readiness of the facilities to provide an adequate level of service (e.g. availability of trained staff, diagnostics, equipment and medicines), both for general health services and for specific key health interventions (e.g. maternal and newborn health, HIV/AIDS, TB, malaria diagnosis and treatment). Monitoring the performance of health service delivery provided information on whether health services are present and are being provided at the expected level of quality. It also provided an indication of how investment in the formal health sector is resulting in changes at the level of service delivery that are believed to influence utilization of services and ultimately impact population level outcomes.

The HHFA data will support health sector planning and investment to inform evidence-based decision-making to enhance service availability and quality to attain UHC, strengthen readiness for timely response to emergencies, improve quality and safety of care for effective health outcomes and effective management and improve health financing for optimal health service delivery.



**576 out of 936 public and private facilities covered by the survey
in Liberia**

FOLLOW US IN THE NEXT ISSUE (II):

- Operationalization of PRSEAH in WHO Liberia CO- Session 2
- Achieving 70% target and beyond through second phase of COVID-19 vaccination roll out
- Liberia completes its first maternal newborn quality of care assessment, targeting major county hospitals
- Liberia completes its National STEPS Survey with support from WHO
- Launching of Health Reporters Network for Liberia
- WHO Liberia completes its Country Cooperation Strategy (2022-2026)
- National Health Quality Strategy for Liberia validated



World Health
Organization
Liberia

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AquaSafe WSL25 Premium

W.H.O Guidelines

| Microbiological Parameters: | | Chemical Parameters: | |
|-----------------------------|-----------------------------|--|---|
| Colour | Maximally no visible colour | Ammonia | Odour threshold = 1.5 mg/L Taste threshold = 35 mg/L |
| Turbidity | Less than 5 NTU | Arsenic Total: | 0.01 mg/L |
| pH | 6.5 to 8.5 | Chlorine | 5 mg/L |
| TDS (Total Dissolved Solid) | Less than 600 mg/L | For effective disinfection, there should be a residual concentration of free chlorine of 0.5 mg/L after at least 30 min contact time at pH = 8.0. A Chlorine residual should be maintained throughout the distribution system. At the point of delivery, the minimum residual concentration of free chlorine should be 0.2 mg/L. | |
| Total Coliforms | 0 CFU (Colony Forming Unit) | Nitrate (as NO ₃ -) | 50 mg/L |
| Faecal Coliforms | 0 CFU (Colony Forming Unit) | Nitrite (as NO ₂ -) | 3 mg/L |