

MALARIA IN PREGNANCY COUNTRY PROFILE

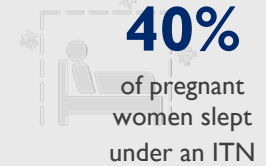
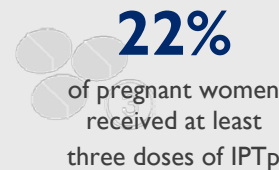
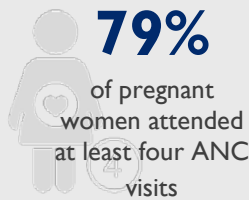
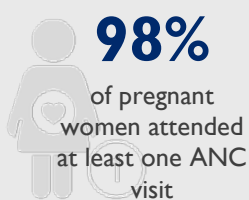
LIBERIA

July 2018

BACKGROUND

Liberia has adopted the World Health Organization's (WHO's) three-pronged strategy for combating malaria in pregnancy (MiP): (1) intermittent preventive treatment in pregnancy (IPTp)¹ via directly observed therapy (DOT), (2) distribution and use of insecticide-treated nets (ITNs), and (3) case management of MiP. The country adopted a national IPTp policy in 2003.²

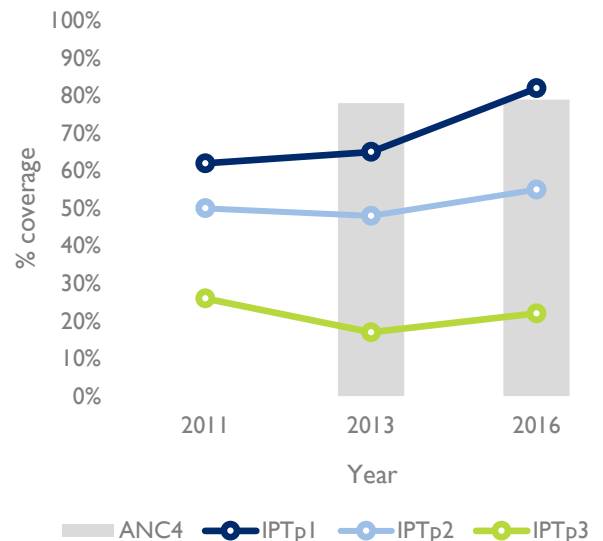
AT A GLANCE³



POLICY & IMPLEMENTATION

According to Liberia's 2017 updated MiP technical guidelines, IPTpI should be administered beginning at 13 weeks' gestation, and at each subsequent ANC visit, with a dosing interval of at least 1 month. The Ministry of Health's (MOH's) Family Health Division and National Malaria Control Program (NMCP) lead the implementation of MiP activities. Activities are coordinated through a national MiP Technical Working Group established to plan, monitor, and analyze data, and provide direction to the MOH on MiP; the group meets monthly.

Figure A. IPTp and ANC4 coverage from household surveys⁴



¹ IPTp1, IPTp2, and IPTp3 refer to at least one dose, at least two doses, and at least three doses, respectively, of IPTp with SP.

² Koko V. 2016. Evaluation of the impact of malaria control interventions on all-cause mortality in children under-five in Liberia. American Society of Tropical Medicine and Hygiene Annual Meeting; November 6; Atlanta, Georgia; <https://www.slideshare.net/measurevaluation/evaluation-of-the-impact-of-malaria-control-interventions-on-all-cause-mortality-in-children-under-five-in-liberia>.

³ NMCP, MOH, Liberia Institute of Statistics and Geo-Information Services (LISGIS), and ICF. 2017. *Liberia Malaria Indicator Survey 2016*. Monrovia, Liberia: MOH, LISGIS, and ICF.

⁴ The y-axis shows coverage for the most recent pregnancy resulting in a live birth—in the previous 5 years for ANC coverage and in the previous 2 years for IPTp—among women ages 15–49 who were interviewed for the study. (i) NMCP, Ministry of Health and Social Welfare (MOHSW), LISGIS, and ICF International. 2012. *Liberia Malaria Indicator Survey 2011*. Monrovia, Liberia: NMCP, LISGIS, and ICF International. (ii) LISGIS, MOHSW, National AIDS Control Program, and ICF International. 2014. *Liberia Demographic and Health Survey 2013*. Monrovia, Liberia: LISGIS and ICF International. (iii) *Liberia Malaria Indicator Survey 2016*.

SERVICE DELIVERY

Continued health worker capacity building is needed, including providing onsite supportive supervision, and ensuring awareness of and adherence to the new IPTp policy at the county and health facility levels.

The Service Availability and Readiness Assessment (SARA) 2016 reports that IPTp services are available at 90% of health facilities, while guidelines on diagnosis and treatment of malaria are available in 63% of facilities, and guidelines on IPTp are available at 37% of facilities.⁶ High antenatal care (ANC) attendance (95% ANC1 and 79% ANC4⁷) suggests ample opportunity for providers to administer IPTp to patients. Liberia's Quality Improvement Clinical Standards include MiP, specifically emphasizing the importance of IPTp3. MiP is also included in the Joint Integrated Supportive Supervision tool that is used by district-level teams during supportive supervision visits. Challenges that limit increased IPTp coverage include: frequent stock-outs at health facilities of sulfadoxine-pyrimethamine (SP) and of Mother Health Card ANC cards; a limited number of qualified, skilled health workers; and delayed training on and implementation of the WHO IPTp guidelines adopted in 2017.

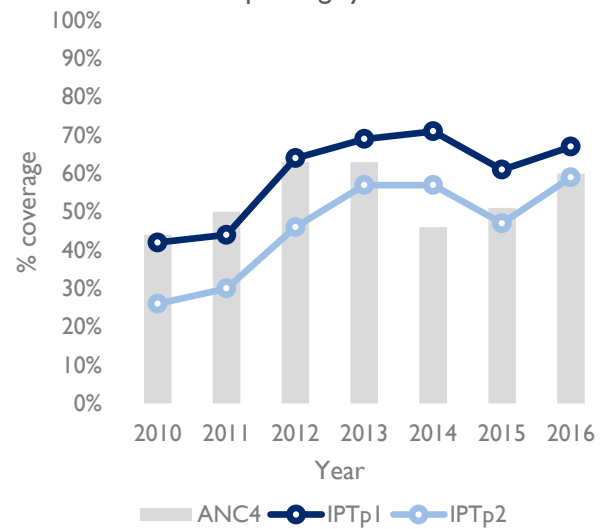
COMMUNITY ENGAGEMENT

The NMCP's national treatment protocol dictates that all pregnant women with suspected malaria at the community level are referred to the nearest health facility and receive prompt and effective treatment. Liberia has trained traditional midwives, general community health volunteers, and a new cadre of established community health assistants in MiP. The training is centered on referral of suspected cases to health facilities and encouraging ANC attendance in order to receive IPTp. These trained cadres are facilitating community awareness on IPTp and MiP. The NMCP and Health Promotion Division, with technical assistance from partners, have developed and standardized MiP awareness radio messages that are aired regularly.

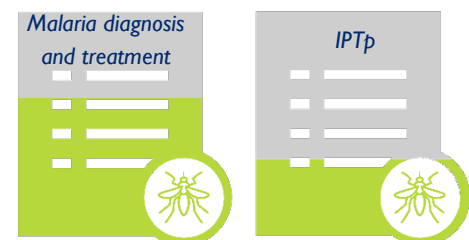
COMMODITIES

At the county and national levels, the NMCP quantifies malaria commodities, including ITNs and SP, and identifies gaps on an annual basis. The NMCP coordinates with county health teams to estimate the necessary quantities of ITNs and SP based on the number of pregnant women attending ANC, and the number of women delivering at health facilities that are recorded in monthly Health Management Information System (HMIS) reports. Based on SARA 2016 results, percentage availability of first-line antimalarials, SP, and ITNs are 93%, 82%, and 70%, respectively. The President's Malaria Initiative procures SP from a Good Manufacturing Practices-certified source. There is no shortfall in funding for SP,

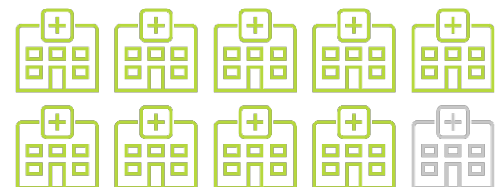
Figure B. IPTp coverage and ANC4 among ANC attendees from routine reporting systems⁵



Guidelines on malaria diagnosis and treatment are available at **63% of facilities** and on IPTp at **37% of facilities**.⁸



SARA 2016 findings showed that IPTp services are available in **90% of health facilities**.⁹



⁵ The y-axis shows coverage of women who attended ANC at facilities reporting to the HMIS. Data source for this figure is the HMIS 2010–2016.

⁶ Data is from the 2016 SARA.

⁷ ANC1 and ANC4 refer to at least one ANC visit and at least four ANC visits, respectively. *Liberia Malaria Indicator Survey 2016*.

⁸ Data source for this figure is SARA 2016.

⁹ Ibid.

but there are distribution challenges for SP (and other essential medicines) from the central warehouse to the health facilities, leading to frequent stock-outs.¹⁰

MONITORING & EVALUATION

The ANC register has a column for ANC1 and for tracking ITN distribution. ANC registers also include columns for recording administration of IPTp1, IPTp2, IPTp3, and more than three doses of SP, part of a recent update (in 2017) to the register. Beginning in October 2017, the HMIS started reporting IPTp2, IPTp3, and more than three doses of IPTp. Previously, Liberia tracked IPTp2, IPTp3, and more than three doses as IPTp2+. As IPTp2+ was reported as an aggregate of all IPTp doses beyond IPTp1, decision-makers did not have a clear picture of IPTp uptake by dose beyond the first dose. The revised registers are available in the counties, except for some hard-to-reach facilities. The HMIS does not report whether or not IPTp is administered via DOT. The HMIS reports the number of HIV-positive women on co-trimoxazole prophylaxis and case management of MiP.

This profile is made possible by USAID and the Maternal and Child Survival Program and does not reflect the views of USAID or the United States Government.

¹⁰ USAID | DELIVER PROJECT. 2016. *USAID | DELIVER PROJECT. Final Country Report: Liberia*. Arlington, VA, USA: USAID | DELIVER PROJECT, Task Orders 4 and 7. Accessed June 22, 2018 at: http://deliver.jsi.com/wp-content/uploads/2016/12/FinaCounRepo_LR.pdf.