LIBERIA

I. Epidemiological profile

<table>
<thead>
<tr>
<th>Population</th>
<th>2014</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High transmission (&gt;1 case per 1000 population)</td>
<td>4,400,000</td>
<td>100</td>
</tr>
<tr>
<td>Low transmission (≤1 case per 1000 population)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Malaria free (0 cases)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>4,400,000</td>
<td></td>
</tr>
</tbody>
</table>

II. Intervention policies and strategies

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Policies/strategies</th>
<th>Yes/No</th>
<th>Adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITN</td>
<td>ITN/LLINs distributed free of charge</td>
<td>Yes</td>
<td>2005</td>
</tr>
<tr>
<td>IRS</td>
<td>IRS is recommended</td>
<td>Yes</td>
<td>2009</td>
</tr>
<tr>
<td>Larval control</td>
<td>Use of larval control recommended</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>IPT</td>
<td>IPT used to prevent malaria during pregnancy</td>
<td>Yes</td>
<td>2005</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Rates of all ages should receive diagnostic test</td>
<td>Yes</td>
<td>2005</td>
</tr>
<tr>
<td>Treatment</td>
<td>ACT is free for all ages in public sector</td>
<td>Yes</td>
<td>2005</td>
</tr>
<tr>
<td>Surveillance</td>
<td>ACD for case investigation (reactive)</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Antimalarial treatment policy

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Year</th>
<th>Min</th>
<th>Median</th>
<th>Max</th>
<th>Follow-up</th>
<th>Nos. of studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS+AQ</td>
<td>2007–2011</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>28 days</td>
<td>4</td>
</tr>
<tr>
<td>Species</td>
<td>P. falciparum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

III. Financing

<table>
<thead>
<tr>
<th>Sources of financing</th>
<th>Contributions ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>35</td>
</tr>
<tr>
<td>Global Fund</td>
<td>21</td>
</tr>
<tr>
<td>World Bank</td>
<td>14</td>
</tr>
<tr>
<td>USAID/PMI</td>
<td>12</td>
</tr>
<tr>
<td>WHO/UNICEF</td>
<td>7</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
</tr>
</tbody>
</table>

IV. Coverage

<table>
<thead>
<tr>
<th>ITN and IRS coverage</th>
<th>Source: Malaria World Health Organization, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (%)</td>
<td>100</td>
</tr>
<tr>
<td>With access to an ITN (survey)</td>
<td>100</td>
</tr>
<tr>
<td>At risk protected with IRS</td>
<td>100</td>
</tr>
</tbody>
</table>

V. Impact

<table>
<thead>
<tr>
<th>Confirmed malaria cases per 1000 and ABER</th>
<th>Source: Malaria World Health Organization, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases (%)</td>
<td>100</td>
</tr>
<tr>
<td>% Fever cases &lt;5 seeking treatment in public H/ (survey)</td>
<td>40</td>
</tr>
<tr>
<td>Reporting completeness</td>
<td>50</td>
</tr>
</tbody>
</table>

Malaria admissions and deaths

<table>
<thead>
<tr>
<th>Malaria admissions and deaths</th>
<th>Source: Malaria World Health Organization, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases (%)</td>
<td>100</td>
</tr>
<tr>
<td>ABER (microscopy &amp; RDT)</td>
<td>100</td>
</tr>
<tr>
<td>Cases (all species)</td>
<td>100</td>
</tr>
<tr>
<td>Cases (P. falciparum)</td>
<td>100</td>
</tr>
</tbody>
</table>

Impact: Insufficiently consistent data to assess trends