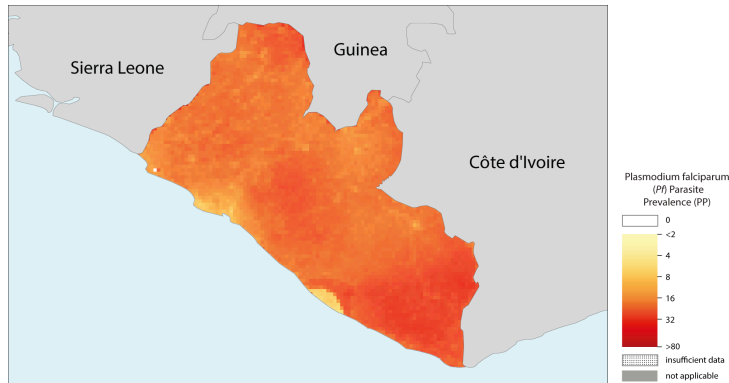


Liberia

African Region



I. Epidemiological profile

Population (UN Population Division)	2023	%	Parasites and vectors
High transmission (>1 case per 1000 population)	5.5M	100	Major plasmodium species (indigenous cases): <i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%)
Low transmission (0-1 case per 1000 population)	-	-	Major anopheles species: <i>An. gambiae s.l.</i> , <i>An. funestus s.l.</i>
Malaria free (0 cases)	-	-	*includes mixed infections and other species of Plasmodium
Total	5.5M	-	

Reported cases and deaths	Estimates
Presumed and confirmed cases	Estimated cases: 1M [614.3K, 1.6M]
Total confirmed cases:	814 113
Confirmed cases from public sector:	377 433
Confirmed cases from private sector:	335 822
Confirmed cases at community level:	100 858
Confirmed cases in combined health sectors:	-
Reported deaths:	188
	Estimated deaths: 3.5K [2.8K, 4.7K]

II. Intervention policies and strategies

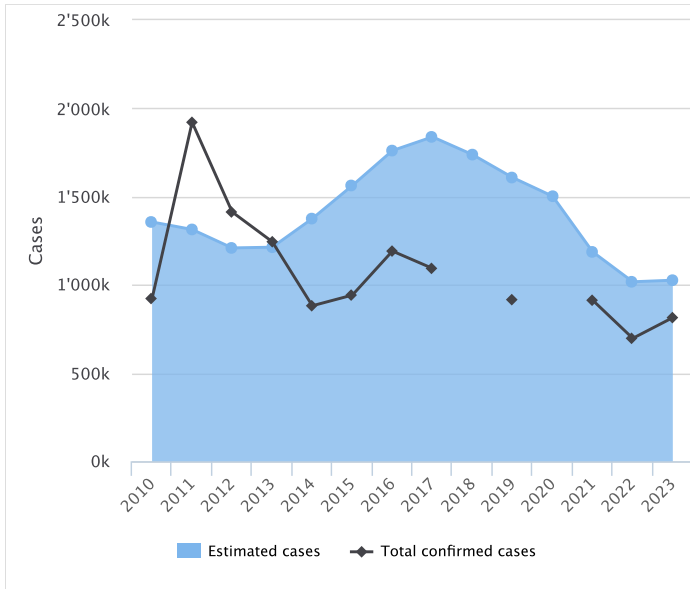
Intervention	Policies/Strategies	Yes/No	Year adopted	Antimalaria treatment policy	Medicine	Year adopted						
ITN	ITNs/LLINs distributed free of charge	Yes	2005	First-line treatment of unconfirmed malaria	AS+AQ	-						
	ITN distributed by mass campaign	Yes	-	First-line treatment of <i>P. falciparum</i>	AL; AS+AQ	-						
IRS	IRS is recommended	Yes*	-	Second-line treatment <i>P. falciparum</i>	-	-						
	DDT is used for IRS	No	-	Treatment of severe malaria	AM; AS; QN	-						
Larval control	Use of Larval Control	-	-	Treatment of <i>P. vivax</i>	NA	-						
IPT	IPT used to prevent malaria during pregnancy	Yes*	2005	Dosage of primaquine for radical treatment of <i>P. vivax</i>								
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	-	-	Type of RDT used (public)		Pf only						
	Malaria diagnosis using microscopy is free of charge in the public sector	-	-									
	Malaria diagnosis is free in the private sector	-	-									
Treatment	ACT is free for all ages in public sector	Yes*	2005	Therapeutic efficacy tests (clinical and parasitological failure, %)								
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2011	Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species	
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	No	-	AL	2017-2018	0	0	0	28 days	2	<i>P. falciparum</i>	
	Primaquine is used for radical treatment of <i>P. vivax</i>	NA	-	AS-AQ	2017-2018	7.3	8.55	9.8	28 days	2	<i>P. falciparum</i>	
	G6PD test is a requirement before treatment with primaquine	NA	-	Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)								
Directly observed treatment with primaquine is undertaken	NA	-	Insecticide class	(%) sites ¹	Vectors ²	Used ³						
System for monitoring of adverse reaction to antimalarials exists	-	-	Carbamates	0% (0/1)		No						
Surveillance	Malaria is a notifiable disease	-	-	Neonicotinoids		No						
	ACD for case investigation (reactive)	-	-	Organophosphates	0% (0/1)	No						
	ACD at community level of febrile cases (pro-active)	-	-	Pyrethroids	100% (20/20)	<i>An. gambiae s.l.</i>	Yes					
	Mass screening is undertaken	-	-	¹ Percent of sites for which resistance is confirmed and total number of sites that reported data								
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	-	-	² Vectors reported to exhibit resistance to insecticide class								
	Uncomplicated <i>P. vivax</i> cases routinely admitted	-	-	³ Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)								
	Case investigation undertaken	-	-									
	Foci investigation undertaken	-	-									
	Case reporting from private sector is mandatory	Yes	-									

Yes* = Policy adopted, but not implemented in 2023

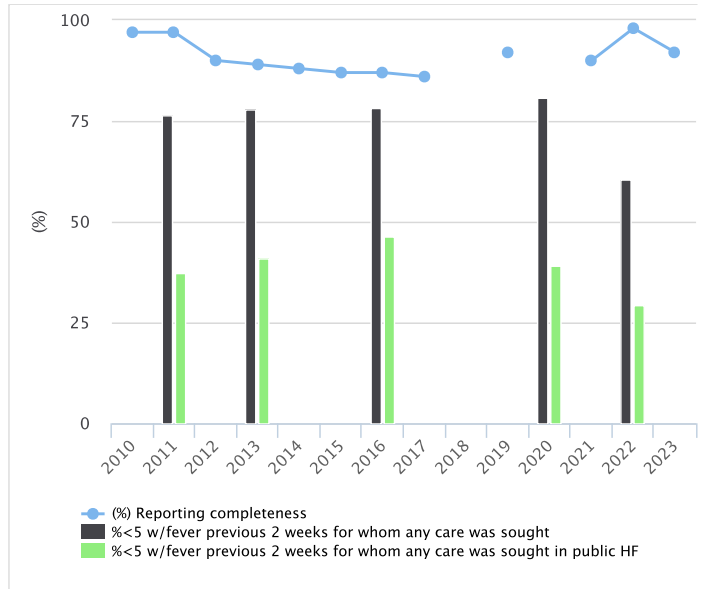
Disc = Discontinued

Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

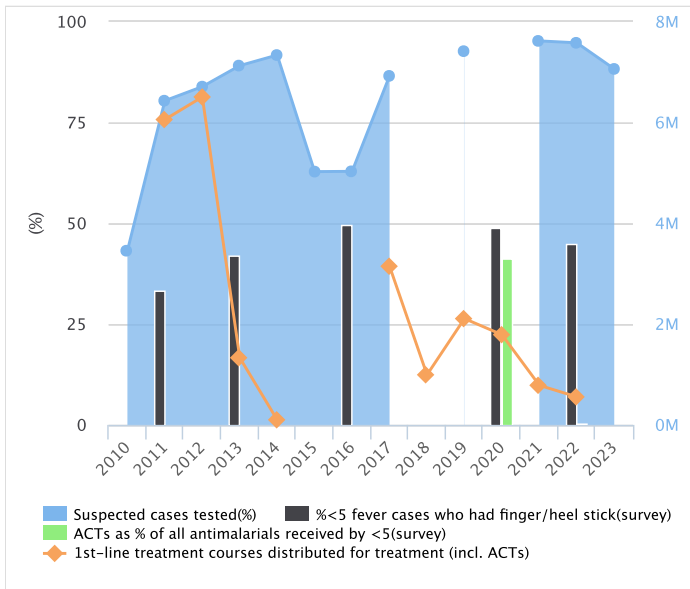
III. Estimated and reported cases



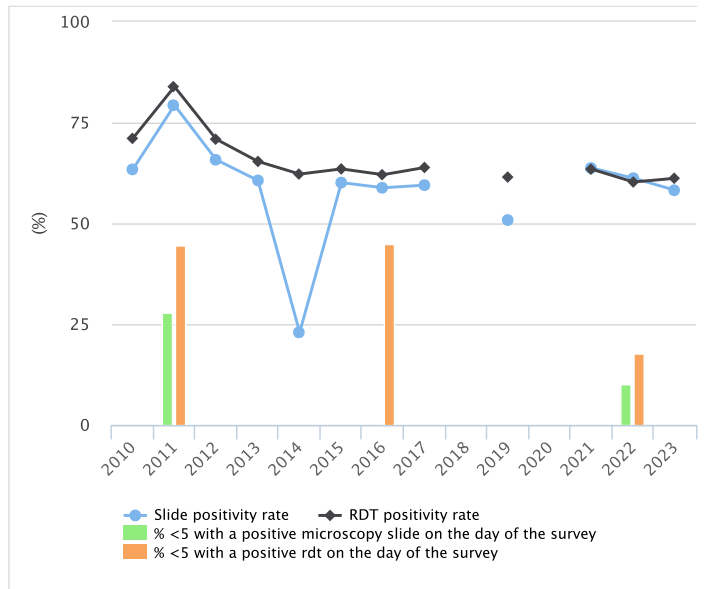
Treatment seeking and reporting completeness



IV. Cases tested and treated



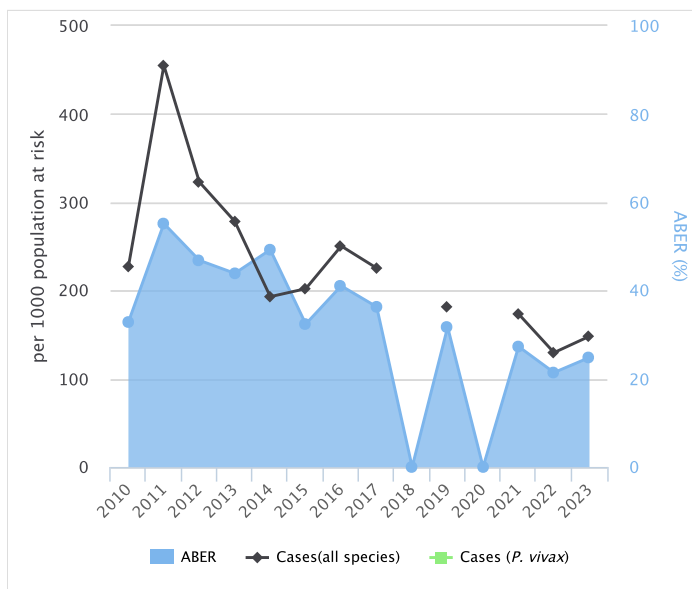
Test positivity



Source: DHS 2013,2020, MIS 2011,2016,2022

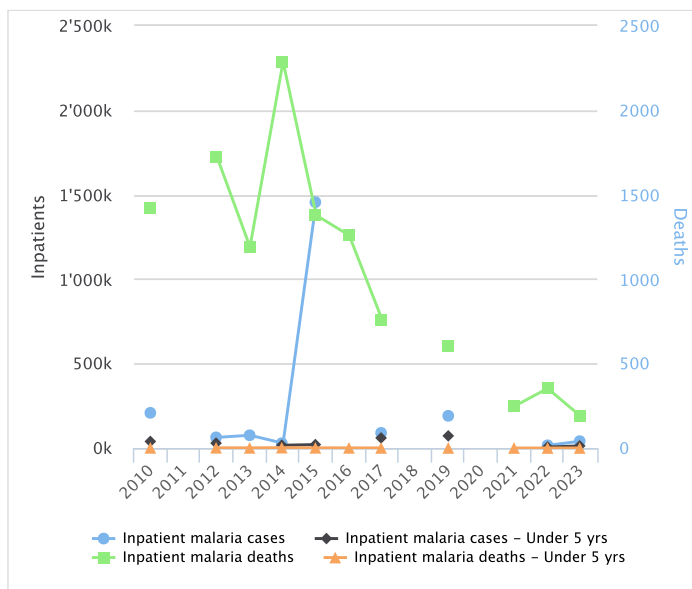
Source: MIS 2011,2016,2022

V. Confirmed malaria cases per 1000 population at risk and ABER

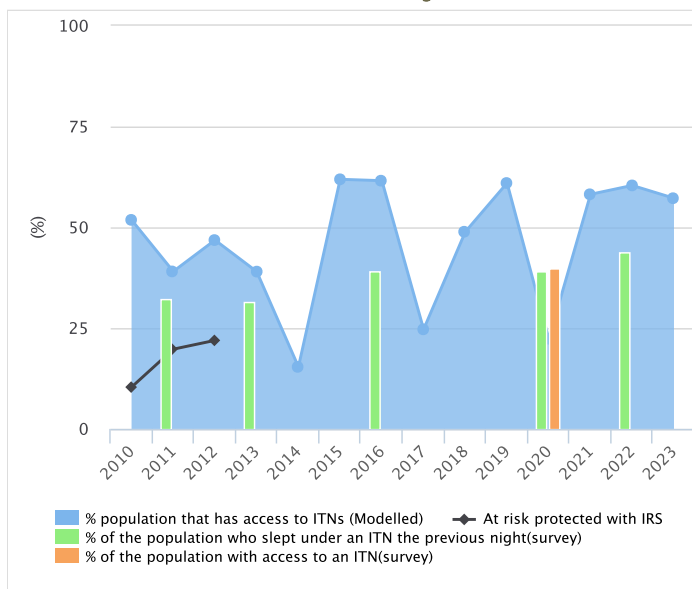


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

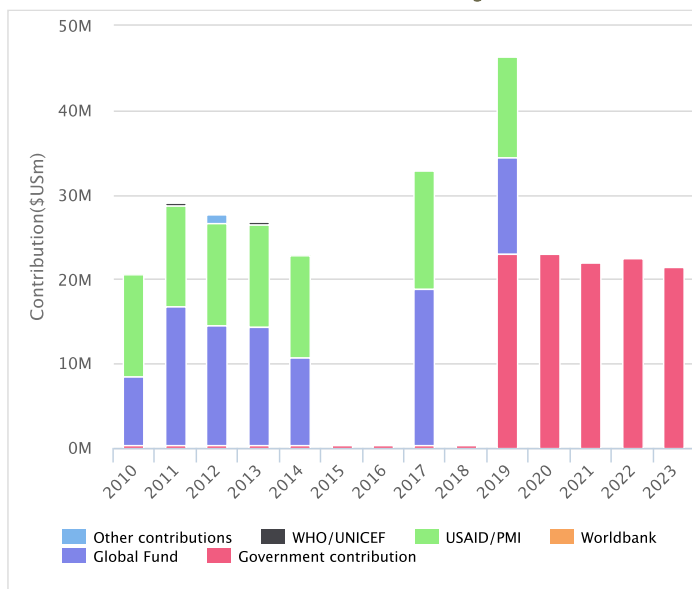


V. Coverage of ITN and IRS

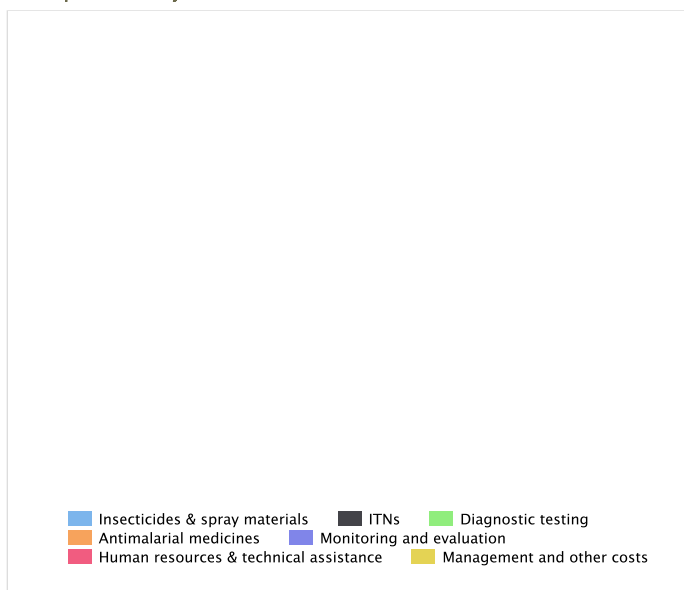


Source: DHS 2013,2020, MIS 2011,2016,2022

Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes

(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on

data validated by the countries as of 14 November 2024.

Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-erg-report-malaria-burden-session6.pdf \(who.int\)](#)

World Malaria Report 2024