The Center for Global Health and Prevention (CDC) began collaborating with the government of Liberia in 2007 with the launch of the President’s Malaria Initiative (PMI) there. Through PMI, CDC works closely with the National Malaria Control Program (NMCP) and the U.S. Agency for International Development.

Malaria

CDC has assigned a resident advisor to Liberia as part of an interagency team with USAID to support the Ministry of Health and Social Welfare in implementing malaria prevention and control interventions. These include providing long-lasting insecticide mosquito nets and indoor residual spraying; preventing malaria in pregnancy; improving diagnostics and case management; surveillance, and monitoring and evaluation of malaria-related activities. CDC technical support has included dedicated diagnostic technical assistance visits to support the efforts of the National Malaria Control Program (NMCP) to rationalize treatment guidelines and improve the rollout of malaria diagnostics. Another goal is to improve entomologic capacity by providing equipment, supplies, and mentoring for NMCP entomologic technicians, in particular surveillance equipment to determine species distribution and mosquito densities and training for insecticide resistance through the CDC bottle bioassay testing.
Ebola

In March, 2014, a severe outbreak of Ebola Virus Disease occurred in West Africa, primarily in Guinea, Liberia and Sierra Leone. With more than 250,000 cases, it is the largest Ebola epidemic in history, affecting several West African countries. In Liberia, CDC and partners introduced the Incident Management System and established an emergency operations center to give Liberia a method of responding not only to Ebola but also other health emergencies. Since CDC arrived in Liberia in July, 2014, Liberia has reported more than 10,600 cases of Ebola and just over 4,800 deaths. In May, 2015, Liberia was declared Ebola-free, but less than two months later a new outbreak was discovered. However, the identification came as a result of surveillance systems established during the Ebola response, and district and county systems quickly were reactivated to link with the national Incident Management System.

Although a devastating event, the Ebola epidemic resulted in enhancement of numerous public health systems in Liberia. During and following the response, Liberia launched the first Field Epidemiology Training Program, developed stronger data systems with more precise analytical capability, initiated standardized infection prevention and control training at healthcare facilities, strengthened border and entry point security and screening, and improved quality control in laboratories.

Impact in Liberia

- Increase from 18% in 2005 Malaria Indicator Survey to 50% in 2010-2011 of proportion of households that owned at least one insecticide treated bednet.

Measles

CDC, in collaboration with its partners, provides technical and financial support to Liberia for polio eradication and measles pre-elimination activities. When Ebola forced the suspension of the 2014 measles campaign, the resulting immunity gap led to the largest measles outbreak in Liberia in years. Liberia has begun a systematic community outreach campaign to restore vaccination rates.

Immunization

CDC has deployed 30 public health professionals to work in Liberia on immunization activities through the Stop the Transmission of Polio program since the program began in 1999. Of those, 4 have worked on communications, two on data management, 2 on measles and rubella, and 22 field assignees.

For more country information: http://www.cdc.gov/globalhealth/countries/liberia

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