



Liberia Progress Update

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CQUIN 8th Annual Meeting | December 9-13, 2024 – Johannesburg, South Africa

Presentation Outline

Where are we now?

- Progress towards 95:95:95 targets
- Treatment: capability maturity model (CMM) self-staging results
- DART model mix and MMD
- AHD: CMM self-staging results
- dHTS: CMM self-staging results

How did we get here?

- Stakeholder coordination and prioritization processes
- Engagement with CQUIN
- Update on Country Action Plans
- Update on Integrating Non-HIV and HIV Services
- Program sustainability efforts and opportunities
- Successes and Challenges

2025 Priorities

Outline

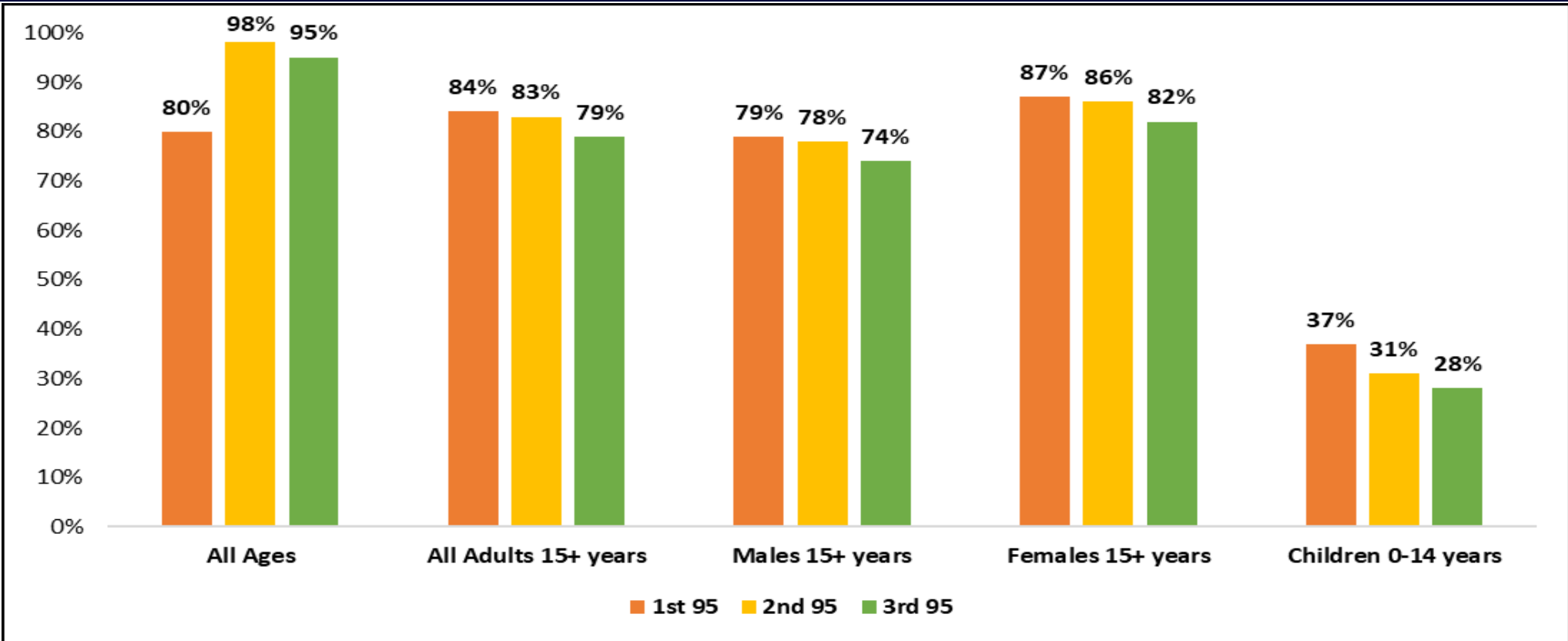
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- **2025 Priorities**

Progress towards the 95:95:95 targets



Data source: Liberia
Spectrum estimates 2024

- The HIV prevalence: Female 15+ yrs = 1.2%, Males 15+ yrs = 0.7%, Overall 15 to 49 yrs = 0.9%
- Children remain a gap

Liberia Treatment CMM Results: 2024

	Diversity			
	Community			
Policies	Training	Scale Up Plan	AHD	
Guidelines	Facility Coverage	M&E System	Key Populations	
Coordination	Client Coverage	TB/HIV	MCH	
Procurement	Impact	NCD/HIV	Family Planning	Quality
Most mature				Least mature

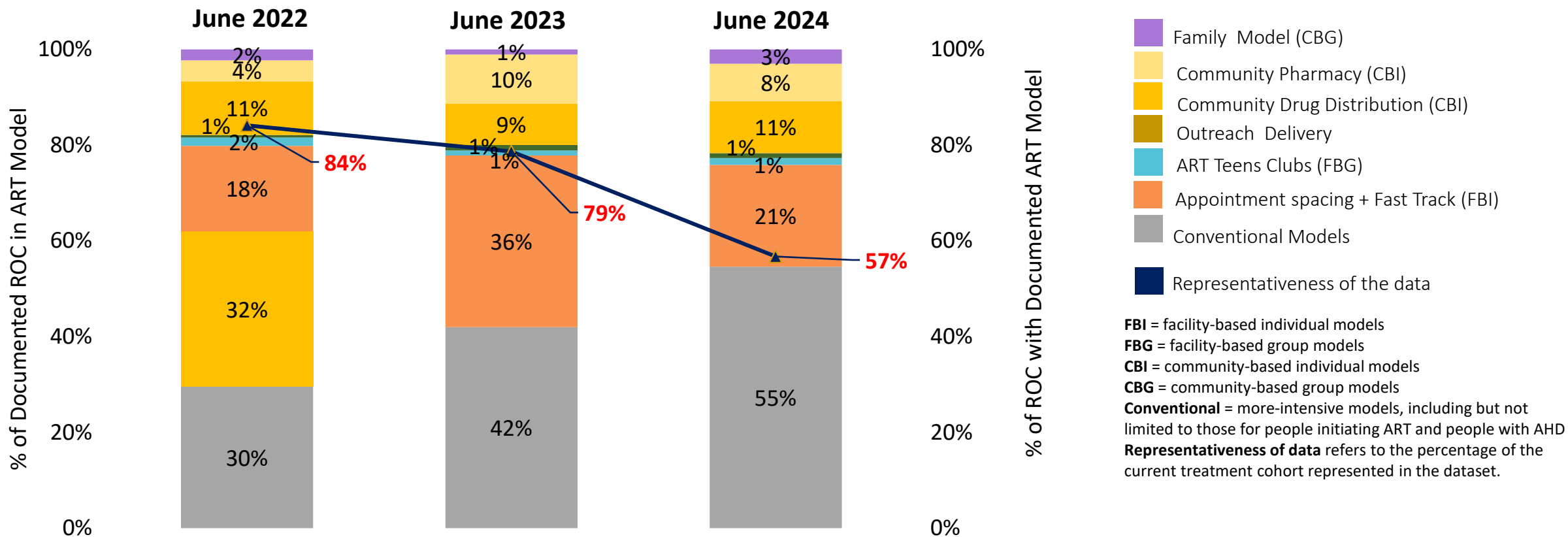
- 53% of domains (10 out of 19) are classified as more mature (Dark/Light Green)
- The quality, AHD, KP, MCH, and FP domains are notably the least mature
- Delayed funding approval has resulted in slow implementation of supported activities
- All the least mature domains mentioned above have been prioritized for improvement in 2025
- The MCH integration pilot is currently ongoing, and we plan to initiate AHD training in the last quarter of 2024

Liberia Treatment CMM Results: Change Over Time 2022-2024

- Liberia has achieved a stepwise improvement in domain maturity, reaching 53% (10 dark/light green domains) in 2024
- Liberia remains concerned about the integration of (TB,HIV, MCH, NCD, and FP) and the improvement of Quality domains
- Integrated services for TB, NCD, and FP, have commenced, with pilot programs already underway for MCH and Mental Health
- In 2025, we aim to enhance integrated services further and prioritize the quality-of-service delivery

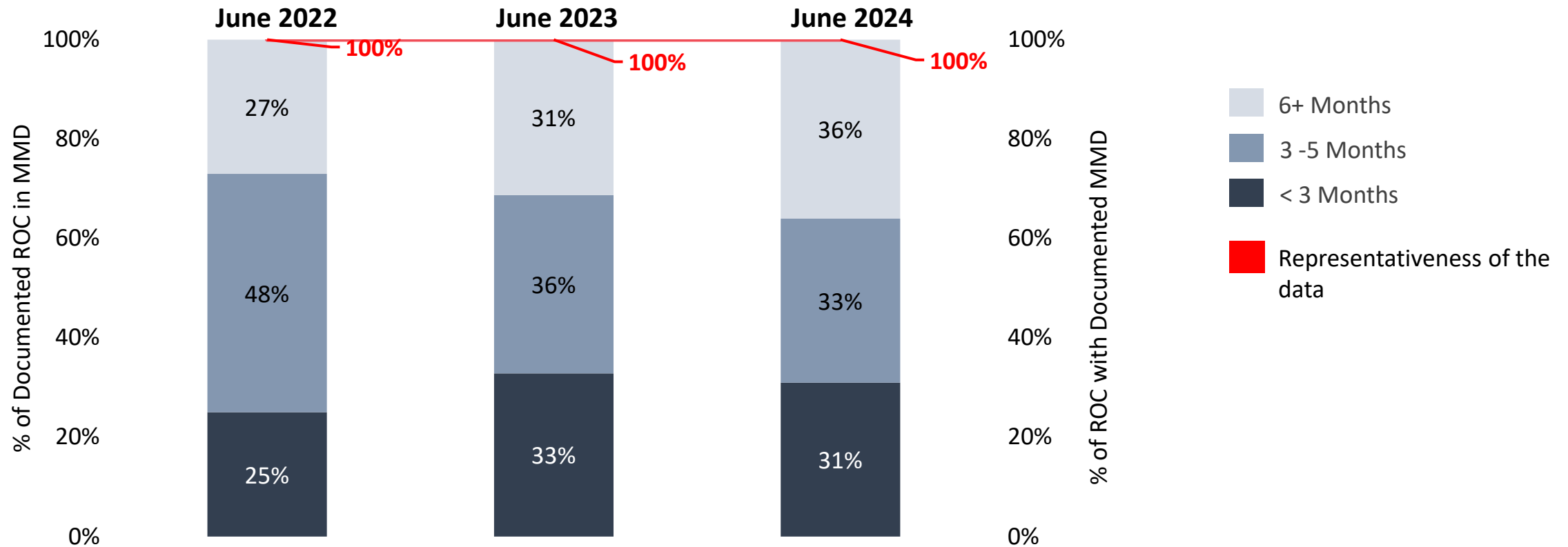
Domains	2022	2023	2024
Policies	Light Green	Dark Green	Dark Green
Guidelines	Yellow	Dark Green	Dark Green
Diversity	Yellow	Light Green	Light Green
Scale Up Plan	Orange	Red	Yellow
Coordination	Orange	Dark Green	Dark Green
Community	Yellow	Light Green	Light Green
Training	Orange	Orange	Light Green
M&E System	Yellow	Yellow	Yellow
Procurement	Dark Green	Dark Green	Dark Green
Facility Coverage	Yellow	Light Green	Light Green
Client Coverage	Dark Green	Light Green	Light Green
AHD	Red	Orange	Orange
Key Populations	Red	Orange	Orange
TB/HIV	Red	Red	Yellow
MCH	Red	Orange	Orange
NCD/HIV	Grey	Red	Yellow
Family Planning	Red	Orange	Orange
Quality	Red	Red	Red
Impact	Red	Red	Light Green

Liberia Differentiated Treatment Model Mix Change Trend (2022-2024)



- There is a notable increase in the number of RoCs who are in conventional models from 2023 to 2024
- The country experienced some challenges with data due to an update to the DHIS2 system

Liberia Differentiated Treatment: Multi-month Dispensing



- The graph indicates a 5% increase in 6-MMD uptake from 2023 to 2024
- This growth is linked to the roll-out of provider training on DSD implementation
- By June 2024, 69% of RoC received >3MMD

Liberia AHD CMM Results 2024

			Diagnostic Capability 1	
Polices			Facility Coverage	Diagnostic Capability 2
Guidelines	AHD Scale-up Plan			Client Coverage 1
Coordination	SOPs	Client Coverage 3	M&E System	Client Coverage 2
ROC Engagement	Training	Supply Chain	Quality	Client Coverage 4
Most mature			Least mature	

- In the 2024 AHD staging, 39% (7 out of 18) of domains achieved maturity (Dark/Light Green)
- Outcome domains are primarily the least mature, with only 28% (5 out of 18) achieving maturity
- AHD is a priority for Liberia, and we have planned nationwide training for mid-level health workers, who constitute 98% of service providers for HIV
- All outcome domains have been incorporated into our plans for 2025

Liberia AHD CMM Results – Trend over time (2022-2024)

- Modest improvement in maturity in many domains in 2024 compared with 2023
 - The completion of the AHD policy and the training of doctors in AHD screening made improvement in these domains possible
 - Completion of the AHD pilot also played a role
- Outcome domains remained the least mature
 - A nationwide training for AHD has been approved, the tool has been revised, and most of the outcome domains will improve following the completion of the training that is currently ongoing

Domains	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Supply Chain			
M&E System			
Quality			
Impact			

Liberia Differentiated Testing CMM – 2024

Domains	2023	2024
Policy: Strategic Model Mix	Light Green	Dark Green
Policy: Optimizing HIV Testing	Light Green	Dark Green
Policy: Linkage	Light Green	Light Green
Finance/Resource Allocation	Yellow	Red
SOPs	Light Green	Dark Green
Scale-up Plan	Light Red	Orange
Community Engagement	Light Green	Dark Green
Private Sector Engagement	Light Green	Orange
Coordination	Light Green	Dark Green
dHTS Training	Light Red	Dark Green
M&E	Light Red	Orange
Procurement/Supply Chain	Yellow	Dark Green
Population Coverage	Light Red	Orange
Linkage to Tx: Timely Linkage	Light Green	Yellow
Linkage to Tx: Verification	Light Green	Light Green
Linkage to Prevention	Light Green	Red
EQA/IQC	Light Green	Orange
Proficiency Testing	Light Red	Light Green
Clinical Services	Light Red	Red
Impact: Knowledge of Status	Yellow	Red
Impact: Linkage to Tx	Yellow	Yellow
Impact: Linkage to Prevention	Yellow	Red

- In the 2024 dHTS CMM staging, 45% (10 out of 22) of the domains scored dark/light green
- The finance and resource allocation, private sector engagement, and linkage to treatment domains, including timely linkage, linkage to prevention, and EQA/IQC, notably regressed
- The least mature domains reflect the current reality at the time of the staging; however, significant improvements have been implemented since then, and we anticipate progress in the next staging

Overview of HIV Program 2024 CMM Results

Liberia					
dHTS		DART		AHD	
Domains	2024	Domains	2024	Domains	2024
Policy: Strategic Model Mix	Dark Green	Policies	Dark Green	Policies	Dark Green
Policy: Optimizing HIV Testing	Dark Green	Guidelines	Dark Green	Guidelines	Dark Green
Policy: Linkage	Light Green	Diversity	Light Green	AHD Scale-up Plan	Light Green
Finance/Resource Allocation	Red	Scale Up Plan	Yellow	SOPs	Light Green
SOPs	Dark Green	Coordination	Dark Green	Coordination	Dark Green
Scale-up Plan	Orange	Community Engagement	Light Green	ROC Engagement	Dark Green
Community Engagement	Dark Green	Training	Light Green	Training	Light Green
Private Sector Engagement	Orange	M&E System	Yellow	Diagnostic Capability 1	Red
Coordination	Dark Green	Procurement	Dark Green	Diagnostic Capability 2	Red
dHTS Training	Dark Green	Facility Coverage	Light Green	Facility Coverage	Orange
M&E	Orange	Client Coverage	Light Green	Client Coverage 1	Orange
Procurement/Supply Chain	Dark Green	AHD	Orange	Client Coverage 2	Red
Population Coverage	Orange	Key Populations	Orange	Client Coverage 3	Yellow
Linkage to Tx: Timely Linkage	Yellow	TB/HIV	Yellow	Client Coverage 4	Red
Linkage to Tx: Verification	Light Green	MCH	Orange	Supply Chain	Yellow
Linkage to Prevention	Red	NCD/HIV	Yellow	M&E System	Orange
EQA/IQC	Orange	Family Planning	Orange	Quality	Orange
Proficiency Testing	Light Green	Quality	Red	Impact	Red
Clinical Services	Red	Impact	Light Green		
Impact: Knowledge of Status	Red				
Impact: Linkage to Tx	Yellow				
Impact: Linkage to Prevention	Red				

- Across the enabling domains in the three CMMs, there is consistency, and we will focus on improving the least mature domains
- The Impact Domains and Quality Domains are prioritized areas for strengthening
- In our 2025 plan, we have prioritized all outcome domains with the least mature scores for implementation. For example,
 - The TB/HIV roll-out began two months ago
 - Integration of MCH, FP, and NCD is also a priority
 - We have completed training for trainers (TOT) in HIV and Mental Health (MH) integration and have started training providers in four of the fifteen counties

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Stakeholder Coordination and Prioritization Processes

Action plan items funded by PEPFAR:

- The roll-out of DSD training in 26 facilities caters to about 70% of ROC, with support from FHI 360 EpiC
- Funded the roll-out of the TB/HIV integration training to the 26 supported sites in four counties
- Funded the National DSD Guideline Development meetings and printing of some copies

Stakeholder Coordination and Prioritization Processes 1/2

Action items funded by Global Fund:

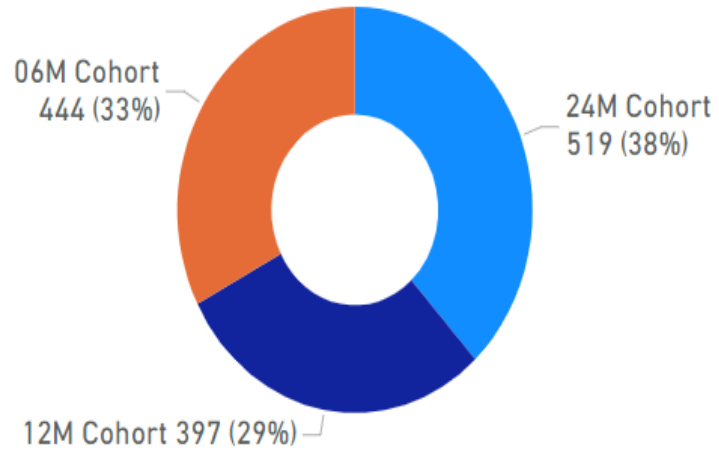
- The HIV Integrated Biological and Behavioural Surveillance Survey (IBBSS), currently ongoing
- Early infant diagnosis (EID) training for Health Care providers across the fifteen counties
- GF procured and distributed ten point-of-care machines to conduct Viral Load and EID testing
- Funded on-site data verification (OSDV) to verify and validate HIV data reported by facilities across the country
- Conducted mentorship to enhance clinicians' skills in quality HIV service provision
- Conducted Supportive Supervision at Miners' testing sites

Stakeholder Coordination and Prioritization Processes 2/2

Action items funded by other donors:

- Global Reach II supported On-Site Data Verification and Mentoring at PEPFAR-supported facilities
- Those action plans developed for DSD implementation are shared with the TWG members, Including Implementing Partners, and it is also in the GC7 implementation plan

Liberia 2024 DPR - RoC Characteristics



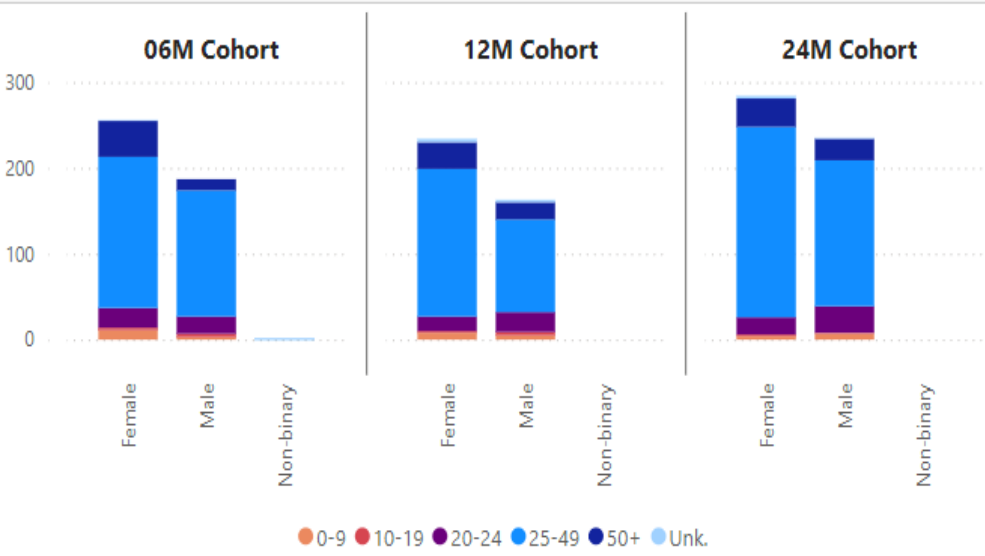
Total number of RoCs sampled

1360

Sex	Count	Percent
Female	774	56.9%
Male	585	43.0%
Non-binary	1	0.1%

Age Group	Count	Percent
0-9	38	3%
10-19	16	1%
20-24	134	10%
25-49	996	73%
50+	164	12%
Unk.	12	1%

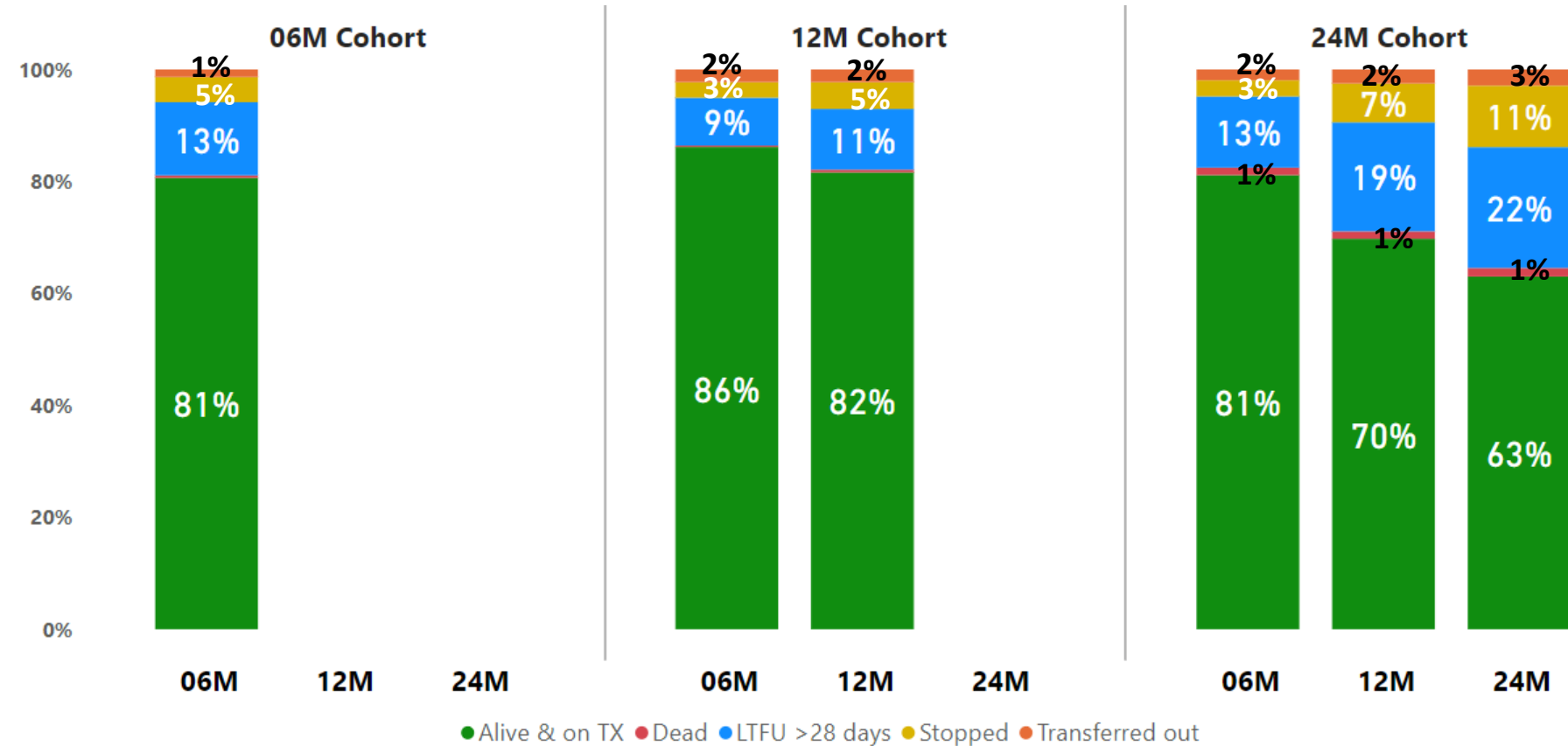
- 1,360 sampled
- Female (56.9%)
- Male (43.0%)
- Non-Binary (0.1)
- Majority in 25-49 years age bracket



Cohort Label	Count	Percent
06M Cohort	444	33%
12M Cohort	397	29%
24M Cohort	519	38%

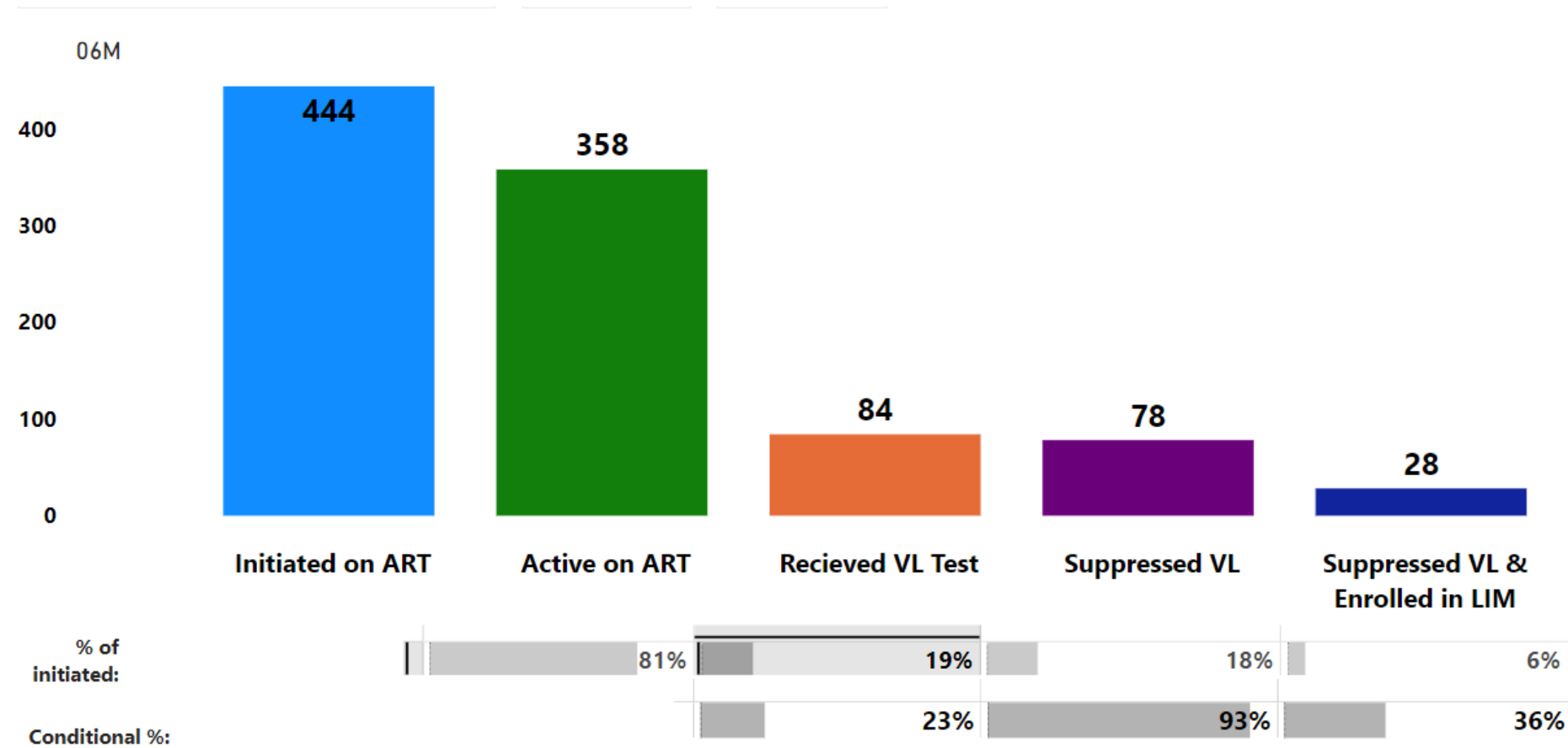
District	Count	Percent
Somalia Drive District	393	29%
Bushrod District	364	27%
Central Monrovia district	340	25%
Commonwealth District	193	14%
Careysburg District	36	3%
Todee District	34	3%

Liberia 2024 DPR - RoC Outcomes



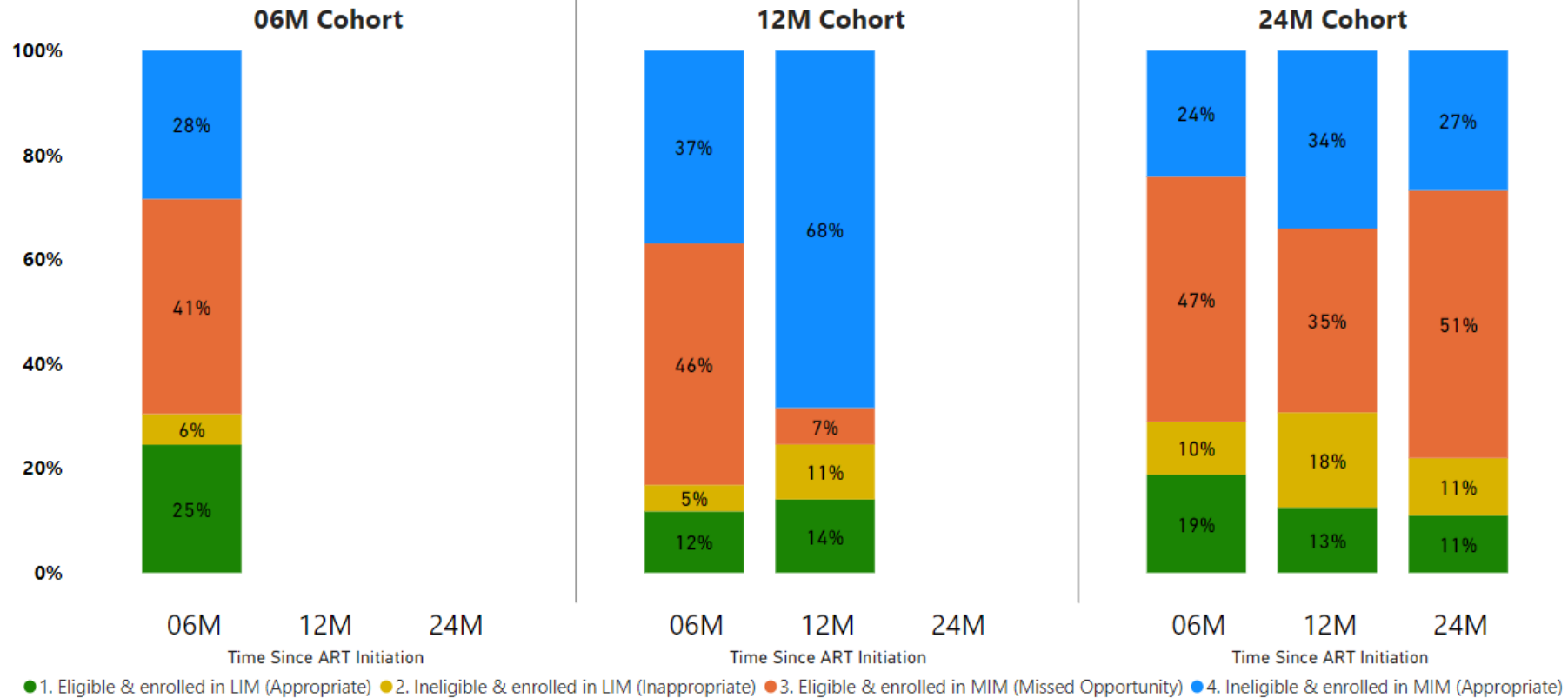
- 81% were retained on ART 6 months after ART initiation (6m Cohort)
- Declining retention with length on ART for the 12- and 24-month cohorts
- No significant differences in retention between male/Female

Liberia 2024 DPR – Conditional Cascade



- Initiation on ART: 444 RoC (100%) within the 6-month cohort
- Retention at 6 months: 358 RoC (81%)
- Viral load testing: 84 RoC (19% of the cohort, 23.5% of those retained)
- Viral suppression: 78 RoC (93% of those tested, 18% of the cohort)
- Enrollment in LIM: 28 RoC (35.9% of those virally suppressed, 6.3% of the cohort)

Liberia 2024 DPR – Model Appropriateness



- Significant missed opportunities for transition to DSD for eligible recipients of care
- We identified the barrier to transition to DSD as the lack of DSD training, and we are working on a mitigation plan

Update on Country Action Plans from 2024 Meetings

- **Activities that have been successfully completed:**
 - Development and printing of the National DSD Guideline
 - DSD Performance Review (DPR)
 - Began DSD training in four of the fifteen counties
 - TPT and TB/HIV integration roll-out to 26 health facilities
- **Activities that are still ongoing:**
 - IBBSS - the survey is currently ongoing
 - DSD training to continue in the rest of the counties
 - The KP size estimate survey is ongoing
- **Activities that were dropped:**
 - No planned activity was dropped but rather reprogramed for the fourth quarter of 2024 and PY 2025

Update on Integrating Non-HIV and HIV Services

- Liberia has integrated TB/HIV, FP/HIV, and MCH/HIV and is progressing with NCD/HIV and Mental Health/HIV integration
- A central DSD Technical Working Group (TWG) made up of multi-stakeholders serves as the coordinating body for DSD
- The Coordination is headed by the DSD coordinator at NACP/MOH

Program Sustainability Efforts and Opportunities 1/2

DSD activities initiated by CQUIN that have been adopted by in-country funding mechanisms to ensure they are sustained

- Capacity building of national staff and providers on DSD implementation - best practices learned from CQUIN network members and implemented by the national program. For instance, Decentralized Drug Delivery (DDD), integration of other services (FP, TB), and comorbidities (HTN, DM)

Adaptations/modifications made to these initiatives to enable their sustainability

- The modification to these activities is integrating it into existent services run by the Ministry of Health and NACP. For instance, Integration of (FP, Tb, NCD, and MH) with HIV services

Program Sustainability Efforts and Opportunities 2/2

Other plans put in place to ensure implementation of country DSD programs are sustained

- Full integration of these services into a national program funded through the National Government
- A National Plan and Roadmap for sustainability entails the integration of other services into HIV service provision
- These services are fully and holistically part of the roadmap for sustainability

DSD Implementation Successes in 2024

- The roll-out of DSD training in 26 facilities that cater to about 70% of ROC
- Started roll-out of the TB/HIV integration training to additional facilities
- The National DSD Guideline development and printing
- HIV Integrated Bio and Behavioural Surveillance Survey (IBBSS)
- The KP size estimation survey is ongoing
- Distribution of ten point-of-care machines to conduct Viral Load and EID testing in specific regions of the country
- Conducted DSD Performance Review (DPR)

DSD Implementation Challenges in 2024

- The slow start to the implementation of the GC7 due to delay in the Grant transition process
- Insufficient numbers of the m-PIMA/ Xpert Machines for Viral Load and EID specimen analysis.
- Delay in the roll-out of the DSD training in the rest of the counties.

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DSD Priorities for 2025

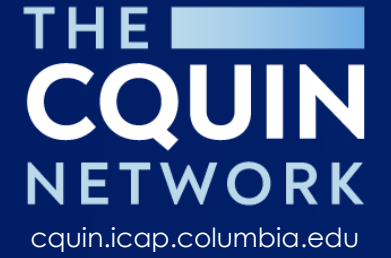
- To revise the dHTS Guidelines and optimize testing to identify positive cases to close the 15% deficit in the first 95%
- To complete the Advanced HIV Disease training for mid-Level health workers
- To enhance and expand the integration across other CoPs (TB, NCD, MCH, FP, MH, etc.)
- Prioritize quality service across DSD implementation
- Improve the M&E system to capture data on integration
- Maintain the gains on viral load testing and Early Infant Diagnosis

What do you want to learn from other countries in the CQUIN network in the coming year?

Technical Area of Interest	Proposed Country	Proposed date (month/year)
Advanced HIV Disease	Kenya	2025
DSD of MCH	Uganda	2025
Quality Improvement	Ghana	2025
Family planning Integration	Uganda	2025

Acknowledgements

- Ministry of Health, Liberia
- Global Fund
- Plan International Liberia
- CQUIN/ICAP at Columbia University
- PEPFAR / USAID
- FHI360 EpiC Project
- LIBNEP+
- Other CSO



Thank You!

