Liberia: Country Update

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**Ministry of Health, Republic Of Liberia**

Presentation Outline

- Country Epidemic Overview

- Funding Shifts and Programmatic Realignment

- Summary of Prioritized HIV Services and System Adaptations

- M&E System Adaptations, Key Indicator Trends and Implications

- Community Engagement

- Lessons Learnt
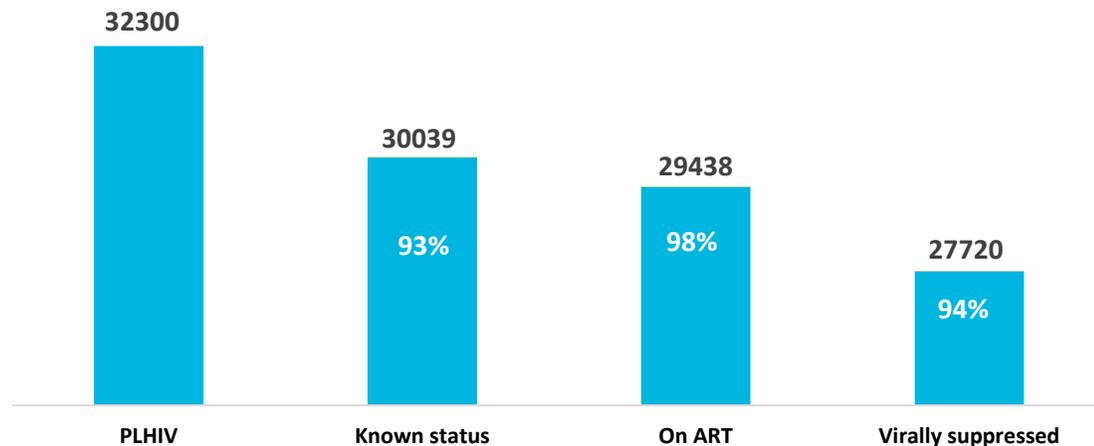
- Next Steps

- Acknowledgement

Country Epidemic Overview; UNAIDS Estimates 2025

UNAIDS Estimates 2025(All Ages)

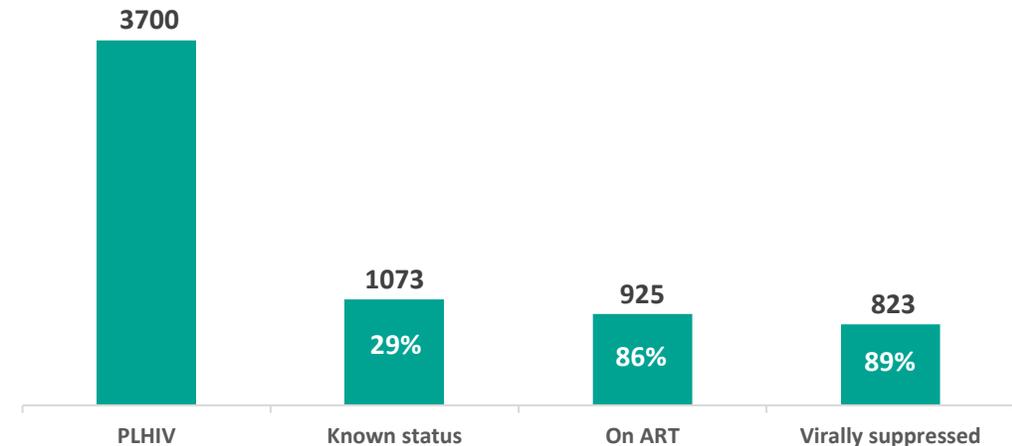|	PLHIV	Known status	On ART	Virally suppressed
Value	36,000	31000	30798	29258
%		86%	99%	95%
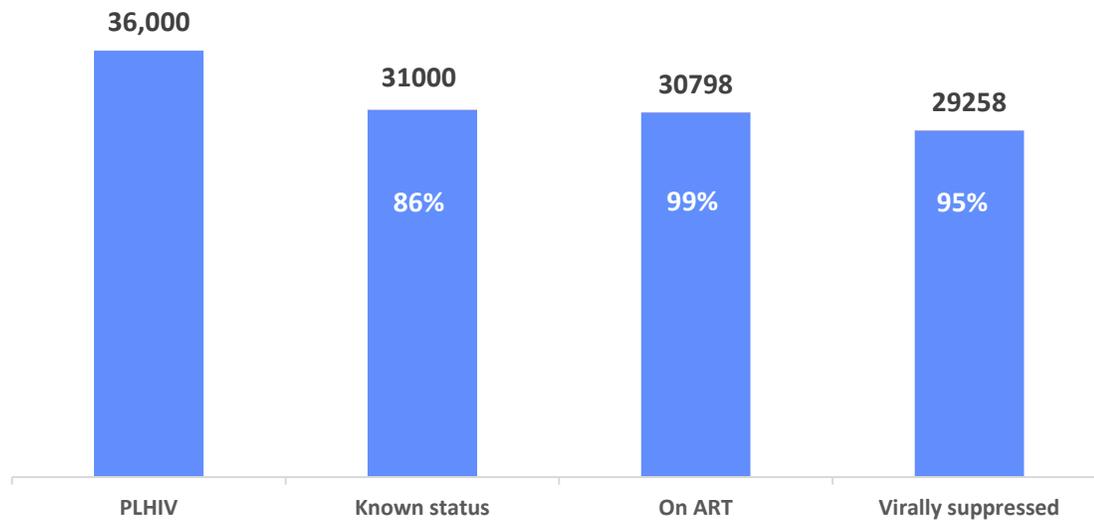
- Estimated PLHIV: 36,000
- Adults nearing 95–95–95: **93–98–94**
- Children lagging: **29–86–89** (programmatic priority)
- ART Coverage: 32,496 on ART
     21,507 (66%) female
     10,033 (31%) male
     956 (3%) children
- Key Populations: 5,044 on ART – critical population for epidemic control

UNAIDS Estimates 2025(All Adults)

	PLHIV	Known status	On ART	Virally suppressed
Value	32300	30039	29438	27720
%		93%	98%	94%

UNAIDS Estimates 2025(Children)

	PLHIV	Known status	On ART	Virally suppressed
Value	3700	1073	925	823
%		29%	86%	89%

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Funding Shifts and Programmatic Realignment

- Global Fund continues to be the largest external contributor to the HIV Response program in Liberia, although funding has been reduced by 11% in 2025.

- Despite significant political will and awareness in-country, this has not translated into enhanced domestic resource allocation for HIV commodity, human resource, and programming

- Up to the time of the submission of this presentation, we could not get hold of the funding envelope of the partners funding the program.

- With the US funding restrictions, programmatic realignment included:

  o On-site training and capacity building as against group and residential-based training to cut down cost.

  o Testing Services have been integrated into immunization service, malnutrition service, and family planning service to close the gaps on the first

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Funding Shifts and Programmatic Realignment, Cont..

- The redeployment of GOL staff and training to implement services at 26 high-priority sites, previously carried out by implementing partners through their contractors.

- An additional 35 priority sites have been activated with GF support using GOL staff to implement comprehensive HIV services (Prevention, Treatment, Service Integration, and Viral Load Testing).

    o In total, these 61 ART sites account for more than 70% of Recipients Of Care in the program and are a priority for NACP-MOH

- The Liberia HIV Program Tracker (DHIS-2) - initially hosted by FHI 360 EpiC, has been transitioned to the Ministry of Health server-building on the existing DHIS-2 Server

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Programmatic Realignment

The most significant programmatic realignments are:

- The DHIS-2 Tracker transitioned to the MOH server, ownership and maintenance has been taken over by the MOH

- EMRs (Liberia HIV DHIS-2 e-Trackers) initially operated at 26 health facilities, have been scaled up to an additional 35 sites, totaling 61 high-priority sites

- Transitioned from group and residential-based capacity building to on-site training to cut down costs

- MOH, through the National AIDS Commission, has put in place advocacy to ensure that support for HIV services is clearly capture in the National Budgets to enhance service provision

- The sustainability Roadmap part A, has been developed and validated by stakeholders. The next step is to put in action the operational plan part B, through engagement with National Stakeholders

- The SI Unit coordinate and integrate Mentorship, on-site Data verification, and Supervision activities from the National level to the County level, incorporating programs, the Central Ministry, and County staff.

- Prioritized HIV services and M&E indicators remain unchanged

National Prioritized Prevention and Testing Services

PREVENTION

Component	Intervention	LIB
Infant prophylaxis	Infant PNP HR 0–6w	🟩
	Infant PNP HR 6–12w	⬜
	Infant PNP LR	⬜
PEP	Facility PEP (guidelines)	🟩
	Community PEP (GBV/KP)	⬜
Condoms	Facility condoms/lube	🟩
	KP condom points	⬜
	Community condom points	⬜
PrEP continuation	Facility PrEP KP 3MMD/6m	🟢
	Facility PrEP PBFW 3MMD/6m	⬜
	Facility PrEP others 3MMD/6m	⬜
	Annual PrEP review	🟢
	PrEP review 6-monthly	🟢
	Facility PrEP DSD-indiv	⬜
	Out-facility PrEP DSD	⬜
	Virtual PrEP refills	⬜
	Adherence/risk counselling	🟩
	Continue DVR PrEP	⬜
	Continue LAI PrEP	⬜
PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	🟢
	Start PrEP PBFW at-risk	🟢
	Start PrEP KP	🟩
	Start PrEP AGYW self-ID	⬜
	Start PrEP others self-ID	⬜
	Test post-start 1–3m	🟩
	PrEP demand creation	⬜
	Continue DVR PrEP	⬜
	Continue LAI PrEP	⬜
	PrEP start education	🟩
Harm reduction for people who inject drugs	Facility-first NSP+naloxone	⬜
	Community NSP+naloxone	⬜
	Continue OAMT refills (PWID)	⬜
	Initiate/continue OAMT (PWID)	⬜
VMMC	Targeted VMMC scale-up	⬜

TESTING

Component	Intervention	LIB
Blood products	Blood product screening	🟩
Facility-based	Symptomatic testing (entry)	🟩
	ANC first test	🟩
	ANC late retest	🟩
	Postnatal PBFW 6-monthly	⬜
	HEI 6w/6-9-18m EPI	🟩
	HEI birth test	⬜
	TB clients (newly diagnosed)	🟩
	TB clients (presumptive TB)	🟩
	STI clients (new STI)	🟩
	Hep B/C (new)	⬜
	Inpatient (new admission)	🟢
	Children in malnutrition clinics	⬜
	EPI child post-screen	⬜
	FP initiation clients	🟩
	FP <25 init+annual	⬜
	FP init+biennial+change	⬜
	FP init+annual	🟢
	Self-initiated HIVST (annual)	🟢
	VCT/HIVST any frequency	🟩
	PrEP users 1m+6m	🟢
	PrEP users 1m+3m	🟢
	VMMC clients	⬜
Network-based (including facility/virtual and community-based)	PN EPN +HIVST/FBT	🟩
	PN APN +FBT (virtual)	🟩
	PN APN +community test	🟩
	Female index: child FBT/HIVST	🟩
	Female index: child CBT	🟩
	PN EPN +HIVST (VL>1000)	⬜
	PN EPN +HIVST FP/ANC<25	⬜
	PN EPN +HIVST (FP/ANC)	⬜
	KP SNT +HIVST	🟩
	AGYW SNT +HIVST	⬜
	PN EPN +HIVST (95s STI-neg)	🟩
	PN EPN +HIVST (STI-neg)	🟩
	PN APN +FBT (STI-neg)	🟩

TESTING

Component	Intervention	LIB
Community-based (virtual and in-person)	CB HIVST points >15	⬜
	CB HIVST points 95-gap	⬜
	CB HIVST points KP	⬜
	HIVST digital outreach	🟩
	KP high-volume outreach	🟩
	KP all outreach sites	🟩
	AGYW targeted outreach	⬜
	Men targeted outreach	⬜
	Men workplace testing	⬜
	Children targeted outreach	⬜
	Prisoners: On entry/discharge	⬜
	Prisoners entry/annual	⬜
	ABYM targeted outreach	⬜
Recency testing	Recency testing	⬜

Legend:
- 🟩 Keep (No Change)
- 🟢 Keep (Modify)
- 🟥 Drop
- ⬜ Not applicable
- ⬜ Not Prioritized

- Outreach efforts targeting adolescent girls and young women (AGYW), men, and prisoners are currently not applicable due to funding constraints.

- Key population (KP)-specific indicators in Montserrado have been impacted by the withdrawal of PEPFAR's support from FHI360. However, KPs services are ongoing in the rest of the 14 counties with the Global Fund support

- The National government through the MOH is working to restore KPs services to those sites impacted in Montserrado.

- The usage of pre-exposure prophylaxis (PrEP) has been adjusted to target pregnant and lactating mothers and those in Grey has been consider after review. Infant prophylaxis during PNP is also prioritized

- Index testing, which initially began at 26 sites, has now been expanded to an additional 35 sites to improve case finding.

- VMMC is not practice in Liberia-Circumcision in routinely done after birth

- The Government of Liberia (GOL) has initiated a pilot program for Hepatitis B screening, while guidelines for nationwide implementation are being developed.

National Prioritized Treatment Services

TREATMENT		
Component	Intervention	LIB
ART continuity	Uninterrupted ART for all	
	MMD 3–6 months	
	Annual clinical review	
	Enroll less-intensive DSD	
	Maintain facility DSD-indiv	
	Maintain community DSD-indiv KP	
	Maintain client-managed groups	
	Maintain adolescent groups (HCW)	
	Maintain community DSD-indiv	
	Maintain DSD groups (HCW)	
	Active transfer same-day 3MMD	
Continuity OI prophylaxis	CTX adults S3/4/CD4<350	
	CTX adults high-risk	
	CTX for HIV/TB	
	CTX for CLHIV	
	CTX for HEI	
	Fluconazole secondary proph	
ART initiation (and re-initiation)	Initiate <5 years	
	Initiate PBFW	
	Initiate symptomatic/AHD	
	Initiate all positives	
	Initiate stage3/4 or CD4 low	
	Initiate stage1/2 (CD4 high)	
Viral load monitoring	VL for suspected failure	
	Repeat VL at 3m	
	First VL by 6m	
	First VL (no prior)	
	Pregnant: VL at ANC/3m	
	Pregnant: VL 34–36w	
	Breastfeeding: VL 3m+6mly	
	LLV: repeat VL 3m	
	VL annually if suppressed	
	VL q2–3y post-2x	
	Resistance test per guidelines	

TREATMENT		
Component	Intervention	LIB
OI management	TB Xpert for symptomatic	
	TB treatment	
	TPT per regimen	
	CRAG for symptomatic	
	Cryptococcal treatment	
AHD package	LAM S3/4 seriously ill	
	CRAG S3/4 IPD	
	CD4 S3/4 new or >90d	
	CD4 S1/2 new or >90d	
	LAM S1/2 CD4<200	
	CRAG S1/2 CD4<200	
	Fluconazole pre-emptive	
Integration	PAP smear never-screened	
	HPV screen never-screened	
	Hypertension integration	
	Diabetes integration	
	Family planning integration	
	VIAC annually WLHIV	
Tracking and tracing	Confirm contacts each visit	
	Phone trace abnormal labs	
	Phone trace high-risk	
	Phone trace >28d missed	
	Home trace abnormal labs	
	Home trace high-risk	
	Home trace >28d missed	
Psychosocial support/ Counselling	ART start literacy	
	Adherence assessment visits	
	VL and DSD prep	
	EAC for high VL	
	Child disclosure support	
	MH screening at start	
	MH screening high VL	
	MH screening all visits	

- All prioritized indicators remain unchanged, despite the 11% reduction in the GF funding
- Those modified like repeat viral load testing is done 3 months for unsuppressed, 1 year for suppressed cases
- AHD screening was done for Recipients of Care, using CD4 PIMA. Modification was made on the screening &diagnosis process after the prioritization, observing the full AHD screening Package, using VISITECT, CD4 PIMA, TB LAM, and CrAg testing
- Secondary prophylaxis with Fluconazole later prioritized to meet the management protocol pending procurement other commodities

Legend:

Keep (No Change)	(dark green)
Keep (Modify)	(green)
Drop	(red)
Not applicable	(grey)
Not Prioritized	(white)

From Planning to Practice: Country Implementation of Prioritized HIV Services

Following thorough planning, key initiatives have been executed to enhance our health strategies:-

- Advanced HIV Disease (AHD) screening and management training has been implemented across 61 facilities spanning 14 counties.

- Index testing initiatives aimed at bridging the gap in the first 95 have been expanded with training extended to an additional 35 priority sites.

- WHO 2021 scorecards, Liberia Hepatitis prevalence is 13.5% in adult and 4.7 in children below 5years.

- The 2024 IBBSS survey also reveal the following prevalence for Hepatitis among KPs: **MSM=10.3%; FSW=8.5%; TG=9.7%; PWID=14.2**

- Based on these, there is ongoing development of policies and guidelines for Hepatitis service implementation.

- The launch of this document in collaboration with the Triple elimination is pending for December 2025

Service Delivery Models

- There has been no change in most of the service delivery models, except for some of the community service delivery models, such as the Client-led community group. However, we have adapted our service provision methods to align with the Global Fund's recommendations, shifting from group training to on-site engagements.
  - These modified approaches have been successfully implemented across 61 of our prioritized sites.
- Our partners, supported by PEPFAR, have initiated Prevention-PrEP services.
  - Due to US Government restrictions, we are now exclusively providing PrEP services to pregnant and lactating mothers rather than key populations in the PEPFAR (26) supported sites.
- Additionally, we have expanded our index testing services from the initial 26 prioritized sites to an additional 35 sites. This scaling up is aimed at enhancing the identification and testing of index contacts.

Quality Assessments Adaptation

- The program was able to develop tools for quality assessment, covering Testing, Treatment, Prevention (PrEP, TPT), Viral Load testing, clinical assessment, Supply Chain, and data quality after the USG funding restriction

- This tool is being used quarterly, started quarter three 2025 to evaluate ART, Testing, Prevention, DSD, service quality across the ART Sites in the country, with focus on the 61 Prioritized sites

- There is an addendum to the tool specifically for data quality checks to validate data collection, recording, and reporting

Ministry of Health
National AIDS and STI Control Program
J.F.K Medical Center Compound
Monrovia, Liberia
Mentoring/Supportive Supervision Checklist for HIV service provision
ART, PMTCT, HCT, TB, Quality

Facility Visited: _____

Supervisor's Name(s): _____

Date(s) of visit: _____ to: _____
                        dd/mm/yy   dd/mm/yy

Goal of Clinical mentorship/Supportive Supervision: **To build capacity for delivery of ART, HCT, DSD, PMTCT, M&E and Quality for individual provider and on a system level**

Focal Team members

System Adaptations to Support Priorities

- At the National level, **NAC/MOH has been coordinating** the sustainability and domestic funding mobilization with GOL Taskforce members, the MOF, LRA, parliament, CSO, and IPs.

- There is ongoing coordination meetings held at the county level involving the program through clinical mentors and other county supervisors, who prepare to take ownership of services being supported by IPs

- NACP has been **leveraging on Clinical Mentors** in the county to implement program activities, such as in-county mentoring and On-Site Data Verification (OSDV) at the district and site level, due to the integration plan as a result of the funding constraints.

- The **supply chain-commodities distribution** was intermittently disrupted with the paused on the USAID function at the CMS warehouse.

- However, the shock was resolved with emergency GOL funding, and work with USAID to ensure commodities arrangement for continuity in last-mile distribution

- **Data collection and reporting:** The Program, with support from the GF grant, has scale up the electronic medical records system to an additional 35 health facilities across the country.

- This system operated by data Clerks, will collect and report aggregated and disaggregated data for Roc from the facility to the Central ministry-DHIS-2 Tracker and still maintain the paper-based system, which serves as a backup.

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#	Program Area	Indicator	Liberia	
			0%	50%
1	VTP	Ist ANC attendance		
2		Ist ANC testing		
3		1st ANC HIV+		
4		1st ANC Known HIV+		
5		HEI 1st EID		
6		HEI final outcome		
7		HEI ARV prophylaxis		
8	HTS	HTS_TST		
9		HTS_POS		
10		HTS_TST by modality		
11		HTS_POS by modality		
12	ART	TX_NEW		
13		TX_NEW by CD4 count		
14		TX_CURR by MMD		
15		IIT		
16		AIDS-related mortality		
17	VL	VL results received		
18		VL <1,000 C/ml		
19	TB	TB diagnosis		
20		Initiated on TPT		
21		Completed TPT		
22	HIV Prevention	PrEP_NEW		
23		Receiving PEP		
24		Receiving PrEP		
25		Receiving condoms		

Key	
Keep [No Change]	
Keep [But Modify]	
Drop	
N/A	

- Under the 0% funding: all indicators are prioritized except ART initiation by CD4 count testing, not prioritized due to cost implication

- Under 50% external funding: all indicators prioritized except condom distribution.

- There is Government measures in place, that is taken ownership of the tracker, scaling EMR to other sites and deploying staff to ensure uninterrupted data collection and reporting

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M&E Systems Assessment Over Time

Domain	Functionality	Liberia		
		Stop Work (Feb 2025) - Post Stop Work (May and Sept 2025)		
		Feb-25	May-25	Sep-25
Data collection	M&E Tools Availability	🟨	🟩	🟩
	Data Quality and Completeness	🟨	🟩	🟩
	Community Based Monitoring	🟥	🟨	🟩
	Retention Monitoring and Follow Up	🟥	🟨	🟩
	Commodity Tracking Systems	🟨	🟨	🟩
Databases, reporting, and use	HMIS reporting	🟥	🟨	🟩
	EMR Functionality	🟥	🟥	🟩
	Site Level Monitoring and Supervision	🟥	🟩	🟩
	Data Dissemination and Data Use	🟥	🟨	🟩
HRH capacity	M&E HRH Capacity	🟥	🟨	🟨
	Supervision and Mentorship for HRH	🟨	🟨	🟨
	Capacity Building for M&E Staff	🟨	🟨	🟨

Key- Impact of SWO

None	Partial	High	No data
🟩	🟨	🟥	⬜

Summary of M&E System: There has been a milestone improvement in almost all of the M&E system, with just a few still lagging.

M&E staff capacity building: M&E staff capacity building was halted during the SWO and has only partially resumed, leaving ongoing gaps in skills and mentorship.

Community-based monitoring: Previously, some support was provided by USAID through LibNeP+(PLHIV-led organization), which was affected by the SWO but has been reprioritized under the Global Fund workplan and has now resumed.

Trends in Monthly HIV Testing and Implications
[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]


HIV Tested by Month and Year

Year ● 2024 ● 2025
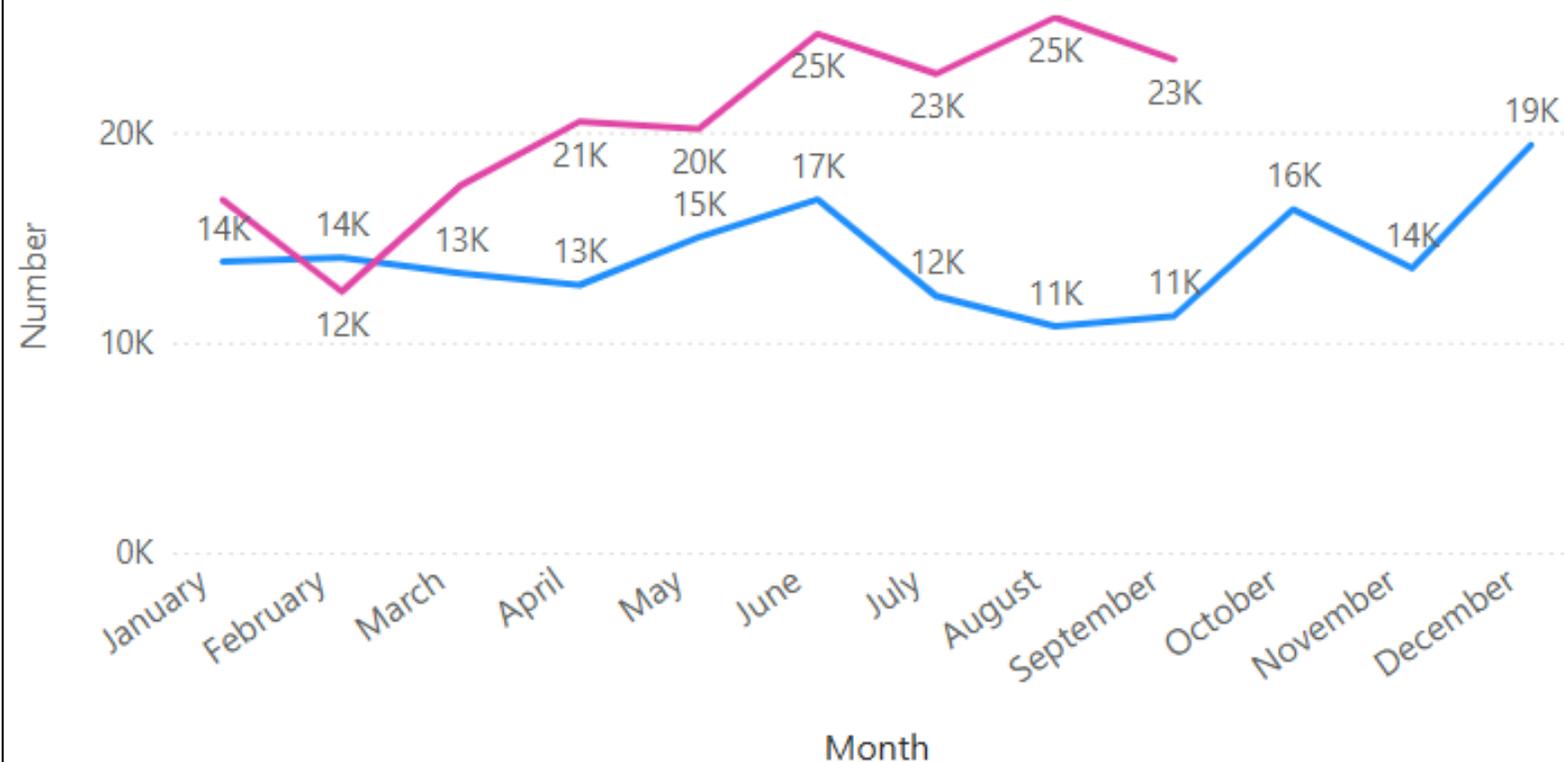
- HIV testing volumes dropped initially in 2025 due to the SWO, stockout of confirmatory test and withdrawal of PEPFAR-supported outreach staff responsible for active case finding
- From May onward, testing volumes in 2025 surpassed 2024 levels, driven by increased facility-based efforts
- Government-paid staff sustained and enhanced testing coverage, effectively bridging the gap left by outreach teams
- The testing coverage dropped between July to October of 2024, due to a shortage of test kits

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Trends in Monthly Tested HIV+ and Implications

[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]

Tested HIV Positive by Month and Year

Year ● 2024 ● 2025
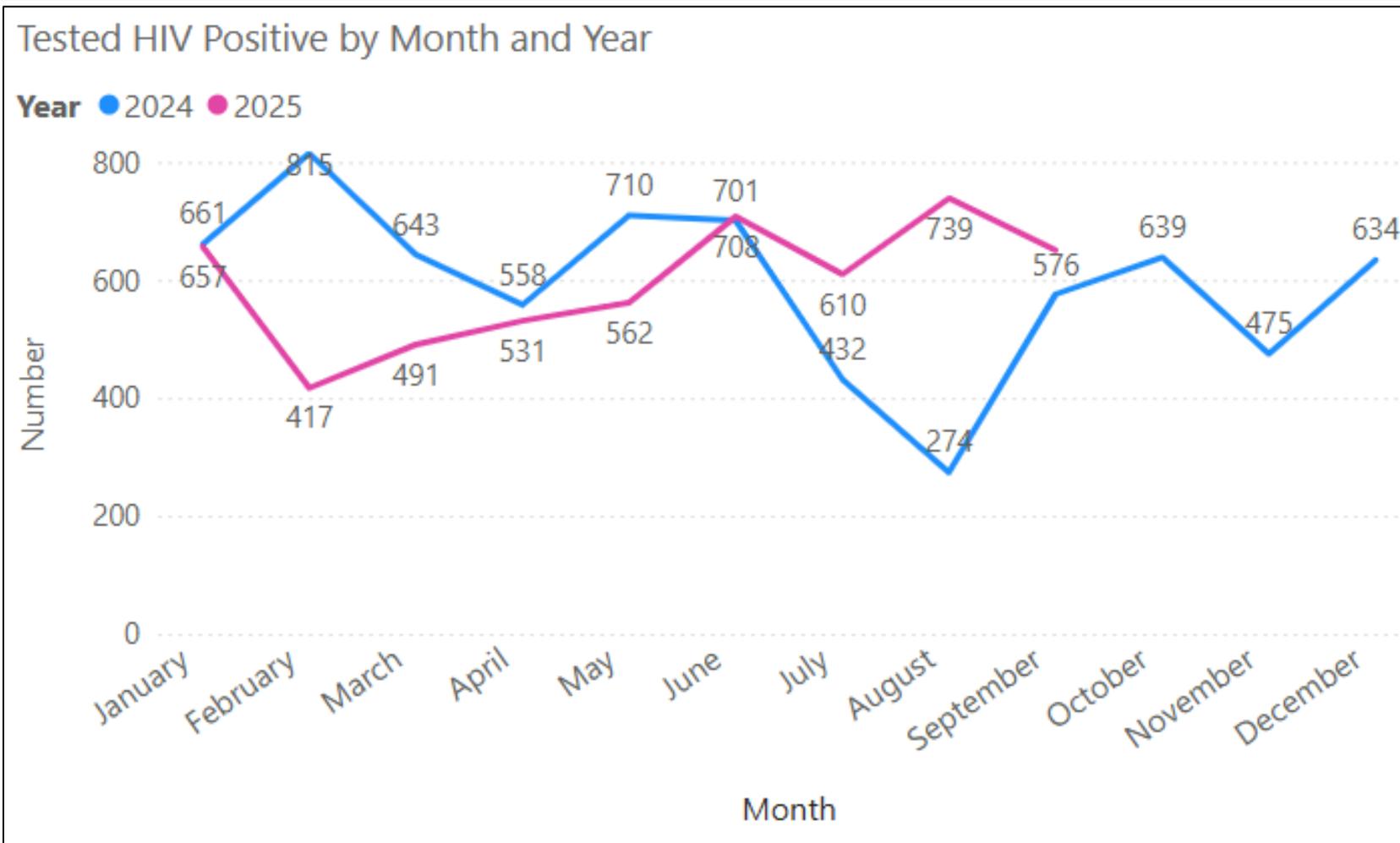
- July and November 2025 showed notable increases in number of positive identified

- February and October 2025 had fewer positives than 2024 due to a test kit shortage that affected the testing coverage

# Trends in New Monthly ART Initiations and Implications
[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]

Initiated on ART by Month and Year
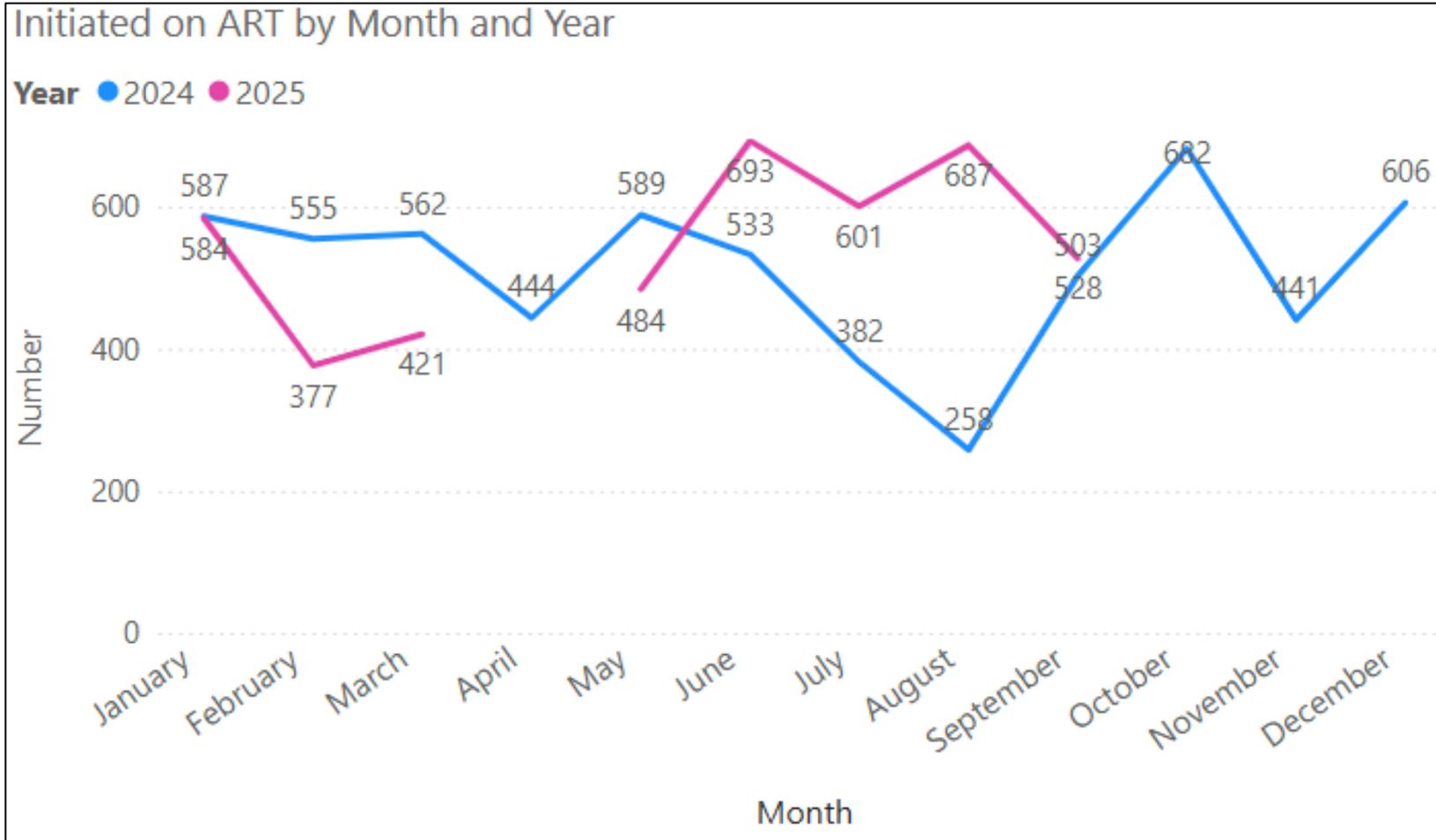
- 2025 1st Q show decline in data reported on ART initiation (Jan–Mar) SWO impact on the 26 EMR sites
- April data for is not capture on the graph-processing error

- October 2024 had the highest ART initiations (682)

- Improved linkage-to-care protocols and reduced turnaround time from diagnosis to treatment have contributed to the 2025 gains

Monthly TPT Initiation Trends and Implications
[Data Source: National Aggregate HMIS Data from Jan. 2024 to Aug. 2025]

Initiated on TPT by Month and Year

Year ● 2024 ● 2025
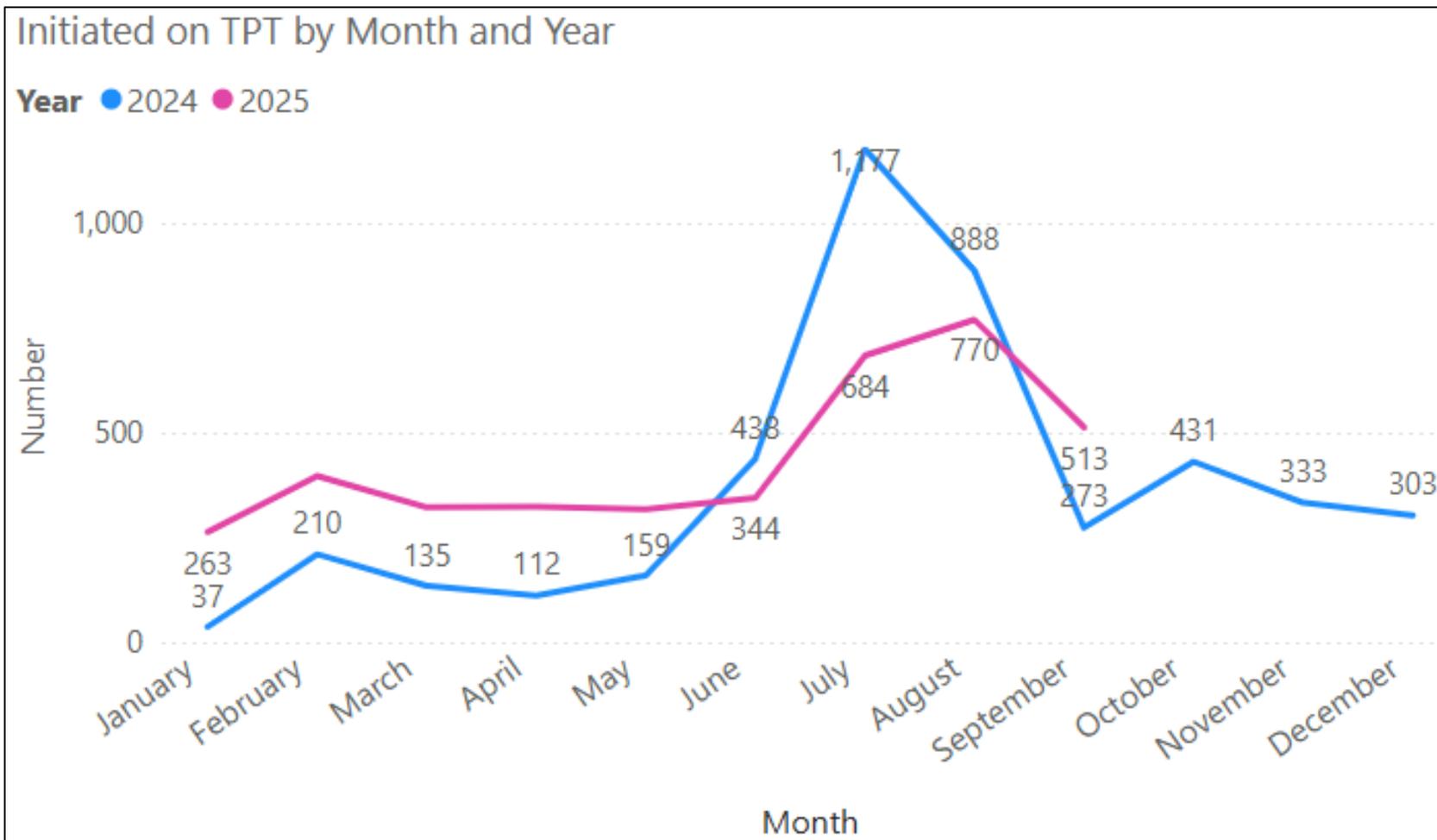
- In 2024, from June to September we had huge uptake of TPT (6H) implemented at targeted sites
- At the beginning of 2025, the transition of TPT regimen to 3HP decreased the uptake due to training and procurement processes.
- By mid-year, there was a surge, peaking in August (770) due to the TPT service being scaled up across the country

Community Engagement

- The CSO partners have been involved with the Decentralized Drug Delivery (DDD) program, providing refill services for their peers at their office. Due to funding reductions, staff at these sites have been instructed to stay home, though one or two partners continue to offer services at some locations.

- ROC has also participated in engagement and planning meetings and has collaborated with the program's Monitoring and Evaluation team to redesign the Community Level Monitoring (CLM) indicators and tools.

Challenges and Lessons Learnt

Challenges

- A complete moratorium on the KPs' services has been enforced due to the funding restrictions imposed by the US Government, along with an 11% reduction in funding from the Global Fund.

- There has been a temporary interruption of the Electronic Medical Record (EMR) system, which is hosted by FHI 360 EpiC (PEPFAR interagency), at 26 high-burden facilities. These facilities account for 60-70% of the Republic of Liberia services.

Lessons learned:

- The National Government should take ownership of the national HIV response to prevent future occurrences.

- Allocating funding for HIV service implementation and commodities by the National Government will enhance sustainability.
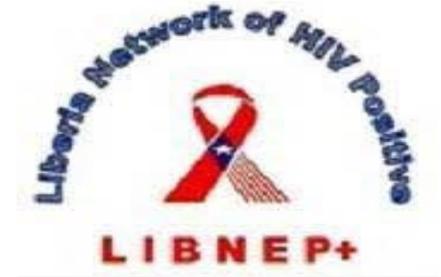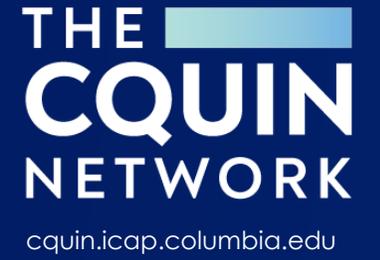
Next Steps

Indicators	What is being done	Responsible Persons	Timeline	Needed Resources	Status
Hepatitis-Tripple elimination	The lunch of the Tripple elimination guideline ,follow by step down training & implementation.	NACP-MOH, Partners	2026	Funding	Ongoing
Human Resource	Transition all GF&PEPFAR contractors to GOL payroll	NACP-MOH,MOFD,CSA	2025-2026	Funding	Ongoing
Sustainability and Domestic funding Mobilization	Taskforce was set up, document developed and validated	National AIDS Commission, MOH, NACP, GOL Agencies	2026-2029	Funding, HR	Ongoing
Prioritization	Shared the prioritization document with stakeholders for continued advocacy with National Government for alignment	NACP-MOH,NAC	2026	N/A	Ongoing

Acknowledgement