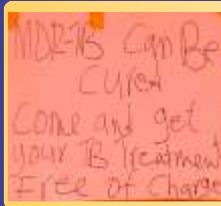




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World AIDS Day Message From The WHO Regional Director For The African Region

As we mark World AIDS Day on 1 December, whose theme this year is “Right to Health”, I would like to share the story of Alex, a 14 year old high school student who lives with his grandmother in Douala, Cameroon. He was diagnosed with HIV in 2016, a year after his mother died of tuberculosis.

“My family gave me support, love and care and the doctors gave me medicines. The medicine will make me live a normal life and strengthen my body. I love going to school and studying and I hope to become a doctor one day so that I can look after other HIV positive people.”

Just like Alex, all people have the right to health no matter their age, sex and where they are born. Commemorating World AIDS Day underscores that everybody counts in striving to achieve more rapid and sustainable progress towards universal health coverage for all people living with HIV.

There is hope of ending AIDS in the African Region by 2030. Due to the rapid scale-up of HIV treatment and existing HIV prevention interventions, AIDS-related deaths in the Region have dropped by more than half, from over 1.5 million in 2005 to about 720 000 in 2016. For the first time, more than half of all people living with HIV in Africa have access to life-saving HIV treatment, which reached almost 14 million people by the end of 2016. This puts the Region on track to achieving the target of 23 million people on treatment by 2020.

This is significant progress, but the right to health for all is not being realized. Young people, especially young women, continue to be at great risk of HIV infection. Children are often missed out, key populations such as sex workers, men who have sex with men and injecting drug users are not being reached, and men are also left behind. Countries in the West and Central African sub-regions still lag behind the rest of the continent. WHO and its partners are working with these member states to implement catch-up plans to accelerate HIV treatment.

In the African Region, nearly 1.2 million people contracted HIV in 2016. An estimated 6 million people living with HIV still do not know their status. Almost 12 million people living with HIV do not have access to antiretroviral therapy, and more than half of all people on HIV treatment still have detectable levels of



*Dr. Matshidiso Moeti,
WHO Regional Director for the African Region*

the virus. This reinforces the urgent need for HIV prevention and treatment services for all who need them.

As we move towards ending AIDS by 2030, we urge all Member States to put the health and human rights of people living with HIV at the center of the response, to ensure that we reach all communities that are being left behind.

More investment is needed in the health and education of adolescents and young women to increase their access to services and reduce their vulnerability to HIV infection. WHO recommends that countries initiate new approaches such as self-testing to reach more people, and accelerate effective prevention interventions such as condom use.

Furthermore, making newer and safer medicines routinely available, reorienting service delivery to target specific populations and strengthening information systems will boost progress towards the targets. I appeal to all communities to embrace the innovations that will accelerate momentum towards an AIDS-free generation.

All individuals have a right to health. WHO will continue to support Member States to scale up HIV services to give everyone the right to health and make sure we leave no one behind.

Landmark Investment For Sustainable Health System Strengthening To End AIDS, TB And Malaria



President Ellen Johnson Sirleaf, Senate Chair on Health, Hon. Peter Coleman, LCM 1st Vice Chair, Sister Barbara Brilliant, fmm and others cutting robin for the opening of the newly constructed Central Medical Store

It brought smiles to the faces of most health sector officials, partners, and health workers as they witnessed, on 19 December 2017, the official dedication of the newly constructed pharmaceutical warehouse named and styled: “Central Medical Store (CMS)” in Caldwell which is intended to help address current supply chain challenges confronting Liberia’s Health System.

Many medical practitioners believed the state of the art medical facility is one of the most remarkable achievements in the history of Liberia under the stewardship of Dr. Bernice Dahn, Liberia’s Minister of Health.

Dr. Dahn puts the cost of the modern facility at a little over US\$5 million; with the Global Fund to Fight AIDS, Tuberculosis and Malaria (TGF), through the Liberia Coordinating Mechanism (LCM), contributing about US\$3 million; while USAID and the government of Liberia contributed the rest. The modern warehouse became functional in January 2018, replacing the Ministry of Health (MoH) transitional facilities at the Freeport of Monrovia.

The building covers 3,000 square meters and conforms to international standards for storage of health products, according to Mr. Hasan Kobeissi, Country Director of Dalal Steel International, the company that constructed the facility. “There is proper temperature to ensure appropriate preservation of health products, and a mechanical technical room consisting of thousands of gallons of reserved water to tackle any future fire incident before the arrival of the National Fire Service,” he noted.



A partial view of inside the newly constructed Central Medical Store in Caldwell

Dedicating the facility, Her Excellency President Ellen Johnson Sirleaf said the issue of drugs has always been a major problem in the Liberian health sector and the storage facility will be a major boost in addressing the problem, especially at a time the storage facility at the John F. Kennedy Memorial Hospital was burnt.

The Liberian leader thanked the Ministry of Health, headed by Dr. Bernice Dahn and the government’s partners including Global Fund, USAID, GAVI and WHO.

“As we travel around the country and from time to time as we stop at hospitals and clinics, the shortage of drugs has always

been an issue.

“Most of the time we talk to healthcare workers, nurses and doctors, they always talk about the problem of stock out of drugs and medical supplies.

“At the same time we sometimes find that while the hospitals are lacking drugs, there is a private operation not too far that is well stocked.



President Ellen Johnson Sirleaf officially dedicating the newly constructed Central Medical Store in Caldwell

“I am glad that accountability, financial system management is one of those that has been mentioned as part of the management framework for this new structure.

“We need to say thank you to all of our partners who have been with us all these many years.

“This structure brings to our memory that it wasn’t too long ago when we had a major fire at the John F. Kennedy Memorial Hospital in which drugs were destroyed and facilities were also destroyed. This facility is a state of the art facility and the structure will be protected.” Representing the Global Fund during the dedicatory program, Sister Barbara Brilliant, fmm of the Mother Patern College of Health Sciences, who is First Vice Chair of the Liberia Coordinating Mechanism of the Global Fund, emphasized the importance of the newly constructed Central Medical Store, noting that the state of the art technology facility will serve as a boost to the health sector, especially in the area of prompt delivery of quality drugs and medical supplies.



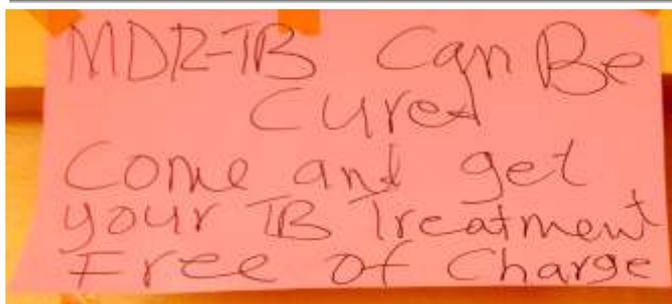
LCM 1st Vice Chair, Sister Barbara Brilliant, fmm, speaking during the official opening of the newly constructed Central Medical Store

She further called on health care workers in the country to demonstrate a “heart” of commitment to the health sector and the people of Liberia to ensure the nation reaches its share of global target to end AIDS, TB, Malaria and other illnesses. She then reiterated the Global Fund commitment to continuously support the health sector to end AIDS, TB, and Malaria.

In a remark, USAID Mission Director, Anthony Chan said the dedication of the Central Medical Store is a critical step in improving the health sector while commending all partners for emphases placed on the sector. He pledged USAID’s support to Liberia’s health sector among others, stressing: “Effective accountability system is important.”

Liberia's TB Program Renaissance

...A Tale of MDR-TB Patient



"It's just difficult that I will forget too soon how I felt when I was told that I had TB," David (real name withheld), a man in his early 40s says.

Tuberculosis (TB) is a disease caused by bacteria that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. In most cases, TB is treatable and curable if persons with TB do adhere to treatment.

David says, "It was in 2015 when I got diagnosed and felt doubtful about my health condition, but later kept the courage in taking my drugs and injections."

Being a commercial motorcyclist, David expressed the thought that he may have contracted the mycobacteria while riding bike.

He believed his life met its end especially when he had completed an eight month regimen and was found to be a Multi-Drug Resistant Tuberculosis (MDR-TB) patient.

Drug resistance is more common in people who do not take their TB medicine regularly, or people who do not take all of their TB medicines as told by their doctor or nurse, and people who develop TB disease again, after haven taken TB medicine in the past, as well as, others who come from areas where drug-resistant TB is common, and/or have spent time with someone known to have drug-resistant TB disease.

"I was immediately put on bed due to my health complications," David explained.

Following several months of taking his medication in time, David and sixteen (16) others were certificated for adherence and completion of their treatment during a well-organized program. "I just can't believe that I went through it all," David spoke to the audience.

"I am happy to be alive today. I am happy that I am among those who completed their treatment. It was a very difficult period during all stages of my treatment – the everyday tablets and injections. I am very proud to be part of the number, because leaving from TB stage to MDR-TB is like leaving from earth to hell. This success demonstrates how the doctors and nurses have been doing great job here at TB Annex. ... I promise and call on all of us to serve as ambassadors in spreading the good news that TB can be cured. ... Many thanks to our people who helped with our recovery, the doctors and nurses of TB Annex, Partners In Health and Global Fund," David testified with smiles on his face during a program organized by the National Leprosy TB Control Program (NLTCP). The program was intended to increase awareness on the TB Program and to certificate 17 MDR-TB patients who had completed their treatment at the end of December 2017.

The NLTCP is an arm of the Ministry of Health (MOH), responsible for clinical TB interventions. The MOH is a Principal Recipient of the Global Fund to Fight AIDS, TB and Malaria

(TGF) grant intended to provide free treatment, care and support services to persons living with HIV, TB and Malaria in Liberia. The NLTCP operates the TB Annex and provides equipment and supplies to other health facilities to assist in the "End TB Campaign."

Mrs. Dedeh Kesselly, the Program Manager of NLTCP said there is plan underway to accelerate progress toward ending TB in the Country. She expressed how happy she was when the Program declared cured and discharged 17 persons who were MDR-TB patients. She expressed many thanks to the Global Fund and partners for their significant support to the National Program to end TB in Liberia.

"The struggle to end MDR-TB has been tough but we are making progress through the help of our partners especially, the Global Fund. With the advancement in TB treatment, I hope those to come after you will not stay long on treatment while at the TB Annex," she said.

Outlining some achievements of the Program, Madam Kesselly said at the beginning of 2000, the NLTCP had established 450 Directly Observed Treatment, short-course (DOTS) centers, a name given to the TB control strategy recommended by the World Health Organization, 166 Microscopic centers, secured over 200 beds exclusively for TB patients and engaged 3,000 health workers (skilled and unskilled) for TB activities in both public and private health facilities nationwide. However, the 2014 Ebola Virus Disease epidemic drastically affected this situation leading to closure of many health facilities which did not meet Infection Prevention and Control standards. In 2015, there were only 182 TB Health Care Facilities and 64 microscopic centers providing DOTS and diagnostic services respectively in the country.

TB control is one of the health priorities in the MOH Essential Package of Health Services. TB control is integrated into the Primary Health Care (PHC) services under the coordination of NLTCP within the bureau of preventive health services of the Ministry of Health.

According to the National TB Program Manager, in 2016, WHO estimated the incidence of all forms of TB including HIV in Liberia to be 14,000 cases (308 per 100,000); and estimated incidence of HIV positive among TB cases was 2,200 cases (48 per 100,000).

In the same year, she said, of the 7,180 all forms of TB cases notified, 7,105 (98.9%) were incident TB cases (New and Relapse); of which 69% were had pulmonary TB and 63% were bacteriologically confirmed. With the incidence still high among the reproductive age. Similarly, 77% of all the 6,147 incident TB cases notified in 2015 were successfully treated, while 65% of the 43 retreatment TB cases notified in the same year were successfully treated.

The annual TB mortality rate is still high. According to WHO 2017 Global TB report, 60 out of every 100,000 population died of TB among HIV negative TB patients while 21 per 100,000 population died among the TB/HIV co-infected patients in 2016. The impact of HIV epidemic on TB burden has influence on the outcome of treatment. The HIV sero-prevalence among the general population was estimated at 1.5% and about 4% from Antenatal Care (ANC) sentinel surveillance.

In 2016, 4230 (69%) TB patients were screened for HIV, 548 (12.9%) were HIV positive, 432 (78.8%) were on cotrimoxazole preventive therapy and 154 (28.1%) HIV positive TB patients were put on ART. The dual epidemic of TB and HIV threatens the gains made in TB control over the past years.

Meanwhile, the NLTCP has planned to identify about 313 (100%) of MDR-TB patients in 2018; 347 (100%) in 2019 and 377 (100%) in 2020, from 92 in 2016. Increased treatment coverage was projected from 47 in 2016 to 162 (75%) of estimated MDR-TB patients in 2018, to 210 (75%) in 2019, and 225 (100%) in 2020.

Liberia Holds 9th Annual Health Conference



Dr. Ivan F. Camanor, 2nd Vice Chair of the Liberia Coordinating Mechanism (LCM) of the Global Fund to Fight AIDS, TB and Malaria (TGF) speaking during the 9th National Health Conference held in Monrovia from 6-8 December 2017

Liberia's Ministry of Health held its 9th annual health system review conference in Monrovia from 6-8 December 2017, under the theme: "The Health Sector in Retrospect: Setting the Stage for Universal Health Coverage in Liberia."

The three day conference was aimed at reviewing, renewing, redoubling, and setting priorities for the improvement of the nation's health sector. The meeting brought together several actors in the health sector, including representatives of the government, UN System, developmental partners, civil society, and faith-based organizations.

Making remarks during the opening of the conference, Dr. Ivan F. Camanor, the 2nd Vice Chair of the Liberia Coordinating Mechanism (LCM) of the Global Fund to Fight AIDS, TB and Malaria (TGF), lauded the Ministry of Health for organizing the health conference.

He reaffirmed the LCM commitment to working with the government of Liberia to ensure a resilient health sector that is ready to end AIDS, TB and Malaria as well as other diseases in the country.

According to him, the LCM is responsible to coordinate the development and submission of proposals to the Global Fund on behalf of the country, as well as select organizations known as Principal Recipients (PRs) to manage the funds and oversee implementation of approved grants. The Ministry of Health (MOH), Dr. Camanor said, is currently the sole PR for the Tuberculosis grant.

Dr. Camanor therefore called on actors in the health sector to take into consideration the challenges confronting the national health response, document the lessons learnt and take corrective measures in strengthening the system for improved, effective and quality health services delivery.

Representing faith-based organizations in Liberia, Sister Barbara Brilliant, fmm of the Catholic Church and head of Mother Patern College of Health Sciences called on the Ministry of Health and stakeholders in the sector to change strategies to obtain the desired results of health response in the country.

According to her, Liberia needs to disregard the vertical approach to programming and engage into a more holistic intervention that will enhance quality delivery of services for all. For his part, Dr. Alex Gasasira, WHO Country Representative to

Liberia praised the government of Liberia for gains made in the health sector so far. According to him, Liberia has made significant progress despite the many challenges confronting the health sector. However, Dr. Gasasira called on all partners to remain supportive of the national health situations of Liberia, thereby providing more support to increase quality health services in the country.

In a special statement, Liberia's Health Minister Dr. Bernice T. Dahn, extolled partners, health professionals and all attendees of the conference. She said Liberia has been through multiple stages of emergency, recovery and time for sustainability.

"We have come a long way since 2006 when we were just emerging from a protracted civil war and were early in the rebuilding stages," she said.

According to her, Liberia was in desperate need of everything such as health care professionals, equipment and facilities and the health system was about 80 percent managed and funded by international partners.

She averred that there were fewer than 50 doctors and 200 facilities throughout the entire country and the national health care policy was a five page document without an operational plan.

To address the challenges, Dr. Dahn recalled that in 2007, the Ministry introduced the National Health and Social Welfare Policy and Plan which brought forth the Basic Package of Health Services (BPHS) designed to impact the rebuilding of health system holistically, given that its central pillar was to decentralize managerial functions to county level.

The nation's Health Minister indicated that the 2007 Plan also charged the Government of Liberia with meeting standards that called for 15 percent of government spending to be dedicated to health care, in accordance with the Abuja Declaration.

"In 2012 we were able to celebrate many successes and our health facilities had increased to more than 600 and we now had more than 200 deliverables and we achieved Millennium Development Goal 4, our health care workforce was growing and delivering needed services for everyone," Dr. Dahn intoned.

Minister Dahn further stated that, unfortunately in 2014, the Ebola crisis caused the death of almost 5,000 Liberians and caused the health sector a major setback and exposed weaknesses in the health system that must be strengthened for quality health service delivery and emergency preparedness and response.

"This is the path we are on now. We can point out our progress as well as our challenges. Let's look at our challenges and improve on them in bettering our health system," Dr. Dahn said.

**THE LCM IS HERE TO HELP
LIBERIA END AIDS, TB & MALARIA**

On World AIDS Day: LCM Reaffirms Support To AIDS Response

The National AIDS Commission (NAC) in collaboration with National AIDS/STIs Control Program (NACP) of the Ministry of Health and partners joined the World on December 1, 2017 in commemoration of World AIDS Day.

World AIDS Day (WAD) is held every December 1 to increase awareness on reducing stigma and discrimination, as well as improving education, mobilizing resources and/or funds for global and local response to HIV and AIDS.

In Liberia, the 2017 WAD commemoration took place in the Kakata City, Margibi County, under the Global Theme: “The Right to Health” and the National Theme: “Making Liberia HIV Free”. Margibi, Montserrado and Grand Bassa Counties are identified to have the highest HIV prevalence of 2.7% each and disease burden of 70% among the 15 counties of the country.

Representing the Liberia Coordinating Mechanism (LCM) of the Global Fund to Fight AIDS, TB and Malaria (TGF), Dr. Moses Jeuronlon of WHO and head of the LCM Technical Coordinating Mechanism, reaffirmed the LCM commitment to mobilizing resources to end AIDS in the country.

Liberia has a generalized HIV epidemic with an HIV prevalence of 2.1% and an estimated adult HIV population of over 30,000 (2013 Liberia Demographic and Health Survey - LDHS). The prevalence is higher among females (2.4%, especially those above 20 years) compared to males (1.8%, especially those above 30 years). Additionally, key populations are disproportionately impacted by the epidemic (female sex workers 9.8%, men who have sex with men 19.8%, and people who inject drugs 5%), according to the Integrated Bio-Behavioral Surveillance Survey (IBBSS).

According to Dr. Jeuronlon, the LCM is a multi-sectorial, multi-disciplinary body responsible to mobilize resources from the Global Fund for the national response to AIDS, TB and Malaria in Liberia. He said when it comes to AIDS and issues of the entire health response in Liberia, the LCM plays a cardinal role. The Global Fund has allocated about US\$65.7 million for response to HIV/TB, Malaria and Health System Strengthening from 2018-2020/21.

The Ministry of Health is the sole PR for the TB grant while the HIV grant has two PRs which are the Ministry of Health and the Population Services International (PSI) and the Malaria grant which includes the health system strengthening component is managed by Ministry of Health and PLAN International.

Earlier speaking, Dr. Ivan F. Camanor, Chairman of NAC expressed gratitude to developmental partners, especially the Global Fund for its support to the national HIV and AIDS response. Dr. Camanor acknowledged that Global Fund support has increased quality of services delivery for persons living with HIV in the country.

“We are sure that we will end AIDS by 2030, even though there are still enormous challenges,” the NAC chairman averred.

Dr. Camanor further commended the young people of the county



Dr. Moses Jeuronlon of WHO reaffirms the LCM commitment to mobilizing resources to end AIDS in Liberia

for their active participation in the activities marking World AIDS Day 2017. He stressed that making Liberia HIV free was the responsibility of everyone. The NAC Chairman added that one of the first steps in ensuring that Liberia becomes HIV free is for people to do their HIV test to know your status. Dr. Camanor called on partners to rally support for more educative programs and awareness on HIV as means by which Liberia can become HIV free.

This year's commemoration started with a parade through the principal street of Kakata City, Margibi County, and a panel discussion and indoor program in the Kakata City Hall climaxed the day. During the panel discussion which was spearheaded by students from various junior and senior high schools in Margibi County, the young people advanced strategies to end AIDS in Liberia. Cardinal among their recommendations, the students said, the government must fully implement the WHO new guideline which stresses that in order to reach the global “90 90 90” targets, countries will need to ensure that testing and treatment for HIV infection are readily available and that those undergoing treatment are supported to adhere to recommended regimens and are retained in care and monitored.

**GET TESTED
TO KNOW YOUR
HIV STATUS**

At 4th Quarter Meeting: LCM Bids Farewell To Dee-Maxwell Kemayah, Sr.



The leadership and members of the Liberia Coordinating Mechanism (LCM) of the Global Fund to Fight AIDS, TB and Malaria (TGF) on 13 December 2017 bid farewell to Mr. Dee-Maxwell Kemayah, Sr. for his dedication and commitment while serving as LCM Chairman.

The farewell program coincided with the LCM's fourth quarterly meeting held at the Corina Hotel in Monrovia. Mr. Kemayah served the LCM four years (2015-2017) until his official resignation during the December meeting. His resignation follows his replacement on the LCM as representative of the Liberia Business Association (LIBA).

Sister Barbara Brilliant, fmm of the Mother Patern College of Health Sciences of the Catholic Church is currently the

acting Chair of the LCM until bi-elections are held in 2018. Sr. Barbara serves the LCM as 1st Vice Chairperson.

Meanwhile, the LCM has constituted an Ad-hoc Elections Committee to conduct elections for members to occupy the vacancies.

Members of the Ad-hoc Elections Committee include: Dr. Mariam Chipimo of UNAIDS (Chairperson), Mr. James Kolubah of the Ministry of Gender, Children and Social Protection (MOGCSP), Mr. MleDio Freeman of the Ministry of Finance and Development Planning (MoFDP), and Sheikh Idrissa Swaray of the Muslim Council, as well as, Mrs. Paulina Doe Hilton, the Head of Secretariat of the LCM, as ex-officio on the committee.

Liberia Awards Global Fund



The Global Fund partnership is supporting Liberia to plug gaps in health care delivery, including financial management, procurement, supply and management of medical and pharmaceutical products, health information systems, monitoring and evaluation, and service delivery.

The Investments also supported the construction of a Central Medical Store and the training of health workers in the country.

Liberia's Health Minister Dr. Bernice Dahn acknowledged that "with the Global Fund Support, we have managed to bridge many gaps in our health response and it is hopeful that we will do more." She made the presentation of the awards during the closure of the 9th annual health system review conference organized by the Ministry from 6-8 December 2017 at the Monrovia City Hall. The conference was held under the theme: "The Health Sector in Retrospect: Setting the Stage for Universal Health Coverage in Liberia."

Apart from the Global Fund, the Ministry of Health recognized the significant contributions of several health actors and donors, including county health teams, civil society organizations, non-governmental organizations, international-non-governmental organizations, multilateral and multi-sectorial donor organizations operating in the country.

Receiving the Awards on behalf of the Global Fund, Sister Barbara Brilliant, fmm of the Catholic Church who is the first vice chairperson on Liberia Coordinating Mechanism (LCM) of the Global Fund thanked the Ministry of Health for recognizing the contribution of the Global Fund and other donors and called on all to continue their support to rebuilding a sustainable health system for all in Liberia.

The Government of Liberia through the Ministry of Health has awarded a "Certificate of Appreciation" to the Global Fund to Fight AIDS, TB and Malaria (TGF) in recognition of its invaluable and consistent technical and financial support provided the government to help strengthen the health sector of the country over the years.

Liberia was the epicenter of the 2014 Ebola outbreak that claimed more than 11,000 lives across West Africa, according to the World Health Organization. The epidemic highlighted the importance of strong health systems to tackle emergencies and address new threats to global health security.

Global Fund investments are supporting the country's efforts to rebuild a health system that was overwhelmed by Ebola, which also interrupted prevention and treatment for malaria, HIV and tuberculosis, and increased the number of deaths from these diseases.

LCM Head Of Secretariat Challenges Health Workers To Accelerate Progress

...As Liberia Validates National TB Control Guidelines



Mrs. Paulina Doe-Hilton

Mrs. Paulina Doe-Hilton, Head of Secretariat of the Liberia Coordinating Mechanism (LCM) of the Global Fund to Fight AIDS, TB and Malaria (TGF), has challenged health workers in the country to accelerate progress to end Tuberculosis (TB) in the country.

TB continues to be a major public health problem throughout the world, particularly in poor and developing countries like Liberia. Nearly one-third of the global population (about two billion people) is infected with Mycobacterium tuberculosis and is at risk of developing the disease. TB usually affects the lungs but it is curable if persons with TB do adhere to treatment.

In an effort to end TB in Liberia, Mrs. Hilton said

health workers need to keep focus on increasing case notification and treatment for all persons infected with TB in order to save the lives of those vulnerable to the spread of the disease.

“I challenge you all to go out there do your job to the best of your abilities to save the lives of all persons living with TB in our country. Please understand that TB is everyone's business and we have to end its spread,” said Mrs. Hilton.

The LCM Head of Secretariat made the statement during the opening of a two day validation workshop organized by the National Leprosy and Tuberculosis Control Program (NLTCP) in the Port City of Buchanan, Grand Bassa County, from 14-15 December, 2017. She expressed optimism that with the new tool, the TB program will have a turnaround in the TB response. She further thanked Mrs. Dede Kesselly, NLTCP Manager and team for their farsightedness to keep health practitioners abreast with new technology in response to TB.

Either giving an overview of the newly developed TB Guidelines, Mrs. Kesselly averred that the new approach is a matter of social justice, fundamental to meeting national and global targets of health coverage.

According to her, the guidelines seek an integrated, patient-centered care and prevention, bold policies and supportive systems, and intensified research and innovation.

She said the new TB Guidelines are intended to help keep health workers up-to-date with new technology and protocols in prevention and management of TB.

“The guidelines adopt all three pillars of the '2015 End TB Strategy,' a WHO recommendation to align the TB prevention, care and control services. The “End TB Strategy” calls for everyone with TB should have access to the innovative tools and services they need for rapid diagnosis, treatment, care and support services,” Mrs. Kesselly stated.