

National Public Health Institute of Liberia 2025 Annual Report



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Acronyms

Africa Field Epidemiology Network.....	AFENET
African Central Research Agenda Framework	ACDC
African Development Bank.....	AfDB
African Oner Health University Network.....	AFROHUN
Acute Febrile Illness	AFI
Antimicrobial Resistance	AMR
Community Lead Total Sanitation	CLTS
Corona Virus Disease.....	COVID-19
County Surveillance Officer	CSO
Defense Threat Reduction Agency.....	DETRA
Division of Training & Capacity Building.....	DTCB
Director-General.....	DG
District Surveillance Officer.....	DSO
Division of Environmental, Occupational Health & Safety.....	DEOH
Division of Infectious Disease & Epidemiology.....	DIDE
Death to Ochiocerciasis & Lymphatic Filariasis.....	DOLF
Ebola Virus Disease.....	EVD
Eco Health Alliance.....	EHA
Electronic Integrated Disease Surveillance & Response.....	eIDSR
Emergency Operations Center.....	EOC
Emergency Preparedness & Response.....	EPR
European & Developing Countries Clinical Trials Partnership.....	EDCTP
Event-based Surveillance.....	EBS
Field Epidemiology Training Program.....	FETP
Food and Agriculture Organization.....	FAO
German Agency for International Cooperation.....	GIZ
Resolve to Save Lives.....	RTSL
Government of Liberia.....	GoL
Headquarters	HQ
Health Management Information System.....	HMIS
Infection Preventions & Control.....	IPC
Information Communication Technology.....	ICT
Integrated Disease Surveillance & Response.....	IDSR
Johns Hopkins University	JHU
Johns Hopkins Program for International Education in Gynecology & Obstetrics..	JHPIEGO
Liberia Government Hospital.....	LGH
Liberia Institute for Biomedical Research.....	LIBR
Materials Transfer Agreement	MTA
Memorandum of Understanding.....	MOU
Monitoring & Evaluation.....	M&E
National Action Plan for Health Security.....	NAPHS
National Epidemic Preparedness & Response Committee.....	NEPRC
National Public Health & Medical Research Agenda.....	NPHMRA

National Public Health Institute of Liberia	NPHIL
National Reference Laboratory.....	NRL
Port of Entries.....	PoE
Procurement Committee.....	PC
Public Procurement & Concession Act.....	PPCA
Public Procurement & Concession Commission.....	PPCC
Quality Management System.....	QMS
Rapid Response Team.....	RRT
Risk Communication Community Engagement.....	RCCE
Regional Disease Surveillance System Enhancement.....	REDISSE
Standard Operating Procedure.....	SOP
Task Force on Global Health Network.....	TEPHINET
Training of Trainers	TOT
United Nations Children’s Fund.....	UNICEF
United States Center for Disease Control and Prevention.....	US-CDC
United States Agency for International Development.....	USAID
World Health Organization.....	WHO
Zonal Surveillance Officer	ZSO

Executive Summary

The National Public Health Institute of Liberia (NPHIL) made substantial progress in 2025 in strengthening national capacity to prevent, detect, and respond to public health threats. Drawing on coordinated efforts across Quarter One (January–December), the Institute consolidated critical systems in disease surveillance, laboratory diagnostics, emergency preparedness, workforce development, and institutional governance. Throughout the reporting period, NPHIL, in collaboration with the Ministry of Health and national and international partners, responded to multiple outbreaks—including Mpox, Lassa fever, Measles, Cholera alerts, Influenza, and animal bite incidents—while maintaining continuity of routine health services and minimizing disruption to socio-economic activities. A defining achievement of the year was the sustained improvement in outbreak detection and response timelines, with the majority of events identified and addressed within nationally accepted thresholds. Strategic investments initiated early in the year yielded measurable gains. In Quarter One, NPHIL strengthened its surveillance architecture through nationwide IDSR and Event-Based Surveillance (EBS) trainings, submission of the International Health Regulations State Party Self-Assessment Report (SPAR), and early deployment of electronic tools and logistics support. These foundational actions enabled the scale-up observed in Quarters Two and Three, including expanded supportive supervision, improved data quality, and enhanced coordination at county and border levels.

Laboratory systems recorded notable advancements in 2025. The establishment of in-country genomic sequencing capacity, coupled with the recruitment and training of laboratory scientists, significantly reduced diagnostic turnaround times and strengthened national outbreak confirmation capabilities. Environmental and occupational health interventions expanded nationwide, improving water quality monitoring, food safety oversight, and waste management practices.

Institutionally, NPHIL reinforced governance, planning, and accountability through strengthened Monitoring and Evaluation systems, improved procurement and financial controls, workforce management reforms, and enhanced digital infrastructure. Strategic partnerships with development partners continued to support resource mobilization, innovation, and technical excellence.

Despite these achievements, challenges persisted, including funding constraints, logistical limitations, and human resource gaps. Nevertheless, NPHIL demonstrated resilience through adaptive leadership, cross-divisional collaboration, and evidence-based decision-making.

Overall, the 2025 reporting period reflects a year of consolidation and scale—positioning NPHIL to further advance Liberia’s health security agenda and sustain progress into 2026.

Introduction

The National Public Health Institute of Liberia operates under its statutory mandate to prevent, detect, and respond to public health threats while promoting population health and national resilience. In 2025, NPHIL's operations were guided by its Strategic Plan (2024–2029) and aligned with national development priorities, including the Government of Liberia's ARREST Agenda for Inclusive Development, the National Action Plan for Health Security (NAPHS), and the International Health Regulations (2005).

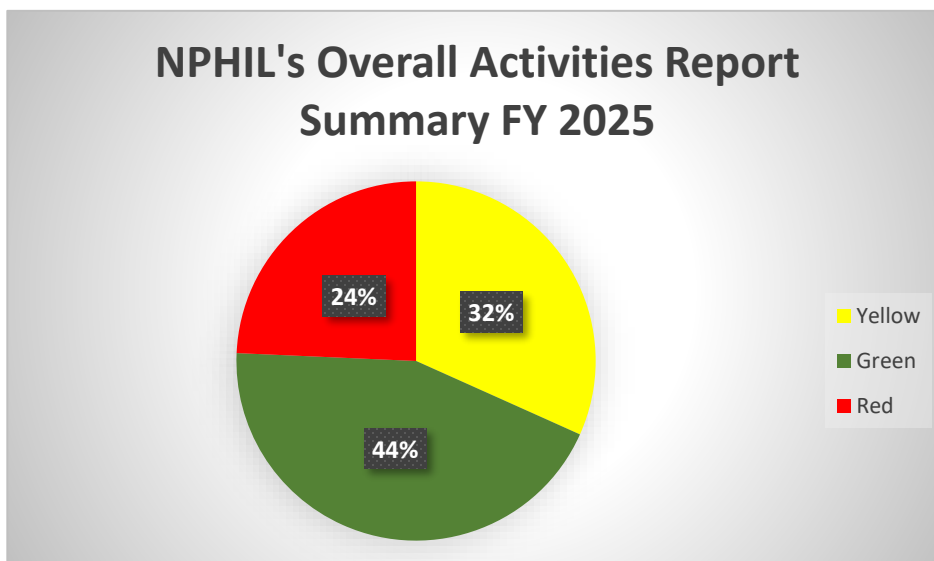
The year under review represents a critical phase of institutional consolidation. Quarter One focused on establishing baseline systems and strengthening core capacities, including surveillance governance, laboratory diagnostics, workforce readiness, and digital infrastructure. Quarters Two and Three built on these foundations through expanded implementation, enhanced inter-sectoral coordination, and improved performance monitoring across all fifteen counties.

Governance and oversight mechanisms were reinforced through regular performance reviews, structured supportive supervision, and strengthened Monitoring and Evaluation frameworks. The Institute continued to engage national stakeholders, county health teams, and international partners to ensure harmonized implementation and accountability.

Strategically, NPHIL prioritized:

- Strengthening disease intelligence and emergency preparedness
- Enhancing laboratory and diagnostic capacity
- Expanding environmental and occupational health interventions
- Building a skilled and resilient public health workforce
- Improving institutional systems for sustainability and transparency

This strategic alignment ensured that 2025 activities contributed not only to immediate outbreak response but also to long-term system strengthening and national preparedness.



Key Highlights from Various Divisions and Units at NPHIL

I. Department of Technical Services

The Department of Technical Services comprises five divisions and is led by the Deputy Director General for Technical Services who is the lead scientist for NPHIL. The divisions in this department include the following:

- Division of Infectious Disease and Epidemiology (DIDE)
- Division of Public Health Diagnosis
- Division of Environmental and Occupational Health
- Division of Public Health and Medical Research
- Division of Training and Capacity Building

Major Divisional Highlights for 2025

Surveillance, Epidemiology, and Emergency Preparedness

Overview

Surveillance and emergency preparedness remained central to NPHIL's mandate in 2025. Across Quarters One to Three, the Institute strengthened Integrated Disease Surveillance and Response (IDSR), Event-Based Surveillance (EBS), Emergency Operations Center (EOC) functionality, and cross-border coordination, resulting in improved outbreak detection, reporting, and response.

Surveillance System Strengthening

In Quarter One, NPHIL conducted nationwide IDSR and EBS trainings covering county, district, health facility, and community levels, establishing a strong baseline for surveillance performance. Data harmonization exercises across all fifteen counties improved consistency between IDSR and DHIS2 platforms and addressed long-standing data quality gaps.

Through Quarters Two and Three, supportive supervision and mentorship programs expanded nationally, with improved reporting timeliness and completeness. Surveillance officers were supported with functional ICT equipment, standardized supervisory checklists, and routine feedback mechanisms, strengthening evidence-based decision-making at sub-national levels.

Outbreak Detection and Response

Throughout the reporting period, NPHIL coordinated responses to multiple public health events, including Mpox, Lassa fever, Measles, Influenza, Cholera alerts, and animal bite incidents. Early detection and rapid response were emphasized, with most outbreaks investigated and addressed within acceptable national timelines.

The adoption and operationalization of the 7-1-7 framework highlighted both progress and areas requiring continued improvement. While notification timelines showed strong performance, detection and early response varied across counties, informing targeted mentorship and corrective actions.

Emergency Operations and Cross-Border Surveillance

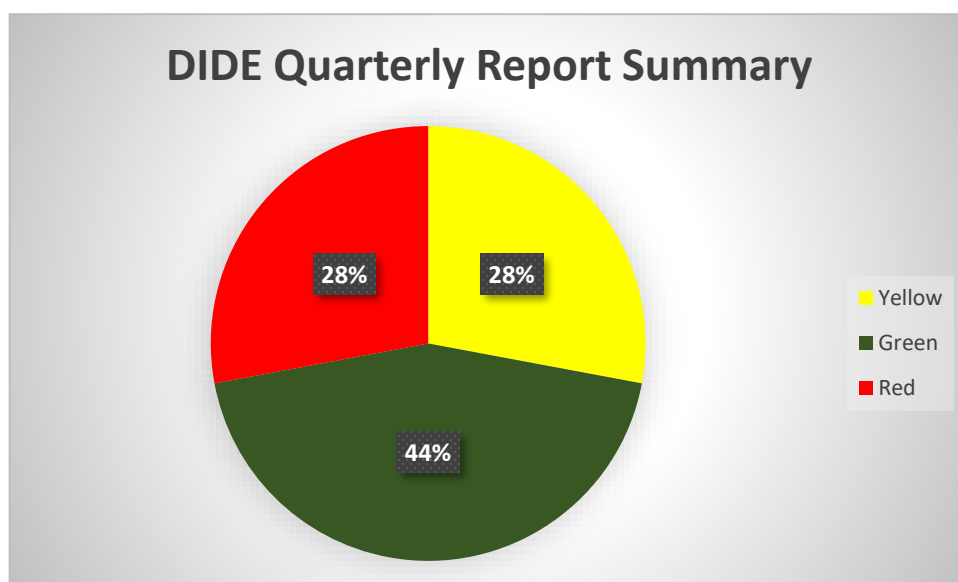
Emergency preparedness was strengthened through assessments and mentorship of county Emergency Operations Centers, improved Incident Management System coordination, and enhanced risk communication. Cross-border surveillance initiatives at key Points of Entry improved early detection and collaboration with neighboring countries, reinforcing regional health security.

Key Outcomes (Cumulative Q1–Q3)

- Improved national surveillance coverage across all counties
- Reduced delays in outbreak reporting and confirmation
- Strengthened coordination between surveillance, laboratory, and environmental health teams
- Enhanced preparedness at county and border levels

Table One: Suspected and Confirmed Disease Outbreaks, January – March 31, 2025

Duration of notification & Response					
Outbreak disease	Frequency	Investigated	≤ 2 days	3-7 days	> 7 days
Measles (<i>suspected</i>)	11	11	8	3	0
Lassa fever	1	1	1	0	0
Mpox	4	4	4	0	0
Yellow fever	1	1	0	0	1
Influenza	2	2	2	0	0
Total	19	19	15	3	1
PERCENTAGE		100%	79%	16%	5%



Laboratory Systems and Diagnostics

Overview

In 2025, the National Public Health Institute of Liberia (NPHIL), through the National Public Health Reference Laboratory (NPHRL), made significant strides in strengthening national laboratory systems for early detection, confirmation, and monitoring of priority public health threats. Building on strategic investments initiated in Quarter One and scaled through Quarters

Two and Three, the Institute enhanced diagnostic capacity, quality assurance systems, workforce competency, and infrastructure resilience.

Laboratory system strengthening remained central to NPHIL's mandate under the Strategic Plan (2024–2029) and the National Action Plan for Health Security (NAPHS), supporting Liberia's compliance with the International Health Regulations (2005) and regional health security commitments.

Expansion of Diagnostic Capacity

A landmark achievement in Quarter One was the establishment of **in-country genomic sequencing and bioinformatics capacity** at the National Public Health Reference Laboratory. This development enabled the sequencing of Lassa fever and Mpox samples within Liberia for the first time, eliminating reliance on external laboratories and significantly improving turnaround times for molecular surveillance and outbreak confirmation.

To support expanded diagnostic operations, NPHIL recruited and deployed additional laboratory scientists and junior researchers, strengthening human resource capacity across molecular diagnostics, virology, and quality management functions. These investments laid the foundation for sustained diagnostic performance throughout the year.

By Quarters Two and Three, NPHRL maintained continuous testing for Integrated Disease Surveillance and Response (IDSR) priority diseases, including Mpox, Lassa fever, Measles, Cholera, Influenza, COVID-19, and other epidemic-prone conditions. Diagnostic volumes increased steadily, reflecting improved case detection, expanded surveillance coverage, and enhanced confidence in laboratory services.

Support to Outbreak Response and Surveillance

Across the reporting period, the NPHRL played a critical role in national outbreak response, working in close coordination with the Division of Infectious Disease and Epidemiology (DIDE) and County Health Teams. Essential sample collection kits were prepositioned nationwide, ensuring timely specimen collection and transportation during outbreaks and alerts.

Laboratory confirmation supported rapid decision-making during multiple public health events, including Mpox, Lassa fever, Measles, Cholera alerts, and Influenza surveillance. Average diagnostic turnaround times were maintained within national benchmarks, strengthening the effectiveness of surveillance-to-response linkages.

In addition, the laboratory provided technical mentorship and supportive supervision to health facility laboratories and sentinel surveillance sites, reinforcing diagnostic quality at sub-national levels.

Quality Management Systems and Accreditation Readiness

Strengthening laboratory quality management remained a priority throughout 2025. The Quality Management System (QMS) Unit reviewed, developed, and updated a comprehensive suite of Standard Operating Procedures (SOPs), encompassing managerial, technical, and biosafety domains. These efforts enhanced standardization, compliance, and accountability across laboratory operations.

NPHRL conducted internal audits, external quality assessments, and proficiency testing with support from partners, achieving high levels of accuracy and compliance with international standards. Calibration, servicing, and recertification of critical laboratory equipment—including PCR machines, biosafety cabinets, and sequencing platforms—were completed to ensure optimal performance and biosafety.

A nationwide client and customer satisfaction survey was conducted to assess laboratory service delivery, providing evidence to guide continuous improvement and client-centered service enhancements.

Infrastructure, Biosafety, and Logistics Strengthening

Infrastructure improvements during the reporting period enhanced laboratory resilience and safety. Key interventions included the installation of perimeter fencing, solar-powered lighting, CCTV systems, and upgrades to biosafety and biosecurity controls within laboratory compounds. These measures improved asset protection, staff safety, and operational continuity.

Renovation works commenced on laboratory residential facilities, while procurement and approval processes advanced for major laboratory infrastructure upgrades. Power reliability was strengthened through the procurement of alternative energy solutions, mitigating disruptions to sensitive diagnostic operations.

To improve internal coordination and documentation, essential ICT equipment—including laptops and communication tools—were procured and distributed to laboratory unit leads and supervisors.

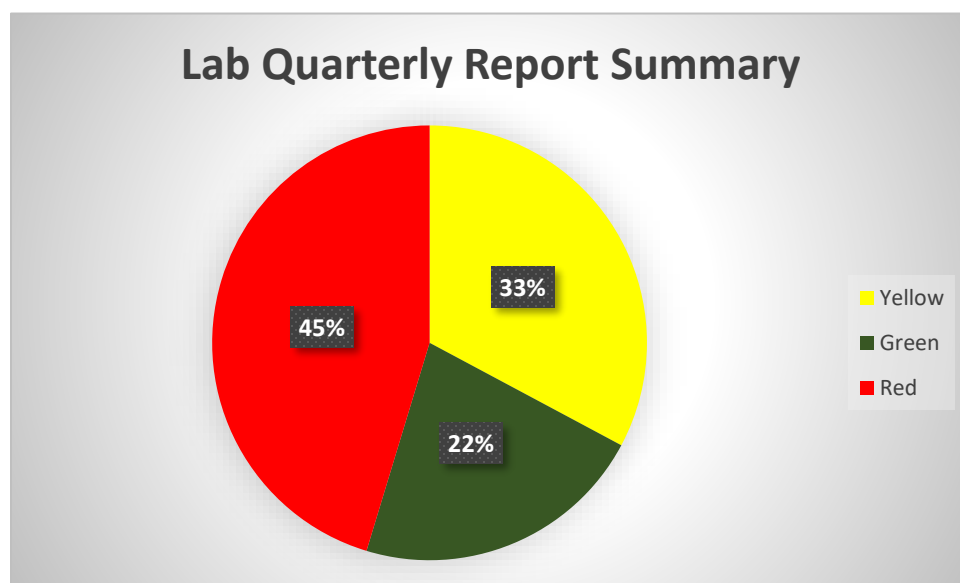
Capacity Building and Workforce Development

Human capacity development remained integral to laboratory strengthening efforts. Laboratory personnel received specialized training in Mpxv sample collection, packaging, transportation, genomic sequencing, bioinformatics, biosafety, and infection prevention and control. These trainings enhanced national expertise in advanced diagnostics and molecular surveillance.

Mentorship programs extended to county diagnostic officers, laboratory supervisors, and civil society partners, promoting standardized practices and reinforcing quality assurance at all levels of the laboratory network.

Key Outcomes (Cumulative Q1–Q3 2025)

- Establishment of in-country genomic sequencing and bioinformatics capacity
- Increased diagnostic testing volumes for IDSR priority diseases
- Reduced turnaround times for outbreak confirmation
- Strengthened laboratory quality management and biosafety systems
- Improved infrastructure security and power reliability
- Enhanced laboratory workforce capacity nationwide



Division of Environmental and Occupational Health

Overview

In 2025, the National Public Health Institute of Liberia (NPHIL), through the Division of Environmental and Occupational Health (DEOH), advanced its mandate to prevent environmentally driven public health risks and promote safe living and working conditions nationwide. Across Quarter One to Quarter Three, the Division implemented a broad range of regulatory, surveillance, and community-based interventions aimed at strengthening water quality assurance, food safety oversight, occupational health standards, and environmental risk mitigation.

These efforts were aligned with NPHIL's Strategic Plan (2024–2029), the National Action Plan for Health Security (NAPHS), and the Government of Liberia's ARREST Agenda, particularly in advancing sanitation, environmental protection, and population well-being.

Water Quality Surveillance and Public Health Regulation

Throughout the reporting period, DEOH sustained routine water quality surveillance as a critical pillar of disease prevention. Across Q1–Q3, water samples were collected and analyzed from public and private water providers in multiple counties, supporting early detection of microbial contamination and guiding corrective actions.

The Division issued public health permits to water companies and institutions of public health importance, ensuring compliance with national standards. In Quarter One, DEOH validated and standardized fee regime documents, including permits, certificates, and inspection tools,

strengthening regulatory clarity and operational consistency. This foundation supported expanded inspection and permitting activities in Quarters Two and Three.

Water quality findings were routinely shared with relevant stakeholders, including County Health Teams and facility managers, to inform remediation and risk communication effort

Food Safety, WASH, and Community-Based Interventions

Food safety oversight remained a priority during the reporting period. DEOH issued food clearances to travelers and conducted inspections of food establishments, hotels, and other regulated facilities, contributing to reduced foodborne disease risk.

Community-level Water, Sanitation, and Hygiene (WASH) interventions were scaled up across multiple counties. These included hygiene promotion campaigns, Community-Led Total Sanitation (CLTS) monitoring, supervision of latrine and bathroom construction, and engagement with local authorities to promote safe sanitation practices. Facility-level WASH improvements were implemented in health facilities, including renovations of maternity wards and sanitation infrastructure.

These interventions contributed to improved environmental hygiene, enhanced community awareness, and reduced vulnerability to waterborne and sanitation-related diseases.

Occupational Health, Chemical Safety, and Waste Management

DEOH strengthened occupational health and safety (OHS) systems through stakeholder engagement, guideline development, and nationwide orientation of County Environmental Health Coordinators. Technical Working Group meetings facilitated the harmonization of OHS standards and reinforced compliance across sectors.

Significant progress was made in healthcare waste management. Joint assessments and spot checks were conducted at centralized waste treatment facilities and major hospitals to evaluate infrastructure, equipment functionality, and compliance with waste handling standards. Partnerships with health facilities were formalized to improve medical and pharmaceutical waste segregation, transportation, and disposal.

Chemical safety and preparedness were enhanced through the development of vector control and chemical safety guidelines, CBRNe coordination meetings, and assessment tools to guide field-level risk evaluations.

Cross-Sectoral Coordination and Strategic Engagements

Throughout 2025, DEOH actively engaged in national, regional, and international coordination platforms. The Division participated in stakeholder planning meetings supported by development partners, contributed to food safety initiatives across counties, and represented NPHIL in regional environmental health and climate-related forums.

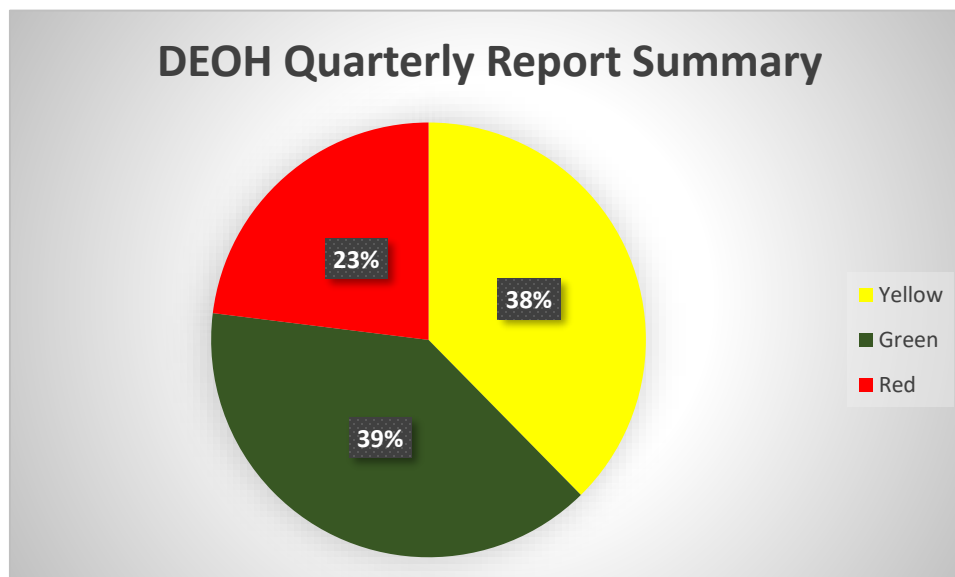
Collaboration with Africa CDC, UN agencies, and national institutions strengthened emergency preparedness, environmental surveillance, and technical knowledge exchange. Internal coordination with the Planning, Monitoring and Evaluation Division ensured that environmental health interventions were tracked, evaluated, and aligned with institutional performance indicators.

Key Outcomes (Cumulative Q1–Q3 2025)

- Expanded water quality surveillance and regulatory oversight nationwide
- Strengthened food safety inspection and permitting systems
- Improved WASH infrastructure and hygiene practices at community and facility levels
- Enhanced occupational health and safety coordination across all counties
- Improved healthcare waste management practices and partnerships
- Strengthened preparedness for chemical and environmental public health risks

• Challenges and Lessons Learned

- Despite notable progress, DEOH faced operational challenges including limited logistics for field inspections, delays in laboratory testing turnaround for environmental samples, and human resource constraints affecting coverage in remote counties. These challenges highlighted the need for sustained investment in transport, laboratory capacity, and workforce expansion.
- Lessons learned emphasized the value of community engagement, intersectoral collaboration, and standardized regulatory tools in achieving sustainable environmental health outcomes.



Division of Research

Overview

In 2025, the National Public Health Institute of Liberia (NPHIL) strengthened its role as a national knowledge hub by advancing public health research, operational studies, and evidence generation to inform policy and programmatic decision-making. Across Quarters One to Three, the Research Division prioritized applied and translational research aligned with national health security priorities, surveillance needs, and health system strengthening objectives.

These efforts were guided by NPHIL's Strategic Plan (2024–2029), the National Action Plan for Health Security (NAPHS), and emerging public health threats, ensuring that research outputs directly supported prevention, preparedness, and response interventions.

Research Implementation and Priority Areas

During the reporting period, the Research Division initiated and supported multiple research activities spanning infectious disease surveillance, antimicrobial resistance, health systems performance, and outbreak response. In Quarter One, the Division strengthened its internal capacity through the recruitment of additional research staff and the establishment of a cross-divisional technical review team to support proposal development, protocol review, and study design.

Operational research focused on priority areas such as the adoption and use of the 7-1-7 framework, malaria case management, maternal health outcomes, and wastewater surveillance for emerging and re-emerging pathogens. Biomedical research initiatives addressed antimicrobial resistance patterns and differentiated symptomatology between endemic diseases, supporting improved diagnostic accuracy and clinical decision-making.

By Quarters Two and Three, several studies progressed to advanced implementation stages, with data collection completed for selected projects and preliminary analyses informing programmatic adjustments and policy dialogue.

Scientific Support to Programs and Policy

The Research Division provided continuous technical support to surveillance and outbreak response teams, integrating research methodologies into field investigations and routine data analysis. Evidence generated from studies on vaccine uptake, outbreak dynamics, and service delivery challenges was shared with the Ministry of Health and other stakeholders, informing targeted interventions and risk communication strategies.

Research findings were increasingly used to support grant proposals, program redesign, and strategic planning, reinforcing the role of evidence in institutional decision-making processes.

Capacity Development and Mentorship

Human capacity development remained central to NPHIL's research agenda in 2025. The Division conducted structured research methodology trainings for county surveillance officers, program managers, and junior scientists, covering protocol development, ethical considerations, data analysis, and scientific writing.

Mentorship programs were implemented to support early-career researchers through hands-on involvement in study design, data collection, and dissemination. These initiatives strengthened the pipeline of Liberian public health researchers and enhanced national ownership of research outputs.

Partnerships and Collaborative Research

NPHIL reinforced strategic research partnerships with national and international institutions, including universities, development partners, and regional bodies. Collaborative engagements with organizations such as the World Health Organization, U.S. Centers for Disease Control and Prevention, Africa CDC, and academic institutions supported joint studies, capacity building, and knowledge exchange.

Grant-funded research initiatives expanded during the year, including projects supported by multilateral agencies and academic partners. These collaborations enhanced resource mobilization, technical rigor, and regional relevance of NPHIL-led research.

Knowledge Management and Dissemination

To promote institutional learning and transparency, the Research Division strengthened knowledge management systems by updating the national research repository and organizing dissemination forums. Preliminary and completed research findings were shared with policymakers, implementers, and partners to encourage uptake and application of evidence.

Manuscripts from ongoing studies were prepared and submitted for peer-reviewed publication, contributing to regional and global public health knowledge while raising NPHIL's scientific profile.

Challenges and Lessons Learned

Research implementation faced constraints including limited domestic funding, delays in ethical clearance processes, and infrastructure limitations affecting advanced biomedical studies. These challenges underscored the need for sustained investment in research systems, streamlined ethical review mechanisms, and expanded laboratory support.

Lessons learned highlighted the importance of early stakeholder engagement, integration of research within routine programs, and continuous mentorship to ensure relevance and impact.

Division of Training and Workforce Development

Overview

Workforce development remained a strategic priority for the National Public Health Institute of Liberia in 2025. Across Quarters One to Three, NPHIL invested in building a competent, resilient, and adaptable public health workforce capable of responding to evolving health threats. Training initiatives were aligned with the Institute’s Strategic Plan (2024–2029) and focused on surveillance, emergency preparedness, laboratory systems, monitoring and evaluation, and institutional leadership.

Field Epidemiology and Surveillance Training

The Field Epidemiology Training Program (FETP) continued to serve as a cornerstone of workforce development. During the reporting period, NPHIL coordinated multiple cohorts of FETP training at basic and intermediate levels, benefiting surveillance officers and public health practitioners across all counties.

These trainings strengthened competencies in outbreak investigation, data analysis, risk assessment, and reporting, directly contributing to improved surveillance performance and response readiness observed throughout the year.

Emergency Preparedness and Incident Management Training

To enhance national readiness for public health emergencies, NPHIL conducted targeted trainings in incident management, rapid response, and emergency operations. County Health Officers and emergency focal persons received mentorship in public health emergency planning, coordination, and implementation of standardized response frameworks.

Simulation exercises, refresher trainings, and training-of-trainers models were employed to ensure sustainability and institutional memory at national and sub-national levels.

Laboratory, Biosafety, and Technical Skills Development

In collaboration with the National Public Health Reference Laboratory, the Training and Capacity Building Unit supported specialized trainings in biosafety, sample collection and transport, quality management, and molecular diagnostics. These interventions enhanced

laboratory safety, reduced diagnostic errors, and strengthened adherence to international standards.

Training programs extended to county diagnostic officers and partner organizations, promoting consistency and quality across the national laboratory network.

Institutional Capacity Strengthening

Beyond technical skills, NPHIL invested in strengthening institutional competencies across administrative and support divisions. Trainings in monitoring and evaluation, procurement, financial management, human resources, and performance management improved operational efficiency and accountability.

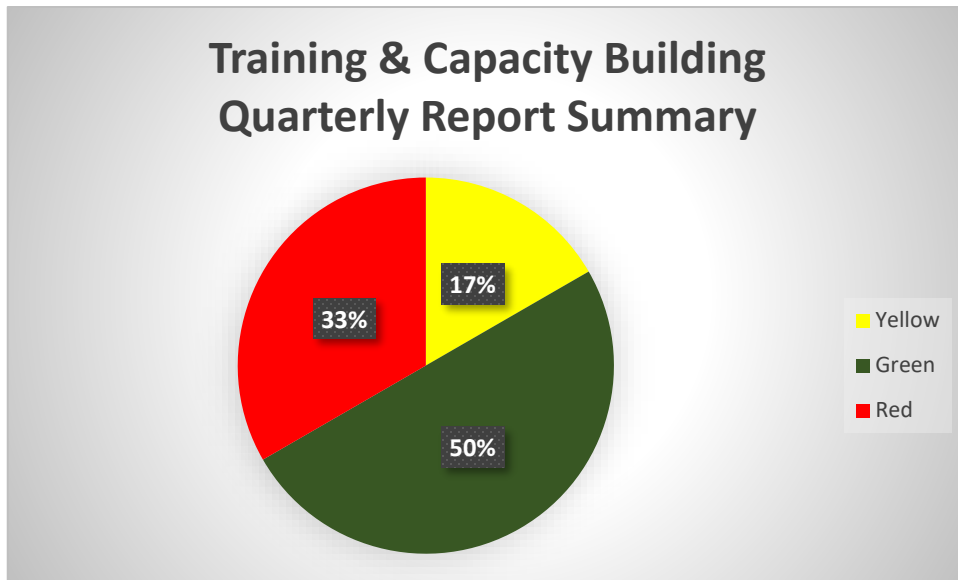
Partnerships with national training institutions and development partners supported staff participation in specialized academic and professional development programs, contributing to long-term capacity building.

Key Outcomes (Cumulative Q1–Q3 2025)

- Expanded national coverage of FETP-trained surveillance officers
- Improved emergency preparedness and response coordination
- Strengthened laboratory biosafety and diagnostic competencies
- Enhanced institutional performance through administrative capacity building
- Improved staff retention and professional development pathways

• Challenges and Lessons Learned

- Training efforts were constrained by limited resources, overlapping partner schedules, and logistical challenges affecting field-based activities. These constraints highlighted the importance of coordinated training planning, blended learning approaches, and sustained funding for workforce development.



Division of Institutional Systems, Governance, and Administration

Overview

In 2025, the National Public Health Institute of Liberia (NPHIL) strengthened its institutional systems and governance architecture to support effective program delivery, accountability, and sustainability. Across Quarters One to Three, administrative and support divisions played a critical role in enabling technical operations, strengthening internal controls, and reinforcing organizational performance management.

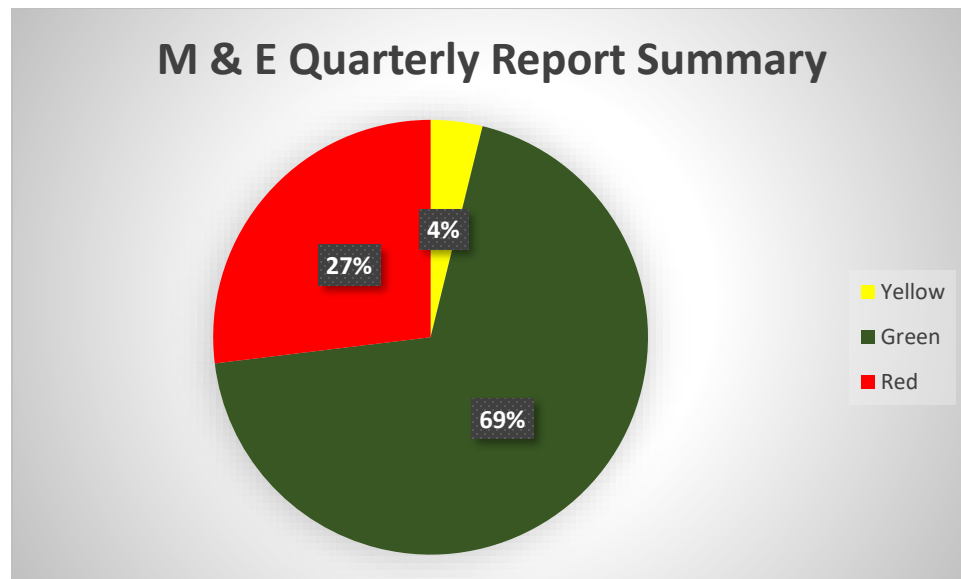
These efforts aligned with NPHIL's Strategic Plan (2024–2029) and were essential in translating technical priorities into measurable results.

Planning, Monitoring, and Evaluation

The Division of Planning, Monitoring and Evaluation (PM&E) remained central to institutional oversight and performance management. During the reporting period, PM&E conducted quarterly performance evaluations, coordinated county-level supportive supervision, and strengthened data harmonization across divisions.

Key milestones included the update and operationalization of the 2025 Annual Work Plan, revision of institutional performance trackers, completion of IDSR system evaluation activities, and contributions to the refinement of the Strategic Plan. These actions strengthened results-

based management, improved reporting consistency, and enhanced evidence-driven decision-making.



Human Resources Management

The Human Resources Division advanced workforce governance through improved attendance monitoring, payroll reconciliation, staff appraisal processes, and professional development coordination. The rollout and expansion of the biometric attendance system enhanced accountability and compliance with institutional policies.

Staff welfare initiatives, internship placements, study leave management, and collaboration with national institutions supported workforce stability and development. Despite constraints related to staffing gaps and limited ICT resources, HR systems continued to mature, contributing to institutional resilience.

Procurement, Logistics, and Asset Management

Procurement and logistics systems were strengthened to ensure timely acquisition and distribution of goods and services. The Procurement Division implemented approved procurement plans in line with the Public Procurement and Concessions Act, supported transparent bid processes, and monitored vendor performance.

The Logistics Division supported nationwide program implementation through fleet management, asset verification exercises, and distribution of supplies to counties. Asset registers were updated, inventory controls improved, and operational continuity maintained despite logistical and budgetary constraints.

Financial Management and Compliance

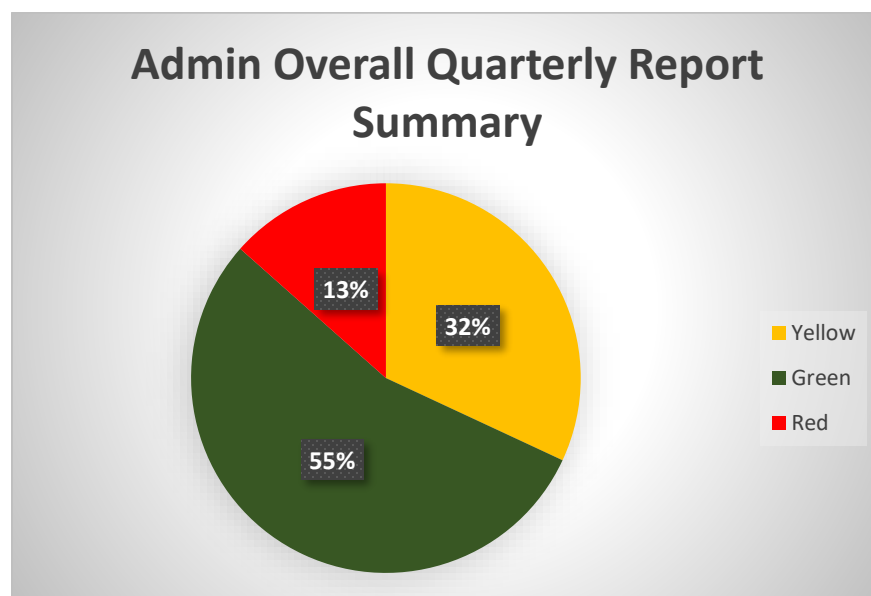
The Finance Division strengthened financial controls, reporting, and compliance with national and donor requirements. Quarterly financial reporting improved timeliness and transparency, while internal controls and reconciliation processes reduced fiduciary risks.

Capacity-building initiatives enhanced staff competencies in public financial management and donor compliance. However, delays in fund disbursement and limited digital financial systems highlighted the need for continued investment in automation and financial systems strengthening.

Legal Affairs and Institutional Compliance

The Legal Affairs Division provided advisory support on contracts, memoranda of understanding, governance policies, and compliance audits. Reviews of agreements and internal policies strengthened institutional risk management and regulatory compliance.

Efforts to modernize legal document management and enhance contract oversight laid the groundwork for more efficient legal operations in subsequent years.



Partnerships and Resource Mobilization

9.1 Overview

Strategic partnerships and resource mobilization were integral to NPHIL’s achievements in 2025. Through sustained engagement with national, regional, and international partners, the Institute mobilized technical and financial resources to support surveillance, laboratory strengthening, workforce development, and emergency preparedness.

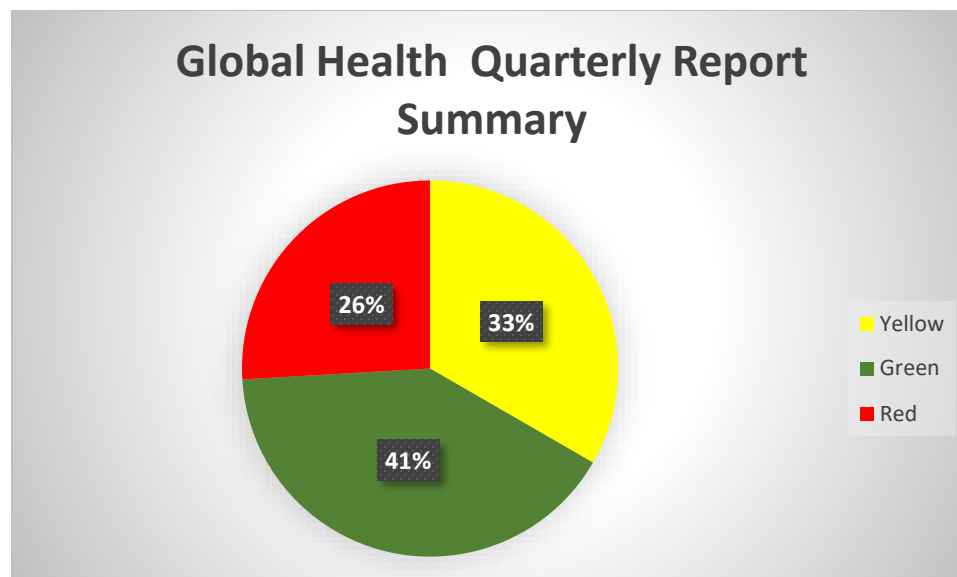
Development and Global Health Partnerships

NPHIL maintained strong collaboration with development partners, including multilateral agencies, bilateral donors, and regional institutions. These partnerships supported program implementation, capacity building, and innovation across technical areas.

Engagement platforms facilitated coordination, alignment with national priorities, and accountability in project execution.

Resource Mobilization Strategy

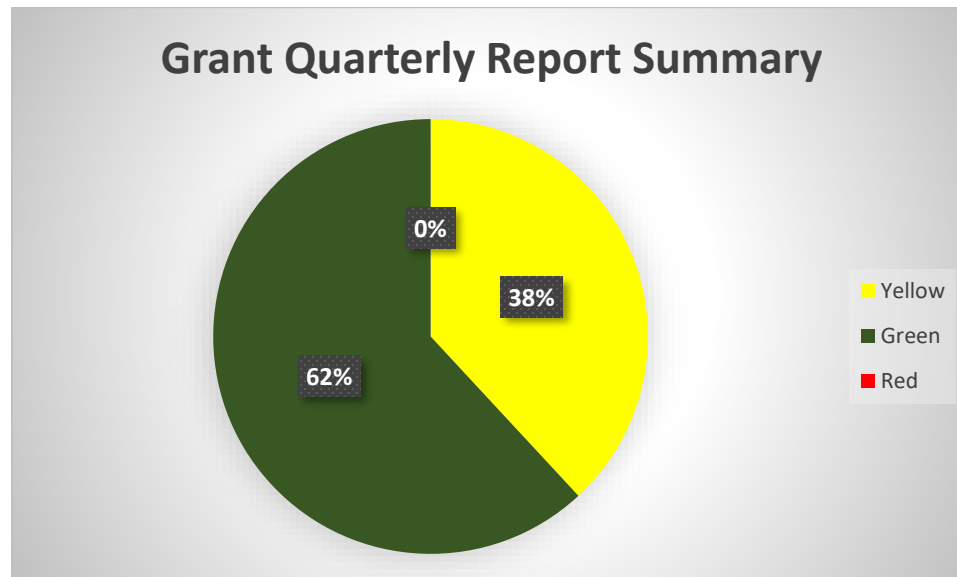
Efforts to diversify funding sources, strengthen proposal development capacity, and align donor investments with institutional priorities progressed during the reporting period. These actions enhanced NPHIL’s sustainability outlook and reduced reliance on fragmented funding streams.



Grants and Project Management

The Grants and Projects Management Division coordinated donor-funded initiatives, ensuring compliance with financial and reporting requirements. Proposal development, grant monitoring, and pipeline analysis strengthened institutional capacity to attract and manage external funding.

Grant-supported programs advanced health security objectives and strengthened national preparedness systems.



Challenges, Risks, and Mitigation Measures.

Key Challenges

Despite notable progress, NPHIL faced several challenges during the reporting period, including:

- Funding constraints affecting program scale-up
- Logistical limitations in reaching remote areas
- Human resource gaps in specialized technical fields
- Infrastructure and ICT limitations
- Delays in procurement and fund disbursement

Mitigation Measures

To address these challenges, NPHIL implemented mitigation strategies such as:

- Prioritization of high-impact interventions
- Strengthened partner coordination
- Incremental infrastructure upgrades
- Capacity-building and mentorship programs
- Improved planning and performance tracking

These measures enhanced institutional resilience and continuity of operations.

Lessons Learned

Key lessons emphasized the importance of integrated planning, cross-divisional collaboration, early stakeholder engagement, and sustained investment in systems strengthening.

Conclusion and 2026 Outlook

Overall Assessment

The 2025 reporting period reflects a year of consolidation, scale, and institutional strengthening for the National Public Health Institute of Liberia. Across Quarters One to Three, NPHIL delivered measurable progress in surveillance, laboratory systems, environmental health, research, workforce development, and institutional governance.

Strategic Outlook for 2026

Looking ahead, NPHIL will prioritize:

- Scaling surveillance and laboratory networks
- Strengthening decentralized emergency preparedness
- Expanding workforce development and retention strategies
- Enhancing digital systems and automation
- Deepening partnerships and resource mobilization

These priorities will ensure sustained progress toward national and regional health security goals.

Closing Statement

Through coordinated leadership, technical excellence, and strategic partnerships, NPHIL remains committed to protecting the health of the Liberian people. The achievements of 2025 provide a strong foundation for continued progress, resilience, and innovation in the years ahead.