

SIERRA LEONE

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By 2021, 90% of people living with HIV who know their HIV status are on treatment and achieve viral suppression in five high-burden districts.	SLOW PROGRESS	In 2020, 50% of people living with HIV know their status, and 95% of those are on treatment (GAM 2021).
95% treatment coverage for paediatric, pregnant and lactating mothers.	SLOW PROGRESS	Prevention of HIV mother-to-child transmission (PMTCT) services coverage is low, at 46% nationally (GAM 2021).
By 2021, adolescent girls, young women and their male partners in five high-burden districts have increased access to HIV, sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) prevention and treatment services at facility and community levels in line with 3 Frees.	ON TRACK	Six new one-stop centres established to provide comprehensive sexual and GBV services, bringing the national total to 11. Comprehensive sexuality education (CSE) curriculum developed and currently being rolled out in primary and secondary schools.
Improved coordination, management and sustainability of the national AIDS response by end of 2021.	ACHIEVED	The National HIV/AIDS Strategic and Monitoring and Evaluation (M&E) plans (2021-2025) were developed, informing a successful Global Fund NFM3 application, with US\$ 42 million allocated to HIV/AIDS.
National partners capacity strengthened to respond to HIV in the context of COVID-19.	ON TRACK	The National AIDS Control Programme was supported to enhance the continuity of HIV service delivery in the context of COVID-19; including production & distribution of standards of procedure, information and communication materials, and training HIV counsellors to provide HIV services in COVID-19 treatment centres. As a result, 85% of COVID-19 Treatment Centres, Isolation Units, and Community Care Centres have integrated HIV/COVID-19 treatment services.

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Consolidating HIV testing and treatment efforts and results in Sierra Leone, the Joint Team provided considerable support for the development and improvement of national guidelines and operational plans in 2020. A national assessment identified challenges for the elimination of mother-to-child transmission (eMTCT) programme and paediatric care, and technical assistance was provided to develop resulting strategies to address these. Attention has also been paid to the provisions of quality CSE and SRH for young people, and to leveraging community engagement into creating a more enabling environment for the HIV response. Early marriages, child pregnancies, and sexual and gender-based violence were addressed through advocacy, roll out of assessments, capacity building, and provision of social and legal support to survivors. Finally, the Joint Team continued to strengthen the country's capacity to provide an evidence-based and sustainable response to the intersecting HIV/AIDS and COVID-19 pandemics.

TESTING AND TREATMENT**TECHNICAL ASSISTANCE; COMMUNITY ENGAGEMENT; CAPACITY BUILDING; RESOURCE MOBILIZATION**

The Joint Team supported the development of the consolidated national guidelines on HIV prevention, diagnosis, treatment and care, and adoption of the recent global policy recommendation on HIV treatment and care in the country. Technical assistance was also provided to the National AIDS Control Programme and National HIV/AIDS Secretariat to operationalise the new guidelines to scale-up HIV treatment coverage and retain people living with HIV in treatment, including through operationalizing ARVs multi-month dispensing and differentiated service delivery of services.

Support was provided to a HIV/TB clinic in Tombo, following rioting and an arson attack in May 2020. Financial and technical assistance enabled healthcare staff to trace, re-register and thereby bring back to treatment 85% of the 600 people who had been receiving HIV/TB care at the clinic before the incident.

To improve access to HIV treatment, the national network of people living with HIV received support to implement a community-led monitoring initiative using digital mobile data collection in the western area urban district, funded by the International Treatment Preparedness Coalition (ITPC) and the Joint Team. The successful implementation of this project supported timely evidence generation for informed decision making and advocacy. The Joint Team mobilised an additional US\$ 30 000 from PEPFAR to expand the initiative in 2021.

PMTCT COVERAGE**POLICY DIALOGUE; TECHNICAL ASSISTANCE; CAPACITY BUILDING**

A comprehensive situational and bottleneck analysis of the eMTCT, early infant diagnosis (EID) and paediatric HIV programme was conducted at national level, with the active participation from the Ministry of Health, UN agencies, development partners, international NGOs, and HIV-related community-based organisations, with a focus on five high-burden HIV districts (Bo, Bombali, Port Loko, Western Urban, and Western Rural). The findings and recommendations

of the assessment informed the new national eMTCT strategic plan (2021-2025) aimed at achieving the elimination target by 2025, and a three-year operational plan has also been developed for the implementation of the strategy.

A national NGO was supported to explore and develop a model to identify and trace mothers and babies lost to follow-up to be brought back into care and promote high treatment retention; this activity will be implemented in 2021. Additionally, the Joint Team worked with key populations organisations to identify exposed children among female sex workers. An initial assessment in Makeni City counted 56 vulnerable children at risk of HIV aged 2 months to 12 years living with their mothers in places for sex-work. This intervention will also be scaled up in 2021, and efforts will be made to increase protection for the rights of these vulnerable children.

PROMOTING SRHR AND ADDRESSING SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

TECHNICAL ASSISTANCE; COMMUNITY ENGAGEMENT; CAPACITY BUILDING; PARTNERSHIPS; ADVOCACY

Technical assistance to the Office of the First Lady and the Presidential Task Force on SGBV facilitated the establishment of a model court to accelerate the criminal prosecution of rape cases, contributing to accelerating rape prosecutions. The Office of the First Lady was supported by the Joint Team to train 35 members of the Sierra Leone Women Doctors Association to provide comprehensive post-SGBV care, as well as how to provide evidence in court to increase successful prosecution of perpetrators. Financial assistance was also provided towards the national roll-out of the national “Hands Off Our Girls” campaign against early child marriage, teenage pregnancy, and SGBV, implemented in all 16 districts under the First Lady’s leadership targeting young girls below 24 years.

The Joint Team supported the development and roll-out of a national male-engagement strategy, and trainings for 500 young male community leaders strengthened the prevention of SGBV in Bo, Bombali, Port Loko, Western Urban, and Western Rural districts. Additionally, 4000 traditional and religious leaders in three chiefdoms of these districts were sensitised on SGBV, child marriage, female genital mutilations, reproductive rights, and the use of one-stop centres for post-rape care. The participants were empowered to develop community-led action plans to address these issues in their respective communities. Implementation will continue into 2021.

Six new one-stop centres were opened, with support from the Joint Team, now offering medical, psycho-social and legal support to SGBV survivors, including HIV testing and post-exposure prophylaxis (PEP) kits. In 2020, comprehensive medical, psycho-social and legal services were delivered to 3339 survivors nationwide, of which 70% are children below 15 years. A total of 559 pregnancies, 10 HIV cases and 2499 STIs were reported among survivors.

CSE curriculum integration in primary and secondary schools was supported, and 110 ‘life skills’ radio messages were broadcasted nationally, targeting out-of-school youth. In collaboration with local partners, 250 adolescent girls were targeted with information on menstrual hygiene management through group meetings and peer education. The Joint Team also supported the Ministry of Health in developing the national School Health Policy and Strategy, and an adolescent SRHR booklet for distribution countrywide.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION

ADVOCACY; COMMUNITY ENGAGEMENT; CAPACITY BUILDING

Work towards creating an enabling environment for the national response was supported through the roll out of trainings on the rights of key populations for 160 participants (including 90 female) drawn from people living with HIV, law enforcement agents, health care providers, key populations, community leaders and core staff of local councils. Training curriculums included national and local laws and rights, and ways to seek redress for human rights violations, including discrimination in health-care settings and stigmatisation. Additionally, the Joint Team supported key population organisations to mobilise stakeholders and media partners within their respective operational districts to promote and protect the rights of key and vulnerable populations.

In partnership with the Global Fund, the Joint Team is supporting the development of a five-year human rights strategy for the HIV/AIDS response, for the effective implementation of national commitments towards the Global Partnership for Action against HIV-related stigma and discrimination.

TOWARDS AN EVIDENCE-BASED, SUSTAINABLE RESPONSE

POLICY DIALOGUE; TECHNICAL ASSISTANCE

Technical and financial support was provided to develop the HIV/AIDS National Strategic and M&E plans (2021-2025); these plans were utilised in the development of the successful Global Fund request worth US\$ 126 million, with additional Prioritised Above Allocation Request (PAAR) of US\$ 25 million.

The Joint Team also supported the National AIDS Secretariat to conduct a national level transformative gender assessment, to inform the review and development of the HIV & AIDS National Strategic Plan, and the development of the Global Fund grant request for country investment cases. The report from the assessment will also help the country to develop strategies to reduce vulnerability among women and girls to HIV and SGBV, and to promote access to SRHR services for the most vulnerable.

CONTRIBUTION TO THE COVID-19 RESPONSE

ADVOCACY; TECHNICAL ASSISTANCE; COMMUNITY ENGAGEMENT; CAPACITY BUILDING; RESOURCE MOBILIZATION

The Joint Team successfully mobilised US\$ 12 million from the Global Fund for the national COVID-19 response. Technical assistance was provided to develop the national plan for maintenance of essential health services, strengthening national and district health governance and the coordinating mechanism for continuity of essential health services at health facilities, including patient management for COVID-19 and HIV/TB coinfection, and the continuity of HIV testing, treatment and care services in the COVID-19 context. As a result, 85% of COVID-19 treatment centres, isolation units and community care centres have integrated HIV /COVID-19 treatment services.

The National AIDS Commission was supported to develop a COVID-19 contingency plan; a key outcome of which was the roll out 3-month ARV dispensing for all stable ARV patients, which has accelerated the institutionalization of differentiated service delivery (DSD) models in the country. For instance, 181 children and adolescents (63 aged 0-14 years / 118 aged 15-19 years) received their drug refills at the youth-friendly centres. Additionally, self-testing was introduced to replace community outreach testing.

Following a vulnerability assessment among 540 people living with HIV in urban and rural zones of the Western Area, 211 vulnerable people living with HIV (158 of which are female) received a total of US\$ 25 000 worth of cash transfers to mitigate the impact of COVID-19.

Technical assistance and US\$ 10 000 in funding were provided to a CSO working with children and adolescents living with HIV, to train 20 young people living with HIV in stitching cotton masks for children affected by HIV and their caregivers; 18 000 masks were produced and distributed, with the additional benefit of equipping those trained with the knowledge and skills to produce face masks and market them for livelihood. Additionally, 1520 children irrespective of HIV status, in the Western Urban, Western Rural and Bombali districts, benefitted from psychological support amidst the COVID-19 pandemic.

Sixty professionals and 12 ICT experts from four universities were trained to set up an online learning platform to ensure continuity of academic activities during the COVID-19 pandemic, through the operations of continuous distance learning for over 10 000 students in the 4 universities.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team provided uniforms and school supplies to 184 children and 116 adolescents living with HIV across seven districts to ensure the continuation of their education.

An online Preventions of Sexual Exploitation and Abuse training was organised by the Joint Team for all UN staff, with over 70% participation, with distribution of information and education materials.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The HIV testing and treatment programmes continue to face perennial problems of poor quantification and management of HIV medication and other commodities leading to intermittent stock-outs particularly at subnational levels, exacerbated by low testing yields and the lags in adapting innovative strategies (pre-exposure prophylaxis (PrEP), DSD models, and advance treatment regimens), and poor lab equipment contributing to low uptake of viral load testing and early infant diagnosis.</p>	<p>Support the National AIDS Control Programme, the National HIV/AIDS Secretariat and other partners to implement innovative strategies to improve HIV prevention and treatment, including improved HIV testing approaches e.g., self-testing and risk assessment prior to testing to increase yield; PrEP; revised condom strategies; DSD; improved stock management and treatment regimen, and implementation of the global partnership on stigma and discrimination protocols.</p>
<p>Limited access to social protection for people living with HIV has impeded treatment retention.</p>	<p>Collaborate with the national Commission for Social Action to conduct an assessment among people living with HIV, which will be used to document and advocate for inclusion of HIV-affected household in national social protection programmes.</p>
<p>Mother-to-child-transmission remains high, due to low PMTCT coverage coupled with low EID and paediatric ART.</p>	<p>Catalyse the implementation of the eMTCT strategy and operational plan by facilitating effective coordination and management of the national eMTCT programme, building the capacity of national partners for effective delivery of quality eMTCT and paediatric HIV services.</p>
<p>Women and girls are at disproportionately high risk of HIV infections due to broad structural and socio-economic inequities. Harmful cultural practices such early child marriage, teenage pregnancies, female genital mutilations, SGBV and limited economic opportunities remain pervasive; there is little or no access to post-rape services. Poor data on these factors contributes to poor programme design, implementation and impact.</p>	<p>Support efforts to engage religious and traditional leaders in transformational dialogue promoting gender equality and women's empowerment to reduce vulnerability to HIV.</p> <p>Conduct an ethnographic and sociological survey to better understand the causes of relatively high SGBV cases country.</p>
<p>There is low capacity among teachers to roll out the national CSE curriculum and national school health strategy. Limited availability, access and utilisation of youth-friendly services are major barriers for young people in accessing SRHR services in age-appropriate locations and environments.</p>	<p>Support efforts to increase the availability of youth-friendly services and CSE delivery for in- and out-of-school youth, and intensifying mentoring, coaching and supportive supervision.</p> <p>Support the roll out of the Education Plus initiative, including through advocacy with the Ministry of Education, in order to reduce women and girls' vulnerability to HIV and SGBV, and support completion of secondary school.</p>

<p>Implementing the national key populations prevention programme has been challenging due to the lack of guidelines and standard operating procedures. The lack of standardised reporting tools and outdated Integrated Biological and Behavioural Surveillance Survey (IBBSS) has made it difficult to measure progress of the key populations programme.</p>	<p>Drive the redesign and implementation of the key populations programme and the national prevention strategy to reduce new HIV infections, particularly among young people aged 15-24 years.</p> <p>Support efforts to develop a prevention roadmap, complete the IBBSS, redefine the package of services and service delivery models, intensify community-led responses, and build capacity of organisations led by key populations.</p>
<p>Stigma and discrimination in health settings and at community level remains high, as indicated in the 2019 DHS, partially due to limited comprehensive knowledge on HIV in the country.</p>	<p>Support efforts to create an enabling environment, tackling stigma and discrimination and advocacy on harmful laws, to enhance key populations access to HIV prevention and treatment services.</p>
<p>Delegation of political authority in the AIDS response could further limit capacities to coordinate the multi-sectoral national response, undermine the key population programme, and hinder progress in putting communities at the centre of the AIDS response.</p>	<p>Support a functional and institutional review of the national response coordination structures and technical working groups, to improve the coordination and management of the national AIDS response.</p>
<p>Domestic financing of HIV programme remains less than 10% of total expenditure for the national AIDS response.</p>	<p>Intensify mobilisation and engagement of the private sector, and advocate for increased government contribution to the national AIDS response.</p>

Report available on the
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