Sierra Leone National AIDS Response Progress Report 2014

March 2014

Contents

1 Status at a Glance 1
1.1 Reporting Process 1
1.2 Status of the HIV Epidemic 3
1.3 Overview of the Policy and Programmatic Response 3
1.4 Overview of the Indicator Data 5
2 Overview of the AIDS Epidemic 8
3 National Response to the AIDS epidemic 12
3.1 Prevention 12
3.1.1 PMTCT 13
3.1.2 EID 13
3.1.3 HCT 14
3.1.4 Blood Screening, Condom Promotion 14
3.1.5 Health Facilities 14
3.2 Care and Support 14
3.3 Treatment 15
3.4 Financing 15
3.5 Policy/Strategy Development and Implementation 17
3.5.1 Political Commitment 17
3.5.2 Participation of Civil Society Organizations 17
3.5.3 Line Ministries 17
4 Best Practices 18
4.1 Garnering political commitment for key populations 18
4.2 Integrating M&E Systems Assessment into activities 19
4.3 Implementation of an Early Infant Diagnosis (EID) Programme 19
5 Major Challenges and Remedial Action 21
5.1 Major Challenges 21
5.2 Remedial Actions 21
6 Support from the country's development partners 22
7 M&E Environment 23
Annex A: List of NCPI Participants 25
Annex B: List of GARPR Validation Workshop Participants 25

List of Tables

Table 1: Summary Table of 2012 Epidemiological Data for Sierra Leone 8
Table 2: Programmatic Data for Prevention 12
Table 3: Programme Data for Care and Support 14
Table 4: Program Data for Treatment 15
Table 5: AIDS Expenditures for 2010 and 2011 16

List of Figures

Figure 1: Estimated number of people living with HIV in Sierra Leone 9
Figure 2: Estimated number of new HIV infections in Sierra Leone 9
Figure 3: ART Coverage in Sierra Leone 10
Figure 4: PMTCT Coverage in Sierra Leone 10
Figure 5: Impact of National AIDS Response 11
Figure 6: AIDS Spending Trend 2006 - 2011 15
Figure 7: M&E Systems Assessment 2013 23

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AHF	AIDS Healthcare Foundation
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
BCAASL	Business Coalition Against Aids in Sierra Leone
BCC	Behavioural Change Communication
CAC	Chiefdom AIDS Committee
CARE	Cooperative American Relief Everywhere
CASL	Christian Aid in Sierra Leone
CBO	Community Based Care
CCM	Country Coordination Mechanism
CDC	U.S Centre for Disease Control
CHO	Community health Officer
COPSAASL	Coalition of Public Sector Against HIV and AIDS in Serra Leone
CSO	Civil Society Organization
DAC	District AIDS Committee
DANIDA	Danish International Development Agency
DBS	Dried Blood Spot
DfID	U.K Department for International Development
DHMT	District Health Management Team
DHO	District Health Officer
DMO	District Medical Officer
ETWG	Extended Technical Working Group
EU	European Union
GF	The Global Fund for HIV/AIDS, TB and Malaria
GIZ	Deutsche Gesellschaft fur Internationale Zusammenarbeit
HARA	HIV and AIDS Reporters Association
HBC	Home Based Care
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
INGO	International Non-Governmental Organization
IOM	International Office of Migration
JPR	Joint Programme Review
KFW	Krebital ftaltfürWieberaufbau (German Development Bank)
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MELSS	Ministry of Employment, Labour and Social Security
MEYS	Ministry of Education, Youth and Sport
MLGCD	Ministry of Local Government and Community Development
MoD	Ministry of Defence

MoFED	Ministry of Finance and Economic Planning
MoHS	Ministry of Health and Sanitation
MoIC	Ministry of Information and Communication
MoJ	Ministry of Justice
MoTCA	Ministry of Tourism and Cultural Affairs
MoU	Memorandum of Understanding
MoWHI	Ministry of Works, Housing and Infrastructure
MoYS	Ministry of Youth and Sports
MSM	Men who have Sex with Men
MSWGCA	Ministry of Social Welfare, Gender and Children Affairs
NAC	National AIDS Commission
NACP	National AIDS Control Programme
NACSA	National Commission for Social Action
NAS	National HIV/AIDS Secretariat
NECHRAS	Network of Christian Response to HIV and AIDS in Sierra Leone
NETHIPS	Network of HIV Positives
NGO	Non-governmental Organization
NSP	National Strategic Plan
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PABA	People Affected By AIDS
PEP	Post Exposure Prophylaxis
PEPFAR	U.S President Emergency Plan for AIDS Relief
PHC	Primary Health Care
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PSM	Procurement and Supply Management
PSO	Private Sector Organization
PWID	People Who inject Drugs
RH	Reproductive Health
SLANGO	Sierra Leone Association of Non-Governmental Organization
SLDHS	Sierra Leone Demographic and Health Survey
SLIRAN	Sierra Leone Inter-religious AIDS Network
SLLC	Sierra Leone Labour Congress
STI	Sexually Transmitted Infections
SWAASL	Society of Women and AIDS in Africa, Sierra Leone Chapter
TBA	Traditional Birth attendants
TWG	Technical Working Group
UCC	UNAIDS Country Coordinator
UCO	UNAIDS Country Office
UNAIDS	Joint United Nations Program on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USG	United States Government
VOW	Voice of Women
WFP	World Food Programme
WHO	World Health Organization

1 Status at a Glance

1.1 Reporting Process

This document details Sierra Leone's National AIDS Response Progress Report for 2014 as part of the submission for the annual Global AIDS Response Progress Reporting (GARPR) process. It was created with input from numerous civil society organizations, bilateral agencies, international organizations and other key partners in order to enhance the ownership and quality of the overall report. The process undertaken to complete the report is outlined below.

a. Preparatory activities (February 6 – March 24, 2014)
The coordinating body (National HIV/AIDS Secretariat) identified a team of pertinent stakeholders to steer the reporting process. Membership was composed of members from the national M&E technical working group (M&ETWG), United Nation (UN) organizations, other bilateral organizations, international and national nongovernmental organizations, civil society organizations, and advocacy groups including the Network of People Living with HIV (NETHIPS). The Terms of Reference (ToR) of the team included facilitation of the data collection process, analysis of data, validation and report writing. Weekly steering committee meetings were held in order to collect data and ensure quality assurance throughout the process.

b. Compilation of data (February 13 – March 24, 2014)
Programmatic data was gathered from the National AIDS Control Programme (NACP) which is within the Ministry of Health (MoH) but also partnered closely with NAS. Additionally, a desk review was undertaken to verify currently reported information and studies. This desk review included the following documents.

- 2013 DHS Preliminary Report
- 2012 Country Progress Report, Sierra Leone
- 2013/2014 Spectrum output
- 2013 Mid Term review of the National strategic Plan (NSP) 2011-2015
- 2013 M&E System Strengthening Tool (MESST)
- 2013-2015 Strategic Plan towards elimination of Mother to child transmission of HIV and for paediatric HIV care in Sierra Leone
- 2013 Population Size Estimation of key populations
- 2009-2013/2017 National Strategic Plan for Comprehensive Condom programming in Sierra Leone
- 2011-2012 National HIV/AIDS Operational Plan
- 2010 ANC Sentinel Surveillance Reports
- 2006 – 2011 National AIDS Spending Assessment
- 2012 and 2013 National TB Control Program Data
- 2011 AIDS at 30, Nations at the crossroads
- 2011 Multi Cluster Indicator Survey
- 2008 Sierra Leone Demographic and Health Survey Report

- 2011-2015 National Strategic Plan on HIV and AIDS
- 2011-2015 Monitoring and Evaluation framework
- 2012 and 2013 National AIDS Control Program (NACP) Data
- 2005 National Population Based HIV Sero-Prevalence Survey of Sierra Leone
- 2009 Border Communities, Mobile Populations and Exposure to HIV in Countries of the Mano River Union
- 2008 HIV Surveillance on Mine Workers in Sierra Leone
- 2007 Prevalence of HIV and other STIs in Sierra Leone Among Armed Forces
- 2007 Report on HIV Surveillance Among Sierra Leone Police Force
- 2008 and 2011 Survival Analysis for PLHIV on Antiretroviral
- 2009 Pulmonary Tuberculosis Among PLHIV attending care treatment, at treatment centers in Freetown
- 2009 and 2011 Prevalence of HIV infection amongst children born to HIV-infected Mothers
- 2011-2015 Sierra Leone National HIV Behaviour Change Communication & Advocacy Strategy
- 2011 HIV&AIDS Commission Act
- 2010 Sierra Leone HIV Modes of Transmission Study
- Voluntary Confidential Counseling and Testing Quality Assurance Tool
- 2011 Sustainability analysis of HIV/AIDS services HAPSAT Sierra Leone

In order to gather qualitative data for the narrative report and the National Commitments and Policy Instrument (NCPI), two teams were established; one team was mandated to complete NCPI Part A (government line ministries and the NAS) and the other to complete NCPI Part B (various CSOs and bilateral partners). There was overwhelming support and commitment from stakeholders to undertake the task. Participating institutions included; National HIV/AIDS Secretariat, National AIDS Control Program, Joint United Nations Team group on AIDS (UNAIDS, WHO, UNICEF), International nongovernmental organizations including; SOLTHIS, AIDS Health Care Foundation, CARE-SL, National nongovernmental organization including FOCUS 1000, Faith based organizations including NECHRAS, civil society and advocacy organizations including NETHIPS, SWAASL, RODA. For a complete list of organizations, please consult Annex A.

c. Data processing, analysis and report writing (March 13 – 24, 2014)

Database managers from NAS and NACP worked in collaboration with the M&E team of both institutions to facilitate the data compilation process. The Strategic Information Advisor from UNAIDS provided extensive technical input to the team and ensured that data entering commenced in time by the assigned country editor. The country editor approved viewer rights to four stakeholders; this ensured transparency and continuous monitoring of the on-line data entry tool.

d. Validation, finalization and submission of the report (March 25 – 31, 2014)

A half day validation workshop was held for stakeholders from both national and regional levels from various sectors. There were 40+ participants in attendance, including members from United Nations Country Team, public and private sector, faith based organizations, bi and multi-lateral donors, print and electronic media, key populations, Network of people living with HIV, international and national nongovernmental organizations, Country Coordinating Mechanism body of the Global Fund, Academic Institutions-University of Sierra Leone. For a complete list of participants, please consult Annex B.

Following an explicit presentation on the overall 2013 GARPR indicators, discussions were held, and recommendations compiled for inclusion in the overall report before final submission. The final and complete submission was provided to UNAIDS on March 31, 2014.

e. Limitations in Report

The DHS 2013 final report was not yet available at the time of this report's finalization, therefore only data released within the DHS 2013 Preliminary Report could be used. As part of the GARPR reporting process, data within the Spectrum file submitted may undergo further review which would result in minor changes to the final figures for 2013. Further refinement of figures and information will be reported to UNAIDS however may not necessary be reflected in this report version.

1.2 Status of the HIV Epidemic

The HIV epidemic in Sierra Leone has been considered as mixed, generalized and heterogeneous. HIV affects different population sub-groups and all sectors of the population through multiple and diverse transmission dynamics. The HIV prevalence in Sierra Leone increased from 0.9% in 2002 to 1.5% in 2005 and has remained at the same level since 2008 (SLDHS 2008). This stabilization means the country is rated as one of the least affected compared to others in the sub-region and globally. Prevalence was 2.7% in urban areas compared to 1.2% in rural areas.

Women are disproportionately infected by the epidemic. An estimated 60,000 Sierra Leoneans are living with HIV out of which 34,000 are women and 5,000 are children. According to the SLDHS report 2008, prevalence rate for men was 1.2% while that for women was 1.7%.

HIV prevalence among pregnant women attending antenatal clinics (ANC) also declined progressively from 4.4% in 2007 to 3.5% in 2008 to 3.2% in 2010 respectively but 3.2% is still twice higher than the national prevalence of 1.5%. There was a three-fold increase in syphilis prevalence among pregnant women from 0.4% in 2006 to 1.4% in 2010; concerns being that STIs are co-factors to HIV infection. Syphilis prevalence is higher amongst rural pregnant women (1.8%) compared to their urban counterparts (1.3%).

The 2010 HIV modes of transmission study revealed that commercial sex workers, their clients and partners of clients contribute 39.7% of the new infections. Also people in discordant monogamous relationships contribute 15.6% of new infections of which clients of sex workers account the most (25.6%), sex workers 13.7% and partners of new infections accounting the remaining of 0.37%. Fisher folks contribute 10.8%, traders 7.6%, transporters 3.5% and mine workers 3.2%. MSM and People Who Inject Drugs (PWID) have also been identified to be at higher risk of HIV infection; 2.4% and 1.4% of the new infections respectively.

1.3 Overview of the Policy and Programmatic Response

The National HIV and AIDS Commission Act 2011 was enacted to establish the National HIV and AIDS Commission to be responsible for making policies for all HIV and AIDS related services in the

country. The Act makes provision for the monitoring of the HIV Prevalence and contains penalties for discriminatory acts against those infected and affected by HIV and AIDS.

The National AIDS Commission (NAC) and the National HIV/AIDS Secretariat (NAS) have been established in the Office of the President with the responsibility of providing leadership in coordinating, monitoring and mobilising resources for the national response. With the support of the key stakeholders, NAS is providing strategic direction for the national multi-sectoral and decentralized response in the programmatic areas of HIV prevention, treatment of HIV and other related conditions, care and support, policy and advocacy. The National AIDS Control Programme (NACP), which is placed within the Ministry of Health and Sanitation, is focused on providing support to the health programming and service provision of the national response.

The national response is guided by the National Strategic Plan of 2011-2015 which charts the roadmap for Sierra Leone to achieve the Millennium Development Goal to have halted and begun to reverse the spread of the HIV/AIDs by 2015. It is multi-sectoral with the overall vision towards zero New Infection, Zero Discrimination and zero Aids related deaths. The thematic areas of the NSP are (i) coordination, institutional arrangements, resource mobilisation and management; (ii) policy, advocacy, human rights and legal environment; (iii) prevention of new infections (iv) treatment of HIV and other related conditions (v) care and support for infected and affected by HIV and AIDS and (vi) research, monitoring and evaluation. The Mid-Term Review of the NSP was conducted in December 2013 and the country is about to prepare an Operational Plan for 2014-215. Treatment, care and support services have gradually been scaled up across the country since the inception of multi-sectoral response. Key population groups including FSW, MSM, PWID were identified as priority populations, alongside the fisher folks; transporters; uniformed service personnel; prisoners; miners; cross-border and informal traders; women, girls and children; youths and general population. Over the years, guidelines have been developed and reviewed for effective service delivery. These guidelines include HCT guidelines, ART guidelines, OVC guidelines, Nutritional guidelines, Home-based Care guidelines and workplace policy.

1.4 Overview of the Indicator Data

Indicator	2012	2013	Source
Target 1. Reduce sexual transmission of HIV by 50 per cent by 2015			
Indicators for the General Population			
1.1 -- Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	15-24yrs: Women 17.2% Men 27.6% 15-19yrs: Women 16.4% Men 26.1% 20-24yrs: Women 18.0% Men 29.6%		2008 SLDHS, Page 186-188
1.2 -- Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	15---24yrs women 24.6% Men 11.0% 15---19yrs women 22.3% Men 11.4% 20---24yrs women 26.8% Men 10.5%		2008 SLDHS, Page 210
1.3 -- Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	15-24yrs Women 6.0% Men 25.3% 15-19yrs Women 5.2% Men 8.2% 20-24yrs Women 7.6% Men 26.6%		2013 SLDHS, Preliminary report, Page 27
1.4 -- Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse	15-24yrs Women 5.9% Men 20.9% 15-19yrs Women 9.7% Men 23.5% 20-24yrs Women 2.1% Men 19.8%		2008 SLDHS
1.5 -- Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	15-49 yrs Men 3.4% Women 4.1% 15-24 yrs Men 1.2% Women 4.4%		2008 SLDHS, Page 201- 202
1.6 -- Percentage of young people aged 15-24 who are living with HIV	15-24yrs 2.8% 15-19yrs 2.1% 20-24yrs 3.4%		2010 ANC Sentinel Surveillance Survey
Indicators for Sex workers			
1.7 -- Percentage of sex workers reached with HIV prevention programs	Data not available	10.4%	PSE Size estimation Study 2013
1.8 -- Percentage of sex workers reporting the use of a condom with their most recent client	Data not available	68.7%	PSE Size estimation Study 2013
1.9 -- Percentage of sex workers who have received an HIV test in the past 12 months and know their results	Data not available	47.0%	PSE Size estimation Study 2013
1.10 -- Percentage of sex workers who are living with HIV	8.5%	8.5%	Female Sex Workers study, 2005
Indicators for Men who sex with men			
1.11 -- Percentage of men who have sex with men reached with HIV prevention programs	Data not available	25.0%	PSE Size estimation Study 2013

Indicator	2012	2013	Source
1.12 -- Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Data not available	32.2%	PSE Size Estimation Study 2013
1.13 -- Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	Data not available	46.7%	PSE Size Estimation Study 2013
1.14 -- Percentage of men who have sex with men who are living with HIV	7.5%	7.5%	MSM Study, 2010
Target 2. Reduce transmission of HIV among people who inject drugs by 50 percent by 2015			
2.1 -- Number of syringes distributed per person who injects drugs per year by needle and syringe programs	Data not available	Data not available	--
2.2 -- Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	Data not available	Data not available	--
2.3 -- Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	Data not available	25.2%	PSE Size Estimation Study 2013
2.4 -- Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	Data not available	4.5%	PSE Size Estimation Study 2013
Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS related deaths			
3.1 Percentage of HIV-positive pregnant women who receive anti-retro-virals to reduce the risk of mother-to-child transmission	93%	79.8%	Program Data
3.2 Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	2.71%	35.1%	Program Data
3.3 Mother-to-child transmission of HIV (modelled)	9.62%	14.4%	Spectrum
Target 4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015			
4.1 -- Percentage of eligible adults and children currently receiving antiretroviral therapy	34.1%	33.6%	Program Data
4.2 -- Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	69.7%	69.7%	2011 ART Survival Analysis study
Target 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015			
5.1 -- Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	24.5%	5.6%	Program Data
Target 6. Close the global AIDS resource gap by 2015 and reach annual global investment of US$ 22–24 billion in low- and middle-income countries			

Indicator	2012	2013	Source
6.1 -- Domestic and international AIDS spending by categories and financing sources	Domestic Source: 3.1% International Source: 96.7% Private source: 0.2% 2009: USD 14,309,550	Domestic Source: 0.8% International Source: 99% Private source: 0.2% 2011 : USD 20,905,243	2010 – 2011 NASA Study
Target 7. Eliminating gender inequalities			
7.1 -- Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	9%	9%	2009 KAP Survey
Target 8. Eliminating stigma and discrimination			
8.1 -- Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV	New Indicator, therefore substitute used. Male: 85.4%, Female: 94.9%		2008 SLDHS
Target 10. Critical enablers and synergies with development sectors			
10.1 -- Current school attendance among orphans and non-orphans aged 10–14	Orphans attending school: (79.9%male & 68.2%female) Non-orphans attending school: (84.1% male & 83.8% female)	Orphans attending school: (79.9%male & 68.2%female) Non-orphans attending school: (84.1% male & 83.8% female)	2011 MICS 4
10.2 -- Proportion of eligible households who received external economic support in the last 3 months	Data not available	Data not available	--

2 Overview of the AIDS Epidemic

Sero-prevalence studies were not conducted during the period of 2012 to 2013 due to funding and logistical issues. However, existing data has been used to create new estimates.

Number of people living with HIV	Total*	56,890
	Females*	33,237
	Males*	23,654
	Children <15*	5,244
People newly infected with HIV in 2013	Total*	4,079
	Total Females*	2,285
	Total Males*	1,794
	Children <15*	624
AIDS related deaths in 2012	Total*	3,055
	Total Females*	1,544
	Total Males*	1,512
	Children <15*	301
ART	Adults in need*	22,445
	Adults receiving+	9065
	Children in need*	3,006
	Children receiving+	385
	ART Coverage	37.1%
PMTCT	Pregnant women in need*	3,149
	Pregnant women receiving+	2,686
	PMTCT Coverage	85.2%
Rate	Incidence (Adult) *	0.11 %
	Prevalence	1.5%

Table 1: Summary Table of 2012 Epidemiological Data for Sierra Leone

*Value gathered from Spectrum
+Value gathered from programmatic data

During 2013, it is estimated that there are 56,890 people living with HIV in Sierra Leone, over half of which are female over the age of 15. Figure 1 illustrates the growing HIV population.

Although the number of people with HIV is increasing, estimates affirm that the number of new infections is decreasing (Figure 2). Although the most dramatic decrease appears to be within the females above the age of 15, they are clearly still vulnerable than males to HIV infection, with females from 15 to 19 years of age being the most vulnerable.

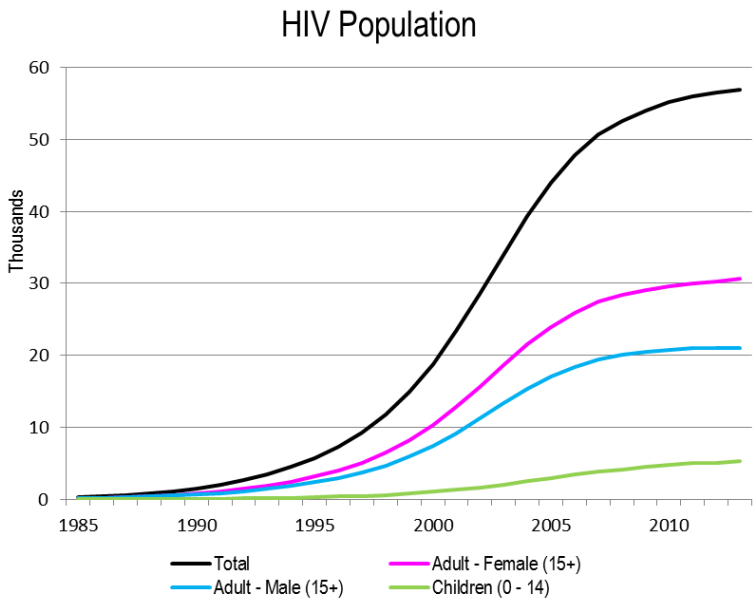

Figure 1: Estimated number of people living with HIV in Sierra Leone

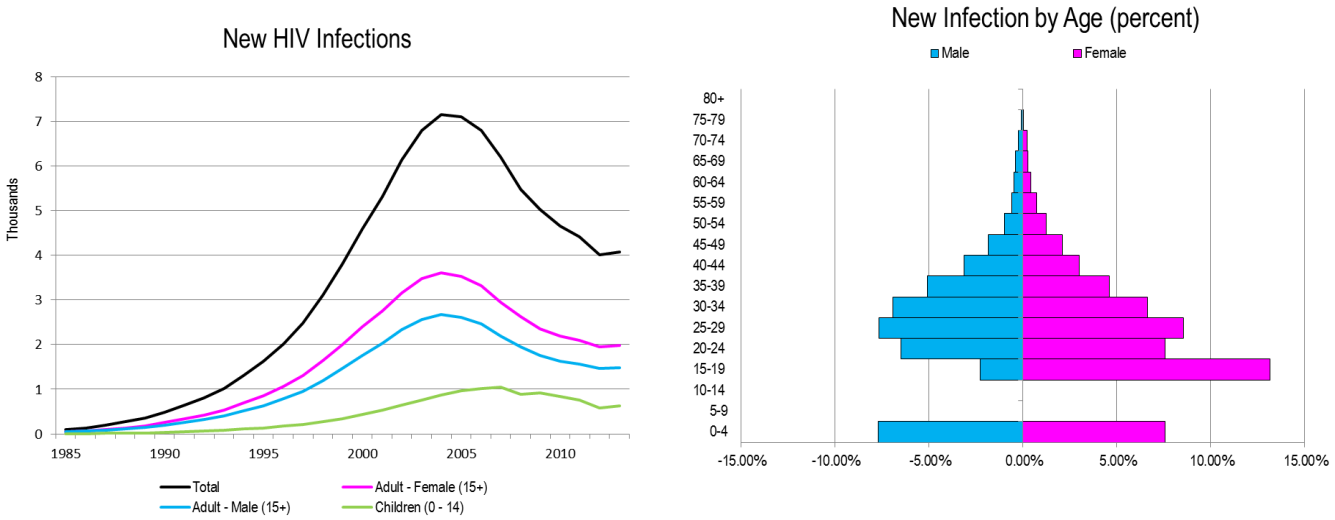

Figure 2: Estimated number of new HIV infections in Sierra Leone

Although it is estimated that roughly 1,409 deaths were averted due to ART, ART coverage rate remains very low amongst adults eligible for treatment (40.4%) (Figure 3).

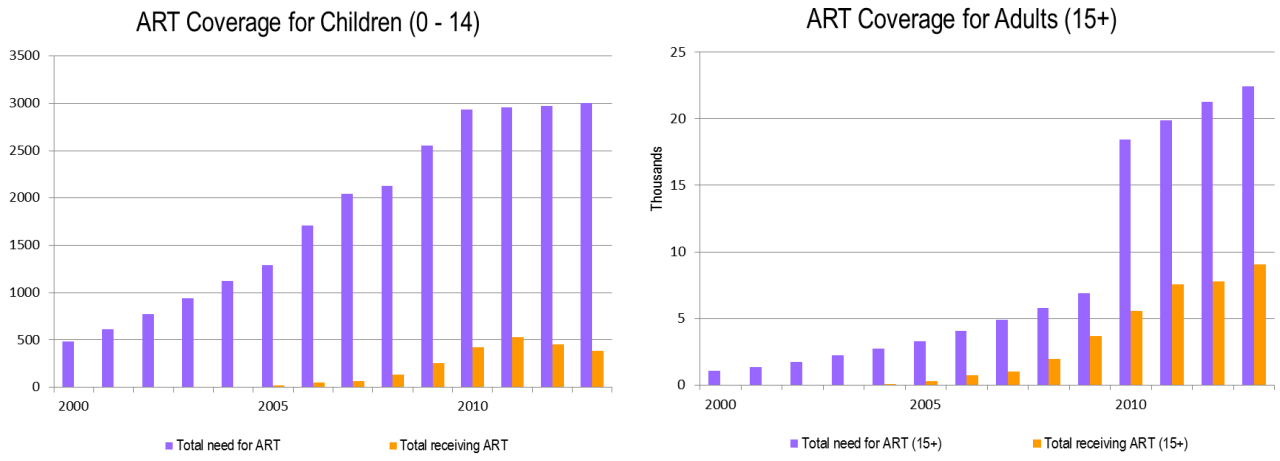

Figure 3: ART Coverage in Sierra Leone

Unlike ART coverage, PMTCT coverage rates are very high (85.3%) (Figure 4). This accomplishment is also reflected in the low mother-to-child transmission rate (4.5% for MTCT rate at 6 weeks, and 19.8% for final transmission including breastfeeding period).

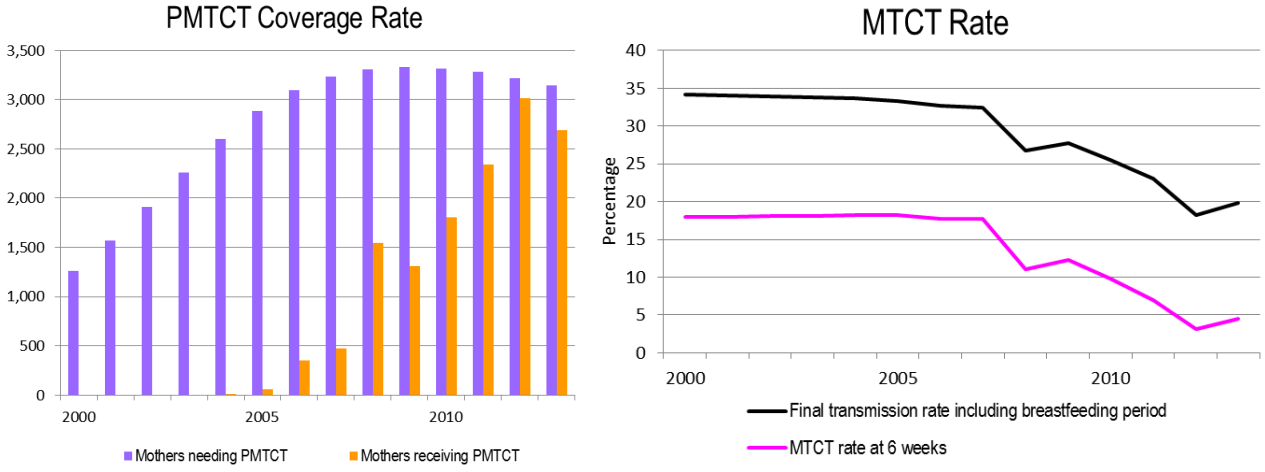

Figure 4: PMTCT Coverage in Sierra Leone

It is encouraging to note that despite the increase in the number of people living with HIV and the poor ART coverage rates, there is a steady decline in AIDS deaths (Figure 5). This is further supported by the Survival Rate Study performed in 2012 that found 96.7% survival rate amongst its cohort despite a 68% retention rate to treatment. Due to PMTCT and ART programming, roughly 419 infections and 1,409 deaths were averted in 2013 (see Figure 5).

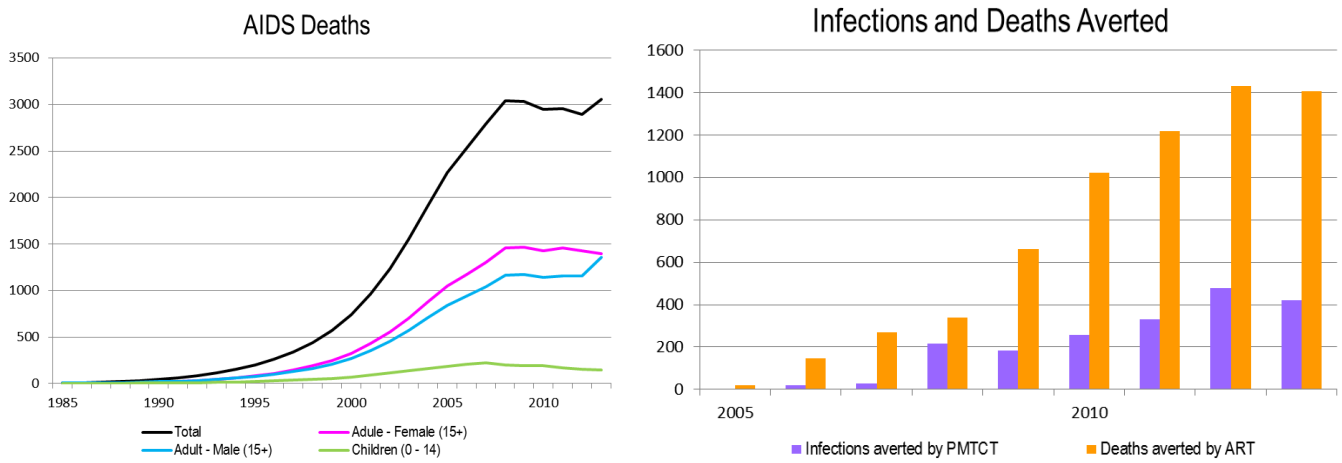

Figure 5: Impact of National AIDS Response

3 National Response to the AIDS epidemic

Programmatic Area	Indicator	2012	2013
VCCT	No. of VCCT sites	689	689
	No. tested and received results	335,596	285,275
	No. tested positive	9,385	8,796
PMTCT	No. of PMTCT sites	687	691
	No. of pregnant women tested and received results	223,452	219,912
	No. of pregnant women tested positive	3,573	3,198
	No. of HIV+ pregnant women on ART for own health	417	305
	No. of HIV+ pregnant women receiving ARVs at ANC	2,601	2,381
	No. of HIV+ pregnant women receiving complete course of ARV prophylaxis	1,299	1,179
	No. of HIV+ pregnant women in need of ART prophylaxis	3,276	3,368
Blood Safety	No. of blood units screened for HIV, Syphilis and Hepatitis B and C	38,575	37,940
Condoms	No. of male condoms distributed	6,585,850	4,755,293
	No. of female condoms distributed	44,344	7,000
Total Facilities	No. of Health Facilities	1,265	1,295
	Public Facilities	1,112	1,142
	Private Facilities	153	153

Table 2: Programmatic Data for Prevention

Source: NAS/NACP, 2012 and 2013

3.1 Prevention

Key prevention strategic documents and guidelines were developed or updated in the period under review. These are the Strategic Plan towards Elimination of Mother to Child Transmission of HIV and for Paediatric HIV Care 2013-2015, Population Size Estimation of Key Populations, National HTC Guidelines 2013, National Strategic Plan for Comprehensive Condom Programing in Sierra Leone PMTCT technical guidelines. Also of significance importance was the National AIDS Spending Assessment (NASA) Report 2013. Furthermore the Poverty Reduction Strategy Paper III (Agenda for Prosperity 2013 to 2017) recognizes HIV and AIDS as an important human development issue and

prescribes clearly the policy direction of Government in its fights against the epidemic. Finally, a Mid Term Review was made on the NSP II (2011 to 2015). It calls for strategic prioritization and a focus on the most effective interventions that have the potential for halting and reversing the epidemic by 2015 and increasing value for money from the response implementation.

Results from the DHS 2013 Preliminary Report show encouraging results from the prevention efforts that have been implemented throughout the years. Knowledge about HIV and AIDS is high; 96% of men responded that they have heard of AIDS compared to 94% of women. Awareness is higher in urban areas and among those with secondary or higher education. Additionally, 68% of women and 79% of men aged 15-49 know that consistent use of condoms is a means of preventing the spread of HIV; 75% of women and 83% of men know that limiting sexual intercourse to one faithful and uninfected partner can reduce the chances of contracting HIV. While 74% of men know that both using condoms and limiting sexual intercourse to one faithful and uninfected partner can reduce the chance of being infected with HIV, only 63% of women are aware of this.

Having multiple concurrent sexual partners and inconsistent use of condoms with non-regular partners increases the risk of contracting HIV and other sexually transmitted infections such as syphilis. The DHS 2013 Preliminary Report indicates that 6% of women reported that they had two or more partners in the last 12 months. Among women who had two or more partners in the last 12 months, only 5% reported using a condom at the last sexual intercourse. Among all female respondents who have ever had sexual intercourse, the mean number of partners in their lifetime is 2.5. Reporting multiple sexual partners is more common among men, as 25% of men age 15-49 reported that they had two or more partners in the last 12 months. Among men who had two or more partners in the last 12 months, only 13% reported using a condom at the last sexual intercourse. Among all male respondents who have ever had sexual intercourse, the mean number of partners in their lifetime is 6.6.

3.1.1 PMTCT

Prevention of Mother-to Child Transmission (PMTCT) is critical in ensuring that we achieve the vision of zero new infections encapsulated by UNAIDS Strategy. Some of the proposed strategies for achieving this include: Scaling-up of quality PMTCT services as well as upgrading of the PMTCT infra-structure, intensifying community mobilization and participation, increased male involvement, strengthening referral and linkage mechanisms as well as capacity of PMTCT service providers.

In the period under review, prevention efforts were scaled up yet there was a key challenge for the acquisition of resources to manage the services. According to NAS/NACP programme data, PMTCT sites increased from 687 health facilities in 2012 to 691 in 2013. However, there was a decrease in uptake of PMTCT services due to delay in resources. The number of pregnant women tested for HIV and received their test results decreased by 2% from 223,452 to 219,912 in the period under review. Regarding positive pregnant women receiving complete course of ARV prophylaxis for HIV, figures in absolute terms decreased from 1199 to 1179.

3.1.2 EID

EID was introduced and scaled up during this period; paediatric care services are now provided in 19 district hospitals. Health care workers were trained in EID and paediatric care services provision. A campaign on PMTCT ‘Give birth to life without HIV’ was launched by the First Lady in collaboration with UNAIDS, The Office of the First Lady and Voice of Women (VOW).

3.1.3 HCT

HCT is an important entry point for most forms of HIV prevention and control interventions including PMTCT, treatment and care. In 2012, a total of 335,596 people were counselled, tested and received their results, while 285,275 were served in 2013. This result indicates that people who were tested for HIV have decreased by 50,321. Voluntary Confidential Counselling and testing was undertaken in both PMTCT sites and VCCT stand-alone sites, coupled with outreach activities. There are 689 VCCT sites since 2012.

3.1.4 Blood Screening, Condom Promotion

On a whole, a total of 37,940 blood units were collected and all (100%) were screened for HIV, syphilis, and hepatitis B and C, in conformity to national guidelines. About 4,755,293 male condoms and 7,000 female condoms were distributed in 2013.

3.1.5 Health Facilities

A total of 1,295 health facilities were reported to be available in Sierra Leone. Majority of the Health facilities (88.2%) were government while 11.8% were run by private entities or FBO/NGOs.

3.2 Care and Support

Programmatic Area	Indicator	2012	2013
TB/HIV	No. of HIV+ persons screened for TB	5355	9048
	TB sites	165	170
OVC	No. of OVC provided support	8114	1805
Nutritional Support	No. of PLHIVs provided with nutritional support	3143	2922

Table 3: Programme Data for Care and Support

Source: NAS/NACP, 2012 and 2013 Programme Data

Tuberculosis (TB) is one of the common opportunistic infection among PLHIV. Therefore, in order to improve the quality of life of PLHIV co-infected with TB, it is necessary for them to have access to treatment of TB. According to the recent (2009) report on Pulmonary Tuberculosis among PLHIVs, 14% are co-infected with TB, 7% among women and 21% among men. Programme data for 2013 from the ministry of health show that a total of 9048 HIV positive persons were screened for TB in HIV settings.

Adequate and a well-balanced nutrition decrease the risk of rapid progression of HIV to AIDS and increases PLHIV capacity to fight opportunistic infections. According to the NAS programme data, 3,143 PLHIV were provided with nutritional support in 2012 and decreased to 2,922 in 2013. In the same reference period, OVC support decreased from 8114 to 1806, respectively. The main donor has shifted its support to treatment rather than nutritional support.

The Network of HIV Positives in Sierra Leone (NETHIPS) had a total of 33 support groups nationwide. NETHIPS has played a significant role of mobilizing PLHIV and the general population to access

various HIV and AIDS services that include PMTCT, VCCT, treatment, nutritional support, and raising awareness to reduce stigma and discrimination.

3.3 Treatment

Programmatic Area	Indicator	2012	2013
	No. of ART sites	131	136
	No. patients currently on treatment	8,529	9,065
ART	Adults	7,802	8,680
	Children	457	385
	No. in need of ART	20,548	27,490

Table 4: Program Data for Treatment

Source: NAS/NACP, 2012 and 2013 Programme Data

Early initiation of treatment for PLHIV improves their quality of life and prolongs their survival. Since the provision of free ART policy came into effect in 2005, there has been a significant increase in the uptake of ART services and subsequent scale-up of ART sites. Between 2012 and 2013, uptake of ART increased from 8,529 to 9,065 clients. Treatment centres also increased from 131 to 136 in the same reference period. According to the 2012 NAS report of Survival Analysis for PLHIV on ART The study suggested a survival rate of 92.3% with a retention rate of 69.7% .There are no figures for children.

3.4 Financing

Although a NASA was not conducted for 2012 and 2013, the most from previous NASAs are able to illustrate the priorities of expenditures within the national AIDS response. Table 5 outlines the expenditure priorities in the most recent NASA and Figure 6 illustrates the spending trends since 2006.

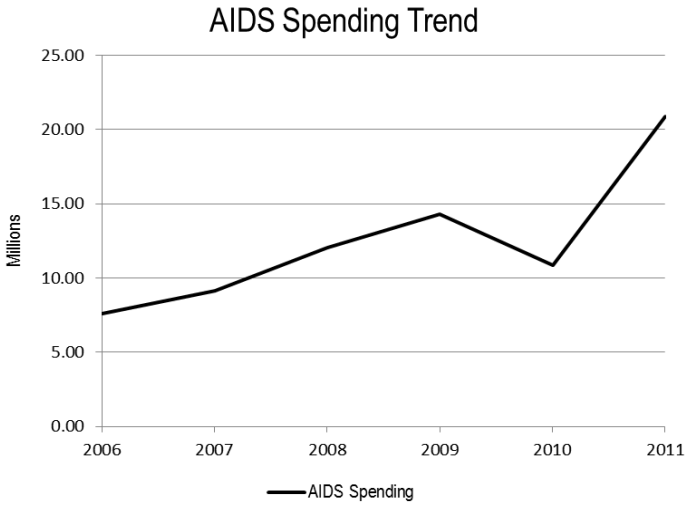

Figure 6: AIDS Spending Trend 2006 - 2011

	2010		2011	
	Amount (USD)	**%**	**Amount (USD)**	**%**
HIV and AIDS Expenditure by Funding Sources				
Total Spending	**10,875,295**	**100**	**20,905,243**	**100**
Public	253,499	2.3	168,584	0.8
Private funds	0	0.0	40,385	0.2
International	10,621,796	97.7	20,696,274	99.0
HIV and AIDS Expenditure by Programmatic Area				
Prevention	3,957,230	36.4	3,544,829	17.0
Care and treatment	1,514,910	13.9	1,960,743	9.4
OVC activities	67,170	0.6	822,896	3.9
Program management activities	4,168,193	38.3	12,680,742	60.7
Human resources	482,531	4.4	855,954	4.1
Social protection and social services	161,114	1.5	326,363	1.6
Enabling environment	524,147	4.8	486,545	2.3
Research activities	0	0.0	227,171	1.1

Table 5: AIDS Expenditures for 2010 and 2011

Source: NASA 2010/2011 Report, NAS, Sierra Leone

The total spending on HIV and AIDS in Sierra Leone was $10,875,295 (SLL 44,588,709,500) and $20,905,243(SLL 85,711,496,300) in 2010 and 2011 respectively using an exchange rate of $1:SLL4100. Funding in 2010 decreased from the $14,309,550 level in 2009 due to a global capping on HIV financial resources. International funds constituted an overwhelming majority (97% in 2010 and 99% in 2011) of financial resources for the HIV response in Sierra Leone. Public funds accounted for 2.3% of the total spending in 2010 but decreased to 0.8% in 2011. Private funds remained unimpressive, however, the trend depicts that there is an increased interest amongst private financing sources in contributing towards the HIV response in Sierra Leone with a contribution of 0.2% in 2011. Programmatic decisions on the HIV response were mainly by the international donors in 2010 but the National AIDS Secretariat took the centre stage in 2011 and If this trend continues, it will engender country ownership and stewardship of the national response. The providers of the HIV goods and services in both years were by the public sector which demonstrates the donor's confidence in Government to deliver quality service to the populace. However, it is worth of note that the services rendered the bi- and multilateral entities were mainly in the areas of programme management, coordination, monitoring, and evaluation. The proportion of funds spent on prevention (36% in 2010 and 17% in 2011) and treatment (14% in 2010 and 9% in 2011) generally decreased. However, the proportion of financial resources expended on programme management and administration rose to 61% in 2011 compared to 38% in 2010 which were mainly by the Global fund through the Directorate of Planning and Information for salaries, staff tax and other fringes. This resulted in high expenditure on non-targeted interventions in both years with the general population benefitting from only a marginal proportion of the total expenditure on HIV (18% in 2010 and 9% in 2011).

3.5 Policy/Strategy Development and Implementation

3.5.1 Political Commitment

The commitment of His Excellency the President Ernest Bai Koroma in taking the lead in mobilizing the nation in the AIDS response is recognized globally. The National AIDS Council (NAC), the highest policy-making body in the national response, convened a meeting in July 2013 which was chaired by His Excellency the President. At this meeting, the President obligated all Ministries to be involved in the response to AIDS and recognized the need to provide programming for all members of the population. Of critical importance is that the President has also identified AIDS as a priority within his government's 'Agenda for Prosperity'. The First Lady of Sierra Leone Mrs. Sia Koroma is a member of Organization of African First Ladies Against AIDS (OAFLA) attending the General Assembly in Egypt and the subsequent Annual meeting in Addis Ababa Ethiopia. The First Lady is also a member of the Steering Committee for West & Central Africa.

3.5.2 Participation of Civil Society Organizations

NAS and its partners have facilitated the formation and capacity building of CSOs into coordinating entities. Considerable advances have been made regarding involvement and representation of PLHIV in the national response, most notably the NETHIPS (Network of HIV Positives in Sierra Leone) and VOW (Voice of Women) representation in the National AIDS Council, in the CCM, BCAASL and at many key coordinating entities. To date, NETHIPS and other CSOs have advocated for laws focusing on the Human Rights of PLHIV's and women, which resulted to the enactment of the HIV law in September 2011.

Establishment of new Civil Society coordinating entities including the Sierra Leone Youth Coalition Against AIDS and the Inter Religious AIDS Network also enforced CSOs active involvement in the national response. CSO network and constituent coordinating entities facilitated by NAS have become viable platform for programme activities. These networks have become recognized as critical players in the national response, as they participate robustly in advocacy, programme planning and implementation with both national and development partners.

3.5.3 Line Ministries

The NAS served as the lead organization supporting line ministries in the national AIDS response. HIV focal points are committed in HIV work place issues in their respective ministries and are well represented in meetings and validation workshops, such as Mid Term Review of the National Strategic Plan. The challenge is the lack of budget for HIV activities within their ministries, thus the ministries are reliant on a budget from NAS which is not available.

4 Best Practices

Sierra Leone has made much progress in its national AIDS response in the past few years. Most notably, three experiences that it has undergone which it can share as a good case practice are (1) Garnering political commitment for key populations, (2) Integrating M&E Systems Assessment into activities, and (3) Implementation of an EID Programme.

4.1 Garnering political commitment for key populations

Rationale:

According to the 2010 Modes of Transmission Study, prevalence amongst members of key populations is higher than the general population due to activities and behaviours that place them at higher risk of HIV transmission. Many of their behaviours and activities are criminalized and result in high levels of stigma and discrimination. Such discrimination affects the amount and quality of access to HIV-related services and contributes to human rights abuses. Additionally Sierra Leone is dominated by two Abrahamic religions; Christianity and Islam which do not accept the existence of such key populations when identified. In November 2013, a Population Size Estimation of Key Populations provided the first estimate of the population of Female Sex Workers (FSW), Men who have Sex with Men (MSM) and People Who Inject Drugs (PWID) within Sierra Leone. It was estimated that FSW range between 180,000 to 300,000 while MSM and PWID stand at 20,000 and 1,500 respectively.

Activity:

These findings provided evidence that these three key populations reside in Sierra Leone and thus require specific programs to prevent HIV transmission. The outcome of the study were presented to the National AIDS Commission which comprised of representatives from public/private sectors, civil society groups such as faith based organizations, and various levels of government; it was chaired by the Head of State, H E President Koroma. The presentation and ensuing debate resulted in the President urging Commission members to implement specific interventions to reduce the HIV-infection risk among these populations.

Results:

Despite the illegal status of key population, provision of health services is not exempted from them. It is within this context that the Commission was willing to targeted prevention and treatment programming. As a result, the National AIDS Secretariat can openly provide HIV related services to Key population, thereby enhancing Sierra Leone's abilities to meeting the "Three Zeroes" and the Millennium Development Goal on HIV.

Lesson:

Evidence based discussions prove catalytic to opening dialogue on key populations within conservative and non-secular societies that would otherwise remain discreet.

4.2 Integrating M&E Systems Assessment into activities

Rationale:

The Monitoring and Evaluation System Strengthening Tool (MESST) helps all entities within the national AIDS response to assess their M&E system's strengths and weaknesses, from organizational structures to data dissemination and use. Sierra Leone conducted its last M&E assessment in 2011, thus warranting for a revisit of its achievement, progress and additional commitments to strengthening the M&E system.

Activity:

An M&E Assessment workshop was convened in 2013 in order to gather multi-sectoral stakeholders from national and sub-national levels to assess the M&E system of the national AIDS response. It intended to document the progress of National HIV M&E System over the years and track the status of recommendations and action points using the 12 components of a strong M&E System.

Result:

The discussions and work from assessment enabled stakeholders to create an action plan for the coming year to strengthen the M&E systems within their respective organizations and contribute to the strength of the overall system. It also allowed an opportunity to streamline M&E investments and activities to better inform planning, avoid parallel reporting and improve quality of monitoring programmatic data. The participants recommended that the resulting workplan be incorporated into the M&E Techical Working Group's (M&E TWG) ToR in order to provide oversight on the progress of the commitments.

Lesson:

The findings and resulting workplan from an M&E System Assessment is an ideal way to capture the priorities for the national AIDS response M&E community and strengthen the M&ETWG's mandate of oversight and overall guidance on M&E activities.

4.3 Implementation of an Early Infant Diagnosis (EID) Programme

Rationale:

The majority of children acquire HIV infection through Mother to Child Transmission (MTCT) during pregnancy, labour and delivery, or breastfeeding. Over the past decades many countries have launched PMTCT programmes that are integrated into the existing MCH settings. While these programmes have been relatively successful in identifying HIV infected pregnant women, success at reducing MTCT is difficult to determine without systemic testing of all exposed HIV infants. In most settings, follow up of expose infants have been poor. Most HIV infected infants have not been identified and treated early. Early HIV testing can help HIV infected infants access lifesaving treatment, provide reassurance of the families of the uninfected infants, and help PMTCT programmes monitor their effectiveness. Many HIV-infected infants fail to initiate ART due to failure to identify HIV-exposure and/or subsequent infection; loss to follow-up of the mother-infant pair before diagnostic results are returned; weak linkages between EID and paediatric HIV care and treatment; non-availability of paediatric-appropriate ARV formulations, lack of integration of paediatric ART into adult ART services or decentralization of paediatric ART programs; and inadequate staff training on paediatric HIV. Early diagnosis of HIV infection is essential for ensuring timely initiation of ART and reducing the high morbidity and mortality that occurs among HIV-infected children who do not receive treatment. While disease

progression is particularly rapid in the first few months of life in those infants infected perinatal, early initiation of ART has been shown to significantly reduce the risk of mortality.

Activity:
EID was introduced and scaled up in paediatric care facilities; it is currently being provided in 19 district hospitals. National standardized registers and patient records for HIV-exposed infants aid clinic staff in accurately identifying exposed and infected children.

Results:
Key elements of successful early infant diagnosis program include the following:

- Routine follow up for HIV exposed infants
- All infants diagnosed with HIV receive HIV care and/or treatment services as soon as possible after diagnosis.
- Coordination between antenatal and post natal care, child health programmes (nutrition, immunizations and ill child care) and programmes for care of HIV- infected children
- Settings where ill children are seen (outpatient and inpatient) provide early infant diagnosis services for all infants with signs and symptoms of HIV who test positive on a screening antibody test to very HIV exposure
- Child health records whether clinic based or hand carried are updated to include HIV and PMTCT information in order to maximize identification of children in need of follow up.

Lessons:
Early infant diagnostic testing should be high priority for PMTCT programmes, general paediatric care and child health programmes, and paediatric HIV care and treatment programmes. It is imperative that PCR-positive results are prioritized for rapid notification and infants promptly referred to treatment. HIV antibody testing is a valid method of ruling out HIV infection in infants, and should be used for this purpose starting around 9 months of age to reduce the need for costly and time consuming PCR tests. Additionally:

- Laboratory infrastructure and logistics are critical and complex components of infant diagnosis programmes, and careful planning with and adequate funding for the laboratory are required for success
- HIV DNA PCR is the recommended virological testing method for early infant diagnosis.
- Collection of dried blood spots (DBS) is the most practical and feasible method for obtaining blood samples from young children and should be the primary method of sample collection at most sites.

5 Major Challenges and Remedial Action

5.1 Major Challenges

Notwithstanding the above achievements, the 2013 Mid Term Review of the NSP indicates several challenges that face the National AIDS Response.

- Ineffective coordination structures/entities and mechanisms resulting in little or no coordination at the sub-national level
- Little or no enforcement of the policies and laws and limited options for redress of those whose rights are violated.
- High staff attrition rates and need for increased skill capacity building
- High dependence on external funding and weak mobilization efforts for domestic resources
- Low uptake of HCT services as well as low retention of ART
- Strong support for scale up of interventions, but maintenance of the quality of these services is unclear
- Inadequate lab equipment
- Frequent stock-outs of OI drugs and laboratory reagents.
- Stigmatization and discrimination of the PLHIV and the key populations which often constrains them for accessing services
- M&E activities are still largely GF focused with non-GF supported activities not being captured
- Data management, knowledge management and sharing systems are still weak

5.2 Remedial Actions

To overcome the above challenges, NAS is planning on implementing the following activities:

- Develop a Resource Mobilization Strategy (DRM) in order to more efficiently and sustainably finance the National AIDS Response
- Integrate activities from the M&E Assessment into the M&E TWG ToR
- Provision of targeted programming for key populations as per findings of the PSE
- Implementation of Standard Operating Procedures for data monitoring
- Scale up of HCT, ART, PMTCT (EID) interventions

6 Support from the country's development partners

The Global Fund (GFATM) funded roughly $34.5 million USD for the years 2012 and 2013. NAS has received $1,219,560 USD funds from KfW and the 152,000,000 Leones from the Government.

Solthis has taken the lead in creating a standardized Standard Operations Procedure in coordination with other stakeholders such as the UN Family. Solthis has also been actively involved in strengthening electronic data collection within the facilities and providing technical support and guidance within the facilities.

The UNCT has provided financial and technical support in the past two years. Most notably, they have assisted in financing crucial studies such as the NASA 2009 – 2011, PMTCT DQA, Survival Study 2013, Population Size Estimation, ART Patient File Audit, Mid Term Review of the NSP, Global Report for 2011 and 2012, and Stigma Index. Additionally, they have provided funds and technical support for the scale up of PMTCT, World AIDS Day events, PLHIV livelihood activities and Mami n Pikin Well body week. In 2013, WFP and UNOPS were requested to assist the GFATM grant with procurement and nutritional support disbursement.

7 M&E Environment

The M&E system for the national AIDS response is coordinated by the M&E team of the National AIDS Secretariat. A team leader and 3 M&E officers oversee the M&E processes and activities. They are also supported by 4 M&E officers within the National AIDS Control Programme who oversee programmatic monitoring and research for the health / clinical data. The work of the M&E teams is guided by the national M&E Plan which is complimentary to the National Strategic Plan of 2011 – 2015. The teams also conduct quarterly routine supervisory field visits to collect data and provide technical assistance and M&E guidance to monitoring in the sub-national offices. A national M&E technical working group comprised of national and subnational stakeholders convenes once a quarter to provide guidance and oversight on on-going research and M&E activities. The METWG Terms of Reference (ToR) were updated according to the needs outlined from the 2013 M&E Systems Assessment.

According to the 2013 M&E Systems Assessment, the main weaknesses in the M&E system are (1) organizational structures, (2) human capacity, (3) Partnerships, and (4) Subnational and national databases. [Note that Component 7: Routine Monitoring was assessed in a different manner] The main strengths of the M&E system were found to be (1) Advocacy, Communication and Culture, (2) Surveys and Surveillance, (3) Supervision and Auditing, and (4) Evaluation and Research. Refer to Figure XXX for the overall M&E Assessment.

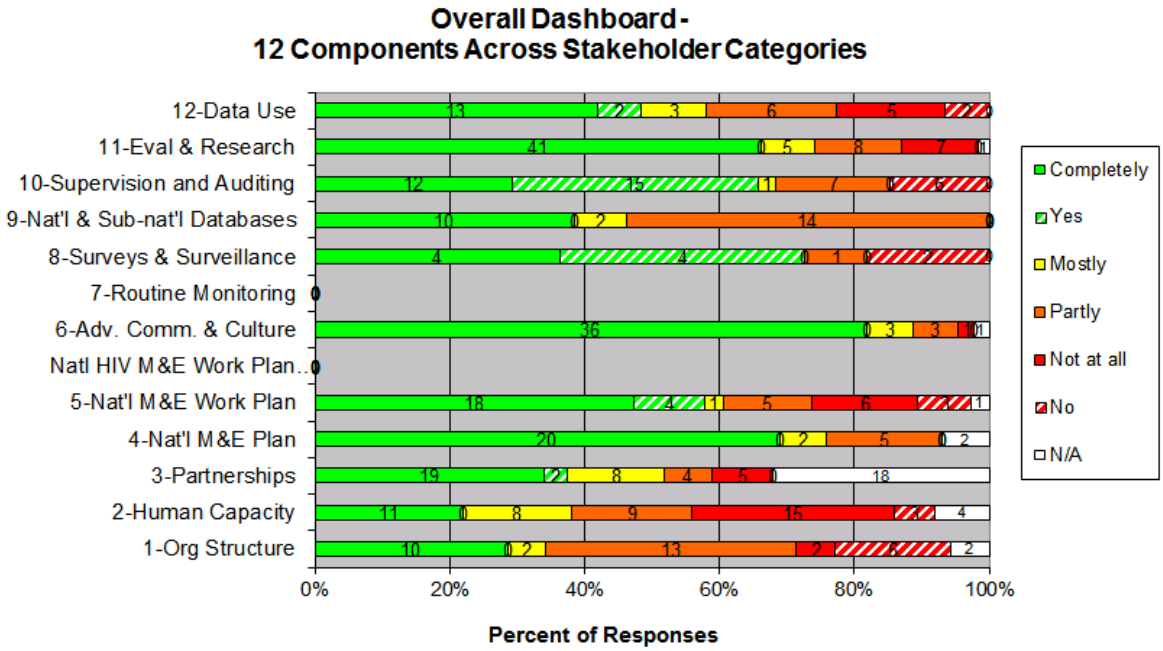

Figure 7: M&E Systems Assessment 2013

Key studies / reports that were completed during 2012 and 2013 are:

- NASA 2008/2009 and 2010/2011
- Population Size Estimation of Key Populations

- ART Patient File Audit
- Survival Study 2012
- PMTCT Campaign First Phase Evaluation
- Bottleneck Analysis of PMTCT Services
- Mid-term review of the NSP 2011-2015
- HIV Estimates and GARPR 2012

According to the NSP MTR, the main challenges and limitations of the M&E system are the following.

- M&E activities within the NAS places a great emphasis on Global Fund based M&E activities
- Lac of information regarding non-GFATM activities
- Lack of staff career planning and capacity building leads to low staff retention rates
- Lack of human capacity (number of staff and level of skills) for M&E at all levels of the national response
- Lack of nationally standardized data collection tools and processes apart from those delivered to the GFATM
- Decreasing funds for M&E activities is hampering implementation of critical M&E activities
- Limited documentation of HIV/AIDS activities often hampers the data collection and reporting
- Uncoordinated research and evaluation efforts between partners

To address these challenges, NAS is in the process of implementing the following:

- Training on a newly created Standard of Operations for all monitoring tools used within sub-national and national level
- M&E training for staff within NAS, NACP and partnering agencies
- Working closely with documentation and publications unit of NAS to ensure an updated repository of documentation
- Initiating the research agenda and the METWG mandate of overseeing it
- In order to strengthen the M&E work, the following are immediate needs for technical assistance
- Funds for NASA 2012/2013 and piloting an institutionalized NASA
- Funds to support additional research and evaluation outlined in the research agenda
- Technical support in training organizations on M&E foundations, developing evaluations / analysis and strengthening / creating an electronic monitoring system for HIV related data at the sub-national and national levels

Annex A: List of NCPI Participants

Part A

- National HIV/AIDS Secretariat
- Ministry of Health and Sanitation
- National AIDS Control Program
- Ministry of Youth Affairs
- Ministry of Hotel, Culture and Tourism
- Republic of Sierra Leone Armed Forces

Part B

- Focus 1000
- UNICEF
- SOLTHIS
- Planned Parenthood Association Sierra Leone
- Centre for Coordination of Youth Activities
- Women in Crisis Movement
- Organization for Research and Extension of Intermediate Technology
- Advocacy Movement Network
- The Shepherds Hospice
- HIV AIDS Care and Support Association
- SLIRAN
- NECHRAS
- Child Fund Sierra Leone
- Sierra Leone Social Marketing and Development Agency
- Cooperative American Relief Everywhere (CARE)-SL
- AIDS Health Care Foundation-(AHCF)-SL

Annex B: List of GARPR Validation Workshop Participants

- UNAIDS
- UNICEF
- Country Coordinating Mechanism
- National HIV/AIDS Secretariat – Western Area
- Ministry of Health and Sanitation
- National AIDS Control Program
- National HIV/AIDS Secretariat – Regional (North, South, and East)
- Rofutha Development Association
- Ministry of Youth Affairs
- Ministry of Hotel, Culture and Tourism
- Network of HIV positive persons in Sierra Leone
- Dignity Association SL
- Cooperative American Relief Everywhere (CARE)-SL
- World Food Program
- M&E Technical working group
- HIV AIDS Care and Support Association
- Media- Star Radio
- Media- AYV
- Media-Sierra Leone Broad Casting Corporation
- National Leprosy and TB control program
- SPV- Volunteer representing UNWHO
- COPAASL
- Voice of Women
- Milton Margai College of Education and Technology
- Coalition of Civil Society and Human Rights Association
- Child Fund Sierra Leone
- NECHRAS
- Society for Women against AIDS Sierra Leone Chatter
- Business Coalition Against AIDS in Sierra Leone
- National Leprosy and Tuberculosis Control Program
- Ad-Media
- Health Systems Strengthening