Sierra Leone overview

Sierra Leone has a mixed HIV epidemic, with 54,000 [47,000–61,000] people living with HIV in 2014 and an adult prevalence of 1.4% [1.2–1.6%]. In the same year, 4,300 [3,800–5,000] children under the age of 15 were living with HIV.

2015 was a difficult year in Sierra Leone, owing to the Ebola virus disease outbreak and the onset of flooding in many areas of the country. However, the national AIDS response continued to provide treatment and care, with the support of UNAIDS and partners.

The country has contextualized the Fast-Track approach and aligned the national targets to the 90–90–90 treatment target. This meant that the national AIDS response needed to scale up its efforts in order to provide treatment, care and support to the estimated 54,000 people living with HIV nationwide and to strengthen its efforts to prevent further transmission of HIV among vulnerable populations, such as children, women, adolescents, men who have sex with men and female sex workers. The national AIDS response met the challenge and must reach the very ambitious targets set in the National AIDS Strategic Plan 2016–2020. With renewed national commitment to the AIDS response, revitalized relationships with partners and donors and a reenergized UNAIDS country office, Sierra Leone is set to end AIDS as a public health threat by 2030.

UNAIDS country office staff

The UNAIDS country office welcomed Michael Gboun as its new Country Director in July 2015.

“UNAIDS is a respected partner ready to provide technical and strategic support.”

Abu Bakar Fotanah, Minister of Health and Sanitation of Sierra Leone

The country office is comprised of a Strategic Information Adviser, National Programme Officer, Administrative Assistant and Transport Officer. Despite its size, this small team is able to work together to support its partners and the national response towards meeting its goals and targets.

Country office highlights

Partnerships

UNAIDS Sierra Leone continues to partner with its Cosponsors, donors and national partners to drive and deliver results. In 2015, UNAIDS Sierra Leone partners included the following:

- Government of Sierra Leone—UNAIDS Sierra Leone strengthened relations and collaborative efforts with specific ministries.
- Civil society organizations—UNAIDS Sierra Leone revitalized relationships with civil society organizations in order to play stronger roles in the response.

“We are having a great and impressive collaboration to Fast-Track the national response.”

Momodu Sesay, Director General, National HIV/AIDS Secretariat

Advocacy

A key priority is advocating for increased engagement of the government and its partners in the AIDS response. The country office leveraged its position to advocate for numerous and ambitious targets, including the following:

- Raising the profile of the highest HIV burden areas to be addressed nationally.
- Gaining approval from the government to provide greater programme priority to high-burden areas.
- Supporting the development of the National AIDS Strategic Plan 2016–2020.
- Increasing the involvement and engagement of key population in national planning processes, proposal development and general discussions.
**UNAIDS making a difference in Sierra Leone**

**Treatment**
According to government estimates, antiretroviral therapy coverage was increased to 23% among adults and 19% among children in 2015. An ambitious National AIDS Strategic Plan was adopted, which has the target of all people living with HIV accessing antiretroviral therapy by 2020, including 100% paediatric antiretroviral therapy coverage in 2016 and 100% prevention of mother-to-child transmission of HIV coverage in 2017.

There was effective advocacy to the government, resulting in an increase of the Global Fund to Fight AIDS, Tuberculosis and Malaria’s allocation for treatment, with the aim of achieving 80% antiretroviral therapy uptake in 2016.

**Prevention**
The profile of the AIDS response has been raised among local councils, youth, women and national leaders in support of the cities approach and the prioritization of highest burden areas. Combination prevention has been included in the national discourse and one-stop shops for service delivery for key populations were created.

**Prevention of mother-to-child transmission of HIV**
In 2015, coverage of medicines for the prevention of mother-to-child transmission of HIV was 42%, while there was 13% transmission of HIV from mothers living with HIV to their children.

**Tuberculosis**
In Sierra Leone, 13% of people living with HIV are coinfected with tuberculosis. There was a closer partnership between HIV and tuberculosis principal recipients in Global Fund grant creation and management, resulting in overall stronger interactions between the units.

“UNAIDS is a United Nations agency that has perfected its skill and knowledge in mobilizing partnerships to deliver its mandate in Sierra Leone.”

Mary Okumu, UN Women Representative in Sierra Leone

“UNAIDS’ support to beneficiaries and the wider national response is tremendous and of great quality.”

Idrissa Songo, Network of HIV Positives in Sierra Leone

**Closing the resource gap**
An HIV budget line within the 2016 national budget of 1.7 billion leones (approximately US$ 340 000) was approved, as was the Domestic Resource Mobilization Strategy of the National AIDS Commission.

**Eliminating gender inequalities**
Technical support has been provided to sex workers on the prevention of HIV infection and on livelihood alternatives and there has been advocacy against gender-based violence.

**Stigma and discrimination**
Strategic information on stigma and discrimination was generated using the People Living with HIV Stigma Index, thus providing evidence for improved stigma reduction programming.

**Strengthening HIV integration**
Collaboration between the HIV, health systems strengthening and tuberculosis sectors was strengthened through Global Fund processes. The development and implementation of the National Partnership Forum on AIDS was supported to increase awareness of domestic resource mobilization strategies and to create an enabling environment for partners to interact and collaborate.

**HIV sector contributions to the Ebola virus disease response**
Advisory support was given to a study on the persistence of Ebola virus within the bodily fluids of Ebola virus disease survivors. In collaboration with the National HIV/AIDS Secretariat, an implementation plan for phase three of Project Shield was developed, which provides counselling services to male Ebola virus disease survivors recently discharged from Ebola treatment centres.

Technical guidance on a multisectoral Ebola virus disease response was provided, based on lessons learned and experiences of the HIV sector.
**UNAIDS country office finances**

The Ebola virus disease outbreak resulted in a great reallocation of partner funds in 2015 away from the HIV sector, thus decreasing the amount of financial resources available to HIV programming. The table and figure below summarize the funds expended by UNAIDS Sierra Leone.

**UNAIDS Sierra Leone core fund expenditure according to United Nations Development Assistance Framework (UNDAF) priorities (US$)**

<table>
<thead>
<tr>
<th>UNDAF area</th>
<th>Budget requested</th>
<th>Budget received</th>
<th>Budget spent</th>
<th>Budget spent (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ebola virus disease recovery plan</td>
<td>30 000</td>
<td>30 000</td>
<td>29 340</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>95 500</td>
<td>53 500</td>
<td>47 997</td>
<td></td>
</tr>
<tr>
<td>Strengthen social protection</td>
<td>6500</td>
<td>6500</td>
<td>6408</td>
<td></td>
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<tr>
<td>Gender equality</td>
<td>8000</td>
<td>8000</td>
<td>7436</td>
<td></td>
</tr>
</tbody>
</table>

**UNAIDS Sierra Leone core fund request, receipt and implementation rate**

87% implementation rate

Challenges

Key challenges for the country office and the national AIDS response in 2015 were predominantly linked to the Ebola virus disease outbreak and response. UNAIDS leveraged this challenge as an opportunity to showcase its long-standing experience in managing a multisectoral response. This allowed UNAIDS to keep partnerships engaged and contribute to the national Ebola virus disease response.

Future

With a new UNAIDS Country Director and in support of the National Strategic Plan 2016–2020, UNAIDS Sierra Leone is primed to reenergize the AIDS response in the country within a post-Ebola era. Priorities of the team for 2016 include the following:

- Innovative resource mobilization drive for the UNAIDS country office, civil society organizations and the national AIDS response from in-country traditional and non-traditional donors.
- Advocacy for the effective use of resources, especially for the Global Fund.
- Revolution of combination prevention among young people, key populations and other vulnerable groups.
- Political advocacy for participation in the 2016 United Nations General Assembly High-Level Meeting on Ending AIDS and its follow-up actions.
- Launch cities initiative to increase demand for and uptake of HIV services.
- Support for elimination of mother-to-child transmission of HIV and increased coverage of services for key populations, adolescents, children and adults.

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