

SIERRA LEONE

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

During the COVID-19 pandemic, the Joint Team supported the Government to roll out innovative service delivery models, including HIV self-testing, multimonth dispensing of antiretroviral treatment, and cash transfer programmes to ensure the continuity of services and most importantly, improve the health outcomes of people living with HIV and key populations. People living with HIV were also trained on healthy meal preparation and the advantages of adhering to treatment. Treatment defaulter tracers were trained and managed to track and reenrol children, adolescents, pregnant women, and lactating mothers living with HIV who were lost to follow-up. Prevention of mother-to-child transmission of HIV (PMTCT) service coverage was increased with technical support provided by the Joint Team which included the development and rollout of a costed strategic plan and training of healthcare professionals. Intensive advocacy led to the rollout of pre-exposure prophylaxis (PrEP) targeting adolescent girls and young women, key populations, and serodiscordant couples. New sexual and reproductive health centres were established in health facilities to scale up HIV and reproductive health services. The Joint Team conducted a study collecting new data on HIV prevalence among key populations to ensure evidence-informed programming. An ethnographic and social research was conducted to identify main drivers of sexual and gender-based violence. A national strategy to eliminate gender inequality was developed and launched in Sierra Leone. A total of US\$ 156 million was mobilized to support the national HIV response and ensure the continuity of HIV services during the COVID-19 pandemic.

HIV TESTING AND TREATMENT

The Joint Team supported the development and dissemination of HIV and COVID-19 treatment guidelines which accelerated the implementation of a multimonth dispensing (MMD) of antiretroviral treatment (three months); reaching 7518 out of 46 445 (16%) people living with HIV on treatment. The guidelines also served as an important entry point for the rollout of other differentiated service delivery models, such as: facility-based individual models (Fast Track Visits Appointment spacing without fast track); facility-based group models (ART Groups); community-based individual models (Outreach Model / Community Drug Distribution Points); and community-based group models (Community-based ART Groups). Furthermore, the Government was supported in developing guidelines for HIV and COVID-19 co-infection screenings and subsequent treatment.

To improve access to HIV testing services during the COVID-19 pandemic, the Joint Team assisted the National AIDS Control Programme (NACP) in the development and validation of standard operating procedures for HIV self-testing. As a result, the National HIV/AIDS Secretariat rolled out HIV self-testing during the 2020 World AIDS Day commemoration. More than 5000 HIV self-testing kits were procured and distributed through networks of key populations to support the Government's efforts aimed at improving access to HIV testing services among this group.

The Joint Team partnered with HAPPY Kids to empower children and adolescents living with or affected by HIV by improving access to antiretroviral treatment, adherence to treatment; family education; enhancing disclosure and sharing coping mechanisms; and reducing HIV-related stigma. Through this partnership, the Joint Team also trained and deployed 40 defaulter tracers in targeted areas. The trained tracers managed to track 339 people living with HIV who are lost to follow-up and 301 children, adolescents, pregnant women, and lactating mothers were returned to care—accounting for 68% of 441 people targeted by the project.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION AND PAEDIATRIC TREATMENT

The Joint Team provided technical and financial support for the development and rollout of national elimination of mother-to-child transmission of HIV (EMTCT) and Paediatric HIV Strategic and Costed Operational Plan. This support significantly contributed towards the recent increase in prevention of mother-to-child transmission of HIV (PMTCT) coverage in Sierra Leone—from 51% in 2020 to 78% in 2021.

Capacity building training on providers-initiated HIV testing and counselling was conducted with support from the Joint Team for 170 healthcare workers in five high burden districts to improve HIV case detection and antiretroviral treatment for children, pregnant women, and lactating mothers. Technical support was also provided to the Government for the effective management of the national supply chain system, including forecasting, quantification, procurement, distribution, and storage techniques for PMTCT and paediatric HIV commodities, with special focus on HIV test kits and paediatric antiretroviral treatment.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team supported the Ministry of Basic and Senior Secondary Education in the development of a comprehensive sexuality education (CSE) policy as well as the related CSE teaching and learning materials for primary and secondary school pupils. These resources cover a variety of topics, including sexual and reproductive health rights, gender equality, and critical thinking.

As a result of advocacy and technical support, the Government launched pre-exposure prophylaxis (PrEP) targeting adolescent girls and young women, key populations, and serodiscordant couples who have a higher risk of acquiring HIV. In 2021, an estimated 1304 people from key populations accessed PrEP services across the country.

Technical and financial support was provided for the 2021 Integrated Bio-Behavioural Surveillance Survey (IBBSS), which provided new data on HIV prevalence among key populations to guide tailored programming. The study showed an 11.8% prevalence among sex workers, 4.2% for transgender people, 3.7% among persons in incarceration, and 3.4% for men who have sex with men. The study also estimated the key population size as 11 526 sex workers, 7615 people who inject drugs, 1069 transgender people, and 3203 men who have sex with men. This latest data will inform future planning, programme design and interventions targeting these communities.

The Joint Team supported the establishment of sexual and reproductive health (SRH) centres in five health facilities. The centres provide integrated HIV and sexual and reproductive health services, including HIV and sexually transmitted infection (STI) screening and treatment, family planning, cervical cancer screening, and sexual and gender-based violence.

GENDER INEQUALITY AND GENDER-BASED VIOLENCE

Technical support was provided for the development and implementation of the National Sexual and Gender-based Violence Response Strategy aimed at accelerating actions for eradicating harmful cultural practices, customs, and traditions that impede gender equality in Sierra Leone. The results attained from implementing the strategy included a) enhanced knowledge among traditional and religious leaders, adolescent boys, and young men on various issues, including positive masculinity and its connection with sexual and gender-based violence; way of addressing gender inequality and power imbalances between women, men, boys, and girls, and all harmful practices against women and girls; and b) empowerment of Sexual and gender-based violence district committees to work closely with one-stop centres in five districts to improve access to health and support services.

The Joint Team in collaboration with the United Nations Gender Technical Working Group, facilitated ethnographic and social research into the drivers of sexual and gender-based violence in Sierra Leone. Research findings revealed that most respondents started sex work between ages 12 and 15. A majority of respondents reported having been in conflict with the law (74%), and almost all (96%) respondents reported experiencing conflict with their clients; almost 88% respondents have been injured during sex work. These results and proposed recommendations will inform the sexual and gender-based violence programmes targeting adolescent girls, young women, and their male partners.

The Joint Team supported the establishment of one-stop centres in seven districts to scale up comprehensive support services, including medical, psychosocial, and legal services to survivors of sexual and gender-based violence.

HUMAN RIGHTS, STIGMA, AND DISCRIMINATION

Intensive advocacy by the Joint Team, development partners, and civil society led to the Government repealing the national policy that prevented pregnant girls from attending schools.

The Joint Team supported the Government of Sierra Leone in the development of the “Multiyear Plan to Remove Human Rights-Related Barriers to HIV and Tuberculosis Services 2021-2024”. The plan seeks to ensure a country that is free from HIV- and tuberculosis-related stigma and discrimination through the protection of human rights, gender equality, and health equity of all people. The plan was launched by the Sierra Leone Human Rights Commission on the 2021 International Human Rights Day.

SOCIAL PROTECTION

Leadership, technical and financial support by the Joint Team led to a successful profiling of people living with HIV in Sierra Leone through a robust and user-friendly national database. This will ensure credible data to guide programming and advocacy efforts for HIV-sensitive social protection and safety net programmes in the country. As a result of intense advocacy and the new evidence, the Government and development partners are showing commitments for the inclusion of people living with HIV into the national social protection programmes.

In 2020-2021, the Joint Team reprogrammed funding from the country support envelope to provide cash transfers interventions to vulnerable people living with HIV affected by the socioeconomic impacts of the COVID-19 pandemic. The Joint Team in collaboration with the National AIDS Secretariat, United States Agency for International Development (USAID), and

network of people living with HIV in Sierra Leone (NETHIPS) provided mobile app-based cash transfer worth US\$ 177 for 60 days to 1082 (79% females) people living with HIV experiencing food insecurity in five districts—Bonthe Pujehun, Kailahun, Karene, Koinadugu, and Port Loko.

In parallel, the Joint Team provided access to accurate information on healthy eating and lifestyles among people living with HIV who benefited from the cash transfer programme and who visit drop-in centres to increase knowledge and self-efficacy on nutrition and treatment adherence. Over 12 000 flyers were printed and disseminated through NETHIPS and organizations working with vulnerable and key populations.

INVESTMENT AND EFFICIENCY

The Joint Team played a critical role in developing various funding proposals, including to the Global Fund, the United States President's Emergency Plan for AIDS Relief (PEPFAR) Country Operation Plan (COP), and the President's Malaria Initiative (PMI) which contributed to more than 80% of the total expenditure for the HIV, tuberculosis, and malaria responses in Sierra Leone. For example, leadership and technical support to the development of the Global Fund concept note mobilized US\$ 126 million for the 2021-2024 grant period. The funding will be used to sustain the national HIV response, with the goal of eliminating AIDS as a public health threat by 2030. Additional US\$ 30 million was secured from the Global Fund COVID-19 Response Mechanism for the pandemic response in the country.

Technical support was provided for the development and implementation of a community-led monitoring tool and community charter to accelerate community-led response, programme monitoring, advocacy, and meaningful participation of vulnerable and key populations in the HIV and tuberculosis response and the overall health development. A total of US\$ 130 000 was mobilized from PEPFAR and the Joint Team to support the implementation of community-led monitoring by NETHIPS and ensure efficiency, sustainability, transparency, and accountability of all resources invested in the HIV and tuberculosis response.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Government, the Joint Team, and other development partners continued to work diligently towards achieving the Sustainable Development Goals (SDGs) 2, 3, 4, 5, 10 and 16 through the implementation of Sierra Leone's United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020-2023, which is fully aligned with the country's medium-term development plan.

In 2020-2021, the Joint Team actively engaged in three of the four UNSDCF outcomes—transformational governance, access to basic services, and leaving no one behind. On transformational governance, technical support was provided for the development of the Five-Year Human Right Plan for HIV and Tuberculosis and human rights sensitization for key stakeholders. The Joint Team also contributed to strengthening state institutions, including the human rights commission to be responsive to the needs of key populations; improving the quality and access to education; and promoting access to sexual and gender-based violence services and economic empowerment for women.

Besides intense advocacy for the inclusion of people living with HIV in social protection programmes, the Joint Team made significant contributions towards improving access to integrated PMTCT and antiretroviral treatment services, building resilient health system and strengthening the capacity of community health workers, implementation of MMD and differentiated service delivery approaches during the COVID-19 pandemic.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic presented serious challenges in the HIV response, including disruption of services and implementation of planned training and support activities. For example, pandemic-related travel restrictions prevented technical experts from travelling into Sierra Leone to fix damaged viral load and early infant diagnosis testing machines, which continue to impede HIV case detection among children and the implementation of the new treatment guidelines. While the COVID-19 pandemic created important challenges for the national HIV response, it also delivered some important lessons. Among these are the need to implement innovative mechanism, including MMD and virtual training and support sessions. It also highlighted the importance of self-care among vulnerable and key populations during environmental and health emergencies.

The intermittent stockout of antiretroviral medicines, HIV test kits, and other commodities due to weak facility reporting, forecasting, and supply chain management, and the COVID-19 pandemic remained a major challenge for the national HIV response. Additionally, newly implemented import policies have resulted in HIV, tuberculosis, and malaria supplies being delayed at the port and incurring huge demurrages.

The implementation of HIV prevention programmes targeting young people remains low. The quantity, scope, and capacity of youth-friendly centres in the country also remains inadequate to provide a comprehensive package of services among adolescents and young people who are at high risk of HIV infection.

A variety of challenges continue to constrain the operations of the one-stop shops for HIV services, including shortages of doctors, midwives, and social workers; stockout of medicines, and insufficient bicycles for the police investigating gender-based violence cases.

Cases of sexual and gender-based violence continue to be underreported despite the ongoing awareness campaigns. Limited documented evidence on adolescent girls and young women and boys exploited through sex work continue to impede implementation of appropriate programmes.

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org