

# Country progress report - Sierra Leone

Global AIDS Monitoring 2018





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# Overall

## **Fast-track targets**

### **Progress summary**

Sierra Leone is located in Western Africa, surrounded by Guinea, Liberia, and the Atlantic Ocean. It has five regions (Western Area, North-West, Northern, Eastern and Southern) which are divided into 16 districts. The capital city is Freetown which is located in the Western district. It has a population of 7 million people (Census 2015). Sierra Leone is recovering from a civil war which spanned a decade and an Ebola epidemic which spanned two years.

Sierra Leone has a mixed and generalized HIV epidemic with an HIV prevalence of 1.5% since 2005. The 2013 Demographic and Health Survey (SLDHS, 2013) indicates that some districts have significantly higher HIV prevalence than others. Relating these variations in HIV prevalence with the population density resulted in the classification of high burden districts, resulting in reprogramming for focused service delivery.

Sierra Leone launched “The Cities initiative” in the City of Makeni, Northern Region. This is part of the Country’s participation in the global partnership of high HIV burden cities, aimed at fast-tracking AIDS responses by 2020, with the ultimate result of contributing to the Sustainable Development Goals of ending AIDS as a public health threat by 2030

The Country has prioritized domestic resource mobilization drive as key, aimed at sustainable program implementation. Hence the AIDS Coordinating body is following up on the Government of Sierra Leone Counterpart funding of 5% as proposed by the Global Fund.

# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

Sierra Leone has significantly scaled up its treatment efforts by increasing eligibility to treatment, increasing outreach testing points, and strengthening defaulter tracing programmes. To increase HIV testing volume, Sierra Leone adopted the following HIV testing approaches in 2016 and has been scaled up Countrywide throughout 2017; client-initiated, provider initiated, key populations targeted testing, and routine antenatal care and community based testing. In 2017 family testing was piloted aimed at achieving same objectives. The number of people tested and received results in 2017 were 687,129 in the general population, and an additional 239,558 pregnant women attending ANC and PMTCT services. According to DHS 2013, 33% of PLHIV know their status.

## **Policy questions (2017)**

Is there a law, regulation or policy specifying that HIV testing:

**a) Is solely performed based on voluntary and informed consent**

Yes

**b) Is mandatory before marriage**

No

**c) Is mandatory to obtain a work or residence permit**

No

**d) Is mandatory for certain groups**

No

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

No threshold; TREAT ALL regardless of CD4 count; Implemented countrywide

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

**a) For adults and adolescents**

Yes, fully implemented

**b) For children**

Yes, fully implemented

# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

Sierra Leone has a national plan to eliminate Mother-To-Child Transmission (eMTCT) of HIV, with a target of 95% PMTCT coverage by 2020. According to Spectrum 2017, Sierra Leone had 88.5% PMTCT coverage in 2017. There are 691 health facilities Country wide providing PMTCT services. The country has completely scaled-up Option B+ approach to treat all HIV positive pregnant women and to provide lifelong antiretroviral medication to mothers. Breast feeding is recommended for low resource countries like Sierra Leone, but it is common practice to cease by 6 months. Despite the lack of national policy for syphilis testing at ANC, Duo HIV/Syphilis test kits were utilized countrywide to ensure all pregnant women have the opportunity to be tested. As per national guideline, infants of HIV infected mothers are tested for HIV at 2 months and 6 months. In 2017, 243 infants were tested under the EID program; 11.9% were HIV positive.

## **Policy questions (2016)**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

Yes

Target(s) for the mother-to-child transmission rate and year: 95%; 2020

Elimination target(s) (such as the number of cases/population) and year: 95%; 2020

**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Yes, with an age cut-off to treat all of <5 years; Implemented countrywide

# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90%% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

The National Strategic Plan 2016-2020 makes provision of services to Key Populations in the absence of a national policy on HIV prevention, diagnosis, treatment and care for Key Populations. In 2017, Sierra Leone implemented basic prevention packages for Key Populations; testing and counselling, condom promotion and distribution, sensitization on prevention strategy, and linkages to treatment services for positive clients. Limited services are offered for those in correctional centres and people who inject drugs (PWIDs) as there is no distribution of condoms in prison settings. It is expected that needle and syringe program, and opioid substitution therapy will be piloted for PWIDs, though Pre-exposure Prophylaxis (PreP) is not yet available in Sierra Leone. Key Populations participates in the development of strategies for services provision to their constituents.

## **Policy questions: Key populations (2016)**

**Criminalization and/or prosecution of key populations**

**Transgender people**

Criminalized

**Sex workers**

Other punitive regulation of sex work

**Men who have sex with men**



Yes, imprisonment (up to 14 years)

**Is drug use or possession for personal use an offence in your country?**

Drug use or consumption is a specific offence in law

**Legal protections for key populations**

**Transgender people**

No

**Sex workers**

No

**Men who have sex with men**

-

**People who inject drugs**

No

**Policy questions: PrEP (2017)**

**Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

No, guidelines have not been developed

# Gender; Stigma and discrimination

## **Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

### **Progress summary**

HIV is fully mainstreamed into national strategies on elimination of gender based violence (GBV) and all forms of violence against women that includes HIV transmission. Enforcement of the GBV laws includes court injunctions for the safety and security of survivors; protection services for survivors of domestic violence such as legal services or shelters; services for the person perpetrating violence. First line support, emergency contraception and post exposure prophylaxis (PEP) services are provided for survivors. The legal age of marriage for both girls and boys is 18 years.

### **Policy questions (2016)**

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence\*?**

Yes

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

Programmes to address intimate partner violence\*

Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic**

**origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

Yes, policies exist but are not consistently implemented

# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90%% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

Topics on HIV and AIDS prevention, treatment, care and support services and reproductive health are included in curriculum for primary and secondary schools. Young people actively participate in developing policies and strategies on their own health. Community based organizations often reach out to youths and train them as peer health educators in and out of school to lead engagement of their peers with tailored behaviour change communication messages. Youth friendly centres are also available in country to provide youth focused approaches to sexual reproductive health and peer support; some of these centres provide HIV services.

## **Policy questions (2016)**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

### **a) Primary school**

Yes

### **b) Secondary school**

Yes

**c) Teacher training**

No

# Social protection

## **Ensure that 75%% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

### **Progress summary**

Sierra Leone has a frame work on social protection for all vulnerable populations and this is being implemented and enforced across the country. The country has supported the establishment of the Network of HIV Positive Persons (NETHIPS), which is an umbrella care and support organization that advocates for the rights of its constituents. The support has been towards engendering livelihoods in the form of vocational centres, agricultural livelihood projects and fish ponds. There are plans to launch revolving loan schemes as part of poverty alleviation strategy.

### **Policy questions (2016/2017)**

Yes and it is being implemented

#### **a) Does it refer to HIV?**

No

#### **b) Does it recognize people living with HIV as key beneficiaries?**

No

#### **c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

No

#### **d) Does it recognize adolescent girls and young women as key beneficiaries?**

No

#### **e) Does it recognize people affected by HIV (children and families) as key beneficiaries?**

No

**f) Does it address the issue of unpaid care work in the context of HIV?**

No

**What barriers, if any, limit access to social protection programmes in your country?**

Lack of information available on the programmes  
Complicated procedures  
Fear of stigma and discrimination  
High out-of-pocket expenses  
People living with HIV, key populations and/or people affected by HIV are covered by another programme

# Community-led service delivery

**Ensure that at least 30%% of all service delivery is community-led by 2020**

## **Progress summary**

Communities play an active role in HIV response programming, ranging from inception of proposal writing to implementation of services for people living with HIV and key populations. Peer groups often lead community discussions to raise awareness on HIV and Ebola. Traditional and religious leaders are active in disseminating information regarding HIV, treatment and the needed adherence. Peers from support groups also provide assistance in tracing PLHIV colleagues who default from their treatment, and have proven to be successful in bringing them back to the facilities to receive their life saving drugs. District level work plans have also been created to prioritize interventions in the local level and provide greater accountability of the HIV response to the local level. There is strong collaboration seen in monitoring the activities of the Community Health Workers(CHWs) which is seen as a unique novelty in reaching out to both TB/HIV clients within the community.

## **Policy questions (2017)**

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?**

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

**Number of condoms and lubricants distributed by NGOs in the previous year**



**a) Male condoms:**

1571738

**b) Female condoms:**

0

**c) Lubricants:**

438053

# HIV expenditure

**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6%% for social enablers**

## **Progress summary**

The national response for HIV/AIDS in Sierra Leone receives 99% of its funding from international donors. The largest donors are Global Fund, the UN, and KfW. Domestic resource mobilization strategy is available in country in order to generate sustainable financing. The government has committed an HIV budget line of 1.7 billion Leones (USD 223,684.21) for the HIV response and continues to uphold their government counterpart financing of 5% to the Global Fund grant.

# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Progress summary**

The National AIDS response provides interventions to educate PLHIV and key populations regarding their rights and the legal services available to them. The Global Fund has supported the establishment of Drop-in-Centres (DiCs) across the Country aimed at providing a forum for interaction among Key Populations and also articulate issues of violation of human right.

## **Policy questions (2016)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at scale at the national level

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

No

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**

Mechanisms do not function

# AIDS out of isolation

## **Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

### **Progress summary**

The National HIV programming is integrated in the health system in varying degrees. The TB/HIV collaboration has commenced but not fully integrated, though significant collaboration is seen between the two institutions. HIV is also integrated into some SRH and youth centres. Sierra Leone has no policy on screening for cervical cancer for HIV positive women. However, small scale testing for positive women is been supported by one implementing partner. There is also no policy on screening for both hepatitis B and C for people living with HIV, though PLHIVs on Anti-Retroviral Therapy (ART) are encouraged to test for Hepatitis to detect and treat where a co-infection exist. Greater involvement from non-health facets of the response is desired.

### **Policy questions (2016)**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

No

**b) The national strategic plan governing the AIDS response**

No

**c) National HIV-treatment guidelines**

No

**What coinfection policies are in place in the country for adults, adolescents and children?**

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis