NATIONAL AIDS COMMISSION (NAC)
REPUBLIC OF LIBERIA

ANNUAL REPORT
JANUARY - DECEMBER 2016

FEBRUARY 2017

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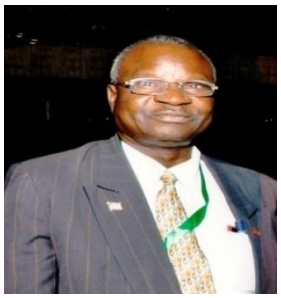
MESSAGE FROM THE CHAIRMAN OF THE NATIONAL AIDS COMMISSION OF LIBERIA

Dr. Ivan F. Camanor



On behalf of the Board of Directors and the Commission we extend greetings to our partners in the National Response to HIV and AIDS as we come to the end of 2016.While we must still agree that the devastating impact the Ebola virus disease epidemic have had on the social and economic development of the country, the year was very challenging. We were also faced with a reduction in domestic funding in the HIV & AIDS response. Despite these challenges, we made significant gains with whatever resources were put to our disposal, some of which came from international donors. The Board of Directors of the National AIDS Commission, chaired by Her Excellency, Mrs. Ellen Johnson Sirleaf, and President of the Republic of Liberia met, reviewed and discussed the commission's achievements, challenges, and way forward for the coming 2017. We also discussed some of the key recommendations already being implemented from the consultants' report. The 2016 World AIDS Day (WAD) commemoration brought many partners to Ganta, Nimba County. The WAD global theme: ***"HANDS UP FOR HIV PREVENTION",*** *with the national theme:* ***"ENDING AIDS IN LIBERIA LEAVING NO ONE BEHIND BY 2030".*** *This was complemented by the national theme* ***"SCALE UP TREATMENT, KNOW YOUR STATUS, USE CONDOM AND END STIGMA AND DISCRIMINATION."*** It heightened the resolve of the Commission and partners to achieve the 90-90-90 global targets and the sustainable development goals. The Commission successfully launched the ***KNOW YOUR STATUS (KYS) CAMPAIGN*** with the support of partners including local and government officials, UN agencies, the military and students from community colleges, high and elementary schools.

We look forward to a strengthened Commission and increased collaboration to scale up counselling, treatment, care and support services in Liberia.

Acronym

AIDS	Acquired Immunodeficiency Syndrome
AfT	Agenda for Transformation
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behaviour Change Communication
CD4	Cluster of Differentiation
CSOs	Civil Society Organizations
EVD	Ebola Virus Disease
GFATM	Global Fund to fight AIDS, TB, and Malaria
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IBBSS	Integrated Bio-Behavioural Surveillance Survey
PWID	People Who Inject Drugs
IEC	Information, Education, Communication
KYS	Know Your Status
LDHS	Liberia Demographic and Health Survey
LIBNEP+	Liberia Network of People Living with HIV
MARP	Most at Risk Population
MDGs	Millennium Development Goals
MSM	Men who have Sex with Men

MTR	Mid-Term Review
NAC	National AIDS Commission
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
SAIL	Stop AIDS in Liberia
SIDA	Swedish International Development Agency
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
UNAIDS	United Nations Joint Program on HIV and AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

I. INTRODUCTION AND BACKGROUND

This report covers the period January – December 2016. It summaries the performance and gains made by the Co-Principal Recipients: the Ministry of Health through the National AIDS Control Program (NACP), and the Population International Services (PSI); and implementing agencies in collaboration with our partners including Non-Governmental Organizations, Civil Society Organizations (CSO), Community and Faith-based Organizations (C/FBO).

The year started with delays due to bureaucratic red-tapes within the MOH; inadequate availability of HIV test kits to facilitate planned activities; and Know Your HIV Status Campaign (KYS) intended to reach over 200,000 people and link them to HIV counselling and testing centers in Margibi, Grand Bassa and Montserrado. The KYS campaign in collaboration with PSI, was launched by the Vice President. Implementation was delayed due to lack of test kits, unmet conditions precedent, and late disbursement of funds.

Liberia Network of People Living with HIV and AIDS (LIBNEP+) and Stop AIDS in Liberia are organizations of key and affected populations whose implementation were also hampered by unmet conditions precedent linked to findings from institutional capacity assessment conducted by PSI on Governance which prevented the disbursement of funds. World Food Program (WFP) was also provided funding by the Ministry of Health, as sub-recipient, to provide nutritional supplement to people living with HIV and AIDS. Assessment conducted by WFP reported that the nutritional support to people living with HIV and AIDS will focus on those on ART, and HIV + mothers and their children. It was to have begun by end of November and end December 2016, but the nutritional supplement was never provided.

Although 2016 had numerous challenges, it also achieved successes in the coordination and management of the National HIV Response. The following services and activities were implemented: HIV and AIDS Prevention (clinical and non-clinical); HIV and AIDS Comprehensive Care, Treatment and Support Services (ART/eMTCT& TB); Community and Health System Strengthening; and Other Development Sectors - Education, Social Protection & Gender Equality; Youth (in and out of school), Legal Reform, Labor (Workplace) and Socio-Economic Impact Mitigation.

The Commission, in collaboration ensured harmonization and alignment of its development priorities with stakeholders linked to HIV and AIDS Strategic Plan 2015 – 2020.

II. Partnership, Coordination and Management of the National Response

The National AIDS Commission (NAC) is the primary national body responsible to coordinate, monitor and mobilize resources for the national response to HIV and AIDS. It is to promote the active involvement of the private and public sectors, and include all major partners implementing HIV and AIDS services. Its 29-member board of directors is chaired by the President of the Republic of Liberia. The commission has five commissioners including a chairperson. The commission has a secretariat headed by an Executive Director.

The Commission, in collaboration with partners, has developed and launched the NSP 2015-2020 consistent with the UNAIDS Investment Framework to drive the national HIV decentralized multi-sector response. The goals of the NSP are: to stop new HIV infections; and keep people living with HIV alive and healthy in Liberia. The high impact interventions to achieve these are: targeted behaviour change intervention; condom promotion and distribution; HIV and AIDS program for key populations; elimination of mother-to-child transmission of HIV; and treatment, care, and support for people infected and affected by HIV and AIDS. These impact priority activities were largely supported by the Global Fund financially through the Ministry of Health and Population Services International serving as Principal Recipient (PR) who under this arrangement provided oversight responsibility – monitoring, supervising, and provided technical support to all SR and/or SSR for the full implementation of services and activities. One of the PR – PSI operated in nine counties under this arrangement with the Liberia Coordinating Mechanism (LCM). The MOH as the PR through the NACP is working with all County Health Teams (CHT) to ensure the provision and adherence to National guideline for people living with HIV while PSI as PR for non-health recruited four (4) sub-recipients to enhance coordination and collaboration to achieved the intended goals. These SRs and other partners were engaged in HIV prevention activities, treatment care and support services, impact mitigation, palliative and hospice care, supplies and storage of health and non-health commodities. Under this arrangement WPF was given funding to provide nutritional support people living with HIV and AIDS – linked those on ART and HIV positive pregnant women and their infants. WFP conducted trainings for all health facilities targeted (ART and PMTCT Sites) under the

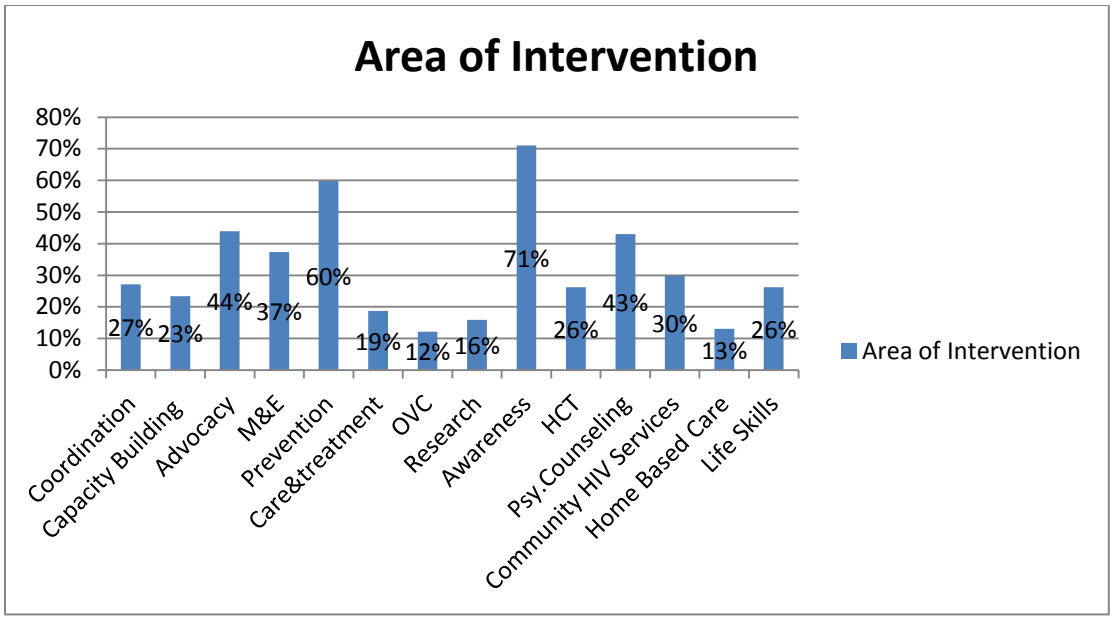
agreement with the MOH but was unable to provide said support thereby compromising the nutritional needs to people living with HIV in the country. It is anticipated that by the end of March 2017 all trained health facilities providing HIV services (ART/PMTCT) patients will receive nutritional supplement.

Today, the Government of Liberia is challenged by the global fight against HIV to adapt ambitious and bold approach to end AIDS as a global public health problem by 2030. It is proven that technology and drugs are available, and the resources must be mobilized to implement this bold strategy, refer to as the 90-90-90 strategy with a three-pronged approached: 90% of those infected with HIV must be identified and know their status; 90% of those identified must be put on treatment by the end of 2020; and 90% of those put-on treatments must be checked to show viral load suppression. Liberia catch-up plan developed late November of 2016 for three (3) high burden counties (Margibi, Montserrado and Grand Bassa) is hoped to scale up of ART services as per treatment gap created and as well resulted in significant morbidity and mortality among persons living with HIV and AIDS. This plan if financially supported and fully implemented nationally, is hoped to halt HIV in the general and key populations, and as well stop the transmission from mother-to-child through strong partnership and coordination.

A stakeholder mapping exercise which started in April of 2016 and is still ongoing. The mapping was intended to identify partners intervening in the national response and widen their participation in the coordination with the national entity. A follow up of the exercise is intended to conduct capacity assessment in the overall governing structures of these institutions and identify gaps in competency. The National AIDS Commission through capacity development plan will incorporate these institutions for the overall response and provide minimum subsidy or support for their full participation in the national response as we continue to prevent new infections and keep people living with HIV alive. During this period, a total of 120 organizations were identified across 10 counties.

Data revealed that Montserrado County accounted for 50% of all organizations identified with their primary focus being in community awareness and sensitization through prevention messages for behaviour change communication.

They include groups that are implementing HIV, GBV and Human rights related activities. Data collected on these organizations will feed into NAC database



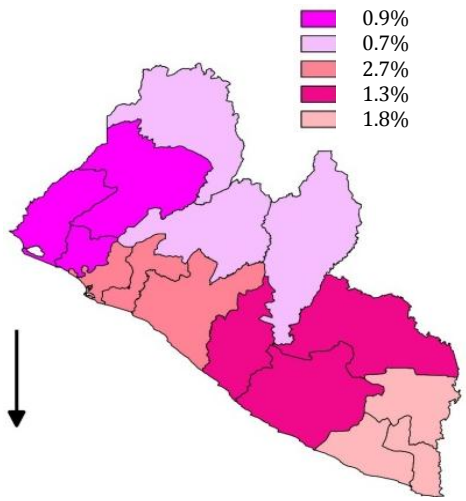
The mapping results showed that the response is largely championed by local organizations most of whom lack the needed trained human resource, infrastructure, and equipment. The result also showed many of these organizations are heavily dependent on the UN system and other international organizations for funding but lack sustainability plan.

During this period under review, NAC conducted two (2) separate assessments in Bong, Nimba and Lofa counties to identify HIV positive women needing livelihood support to sustain their families. Lofa was selected as a pilot targeting 9 HIV positive women. The women were supplied varieties of items for sale to ensure income generation in a revolving scheme. See pictorial view below of items receive.

Epidemiology

Liberia Epidemiological Profile

Map-1: showing HIV prevalence rate by county



Liberia has a generalized HIV epidemic with reproductive aged population showing HIV prevalence of 2.1% (2013 LDHS) with an estimated adult HIV population of 30,000[1] (25,000-35,000) by end of 2015. Significant variations in HIV prevalence exist between and within regions and counties. HIV prevalence is higher in urban (2.6%) than in rural (0.8%) areas. The South-Central Region has the highest prevalence of 2.7% among the five regions and Montserrado, Margibi, and Grand Bassa counties have the highest HIV prevalence among the 15 counties and together account for about 70% of the burden of disease in the country.

It is noteworthy that in 2013 an Integrated Bio-Behavioural Surveillance Survey (IBBSS) found high HIV prevalence among predominately male key population sub-groups: 19.8% in Men who have sex with Men (MSM); 5% in People Who Inject Drugs (PWIDs), a predominantly male behaviour; and 4.8% in transport workers (long distance bus and truck drivers), a heavily male dominated workforce. The prevalence among female sex worker was 9.8%. HIV prevalence is also higher in urban than in rural areas, in females as compared to males, and in key populations (MSM, FSW, PWID, long distance drivers, females).

By end of 2015, spectrum data estimated that 87% of the overall HIV populations were adults of which 12% were aged 15-24 years and females constituted 53% of all PLHIV in the country. There were 1,596 new HIV infections and 1,923 AIDS related deaths. Between 2010 and 2015, there was a 20% increase in new HIV infections and 24% decrease in AIDS-related mortality among adults 15 years and above. About 97% of the deaths occurred in PLHIV who were not on treatment. TB death among PLHIV per 100,000 PLHIV was 1,065 in 2014. There are 38,462 AIDS-orphans in 2014, equivalent to about 19% of total orphans from all causes.

[1]UNAIDS Spectrum 2015

III. High Impact Interventions in 2016

4.1 HIV and AIDS Prevention

4.1.1 IEC/BCC

Photos of students attending awareness HIV session & in observance of 2016 WAD

Adequate and accurate information communication and dissemination is very important in the prevention HIV and AIDS. A National Health Communications Strategy was developed and validated during the period under review. The Strategy outlines communications objectives, messages, and target audiences for various disease areas including HIV and AIDS, Malaria, TB, Family Health. Over the last two years – Liberia, a country affected by the Ebola Virus Disease is experiencing reformation in its information, education and communication sector. Through health and other partners the country is benefiting from grants and partnership arrangements for strengthening information education, communication and dissemination packages in all sectors. The outbreak from Ebola halted all implementation efforts, resulting in a proliferation of preventable communicable and other chronic diseases as a repercussion of the EVD. Cases of HIV and other Sexually Transmitted Infections (STIs) are composite part of the public health treat. The incidence of HIV and other sexually transmitted infections, particularly among the youth and young adults has raised serious concern among stakeholders in all sectors. As such, the provision of adequate information to the youth, young adults and public is a demand for reducing the rapid increase in chronic and other infectious diseases.

4.1.2 HIV and Media

Training session with the Media on HIV and AIDS Prevention, treatment and support

During the period under review the commission expended its information and communication network, held six (6) radio talk shows and three interviews on UNMIL Radio Station, Prime FN and Truth FM respectively. The commission published four press releases on the launch of the "Known Your HIV Status Campaign" with financial support from H4+ through UNAIDS-Liberia led to community-based organization providing health education, sensitization, awareness and training were conducted by three community-based organizations

implemented in three counties (Gbarpolu, Rivercess and Grand Cape Mount). The commission also held training sessions for media institutions to support their staff in the packaging of HIV and AIDS messages on prevention, treatment care and support services.

The commission also held five-day workshop and developed information education communication and behavioural change communication materials that provided adequate and accurate information to the targeted group and general population. Promotional materials like posters (brochures, stickers, billboards, T-Shirts and others were also developed; the materials were pre-tested in three counties Margibi (Unification Town), Grand Bassa (Gorblee) and Monsterrado (West Point, Old Road and LBS Community) with 40 participants in each county interviewed between the ages of 18-35 years. The messages were generally understood by the target audiences. However, members of the target groups made few suggestions for the inclusion or omission of some items, images, and wordings for the messages and materials to be sensitive to their needs, knowledge and attitudes.

4.1.3 Condom Distribution and Promotion

The distribution and promotion of condom use is intended to prevention HIV, other sexual transmitted infections and unwanted pregnancy – activities implemented during the period were carried out by community and faith-based organizations (C/FBOs) creating sensitization, awareness by distributing condom using community outlets. 45,000 pieces of condom were distributed in Nimba County during the WAD 2016.

4.1.4 Launch of Know Your HIV Status (KYS) Campaign

Honourable Joseph N. Boakai, - Vice President – Republic of Liberia Launched KYS Campaign

On November 26, 2016 in New Kru Town, Montserrado County, the Vice President of Liberia, Honourable Joseph N. Boakai, launched the "Know Your HIV Status" Campaign. The Commission in partnership with Population Services International (PSI) signed an agreement for two years 2016-2017 this Campaign targeting pregnant women and young people. The Vice President declared the Campaign will be carried out in the three high prevalence counties of Montserrado, Grand Bassa and Margibi. It seeks to reach about 280,000 persons by the end of December 2017. He said the campaign was significant not only for the national response to HIV and AIDS, but also for our national health care delivery system. Vice President Boakai further indicated the HIV and AIDS virus continues to be a major public health problem claiming the lives of more than 90,000 people over the last two decades.

The campaign is a major milestone for Liberia to achieve the UNAIDS 'Fast-Track' or '90-90-90' targets which aim to ensure that by the end of year 2020, 90 percent of people living with HIV will know their HIV status; 90 percent of those diagnosed HIV positive will be placed on antiretroviral treatment, and 90 percent of people on treatment will have suppressed viral loads. He also informed the gatherings that despite the scars of the Ebola Virus Disease, which diverted resources and attention from the HIV response, we must not deceive ourselves into thinking that the epidemic is over. We must keep active surveillance, provide quality care, treatment and support services. We must make maximum use of laboratory diagnosis surveillance systems because the virus remains one of the leading causes of death, especially among young people.

The Vice President used the forum to encourage everyone to go to the nearest health facility or mobile testing center and do their HIV tests. HIV is no longer a death sentence.

Students and Members of Community, Faith & Civil Organizations parade the streets at the launched of the KYS Campaign - 2016

During the launch, he appealed to family members, community and religious leaders not to throw away their relatives or friends who may be diagnosed HIV positive. He also said HIV is not spread by touching, eating

together, or playing together. He stressed that those believing in these myths and neglecting interactions with their families and relatives are all stigmatizing, and stigma and discrimination do not stop the spread of HIV. Instead, they remain the major social factors fuelling the spread of the virus. He was confident that Liberia can reach the target of becoming an AIDS free society by 2030. With the commitment and hard work of our health workers, civil society organizations, community-based organizations, faith-based organizations. the media, academic institutions, and development partners. we can reach this global target.

Finally, the Vice President said, too many of our young people continue to die of AIDS related causes and other sexually transmitted infections due to their failure to take the necessary preventive measures, or adhere to treatment. We can reverse this trend by knowing our HIV status and taking our destiny into our own hands. We must ensure the prevention of new HIV infections and keep people living with HIV and AIDS alive and health.

4.1.5 Liberia Observes World AIDS Day – 2016

Dr. Ivan Camanor, Chair, NAC – RL Marks Remark at 2016 WAD

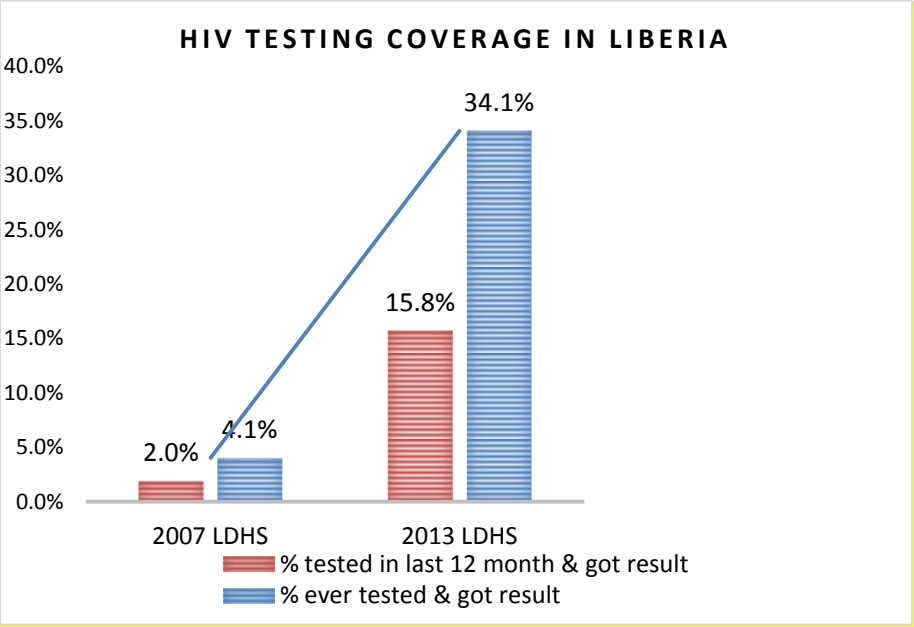
Students and ALF Band, Parade Streets of Ganta – Nimba County

As Liberia joined the rest of world in the observance of 2016 World AIDS Day, Ganta City, Nimba was the site of the celebration. The day began with street parade led by the AFL band and students from 15 schools. There were also an indoor program, quizzing competition among students, HIV Counselling and Testing, distribution of condoms, musical competition, and cultural/traditional performances.

HIV Counselling and Testing

HIV testing is the gateway to treatment with lifelong antiretroviral therapy. The 2013 LDHS showed that among women of ages 15 - 49 surveyed, 19.1% had been tested for HIV in the past 12 months and received results as opposed to 1.6% reported in 2007 LDHS.

Fig 1 Proportion of people tested for HIV and known their status



Among men of ages 15 - 49 surveyed, 12.4% (2.3% in 2007 LDHS) had been tested in the past 12 months and received their results. Women and men in urban areas with secondary-level education or higher and with greater wealth were much more likely to have had a test in the last 12 months and received the results [*Source: LDHS, 2013*].
Among youth respondents, only 18.3% of girls and 6.2% of boys aged 15- 24 years had been tested for HIV and received the result. Routine HIV testing in 2015 showed the proportion of people tested for HIV and knew their results was 4.8% while in 2016 the results were 4.1% (table below (Fig.2).

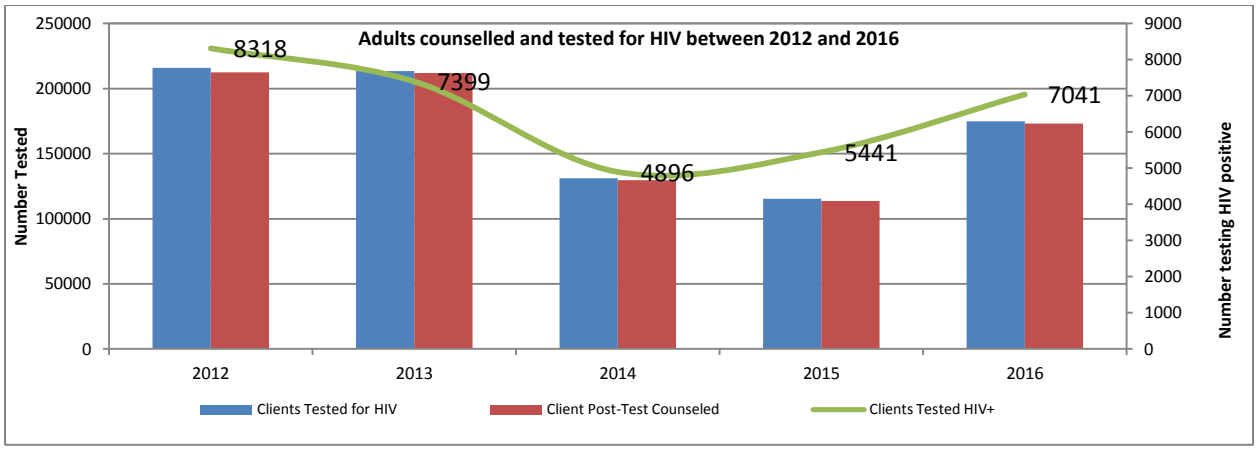
Multi-pronged approaches have been adopted for the delivery of quality HIV Counselling and Testing (HCT) services. These include voluntary counselling and testing, and Provider Initiated Counselling and Testing (PICT). The number of sites providing HCT services increased from 79 facilities in 2007 to 369 in 2016 in all 15 counties. However, this represents only 52% of the health facilities. The least served counties were Grand Cape Mount (12%) and Montserrado (26%); whereas, Bomi and Grand Gedeh have 92% and 95% respectively. HIV counselling and testing services were provided in hospitals (88%) and health centers (73%), while the least were clinics (49%) in less than 50% of the health facility clinics. Public and NGO facilities offered this service in 63% and 58% of the health facilities with majority of facilities (62%) from rural[2].

The number of people accessing HCT in 2012 and 2013 has reduced by almost half for 2014 and 2015. This may be attributed to the EVD in 2014. A further review of the program data by county shows that the three high burden counties (Montserrado, Margibi, and Grand Bassa) over the period have accounted for about half of all the

[2]Liberia Service Availability and readiness Report, 2016

people tested for HIV and contributed about 60% of all those testing HIV+ per annum. Some key questions arising from the data: (I) Where are all these HIV+ persons? (ii) What proportion of them repeated their HIV test more than once? (iii) Why are the majority of these HIV+ people not accessing life-long antiretroviral therapy? (iv) Why are these 3 counties disproportionately impacted by HIV? (v) Has the HIV program used this data to respond to the unmet needs of these 3 counties? It is anticipated that the upcoming catch-up plan will address some of these questions.

Figure 2: The distribution of the annual HIV Counselling and Testing program data 2012-2016



Community-based Organizations and FBOs have contributed enormously to increasing community sensitization, participation and demand for HCT services being provided at MOH and private-for-profit and private-not-for-profit health facilities. This is supplemented by outreach programs on special days such as the World AIDS Day and at key events including major sporting activities.

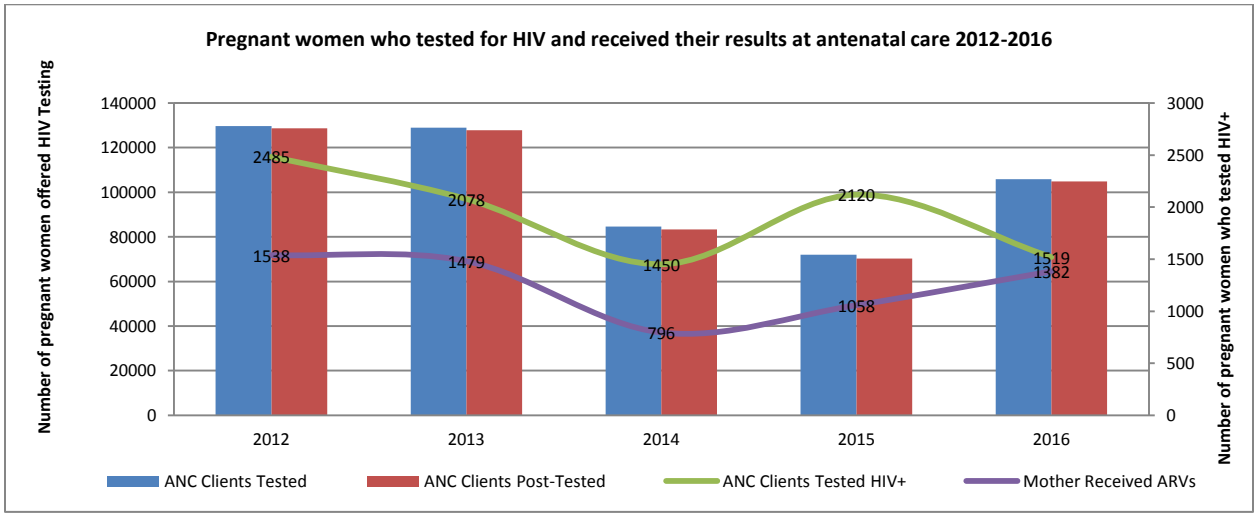
Prevention of mother-to-child transmission of HIV

HIV prevalence among pregnant women has consistently been declining: from a peak of 5.4% in 2007, 2.6% in 2011 and 2.5% in 2013. The rate decline in HIV prevalence among pregnant women essentially plateaued between 2011 and 2013.

The decline in the HIV prevalence among pregnant women is attributed to the scale up of integrated PMTCT services for pregnant women. The counties with the highest prevalence have the greatest needs (Montserrado, Margibi, and Grand Bassa). The number of health facilities offering PMTCT increased from 55 in 2009 to 327 sites in 2016. This represents 61% of the health facilities. Services for sexually transmitted infections (STIs) are offered in 94% of the health facilities in the country covering all reproductive and sexual health services delivery points.

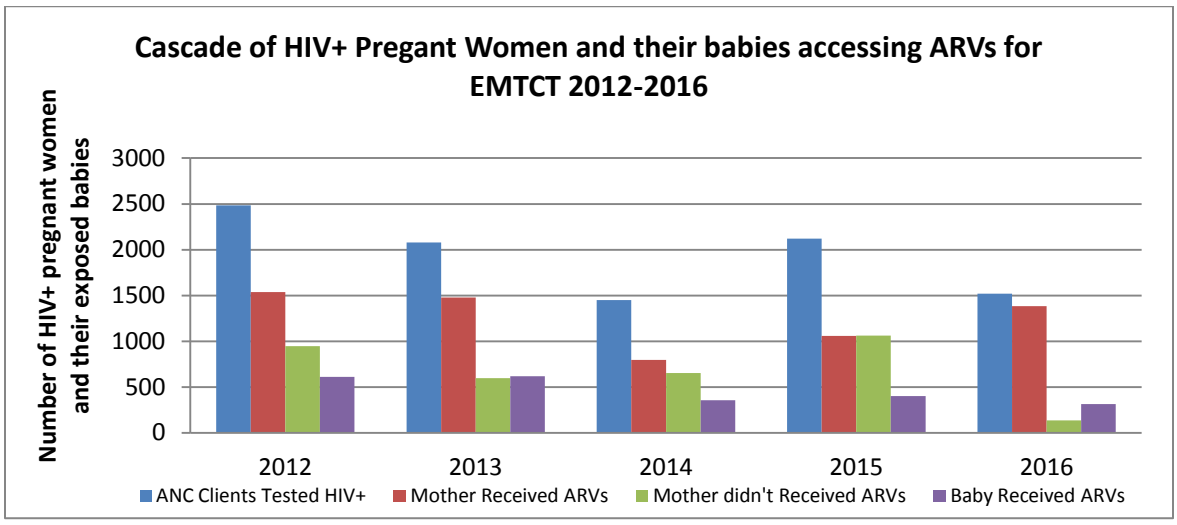
Even though DHS data showed that the ANC attendance for four or more times to be 78.1%, data from the HMIS showed that HIV testing coverage for pregnant women was just about 35% by end of 2015 and 50.3% (210,335/105,862) at the end of 2016.

Figure 3: Trend of pregnant women who tested HIV+ and received ARVs for the prevention of mother to child transmission of HIV at antenatal care (2012-2016)



The data show that pregnant women who had accessed ARV for the elimination of mother-to-child transmission had increased over the period: 91% (1,382/1519) in 2016 had access to treatment as opposed to 50% (1,058/2,120) in 2015. The data also showed that the three high burdened counties (Montserrado, Margibi, and Grand Bassa) contributed over 40% of pregnant women who tested positive for HIV between the periods 2015 to 2016.

Figure 4: Cascade of HIV+ pregnant women and their babies accessing ARVs for PMTCT (2012-2016)



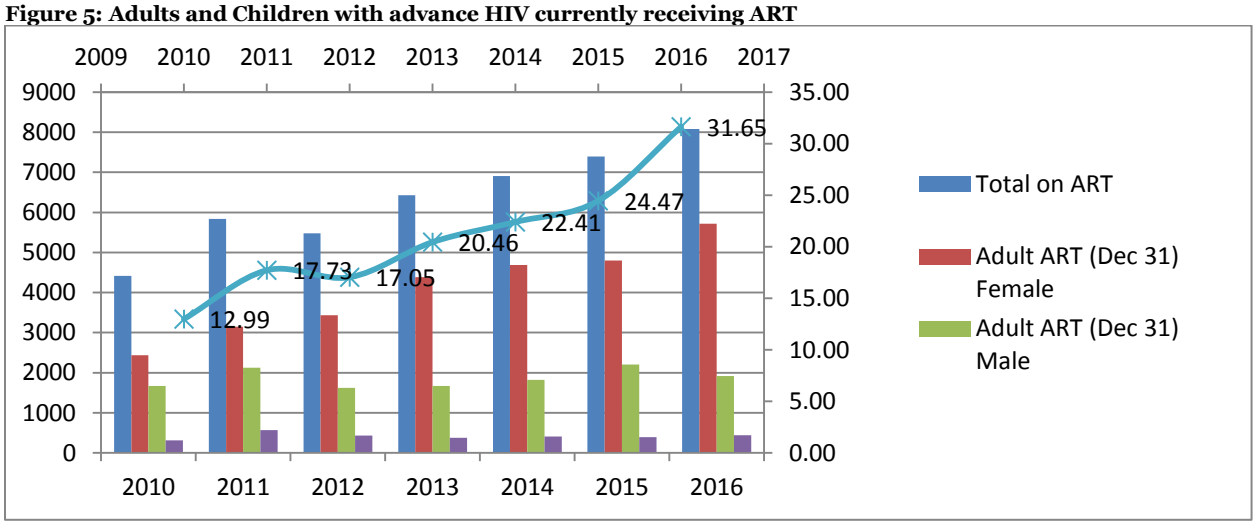
The Ministry of Health in 2013 adopted Option B+ but due to Ebola, full implementation began in 2015 to ensure that pregnant women and mothers who are tested HIV positive have ART treatment available for their own health and the health of their unborn children. The unmet need for family planning is 31.1%. HIV positive women who want to space their families or avoid unintended pregnancies are challenged.

Antiretroviral Therapy

Life-long antiretroviral therapy has resulted in significant reduction in HIV-related morbidity and mortality among people living with HIV, as well as preventing new HIV transmission.

The number of health facilities offering antiretroviral therapy has increased substantially from 29 sites in 2010 to 103 in 2016, resulting in a gradual increase in the coverage of ART. By the end of December 2016, a total of 8,076 (adult M=1,915, adult F=5,719, children=442) out of 30,000 people living with HIV and AIDS were placed on treatment (ART). The 3 high burdened counties have over 70% of all the PLHIV on ART. Overall, 2,774 patients (of which 60% are in the 3 counties) are in care but not yet on treatment.

Figure 5: Adults and Children with advance HIV currently receiving ART



The growth of PLHIV on treatment has been relatively slow putting in doubt our ability to be able to achieve the fast track target by end of 2020. However, with the increase in ART coverage from 24.47% in 2015 to 31.65% at the end of 2016 and with the proposed implementation of Liberia catch-up plan (where we can triple our treatment coverage), it is possible to achieve our 90-90-90 targets. More women than men access treatment in a ratio of about 3:1 and unfortunately children between 0-14years are being left behind.

About 21% of the health facilities provided tuberculosis services. Diagnosis for TB was available in only 16% of the health facilities offering the services, including 1% of facilities using GeneXpert (MTB/RIF and diagnosis by culture). Only 14% of the facilities can provide prescription drugs for tuberculosis to patients, and 15% provide drugs to TB patients. TB/HIV co-morbidity has been prioritized in the country. There is a TB-HIV technical working group which ensures that TB-HIV collaborative activities are implemented. About 70% of TB patients are screened for HIV. Isoniazid Preventive Therapy (IPT) has been included as a preventive package for HIV infected patient. Currently, IPT is available in only seven facilities and will be expanded subsequently to cover all the 103 ART sites.

IV. Liberia Catch-up Plan

Partners at the Country Dialogue for the Development of Liberia's Catch-up Plan

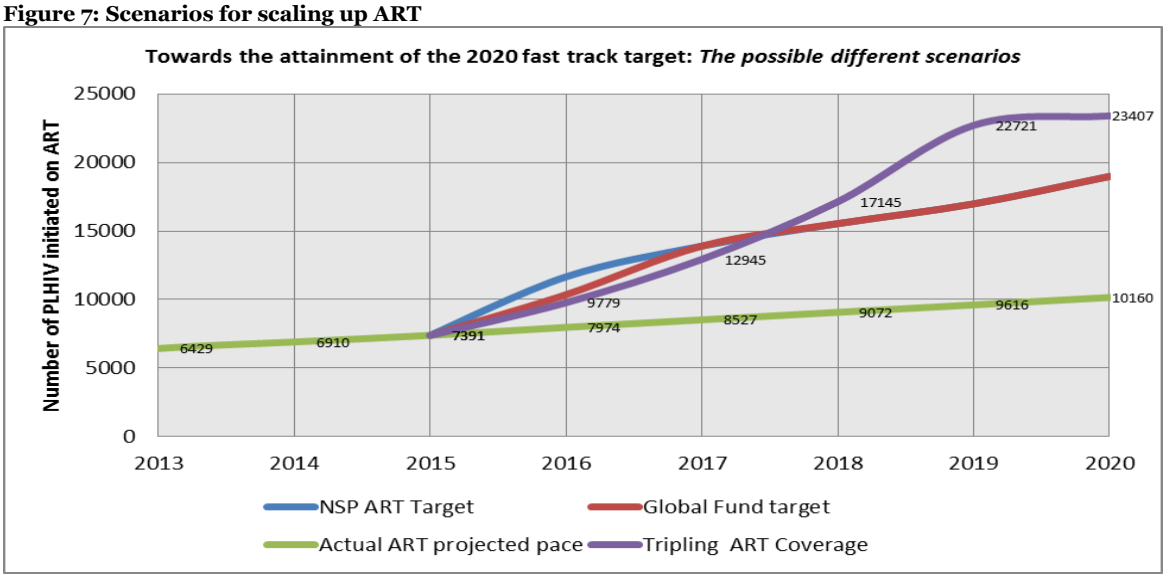
The National AIDS Commission and Partners held a country dialogue meeting at the Corina Hotel on 16 December 2016. The EVD had a devastating impact on the already fragile health system in Liberia, and severely affected HIV and AIDS service provision. All health service provision declined with facility closures, refusal of health workers to provide routine health services in the absence of protective equipment and fear in the community to attend health services. Communities turned to private, traditional and informal health providers which led to a slow pace of intervention.

The slow pace of scale up of ART services has created a huge treatment gap which has resulted in significant morbidity and mortality among persons living with HIV. The West and Central Africa region has not leveraged the availability of antiretroviral therapy. There are in the sub-region about 4.7 million people who are not on ART and thus about 330,000 people died of AIDS by end of 2015. Liberia with about 7,400 people on ART, accounted for almost 2,000 of these premature deaths in the region. This situation is no longer acceptable to the Government of Liberia. Therefore, a call to action has been declared for an end to the business as usual response and to quicken the pace of scale up by tripling the number of people on ART to close the current treatment gap by end of 2020. Therefore, the catch plan has been developed with the full buy-in from partners and stakeholders.

This catch-up plan does not replace the current national strategy or any operational plan that is currently being implemented. This catch-up is to draw on synergies and to directly complement existing plans with a critical focus on high burdened geographical areas and population with the greatest unmet need.

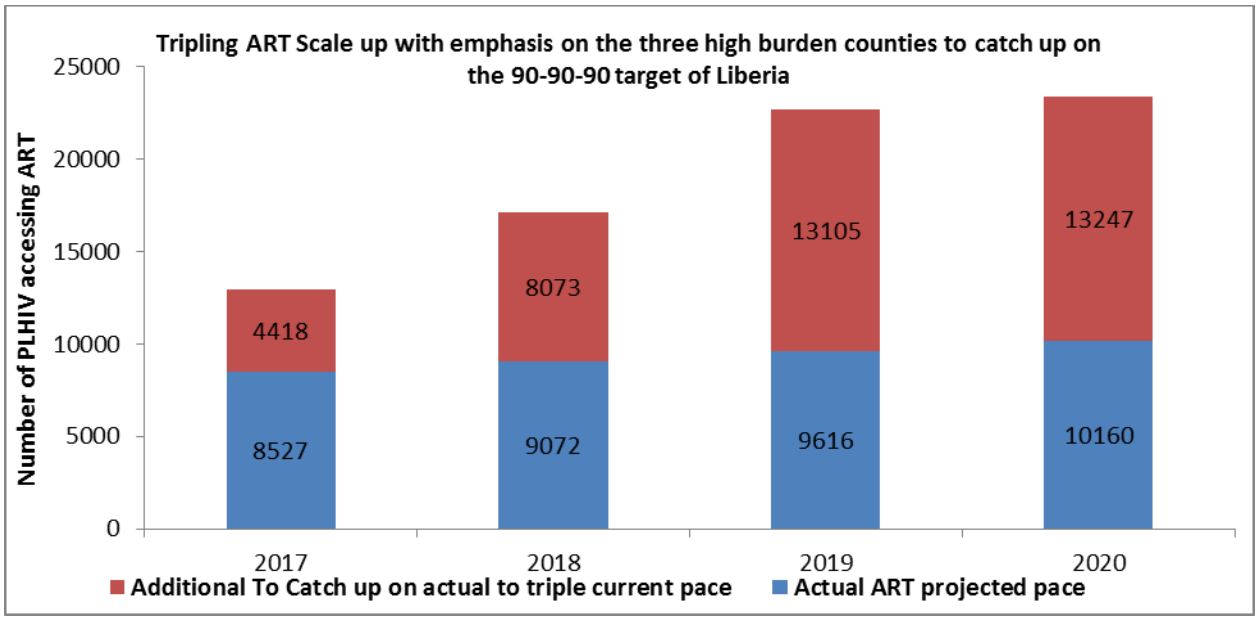
Figure 7 below shows the different scenarios.

Figure 7: Scenarios for scaling up ART



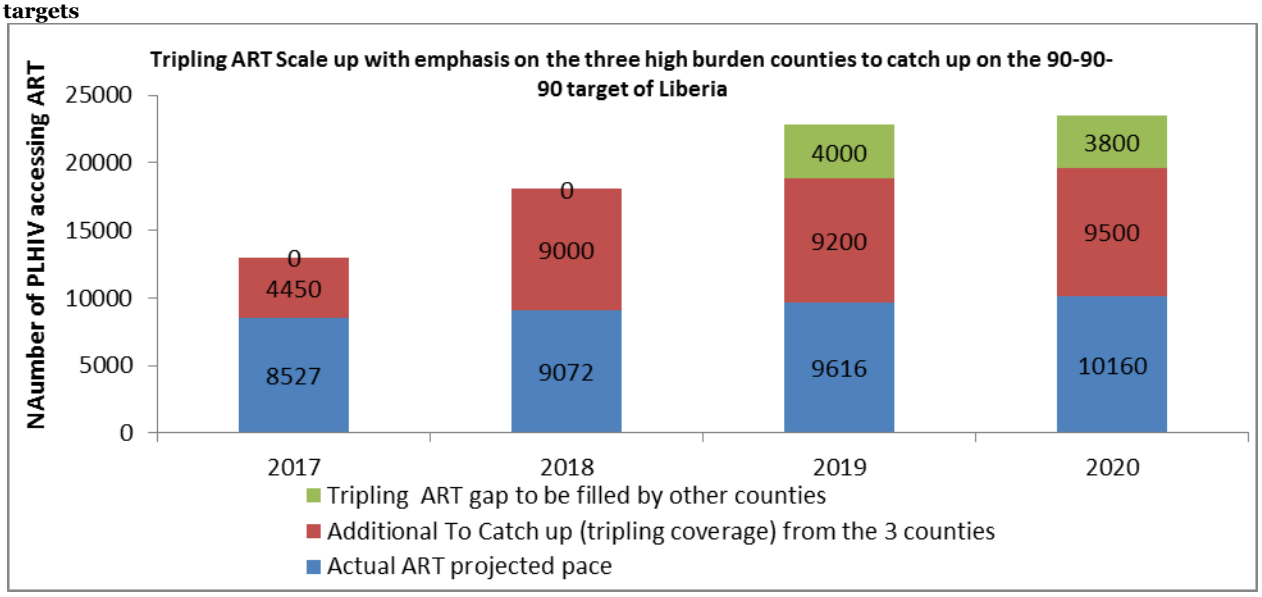
Based on the tripling scenario, there is a huge gap that the country must fill as shown in figure 8 below:

Figure 8: The treatment gap based on the scenario of tripling implementation in Liberia



This massive task requires strategic focus and speed to maximize impact. The prioritized three high burdened counties will contribute significantly to bring Liberia back on track.

Figure 9: The contribution of the three high burden counties and other counties towards achieving the 2020 targets



After critical analysis of the current state of implementation, major bottlenecks and their associated root causes have been identified and context specific strategies and actions to unlock progress have been suggested for rapid implementation.

Major Outputs for the Catch-up Plan

- **Triple** the number of people on ART from **7,400 to 23,400** by end of **2020**. A minimum of 710,000 adults will be tested for HIV in the 3 counties by end of 2018 and an additional 740,000 from 2019 to 2020.
- A minimum of 170,000 pregnant women will be offered HIV testing in the 3 counties by end of 2018 and an additional 190,000 from 2019 to 2020
- At least 95% of all HIV+ mothers and their exposed babies will access antiretroviral therapy (Option B+) to prevent MTCT annually between 2017 and 2020.
- At least 90% of all HIV exposed babies will access Early Infant Diagnosis for HIV annually
- An additional 9,000[3] patients (8,000 adults and 1,000 children) will be put on treatment in the three counties by end of the first phase in 2018.
- An additional 6,300 patients (5,770 adults and 530 children) will be put on ART in 2019 and 2020 (phase 2)

V. Health and Community System Strengthening

6.1.1 Laboratory Services

Laboratory support services are fundamental in helping clinicians make accurate clinical judgments on patient's treatment eligibility for HIV and AIDS and ongoing monitoring. The Ministry of Health through the National AIDS Control Program and partners have over time provided trainings for laboratory technicians and aids for proper laboratory diagnosis since 2013. The functionality of laboratory equipment (CD4, Viral Load, Chemistry and Haematology) mounted at facilities were never monitored during the period under review. All non-functional machines are yet to be retrieved, repaired and serviced since 2013.

Since 2012, a total of 40 laboratory equipments were available in health facilities providing HIV and AIDS services. At that time, over 25 laboratory technicians were trained for five (5) days with focused on trouble shooting, repair and operation of the laboratory machine.

[3]This target includes 1,600 PLHIV in the 3 counties who are in care but not on treatment (Pre-ART)

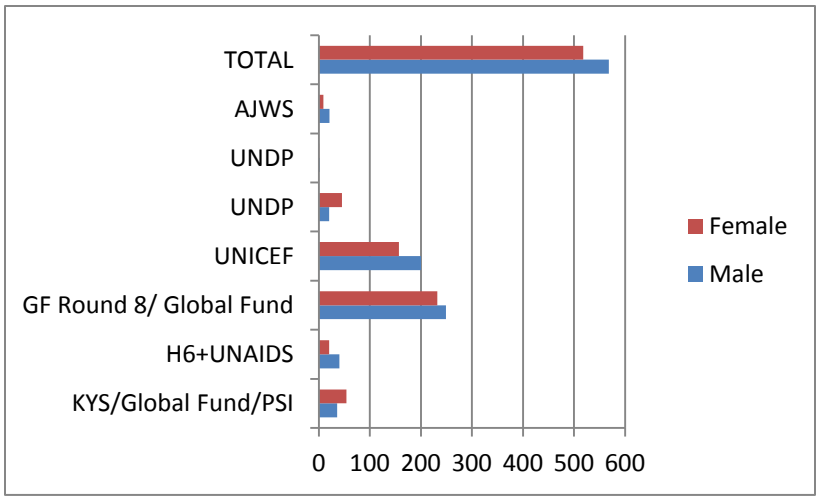
In 2016, several barriers were identified that hinder access to quality care and treatment services due to lack of laboratory diagnostic equipment. The impact of these barriers varies by county. During the period under review, it was observed out of the 40-laboratory equipment only 20% (8/40) were not functional, in late December 2012 the Ministry of Health, through the National AIDS Control Program and the National Tuberculosis Program, distributed reagents and supplies for facility providing HIV diagnosis but observed that less than 1% of the facilities with CD4 were functional. Additionally, only 2% of ART facilities viral load equipment presently functional. Laboratory diagnosis is one of the most essential elements in the provision of quality care, treatment and support services for people living with HIV and AIDS but is been compromised in Liberia since 2012.

6.1.2 Supply Chain Management

Supply chain management is the nucleus for the continuation of quality care, treatment and support services. Weak supply chain services are driven by the absence of national structures, processes, capacity and support systems for the quantification and forecasting, procurement, distribution and monitoring of logistic systems. There are repeated stolen drugs and frequent commodity stock-outs and its ripple effect on delivery of HIV services. There have been changes in the management teams of both the National Drug Service (NDS) and Supply chain management unit within the Ministry of Health, however, the stock situation is still a problem. There are still ineffective and inefficient service delivery models, link to procurement, supply chain management that create constraints linked to poor quantification and forecasting and distribution and hamper the provision of quality care, treatment and support services linked to HMIS data quality.

6.1.3 Capacity Building and Trainings

Number of community service providers trained - 2016



During the period, under 1,086 community dwellers were trained. Female accounted for 48% (509/1,086). There is over reliance on health sector approach to the AIDS response which shows low utilization of HIV services and weak integration in the decentralization of the services followed with inactive participation and involvement of civil society organizations in HIV service delivery across the continuum of care at the health facility

level. Example, there are weakness in the coordination and collaboration within the health sector itself (family health, NACP and TB and EPI) in the implementation of PMTCT/SRH components of the health sector HIV response.

Only three civil society organizations (Child Care, General Engineering Agriculture and Reconstruction Services–GEARS, and Carefound Fund) were sub-contracted and provided services in HIV and AIDS prevention interventions among targeted groups including trainings with peer educators (90) under the KYS Campaign Project with funding from Global Fund through PSI; Spiritual Leaders (481) with funding from Global Fund through the Ministry of Health which accounted for 44% of those trained; Young People (357) were trained with funding from UNICEF and accounts for 33% of those trained; In collaboration with the Ministry of Gender, Children and Social Protection trained (65) Women with funding from UNDP; Journalist (30) were trained with funding from American Jewish World Services; Data collector / M&E officer (60) were trained with funding from UNAIDS under the H6+ project. These trainings were intended to support service provision due to the very weak community participation and involvement in HIV service delivery with inadequate education, mobilization of community actors and contribution on AIDS to addressing stigma and discrimination, as well as link those impacted to care, treatment and support services.

In February, the UNDP supported the Program and Policy Coordinator of NAC to attend a two (2) week training course on HIV prevention and management in the work place in Manzini, Swaziland. The objective of the training was to provide a more practical learning experience on HIV prevention and management in the work place for participants who are already working in the field of HIV.

6.1.4 Strategic Information Management

The NAC has the responsibility for monitoring and evaluating the national response to HIV and AIDS. It also provides guidance and oversight for multi-sectoral reviews, assessments, research, and studies on the national HIV response. The M&E team at NAC has the primary responsibility for capturing all HIV and AIDS data. The unit has limited resource capacity, one M&E Coordinator, one surveillance officer, data entry clerk, and one M&E Officer under the KYS Campaign. There is a lack of adequate human resource, equipment and supplies. Therefore, most of the data and information for monitoring within the health sector are still found within Ministry of Health and LISGIS while data on the involvement of other sectors in the national HIV response is scarce.

Currently, the Ministry of Health uses the DHIS-2 to capture its integrated health data from all health facilities, but has challenges in areas with limited internet access to provide real-time data to granular data. Efforts are being made to integrate community-based information into the DHIS-2 to capture the totality of health sector and community system indicators. The tools have been developed but the platform is yet to be finalized. There is problem with staff attrition (due to poor remuneration) and thus, data is not adequately captured. Data quality audit/checks are not regularly done at the county level to the reporting health facilities, and therefore the data reported into the DHIS-2 is in-consistent and in-complete. DQA/Cs are not being done regularly because of bureaucratic red-tapes.

The National AIDS Commission (NAC) visited three civil society organizations implementing HIV and AIDS prevention interventions in the country during the period under review. The visit was based on verification of reported implemented activities linked to contract signed with NAC.

The three civil society organization visited reported they had implemented services in their contracts. NAC supervisory teams observed lost to follow-up interventions; linking HIV+ mothers to care and treatment sites were implemented; radio programs / audio messages and dramas aired in English and local vernaculars were never implemented in Grand Cape Mount. During the visit, NAC piloted draft integrated community-based data collection and reporting forms. The data verified against those submitted showed discrepancies including lack of documentary evidence in Gbarpolu County. The team observed that the billboards were also never erected by the vendor in all three counties, because he could not acquire vehicles to transport the billboards.

The team also visited training workshops conducted by the Liberia Council of Churches (LCC) in three counties (Grand Bassa, Bong and Nimba), in the role of the church in the prevention, care, treatment and support services for people living with HIV and AIDS. The team observed the trainings led to testimonies among religious leaders who had earlier on neglected people living with HIV and AIDS. At the end of the trainings many expressed the need to extend the trainings to other parts of the country which will provide better understanding among religious leaders and enhance their knowledge.

As part of a routine system linked to comprehensive supervisory visits, a draft checklist was developed but never utilized. The checklist is intended to standardize findings of services provided with proper documentation showing findings, recommendations, corrections provided, and feedback to the management visited. It is our hope that the tool will be piloted in 2017 and updated.

UNDP – Liberia donates server to NAC M&E Unit - 2016

Strategic Information Management System is vital to the National AIDS Commission to function effectively. The Commission's M&E team faces serious gap in data management owing to the absence of an exclusive national HIV related data repository at the NAC. The absence of data is a continuous challenge to the national HIV and AIDS response; impeding reporting deadlines, program implementation and policy development. Efforts to address gap of establishing a national data repository has led to the provision of a server by the UNDP to the NAC. UNDP is also committed to financing the design and development of a national data repository for the response. The NAC has also developed a harmonized data collection tool that has been piloted.

6.1.5 Funding

The NAC Fundraising or Resource Mobilization strategy allows NAC to mobilize resources in support of the national response and exercise autonomy in its operation.

The purpose of the fundraising is reducing dependency by diversifying funding sources through a realistic plan that offers a progressive move towards implementing a more diverse and sustainable fundraising strategy. The NAC since 2013 does not have an aggressive and reliable strategy and plan that mobilizes resources to support its goals. Currently the NAC plans to review and revise the already available plan to develop a much more reliable sustainable plan that will help support the overall goal.

6.1.6 Financial Support from GOL and Partners to the National AIDS Commission (NAC) – 2016

Adequate financial support to the national response to HIV and AIDS is vital to the survival of the National AIDS Commission (NAC) to coordinate the provision of quality care, treatment and support services as well as the mitigation of the impact associated to HIV and AIDS. During the period under review the NAC received the sum of one million five hundred twenty-eight thousand seventy-four &62/100 United States Dollars (US$1,528,074.62) from the GOL and partners. The below table shows the summary of income and expenditure for the period January –December 2016.

National AIDS Commission					
Summary of Funds Receipts and Expenditures					
For the Period January 2016 - December 31, 2016					
	A	B	C = (A+B)	D	E = (C-D)
GOL / DONORS	Opening Balances Jan-2016	Funds Receipts Jan-Dec-016	Funds Available for the Period Jan-Dec-016	Disbursements Jan-Dec-016	Fund Balances Dec 31-016
	US$	US$	US$	US$	US$
1. Government of Liberia	14,065.08	849,986.68	864,051.76	846,777.21	**17,274.55**
2.Domestic Fundraising	7,663.12	82.66	7,745.78	7,380.00	**365.78**
3. Global Fund MOH & SW	3,001.62	404,743.00	407,744.62	110,731.84	**297,012.78**
4. Global Fund /PSI	-	91,673.56	91,673.56	88,173.90	**3,499.66**
5. UNAIDS	(8,522.45)	116,868.72	108,346.27	100,190.80	**8,155.47**
6. WHO	-	5,000.00	5,000.00	5,000.00	**-**
7. CEPS	-	1,000.00	1,000.00	1,000.00	**-**
8. UNHCR	-	2,050.00	2,050.00	2,050.00	**-**
9. UNICEF	-	56,670.00	56,670.00	40,705.00	**15,965.00**
Total	**$16,207.37**	**$1,528,074.62**	**$1,544,281.99**	**$1,202,008.75**	**$342,273.24**

Challenges

- Poor absorption of the Global Fund grant due to bureaucratic red-tapes within the MOH as principal recipient.
- **Coordination and management function** challenges with the Family Health Division of the MoH in the integration of PMTCT into the MNCH platform – weak collaboration with the NACP
- Limited number of HCT/PMTCT/ART sites.
- 29% of Liberians Live beyond 5km from the nearest health facility
- Over 2,700 patients in care nationwide who know their HIV status and but not on ART. With about 1,640 of these patients are in the 3 high burden counties (Montserrado, Margibi and Grand Bassa)

- Weak supply-chain management systems and continuous stock-outs including expiration of HIV commodities
- Poor implementation and/or adherence to health policies and guidelines
- Weak diagnostic capacity, lack of reagents and needed laboratory supplies including poor facility layout and lack of continues electricity
- Poor data quality and limited internet connectivity at county and district levels
- Service delivery model is largely skewed toward the health sector.
- Inadequate community-based service delivery system for continuum of care for people living with HIV (PLHIV) unlike for Malaria and TB – limited civil society organizations implementing at community level
- CHA/Ws do not perform HCT and networks of PLHIV are not actively engaged in community distribution of ARVs to their peers –but implemented on schedules
- High staff attrition across the spectrum due to low salaries and other conditions of service coupled with the significant loss of health personnel due to EVD.
- Poor supervision of health service delivery and inadequate feedback to the different sites for quality improvement and if done recommendations not fully implemented or adhere to
- Programming for key populations is weak
- High level of stigma has affected service uptake and utilization
- High STI service availability to support HCT

Table 1 HIV Counselling Testing Rate by County

Counties	Clients Pre-Test Counselled	Clients Tested for HIV	Clients Post Test Counselled	Clients tested HIV+
Bomi	5369	5128	5125	111
Bong	18274	17979	17938	324
Gbarpolu	1766	1728	1722	33
Grand Bassa	13398	13360	13360	217
Grand Cape Mount	5210	5091	5082	177
Grand Gedeh	4541	4385	4291	197
Grand Kru	1906	1894	1894	53
Lofa	11264	10920	10720	174
Margibi	9141	7608	7441	243
Maryland	7623	7524	7218	605
Montserrado	68368	67001	66743	3886
Nimba	24678	23414	22880	662
River Gee	2695	2615	2563	194
Rivercess	3270	3251	3217	85
Sinoe	3009	3001	2987	80
Total	**180512**	**174899**	**173181**	**7041**

Table 2 ANC Visits and PMTCT Testing Rate and HIV+ Mother Receiving Treatment for MTCT by County

Counties	ANC clients pre-test counseled	ANC clients tested for HIV	ANC clients post test counseled	ANC clients tested HIV+	Pregnant Women Initiated:			Live birth to HIV+ women	Neonate receiving ARVs prophylaxis after birth
					ON ARVs in ANC	ON ARVs in Delivery	ON ART		
Bomi	3653	3414	3411	23	8	5	15	6	4
Bong	14249	13954	13913	97	58	22	54	23	26
Gbarpolu	1558	1522	1516	24	5	1	1	2	4
Grand Bassa	10108	10071	10071	35	28	2	11	17	13
Grand Cape Mount	4142	4046	4037	64	61	8	50	13	6
Grand Gedeh	3290	3140	3046	52	22	27	22	31	26
Grand Kru	1449	1437	1437	19	7	1	1	6	5
Lofa	7317	6999	6811	51	44	7	16	8	7
Margibi	7744	6211	6081	118	46	13	48	20	18
Maryland	4610	4508	4428	138	67	37	32	50	46
Montserrado	30876	29522	29476	638	126	82	130	110	102
Nimba	15095	14004	13604	134	95	37	52	41	36
River Gee	2028	1949	1905	68	41	18	18	16	16
Rivercess	2830	2818	2788	40	25	7	13	9	6
Sinoe	2275	2267	2260	18	7	0	12	1	0
Total	**111224**	**105862**	**104784**	**1519**	**640**	**267**	**475**	**353**	**315**

Table 3 ART Treatment Coverage by County

Counties	ON and NOT ON ART							ON ART						
	Children < 12 months	Children 12-59 months	Children 5-14 years	Non-pregnant females >= 15 years	Pregnant females	Males > 14 years	Total	Children < 12 months	Children 12-59 months	Children 5-14 years	Non-pregnant females >= 15 years	Pregnant females	Males > 14 years	Total
Bomi	4	12	1	108	2	26	**153**	0	3	1	104	2	25	**135**
Bong	40	22	12	244	19	70	**407**	0	10	12	165	16	51	**254**
Gbarpolu	4	0	2	21	0	7	**34**	0	0	2	15	0	6	**23**
Grand Bassa	12	6	12	180	9	71	**290**	0	0	12	170	6	65	**253**
Grand Cape Mount	12	6	1	57	6	14	**96**	0	3	1	44	6	10	**64**
Grand Gedeh	30	5	13	327	30	93	**498**	0	5	10	265	21	78	**379**
Grand Kru	0	0	0	35	0	18	**53**	0	1	0	23	0	8	**32**
Lofa	16	17	12	231	20	54	**350**	0	4	10	180	17	41	**252**
Margibi	24	7	13	213	14	92	**363**	0	4	14	169	8	84	**279**
Maryland	44	20	16	444	23	104	**651**	0	3	10	271	15	68	**367**
Montserrado	346	145	173	4140	292	1587	**6683**	8	129	163	3442	158	1286	**5186**
Nimba	47	13	30	580	27	162	**859**	1	4	25	423	23	134	**610**
River Gee	15	7	1	123	15	76	**237**	0	1	1	67	18	37	**124**
Rivercess	10	2	0	36	7	12	**67**	0	2	0	19	7	9	**37**
Sinoe	4	0	3	69	6	27	**109**	1	0	2	61	4	13	**81**
Total	**608**	**262**	**289**	**6808**	**470**	**2413**	**10850**	**10**	**169**	**263**	**5418**	**301**	**1915**	**8076**