## Status at a Glance

### National Commitment & Action

| 1. National Composite Policy Index |
| 2. Government funds spent on HIV/AIDS - **US$ 243,000 for 2002** |

### National Programme & Behaviour

#### Prevention

3. % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year - **Not available**

4. % large enterprises/companies that have HIV/AIDS workplace policies and programmes - **Not Available**

5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT - **0%**

#### Care/Treatment

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled - **Not Available**

7. % of people with advanced HIV infection receiving ARV combination therapy - **Not Available**

#### Knowledge/Behaviour

8. % of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention - **7.2% of 12-21 Year old**

   (Target: 90% by 2005; 95% by 2010)

9. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner - **13.5% of 12-21 year old**

10. % of injecting drug users who have adopted behaviours that reduce transmission of HIV (where applicable)

### Impact alleviation

11. Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school - **Not Available**

### Impact

12. % young people aged 15-24 years of age who are HIV infected

   (Target: 25% in most affected countries by 2005; 25% reduction globally by 2010) - **Not Available**

13. % of infants born to HIV infected mothers who are infected

   (Target: 20% reduction by 2005; 50% reduction by 2010) - **Not Available**
II. Overview of the HIV/AIDS epidemic

This section should cover the status of the HIV prevalence in the country during the period January-December 2002 based on sentinel surveillance and specific studies (if any) for Indicator 1 (HIV prevalence among young people) and estimates for Indicator 2 (HIV prevalence among infants).

<table>
<thead>
<tr>
<th>HIV prevalence at a glance</th>
</tr>
</thead>
<tbody>
<tr>
<td>% young people 15-24 years of age who are HIV infected - <strong>Not Available</strong></td>
</tr>
<tr>
<td>% of infants born to HIV infected mothers who are infected - <strong>Not Available</strong></td>
</tr>
</tbody>
</table>

III. National response to the HIV/AIDS epidemic

1. National commitment and action

This sub-section should reflect the change in commitment made by national stakeholders in the fight against HIV/AIDS during the period January-December 2002. Commitment covers increased resources, expanded partnerships and multi-sectoral policy development.

<table>
<thead>
<tr>
<th>National commitment at a glance</th>
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</thead>
<tbody>
<tr>
<td>National Composite Policy Index</td>
</tr>
<tr>
<td>World Bank Credit of 15,000,000 US$ to Government for HIV/AIDS activities for 4 years.</td>
</tr>
</tbody>
</table>

2. National programmes and behaviour

This sub-section should cover progress made during the period January-December 2002 in specific HIV/AIDS programmes broken down by prevention and care/treatment.

In July 2002, the government entered into a $15 USD agreement with the World Bank for the Sierra Leone HIV/AIDS Response Project (SHARP) under MAP2. The aim of this four-year project is to reduce HIV/AIDS prevalence and mitigate the impact of HIV/AIDS on affected persons. The SHARP project is placed under the authority of the NAC, located in the office of the President. NAC is supported by a National HIV/AIDS Secretariat (NAS), which is the administrative, coordinating and supervisory/monitoring mechanism for SHARP and will be involved in advocacy and policy coordination. The SHARP project became effective on October 3, 2002. Under the SHARP project, the following have so far been done:

- Capacity strengthening - a secretariat has been established with qualified staff to help in coordinating HIV/AIDS activities.
- Guidelines and protocols have been developed for HIV testing, counselling and sentinel surveillance.
Request has been made for Viramune tablets and syrup to start a programme on prevention of mother-to-child transmission of HIV/AIDS.
Two line-ministries have been supported to undertake HIV/AIDS activities.
Laboratory and peripheral health personnel have been trained in HIV testing and syndromic management of STIs, respectively.
Proposals on community and civil society initiatives have been funded for HIV prevention activities.
An M&E system for HIV/AIDS is been developed to track activities and their outcome.

### National programmes at a glance

**Prevention**
- % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year: Not available
- % large enterprises/companies that have HIV/AIDS workplace policies and programmes: Not available
- % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT: 0%

**Care/Treatment**
- % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled: Not available
- % of people with advanced HIV infection receiving ARV combination therapy: Not available

This section should also reflect any changes in behaviour as a result of programmes’ activities.

### National behaviours at a glance

- % of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention: 7.2% of 12-21 years old
- % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner: 13.5% of 12-21 years old
- % of injecting drug users who have adopted behaviours that reduce transmission of HIV (where applicable): Indicate Source

Finally, this section should address national efforts in impact alleviation, with a focus on orphans.

### Impact alleviation at a glance

- Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school: Not available

Indicate Source
Whenever relevant, indicator scores should be reported by area of residence (urban/rural), gender, and the following age groups: 15-19, 20-24, 25-49. Countries are encouraged to report on additional indicators that contribute to an expanded national response.

IV. Major challenges faced and actions needed to achieve the goals/targets

This section should focus on key challenges faced throughout the reporting period that hindered the national response and remedial actions envisaged to ensure achievements of agreed targets by 2005 and 2010 (see page 4).

Some of the major challenges are:
- Coordinating the activities or organisations that undertake HIV/AIDS activities so that we are seen as partners rather than policemen. To remedy this we intend to work with our partners in a positive and supportive way and also by involving them in our planning activities.
- The lack of technical support in certain key areas. We intend to remedy this by encouraging our local consultants to work closely with external consultants.
- Poor infrastructure of HIV testing. We intend to remedy this by working with our development partners to strengthen our HIV testing capacity, especially in the periphery settings.
- Limited number of condoms. We intend to start a condom social marketing programme.
- Additional support to complement SHARP. We intend to apply for the Global Fund and solicit funds from other donors.

This section should also provide information on the country’s data collection plan for 2005 reporting (see Table below).

<table>
<thead>
<tr>
<th>Data collection plan (2005 reporting)</th>
<th>2003</th>
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<tbody>
<tr>
<td>Household surveys</td>
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<td>Health facility surveys</td>
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<td>School-based surveys</td>
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<td>Workplace surveys</td>
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<td>Desk review</td>
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</table>

V. Support required from country’s development partners

This section should focus on key actions that need to be taken by development partners to assist countries in achieving their goals/targets.

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- Assistance with technical support for surveillance, HIV care, PMTCT, condom social marketing.
- Strengthening of HIV testing facilities
- Assistance with social marketing of condoms
- Assistance with funding to complement SHARP, especially in providing anti-retroviral treatment for PLWHAs and the training of health staff in the treatment of opportunistic infections

VI. Monitoring and evaluation environment

The section should provide an overview of the current M&E system in the country based on a country sheet to be filled out and included as an annex (see Annex 4), and highlight – where appropriate – the needs for M&E technical assistance and capacity building to meet the 2005 requirements.

In the absence of the standardized format to report on M&E environment (No. annex 4), listed below are some of the steps taken to strengthen M&E system for HIV/AIDS.
1. Established M&E working group
2. Developed draft M&E plans to track SHARP as well as partners HIV/AIDS activities and outputs.
3. Developed protocols for ANC sentinel surveillance
4. In the process of developing standardised guidelines for HIV/AIDS activities.
5. Workplans in place for annual biological and behavioural surveillance