

*AIDE - MEMOIRE OF THE PARTNERSHIP
FORUM*

*INCORPORATION WITH THE
NATIONAL HIV/AIDS SECRETARIAT AND
UNAIDS*

*HELD AT THE BINTUMANI HOTEL FREETOWN
1ST & 2ND DECEMBER 2006*

ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
DAC	-	District Aids Committee
HIV	-	Human Immune Deficiency Virus
INGO's	-	International Non Governmental Organisations
NAS	-	National HIV/AIDS Secretariat
NAC	-	National AIDS Committee
PLWHA	-	People Living With HIV/AIDS
UN	-	United Nations
UNICEF	-	United Nations Children's Emergency Fund
UNAIDS	-	United Nations Programme for AIDS
PF	-	Partnership Forum
ARV	-	Anti-retroviral Therapy
PMTCT	-	Preventing Mother to Child Transmission
STIs	-	Sexually Transmitted Infections

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INTRODUCTION

In response to the HIV/AIDS epidemic the Government of Sierra Leone signed a US\$ a 15.Million loan agreement with the World Bank (IDA) in 2002, to implement the Sierra Leone HIV/AIDS (SHARP). Today the SHARP also enjoy financial support from the Global Fund. The National AIDS Secretariat (NAS) is the administrative arm of the SHARP and is composed of the following components;

1. Health sector HIV/AIDS Response Group) ARG)
2. Line Ministries
3. Community and Civil Society Initiatives
4. Capacity Building, M&E and Policy

Over the past 4years, the project has undertaken a number of studies and surveys for instance, the 2005 National Sero-Prevalence indicated that the prevalence rate is 1.53%, and the prevalence by districts ranges from 0.5% in Tonkolilli to 3.0% in Koinadugu. The highest prevalence among women occurred in the 20 – 24 age group (2.0%) whereas males between 35 – 39 age group had the highest prevalence (3.5%).

The results of the 2005 Sero-Prevalence survey confirm the trend of a steady increase in HIV prevalence over the previous years from 2002 to 2005.

Likewise a number of supervisory visits from the World Bank have raised the issue of improving the coordination of the national response with NAS.

JUSTIFICATION FOR LAUNCHING THE PARTNERSHIP FORUM

As the implementation is gaining momentum, it is becoming glaring that the many players involved in the response are opening in an uncoordinated fashion and the authority to holistically fight the disease seems to be dispersed. The implication of this is that national planning and priorities in responding to the epidemic is weakened; consequently, implementation is stalled.

Following widespread concerns amongst various stakeholders with such lapses coupled by the development of a national M & E framework and the National Strategic Plan (NSP), it is now recognised that neither government, nor civil society, nor the international organisations including the UN can mount an effective

campaign against the epidemic in isolation. Rather, it takes a well coordinated coalition approach to minimize wasteful overlaps and effectively scale up efforts while giving a clear leadership and coordination role to the government. These concerns give rise to the formation of a Partnership Forum (PF). By definition, the HIV/AIDS partnership forum is a strategic and dynamic mechanism that aims at **mobilizing institutions and resources for scaling up the national response, minimize wasteful duplication, and maximize potentials for synergies, harmonization, learning and peer support.**

The Partnership Forum could best be described as the common arena operating between the policy and umbrella function of the NAS and the actual implementation of the national strategic framework on HIV/AIDS. In no uncertain terms does this forum replace or compete with the NAS; instead it will complement the work of the institution setting the stage for the various stakeholders to interface. Furthermore, the partnership forum is expected to strengthen and be the vanguard to actualise the **“three ones”** namely **one** national AIDS authority, **one** national strategic framework and **one** M & E framework as the flag bearer of the multi-sectoral response.

With the desire and the need from major stakeholders to do joint programming and to scale up the national response, Sierra Leone’s PF in the preliminary years will aim to take stock of the response so far, bottle necks stalling implementation and identifying a way forward to Universal Access to HIV Prevention, Treatment, Care and Support by 2010.

GOAL

The overall objective of the PF is to capacitate the NAS to employ a broad based approach to the national response to partnership with all stakeholders with the view of reversing the trend of the epidemic in the country.

PURPOSE

The partnership forum will provide but not limited to:

- 1) A forum for discussion, information sharing, consensus building, joint planning, sharing of experiences and practices and mutual support among constituencies, including District representatives.
- 2) A formal and representative coordination structure bringing together all members of all constituencies, including District representatives.
- 3) Empowerment and encouraging the participation of less vocal groups such as associations of PLWHAs and women in dialogue on the national response.

OBJECTIVE

1. To review the trend of the epidemic and the national response since 2002.
2. to make recommendations for improved implementation of the NSP
3. To note emerging policy and programme issues and challenges, and agree on priority areas.
4. To propose HIV/AIDS coordination at the district and chiefdom levels.
5. To agree on resource mobilization strategies, and confirm existing or new resources for the implementation of the national strategic plan.

PROCESS

The day and half of the forum started with the opening ceremony that includes the launching of the forum and three publications produced by NAS, namely; The Sierra Leone HIV/AIDS Strategic Plan (2006-2010), Work Place Policy and the M&E Frame Work.

This was followed by seven constituencies' (NAS, Development Partners, Uniform personnel, PLWHA, Womens', Civil Society and Youths,) making power point presentations. The presentations in general reflected on the National HIV/AIDS Response from 2002 to present. The presentations examined the following issues; constraints in implementation, challenges, the way forward to universal access to HIV prevention, achievements, suggestions for scaling up, and identified gaps in the national response. At the end of the presentation, eight groups were formed to discuss the salient points emanating from the reports and the groups reported back in plenary.

The next day, the first session witnessed the presentation by NAS and UNAIDS, of the following documents in plenary, namely; National Work Place Policy on HIV/AIDS, The Three Ones, National Strategic Frame Work and the M&E Frame Work.

The final session, dealt with identifying ways to improved coordination at the National, District and chiefdom levels.

On the whole the forum was well attended and the discussions were lively, and constructive as a result significant contributions were made as reflected in the recommendations. The implementation of these recommendations will no doubt take the National Response to a higher level.

The agenda was punctuated by educative skits and by two very moving and powerful testimonies by PLWHAS

For details see the **Report on the Conference Proceedings (available at NAS)** which is also the back ground document to this Aide-Memoire

MAIN RECOMMENDATIONS

The Aide-Memorie reflects the discussions, summary of the main recommendations, observations and suggestions for the next step. It is strongly believed that, if these are implemented, it will significantly improve coordination and accelerate the rate towards archiving universal access by 2010.

1. The coordinating role of NAS was overwhelmingly endorsed by the Forum repeatedly. It was also made clear that this role should extend to projects not funded by NAS. In this regard, it is suggested that NAS should be clear about the nature and the various levels of coordination expected from its partners. This should then be communicated to its many partners including the funding agencies.
2. In this regard all organizations working on HIV/AIDS should register with NAS and provide NAS with information regarding their programs and donors should contact NAS before funding is done to the various organizations.
3. NAS should continue to find ways to strengthen inter-agency coordination with organization working on HIV/AIDS.

4. Programme focus of civil society should be reviewed to ensure that it is in line with the National Strategic Framework (NSF) formulated by NAS.
5. Recognizing that NAS already has a National Strategic Framework (NSF) until 2010, it was recommended that NAS produces annual plans that are reflective of the NSF. This will no doubt guide NAS as it pursues its aims and objectives.
6. Donors should continue providing funding for NAS.
7. Bi- annual meetings should be held in order to keep abreast of events and to assess the extent to which strategies and decisions have been implemented.
8. Funding to DAC should be made public to ensure transparency and accountability.
9. Given their influence with communities, religious leaders should also be part of the membership of the DAC
10. **Greater involvement of PLWHA in the National Response**
 - (a) PLWHA's should be encouraged to form an umbrella organization that will cater for their needs and help in advocacy etc etc.
 - (b) The number of PLWHA in the National Aids Council should be increased from one to two taking in to consideration the quality of the representation.
 - (c) They should be involved in the planning, implementation and evaluation of the national response. In other words integrated in all aspects of programming.

- (d) Every agency working on AIDS should be encouraged to employ one PLWHA.
- (e) Support centers for PLWHA should be established in all chiefdom headquarter.
- (f) PLWHA should be provided with skill training to improve their socio-economic status.
- (g) Laws and policies should be enacted to protect the integrity of PLWHAS, against discrimination and other form of legal protection for AIDS patient is also required.
- (h) Increase sustainable care and support for those who have come forward in order to attract those who are still in hiding to do the same.

11. **Uniform Personnel**

Currently only the army benefit from a Force's HIV/AIDS policy. It was recommended that this should be extended to all uniform personnel as a matter of cause and urgency.

12. **Scaling up the National Response to ensure universal access.**

It is the general view that the SHARP have got to the stage in its implementation that most of its activities needs to be scaled up to ensure universal access by 2010. It was observed that a high percentage of the SHARP activities are either in the Western Area or in the provincial capitals.

In this regard the forum came up with a number of recommendations.

- (a) It was recommended that strategies must be put in place that will intensify access in the rural communities. Both

static and mobile testing facilities and care and support services should be considered. Koinadugu and Kailahun were suggested as a good place to start. These outreach programs should ensure maximum participation of the communities to guarantee success. In this regard the inclusion of religious leaders and traditional opinion makers is crucial. It was also noted that scaling up activities could only succeed where there is close supervision and effective monitoring.

- (b) Massive education on HIV/AIDS should be intensified to reduce the prevalence rate of HIV/AIDS and scale up pre-test counselling.
- (c) Given that the national prevalence rate of the use of contraceptive is between 4%-6%, it was recommended that condom use should also be intensified by continuing to educate the population on the use, storage and disposal of condoms. Free distribution was seen as an incentive for increased usage.
- (d) ARV,s treatment should be available in all VCCT centres
- (e) Trained and qualified personnel should also be available in the centres to administer and manage all side effects.

- (f) There was concern about the sustainability of the ARV drugs; it was therefore recommended that NAS should ensure the current free treatment policy is maintained.
- (g) The support base for care and support must be broadened; therefore family/community members should be educated on how to give care and support to PLWHA.
- (h) Very often male participation in VCCT activities is very low deliberate effort should be made to get the men involved.
- (i) The capacity of the Districts, and Chiefdoms AIDS Committees should be strengthened, these institutions should promote education on the benefits of VCCT, treatment, care and support services.
- (j) PMTCT should be intensified to encourage pregnant women to go for testing.

13. **Prevention Strategies for Women**

Given that women are mostly affected and infected the forum paid special attention to this constituency and came up with the following:

- (a) Women should be involved in both policy formulation on HIV/AIDs and decision making as it relates to the national response.
- (b) Provide adequate representation of women in all issues affecting them.
- (c) Mainstream family planning, reproductive health, VCCT/PMTCT in all PHC services.

- (d) Increase and strengthen optional/career development for high risk groups.
- (e) Increase accessibility and affordability for female condoms.
- (f) Provide micro credit facilities for widows, single parents and CSWs'
- (g) Increase allocation of financial resources to women's organisations implementing HIV/AIDS activities.
- (h) Sensitize men to accept that women have rights. Make sure gender equality programmes are incorporated into the programmes. Men should respect women.
- (i) Women society leaders should be sensitised on HIV/AIDS.
- (j) The principles of gender equality should be observed. However, efforts should be made to develop strong partnerships between men and women for fighting HIV/AIDS.
- (j) Provide and scale up basic girl child education.

14. **Prevention Strategies for Youth**

It is recognised that the youths are sexually very active and vulnerable.

- (a) Employment opportunities should be provided for the youth in addition to skills training.
- (b) Increase access of the youth to reproductive health centres for testing and treatment of STI's
- (c) In view of the high prevalence rate of HIV/AIDS among tertiary

level of education, special programming should be designed for them.

15. Most at Risk.

- (a) NAS should invest in identifying those most at risk and design appropriate interventions to suit their unique characteristics.

16. Private Sector

- (a) The need and urgency for establishing a business coalition was again endorsed.
- (b) Each business house should have a HIV/AIDS programme with a focal person attached.

17. Support to NAS

- (a) The importance for high level political support and commitment to the NAS should be seen and felt.
- (b) Furthermore the need for the NAC to be more active and meet quarterly with HE the president chairing at least two of the meetings was also recommended.

Observation

Careful thought should be given to the issue of complacency if we are to prevent further rise in the prevalence rate. This word of caution was made because experience has shown that certain nations have been complacent given rise to their prevalent rate accelerating with in a short space of time.

NEXT STEP

It is suggested by the consultant that one way of taking the process further is for NAS to come up with an **action plan** as soon as possible to make use of the momentum, interest, recommendations and good will generated at the Forum. In this regard it is further suggested that, NAS should invite properly a group of 7-10 competent individuals on the subject to a weekend retreat to prioritize the recommendations and use it as the bases for an **action plan**.

Let me hasten to add, that this plan should reflect the intended structural changes to secretariat.

ACKNOWLEDGEMENT

I would like to express my thanks and gratitude to everyone who assisted me in making the PF a success. They are too many to mention by name here, but I would specifically like to express my gratitude and appreciation to all the staff at NAS, UNAIDS and the members of the various constituencies.

Signed-----

Representative of Participants

Date:.....

Signed-----

Dr Brimah Kargbo

Acting Director NAS

Date:.....