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GLOBAL HEALTH INITIATIVE STRATEGY FOR SIERRA LEONE

Sierra Leone Global Health Initiative Strategy

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Acronyms

ANC	Antenatal Care
ACT	Artemisinin-based Combination Therapy
ART	Anti-Retroviral Therapy
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control & Prevention
CMAM	Community-based Management of Acute Malnutrition
CPHRL	Central Public Health Reference Laboratory
DAO	Defense Attaché's Office
DCM	Deputy Chief of Mission
DFID	UK Department for International Development
DHAPP	DoD HIV/AIDS Prevention Program
DoD	U.S. Department of Defense
EID	Early Infant Diagnosis
EU	European Union
EQA	External Quality Assurance
FACTS	Foreign Assistance Coordination and Tracking System
FAO	Food and Agriculture Organization (FAO)
FELTP	Field Epidemiology Laboratory Training Program
FXB	Francois-Xavier Bagnoud Center
FHCI	Free Health Care Initiative
FHU	Family Health Unit
FY	Fiscal Year

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GoSL	Government of Sierra Leone
GHI	Global Health Initiative
GBV	Gender-Based Violence
HDP	Health Department Partners
HHS	Department of Health and Human Services
HMIS	Health Management Information System
HSCC	Health Sector Coordination Committee
HSSG	Health Sector Steering Group
HSWGs	Health Sector Working Groups
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
IRC	Indoor Residual Spraying
JICA	Japanese International Cooperation Agency
MDR-TB	Multi-drug Resistant Tuberculosis
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MSRP	Mission Strategic and Resource Plan
MDG	Millennium Development Goal
MoHS	Ministry of Health & Sanitation
NAS	National HIV/AIDS Secretariat
NHSSP	National Health Sector Strategic Plan
NPHLS	Network of Public Health Laboratory Systems
NRL	National HIV Reference Lab
NTDs	Neglected Tropical Diseases
LLIN	Long-lasting insecticide-treated nets

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LSETWG	National Laboratory and Surveillance Epidemiology Technical Working Group
PEPFAR	US President’s Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother-To-Child Transmission
RSLAF	Republic of Sierra Leone Armed Forces
RHL	Reproductive Health Literacy
RSLAF	Republic of Sierra Leone Armed Forces
SLDHS	Sierra Leone Demographic and Health Survey
SLMTA	Strengthen Laboratory Management towards Accreditation
SUN	Scaling up Nutrition
TB	Tuberculosis
TBA	Traditional Birth Attendant
TWG	Technical Working Group
UMDNJ	University of Medicine and Dentistry of New Jersey
UNICEF	United Nations Children’s Fund
UNDP	United Nations Development Program
USAID	United States Agency for International Development
USG	United States Government
WFE	World Federation of Exchanges
WGGE	Women, Girls, Gender Equality
WHO	World Health Organization

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Introduction

This document outlines a strategy for the USG’s Global Health Initiative (GHI) in Sierra Leone for the period of 2011- 2015. It includes a description of the overall health situation in country, current USG health portfolio, health development partners’ overview, priority areas, implementation of GHI principles, and the successes and challenges with GHI. The majority of causes of morbidity and mortality in Sierra Leone are preventable. Most deaths can be attributed to nutritional deficiencies, pneumonia, anemia, malaria, tuberculosis and now HIV/AIDS. Diarrheal diseases and acute respiratory infections are also major causes of out-patient attendance and illness in the country. The greatest burden of disease is in rural populations and in females within these populations. Women are also more likely to have to leave the workforce due to illness than men.

Sierra Leone and the GHI Principles

The GHI Strategy for Sierra Leone is firmly rooted within the GHI principles of:

- Focus on women, girls, and gender equality
- Encourage country ownership and invest in country-led plans
- Strengthen and leverage other efforts
- Increase impact through strategic coordination and integration
- Build sustainability through health systems strengthening
- Promote learning and accountability through monitoring and evaluation
- Accelerate results through research and innovation

Proposed initiatives and activities are designed to enact each of these principles. The strategy’s results framework and strategy matrix describes how the programs for each of the priority areas relate to the GHI principles.

I. GLOBAL HEALTH INITIATIVE (GHI)

While Sierra Leone’s devastating 11-year civil war ended over a decade ago, the country’s healthcare system, largely destroyed during the conflict along with much of the rest of the nation’s vital infrastructure, remains extremely weak and the health situation extremely dire. The nation continues to struggle with a low life expectancy of 47 years; an infant mortality rate of 89 per 1,000 live births; an under-five mortality rate of 140 per 1,000 live births; and a maternal mortality rate of 857 per 100,000 births (SLDHS, 2008).

Fortunately, the Government of Sierra Leone (GoSL), in spite of numerous competing demands to establish an electrical power system, clean water supply, and other basic infrastructure, has taken critical steps toward rebuilding capacity in the health sector. In 2010, the GoSL released the first National Health Sector Strategic Plan (NHSSP), which provides the framework needed to guide the efforts of the Ministry of Health and Sanitation (MoHS) and its partners over the next six years in attaining health-related Millennium Development Goals (MDGs) four to six (reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria, and other diseases). The overarching goal of the NHSSP is “to reduce inequalities and improve the health of the people, especially mothers and children, through strengthening national health systems to enhance health related outcomes and impact indicators.” Because this essential framework so neatly dovetails with the basic principles and targets of the U.S. Global Health Initiative (GHI), the focus of this GHI Strategy for Sierra Leone is designed to support GoSL in achieving this same goal.

II. GHI VISION IN SIERRA LEONE

As the FY 2013 Mission Strategic and Resource Plan (MSRP) for the U.S. Embassy in Sierra Leone states, the Government of Sierra Leone must continue to enhance its ability to address the most critical human rights problems currently facing the country. These include rebuilding Sierra Leone’s health care infrastructure and health systems. The MSRP also states that the USG will continue to focus interagency

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coordination efforts to address Sierra Leone's most critical health care needs. Due to the gravity of the health care crisis in Sierra Leone, its impact on stability and security, and the number of American NGOs and private donors working in country, Ambassador Michael Owen has stated that the Embassy must play a critical coordinating role to support USG interventions in the health sector. To maximize these resources and avoid duplication of efforts, the USG will strategically leverage its efforts under the leadership of the Embassy and USAID in Sierra Leone to conduct joint planning with other key health development partners and the private sector. In order to advance the stated priorities of the GoSL under the NHSSP and in order to coordinate the multiple sources of private assistance the GHI/Sierra Leone will focus on three primary areas: **1) Strengthened Health Systems; 2) Improved internal USG coordination and external alignment with the government; and 3) Improved Service delivery through a women, girls and gender equity approach.** The GHI strategy will build on the existing USG interventions focused on HIV/AIDS, Neglected Tropical Diseases (NTDs), nutrition, and reproductive health.

III. SIERRA LEONE'S HEALTH PROFILE

HIV/AIDS: Sierra Leone is considered to have a low-level epidemic. Results from the 2008 SLDHS indicate that 1.5% of Sierra Leone adults aged 15 to 49 have HIV. HIV prevalence among women in the same age group is slightly higher for women than men (1.7% versus 1.2%). The HIV prevalence rate obtained in the 2005 sero-prevalence survey was 1.54% which is the same rate obtained in the 2008 Sierra Leone Demographic Health Survey (SLDHS). The results of the 2008 SLDHS confirmed that Sierra Leone has a low-level HIV epidemic. HIV prevalence among most at risk populations is not well described.

Malaria: In Sierra Leone, malaria is one of the major leading causes of morbidity and mortality in children under five years of age, accounting for about 50% of outpatient visits and 38% hospital admissions. Malaria contributes to close to two of every five child deaths and to one of every four deaths in a general population. Proven malaria prevention and control interventions are available in Sierra Leone including the most effective medicines especially Artemisinin-based combination therapy (ACT) for treating patients and for prevention of infection with long-lasting insecticide-treated nets (LLIN), indoor residual spraying (IRS) and Intermittent Preventive Treatment during pregnancy (IPTp).

Tuberculosis: The burden of tuberculosis (TB) is increasing in Sierra Leone. Between 2004 and 2007, the number of registered TB cases in the country almost doubled, in spite of a case detection rate of 52% (the WHO target is 75%). This is further complicated by the recent emergence of multi-drug resistant tuberculosis (MDR-TB). The TB/HIV co-infection is also an issue of concern: the prevalence rate TB/HIV co-infection is 11.6%. However, the defaulter rate has been declining and the treatment success rate has increased from 83% in 2004 to 87% in 2008.

Maternal and Child Health: Infant mortality and maternal mortality rates are among the highest in the world (89/1,000 live births and 857/100,000 live births respectively). Less than 50% of deliveries occur with a skilled attendant or at a health facility and the availability of emergency obstetrics services is extremely limited. Among children, malnutrition, stunting, and poor immunization coverage are still significant problems. Malnutrition is the leading cause of death for children under 5 years of age. The under-five mortality rate is 140 per 1,000. Prevalence of anemia is high among both children and women.

Nutrition: Children in Sierra Leone are generally malnourished. In 2008, 21% of children under age five were found to be underweight or too thin for their age while 36% were stunted or too short for their age and 10% were wasted or too thin for their height (SLDHS 2008). Children in rural areas are more likely to

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be stunted and wasted than children in urban areas. There is evidence of poor nutrition and feeding practices among infants and children. Only 11% of infants under six months of age are exclusively breastfed, 23% of children are fed in accordance with infant and young child feeding practices, and 26% of children age 6-59 months received a vitamin A supplement. Seventy-six percent of children and 45% of women are anemic.

Family Planning and Reproductive Health: Most married women (92%) do not use any family planning. Only 7% of married women currently use a modern method of family planning. Another 2% are using a traditional method. Injectibles (3%) are the most commonly used methods. Unmarried, sexually active women are most likely to use family planning – 25% are using a modern method, most commonly the pill (11%) (SLDHS 2008).

Neglected Tropical Diseases (NTDs): Sierra Leone is endemic for six of the seven diseases targeted by USAID’s NTDs Program, including: lymphatic filariasis, onchocerciasis, schistosomiasis, and three soil-transmitted helminthes. The program in Sierra Leone has achieved remarkable success with national scale coverage of preventive chemotherapy achieved for all of the targeted diseases. In addition to the USAID programs, DoD invests heavily in the study and prevention of Lassa Fever. The program employs a strategy that integrates the control/elimination activities for the individual diseases within a Community Directed Treatment approach to conduct mass drug administration using communities and schools as delivery channels. With continued high-coverage of all eligible at-risk populations, the country is on track to achieve global control and elimination goals. Last year the NTDs Program treated approximately 4.5 million people for lymphatic filariasis, two million people for onchocerciasis, 1.8 million people for schistosomiasis, and 1.2 million people for soil-transmitted helminths.

Other major factors affecting the health status of the population include access to clean water, particularly with respect to diarrheal illnesses. In rural communities, up to 66% of people do not have access to safe water. In addition, the country suffers from epidemic outbreaks of diseases including yellow fever, cholera, Lassa fever and meningitis.

Key national health indicators are described in Table 1 below.

Table 1. Summary of Key Health Indicators for Sierra Leone	
Key Indicator	SLDHS 2008
Total fertility rate	5.1
Infant mortality rate	89/1000 live births
Under-five mortality rate	140/1000 live births
Maternal mortality ratio	857/100,000 live births
Life expectancy – Male (years)	47.5 yrs
Life expectancy – Female (years)	49.4 yrs
Underweight prevalence (Children under 5)	21.1/3.5%
Stunting Prevalence (Children under 5)	36.4%/20.6%
DPT immunization coverage	54.6%
Fully immunized children	30.2%
Anaemia (Children 6 – 59 months)	76%
Anaemia (Women 15-49)	46%
HIV prevalence (Adults 15-49)	1.5%

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IV. RECENT HEALTH POLICY REFORMS

Despite limited resources and infrastructure challenges in Sierra Leone, the MoHS has been very proactive and committed to pushing through recent innovative health policies and reforms:

- Decentralization of health services: since the end of 2008, 19 local councils are now responsible for managing the delivery of both primary and secondary health care services.
- Establishment of the NHSSP (2010-2015): focuses on six health system strengthening areas including leadership and governance, service delivery, human resources for health, medical products and health technologies, and health information systems. The NHSSP forms the basis for developing and implementing strategic and operational plans of the central MoHS directorates; formalizes coordination mechanisms and guiding participation of all stakeholders in health development in Sierra Leone; and provides guidance for developing short and long term expenditure frameworks.
- Establishment of a health compact between the GoSL and signatory health partners: sets a framework for increased and more effective aid to permit Sierra Leone to make faster progress towards achieving MDGs. This is a voluntary agreement between the GoSL and health development partners to ensure that aid is lined up behind the priorities outlined in the NHSSP.
- Formation of a basic package of essential services: addresses the unacceptably high child and maternal mortality and morbidity in the country.
- The President announced a Free Health Care Initiative for pregnant women, lactating mothers, and children under five in April 2010. Attendance at health facilities increased three-fold and demonstrated that cost was a significant barrier to accessing health care.
- Establishment of a national laboratory policy.

V. SIERRA LEONE NHSSP (2010-2015)

Of the recent health policy reforms mentioned, the NHSSP may be the most important guidance document for the USG to use to develop and focus supporting health activities. In consultation with partners, the GoSL has developed a 6-year NHSSP that provides the framework for improving the health of the nation. The NHSSP is a product of long consultations, teamwork on specific assignments, detailed studies, and information gathering. This process included service providers, civil society groups, community members, the private sector, development partners, and other stakeholders. The goal of the NHSSP is to reduce inequalities and improve the health of the people, especially mothers and children, through strengthening national health systems to enhance health related outcomes and impact indicators. The NHSSP outlined several existing challenges and gaps in the health sector by each of the six health system strengthening areas:

Leadership & Governance

- Existing health regulations are outdated
- Overall monitoring & evaluation (M&E) capacity is weak
- Financial management and budget tracking systems are weak
- Weak MoHS stewardship/leadership
- Weak sector coordination structures and arrangements at all levels

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- Weak public-private partnerships in the provision of comprehensive integrated health services
- Weak mechanism for public accountability

Services Delivery

- Poor access to health services, especially to poor and vulnerable women and girls
- Low quality of health services
- Inequities in accessing health services and low utilization
- National standards for basic services have not been defined
- Inadequate outreach and referral services
- Minimal involvement of communities in delivery of services
- Weak community and home based approach to service delivery
- Inadequate blood transfusion service
- Inadequate laboratory service

Human Resources

- Inadequate number of trained health professionals
- Inequities in the distribution of available health professionals
- Low motivation of health workers
- Weak human resource planning and management
- Delay in recruitment of staff
- High attrition rate
- Absence of structured career pathway for most cadres
- Training institutions unresponsive to the needs of the Ministry
- Local training institutions have inadequate tutors and are poorly equipped

Health Financing

- Inadequate budgetary allocations for health care delivery
- Cumbersome procedures for assessing donor funding
- Inequitable and inefficient allocation of health sector resources
- Health care is unaffordable for a majority of Sierra Leoneans

Medical Products and Technologies

- Outdated policies and guidelines for medicines, medical supplies, equipment vaccines, health technologies, and logistics
- Presence of sub-standard, inefficacious and unsafe drugs in the local market
- Weak supply chain management system
- Weak monitoring and surveillance system for drugs
- Pharmacy board is weak

Health Information

- Inadequate financial and human resources for implementing HIV plans
- Weak capacity for data analysis, reporting, dissemination, and use of data

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- Weak hospital information and vital registration systems
- Poor engagement of the private sector and community groups in data collection
- Lack of standards and guidelines for data collection, analysis, and reporting
- Lack of feedback at all levels
- Weak relationship between HIS and program management
- Catchment area population not well defined
- No maintenance plan for existing IT infrastructure at national and district levels

VI. HEALTH COMPACT

The implementation of the NHSSP will require concerted planning and coordination from all stakeholders in the health sector. The health compact, a voluntary agreement between the GoSL and health development partners, provides a framework for increased and more effective aid. Based on the principles of the Paris Declaration, the health compact contains joint partnership commitments aimed at:

- *Ownership:* The GoSL must lead its own development policies and strategies, and manage its own development work on the ground. Donors must support the GoSL in building up its capacity to exercise this kind of leadership by strengthening local expertise, institutions and management systems.
- *Alignment:* Donors must line up their aid firmly behind the priorities outlined in the GoSL's national development strategies. Wherever possible, donors must use local institutions and procedures for managing aid in order to build sustainable structures. Where these systems are not strong enough to manage aid effectively, donors would strengthen them including improving predictability and progressively "untying" aid.
- *Harmonization:* Donors must coordinate their development work better amongst themselves to avoid duplication and high transaction costs for poor countries. Aid is pooled in support of a strategy led by the GoSL under the NHSSP rather than fragmented into multiple individual projects.
- *Managing for results:* All parties in the aid relationship must place more focus on the end result of aid, the tangible difference it makes in poor people's lives. The GoSL and donors partners must create better tools and systems to measure this impact.
- *Mutual accountability:* The GoSL and donors must account more transparently to each other for their use of aid funds, and to their citizens and parliaments for the impact of their aid.

The health compact is currently awaiting signature by the President of Sierra Leone. In the meantime, the GoSL is developing guidelines and Terms of Reference for the proposed national coordinating mechanisms to help implement the NHSSP. The key coordinating bodies are the following:

- *The Health Sector Coordination Committee (HSCC)* is the highest consultative and strategic decision making body. The Minister of Health will chair the HSCC with the Deputy Minister as Vice Chair and include membership with the Global Fund Country Coordinating Mechanism (CCM) and National AIDS Secretariat (NAS).
- *The Health Sector Steering Group* will be expanded from the current Free Health Care Initiative (FHCI) Steering Group and chaired by the Chief Medical Officer
- *Health Sector Working Group (HSWGs)* will be reconstructed from the existing sub-committees from the Free Health Care Initiative to reflect the health systems in the

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NHSSP. Health Development Partners, including the USG are able to participate in the HSWGs.

For an overview of the Health Compact National Coordinating Mechanism Framework, see Appendix 1.

VII. CURRENT USG HEALTH PORTFOLIO IN SIERRA LEONE

In FY2011, the total amount of official USG resources (including those of USAID, CDC, Peace Corps, and DoD) supplied to the health sector in Sierra Leone was about \$20 million (not including USG contributions to the Global Fund.). The USG supports activities in HIV, nutrition, reproductive health and family planning, and NTDs in Sierra Leone. Given the gravity of the health challenges in Sierra Leone, the US Embassy in Sierra Leone considers working in the health sector a priority. Below is a brief summary of in-country staffing levels and main focus by agency. A complete list of activities by agency is listed in Appendix 2.

USAID: USAID has discrete health activities in nutrition, reproductive health (focus on obstetric fistula surgery and capacity development for local partners who support family planning), NTDs, and HIV but has no bilaterally-funded health portfolio. USAID is the representative of the bilateral and multilateral agencies on the Country Coordinating Mechanism of the Global Fund in Sierra Leone. USAID is also the co-chair of the nutrition working group and a member of the health development partners working group. Through these fora, USAID interacts regularly with the health partners and government and serves as a liaison between the government and the US Embassy on health issues. As a result of GHI, USAID hired a new health officer who will organize and conduct the GHI coordination meetings for the Mission in Sierra Leone.

DoD: DoD through the Defense Attaché's Office (DAO) provides support in improving or increasing physical infrastructure of schools, clinical, hospital, laboratory buildings, or overall capability as well as providing equipment, education, and training with partner AFRICOM and companies subcontractor through DoD. Additionally, through the DoD HIV/AIDS Prevention Program (DHAPP), DoD focuses on HIV prevention, care and treatment among the Republic of Sierra Leone Armed Forces (RSLAF), their partners and families.

CDC: CDC has no permanent in-country presence, but through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC supports laboratory and surveillance capacity building activities for HIV, Early Infant Diagnosis, and other infectious disease from its Atlanta headquarters through frequent site visits and with the assistance of one implementing partner on the ground, the Association of Public Health Laboratories.

Peace Corps: After a 16-year absence due to the civil war, Peace Corps returned in June 2010 with a total of 39 Volunteers whose primary role is to serve as teachers of mathematics, science and English in junior, secondary and senior secondary schools throughout the country. In June 2011, an additional 49 teaching Volunteers arrived for a two year term of service. In addition to teaching responsibilities, Peace Corps Volunteers in Sierra Leone engage in secondary activities in their schools and communities that focus on youth development, health and human resource development.

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VIII. KEY HEALTH DEVELOPMENT PARTNERS OVERVIEW

The European Union estimated that from 2010 – 2015, about \$148 million dollars will have been contributed to the health sector by health development partners. See Table 2 below for health sector contributions by thematic area.

Table 2. On-Going and Pipeline Health Sector Interventions with Projects Closing During 2010-2015 by Subsector (thematic area) by Development Partner				
Thematic Area/Development Partner	No of Projects	Project Cost (US\$ million)	Committed (US& million)	Disbursed (US\$ million)
Health Infrastructure	1	30.4	13.4	13.4
HIV/AIDS	3	17.5	13.0	7.8
MCH Projects	13	75.3	54.0	32.1
Multi-Sectoral	2	16.9	6.7	4.2
Nutrition	3	67.1	13.1	13.1
Water & Sanitation	6	39.6	9.9	7.9
Other Thematic Areas	4	41.7	31.4	27.2
Sector Wide Projects	4	121.5	64.0	42.8
Total All Projects	36	409.8	205.6	148.5

Although not an exhaustive list, the primary health development partners working in Sierra Leone with the GoSL are the UK Department for International Development, (DFID); the World Health Organization (WHO); United Nations Children's Fund (UNICEF); United Nations Development Program (UNDP); Food and Agriculture Organization (FAO); and World Federation of Exchanges (WFE); Irish Aid; Japanese International Cooperation Agency (JICA); European Union (EU); World Bank; and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (see Appendix 3 for a brief description of activities by each agency).

Based on the six pillars outlined in the NHSSP (2010-2015), Table 3 identifies the following health development partners as contributing to one or more of the pillar areas of support:

Table 3. Health Development Partners Contribution by NHSSP Pillar	
Areas of Support	Development Partner
Leadership and Governance	DFID, WHO, EU, World Bank, Irish Aid
Services Delivery	DFID, UNICEF, EU, Global Fund, USG, civil society
Human Resources	DFID, WHO, UNICEF, Global Fund, EU, ADB, JICA, USG
Health Financing	World Bank
Medical Products and Technologies	DFID, UNICEF, Global Fund, UNFPA, USG
Health Information	WHO, UNICEF, Global Fund, DFID, USG

There are many humanitarian organizations contributing to the health sector such as Catholic Relief Services, Mercy Ships, CARE, Save the Children, Concern, and GOAL. In addition, there are several

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other international and local non-governmental organizations, civil society, faith-based groups, foundations, and the private sector that are working in health. Unfortunately, there has not been a comprehensive assessment of these contributions to the health sector.

IX. GHI PRIORITY AREAS/ACTIVITIES, OUTPUTS through GHI and OUTCOMES

GHI in Sierra Leone will build upon the existing health programs and further advance and promote the NHSSP. The USG agencies in Sierra Leone have worked together with a strong collaborative effort for many years. For instance, through this collaborative work, the Central Public Health Reference Laboratory (CPHRL), a first for Sierra Leone, was established. Laboratories are a core component in the delivery of quality health care in any nation and strong national laboratory services are key to achieving and sustaining health goals. Public health programs such as tuberculosis treatment, malaria control, HIV/AIDS care and treatment, disease surveillance, and outbreak management depend on strong and efficient laboratories. Through a strong partnership and shared commitment and vision, the MoHS, National HIV/AIDS Secretariat (NAS), CDC (through PEPFAR), WHO, UNICEF, and the Global Fund pooled their resources to support critical improvements needed to convert the physical infrastructure of a one-time HIV Reference Laboratory into a Central Public Health Reference Laboratory that will offer serology, molecular, and microbiology services. The laboratory became operational within 12 months, and the future health of Sierra Leone's people has taken a tremendous step forward.

I. Priority One: Strengthening Health Systems

The USG recognizes that strengthening health systems is the top priority of the MoHS and a key focus of health development partners' efforts in Sierra Leone as the country emerges from a long-term civil war that destroyed much of the minimal health infrastructure that existed. With limited resources and health staff at the country level, USG support for health systems strengthening at the national level with key counterparts is the first focus under the GHI. The initial focus of USG activities in health will be to adopt the GHI framework and align internal health programs according to the GHI priority areas. Second, the GHI health team in Sierra Leone will strengthen internal coordination and strategic integration as well as maximizing leverage opportunities with other partners. Strengthening health systems and improving service delivery will lead to increased access and utilization of quality health care services contributing to the reduction of morbidity and mortality among Sierra Leoneans, especially among women and children. Under Priority I, we identified 3 key areas where GHI efforts will make contributions in a coordinated way between USG agencies and health development partners: 1) Laboratory capacity strengthening, 2) Early Infant HIV diagnosis scale-up, and 3) reducing morbidity and mortality caused by NTDS. Laboratory support has a pivotal role in diagnosis and patient management, disease surveillance and outbreak investigation. At present, the laboratories of Sierra Leone are not able to provide adequate support to clinical care services and disease surveillance response efforts. In addition, epidemiologic and outbreak response skills are lacking among district health officers.

HIV continues to be a disease with long term effects. The MoHS understands the importance of reducing the number of new HIV infections and is scaling up their efforts to achieve zero new infections among newborns. Strengthening and scaling up the national Early Infant Diagnosis program will be key to achieve that goal.

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In Sierra Leone, NTDs continue to cause major morbidity and mortality. Structures and systems need to be set up and reinforced to fight the negative impact of these treatable diseases. Due to the GHI coordination structure, USG activities will combine ongoing treatment interventions in a more integrated and systematic approach that supports best practices leading to overall health system strengthening under the government's national health sector strategic plan. The goal of this approach is to augment leveraged resources from public and private partners for better health outcomes in Sierra Leone.

1. Laboratory capacity strengthening (current activities funded by PEPFAR and DoD)

The activities below (in italics) have been implemented in the last few years and form a solid basis from which future activities, coordinated by GHI, will be implemented to continue to strengthen this infrastructure.

Provided technical and logistic support to implement the 2010 National HIV ANC Sentinel Surveillance used as proxy to estimate the national HIV prevalence.

- *Increased the pool of trained health care workers capable of providing HIV counseling and testing services. Approximately 60 counselors, laboratorians, nurses, and 25 Laboratory Quality Officers are now trained and provide support through the Quality Assurance Program.*

Established a strong collaboration and leveraging of program through the MoHS and NAS with Health Development Partners (HDP) – Global Fund, WHO and UNICEF.

- *In collaboration with the HDP, the USG contributed technical and logistics support and coordinated activities in the development of a national Network of Public Health Laboratory Systems (NPHLS); resulting in the upgrade of the National HIV Reference Lab (NRL) to an established Central Public Health Reference Laboratory (CPHRL) as the central hub of the network.*
- *In collaboration with UNICEF, the USG (CDC) provided technical support to install PCR equipment and train staff of the MoHS to perform tests for the establishment of a molecular unit.*
- *Working with WHO, the USG supported the MoHS Disease Prevention and Control Program through equipping and training of staff in the bacteriology unit for the detection of epidemic prone diseases and HIV opportunistic infections at the CPHRL.*

Strengthened the MoHS Laboratory and Surveillance structures and systems aligned with the National Health Sector Strategic Plan through the establishment of a National Laboratory and Surveillance Epidemiology Technical Working Group (LSETWG).

- *Provided technical support to develop and validate the approved national laboratory policy, 5-year strategic plan and annual implementation plan.*
- *Trained 50 MoHS surveillance officers in 2-short courses through the Field Epidemiology and Laboratory Training Program (FELTP).*

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- *Supported the recruitment of 2 science graduates and facilitated the relocation of 3 laboratory scientists from the MoHS and 2 from NAS Global Fund to work at the CPHRL.*
- *Support training in bio-safety for 1 master trainer.*

Ongoing Activities (coordinated by GHI):

- Providing technical support to develop framework and guidelines for implementing quality system structures, data management for laboratory information software, procedures & algorithms for specimen transportation between clinical sites and laboratory, communication of test results back to health facilities, supply chain management, equipment maintenance.
- Increasing human resources in laboratory sciences by developing curriculum and lobby with MoHS for approval of HR plan to support a functional CPHRL for seven high skilled Senior Laboratory Scientists, four Laboratory scientists and three administrative staff.
- Supporting infrastructural improvement activities, including hospitals, clinics, schools and laboratories through AFRICOM Humanitarian Assistance and DoD HIV/AIDS Prevention program (DHAPP).
- Providing technical support to the LSETWG and CPHRL to coordinate laboratory and surveillance activities and to support disease outbreak response and control including Lassa, Yellow fever, Influenza, Pediatric Bacterial Meningitis, and Measles.
- Strengthening linkages with the Field Epidemiology Laboratory Training Program (FELTP) program in GHANA and other neighboring FELTP programs to provide additional short courses and long-term training in laboratory services, epidemiology and outbreak response for district health officers and program managers in MoHS.

Through GHI, the USG in Sierra Leone will have:

- Established national HIV serology through the External Quality Assurance (EQA) program subscribed to by 100% of HIV testing sites, approved national bio-safety and bio-security policies for public health laboratory services, established equipment and infrastructure guidelines. Through the CPHRL, laboratories will also be able to attain WHO Stepwise accreditation status within 24 months. CPHRL will also serve as a functional data information management system, needing four trained data officers to support the system.
- Increased laboratory human resources capacity by an intake of 40 per year: Two Quality Control officers in the “Strengthen Laboratory Management towards Accreditation (SLMTA) programme, one bio-engineer and four bio-technicians.
- Enabled 8500 military soldiers and their families to become more aware of their HIV status and methods and safe practices to prevent the spread of HIV/AIDS, through increased HIV testing and counseling capabilities as a result of renovated new clinics.
- Approved national standards criteria for the establishment of a 4-tiered laboratory system (primary, secondary, tertiary, and reference level) to support the Basic Package of Essential Health Services.

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- Increased number of surveillance officers in laboratory and MoHS programs by 75 per year and trained one MSc level surveillance officer in epidemiology at central level.

Outcomes:

- A national network of 5 Public Health Reference Laboratories linking to CPHRL for HIV and related co infections, TB Lab (West), Lassa Lab (East), Clinical and Hematology (West and South) and NTD (North) will be established.
- A fully integrated disease prevalence surveillance and public health laboratory service for detection of 100% national epidemic prone priority diseases, that includes better capacity to collect, analyze and use surveillance data will be established.

2. Early Infant Diagnosis (EID) and linkage to Pediatric Care and Treatment

Ongoing activities funded by PEPFAR (Coordinated by GHI and HDP):

- Establishing EID testing for five pilot sites (three in Freetown and two in rural areas) and strengthen PMTCT and Pediatric Treatment and Care components.
- Evaluating the EID pilot and providing technical assistance to strengthen service quality and uptake, including assistance with development of clinical algorithms and national registers.
- Strengthening PMTCT and Pediatric Treatment and Care components through training and development of guidelines.
- Establishing the national EID program, with feedback from the pilot, and building strong linkages to pediatric HIV care and treatment for children identified as HIV-positive.
- Providing technical assistance to the national EID Core group towards appropriate national scale-up and mentoring the national EID core team to implement the program working towards a national goal of elimination of PMTCT.
- Supporting and connecting the PMTCT program to outside resources including Francois-Xavier Bagnoud Center (FXB) at the University of Medicine and Dentistry of New Jersey (UMDNJ) to provide country-specific adaptation of tools for Testing & Counseling for PMTCT.

Through GHI:

- The EID pilot in 5 sites, will be successfully implemented providing HIV test results within 4 weeks to HIV-exposed infants identified by the PMTCT program and other clinical services;
- Regular meetings of the national PMTCT-Pediatric TWG will be established to support EID service delivery, among other goals, and will develop a transition plan to ensure sustainability of the group at completion of the contract.

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Outcomes:

- Through GHI, HIV-positive infants will be urgently linked to Pediatric HIV Care and Treatment services and started on ARV treatment.
- National PMTCT and Pediatric HIV Care and Treatment programs will be strengthened through regular collaboration in the PMTCT-Pediatrics TWG with improved harmonization of services, linkages, and unified communication and goal-setting.

3. Neglected tropical diseases (NTDs)

Ongoing activities funded by USAID (Coordinated by GHI and HDP):

- USG and WHO are supporting Sierra Leone's National NTD program by developing and introducing an integrated strategy to address NTDs. With financial and technical support from USAID, the program has been taken to national scale and is achieving high population coverage.
- A technical working group is monitoring the national taskforce for NTDs.

Through GHI:

- Regional capacity to deliver effective and locally-owned NTD services will be tailored to the needs of the communities in country.
 - Replicable evidence-based models in NTD services will be developed and implemented.
- A supportive climate will be created that ensures that all people, regardless of income status, receive appropriate treatment for NTDs.
- Effective, cross-cutting delivery systems that utilize community, government partners, NGOs and the private sector will be established.
- Research findings, lessons learned published and effectively disseminated.

Outcomes:

- As a result of GHI, there will be reduced prevalence and incidence of blindness/low vision from onchocerciasis, trachoma, vitamin A deficiency, cataract, refractive error and diabetic retinopathy, leading to improved health, improved productivity and increasing learning ability.

II. Priority Two: Coordination and Integration

Malnutrition is the leading cause of death among children under-five years of age and a major contributing factor to maternal and childhood illness. Simple preventative measures can be implemented such as improving the very low exclusive breastfeeding rates among infants up to six months of age. A Free Health Care Initiative was started in April 2010 that focuses on pregnant and lactating mothers and children under five. Nutrition, reproductive health, Prevention of Mother to Child Transmission (PMTCT), and immunization programs will need to be strengthened tremendously to cope with the increasing demand. These challenges and health systems present a great opportunity to integrate different

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services. With a new USAID health officer based in-country and additional technical assistance and support from USG headquarter offices, the USG partners will be able to build on existing programs to improve health care services at the district and community levels, with a focus on PMTCT, pediatric care, nutrition, and reproductive health. The health officer will bring the USG implementing partners together in support of the GHI strategy and facilitate information exchanges about successful models and approaches and share best practices with the GoSL and MoHS counterparts.

Nutrition

Ongoing activities funded by USAID/Food for Peace:

- Under GHI, the USG is co-chairing the Nutrition TWG with Irish Aid to support the country's efforts in harmonizing nutrition efforts and providing technical assistance to build capacity of the GoSL to improve coordination of nutrition activities under the global framework of Scaling Up Nutrition (SUN) principles with the ultimate goal of reducing under-nutrition among children under five.
- To improve nutrition outcomes the USG is taking a multi-sectoral approach to support integration and linkages between nutrition and agriculture, water and sanitation and food security sectors.

Through GHI:

- USG and the Nutrition TWG, as part of SUN, will partner with the Gates supported REACH initiative implemented through UNICEF in Sierra Leone. USG will apply the NTD program's successful communication and outreach strategy used in both urban and rural settings to disseminate nutrition messages on promotion of exclusive breastfeeding, infant and young child feeding practices, and improved hygiene practices including hand washing.
- Capacity building provided to MoHS district health teams on community based management of acute malnutrition (CMAM).
- Construction and refurbishment of health infrastructure including latrines and health facilities through the SNAP Program.

Outcomes:

- Chronic malnutrition in children under the age of 2 in the four districts of Koinadugu, Tonkolili, Bombali and Kailahun will be reduced by 10 percent.
- In 18 chiefdoms, there will be improved access to quality nutrition and health services for more than 50,000 women and children under the age of two at the household level, access to clean and safe drinking water provided at the PHUs, and increased nutritional diversity and food supplements provided to pregnant women, breastfeeding mothers and children under 2 years old.

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PMTCT

Ongoing activities funded by PEPFAR and DoD:

- With USG CDC support, FXB (Francois-Xavier Bagnoud Center at the University of Medicine and Dentistry of New Jersey) is developing a Sierra Leone-specific adaptation of WHO testing and counseling tools for PMTCT.
- Continue providing technical assistance to NAS and partners to design and roll out strategic national PMTCT and HIV-exposed infant registers and forms.
- Providing technical assistance to NAS and partners to pilot and evaluate EID services.
- Training and counseling of Military Families on PMTCT.
- Providing technical assistance to NAS and parents to improve quality and uptake of PMTCT services.

Through GHI, the USG in Sierra Leone will:

- Train 40 military nurses on the unique PMTCT skills by way of a 3-day workshop.
- Train 30 military or spouses of military members on counseling techniques focused on PMTCT.
- Support the established military Women's Mentorship program will create an environment to allow for 200-300 active duty military women to discuss contemporary issues involving sexual harassment/assault and the potential contraction of HIV/unintended pregnancies.
- Increase the number of trained technicians in the care of HIV positive persons.
- Help support the GoSL established Free Health Care Initiative.
- Maximize the possibility that women choose to deliver in a hospital, ultimately limiting the possibility of spreading HIV to the infant.
- Provide desk review of documents and reports from national PMTCT program implementation or evaluations.
- Support the collaboration between FXB and Sierra Leone PMTCT to introduce the adapted PMTCT Testing and Counseling tools, the training of healthcare workers on the tools, evaluation of the implementation, and ongoing support for the quality of Testing and Counseling for PMTCT.

Outcomes:

- A primary outcome due to GHI is a decrease in the percentage of vertical transmission of HIV between mothers and their babies and a reduction in maternal and infant mortality rates.
- Also, GHI will result in the development of respected HIV/AIDS counseling services and increase the capacity of healthcare workers providing PMTCT.
- There will be increased uptake of testing and counseling for PMTCT and PMTCT prophylaxis.
- Due to increases in healthcare workforce capacity and testing and counseling for PMTCT, follow-up of HIV-positive pregnant women and their HIV-exposed infants will improve.

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- Lastly, GHI will strengthen monitoring and evaluation of PMTCT services through regular data collection.

III. Priority Three: Focus on Women, Girls, and Gender

Sierra Leone has extremely high maternal mortality rates and high childhood mortality. In addition, there has been little or no decline in the total fertility rate over the past two decades; childbearing begins early and women marry at an early age. Fistula, an unintended consequence of obstructed labor, in particular is one of the principle causes of maternal mortality in Sierra Leone. Women suffering from fistula face multiple obstacles to receiving treatment.

There are also social and gender issues that have been exacerbated by the country's decade long civil war and impact on health outcomes, such as gender-based violence, disempowerment of adolescent girls, harmful traditional practices. The HIV prevalence rate is higher among women than men (1.7% and 1.2% respectively). Gender related issues are receiving support from the highest levels of the Sierra Leone Government i.e. the First Lady has made women and girls a top priority with a focus on reproductive health issues.

Reproductive Health /Fistula

Ongoing activities funded by USAID:

- Carrying out a gender analysis including an assessment of the priority needs of women and girls at the community level, to inform USG program design and implementation and to ensure sustainable health outcomes;
- Providing treatment and prevention of fistula in SL implemented through the Aberdeen Women's Center and NGO partners;
- Supporting expanded public education messages as well as community outreach activities providing information about available services such as fistula repair surgery information and encouraging patient referrals to the Aberdeen Women's Center.
- Updating and delivering session training to fistula nurses working in government hospitals.
- Increasing the number of screening trips to the rural areas and districts to 12 in the first quarter of 2011.
- Training 95 women who received fistula repair to become leaders/advocates for fistula prevention in their communities after reintegrating.

Through GHI:

- The USG country team will produce a WGGE narrative, M&E framework, and identify key elements of implementation.
- Program implementation and service delivery will be enhanced to reach targeted populations more effectively.

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- Access to quality maternal health services will be improved by providing quality fistula repair treatment and prevention services.
- Donor coordination, communication, and leveraging with health partners will be improved.
- Fistula prevention, repairs and reintegration will be institutionalized in a supportive environment.
- Development of a plan for placement and training of doctors from the National College of Medicine who will incorporate fistula repair training as a key component of their rotation.

Outcomes:

- Public awareness and outreach to women in both urban and rural areas will have increased significantly as a result of decrease in number of patients seeking treatment.

X. IMPLEMENTATION OF GHI PRINCIPLES

The goal of implementing a USG/GHI team approach in Sierra Leone is to better harmonize the GHI guiding principles and strategies into the national health planning and financing process in Sierra Leone. The USG partners in Sierra Leone will engage as a collaborative team with the GoSL and MOH to harmonize planning and communicate the GHI principles. As a result of GHI, the USG team will initiate a dedicated and clearly articulated strategy that will support the GoSL to integrate GHI strategic priorities in their health sector planning process. Where resources (e.g. financial, human) are available, the USG will explore further ways to support several key opportunities described below:

Focus on Women, Girls, and Gender Equality: GoSL is committed to a women and girls centered focus in part due to the staggering maternal and child mortality rates. The President launched a Free Health Care Initiative, removing major barriers to health care and providing free services for mothers (pregnant and lactating women) and children under five. The Office of the First Lady has launched a Women's Initiative for Safer Health to assist with achieving the MDG goals 4, 5, and 6 implemented through global partnerships and direct services, and aimed at improving women's reproductive health outcomes. The greatest burden of disease is on rural populations and on females within the rural populations. In most families, women play a major role in deciding where and when young children will seek treatment for illnesses and are in a position to play a key role in promoting behavior change at the household level. The USG partners integrate a women, girls and gender equality approach across USG supported programs. USG health activities also target men as they are recognized to play a key role in household decision making, particularly in accessing health services.

Key opportunities for expanding: The GHI guidance provides assistance for USG implementers to ensure a focus on issues such as equitable access, empowerment and inclusion of women and girls, and engagement of men and boys. The USG partners will review this guidance and conduct a gender needs assessment to ensure gender is addressed across all USG project designs. The USG will ensure a women, girls and gender equality focus in the delivery of its current health programming, including HIV, PMTCT, nutrition, MCH, NTDs, and reproductive health.

Encourage country ownership and invest in country-led plans: Country ownership is recognized as an essential component in establishing sustainable health outcomes, especially for the GHI-focused priorities; strengthening health systems and delivery of services. The GHI strategy intentionally aligns with the NHSSP framework and six key pillars to demonstrate the USG's commitment to supporting

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GoSL priorities and to help coordinate USG activities and investments more strategically. The GoSL's vision for country ownership is reflected in the NHSSP's pillar on leadership and governance. In the Sierra Leone Health Compact, the GoSL calls for support of national capacity development including human resource development using the country's own institutions, systems and processes. The GoSL provides leadership to coordinate the efforts of all health care providers and financiers at all levels of care. To this end, health and development partners are now beginning to more closely coordinate their investments and resources in Sierra Leone in support of GoSL country-led plans. DFID is building MoHS capacity to develop, manage and oversee annual health sector planning processes from district to central levels. The USG partners consult with GoSL and MoHS representatives in developing health activities to ensure alignment and sustainable outcomes.

Key opportunities for expanding: USG will work closely with the MoHS in developing a national laboratory policy and strategic plan, and a national surveillance strategic plan using GoSL capacity, systems, and processes. The USG will coordinate closely with the MoHS's NTD and Nutrition Programs to ensure alignment of resources, country ownership of strategic plans, and to build district and community capacity in implementation and communication strategies. Under the GHI, USG will assist the MoHS with developing a nutrition strategic plan through its co-chair position on the Nutrition Technical Working Group. USG partners will support country ownership and plans by supporting communities, district health management teams, and civil society organizations in their implementation of effective HIV, nutrition, NTDs and reproductive health activities.

Strengthen and leverage other efforts: GoSL and USG recognize a shared responsibility in improving global health outcomes. Although the USG has limited resources in Sierra Leone, through the GHI, the USG will work to leverage and maximize investments and resources from other bilateral and multilateral donors, foundations, partnerships and the private sector to enhance efficiencies and effectiveness of existing programs and accelerate progress on MDGs goals. The Sierra Leone Health Compact builds on the NHSSP to guide all health partners and lays out coordination mechanisms to facilitate wider engagement and collaboration in the health sector.

Key opportunities for expanding: USG will coordinate with WHO, UNICEF, DFID, Irish Aid, and other health and development partners in identifying gaps in the health sector and facilitating solutions to address these needs. USG will explore opportunities to collaborate with partners such as Irish Aid, the Mercy Ship, ACDI/VOCA, on partnering and twinning activities to strengthen health research activities and for training activities in nutrition and reproductive health to build health provider capacity. The USG will explore potential linkages with US volunteer organizations, teaching institutes and universities to connect them with Sierra Leonean teaching hospitals and universities. The USG will explore south to south opportunities such as creating linkages with more established Field Epidemiology and Laboratory Training Programs (FELTP) in Africa.

Increase impact through strategic coordination and integration: The MoHS supports integrated service delivery with the provision of services geared towards the level of care rather than vertical, disease specific services. The NHSSP identifies efforts to enhance service integration including planning by the level of the health service delivery system, minimum service standards for the different levels of care, integrated teams for supervision, and one monitoring and evaluation framework. The MoHS established a basic package of essential health services and interventions focused on reducing child and maternal morbidity and mortality delivered at the primary health care units (PHU). The USG supports the basic package of health services through its HIV, nutrition, NTD, MCH, and reproductive health projects. The USG integrates training and building capacity of MCH providers and strengthening immunization

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services into its nutrition programs. Nutrition activities are also closely coordinated and integrated with agriculture, water and sanitation and food security sectors to benefit chronically food insecure communities. USG supports the development of strategic surveillance plans that are integrated with HIV, Malaria, Lassa Fever, TB and other disease control programs.

Key opportunities for expanding: Under the GHI, USG in partnership with REACH will apply the principles and framework of Scaling Up Nutrition and strategically integrate evidenced-based nutrition interventions in other health activities, such as MCH, HIV, PMTCT and NTD outreach activities. USG will also ensure there are strong linkages between nutrition and other sector activities such as agriculture, water and sanitation, and food security to enable improved nutrition outcomes. To strengthen behavior change communication activities, especially for nutrition, the USG will consider adopting NTD's successful communication strategy (the Talking Drums communication approach). Under the GHI, the USG will look to integrate NTD activities with other health and nutrition campaigns such as Vitamin A and LLIN distribution. The USG's PMTCT activities will look for opportunities to integrate with antenatal care services, nutrition and reproductive/maternal health programs.

Build sustainability through health systems strengthening: Health systems strengthening is a priority focus of the GoSL, MoHS and embedded in the NHSSP's six pillars supporting the health system. The new Sierra Leone Health Compact targets 2015 to have in place adequate, well-managed, efficient and motivated human resources for health capable of providing equitable access and distribution of services. The USG is committed to health systems strengthening and is supporting laboratory, diagnosis, surveillance and epidemiology for all disease control programs, as well as infrastructure rehabilitation, and training and capacity building of the health workforce.

Key opportunities for expanding: The USG partners decided this is a priority focus area under the GHI given the MoHS's strong commitment to strengthening its health system. The USG partners will explore opportunities to maximize technical assistance, training and capacity building for strengthening human resources for health. To build a stronger, sustainable workforce, the USG partners will also look for opportunities to introduce youth in the health sector workforce through internships, training and capacity building activities. The USG supports medical students to intern at the newly established Central Public Health Reference Laboratory and to gain expertise in laboratory and surveillance systems.

Promote learning and accountability through monitoring and evaluation: The NHSSP addresses the need for reliable and standardized health information by developing an institutional and policy framework for HIS and improving routine data collection, quality, management, dissemination and use. Routine health data is collected through a network of over 1,000 PHUs and 30 hospitals in 13 health districts and coordinated by monitoring and evaluation and disease surveillance officers. A district-based electronic data management system is being developed to better integrate and manage the data. The NHSSP also plans on revising the list of core health indicators, developing a comprehensive M&E framework, conducting population-based and other surveys, and establishing demographic surveillance sites. With very limited resources, the USG has supported MoHS capacity in monitoring and evaluation, including helping with an antenatal surveillance survey for HIV that now serves as a model protocol and survey instrument for the health sector. The USG is also supporting efforts to strengthen the integrated diseases surveillance and response system.

Key opportunities for expanding: The USG will support the National AIDS Secretariat in conducting an HIV behavior surveillance study and is assisting with the protocol development. The USG will support sentinel surveillance sites for flu and bacterial meningitis. The USG partners will support national surveys

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such as the DHS 2013 and national census. The US Naval Research Laboratory working with the Central Public Health Laboratory is addressing a void in surveillance capabilities for emerging pathogens with new technologies to collect geospatial and population data. The USG will look for opportunities to leverage other partner resources and efforts to promote learning and accountability through monitoring and evaluation.

Accelerate results through research and innovation: The NHSSP calls for development of a health research policy and strategic plan and strengthening capacity for research on health issues by promoting south-south and north-south collaboration in research, and establishing a forum for disseminating research findings. Irish Aid is funding an Irish and African consortium of research institutions in a long term partnership for building research capacity in the health sector. The USG is supporting a randomized controlled trial related to obstetric fistula repairs planned for implementation in nine country sites, including the Aberdeen Women's Center in Sierra Leone, and managed by a consortium of reproductive health partners including WHO.

Key opportunities for expanding: USG partners will explore linkages with Irish Aid's effort to support collecting existing and new research, dissemination of findings, and development of a national research policy.

XI. GHI PROGRAM MANGEMENT

The State Department, through Ambassador Michael Owen, is the overall GHI Lead. Ambassador Owen has set a tone of strong support for GHI by establishing health as a critical priority for the Mission. The GHI team in Freetown consists of twelve full-time staff of whom seven are Americans (representing four agencies) and five are locally engaged staff. The first step for successful implementation of this initiative is to establish a regular interagency process where the USG agencies (USAID, DOD, CDC, Peace Corps, and State Department) can coordinate and discuss activities in the USG health portfolio. Although the group has met irregularly in the past, the process has lacked full-time staff management. Thus, USAID/Sierra Leone is in the process of strengthening the US Embassy's commitment to health in Sierra Leone by hiring a full-time American health officer to manage health programs in the Mission and coordinate the GHI interagency process on the ground. All the USG agency activities will be planned and coordinated under the Government's NHSSP within already established guidelines from parent agencies (i.e. AFRICOM for DoD) so that resources can be more appropriately aligned to support the government's priorities and integrated with ongoing activities. Monthly internal interagency health meetings will be organized and led by the health officer from USAID/Sierra Leone in order to allow all the USG agencies participating to update each other on health activities. These meetings will be scheduled to be held immediately following the monthly health development partners meetings which will enable the USG team to focus on country-led priorities, express needs, and collaborate on possible interagency solutions to those needs. The meetings will also include CDC Atlanta-based staff via phone conference in order to provide the team with an update on CDC-managed activities. The GHI interagency meeting process will serve to update all agencies on the CDC-managed activities from Atlanta, inform the members of the team on individual agency programs, and provide an update on broader health programs and priorities of the government as reported during the monthly health development partners meeting which will be attended by the USAID health officer.

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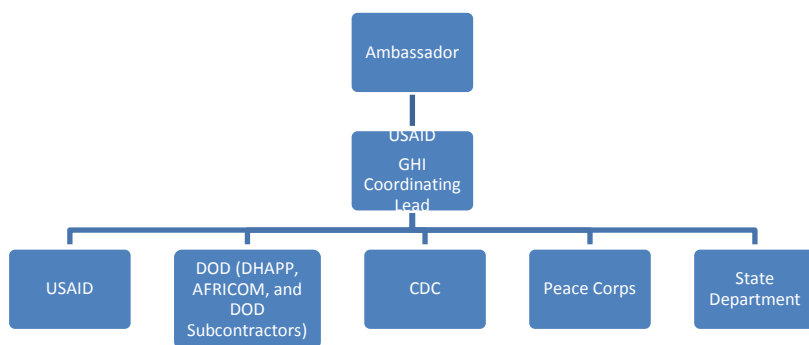


Figure 1. GHI Management Structure in Freetown

The USG team in Sierra Leone fully recognizes the importance of working in a more integrated and collaborative manner both internally and externally. The lack of any USG health staff to help coordinate health efforts in a country whose health sector is still recovering from a long-term conflict is a large impediment to having a significant impact in the health sector. The USG partners also recognize the limitations of limited health funding for discrete activities but see the opportunities that the GHI presents to work together toward under a common strategy and vision. The health sector in Sierra Leone is evolving quickly with new efforts to coordinate and harmonize partner funding and efforts. As a result, the USG’s health focus—embodied in this GHI Strategy—will continue to evolve as well in order to stay aligned with the direction of the NHSSP.

XII: MONITORING, EVALUATION, AND METRICS

The USG in Sierra Leone developed a GHI Results Framework (Annex 1), individual frameworks for each priority area (Annex 2), and a GHI Strategy Matrix (Annex 3) to guide implementation of the GHI Strategy and the measurement of key outcomes, outputs, and processes. The USG will utilize the NHSSP monitoring framework to carry out monitoring and evaluation of GHI goals. NHSSP indicators and targets are in line with global and national indicators and targets as well as estimated availability of resources (financial and human). The monitoring framework is inclusive and participatory, using joint reporting, monitoring and evaluation mechanisms.

Sources of information for monitoring the NHSSP¹

HMIS is the major tool for collecting information for monitoring the NHSSP. In this regard, the GHI strategy will be taken into account when strategies are employed to strengthen HMIS to enable it to play its role effectively in monitoring of the NHSSP. In addition, information from other sources will be used, including:

- Surveys commissioned by the MoHS, which may be carried out directly by programs within the MoHS or contracted out. They are planned to include:
 - Mapping/population survey to determine geographical access to health services, including functional coverage of the NHSSP such as Service Availability Mapping (SAM);
 - Use of burden of disease or other appropriate methodology like comprehensive sentinel surveillance sites;

¹ National Health Sector Strategic Plan 2010-2015. Government of Sierra Leone. Ministry of Health; [website]; Online. Internet. 26 October 2011. Available WWW: <http://www.health.gov.sl/home/images/stories/mohs/NHSSP-2010-2015.pdf>.

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- Surveys in other institutions, including national household surveys, demographic and health surveys, and national service delivery surveys;
- Studies in the health sector which will be commissioned to address appropriate issues.
- Support supervision reports for the different levels of care. Annual performance reports, mid-term review and end-term evaluation.

Also, the NHSSP utilizes a district-based electronic data management system, known as the district health information system (DHIS). This system has been developed to integrate and improve the quality and efficiency of data storage, transfer, analysis and dissemination. Data is currently being captured in electronic form at district level and entered into an integrated data warehouse.

XIII. NEXT STEPS FOR GHI IMPLEMENTATION

Strategy finalization

- (1) Communicate the GHI strategy and principals with donors, stakeholders and implementing partners;
- (2) Share draft strategy with GoSL and stakeholders to get inputs and buy-in;
- (3) Finalize the GHI strategy, share draft strategy with West Africa and the USG headquarter country teams.

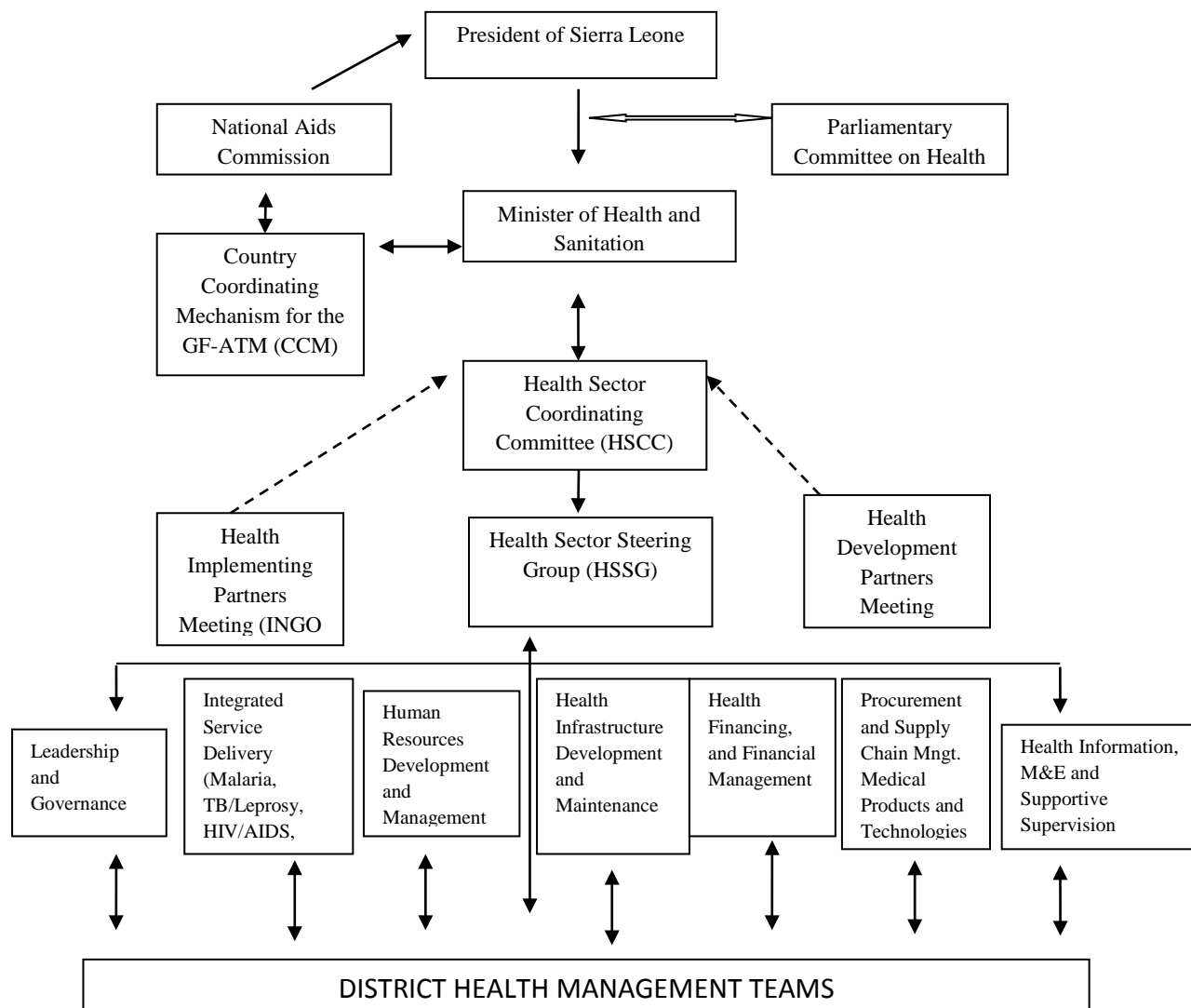
Implementation of the GHI strategy

- (1) Identify a convening lead; confirm the new planning lead as current CDC planning lead transitions off the team;
- (2) Identify coordinating mechanisms for the GHI priority areas and develop a process and communication plan for the core team to work together;
- (3) Develop an implementation plan for the cross-cutting areas.

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XIII. APPENDICES

Appendix 1. Health Compact National Coordinating Mechanisms Framework



Appendix 2. Detailed Overview of Activities by USG Agency

USAID

Overview

USAID activities in the health sector target maternal and child health (MCH), neglected tropical diseases, nutrition, HIV/AIDS and reproductive health. USAID is building capacity for delivering high-quality health services to a broad range of the population focusing on community-based prevention and

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management of diseases. In Fiscal Year (FY) 2011 the U.S. will spend approximately \$14 million on 5 health-related and nutrition support activities.

Activities

Nutrition, Maternal and Child Health: USAID supports a nutrition and maternal and child health care activity in Sierra Leone under the Sustained Nutrition and Agriculture Project (SNAP), a \$12 million Food For Peace Program Multi Year Assistance Program implemented with ACIDI/VOCA and International Medical Corps and designed to reduce chronic malnutrition among children under five and enhance livelihood opportunities in 18 of the most malnourished and impoverished chiefdoms in four districts: Bombali (three), Kailahun (five), Koinadugu (seven chiefdoms) and Tonkolili (three). The project is implementing an innovative Preventing Malnutrition in Children under Two approach targeting mother-child units from pregnancy to age 23 months through capacity building of district health management teams and local communities, behavior change communication and food aid.

Neglected Tropical Diseases (NTDs): USAID began supporting NTD control efforts in Sierra Leone in 2008 under the NTD Control Program managed by a central contractor, RTI International, and through a local sub grant to Helen Keller International (HKI). The USAID NTD program is centrally funded and managed by the Global Health Bureau focusing on a cost-effective model for scaling-up treatment of neglected tropical diseases with preventive chemotherapy delivered through mass drug administration. The role of HKI in the program is to support the efforts of the MoHS to integrate and scale-up control activities for the targeted diseases, while providing technical assistance in areas such as communication, social mobilization, training, data collection, monitoring, and evaluation. The program in Sierra Leone has achieved remarkable success, adjusting its strategy for both urban and rural settings, and is used as a model for USAID's NTD Program. USAID coordinates closely with the pharmaceutical partners, leveraging their drug donations for USAID-supported mass drug administration campaigns. National scale coverage has been achieved in Sierra Leone for all of the targeted diseases and the program is on track to achieve global control and elimination goals. The funding level for FY 2011 is projected at \$1.5 million.

Reproductive Health: USAID is supporting reproductive health efforts through a regionally funded activity that supports the Aberdeen Women's Centre (AWC) to provide corrective surgery for women suffering from obstetric fistula. Since 2009, AWC has provided 1,153 fistula repairs performing approximately 200 repairs each year. In May 2010 AWC expanded its work to include fistula prevention through the availability of quality emergency obstetric care and family planning services. In its first year the AWC maternity unit attended 810 deliveries. Over 300 training sessions have been held for AWC nurses and nurse-midwives, and since February 2011 AWC has provided three-week practical rotations for Sierra Leonean student midwives. Fistula repair, antenatal, intrapartum, and postpartum care at AWC will all continue in the coming year, along with patient education and rehabilitation services for women as they recover after fistula repair surgery. AWC provides service statistics to USAID/Fistula Care and routinely uses data for decision-making on site. AWC serves on Sierra Leone's national fistula task force, which is bringing stakeholders together to finalize the national strategy and coordinate efforts. The FY 2011 funding level for these reproductive health activities is approximately \$400,000.

Family Planning: Through the regional AWARE II project, USAID is supporting limited activities in Family Planning to address high unmet need and mortality rates. AWARE II developed a robust Family Planning advocacy tool called the RAPID model to stress the health benefits of Optimal Birth Spacing for

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the MoHS and other government ministries. The key message from the RAPID Model is that Sierra Leone could significantly reduce the child mortality rate if women adopt the optimal birth spacing period of three years between children. The development of the RAPID model is a strong advocacy tool to engage the GoSL in Family Planning and Reproductive Health by reducing high maternal and infant mortality rates. Lastly, the project supported the adoption of a national Community Based Distribution strategy for contraceptives to boost the national Family Planning program that has been launched and will be pursued in year two through capacity development and system strengthening.

HIV prevention and education: Through the regional AWARE II project, USAID is funding local NGOs to carry out HIV/AIDS prevention and education activities to address the increasing HIV/AIDS prevalence rates, all exacerbated by conflict and poverty. The project assisted the MoHS to revise and adapt HIV laws to meet country specific requirements which assisted the government in both identifying segments of the population at risk and those in need of additional care in two selected districts. USAID also supported the development of an HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) for Sierra Leone's HIV response through Health Systems 20/20 and an assessment report was completed with funding ending this year for this activity.

Centers for Disease Control and Prevention (CDC)

Overview

Sierra Leone became a recipient of PEPFAR funds in late 2008. The Office of the Global AIDS Coordinator (OGAC) allocates an annual amount of \$500,000 to implement PEPFAR in Sierra Leone in which CDC is the sole funding recipient. Due to the very limited PEPFAR resources, CDC is unable to establish an in-country presence, but makes frequent management and technical assistance visits to Sierra Leone. Because of the limited PEPFAR funds, CDC opted to take an approach that would focus on health systems strengthening in laboratory and epidemiology not only for HIV/AIDS, but for multiple priority disease conditions.

Activities

- *Health Systems Strengthening in Laboratory:* With PEPFAR support, a Laboratory and Surveillance Technical Working Group (LSTWG)—led by the MoHS—was established to guide the development of a national laboratory policy and strategic plan. The LSTWG, consisting of experts in laboratory, finance, statistics, and surveillance, has benefited from the technical and financial assistance of CDC through its partner the Association of Public Health Laboratories and the WHO. Since then, through a strong partnership and shared commitment to establish both the lab system and the Central Public Health Reference Lab, CDC, WHO, the United Nations Children's Fund (or UNICEF), the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and Sierra Leone's National AIDS Secretariat have pooled their resources to support critical improvements needed to convert the physical infrastructure of this one-time HIV Reference Lab into a Central Public Health Laboratory that offers serology, molecular, and microbiology services, and CDC—through its Division of Global HIV/AIDS—has trained staff from the lab in serology and molecular diagnostics and elements of quality systems management such as logistics and inventory management, introduction to WHO's stepwise accreditation checklist and panel production to establish national External Quality Assurance (EQA).
- *Health Systems Strengthening in Surveillance:* A national surveillance strategic plan is underway to provide a road map for MoHS, CDC, and other health development partners to support

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epidemiology capacity building and laboratory support of surveillance in Sierra Leone. Through CDC's Field and Epidemiology and Laboratory Training Program (FELTP), 50 district health officers have been trained in basic epidemiology and outbreak response.

- *Antenatal HIV Surveillance:* For HIV/AIDS prevention and control, CDC assisted the MoHS with the 2010 round of antenatal sentinel surveillance by expanding the number of participating sites from 13 to 20. In addition, CDC assisted with updating the antenatal sentinel surveillance protocol and assisted with strengthening the quality assurance for the laboratory methods used in the survey.
- *Behavioral Surveillance Survey:* CDC will be assisting with the development of a BSS protocol for most at risk populations.
- *Laboratory Support for EID:* In collaboration with UNICEF, CDC assisted with the establishment of a molecular unit in the CPHRL for laboratory support of EID.

Department of Defense (DoD)

Overview

The DoD through the Defense Attaché's Office (DAO) provides support in improving physical infrastructure of schools, clinical, hospital, laboratory buildings, education and training with partner AFRICOM. AFRICOM Commander's intent is to enable Sierra Leone to provide for their own internal security and to contribute to the regional and continental peace and stability. The goal is to improve the professionalism of uniformed military leaders and non-commissioned officers. The Medical Division is the leader of the health engagement plan for foreign partner military medical capabilities and civil health institutions, as appropriate. The focus of plan is to build institutions through infrastructure, equipment, and training in order to maintain sustained engagement possibilities between the U.S. Military and the foreign military. Human Rights training; Avian Influenza/Pandemic Influenza preparation and response training; and HIV/AIDS prevention as well as impact to military and security should be incorporated into training. Building capacity through Humanitarian Assistance projects are always considered, but must be nominated, vetted and approved before funded. These projects are not intended to develop the foreign country but rather intended to offer good will influence. Key DoD specific mission objectives discussed in AFRICOM's Country Work Plan for Sierra Leone and West Africa Region are met by ensuring basic marginalized populations benefit from the projects nominated.

Through the DoD HIV/AIDS Prevention Program (DHAPP), DoD focuses on HIV prevention, care and treatment among the Republic of Sierra Leone Armed Forces (RSLAF), their partners and families. Activities have included training for peer educators, stigma reduction among HIV-positive RSLAF, blood safety training for counselors and laboratory technicians, promotion of testing and counseling services, condom distribution, training for nurses on Prevention of Mother to Child Transmission (PMTCT), and training of chaplains and peer educators on suicide and depression awareness. In addition, DoD will fund a HIV seroprevalence and behavioral epidemiology risk survey (SABERS).

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Activities

DAO

- *Labor and Delivery Ward*

The 34th Military Hospital is one of two public hospitals in Freetown specializing in infant and maternal health care for a population of 1.5 million people. The 34th Military Hospital works under a Memorandum of Agreement with the MoHS caring for the civilian and military population. Currently the hospital has only two labor and delivery suites in poor condition. The repair would greatly improve emergency maternal surgeries and elevate the 34th Military Hospital ability to serve its population. The goal of the Ward is to improve emergency surgical services for infants and mothers, allowing more women to deliver in the hospital. Having clean, sterile labor and delivery surgical suites would also reduce the number of deaths due to infection and reduce maternal and infant death rates. The current plans of the Ward include renovation of the existing structure. DoD Excess Property Program and Foreign Military Financing may be available to outfit the Ward with surgical tables, beds, anesthesia machines, suction machines, and other medical equipment, but these funds have not been secured. The Ministry of Defense will be responsible for providing surgeons, obstetrics/gynecology specialist, and pediatricians.

- *Under-Five Baby Wellness Clinic*

Given that one in six women die in childbirth and one in four children die before the age of five, the goal of the Under-Five Baby Wellness Clinic is a reduction in the infant and maternal death rates. Providing additional infant/maternal health, pediatric, and prenatal beds insure that more women are delivering in hospital and receive the needed follow on pediatric care. Providing an Under Five Baby Wellness Clinic associated with the 34th Military Hospital will strengthen overall infant infant/maternal emergency and preventative health services for Freetown and the country of Sierra Leone. The current plans of the clinic include construction of the building with eight rooms and six latrines. DoD Excess Property Program may be available to outfit the Under Five Baby Wellness Clinic with bassinets and beds, but there is currently no funding for shipping fees of these items. Foreign Military Financing funds could be used to purchase incubators, warmers and high-risk prenatal/postnatal medical equipment, but these funds have not been secured. The upkeep of the clinic and maintenance personnel would fall under the responsibility of the Ministry of Defense.

- *Wilberforce Elementary School*

Construction of a new classroom building at the Wilberforce Barracks will benefit military families as well as civilian families whose children attend the on-base school. The school will serve 3000 student grades 1-10. The new structure's design is intended to be visually similar to the existing buildings located at the site. The work shall include a complete design to include clearing and preparing the site, foundations, superstructure, exterior enclosure, roof system, interior construction, and electrical systems.

- *Lassa Fever*

In order to assist in the diagnosis of Lassa fever and other highly infectious diseases in Kenema, a new Lassa Lab isolation unit is the goal. The Ward will be co-located with Government hospital.

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Discussions with the World Health Organization (WHO) have taken place regarding this objective in light of the challenges of safely managing patients with highly infectious diseases in Sierra Leone. The Lassa Fever Unit project plan is to build a facility which serves patients requiring isolation. Other functions of the clinic may include the following: screening and triage of patients, safe clinical care and management, infection control and infection monitoring, phlebotomy and sample manipulations for safety prior to sending to Lab, training and skill building, and clinical research. The aim is to build a 40 bed capacity, a conference and training facility with a capacity of 30 participants, and a small clinical research unit.

- *US Naval Research Laboratory (NRL)*

Early detection and identification of emerging pathogens (*e.g.* pandemic influenza, drug resistant bacteria) is essential for the protection of civilian populations and coalition forces. Timely identification of emerging pathogens in a population already suffering from a high burden of common infections (*i.e.* malaria) requires two complementary systems: (1) rapid, comprehensive disease surveillance reporting for detection of early infections, and (2) adequate laboratory capabilities to both quickly and affordably identify and characterize common, rare and even novel pathogens to allow for appropriate countermeasures. Since 2007, NRL has applied funding from the Office of Naval Research, Office of Secretary of Defense (Advanced Technology & Logistics) and the Defense Threat Reduction Agency (DTRA) to establish:

(a) Mercy Hospital Research Lab (United Methodist Church / Njala University partnering) featuring both conventional (microscopy, immunoassay, microbial culture) and advanced (PCR, genetic sequencing) diagnostic and pathogen identification capabilities;

(b) Techniques and procedures for combining satellite imagery with participatory mapping, household surveys and hospital visit data to create municipal maps with underlying population data. These maps are used to estimate the catchment areas of health care facilities and map the occurrence of infectious disease and infectious risks (*e.g.* contaminated wells) within a city or district;

(c) Ability to perform broad-spectrum pathogen analysis of healthy and dying chickens from farms adjacent to migratory flyways to assess the possible presence of avian influenza;

(d) Ability to manage hundreds of SMS text messages to and from a single computer/cell phone in order to accelerate formatted disease information reporting and reduces travel costs.

As of June 2011, NRL is supported by DTRA to begin the design of an expanded pathogen surveillance technology demonstration project in collaboration with the RSLAF Joint Medical Unit and potentially the MoHS Disease Prevention & Control. Timely identification of emerging pathogens in a population suffering from a high burden of common infections requires two complementary systems: (1) rapid (same day) comprehensive disease surveillance reporting for detection of early events, and (2) adequate laboratory capabilities to both quickly and affordably identify common pathogens and identify uncommon, even novel pathogens and to characterize them for appropriate countermeasures. The Central Public Health Reference Laboratory, pending approval, will feature pilot demonstrations (2012-2014) including:

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1. Independent creation of health care facility catchment area maps by RSLAF/JMU personnel and MoHS District Surveillance Officers using satellite imagery, handheld global positioning system devices, and geographic information software;
2. Daily reporting of syndromic disease data from Medical Inspection (MI) and Peripheral Health Units via SMS text messaging to RSLAF Joint Medical Unit Commander and Director of Disease Prevention & Control with display using geographic information software;
3. Utilization by MI, PHU and DSO personnel of specimen collection and preservation technologies for shipment and processing in centralized laboratories;
4. Application of a Tiered Laboratory Analysis (TLA) capability, featuring specimen flow from Tier 1 (microscopy for parasites and TB, immunoassay for HIV/HEP) through Tier 2 (multiplexed microbial culture and molecular assays for non-cultivable bacteria and viruses) to Tier 3 (next-generation genetic sequencing).

The pilot demonstrations will leverage major investments made by the DoD, Department of Homeland Security and the National Institutes of Health in technology development and remain consistent with the objectives of AFRICOM. DoD and the GoSL will be able to collaboratively assess the performance of equipment in austere working environments and improve the delivery of laboratory services, capacity for data collection & analysis and central reference laboratory capabilities.

- *International Military Education Training (IMET)*

Several training opportunities are offered through the IMET program. Mainly these courses are offered to the Republic of Sierra Leone Armed Forces members one at a time. Normally courses are held in the US to provide the student the full spectrum of capability and partnership avenues. In the past and/or present classes include Nursing Administration, Nursing Service Management, HIV/AIDS Conference, HIV/AIDS policy development, Medical Insurance Policy review, Conducting basic Physical Examinations, Fitness Management, and Executive Health Administration. At times, mobile training teams travel to Sierra Leone to teach the course, effectively reaching a larger audience. These courses include Disaster Management from a health perspective and Combat Lifesaver Skills/First Responders.

- *Women's Mentorship*

Preliminary discussions have to schedule a follow-on seminar for women of the Republic of Sierra Leone Armed Forces. Highlighted in the 2010 seminar were several key physical and mental health and safety issues. The USAFRICOM Chief of Staff has expressed information in supporting this type of mentorship. Additionally, the Outreach Directorate has been working closely with the Africa Center for Strategic Studies (ACSS) to develop a similar course expected to be offered to African countries.

- *USG Foreign Military Financing Support to the Military*

The USG Military Health Affairs has been very supportive to the Republic of Sierra Leone Armed Forces (RSLAF) since the program's inception with continued increase of funds awarded

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for the purchase of equipment and supplies that have been benefiting the RSLAF HIV and AIDS program. This has supported trained RSLAF personnel in the health field to receive better knowledge and education on the use equipment as well as the laboratory operating standard, and has helped upgrade and support a comprehensive quality care. The renovation and maintenance of the Family Health Unit (FHU) Clinic in Bo the second city of Freetown, will also improved medical facilities as this will serve as a one stop unit for all military personnel from three corresponding battalions and their dependent, with the integration of TB, ANC and ART services.

DHAPP

- *Coordination, Institutional Arrangements and Partnership*

Department of Defense HIV/AIDS Prevention Program has been working closely in collaboration with the Republic of Sierra Leone Armed Forces with the aim of reducing the HIV/AIDS rate within the military.

Without the leadership and support of high-ranking officials such as the Deputy Defense Minister and the President and Defense Minister of Sierra Leone, the achievements made so far would not have been possible. The director of the National AIDS Secretariat also expresses great concern about the epidemic in the uniformed services. These and other officials repeatedly expressed their commitment and interest in the HIV/AIDS prevention and awareness-raising program that is taking place within the uniformed services.

Partnership has proven to be key in the successful implementation of the HIV/AIDS prevention program in Sierra Leone. Illustrative of this strong partnership is the training in HIV/AIDS program management that was organized by the US Defense Institute for Medical Operations (DIMO). DIMO trained nearly 70 high-ranking officials including uniformed services personnel management, government officials and policy makers in HIV/AIDS Program Management in August 2005

- *HIV/AIDS Prevention Activities*

- The Republic of Sierra Leone Armed Forces (RSLAF) peer educator committee has been established at every battalion country wide. A total of 23 committees consisting of approximately ten peer educators plus previously trained personnel making a total of 260 and more base on the rotation RSLAF HIV/AIDS peer educators. The peer educator committees are normally comprised of Regimental Sergeant Major (RSM), one Imam (Muslim religious leader), one chaplain, one mammy queen (soldier head wife), one medic who is also the trained HIV/AIDS counselor, one officers, mess worker, and three soldiers. These committees have been following a six-month program log-frame which is used to sensitize peers within the battalion on specific HIV/AIDS information as indicated on their log-frame. Committees are monitored and evaluated by DAO: HIV/AIDS in collaboration with RSLAF HIV/AIDS office every month. Committees are responsible for proper management and reporting of operational funds as well as proper reporting of activities implemented with the operational funds.

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- An RSLAF HIV/AIDS drama series is in the process of being produced. A total of 15 fifteen-minute episodes that follow a HIV/AIDS drama set within the RSLAF have been scripted and filmed. The aim of the drama series is to effectively continue educating the military and civilian population about HIV/AIDS while decreasing stigma and discrimination that surrounds HIV/AIDS.
- Training 40 nurses on PMTCT skills.
- Provide reagents for two laboratories.
- Conduct survey to acquire accurate HIV/AIDS occurrences in the RSLAF.
- Provide condoms to RSLAF military inspections rooms (MI Room) and battalions.
- Opportunistic Infection Drugs were supplied to the Republic of Sierra Leone Armed Forces entire positive family. Drugs included Fluconazole, viminova, vibramycin and erythromycin.

- *Republic of Sierra Leone Armed Forces HIV/AIDS Policy*

Amongst the Uniformed Services, the Republic of Sierra Leone Armed Forces (RSLAF) is the most advanced in the HIV/AIDS prevention and awareness-raising program among its personnel, and is the only one that has HIV/AIDS policies and regulations that protect people living with HIV/AIDS against discrimination. The RSLAF HIV/AIDS Policy was developed in (2002), revised, reviewed and launched in June 2010. The RSLAF Policy serves as a Guide for Commanders and Service Personnel and stipulates among others that the RSLAF will respect the human rights of those living with HIV/AIDS and their dependents and assist in the destigmatization of all affected personnel. The RSLAF will not dismiss any service personnel on the basis of being HIV positive and will offer treatment to those living with AIDS. The RSLAF policy has been developed based on the GoSL's National HIV/AIDS Policy.

- *Voluntary Counseling and Testing*

DHAPP renovated and equipped RSLAF Laboratory and an HIV/AIDS Administrative office was set up in Freetown with provision of Voluntary Confidential Counseling and Testing (VCCT) center including laboratory investigations to all military personnel and their dependants. Two counseling rooms were provided to support free pre-test counseling, HIV testing, and post-test counseling to soldiers and dependants, but civilians also make use of the VCCT center. Sixty HIV/AIDS counselors have been trained and retrained of whom four became 'HIV/AIDS master trainers'.

- *Reproductive Health Literacy Program*

A Reproductive Health Literacy (RHL) – Well Body pilot course commenced the middle of October 2004 for women working and living in and around 34 Wilberforce Hospital barracks. The program teaches literacy skills through reproductive health knowledge that has a focus on HIV/AIDS. Beginner literacy level and Intermediate literacy level students include officers'

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wives, female hospital janitors, soldiers' wives, female soldiers, daughters of soldiers and Traditional Birth Attendants (TBA's). The classes were scheduled to meet twice a week for two hours. Due to student interest in the program the classes meet Monday-Thursday for two hours each day. The classes teach participants not only to read and write, but also help them learn about family planning, HIV/AIDS, gender based violence, safe motherhood issues, personal hygiene and nutrition.

This RHL course is a yearly course that targets 60 RSLAF wives and women. The classes are split into beginners (non-literate) and Intermediate (literate) classes. This year, classes are inclusive of Positive women from CONCERN family.

- *RSLAF Positive Living Group*

Establishment of Care and Support component to the program to provide HIV positive persons and their families with needed material and emotional support.

Provide nutritional medical support to the RSLAF CONCERN family. Total number is down to 96 due to the passing away of 4 members. Twenty five (25) positive clients who are members of the RSLAF CONCERN family were given a four day roll out trainings/groups session on behavioral change skills and combating stigma and discrimination. This training was previously attended by the DHAPP and RSLAF HIV and AIDS Office Staff, participants from National AIDS Secretariat of National A lectured by a Center for Disease and Control (CDC) officer Dr Bobbie Parson in March 2010 in Freetown.

The DHAPP funded RSLAD HIV/AIDS Awareness and Prevention Program attracts the support from high-ranking officials such as the Deputy Defense Minister and the President and Defense Minister of the Republic of Sierra Leone. Other officials include the Director National AIDS Secretariat, various high-ranking officers within the RSLAF and the IMATT force, and Country Representatives of UN agencies such as UNFPA. The amazing advancement of the DHAPP supported RSLAF HIV/AIDS awareness and prevention program is a source of pride not only for the RSLAF but also for the government of Sierra Leone. The program is also referred to as a model program for other HIV/AIDS programs operating in Sierra Leone.

PEACE CORPS

Overview:

After a 16-year absence due to the civil war, Peace Corps returned in June, 2010 with a total of 39 Volunteers whose primary role is serving as teachers of mathematics, science and English in junior secondary and senior secondary schools throughout the country. In June, 2011, an additional 49 teaching Volunteers arrived for a two year term of service. In addition to teaching responsibilities, Peace Corps Volunteers in Sierra Leone engage in secondary activities in their schools and communities which focus on youth development, health and human resource development.

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Given the unique access to significant numbers of youth over extended time periods, Peace Corps Sierra Leone has aligned its program with the Strategic Plan for Adolescents and Young People's Health and Development, 2010-2015 formulated jointly by the MoHS and MEST (July, 2010). The focus of these efforts is in health education, girls' empowerment, life skills education and school health infrastructure improvement (wells, latrines).

Given budgetary constraints, a planned Adolescent Health Education Project scheduled to begin in FY12 has been delayed. Pending funding availability, PC/SL hopes to initiate this project with an input of 25-30 Volunteers.

Activities:

- *Water/Sanitation:* Wells, latrines and hand washing stations
- *HIV/AIDS:* HIV/AIDS prevention education
- *Reproductive Health:* Girls' empowerment, life skills training, reproductive health education

Appendix 3. Health Development Partners Overview

UK Department for International Development (DFID): DFID is the leading bilateral agency in Sierra Leone. DFID provides extensive technical support as well as seconded staff to the MoHS to strengthen leadership and management capacities in the health sector working with MoHS central and regional teams. DFID works across the MoHS system levels, providing financial and staffing support to the six NHSSP pillars, and working jointly with the MoHS to enhance coordination of annual planning, budgeting, monitoring and reporting in health from the district health management teams to the central level. DFID uses a number of channels to deliver aid, including budgetary support to the Government of Sierra Leone, funding to multilateral organizations such as the World Bank and support to NGOs.

WHO: As a strong technical partner, WHO aligns its work with the MoHS, supporting the NHSSP and its technical assistance reflects the six pillar areas of support. WHO has prioritized its technical assistance focus on health systems strengthening, building capacity for human resources in health and governance and leadership. WHO also works closely with the disease control programs to strengthen efforts in NTDs, Malaria, HIV, and TB. WHO promotes the MoHS efforts in achieving MDGs 4, 5 and 6, with technical assistance provided in reproductive, maternal and child health, and strengthening M&E and health information systems.

UNICEF: UNICEF works to help children survive and thrive, from early childhood through adolescence, supporting child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation, and AIDS. UNICEF is the lead UN agency in Sierra Leone working on nutrition, in close collaboration with WFP and WHO. It is the co-chair of the National Health Policy Advisory Group and the Health Development Partners Group. UNICEF has played a major role in the development and implementation of the Strategic Reproductive and Child Health Policy and Plan.

Other UN Agencies: UNFPA provides support in reproductive health and commodities to the MoHS. UNDP does not specifically work in the health sector but does provide support to the National HIV/AIDS Secretariat through its objective of building democratic institutions. UNDP also supports

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youth development, empowerment and employment activities. FAO and WFP support food aid and agriculture assistance efforts.

European Union: A joint country strategy paper elaborated by the EC, UK Department for International Development (DFID) and Sierra Leone was signed in December 2007. The new strategy to provide assistance to Sierra Leone covers the period of the 10th European Development Fund (2008-2013). The EC-Sierra Leone cooperation will concentrate on two focal areas: good governance and institutional support and rehabilitation of priority infrastructure. The EC will also provide general budget support. The remaining funds will support Sierra Leone's endeavors in the areas of trade, agriculture and regional programs.

World Bank: The World Bank has two projects providing funds directly to local councils (19 local councils in 13 districts) to assist with strengthening the health sector. A reproductive health / maternal child health program works with local councils to provide training, capacity building and M&E support. A second activity is the decentralized service development project which provides funds to local councils to support health, education and waste management.

Irish Aid: Two key areas of Irish Aid support are nutrition, food fortification specifically, and connecting health research in Sierra Leone and Ireland through a consortium of Irish universities and institutes and African researchers. With over \$90 million in funding over four year, Irish Aid also funds NGOs to implement health, governance and infrastructure rehabilitation activities. These projects included community management of acute malnutrition, school feeding programs through the World Fund Program, strengthening blood safety at the government hospital in Kenema and rehabilitating and equipping government hospitals through UNICEF.

Japanese International Cooperative Agency (JICA): JICA is providing technical assistance to the MoHS Division of Planning and Information in supportive supervision and plans to scale up supervision systems at central and district levels. JICA provides funding for infrastructure improvements including build safe water supply and urban power system improvements for Freetown. JICA also supports one project in health strengthening systems for delivering quality and equitable health services to the local population by improving the managerial capacity of the District Health Management Teams, Peripheral Health Units, and the district council of Kambia District.

Global Fund for AIDS, TB and Malaria: GoSL is the successful recipient of three GF grants in HIV, TB and Malaria. The Round 10 Malaria grant is currently under negotiation with the MoHS, and Catholic Relief Services identified as the co-recipients.

Appendix 4. *Sierra Leone GHI Matrix – Slide Set*

Sierra Leone – GHI Strategy
Matrix

9 August 2011

GHI Sierra Leone Strategy Matrix

- Lab
- Early infant diagnosis (EID)
- NTDs
- Nutrition
- PMTCT
- Reproductive/Maternal Health

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Appendix 4. Sierra Leone GHI Matrix – Slide Set (cont.)

GHI Sierra Leone Strategy Matrix – Lab
<p>GHI Overarching Goal: Improved functioning of integrated laboratory systems, public health surveillance, and monitoring and evaluation</p> <p>Country-Specific Goal: Established laboratory quality systems supporting clinical diagnosis and public health responses</p>
<p>Key priorities: Strengthen lab capacity towards accreditation.</p>
<p>Key priority actions (proposed and ongoing):</p> <ul style="list-style-type: none"> - Provide technical support to develop framework and guidelines for implementing quality system structures, data management for laboratory information software, procedures & algorithms for specimen transportation between clinical sites and laboratory, communication of test results back to health facilities, supply chain management, equipment maintenance. - Increase human resources in laboratory sciences by developing curriculum and lobby with MOH for approval of HR plan to support a functional CPHRL for 7 high skilled Senior Laboratory Scientists, 4 Laboratory scientists and 3 administrative staff. - Support infrastructural improvement activities, including hospitals, clinics, schools and laboratories through AFRICOM Humanitarian Assistance and Defense of HIV/AIDS Prevention program (DHAPP). - Provide technical support to the LSETWG and CHPL to coordinate laboratory and surveillance activities and to support disease outbreak response and control including Lassa, Yellow fever, Influenza, Pediatric Bacterial Meningitis, and Measles. - Strengthen linkages with the Field Epidemiology Laboratory Training Program (FELTP) program in GHANA and other neighboring FELTP programs to provide additional short courses and long-term training in laboratory services, epidemiology and outbreak response for district health officers and program managers in MoHs.
<p>Key indicators and milestones:</p> <ul style="list-style-type: none"> - Established national HIV serology EQA program subscribed to by 100% of HIV testing sites, approved national bio-safety and bio-security policy for public health laboratory services, established equipment and infrastructure guidelines and CPHRL attaining WHO Stepwise accreditation status within 24 months, a functional data information management system and 4 trained data officers to support the system. - Increased Human Resource for laboratory by an intake of 40 per year, 2 Quality officers in “Strengthen Laboratory towards Accreditation (SLMTA), 1 bio-engineer and 4 bio-technicians. - After renovation of the new clinics, HIV testing ability and counseling will increase thus helping 8500 military soldiers and their families become more aware of their HIV status and methods and safe practices to prevent the spread of HIV/AIDS. - Approved national standards criteria for the establishment of a 4-tiered laboratory system (primary, secondary, tertiary, and reference level) to support the Basic Package of Essential Health Services. - Increase in surveillance officers in laboratory and MOH programs by 75 per year, train 1 MSc level surveillance officer in epidemiology at central level.
<p>Key principles: The USG team will implement the GHI principles by building sustainability through health systems strengthening</p>
<p>Key partners: MoHS, National AIDS Secretariat (NAS) USG, CDC, WHO, UNICEF, APHL, Global Funds, Global Viral Forecasting, Inc., DHAPP</p>

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Appendix 4. *Sierra Leone GHI Matrix – Slide Set (cont.)*

GHI Sierra Leone Strategy Matrix – EID
<p>GHI Overarching Goal: Double the number of at-risk babies born HIV-free</p> <p>Country-Specific Goal: A decrease in the mortality rate of HIV-positive children</p>
<p>Key priorities: Establish an effective national EID program towards elimination of MTCT</p>
<p>Key priority actions and initiatives:</p> <ul style="list-style-type: none"> - Establish EID testing at 5 pilot sites; - TA to strengthen linkages between lab and clinical components of EID services; including TA to support staff conducting PCR testing for EID; - Evaluate pilot sites and TA for service quality and uptake, including development of clinical algorithms, adopting national testing algorithm and process workflow, and national registers - Document and report review of national assessments, and TA to NAS and partners to address gaps in Ped HIV services - Support regular meetings of the in-country PMTCT/Peds TWG to harmonize EID activities and services - Support review and upgrade of PMTCT guidelines, and adaptation of MCH nutritional program data card.
<p>Key indicators and milestones:</p> <ul style="list-style-type: none"> - EID pilot activity successfully implemented at 5 sites; - Improved linkages to Pediatric care and treatment services for HIV-positive and exposed infants - Average age of pediatric treatment initiation will decrease - Lab scientists will have increased capacity to perform DNA PCR testing for EID, and will benefit the national program - The in-country PMTCT/Peds TWG will use the findings from the EID pilot to inform next steps (ie scale up). - Inauguration of a PMTCT/EID program core group
<p>Key principles: The USG team will implement the GHI principles by building sustainability through health systems strengthening</p>
<p>Key partners: MoHS, National AIDS Secretariat (NAS) USG, CDC, WHO, UNICEF, APHL</p>

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Appendix 4. *Sierra Leone GHI Matrix – Slide Set (cont.)*

GHI Sierra Leone Strategy Matrix – NTDs
<p>GHI Overarching Goal:</p> <ul style="list-style-type: none"> - Reduce the prevalence of 7 NTDs by 50% among 70% of the world’s affected population, contributing to the elimination of onchocerciasis in Latin America and the global elimination of lymphatic filariasis, blinding trachoma, and leprosy. <p>Country-Specific Goal:</p> <ul style="list-style-type: none"> - Integrated control of soil-transmitted helminthiasis, onchocerciasis and schistosomiasis, and elimination of lymphatic filariasis
<p>Key priorities from the National Plan of Action for Integrated Control of NTDs:</p> <ul style="list-style-type: none"> - Reducing morbidity due to onchocerciasis, lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis to levels where the diseases are not of public health significance. This is to be achieved through integration of the control/elimination activities (wherever possible) within the Community Directed Treatment approach as well using schools as delivery channels appropriately.
<p>Key priority actions and initiatives, ongoing and proposed:</p> <ul style="list-style-type: none"> - USG and WHO support SL’s National NTD Program to develop and introduce an integrated strategy to address NTDs; with financial and technical support from USAID the program has been taken to national scale - National taskforce has been established for NTDs along with a technical working group (TWG) - Integration of NTD in the Network of Public health laboratory system
<p>Key indicators and milestones:</p> <p>Outputs:</p> <ul style="list-style-type: none"> - Regional capacity to deliver effective and locally-owned NTD services, tailored to the needs of the communities - Develop and implement replicable evidence-based models in NTD services - Create a supportive climate that ensures that all people receive appropriate treatment for NTDs - NTD as an active member ship in the National Laboratory and surveillance TWG <p>Outcomes:</p> <ul style="list-style-type: none"> • Over 1.2 million people treated for NTDs in a 5 day period; equaling a 90% coverage rate • Reduced prevalence and incidence of blindness/low vision from onchocerciasis, trachoma, vitamin A deficiency, cataract, refractive error and diabetic retinopathy, leading to improved health, improved productivity and increasing learning disabilities
<p>Key principles: The USG team will implement the GHI principles building sustainability through health systems strengthening</p>
<p>Key partners: MoHS, Ministry of Education, USAID, WHO, USAID implementing partners (e.g. FHI, HKI), primary schools and communities, CDC; APHL</p>

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Appendix 4. *Sierra Leone GHI Matrix – Slide Set (cont.)*

GHI Sierra Leone Strategy Matrix – Nutrition
<p>GHI Overarching Goal: Reduce child under nutrition by 30 percent across assisted food insecure countries, in conjunction with the US Feed the Future Initiative</p> <p>Country-Specific Goal: Reduce chronic malnutrition among children under 5</p>
<p>Key priorities:</p> <ul style="list-style-type: none"> - Reduce under-nutrition in children
<p>Key priority actions (proposed and ongoing): USG will co-chair the national Nutrition Technical Working Group;</p> <ul style="list-style-type: none"> - Nutrition TWG and USG will ensure that the Food for Peace programs implement the SUN principles and deliver evidence-based nutrition interventions; - USG will take a multi-sectoral approach to support integration and linkages between nutrition and agriculture, water and sanitation and food security sectors. High coverage of interventions that have nutritional improvement as the primary goal; - USG will apply the NTD program’s successful communication and outreach strategy used in both urban and rural settings to disseminate nutrition messages on promotion of exclusive breastfeeding, infant and young child feeding practices
<p>Key indicators and milestones: Baseline: 2.5 million or 45% of the total population is food insecure; 35% of all children under the age of 5 are stunted; 20% are underweight</p> <p>Outputs:</p> <ul style="list-style-type: none"> - As part of SUN, USG and the Nutrition TWG will partner with the Gates supported REACH initiative implemented through UNICEF in SL - Through the Nutrition TWG, USG will support the MoHS in developing a national program strategy - Capacity building provided to MoHS district healthy teams on community based management of acute malnutrition (CMAM) - Construction and refurbishment of health infrastructure including latrines and health facilities through the SNAP program <p>Outcomes</p> <ul style="list-style-type: none"> - Reduce chronic malnutrition in children under 2 in four (Koinadugu, Tonkolili, Bombali, and Kailahun) districts by 10% - Improved access to quality nutrition and health services for more than 50,000 women and children in 18 chiefdoms < age 2 - Within 18 chiefdoms there will be: improved health and nutrition practices at the household level; access to clean and safe drinking water provided at the PHUs; and increased nutritional diversity and food supplements provided to pregnant women, breastfeeding mothers and children <2
<p>Key principles: The USG team will implement the GHI principles by increasing impact through strategic coordination and integration</p>
<p>Key partners: MoHS, USG, Irish Aid, International Medical Corps, ACDI/VOCA, Helen Keller, UNICEF, REACH, Gates Foundation, Women’s groups and communities</p>

Sierra Leone Global Health Initiative Strategy

Appendix 4. *Sierra Leone GHI Matrix – Slide Set (cont.)*

GHI Sierra Leone Strategy Matrix –PMTCT
<p>GHI Overarching Goal: Ensure that countries with a generalized epidemic has both 80% coverage of testing for pregnant women and 85% coverage of antiretroviral drug prophylaxis and treatment of women found to be HIV-infected</p> <ul style="list-style-type: none"> - Double the number of at-risk babies born HIV-free <p>Country-Specific Goal:</p> <ul style="list-style-type: none"> • Reduce the incidence of HIV/AIDS in Sierra Leone by 50% by 2015
<p>Key priorities from the National HIV/AIDS Strategic Plan II (2011 - 2015):</p> <ul style="list-style-type: none"> - At least 80% of all pregnant women have access to quality HCT by 2015; At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015; All HIV exposed infants receive ARV; 100% of eligible children initiate on ART
<p>Key priority actions (proposed and ongoing):</p> <ul style="list-style-type: none"> - With USG support, FXB will develop a SL-specific adaptation of the WHO HTC tools for PMTCT - TA to NAS and partners to design and roll out strategic national PMTCT and HIV-exposed infant registers and forms - TA to NAS and partners to improve quality and uptake of PMTCT services - Develop PMTCT support network and services in order to encourage deliveries at military or govt hospitals
<p>Key indicators and milestones:</p> <p>Outputs</p> <ul style="list-style-type: none"> - USG will support the collaboration with FXB and SL PMTCT to introduce the adapted PMTCT HTC tools; training of HCW, evaluation of the implementation activity and other ongoing support - USG will support for PMTCT service quality improvement as requested through input to a consultant/technical expert - 40 military nurses trained in PMTCT; 30 military members or their spouses trained on counseling techniques focused on PMTCT <p>Outcomes</p> <ul style="list-style-type: none"> - Increased uptake of PMTCT HTC and PMTCT ARVs - Improved follow up for HIV-positive pregnant women and their exposed infants - Strengthened data collection and patient monitoring systems - Decreased MTCT rate - Strengthened collaboration between PMTCT and Peds Care and Treatment programs in SL - Reduced spread of HIV among military communities
<p>Key principles: The USG team will implement the GHI principles by increasing impact through strategic coordination and integration</p>
<p>Key partners: MoHS, NAS, SLAF, CDC, USAID, DOD, UNAIDS, Action Aid, AMNET, UNFPA and UNICEF,</p>

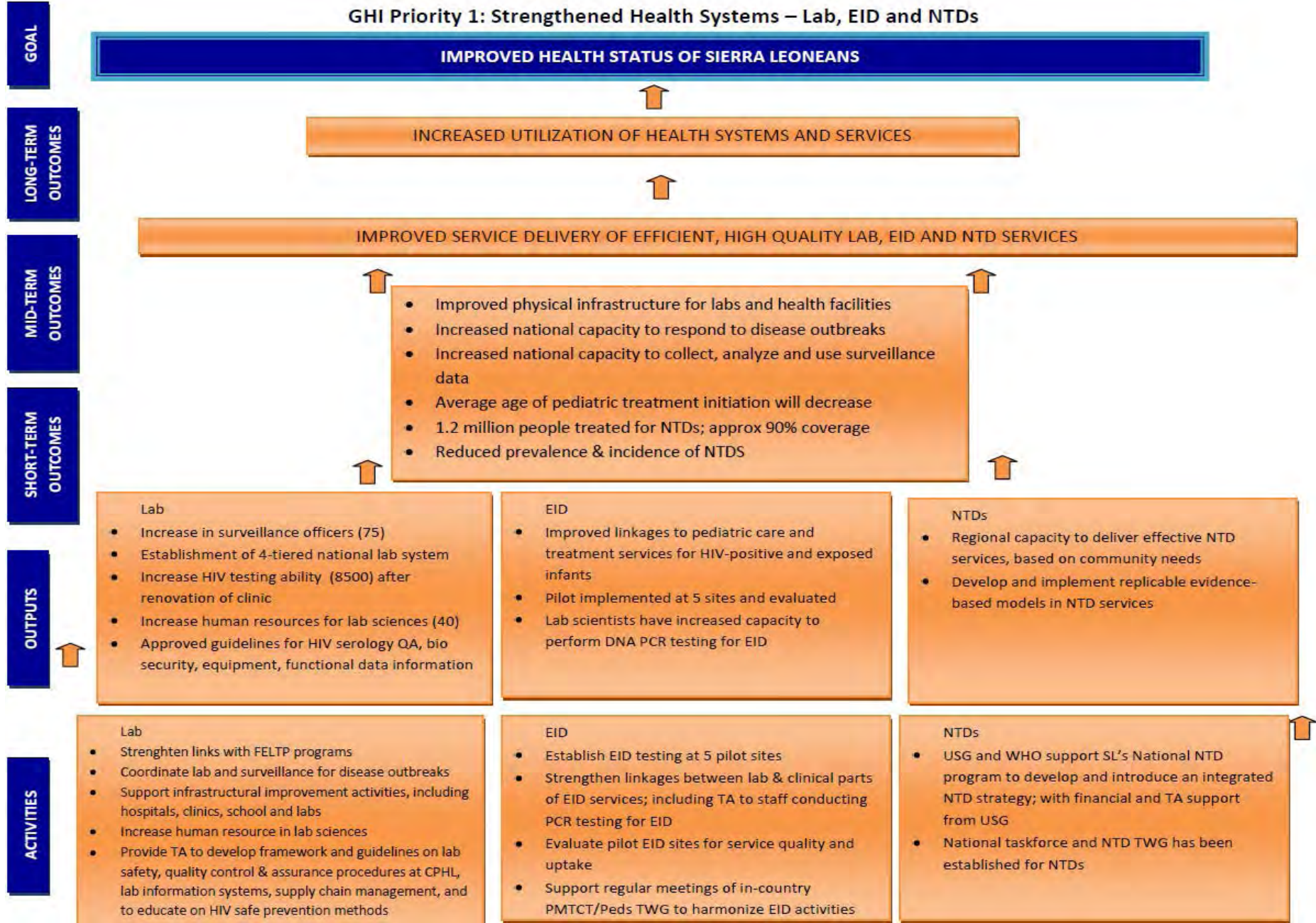
Sierra Leone Global Health Initiative Strategy

Appendix 4. *Sierra Leone GHI Matrix – Slide Set (cont.)*

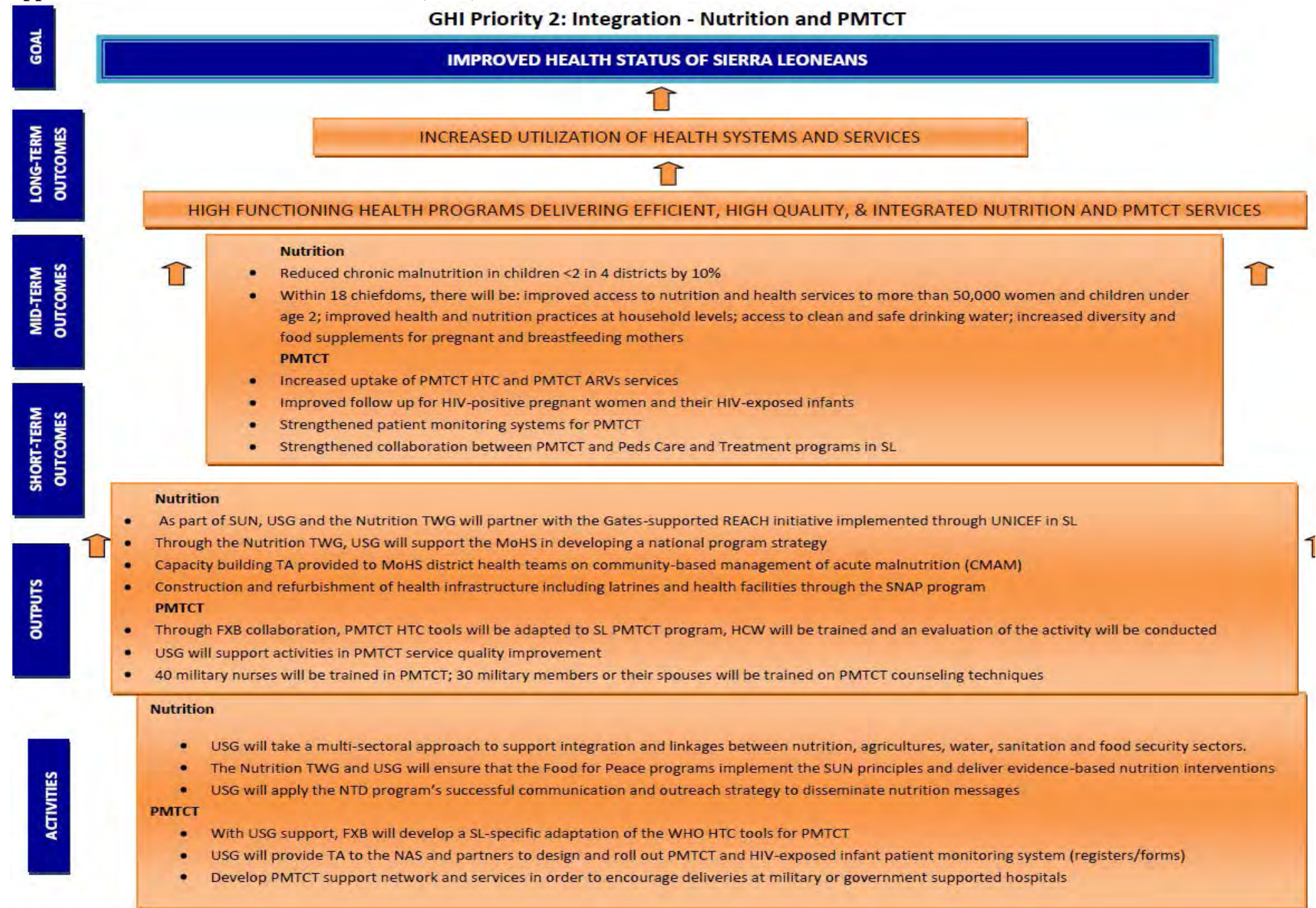
GHI SL Strategy Matrix – Reproductive/Maternal Health
<p>GHI Overarching Goal: Reduce maternal mortality by 30 percent across assisted countries Country-Specific Goal: Improve capacity to provide fistula repairs</p>
<p>Key priorities: Task force is in the process of developing a guideline strategy and identifying priorities, has not yet developed priorities</p>
<p>Key priority actions and initiatives:</p> <ul style="list-style-type: none"> • Carry out a gender analysis including an assessment of the priority needs of women and girls at the community level to inform USG program design - Provide tx & prevention of fistula in SL implemented through the Aberdeen Women’s Center (AWC) and NGO partners - Increase information about fistula repair surgery available in SL to women suffering from fistula • USG partners will support expanded public education messages & community outreach activities providing information about AWC
<p>Key indicators and milestones:</p> <p>Outputs</p> <ul style="list-style-type: none"> - Produce a WGGE narrative, M&E framework and identify key elements of implementation; comprehensive understanding of gender issues and challenges in SL - Training session delivered to fistula nurses working in govt hospitals - Increase number of screening trips to rural areas and districts to 12 in 2011 - Community health workers and Peace Corps volunteers working on maternal health in communities - 95 women trained who received fistula repair to become leaders/advocates for fistula prevention in their community <p>Outcomes</p> <ul style="list-style-type: none"> - Increased public awareness of fistula occurrence and treatment; outreach to women in urban and rural areas - Plan developed to place doctors in training to incorporate fistula repair as a component of their medical education - Improved access to quality maternal health services in SL by providing quality fistula repair treatment and prevention services
<p>Key principles: The USG team will implement the reproductive and maternal health activities by using a woman, girls, and gender equality approach</p>
<p>Key partners: MoHS, Aberdeen Women’s Center, The Gloag Foundation, EngenderHealth, UNFPA, First Lady’s Office</p>

Sierra Leone Global Health Initiative

Appendix 5: Sierra Leone Results Framework



Appendix 5: Sierra Leone Results Framework (cont.)



Appendix 5: Sierra Leone Results Framework (cont.)

