Resilience in Action: Sustaining HIV Services Amid Funding Disruptions in Sierra Leone

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BACKGROUND

- Recent funding disruptions significantly affected HIV service delivery nationwide
- Laboratory capacity was severely impacted as PEPFAR-supported staff at both reference labs were temporarily laid off
- Diagnostic services were interrupted, reducing viral load (VL) and early infant diagnosis (EID) coverage and delaying result dissemination
- Current treatment cascade: *87–86–63*, reflecting gaps in retention and viral suppression
- Commodity and procurement challenges led to stockouts and interruptions in outreach and differentiated service delivery
- Program and partner response: reprioritized resources toward service integration, laboratory optimization, and strengthened community-based models to sustain essential HIV services

ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

Sierra Leone adopted service prioritization, integration, and differentiated community models to mitigate the impact of funding interruptions.

❑ **Financial Strategies:**
- Prioritized data-driven, high-impact and cost-effective services
- Strengthened service integration to reduce operational costs
- Advanced domestic resource mobilization efforts

❑ **Technical Capacity Strategies**
- Implemented task shifting and task sharing
- Integrated HIV services within broader primary healthcare platforms

❑ **Community Engagement**
- Used data to identify and target high-burden districts and facilities
- Enhanced community-led planning and local resource mobilization
- Engaged faith-based and traditional leaders to support demand creation and retention

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

Prevention Services

Component	Intervention	SL
Infant prophylaxis	Infant PEP HR 0–6w	
	Infant PEP HR 6–12w	
	Infant PEP LR	
PEP	Facility PEP (guidelines)	
	Community PEP (GBV/KP)	
Condoms	Facility condoms/lube	
	KP condom points	
	Community condom points	
PrEP continuation	Facility PrEP KP 3MMD/6m	
	Facility PrEP PBFW 3MMD/6m	
	Facility PrEP others 3MMD/6m	
	Annual PrEP review	
	PrEP review 6-monthly	
	Facility PrEP DSD-indiv	
	Out-facility PrEP DSD	
	Virtual PrEP refills	
	Adherence/risk counselling	
	Continue DVR PrEP	
	Continue LAI PrEP	
PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	
	Start PrEP PBFW at-risk	
	Start PrEP KP	
	Start PrEP AGYW self-ID	
	Start PrEP others self-ID	
	Test post-start 1–3m	
	PrEP demand creation	
	Continue DVR PrEP	
	Continue LAI PrEP	
	PrEP start education	
Harm reduction for people who inject drugs	Facility-first NSP+naloxone	
	Community NSP+naloxone	
	Continue OAMT refills (PWID)	
	Initiate/continue OAMT (PWID)	
VMMC	Targeted VMMC scale-up	

At 50% funding, PrEP will be scaled down.

Testing Services

Component	Intervention	SL
Blood products	Blood product screening	
Facility-based	Symptomatic testing (entry)	
	ANC first test	
	ANC late retest	
	Postnatal PBFW 6-monthly	
	HEI 6w/6–9-18m EPI	
	HEI birth test	
	TB clients (newly diagnosed)	
	TB clients (presumptive TB)	
	STI clients (new STI)	
	Hep B/C (new)	
	Inpatient (new admission)	
	Children in malnutrition clinics	
	EPI child post-screen	
	FP initiation clients	
	FP <25 init+annual	
	FP init+biennial+change	
	FP init+annual	
	Self-initiated HIVST (annual)	
	VCT/HIVST any frequency	
	PrEP users 1m+6m	
	PrEP users 1m+3m	
	VMMC clients	
Network-based (including facility/virtual and community-based)	PN EPN +HIVST/FBT	
	PN APN +FBT (virtual)	
	PN APN +community test	
	Female index: child FBT/HIVST	
	Female index: child CBT	
	PN EPN +HIVST (VL>1000)	
	AGYW SNT +HIVST	
	PN EPN +HIVST (95% STI-neg)	
	PN EPN +HIVST (STI-neg)	
	PN APN +FBT (STI-neg)	

Testing Services

Component	Intervention	SL
Community-based (virtual and in-person)	CB HIVST points >15	
	CB HIVST points 95-gap	
	CB HIVST points KP	
	HIVST digital outreach	
	KP high-volume outreach	
	KP all outreach sites	
	AGYW targeted outreach	
	Men targeted outreach	
	Men workplace testing	
	Children targeted outreach	
	Prisoners: On entry/discharge	
	Prisoners' entry/annual	
	ABYM targeted outreach	
Recency testing	Recency testing	

| Legend	
Keep (No Change)	
Keep (Modify)	
Drop	
Not applicable	
Not Prioritized	

At 50% funding, Government of Sierra Leone may not identify resources to support community-based testing including outreach services for key populations.

Treatment Services

Component	Intervention	SL
ART continuity	Uninterrupted ART for all	
	MMD 3–6 months	
	Annual clinical review	
	Enroll less-intensive DSD	
	Maintain facility DSD-indiv	
	Maintain community DSD-indiv KP	
	Maintain client-managed groups	
	Maintain adolescent groups (HCW)	
	Maintain community DSD-indiv	
	Maintain DSD groups (HCW)	
	Active transfer same-day 3MMD	
Continuity OI prophylaxis	CTX adults S3/4/CD4<350	
	CTX adults high-risk	
	CTX for HIV/TB	
	CTX for CLHIV	
	CTX for HEI	
	Fluconazole secondary proph	
ART initiation (and re-initiation)	Initiate <5 years	
	Initiate PBFW	
	Initiate symptomatic/AHD	
	Initiate all positives	
	Initiate stage3/4 or CD4 low	
	Initiate stage1/2 (CD4 high)	
Viral load monitoring	VL for suspected failure	
	Repeat VL at 3m	
	First VL by 6m	
	First VL (no prior)	
	Pregnant: VL at ANC/3m	
	Pregnant: VL 34–36w	
	Breastfeeding: VL 3m+6mly	
	LLV: repeat VL 3m	
	VL annually if suppressed	
	VL q2–3y post-2x	
	Resistance test per guidelines	

Component	Intervention	SL
OI management	TB Xpert for symptomatic	
	TB treatment	
	TPT per regimen	
	CRAG for symptomatic	
	Cryptococcal treatment	
AHD package	LAM S3/4 seriously ill	
	CRAG S3/4 IPD	
	CD4 S3/4 new or >90d	
	CD4 S1/2 new or >90d	
	LAM S1/2 CD4<200	
	CRAG S1/2 CD4<200	
	Fluconazole pre-emptive	
Integration	PAP smear never-screened	
	HPV screen never-screened	
	Hypertension integration	
	Diabetes integration	
	Family planning integration	
	VIAC annually WLHIV	
Tracking and tracing	Confirm contacts each visit	
	Phone trace abnormal labs	
	Phone trace high-risk	
	Phone trace >28d missed	
	Home trace abnormal labs	
	Home trace high-risk	
	Home trace >28d missed	
Psychosocial support/ Counselling	ART start literacy	
	Adherence assessment visits	
	VL and DSD prep	
	EAC for high VL	
	Child disclosure support	
	MH screening at start	
	MH screening high VL	
	MH screening all visits	

Given the gaps in our programming, majority of the Care and Treatment Services have been prioritized. Resistance will not be a priority at 50% funding.

SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

### Fig 1: Trend in EID at 2 Months
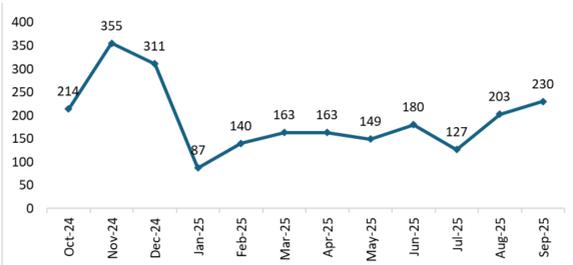
- New testing platforms and partner contributions boosted overall performance.
- Pediatric services strengthened through rollout of the pediatric toolkit and clinician training.
- GeneXpert installed at the National Referral Pediatric Hospital, improving EID testing capacity

Fig 2: TX CURR Trend
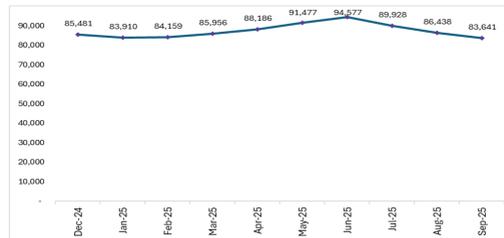
- Fluctuations in national TX_CURR likely reflect data quality challenges, especially during the transition to the revised tools.
- New registers were printed in April 2024, but the program required data entry to start retrospectively from January 2024, resulting in rushed transcription from old tools.
- Limited staff understanding of the new registers and difficulty interpreting updated indicators contributed to inconsistencies in reported TX_CURR.

Ongoing corrective actions:
- Training health facility staff on the new tools
- Developing an indicator definition guide
- Conducting regular data reviews with district teams to improve accuracy and consistency

Fig 3: VL Coverage and Suppression Trends
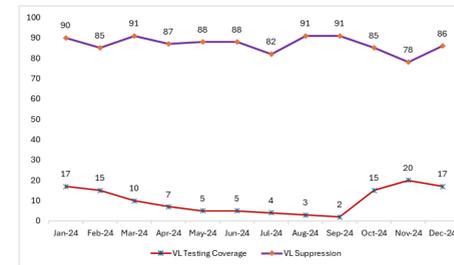
- Sierra Leone has faced chronic challenges with VL/EID testing due to frequent breakdowns of CPHRL platforms and GeneXpert POC machines
- Viral load testing resumed in October 2024 after installation of two new machines
- VL coverage remains low, but viral suppression is high, driven by widespread use of the DTG-based regimen

SYSTEMS & SERVICES ADAPTATIONS

Sierra Leone sustained its HIV response under funding constraints by:
- **Leadership & Policy:** Strengthening stakeholder engagement, improving flexibility, and harmonizing cross-cutting policies
- **Financing:** Increasing domestic contributions and integrating HIV funding into the broader MoH budget
- **Service Delivery:** Expanding service integration, task-sharing, and differentiated community-focused models
- **Community Engagement:** Prioritizing high-burden areas and empowering communities to identify and sustain essential HIV services
- **HMIS & M&E:** Streamlining indicators, integrating data sources, and using digital platforms to enhance data governance and decision-making

NEXT STEPS / WAY FORWARD

- Advance toward an integrated health system with one strategic plan and harmonized cross-cutting priorities
- **Finalize the 2026–2030 NSP** with strong emphasis on HIV–TB–malaria program integration
- Strengthen integrated program activities and **intensify mentorship** through partner support
- Conduct **active supply pipeline monitoring** and routine risk mapping for ARVs and other critical commodities
- **Improve data quality** through targeted capacity building, mentorship and supportive supervision