



NATIONAL AIDS COMMISSION OF LIBERIA
2015 ANNUAL REPORT

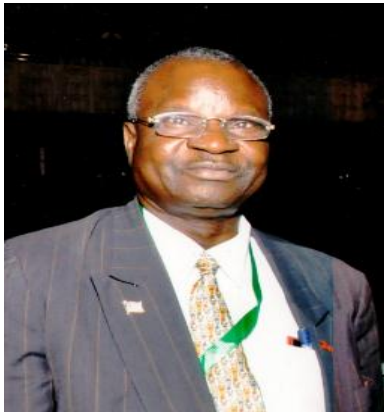


**H.E. Ellen Johnson-Sirleaf
President of the Republic of Liberia and
Chairperson of the National AIDS Commission**



Dr. Bernice Dahn
Minister of Health & Co-chairperson of
National AIDS Commission

Message from the Chairman of the National AIDS Commission of Liberia



Dr. Ivan F. Camanor
Chairman

On behalf of the Board of Directors and the Commission we extend greetings to our partners in the National Response to HIV and AIDS as we come to the end of a very difficult year. Most Liberians would agree that 2014 and 2015 were challenging years because of the devastating impact the Ebola virus disease epidemic had on the social and economic development of the country. The closure of schools and health facilities prevented access to basic education, counseling and testing and treating people living with HIV. Gains made in increasing access to HIV prevention and treatment services were diminished, while funding for key activities were severely reduced. We note that in these difficult times, the Commission and partners continued to focus on ensuring that people living with HIV and AIDS had access to treatment.

Treatment centers established at specific location by the National AIDS & STI Control Program made services available, thus minimizing the loss to follow up and HIV-related deaths. Now that the Ebola epidemic is essentially over, the country must redirect attention on preventing the spread of HIV and making sure that people infected and affected by HIV and AIDS have access to prevention and treatment services. Although the Ebola epidemic severely challenged the country, several important activities were accomplished in 2015. The Board of Directors of the National AIDS Commission, chaired by Her Excellency, Mrs. Ellen Johnson Sirleaf, and President of the Republic of Liberia approved a National HIV Strategic Plan 2015 – 2020 prepared by the Commission and partners. The Plan acknowledges the HIV prevalence of 1.9% in the general reproductive age population. The HIV epidemic in Liberia is urbanized and has regional HIV prevalence variation. The NSP draws attention to key populations (MSM, CSW, people who inject drugs, uniformed personnel, miners, truck drivers and cross-border traders) with higher HIV prevalence than the general public and outlined HIV prevention care and treatment strategies to reach them.

The Commission requested an assessment of its structure and capacity to coordinate and manage the multi sectoral, decentralized HIV response. The assessment supported by UNAIDS has been completed. When the report is finalized it will be presented to the Board of Directors.

The 2015 World AIDS Day (WAD) Commemoration brought many partners to Buchanan, Grand Bassa County. The WAD global theme: ***“Fast Track: Ending the AIDS Epidemic by 2030 was complemented by national theme “Scale up Treatment; Know Your Status; Use Condom and End Stigma and Discrimination”*** It heightened the resolve of the Commission and partners to achieve the 90-90-90 global targets and the sustainable development goals.

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

Acronym

AIDS	Acquired Immunodeficiency Syndrome
ANC	Anti-natal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behavior Change Communication
CBOs	Community Based Organizations
CEP	Community Empowerment Program
CD4	Cluster of Differentiation
CSOs	Civil Society Organizations
EVD	Ebola Virus Disease
EAL	Eye Association of Liberia
FCSW	Female Commercial Sex Worker
GBV	Gender Based Violence
GOL	Government of Liberia
GFATM	Global Fund to fight AIDS, TB, and Malaria
GPI	Governance and Public Institutions
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IBBSS	Integrated Bio-Behavioral Surveillance Survey
IOM	International Organization of Migration
LCC	Liberia Council of Churches
PWID	People Who Inject Drugs
IEC	Information, Education, Communication
LDHS	Liberia Demographic and Health Survey

LIBNEP+	Liberia Network of People Living with HIV
LIWEN	Liberia Women Empowerment Network
LMA	Line Ministries and Agencies
MARP	Most at Risk Population
MDGs	Millennium Development Goals
MOGCSP	Ministry of Gender, Children and Social Protection
MOH	Ministry of Health
MSM	Men who have Sex with Men
MTR	Mid-Term Review
NAC	National AIDS Commission
NACP	National AID and STI Control Program
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
SIDA	Swedish International Development Agency
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
UNAIDS	United Nations Joint Program on HIV and AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children’s Fund
UNHCR	United Nations High Commission for Refugee
USAID	United States Agency for International Development
WHO	World Health Organization

Table of Contents

.....	2
MESSAGE FROM THE CHAIRMAN OF THE NATIONAL AIDS COMMISSION OF LIBERIA	4
ACRONYM	5
NATIONAL AIDS COMMISSION OF LIBERIA.....	8
1.0 INTRODUCTION	8
2.0 EPIDEMIOLOGY.....	8
3.0 ACHIEVEMENTS AND KEY CHALLENGES IN 2015.....	10
3.1 ACHIEVEMENTS	10
3.2 CHALLENGES.....	12
4.0 COORDINATION AND MANAGEMENT OF THE NATIONAL HIV RESPONSE.....	13
4.1 BOARD MEETING	13
4.2 STEERING COMMITTEE (SC)	13
4.3 GLOBAL FUND	13
4.4 PARTNERSHIP AND COLLABORATION	14
<i>4.4.1 Government Ministries</i>	<i>15</i>
<i>4.4.1.1 Ministry of Health (NACP)</i>	<i>15</i>
<i>4.4.2 United Nations Agencies</i>	<i>18</i>
<i>4.4.3 CSO, NGO FBO.....</i>	<i>19</i>
<i>4.4.4 World AIDS Day 2015 Commemoration</i>	<i>20</i>
<i>4.4.5 Decentralization and County Support</i>	<i>21</i>
5.0 SUMMARY OF REVENUE AND EXPENDITURE FOR 2015	22
6.0 ANNEXES.....	24
6.1 STRATEGIC PARTNERSHIP STRUCTURE	24
6. 2 NATIONAL AIDS COMMISSION BOARD OF DIRECTORS	25
6. 3 NATIONAL AIDS COMMISSION FY 2015-2016 PROGRAM BUDGET	26
6.4 LIST OF 54 HIV SERVICES-INTEGRATED CARE AND TREATMENT SITES (SITES PROVIDING ALL HIV SERVICES).....	28

National AIDS Commission of Liberia

2015 Annual Report

1.0 Introduction

The National AIDS Commission (NAC) of Liberia, an autonomous government agency, is pleased to submit the 2015 Annual Report. The year 2015 was filled with many successes and numerous challenges in the coordination and management of the national HIV response.

The Commission, in collaboration with partners, established a Steering Committee and a Strategic Partnership Structure (Appendix 1). The Steering Committee ensures harmonization and alignment of development priorities by key stakeholders. All partners are encouraged to target programs on priorities identified in the National HIV Strategic Plan 2015 – 2020, focusing on key populations, women and girls, needs of affected communities. Leveraging resources to avoid costly duplication and maximize the impact of the national HIV response at the community level. The implementation of the concept of Expanded Technical Working Groups (TWG) reduces fragmentation and supports a holistic national HIV response.

2.0 Epidemiology

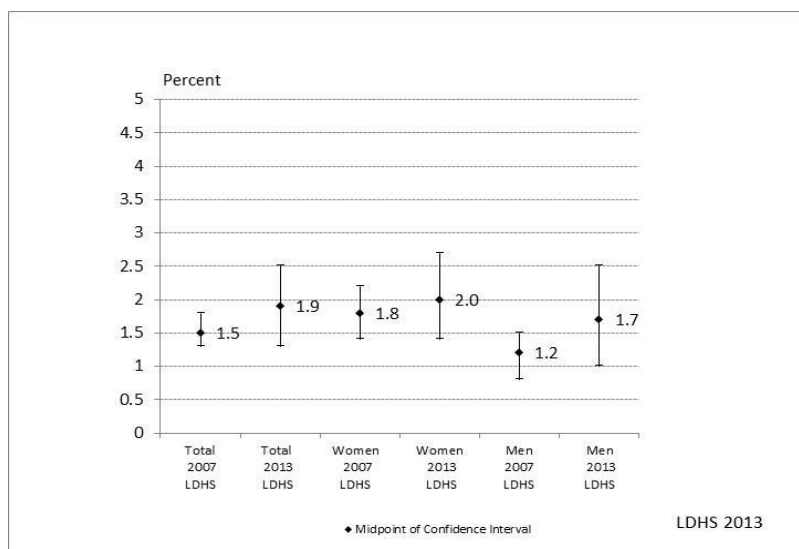
2.1 Global Epidemic

UNAIDS 2015 fact sheets reveal modeling statistics depicting steady progress in the global response to the HIV and AIDS epidemic. New HIV infections among adults and children were estimated at 2.0 million in 2014 compared to 3.1 million in 2000, indicating 35% global reduction of HIV incidence. Sub-Saharan Africa accounts for 70% of global new HIV infection. New HIV infections among children have been reduced to 220 000 in 2014, representing an incidence reduction of 58% since 2000. Equally, AIDS-related deaths have fallen by 42% since the peak in 2004 as access to antiretroviral (ARV) treatment expands to 15.0 million people, representing 37% of all people living with HIV. An estimated 38% of adults living with HIV are receiving treatment, while only 24% of children are receiving lifesaving medicines. TB-related deaths in people living with HIV have fallen by 36% since 2004. However, TB remains the leading cause of death among people living with HIV, with an estimated death toll of 320 000 in 2012. In 2013, the percentage of identified HIV positive tuberculosis patients who were started or continued on antiretroviral treatment reached 70% compared to 57% in 2012.

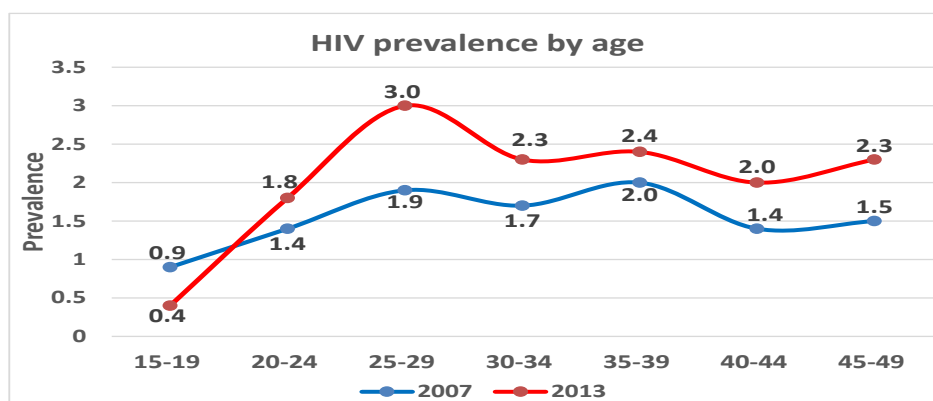
UNAIDS reports a 58% reduction in new HIV infections among children and a combined 38% reduction among adults and children since 2000

2.2 Liberia Epidemic

The Liberia Demographic and Health Survey (LDHS) is conducted every five years. Consequently, the data presented herein reflects data from 2013 Liberia Demographic and Health Survey (LDHS), which, puts Liberia's HIV prevalence at 1.9%, compare to LDHS 2007, which recorded 1.5% prevalence. The graph below depicts trends of HIV prevalence among males and females age 15 - 49 between 2007 and 2013.



Meanwhile, 2007 and 2013 LDHS show distribution of HIV among the population between age 15 – 49 indicating the highest prevalence between the age 25 to 29 years among males and females. A graph depicting trends of HIV prevalence from 2007 to 2013 among men and women between ages 15 – 49 is shown below.

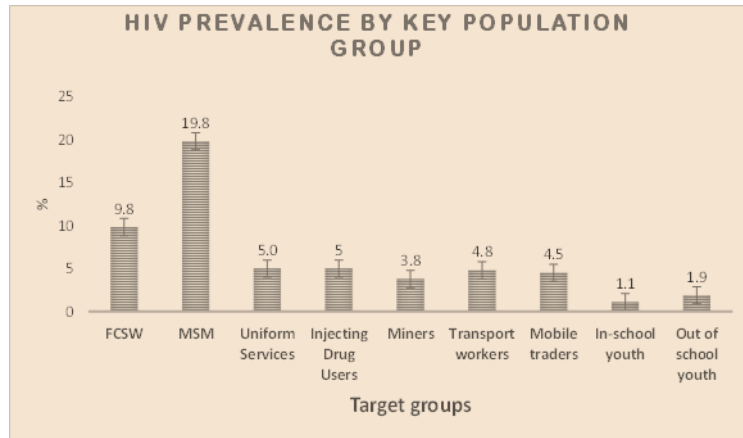


An additional study the Integrated Bio-Behavioral Surveillance Survey (IBBSS 2013) was conducted to determine the prevalence of HIV and syphilis. The result records the syphilis prevalence of 4.3% in female commercial sex workers (FCSW) followed by miners with 2.3%. Prevalence in mobile traders is 2.1% while out-of-school youths have prevalence rate of 1.5%. Other subgroups such as MSM, in-school youth and transport workers recorded 1%, 0.8% and 0.3% respectively.

Findings for the HIV prevalence were dramatically high among men who have sex with men (MSM) regardless of age, education, and location. A highest prevalence was among MSM (19.8%), closely followed by FCSW (9.8%) and Uniform services personnel (5.0%). Among Uniform services personnel, a significantly higher prevalence was recorded among female (10.3%) compare to 4.2% among male.

Youth in school had the lowest HIV prevalence (1.1%) with no significant difference between male (1.3%) and female (1.0%). Similar trend was observed among OSY with the prevalence being 1.9% and no significant difference between male (2.3%) and female (1.4%).

HIV prevalence by key population groups



Injecting drug users was predominantly male occupational group with the HIV prevalence of 3.9%, whereas Miners recorded a prevalence of 3.8%. In a sub-analysis among Miners, there was a vast difference in the prevalence by sex although the proportion of female was very minute. Female recorded a relatively higher prevalence of 8.3% compare to 3.2% among male.

Among Transport workers and Mobile traders, a considerably high prevalence of 4.8% and 4.5% was recorded. These values were very similar in all counties interviewed.

3.0 Achievements and Key Challenges in 2015

3.1 Achievements

The National HIV Strategic Plan (NSP) 2015 – 2020, the road map for the national HIV response for the next five years, was validated and launched in 2015. The goals of the NSP are to: a) Stop new infections and b) Keep PLHIV alive and healthy in Liberia. The NSP seeks the following impact results a) reduction of new HIV infection by 50% by 2020 and b) reduced morbidity and mortality among PLHIV.

The National HIV Strategic Plan 2015-2020 succeeds the National HIV Strategic Framework (NSF) II, 2010 – 2014, which ended on December 31, 2014. To inform the NSP development process, five HIV and AIDS related studies were conducted in addition to the Mid-Term Review (MTR) of the NSF II. Results of these studies provided strategic information on critical program intervention-priorities including key populations, treatment retention rate, local financing, gender sensitivity and the impact of stigma and discrimination on the national response.

An Operational Plan for the implementation of the NSP is being developed in collaboration with partners to ensure all HIV programming are aligned with the priorities of the NSP.

National HIV & AIDS Monitoring & Evaluation Plan 2015-2020

The National HIV & AIDS Monitoring and Evaluation Plan was developed in fulfillment of the Three Ones: “One National Plan”, “One Coordinating Authority” and “One Monitoring and Evaluation (M&E) System”.

The Monitoring and Evaluation (M&E) Plan 2015 – 2020 serves as a guide and a tool for performance measurement of the national response and for monitoring of the effects and patterns of the HIV epidemic. The Liberia National M&E Plan is anchored onto the overall Liberia National social and economic development framework and Policy Framework as explicitly enshrined in the Agenda for Transformation (Aft) which is Liberia’s Medium-term development strategy 2012 -2017).

The National HIV & AIDS M&E Plan was developed in June of 2015 and validated in November of 2015 with the participation of key stakeholders.

Gender Assessment

In 2015 the Commission in collaboration with partners launched an assessment to examine the contribution of gender inequality across HIV and TB interventions in the country. The assessment engenders the extent to which the national HIV and TB responses address the gender realities of the HIV epidemic. The assessment analyzed practices and behaviors in Liberia that contribute to HIV/TB transmission. It provides differential effects of HIV and TB on people (women, men, boys, girls and key populations) as well as gender based vulnerabilities and susceptibility attributed to these differences. Findings of the assessment indicated the need to re-prioritize and scale up HIV and TB program interventions to ensure that gender dimensions are appropriately addressed.

NAC Institutional Assessment

In October 2015, an international consultant was brought in country by UNAIDS on the request of the National AIDS Commission to conduct an institutional capacity assessment of the Commission. The assessment was done through regular engagement with NAC staff and interviews with key stakeholders in the national HIV response. Findings and recommendations from the assessment will be used to undertake reforms at the NAC in order to make the Commission more effective and vibrant as well as strengthen coordination and management of the national HIV response.



3.2 Challenges

EVD Impact on HIV Services

The main challenges encountered were EVD impact on HIV services as well as inadequate funding. The devastating effects of the Ebola epidemic from 2014, continued to negatively impact services in 2015 as indicated by a series of assessments conducted by the Commission.

- PLHIV support groups meetings were suspended due to the ban on public gatherings and closure of health facilities. The problems of not being able to get refill of ARVs and the fear of resultant drug resistant strain as well as lost-to-follow-up became eminent. EVD related movement restriction presented its own economic burdens ranging from breakdown in income generating activities amongst support group members, to inability in acquiring nutritional food supplements.
- As a result of government orders on banning public gatherings, all HIV training and community meetings were halted, thus creating relapse in risky behavior, making more people vulnerable to HIV.
- School Health Clubs in Nimba, Bong, Grand Bassa and Bomi counties presented interesting data that suggested high levels of school dropouts due to EVD. It was estimated that post EVD school drop among youth was 39% due to financial challenges faced by parents and pregnancy of female students. School Health Club members said that they regularly interacted with their youth peers who dropped out of school. The 39% estimate was based on head count of students in each class during the 2013/2014 academic year compared to 2014/2015 enrollment and account of Health Club members whose classmates could not return to school thus resulting in most clubs not being able to resume awareness activities on campus.

Domestic Resource Mobilization

The national HIV response is presently heavily dependent on donor funding, which make it difficult to implement some activities, which are not covered by donor funding. Prior to the Ebola outbreak, NAC initiated a domestic resource mobilization drive by placing donation boxes at strategic points but that strategy was unsuccessful.

Shortage of HIV Test Kits

In 2015, Liberia witnessed shortage of HIV test kits in the county. For most part of 2015, HCT & VCT centers were unable to conduct testing due to the lack of test kits resulting the decline of PLHIV being placed on treatment and in care.

Halt in Early Infant Diagnosis (EID)

As a result of the EVD, laboratory facility for PCR was diverted to the EVD response. Currently there is no means of testing children born to HIV mothers.

4.0 Coordination and Management of the National HIV Response

4.1 Board Meeting

The Board Meeting of the National AIDS Commission was held on April 28, 2015. The meeting which was chaired by the President of Liberia, Madam Ellen Johnson Sirleaf brought together Board Members and invited guests to deliberate on important matters relating to the HIV response in Liberia. This year's Board meeting focused on a review of the impact of EVD on HIV services, NAC's annual work Plan and budget for fiscal year 2015-2016 and domestic resource mobilization. The Board approved the establishment of a Resource Mobilization of the Commission.

4.2 Steering Committee (SC)

In 2015, the National AIDS Commission and the Joint United Nations Program on HIV & AIDS (UNAIDS) constituted a Steering Committee to provide technical guidance for the national HIV response. The Committee comprises of stakeholders from government, UN Agencies and CSO. The NAC and UNAIDS serve as the secretariats.

The Steering Committee held monthly meetings to review and recommend for implementation technical issues relating to the national HIV response. One of such issues was the restructuring of the national coordination mechanism of the national HIV response.

4.3 Global Fund

National AIDS Commission, a sub-recipient of the global fund, works closely with the Global Fund, which is the major provider of funds for national HIV, TB and Malaria Programs. The Liberia Coordinating Mechanism (LCM) for the Global Fund is co-chaired by the National AIDS Commission. The Commission also co-chairs the Technical Coordinating Committee (TCC) of the LCM. The National AIDS Commission coordinated and fully

collaborated with key partners in the development of the Global Fund Concept Note, which was based on the National HIV Strategic Plan 2015-2020.

In order to ensure country ownership of the Global Fund Proposal, the Liberia Coordinating Mechanism conducted a nationwide participatory Country Dialogue. During the Country Dialogue process, stakeholders identified high impact interventions focusing on treatment, care, and support for people infected and affected by HIV and AIDS; elimination of mother-to-child transmission (eMTCT) of HIV; programs for key populations (KPs); and condom promotion and distribution. These are key priority areas to invest in the funding that will accrue from submitting the New Funding Model Concept Note (NFM-CN) to the Global Fund.

4.4 Partnership and Collaboration

The National AIDS Commission has continued to create and strengthen partnership with key public, private and civil society organizations.

In February of 2015, the Commission resumed holding of line ministries and agencies HIV focal person's coalition meetings and capacity building. The meetings, which were held on a monthly basis, brought together HIV focal persons from 30 LMAs to discuss HIV mainstreaming in their respective institutions.

The commission also co-chairs the Human Right Platform in October, which was chaired by the Ministry of Justice to review HIV human rights related issues affecting the national HIV response. The main focus of the meeting was to review human rights issues that could prevent key and vulnerable population from accessing HIV services and the merging of the human rights platform and the GBV technical working group to form the Human Right and Gender Platform.

In 2015, the Commission was able to form partnership with two (2) additional organizations; Hope World Wide an international organization providing care to mostly children and International Migration Organization (IOM) were the two organizations that joined the national response in 2015.



4.4.1 Government Ministries

4.4.1.1 Ministry of Health (NACP)

The Ministry of Health is the Principal Recipient (PR) for the Global Fund for HIV, TB, and Malaria. The MOH, through the NACP collaborates with partners in implementing these programs. All activities in the implementation of these programs were severely disrupted by the EVD and the late disbursement of funds by the Global Fund. Liberia Health Sector has resumed basic services and is witnessing a series of improvements following the devastating effects of the Ebola epidemic. By July 2015, most health facilities had resumed HIV services. Some results of program implementation during this period are as follows:

Condom Promotion and Distribution: Condom distribution was mainly in Montserrado. National Drug Service distributed 4,599,000 to partners and NACP distributed 3,516,000 to CBOs and hotels. NACP also distributed 84,230 to youths for a total of 8,199,230 distributed from January to June 2015. This was a marked improvement over the 843,316 for July – December 2014.

Counseling and Testing (HCT): Over a hundred thousand persons have benefitted from providers initiated counseling (PICT) and voluntary counseling and testing (VCT) leading to behavioral change. During this period 87,201 were tested and know their results. 2263 (3.7) were HIV positive. 62% of those tested were pregnant women and they accounted for 43% of the HIV positive. The low number of those tested was due to stock out of test kits and EVD.

Prevention of Mother to Child Transmission: With emphasis now on the elimination of mother to child transmission, MOH is presently conducting a national training for rolling out Option B+ which calls for every pregnant HIV positive woman to be immediately place on ART. Of the 53,817 PMTCT testing conducted from January – September 2015, 973 (1.8%) were confirmed positive. 342 HIV+ received ARV during ANC; 159 received ARV at delivery; 320 pregnant women were eligible for ART; and 284 neonates were placed on ARV at birth between Jan – September 2015.

Treatment, Care and Support: From January-September 2015, 9913 patients were in care, and 6824 on ART. Despite the EVD situation, the 6824 persons on treatment have surpassed the pre-Ebola number of 6421. Pregnant women account for 59% (5848) of the total number of persons in care and 1.5% (99) of the number on ART; Children 0-14 years account for 12.8% (1262) of the number of people in care, and 5.6% (381) of people on ART; Females more than fourteen (15 and above) years make up 3.4% (341) of people in care and 66% (4482) of those on ART. Males on the other hand, account for 36% (2462) of people in care and 27% (1862) of those on ART.

Post-exposure Prophylaxis (PEP): There were 256 reported rape cases during this period and 64 received PEP treatment.

Sexually Transmitted Infections (STI): Using the etiologic and syndromic diagnostic methods, 102,787 STI cases were diagnosed and treated from Jan to September 2015.

National Blood Safety Program: Through the Health System Strengthening program, regional blood banks have been built in Bong and Montserrado counties with plans to erect two others in Lofa and Grand Gedeh counties. In addition to the regional blood banks, government and private hospitals in all of the counties have varying capacities for safe blood services. However, their capacities need to be strengthened.

Table 3 below show the results for HIV Testing and Counseling from January to September 2015

Table 3: HCT Results for the Period - January-September, 2015

County	Pre-Tested	Tested	Post-Test	HIV Positive
Bomi	2895	2911	2863	55
Bong	9295	9295	9214	150
Gbarpolu	1098	1039	1006	18
Bassa	6740	6740	6740	146
Grand Cape Mt.	1313	1313	1313	49
Grand Gedeh	3195	3061	2931	137
Grand Kru	677	667	661	17
Lofa	8406	8395	8249	108
Margibi	3769	3720	3645	89
Maryland	2779	2775	2785	162
Montserrado	30939	30588	29600	1755
Nimba	12865	12519	12380	362
River-Gee	1419	1417	1408	82
Rivercess	1379	1350	1365	43
Sinoe	1411	1411	1409	63
Total	88180	87201	85569	3236

Table-5: Antenatal Care (ANC) HIV Counseling & Testing (January-September 2015)

County	ANC Pre-test Counsel	ANC clients Tested	ANC client Post-test	ANC clients HIV Pos.	ARVs Received at Delivery	HIV+ Women for ART	ARVs received during ANC Visits	Neonate on ARV at Birth
Bomi	2020	2036	1987	13	6	52	4	5
Bong	6906	6904	6902	60	13	3	39	13
Gbarpolu	915	892	862	6	2	4	2	3
Grand Bassa	4755	4755	4755	25	2	3	5	5
Grand Cape Mt.	962	962	962	7	1	0	6	1
Grand Gedeh	2309	2196	2178	39	17	5	26	27
Grand Kru	538	528	527	6	1	2	2	2
Lofa	4850	4850	4722	37	6	4	16	6
Margibi	2937	2888	2894	36	4	2	16	3
Maryland	1822	1818	1818	22	9	2	13	17
Montserrado	15084	14734	13745	539	60	210	132	152
Nimba	8348	7979	7868	134	17	8	38	30
River Gee	1135	1134	1127	21	12	13	11	13
Rivercess	1096	1065	1080	14	8	9	7	6
Sinoe	1076	1076	1074	14	1	3	25	1
Total	54753	53817	52501	973	159	320	342	284

4.4.1.2 Ministry of Internal Affairs



MIA has been very instrumental in providing education to local and community leaders on their roles in the national HIV response. During the year, the Ministry of Internal Affairs (MIA) in collaboration with the National AIDS Commission conducted HIV and AIDS awareness and sensitization for District Commissioners, Town Chiefs and Opinion Leaders from Bong, Lofa and Nimba counties. MIA and NAC also conducted training in PMTCT

referral for 250 traditional healers from 15 counties. At the end of the training, some traditional healers, said their wives are Trained Traditional Midwives (TTM, all promised to work with TTMs and their communities to refer pregnant women to health facilities.

4.4.1.2 Ministry of Education

The Ministry of Education leads the education sector response to HIV & AIDS using the Life Skills based approach implemented by the School Health Division. In 2015, MOE with funding from the Global Fund, conducted training for over 200 teachers and over 500 students in 100 schools in nine counties providing the opportunity set up and reactivate health clubs in schools.



Participants of MOE Life Skills Training in Buchanan

4.4.1.3 Ministry of Gender, Children and Social Protection

The Ministry of Gender, Children and Social Protection has remain a key stakeholder in the national HIV response due to the important role being played by the Ministry in mainstreaming gender in HIV activities.

In 2015, MOGCSP HIV desk conducted field visits to Bong, Lofa and Nimba Counties to assess SGBV and HIV activities being implemented. The objective of the field assessment was to promote partnership among key stakeholders implementing SGBV and HIV.

With funding from the Global Fund, the Ministry has also supported quarterly SGBV and HIV partnership meetings in Bassa, Margibi and Bong.

4.4.2 United Nations Agencies

4.4.2.1 Joint United Nations Program on HIV & AIDS (UNAIDS)

The Joint United Nations Program on HIV and AIDS remain engaged with the national HIV response on a daily basis. UNAIDS works closely with NAC in the areas of capacity building, restructuring of the coordination mechanism of the HIV response, Ebola response, domestic resource mobilization, monitoring and evaluation social mobilization.

In 2015, UNAIDS supported EVD prevention activities through NAC for religious and traditional leaders, Journalists as well as people living with HIV and Ebola survivors. UNAIDS also funded social mobilization activities under the Health 4 Plus (H4+) project in Maryland, Grand Kru and River Gee Counties and plans to extend to Rivercess, Gbarpolu and Cape Mount in 2016.

Early this year, SIDA approved funding for the extension of the H4+ project to an additional three (3) counties: Rivercess, Cape Mount and Gbarpolu based on the request from H4+ partners.

The National AIDS Commission conducted thirteen (13) days of county consultations in Cape Mount, Gbarpolu and Rivercess counties. The county consultants will pave the way for the implementation of H4+ project in three (3) of Liberia's underserved counties.

In



June 2015, UNAIDS led the development of a three-year United Nations Work Plan on HIV & AIDS for Liberia which was approved by the United Nations Agencies with a total

commitment of five million United States Dollars to the national HIV response from January 2015 – December 2018.

4.4.2.2 United Nations Development Program (UNDP)

The United Nations Development Program under the GPI project provided support to the National AIDS Commission in the areas of coordination at both the national and county levels through the provision of funding and logistical support for the holding of coordination meetings, capacity building trainings and data collections on the impact of EVD on HIV services in six (6) counties. UNDP has also provided support for the development of a Strategic Plan for the Liberia Network of People Living with HIV (LIBNEP+).

4.4.2.3 United National Children Fund (UNICEF)

UNICEF plays a leading role in supporting the welfare of women and children in Liberia. In 2015, UNICEF conducted the Bottleneck Analysis for PMTCT and developed and validated the national eMTCT plan with a one-year action plan for nine (9) counties; Gbarpolu, Grand Cape Mount, Grand Kru, Grand Gedeh, Maryland, Montserrado, Rive Gee, Rivercess and Sinoe.

UNICEF also procured HIV test kit thus providing HIV Counseling and testing to a population of over 120,000 including pregnant women.

4.4.3 CSO, NGO, FBO

Liberia Council of Churches (LCC) – the LCC with funding from the Global Fund has continued to play a major role in the national HIV response. In 2015, LCC conducted training for 600 spiritual healers and church leaders in PMTCT to generate support for the utilization of PMTCT services by community dwellers.

Population Services International (PSI) – This international NGO has programs that target malaria, child survival, HIV, and has made tremendous progress in promoting sexual and reproductive health among adolescence through its popular radio program “Let’s Talk About Sex”, as well as distribution of condoms through its social marketing strategy. PSI is a Sub-Recipient of Phase 2 Global Fund grant on HIV/AIDS. In 2015, PSI conducted training for 40 youth counselors in Montserrado and Grand Bassa Counties under its behavior change communication community outreach program. Through its social marketing strategy, PSI distributed a total of 1,397,900 Star Condoms to vendors in all 15 counties.

Catholic Church – The Catholic Church continues to contribute to the national HIV response. It provides VCT services, nutritional support and hospice care to PLHIV; conducts training for HIV counselors and promotes behavior change for in-school youth. In addition the Church provided training for 15 PLHIV on EVD prevention and empowered them to create awareness on EVD and HIV in 10 communities in Montserrado. In 2015, the Catholic Church HIV & AIDS Program earmarked Catholic Hospital as its official care and treatment center for all STIs and HIV related illnesses void of discrimination. The Church has also identified 28 schools for its first phase of Life Skills education for in-school youth targeting 1,400 students in four of the fifteen counties, Montserrado, Bomi, Margibi and Grand Bassa Counties.

Liberia Network of People Living with HIV (LIBNEP+)

LIBNEP+, an NGO, established April 2011 to serve as an organ for coordination, advocacy for support groups and Associations of people living with and affected by HIV. LIBNEP+ is established in the fifteen Counties with membership of five associations: (LIWEN, LIGHT, PLAL EAL and ALL+). It has also established and strengthened regional offices in Bong, Tubmanburg, Fish Town, Zwedru and Buchanan.

During the period under review LIBNEP+ achieved the following activities despite the restrictions on movements associated with Ebola: a total of 18778 people were reached with information and or care for HIV and AIDS in communities; 5740 condoms were distributed; twenty-four advocacy radio programs were held throughout the country to increase in knowledge on HIV and AIDS and its impacts. A total of 3835 psychosocial services were given to PLHIVs and families to increase treatment success and strengthen families' acceptance of people living with HIV and AIDS.

The major constraints have been the Ebola restriction on movement in communities and delay in making funds available for activities and financial management software for the account office.

Shalom: SHALOM, a local NGO remains committed to providing care and support to orphans and vulnerable children in Liberia. In 2015, SHALOM provided tuition and school supplies for 3,000 children in Montserrado, Margibi and Grand Bassa Counties. SHALOM also provided psychosocial support through counseling and medical care for 1986 OVC during the year.

Samaritan Purse: Samaritan Purse, an international faith based organization, continues to mitigate the social and economic impact of HIV & AIDS through its OVC program. With funding from the Global Fund, Samaritan Purse provided educational, psychosocial and medical support to 4,570 children in Montserrado, Margibi, Maryland, Grand Kru, Rivercess and Lofa Counties in 2015.

Stop AIDS in Liberia (SAIL): SAIL was established with the objectives of creating HIV and AIDS awareness targeting the youth, sex workers, and People Living with HIV (PLHIV). The mission of SAIL is to contribute to the reduction of the spread of HIV through human rights advocacy, treatment, education, prevention program, care provision and support to PLHIV and other vulnerable groups, including key affected populations such as people who inject drugs, men who have sex with men (MSM) and other sexual minorities.

In June of 2015, SAIL conducted a four-day Sexual Reproductive, Health and Rights Workshop in New Kru Town, West Point, Paynesville and Sinkor. A total of one hundred and eighteen (118) sex workers participated in the workshop

4.4.4 World AIDS Day 2015 Commemoration

The Government of Liberia and partners through the National AIDS Commission commemorated World AIDS Day 2015 under the global theme: *“Fast Track: Ending the AIDS Epidemic by 2030”* and the national theme *“Scale up Treatment; Know Your Status;*

Use Condom and End Stigma and Discrimination” The commemoration program, took place in Buchanan, Grand Bassa County and observed in Maryland, Rivercess and Gbarpolu Counties. This year’s commemoration was done with greater involvement of young people.



The activities leading up to WAD, December 1, involved quizzing competitions and sports tournament among selected schools in Grand Bassa and social mobilization in communities to create awareness on HIV testing. The occasion started with a parade followed by an indoor program. Mobile HIV testing was also done at the program site with a total of 1,000 volunteers who were informed of their HIV status.

4.4.5 Decentralization and County Support

In February 2015, NAC participated in the official launch of the Deconcentration Platform launched by Her Excellency President Ellen Johnson Sirleaf in Gbarnga City, Bong County. The National Deconcentration Plan seeks to give local people and traditional leaders at the community level greater power and participation in the governance process of the country. The implementation of the Deconcentration Plan is coordinated by the Superintendent of each county and forerunner to the full implementation of the National Decentralization Policy.

As part of the decentralization process of the national HIV response and support to county structures, the National AIDS Commission with support from UNDP held a two (2) day retreat in Gbarnga, Bong County for stakeholders representing the local authorities, CBOs and NGO in Bomi, Grand Bassa, Bong, Nimba and Lofa counties. During the retreat, participants were able to identify progress, challenges and lessons learned during the year 2015 as well as brainstormed on areas for improving coordination of the national HIV response at the county level.

County Coordinators initiated and conducted coordination meetings with stakeholders and partners. They also began the process of developing databases of partners involved in the national HIV response. Additionally they are monitoring activities and collecting data on HIV through the HMIS on the response. In November 2015 three additional counties, Grand Cape Mount, Gbarpolu, and Rivercess were mobilized under the theme: Building ownership for a multi-sectoral, decentralized HIV and AIDS Response for the H4+ SIDA Project.



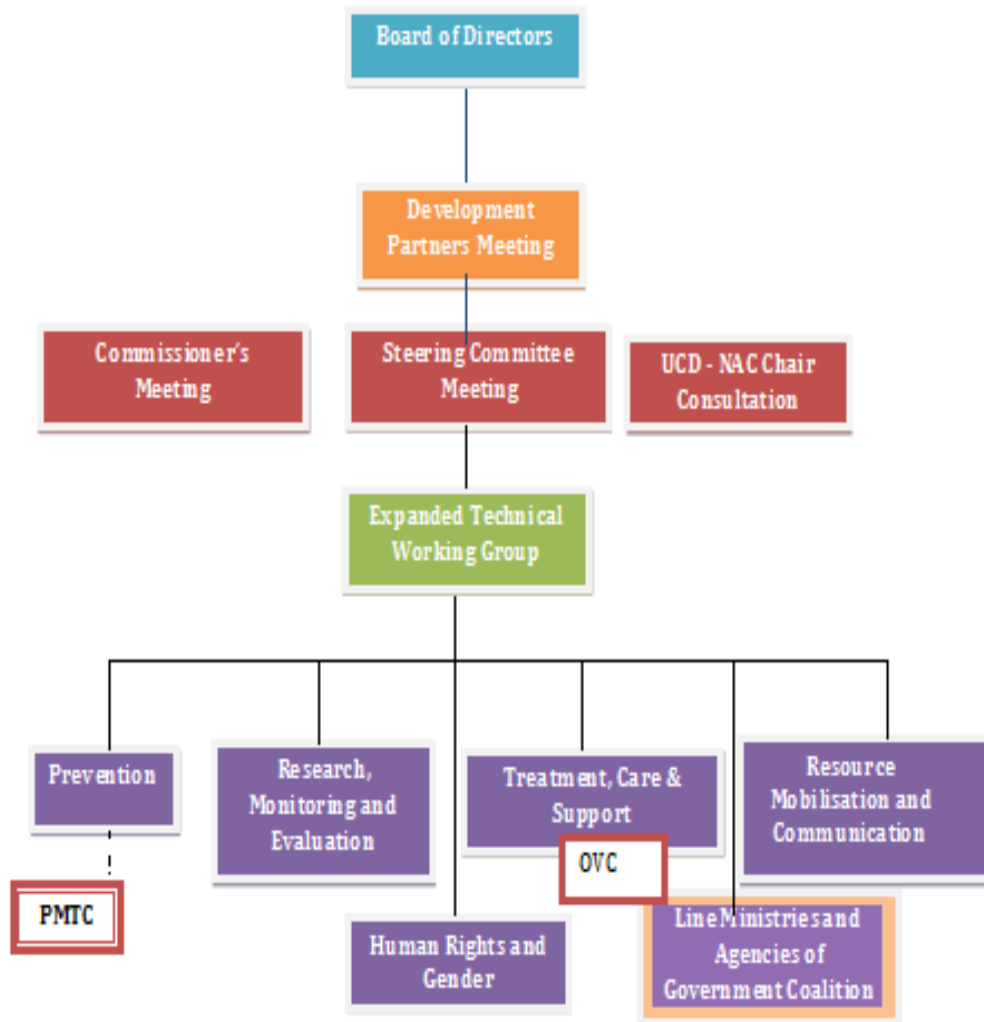
5.0 Summary of revenue and expenditure for 2015

NO.	NAME OF DONORS	REVENUE	EXPENDITURE	FUNDS BALANCES
1	GOL	703,513.08	670,966.70	32,546.38
2	Global Fund	200,674.00	197,982.70	2,691.30
3	UNAIDS	64,808.48	73,303.47	(8,494.99)
4	UNICEF	7,250.00	2,000.00	5,250.00
5	UNHCR	3,200.00	3,200.00	-
6	CEP	1,000.00	1,000.00	-
7	PPAL	2,000.00	2,000.00	-
8	CONCERN WORLDWIDE	1,161.00	1,161.00	-
9	DOMESTIC FUNDRAISING	3,153.91	3,294.06	(140.15)
	TOTAL	\$986,760.47	\$954,907.93	\$31,852.54

REVENUE FOR THE PERIOD				
NO.	NAME OF DONORS		REVENUE	TOTAL
1	GOL		703,513.08	
2	Global Fund		200,674.00	
3	UNAIDS		64,808.48	
4	UNICEF		7,250.00	
5	UNHCR		3,200.00	
6	CEP		1,000.00	
7	PPAL		2,000.00	
8	CONCERN WORLDWIDE		1,161.00	
9	DOMESTIC FUNDRAISING		3,153.91	
TOTAL REVENUE				\$986,760.47
EXPENDITURE FOR THE PERIOD				
NO.	NAME OF DONORS		EXPENDITURE	TOTAL
1	GOL		670,966.70	
2	Global Fund		197,982.70	
3	UNAIDS		73,303.47	
4	UNICEF		2,000.00	
5	UNHCR		3,200.00	
6	CEP		1,000.00	
7	PPAL		2,000.00	
8	CONCERN WORLDWIDE		1,161.00	
9	DOMESTIC FUNDRAISING		3,294.06	
TOTAL EXPENDITURE				\$954,907.93
CLOSING BALANCE AS AT DECEMBER 21, 2015				\$31,852.54

6.0 Annexes

6.1 Strategic Partnership Structure



6. 2 National AIDS Commission Board of Directors

1. Chairperson, who shall be the President of the Republic of Liberia
2. Vice Chairperson, Minister of Health and Social Welfare
3. Minister of Education
4. Minister of Information, Culture, and Tourism
5. Minister of Youths and Sports
6. Minister of Gender and development
7. Minister of Internal Affairs
8. Minister of Labor
9. The Liberia Council of Churches
10. Liberia Chamber of Commerce
11. The Liberia Bankers Association
12. The Liberia Business Association
13. The Liberia Rubber Planters Association
14. Liberia Federation of Labor Unions
15. The Liberia National Teachers Union
16. The Liberia Muslim Council
17. The Liberia Medical and Dental Association
18. The Liberia Nurses Association
19. The Liberia National Bar Association
20. The Federation of Liberian Youth
21. The Liberia Marketing Association
22. The Liberia Pharmaceutical Association
23. The People Living with AIDS Representative (female)
24. The People Living with AIDS Representative (male)
25. Country Representative of the World Health Organization
26. Country Representative of UNICEF
27. Country Representative of UNFPA
28. A representative of NGOs providing health care services
29. Minister of Justice
30. UNFPA
31. UNAIDS
32. All other persons or organizations as the President may appoint.

6.3 National AIDS Commission FY 2015-2016 Program Budget

Service Delivery Areas	(GOL) Country Input (USD)	Global Fund Input (USD)	UN Theme Group Input (USD)	Other Partners Input (USD)	Total Estimated Cost Per Activity USD/Yr.
NSP Result 1:	NSP Result #1: Preventing New HIV Infections - Non Clinical				
1.1 Preventing HIV Infection in the General Population	0	46,325	103,230	0	149,555.00
1.2 Preventing HIV infection in Young People (15-24 years)	0	0	32,495	0	32,495.00
1.3 Preventing HIV Transmission by PLHIV	0	4,900	0	19,550	31,500.00
1.4 HIV Prevention Programs for Key Populations (KPs)		8,600	25,795		34,395.00
NSP Result. 1 Sub-totals	\$0.00	\$59,825.00	\$161,520.00	\$19,550.00	\$247,945.00
NSP Result 2:	NSP Result #2: Critical Social and Programmatic Enablers				
2.1 Laws, policies, and practices and Stigma and Discrimination	-	-	14,155	1,060	15,215.50
2.2 The Media and HIV	2,300	3,230	18,390	-	24,820.00
2.3 Political Commitment and Advocacy	608	-	-	-	608.00
2.4 Community Participation in HIV Response	-	-	73,303	-	73,302.67
2.5 Coordination and Management of the National HIV Response	3,170	34,885	23,187	10,000	71,241.60
2.6 Funding Resource Needs of the national HIV response	4,000	-	41,609	13,175	64,234.00
NSP Result. 2 Sub-totals	\$10,078.00	\$38,115.00	\$170,643.27	\$24,235.00	\$249,421.77

NSP Result 3:	NSP Result #3: Synergies with development sectors				
3.1 Community System Strengthening (CSS)	-	136,557	-	-	136,557.20
3.2 Education Sector Response to HIV	-	50,400	4,188	-	54,587.50
3.3 Workplace HIV Programs	256	-	-	13,630	13,885.70
3.4 Mitigating the Socioeconomic Impact of HIV and AIDS	561	-	-	-	560.50
3.5 Gender and HIV	-	24,640	-	-	24,640.00
3.6 Research, Monitoring and Evaluation	5,000	64,401	61,001	195,671	326,070.00
NSP Result. 3 Sub-totals	\$5,816.00	\$275,998.00	\$65,188.30	\$209,301.00	\$556,300.90
GRAND TOTALS	\$15,894.00	\$373,938.00	\$397,351.59	\$253,086.00	\$1,053,667.67

6.4 List of 54 HIV Services-Integrated Care and Treatment Sites (Sites Providing All HIV Services)

No.	COUNTY	FACILITY NAME	TYPE
1.	Bomi	Liberia Government Hospital	Hospital
2.	Bong	Bong Mines Medical Center	Hospital
3.	Bong	Charles B. Dunbar Hospital	Hospital
4.	Bong	Phebe Hospital	Hospital
5.	Bong	Salala Clinic	Clinic
6.	Gbarpolu	Chief Jallahlon Hospital	Hospital
7.	Grand Bassa	LAC (Lib Agro Co) Hospital	Hospital
8.	Grand Bassa	Liberia Government Hospital	Hospital
9.	Grand Bassa	Lloydsville Clinic	Clinic
10.	Grand Bassa	SATMH - Mittal Steel Hospital	Hospital
11.	Grand Cape Mount	Damballa Health Center	Health Center
12.	Grand Cape Mount	Sinje Health Center	Health Center
13.	Grand Cape Mount	St. Timothy's Hospital	Hospital
14.	Grand Gedeh	Martha Tubman Memorial Hospital	Hospital
15.	Grand Gedeh	Toe Town Clinic	Clinic
16.	Grand Gedeh	Ziah Town Clinic	Clinic
17.	Grand Kru	Barclayville Health Center	Health Center
18.	Grand Kru	Rally Time Hospital	Hospital
19.	Lofa	Curran Lutheran Hospital	Hospital
20.	Lofa	Foya Borma Hospital	Hospital
21.	Lofa	Kolahun Hospital	Hospital
22.	Lofa	Tellewoyan Memorial Hospital	Hospital
23.	Margibi	C.H. Rennie Hospital	Hospital
24.	Margibi	Du-Side –Firestone Hospital	Hospital
25.	Maryland	J.J. Dossen Hospital	Hospital
26.	Maryland	St. Francis Clinic	Clinic
27.	Montserrado	Bensonville Hospital	Hospital
28.	Montserrado	Clara Town Health Center	Health Center
29.	Montserrado	Duport Road Health Center	Health Center
30.	Montserrado	ELWA Hospital	Hospital
31.	Montserrado	German-Liberia Clinic	Clinic
32.	Montserrado	Home of Dignity	Hospice
33.	Montserrado	JDJ Memorial Hospital	Hospital
34.	Montserrado	JFK Medical Center	Hospital
35.	Montserrado	T B ANNEX	Hospital
36.	Montserrado	Redemption Hospital	Hospital
37.	Montserrado	St. Joseph's Catholic Hospital	Hospital
38.	Montserrado	Star of the Sea Health Center	Health Center
39.	Nimba	Arcelor Mittal Hospital	Hospital
40.	Nimba	Bahn Health Center	Health Center

41.	Nimba	Beo-Yoolar Clinic	Clinic
42.	Nimba	G. W. Harley Hospital	Hospital
43.	Nimba	Ganta United Methodist Hospital	Hospital
44.	Nimba	Jackson F. Doe Hospital	Hospital
45.	Nimba	Karnplay Health Center	Health Center
46.	Nimba	Saclepea Comprehensive	Health Center
47.	River Gee	Fish Town Health Center	Health Center
48.	River Gee	Gbeapo Health Center	Health Center
49.	River Gee	River Gbeh Clinic	Clinic
50.	Rivercess	Neezuin Clinic	Clinic
51.	Rivercess	St. Francis Memorial Hospital	Hospital
52.	Sinoe	F. J. Grante Hospital	Hospital
53.	Sinoe	Government Camp	Clinic
54.	Sinoe	Juazon Clinic	Clinic