

LIBERIA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
Prevention of mother-to-child transmission of HIV (PMTCT) coverage reached at least 75%.	ACHIEVED	PMTCT coverage increased to 81% in 2020 (GAM 2021). In 2020, an estimated 81% of pregnant women in Liberia knew their HIV status, of whom 91% received antiretroviral treatment during pregnancy to prevent vertical transmission and for their own health.
Paediatric and family HIV care strengthened to reach 90% of HIV-exposed infants.	SLOW PROGRESS	Only 20% of HIV-exposed infants received a virologic test for HIV within two months of birth (GAM 2021).
New HIV infection decreased by 75%.	ON TRACK	New HIV infections in Liberia declined from 2300 in 2011 to 1400 in 2020 (GAM 2021).
Reduced stigma and discrimination towards people living with HIV and key populations.	NO PROGRESS	64.2% and 69.1 adult males and females had discriminatory attitudes towards people living with HIV in 2019 (DHS, 2019).

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UN WOMEN, ILO, UNESCO, UNAIDS SECRETARIAT, FAO, OHCHR, UNRCO

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

In 2020, the Joint Team in Liberia provided pivotal support for the implementation of the Catch-up Plan developed in 2019, to hasten progress towards the 90-90-90 targets. As a result, Liberia attained the fastest acceleration in the region for the first 90 target, doubling the number of people who knew their HIV status and increasing treatment coverage among all people living with HIV now at 53% compared to 39% in 2018. With 81% PMTCT coverage, the country is also on track to eliminate mother-to-child transmission of HIV. In line with this target, the Joint Team provided technical support and procured HIV and syphilis duo testing kits to improve diagnosis and linkage to treatment services. Over 600 000 young people accessed sexual and reproductive health services and comprehensive sexuality education was expanded to over 100 000 students across Liberia to reduce new HIV infections and promote safe and healthy choices among adolescents and young people. Sexual and gender-based violence One Stop Centres and various initiatives were supported to assist survivors and prevent incidence of such violence. Lastly, the Joint Team focused its efforts in assessing national AIDS spending and mobilizing additional resources to overcome the impact of COVID-19 and ensure the sustainability of the national HIV response.

PMTCT AND PAEDIATRIC CARE

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

Despite an increase in facility deliveries from 56% in 2013 to 80% in 2019, follow up services for HIV-exposed infants in immunisation/under five clinics remain low. The Joint Team in collaboration with the Office of the First Lady intensified advocacy efforts to scale up early infant diagnosis (EID) and treatment services for HIV-exposed children in high burden maternal and child health facilities. This has improved the follow-up of mother-infant pairs, with slight increases in EID from 21% in 2018 to 31% in 2020.

As a result of support provided to the Ministry of Health, 13 582 pregnant women received HIV testing and counselling (HTC) services and women found to be living with HIV were enrolled on PMTCT services.

Forty HIV/Syphilis Duo testing kits of 25 units each were procured to support the National AIDS Control Programme in the roll out of co-disease detection services among pregnant women. Procurement process for additional kits is underway to support scale up of co-disease detection services across the country.

Mothers2mothers (m2m) peer support groups were assisted to mobilize and engage communities promoting uptake of HTC and adherence to treatment services. During the COVID-19 pandemic, full scale implementation of integrated services was reactivated following a robust community engagement strategy dismissing the myths of COVID-19. To strengthen community-led HIV response, 44 mother peers were trained, improving their knowledge around responsible care for children and women living with HIV (with undisclosed status) and COVID-19 prevention mechanisms. Community awareness raising events on HIV and COVID-19, including condom distribution reached 1435 people (879 males and 556 females) in Montserrado.

HIV PREVENTION

TECHNICAL SUPPORT; CAPACITY BUILDING; COMMUNITY AWARENESS CREATION; PARTNERSHIPS

Contributing to Liberia's efforts of reaching 90% of the population with access to HIV combination prevention, the Joint Team supported the Ministry of Health to provide condoms for 50 326 young people while 23 049 accessed HTC in youth-friendly health corners. Ninety-three adolescents also received education on HIV prevention, healthy life skills, and safe choices.

The Joint Team also provided technical support to the Ministry of Health to increase coverage of sexual and reproductive health (SRH) services, including around antenatal care, child delivery, sexually transmitted infections (STIs) and family planning. As a result, 680 000 people accessed SRH services and more than 60% of these clients were young people. Nongovernmental organizations in Liberia also received financial and technical support to reach 130 263 women and girls with community-based family planning services.

The National Youth Policy and Action Plan, including the Comprehensive Sexuality Education (CSE) Facilitator Manuals, was finalized, and disseminated allowing 107 442 students to access CSE in 350 schools across Liberia. Close to 30 000 out-of-school youths, including students during lockdown, marketers, motorbike and *kehkeh* riders were reached with CSE through 185 outreach activities. During the national lockdown, more than 2500 in-school children and young learners listened in to 952 facilitated radio lectures on CSE.

GENDER, STIGMA, AND HUMAN RIGHTS

TECHNICAL SUPPORT; COMMUNITY MOBILIZATION; PARTNERSHIPS

Strategies to address sexual and gender-based violence (SGBV) were supported, including advocacy for a violence-free society; a national conference on SGBV; and continuous technical support to SGBV One Stop Centres. In 2020, 2107 survivors of SGBV accessed health and psychosocial support services at One-Stop Centres. The Liberian Women Empowerment Network and White Rose Alliance were supported to conduct sensitization events on SGBV among communities, mainly targeting traditional and religious leaders, with anecdotal evidence showing a change in perception on HIV and its relationship to sexual and gender-based violence.

The Liberia Council of Churches (LCC), a faith-based umbrella organisation, was supported to conduct several workshops aimed at increasing knowledge in HIV prevention, reducing HIV-related stigma and discrimination and for COVID-19 prevention within the faith community. The workshops reached over 100 church leaders and administrators, who in turn educated their respective congregation with an estimated 10 000 people in total. The Joint Team also facilitated the signing of a Faith Sector Communique with close to 30 Christian and Muslim places of worship pledging their commitment to the HIV response.

As part of the World AIDS Day commemoration, support was provided to a community sensitization event organized by LCC, which reached an estimated 2000 people with information on HIV-related stigma reduction and human rights messages. The Office of the First Lady and the National AIDS Commission organised a roundtable dialogue with national and traditional leaders, to re-invigorate the national HIV response and galvanize commitment for the reduction of HIV-related stigma and discrimination. The Joint Team supported this effort through provision of information and facilitated dialogue especially on HIV-related stigma and discrimination.

SUSTAINING THE HIV RESPONSE

TECHNICAL SUPPORT; COMMUNITY MOBILIZATION; PARTNERSHIPS; RESOURCE MOBILIZATION

Technical and financial support was provided for the implementation of a Catch-up Plan in 2019 and its sustained implementation in 2020 to hasten progress towards the Fast-Track targets, as well as for the development of the National HIV Strategic Plan (2021-2025), which included the 90-90-90 Fast-Track targets and evidence from the National AIDS Spending Assessment completed in 2020. Furthermore, as a result of technical support from the Joint Team, the National AIDS Commission redefined its mandate and role, focusing more on HIV leadership, coordination, and planning, with a leaner organizational structure.

The Joint Team provided strategic inputs to the PEPFAR Country Operation Plan (COP 2020) which incorporated the UNAIDS Fast-Track targets and committed US\$ 12 million for the national HIV response. COP 2020 embedded a social protection scheme in the treatment programme at its target health facilities, which provided vouchers to reimburse transport and meal expenses for key population. The programme also supported laboratory tests and outreach visits for general and key populations. These initiatives led to a significant decline in loss to follow up among people living with HIV.

Technical support was provided to the Country Coordinating Mechanism (CCM) resulting in an approval for a total of US\$ 37 898 987 for HIV, tuberculosis, and malaria responses from the Global Fund 2021-2023 grant period. Representation and active participation of the faith community and key populations in the CCM was enhanced leading to significant changes, including phasing out of drop-in centres for key populations and moving towards integrated services, and decisions on selection of civil society principal recipients. This grant is also expected to expand multi-month dispensing of ARVs, and support transitioning to Dolutegravir, introduction of pre-exposure prophylaxis (PrEP), and HIV self-testing.

CONTRIBUTION TO THE COVID-19 RESPONSE

In 2020, the Joint Team provided technical assistance to mobilize US\$3.3 million from the Global Fund COVID-19 Response Mechanism to support Liberia's effort to overcome the COVID-19 pandemic and minimize disruptions in HIV, tuberculosis, and malaria services. The funding will also be earmarked for the provision of infection prevention and control equipment and supplies for frontline workers to stop the transmission of COVID-19 and strengthening of laboratory capacity in the country.

The multi-month dispensing (MMD) of antiretroviral medicines (ARVs) was implemented to ensure access and adherence to treatment services for people living with HIV during the COVID-19 pandemic. By the end of 2020, over 17% people living with HIV on ART were receiving drugs for 3 months and more to take home. Key civil society partners, including networks of people living HIV and community-level adherence support activities were supported to scale up the MMD strategy and boost retention in treatment.

To alleviate the economic and social impact of COVID-19 pandemic, four networks of people living with HIV in Montserrado county received 150-250 bags of rice, 288 pieces of hand sanitizers, 200 gallons of chloride and 100 buckets with faucets to support their most vulnerable members, reaching over 1000 people living with HIV and their families. Similarly, engagement with 50 women and their communities on COVID-19 helped dispel misinformation while promoting preventive measures (e.g., hand washing and the wearing of masks). Some of these women were also encouraged to start income generating activities, including making cloth face masks to benefit themselves and their communities.

Three women's groups—the Liberia National Rural Women Structure, the Liberia Marketing Association, and the National Peace Hut Women of Liberia—were supported to roll out community-based sensitization events on HIV prevention and COVID-19 in three counties—Montserrado, Margibi, and Grand Bassa. A total of 979 community members (172 women and 807 men) and 706 urban market women benefited from these events. COVID-19 supplies and information and communication materials were also distributed.

The Joint Team established and supported a roving maternal health team which mentored 17 health facilities in the pandemic epicentres to identify high-risk pregnant women for immediate referrals. A total of 1254 pregnant women received antenatal care, 344 accessed childbirth services and 717 women and girls benefited from family planning services during lockdown period. With support from the Joint Team, one maternity unit for pregnant women and girls with confirmed COVID-19 cases was established in a COVID-19 treatment centre where seven pregnant women received quality obstetric care.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team is actively contributing to the implementation of the United Nations Sustainable Development Cooperation Framework (UNSDCF 2020 - 2024) which was signed by the Government of Liberia and United Nations in August 2019.

In partnership with the Liberian Women Empowerment Network (LIWEN), the Joint Team supported 88 young women living with HIV in improving their knowledge on business development and financial literacy skills. The young women also received start-up capital to initiate small businesses for income generation and are successfully managing their respective businesses.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>Condom procurement requires a clear strategy and projections to ensure partner coordination and consistent access to prevention commodities among target groups. Supply chain management system remain an area of national concern, leading to interruption especially ART, HTC, and condoms distribution services.</p>	<p>Provide technical support to strengthen the national condom programming - forecasting, innovative distribution, marketing, and promotion.</p> <p>Continue support to increase access to and availability of condoms within communities through identification of community-based strategic points for condom distribution.</p>
<p>The national response has largely focused on HIV testing, with low treatment uptake where only 15 000 people living with HIV accessed ART out of the 26 000 people living with HIV who know their HIV status. This is mainly due to weak referral system, where patients cannot afford the cost of required laboratory tests required before enrolling on ART and high transport costs as some closer health facilities do not provide ART services.</p>	<p>Provide technical support to strengthen differentiated service delivery models for HTC and ART initiation, adherence, retention, and viral load testing and suppression.</p>
<p>Coverage of early infant diagnosis remains low in Liberia.</p>	<p>Support the Government to close the gap in PMTCT programmes by increasing coverage of EID, follow-up of exposed infants, ensuring adherence to ART among pregnant and breastfeeding mothers living with HIV.</p>
<p>There is a high level of gender inequalities, especially amongst vulnerable girls and women which increases their risk of HIV infection and poor health outcome.</p>	<p>Provide technical and financial support to economically empower women and girls living with HIV and those most vulnerable to HIV infection, with access to information, capacity development, and livelihood opportunities in support of economic recovery.</p> <p>Strengthen the role of boys and men in the HIV response, working with women's groups and different CSOs targeting and working with men, to advance human rights, gender, and all other inequalities, transform harmful socio-cultural and religious practices and patriarchal masculinities.</p>
<p>Civil society organizations have limited organizational and technical capacity, though the commitment especially in key population and women's groups is commendable.</p>	<p>Provide capacity-building support for civil society organizations to scale up evidence informed HIV prevention programmes, targeting adolescent girls, young women, and key populations.</p>

<p>In recent years, Liberia has benefitted from increased resources for the national HIV response. However, these funds are dwindling. The Global Fund and PEPFAR are committed to address any financial and programme gaps in the HIV response provided the current allocation is utilized in a timely manner. However, Liberia's absorption capacity remains a challenge.</p>	<p>Participate in and support establishment and strengthening of national technical working groups, focusing on strategic priorities as defined in the National HIV Strategic Plan (2021 – 2026).</p> <p>Strengthen strategic partnerships including with PEPFAR through USAID and its implementing partners and the Global Fund principal and sub-recipients to leverage the work of the UN and for the overall national HIV response.</p>
<p>High levels of HIV-related stigma and discrimination are recorded in Liberia.</p>	<p>Increase advocacy and technical support to remove structural barriers of access to HIV services, including reducing stigma towards people living with HIV and key population. Also, support a coordinated response for the elimination of HIV related stigma and discrimination through the participation in the Global Partnership on Stigma and Discrimination.</p>

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