

Sierra Leone is one of the countries in Africa with a need to address the HIV/AIDS epidemic in the aftermath of war. However, the dynamics of HIV/AIDS transmission in the country to date is not well described as a result of the disruption of routine epidemiologic and behavioural surveillance infrastructure.

At the inception of the Sierra Leone HIV/AIDS Response Project (SHARP), there was a need for assessing the HIV/AIDS epidemic according to standard, acceptable epidemiologic methodologies, and then using these data to design and implement a strategic response in Sierra Leone.

The national population-based HIV serosurvey of 2002 was inconclusive but suggests a relatively low HIV seroprevalence in Sierra Leone, as compared with other sub-Saharan countries. The combined data from all sources suggest that Sierra Leone may be in a concentrated phase of an epidemic, with most of the infection within high risk populations.

Goal of M & E within NAS:

A pivotal role of the Monitoring and Evaluation (M & E) within the National AIDS Secretariat is to set up an M & E system that fully describes the HIV epidemic in Sierra Leone and also monitors the level of implementation of planned activities by NAS and its partners and to evaluate their impact.

Such a system would enable the secretariat to answer the following critical questions in relation to HIV/AIDS in Sierra Leone:

The levels and trends of HIV infection in Sierra Leone

Who is getting infected?

Populations at most risk or vulnerable to HIV

The impact of the epidemic in Sierra Leone

What are the resources needs?

Are the current response is effective?

Strategy

In order to address these 6 questions, the National AIDS secretariat has developed a comprehensive plan encompassing four key components: (1) Biological surveillance, (2) Behavioural surveillance, (3) Program Activity Monitoring, (4) Essential Research. Biological Surveillance: At the on-set of NAS, the M & E unit designed a biological surveillance plans that matches surveillance plans appropriate for low national HIV prevalence countries. This included setting up a system for systematically collecting data to describe the magnitude and trends of the HIV epidemic in the general population and in potential high-risk populations. This package includes activities in the following areas: Conducting systematic regular biological surveillance activities among antenatal women, because HIV prevalence among antenatal populations could be used as a proxy for estimating national HIV prevalence rates. Conducting regular biological surveillance among high-risk sub-populations (e.g. CSWs, occupational cohorts such as military, diamond miners, truckers, sea farers, etc.) and their bridging groups to complement HIV sentinel surveillance among pregnant women. This is because the low national prevalence rates may mask the concentrated nature of the epidemic among specific populations. Behavioural surveillance: To understand the behaviours that predispose people to HIV infection, priority was given to conducting repeat cross-sectional surveys in selected sub-populations of interest and also in the general population. Such a combined behavioural and biological approach to surveillance in the general population and amongst high-risk groups provides baseline data, evaluates targeted interventions and anticipates future trends in the national epidemic. Program Activity Monitoring: In order to determine of level of implementation of planned activities and to track the activities of SHARP grantees, priority was given setting-up a program activity monitoring system. Such a system is expected to be simple, structured, and standardized, to track how Non SHARP and SHARP grant recipients are performing and what services they are providing. Essential Research Some priority was given to conducting essential social and biological research to get indepth understanding of the HIV transmission dynamics within the country. It was planned that NAS set aside modest financial resources for at least

three intervention studies evaluating prevention care and support with national research institutions and external cooperation. These studies were intended to provide additional information that cannot be obtained from routine surveillance and data collection system, for planning effective interventions.