National AIDS Secretariat

Office of The President

ANNUAL REPORT 2022

Table of Contents

List of Tables

List of Figures

List of Acronyms:

AAITG	Action Aid International The Gambia
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retro Viral
BMCH	Bundung Maternal & Child Health Hospital
CCM	Country Coordinating Mechanism
CP	Condition Precedent
EFSTH	Edward Francis Small Teaching Hospital
GFPA	Gambia Family Planning Association
HCT	HIV Counseling and Testing
HIV	Human Immuno-Deficiency Virus
HOC	Hands on Care
KMC	Kanifing Municipal Council
KP	Key Population
LRR	Lower River Region
MAC	Municipal AIDS Committee/Coordinator
MOH	Ministry of Health
MOU	Memorandum of Understanding
MRC	Medical Research Council
NAC	National AIDS Council
NACP	National AIDS Control Program
NAS	National AIDS Secretariat

NBR	North Bank Region
NCPI	National Composite Policy Index
NPHL	National Public Health Laboratory
OIs	Opportunistic Infections

1.0 FOREWORD

The year 2022 has been challenging as COVID 19 and its related lockdowns continued to pose a major threat to the response to HIV and AIDS, and TB in The Gambia and Worldwide. On Ma Marchth2020, the World Health Organization declared COVID19 a pandemic and instituted a global response plan. The critical elements of the plan included, but were not limited to frequent hand washing, social distancing, and use of facial masks as well as case detection, isolation and treatment.

During the first wave of COVID-19, social disruption associated with the pandemic impeded access to regular healthcare, including for people living with HIV (PLHIV), potentially resulting in antiretroviral therapy (ART) interruption. The programme noted a sharp decline in the number of PLHIV on ART during the first quarter following the COVID outbreak. For instance, 8299 PLHIV were already on treatment as of January 2019 prior to the onset of the covid19 pandemic in The Gambia in 2020. By June 2020, this figure declined to 7472. The picture was the same for HIV testing services in the general population. In 2020,32040 people were tested while in 2021 37941 people were tested in the general population. For PMTCT Counselling and testing 65527 pregnant women tested in 2020 against 76383 in 2021. The program continued to recover from the effect of COVID-19 and as of end December 2022, remarkable achievement has been recorded in all the service delivery areas (SDA) as highlighted in the report.

Furthermore in 2022, The Global Fund engaged the services of FHI 360 to assist the country in the delivery of Differentiated Service Delivery Strategic Initiative for The Gambia with the overall objective to provide expert technical assistance in order to improve the efficiency and quality of HIV services through early diagnosis, high treatment coverage, treatment retention and viral load suppression. DSD for HIV services can help countries reach their 95:95:95 global targets. Consequently, a qualitative assessment to determine DSD implementation in The Gambia was conducted with derived recommendations for its effective implementation.

The 2022 NAS Annual Report looks at the results achieved in the national response to HIV and TB through the twelve intense and challenging months. Successes registered in the areas of prevention, treatment care and support services relative to the response against HIV and TB have been highlighted. It also accounts for our role in the response to COVID-19 as the coordinating authority for the national response to HIV and AIDS. Undoubtedly, COVID -19 has provided lessons we must embrace as we continue to strengthening the national response to HIV and TB in The Gambia.

To end AIDS and TB, we must focus on the intersecting injustices that drive new HIV and TB infections and prevent people from accessing services. It also requires an explicit focus on tackling inequalities, upholding human rights, and achieving gender equality. It also requires more meaningful involvement of vulnerable populations and people affected by HIV and TB. There is a felt need for increased domestic funding to sustain response. Thank you for looking at our work, as highlighted in this report. With your support and collaboration, we have come this far. Together, we can end AIDS and TB in The Gambia.

Ms. Adama Drammeh

Director

2.0 ACKNOWLEDGEMENTS

The National AIDS Secretariat appreciates the invaluable contribution of government, the Ministry of Health, non-governmental organizations, the private sector, the UN family, civil society organizations, and people living with HIV. Special gratitude is extended to the Country Coordinating Mechanism (CCM), Sub-Recipients, and other implementing partners for their positive contribution to the national response to HIV and AIDS. Likewise, most profound appreciation and gratitude are extended to the Global Fund Secretariat for continuously providing the required financial resources and technical support, without which it would have been very challenging to register the progress we realized in the national response. Sincere commendation is extended to the Chairman of the National AIDS Council, H.E. President Adama Barrow, for providing the enabling environment and strengthening the National AIDS Secretariat to push the HIV/TB, gender and human rights agenda in the country. Similarly, over the year in review, The Office of The First Lady, Madam Fatou Bah Barrow has shown a firm stance and commitment to the Prevention of Mother To Child Transmission.

The entire Secretariat and the regional staff and partners are applauded for their dedication and exemplary team spirit towards work and positive contribution to the national response, which enabled the NAS to deliver on her obligation as the National Coordinating Authority.

Bravo to all Partners

3.0 EXECUTIVE SUMMARY

The National AIDS Secretariat continues to deliver on its mandate of coordination resource mobilization and monitoring of the national response, fulfilling its responsibility as a Principal Recipient (PR) for the Global Fund New Funding Model Grant. The 2022 Annual Report is primarily based on activities implemented under the Global Fund New Funding Model Grant three, highlighting achievements, best practices, lessons learned, and challenges encountered during the period under review.

The Service Delivery Areas (SDA) under the purview of NAS are mostly Coordination and health facility-based interventions. These include Post Exposure Prophylaxis (PEP), HIV Counseling and Testing (HCT), Prevention of Mother to Child Transmission (PMTCT), HIV Clinical Care and Anti-Retroviral Therapy (ART), TB prevention and control, Case management and treatment in addition to ongoing program management HIV Counseling and Testing services are provided through static health facilities and community outreach approaches. The program is intensifying both the client and provider- initiated counseling and testing approaches to increase uptake on HCT. Other strategies, such as demand creation by the partners involved in community HIV prevention programs and on-going outreach services, are paying dividend on HCT uptake. However, stigma and denial associated with the disease continue to affect HCT service delivery.

Under the PMTCT Counseling and Testing Services, the program attained 101% of the 2022 target. The program also recorded 59% of the 2022 target of PMTCT ART Services. Routine programme data for counseling and testing for both HCT and PMTCT revealed an achievement of 9.6% of the general population 15 to 49 years in 2022 which is slightly lower than 9.7% achievement in 2021

The program registered a significant number of PHLIVs on ART with an overall 9554 currently on ARV, representing 76% of the year's target. Out of the cumulative 9554 PLHIV on ART, 562 are children < 15 years and 8992 are adults > 15 years and above. This provides evidence for more enrolment of PLHIV on ART, particularly children. With the adoption of the latest WHO consolidated treatment guidelines, it is envisaged that more people will be put on treatment.

4.0 Introduction

4.1 HIV epidemic in The Gambia

The analysis of the HIV epidemic in The Gambia focuses on both the general population and KPs and identifies the vulnerability factors exposing various populations to HIV infection. The characteristics of the HIV epidemic in The Gambia mirror those prevailing in other West African countries. Countries in this region have a low HIV epidemic (less than 3%) with a high prevalence among KPs.

This report intends to highlight the progress registered, strengths, lessons learned, and the key challenges experienced during the period under review. The report covers the New Funding Model period of January-December 2022. Implementing the Global Fund NFM 3 grant for 2022 was characterized by the continuation of new innovative interventions to PMTCT and ART services. These includes the use of single- pill therapy and community outreach services and multi- month dispensing. Also, there has been improvement in procurement and supply chain management with PPM, as well as service data quality.

Goal: To accelerate achievement of the 95-95-95 targets in line with Global targets as per the Global AIDS Strategy.

The specific objectives are to:

1. Increase the proportion of PLHIV who know their status from 43% to 95% by 2025.
2. Increase the proportion of PLHIV on treatment from 68% to 95% by 2025.
3. Increase the proportion of PLHIV on treatment who are virally suppressed from 19% to % 95 by 2025.
4. Ensure Zero stigma and discrimination and enhance the human rights of PLHIV
5. Facilitate a Sustainable National Response to HIV and AIDS

The main emphasis of the program is on effective behavioral change and stigma reduction interventions; expanding access to a range of HIV and AIDS- related services at facility and community levels, specifically HIV Counseling and Testing (HCT), Prevention of Mother-To-Child Transmission (PMTCT) of HIV, prevention and treatment of Opportunistic Infections

(OIs), access to well monitored Anti-Retroviral Therapy (ART), care and support for people living with HIV (PLHIV), orphans and vulnerable children (OVC).

Like the previous grant, which was coordinated by NAS, Action Aid International, The Gambia (AAITG) is the second Principal Recipient (PR) identified by The Gambia Country Coordinating Mechanism (CCM) to manage the community prevention programs (relating to objectives 3,4 & 5) while NAS focuses on the health facility-based HIV programs and health system strengthening component. The purpose of having two PRs is to improve coordination and strengthening public-private partnership in the HIV and AIDS response.

The duration of the current grant is two years and three months. The total grant amount is $15,974,728 for TB/ HIV and AIDS and RSSH

For effective implementation of the NFM 3 grant five Sub-recipients (SRs) were selected namely:

1. National AIDS Control Programme (NACP)
2. National Leprosy and TB Control Programme (NLTP)
3. Edward Francis Small Teaching Hospital (EFSTH)
4. Directorate of Planning and Information (DPI)
5. Hands On Care (HOC)

Thus, in 2022 all the SRs continued to provide services as agreed in the Memorandum of Understanding (MOU) with NAS. In addition to the above-mentioned SRs, there are other Sub-sub-recipients (Sub-grantees) involved in the implementation of HIV and TB Services namely: NPHL, NPS, SOS Clinic, ECG and Catholic Mission Clinics. These entities also have agreements to implement activities on behalf of the SRs.

4.2 Coordination & Monitoring

Recognizing the importance of coordination and monitoring in the national response, the NAS, through its various multi-sectoral committees and taskforce, namely: National HIV and AIDs Coordinating Committee; National Monitoring and Evaluation Reference Group (MERG); Regional AIDS Committees, TB/HIV Collaborative Committees, Clinical Mentoring Team and National HIV Training Taskforce continue to provide support and guidance during implementation.

In addition, the NAS and AAITG, through a joint agreement, established a coordinating body to support and provide oversight on grant implementation. Joint review meetings were held quarterly with partners to review progress, identify solutions to challenges, and share experiences and best practices realized during implementation.

4.3 Geographical distribution of HIV/AIDS service sites

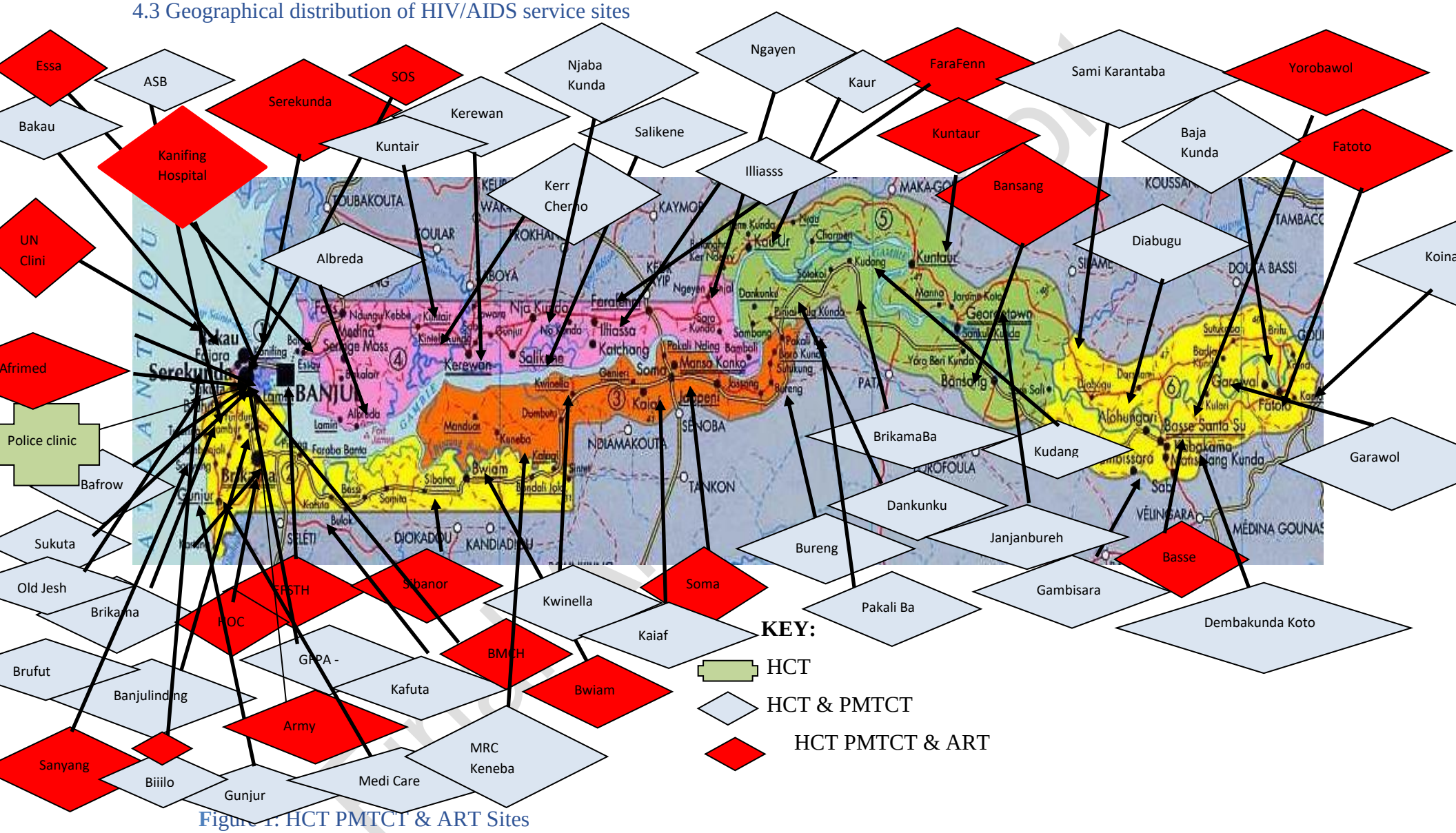

Figure 1: HCT PMTCT & ART Sites

5.0 REVIEW OF KEY PROGRAM TARGETS 2022

The table below highlights the four (4) critical indicators for the HIV and AIDS intervention program. There was no target set for the number of people from 15-49 years receiving and knowing their HIV status in NFM3. However, a total of 120,090 clients were tested and received their posttest results in 2022 compared to 114,2013 in 2021. In reaching pregnant women with HCT and knowing their results, the program reached 78,135 in 2022 compared to 75,383 in 2021.

The Prevention of Mother to Child Transmission of HIV provides HIV positive pregnant women with a complete course of ARV treatment to reduce the risk of transmission to their children as well as enhance the health of the mothers. The programme provided treatment to 661 women in 2022 compared to 568 in 2021.

The last but not the least key indicator is the number of adults and children with advanced HIV infection currently on ART. As per the program target, 76% coverage was attained for both adults and pediatrics ART. However, going by the global target, ART coverage among all PLHIV in 2022 remains relatively low at 37% (Adults, ages 15+ is 38%), (Children, ages 0–14 is 25%)

The Country like many others in the sub-region is lagging in reaching UNAIDS 95-95-95 targets. The Gambia's achievement against these targets, reported in the latest UNAIDS estimates 2023 shows that 59% of all PLHIV in The Gambia know their HIV status, that 65% of those PLHIV are on ART, and only 26% has achieved viral suppression during this period.

5.1: HIV 95-95-95 Targets all population for The Gambia's 2022

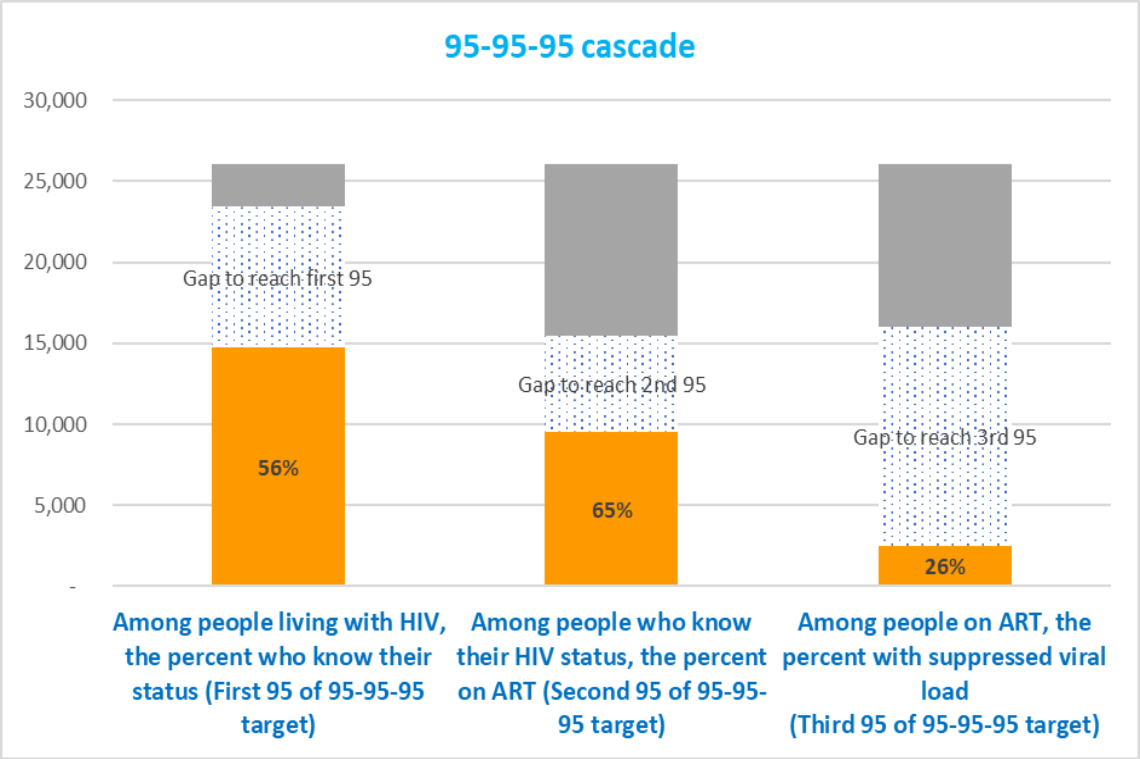

Figure 2: Gambia's Achievement of the 95-95-95 Targets all population. Source spectrum 2023 estimates for The Gambia

Table 1: The Gap to reach each 95-95-95 Targets all population. Source spectrum 2023 estimates for The Gambia

	95-95-95	Gap to reach each 95 (%)	Gap to reach each 95 (#)	95-95-95 achievement	Remaining PLHIV	
PLHIV who know their status	56%	39%	10,048	14,717	1,303	Gap to reach first 95
PLHIV on treatment who know their status	65%	30%	7,450	9,554	9,064	Gap to reach 2nd 95
PLHIV who are virally suppress on ART	26%	69%	16,305	2,455	7,308	Gap to reach 3rd 95

In The Gambia, 95-95-95 performance is far below the targets. Overall, there are more gaps among children than adult, and male than female.

First 95-among the PLHIV, only 56% know their status, Male (48%), Female (67%), Children (25%). Overall. There are more gaps among children and men than female (Spectrum 2023).

Second 95-among those who know their status, only 65% are on ART. However, only 37% ART coverage among the total estimated PLHIV with Male (23%), F (47%), Children (25%). Males have more gap than females.

For the third 95-among people on ART, only 26% are virally suppressed (third 95). While there is a gap in the proportion that knows their status. This gap becomes more significant at second and third 95s.

Table 2: Key Program Indicators 2022

Indicators	Target	Result	Achievement %
Number and of people (15-+ yrs.) who received HCT and know their status	37942	41955	111
Number and % of pregnant women who received HCT and know their status	77162	78135	101
Percentage of HIV-positive pregnant women who received ART during pregnancy	1177	661	59
Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	95%	76%	37%

5.1 Service Delivery Area (SDA): Post Exposure Prophylaxis (PEP

Post Exposure Prophylaxis (PEP) is an essential component in HIV services. Thus, the program has already implemented mechanisms at public and private health facilities to continuously provide PEP services and follow- ups to ensure effective utilization since the beginning of the Round 8 grant. Overall, a total of 76 facilities are implementing PEP services.

5.2 Service Delivery Area: HIV Counseling and Testing (HCT) 2022

HIV counselling and testing has experienced very rapid growth since it was launched in 2004. HIV counselling and testing have contributed significantly to the reduction of stigma associated with HIV/AIDS and the promotion of behavioral change. It has also facilitated access to prevention, care, and treatment for the people living with HIV/AIDS.

The approaches to HCT in The Gambia have shifted over the years from primarily client- initiated to the broad scope of methods that are currently in place, such as facility- based counselling and testing, Provider initiated counselling and testing and outreach HIV counselling and testing. In 2022, a total of 42,206 clients were pre-test counseled for HIV and out of which 99.4% (N= 41,955) were tested. Of the 41,955 who were tested, 99.8% (N= 41,901) clients received their post test results. A total of 2,561 clients were HIV positive representing 6.1% prevalence rate among those who were tested in the general population.

Of those who tested positive, HIV 1 accounts for 89.7% (N = 2298), HIV 2 – 8.1 % (N = 208) and Dual HIV 2.1% (N = 55) respectively. With regards to gender differences on the uptake of HIV counselling and testing, fewer females 43% (N = 17921) compared to males 57.3% (N=23978) received a test during the year under review. However, it is important to note that, 63% (N = 1619) among the total positives are female and only 37% (942) were male.

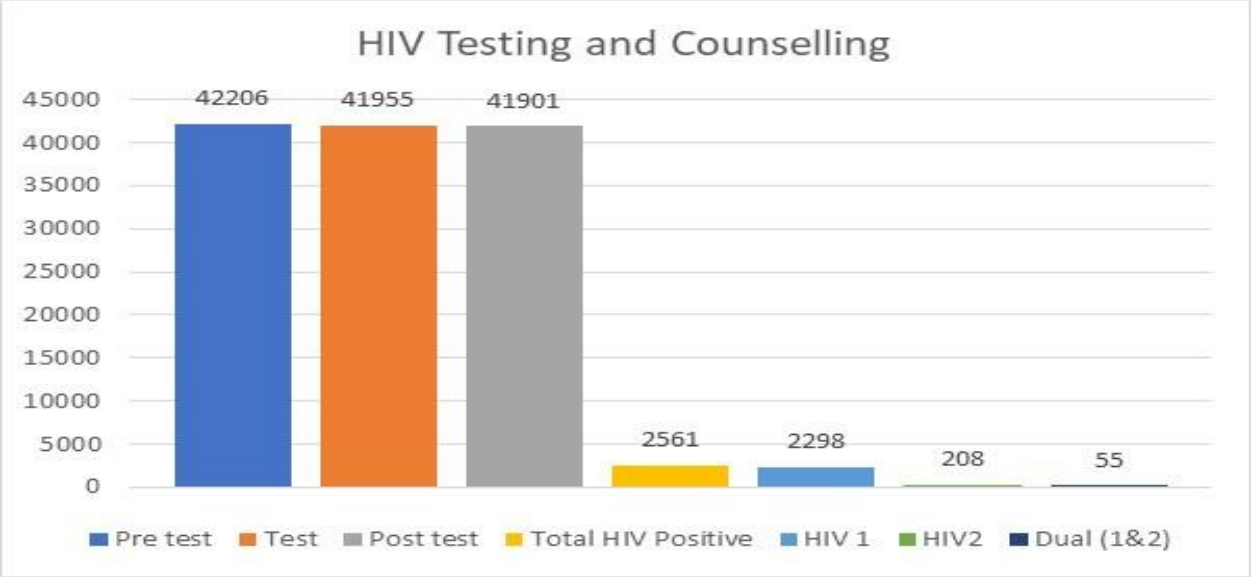

Figure 3: HIV Counselling and Testing General Population

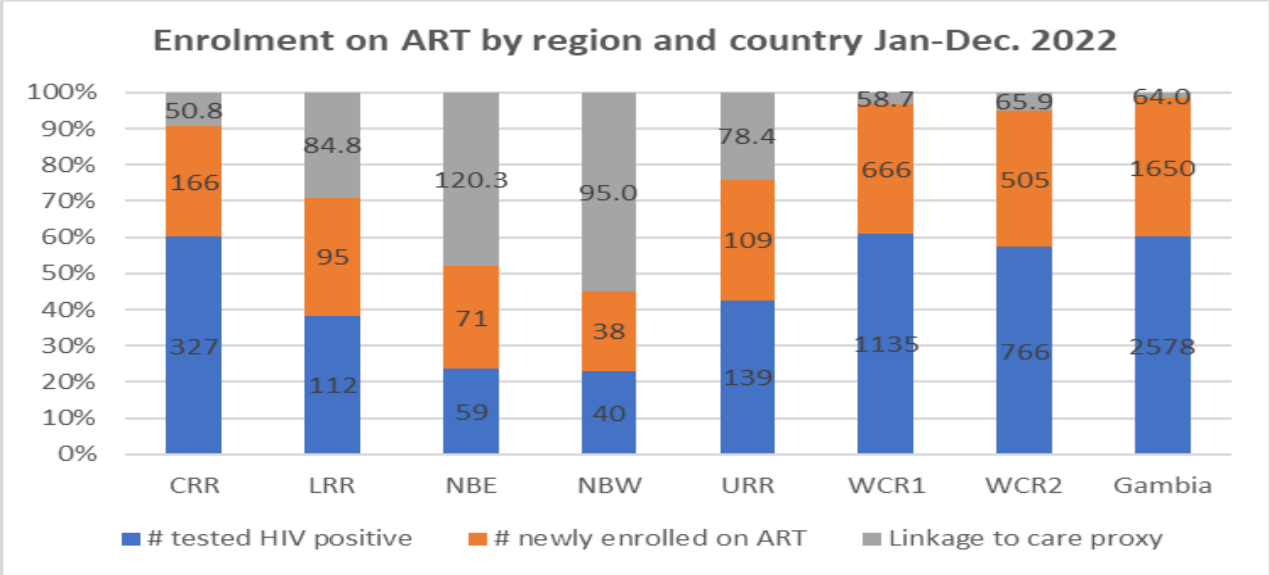

Figure 4: Linkage to care by Region and Country for those tested HIV positive (January-December 2022) General Population

The figure 4 above indicates the linkage to care by region and country. The proportion of clients who were tested HIV positive and link to care is highest in North Bank East region 120% which could be as a result of clients who tested positive in the previous year but did not start treatment in the same either because of denial or other related factors and now enrolled this year, followed by

North Bank West 95% and the lowest observed in Central River Region. Nationally, the proportion of those tested HIV positive and link to care is 64%.

5.3 Service Delivery Area: Prevention of Mother-to-Child Transmission (PMTCT) 2022

A total of 78258 were pre-test counseled, 78,135 tested and 78,120 post-tests counseled, almost all clients, 99% who were pretested, received their post-test results in 2022. Of the 78,120 clients who were post-tested, 579 tested positive for HIV infection which indicates 0.7% positive rate among antenatal attendances. HIV-1 account for 538 (93%), HIV-2 accounts for 38 (7%) and HIV-1&2 3 (0.5%).

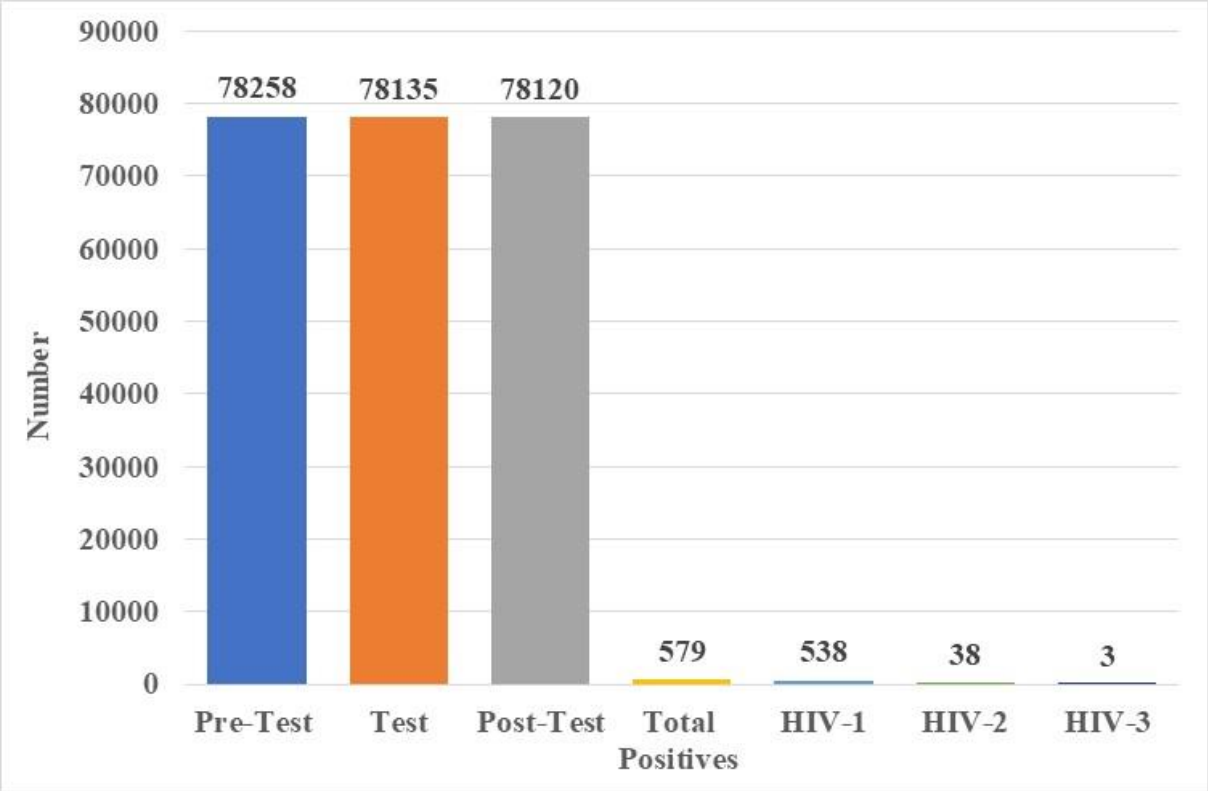

Figure 5: PMTCT HIV Counselling and Testing

5.4 ART SERVICES

A total of 8,833 patients/clients are currently on ART for the year under review. Out of the total patients/clients on ART, HOC recorded 2476 (28%), EFSTH 1247 (14%) and Kanifing General

Hospital 972 (11%). These three facilities account for slightly more than 50% of total ART patients/clients.

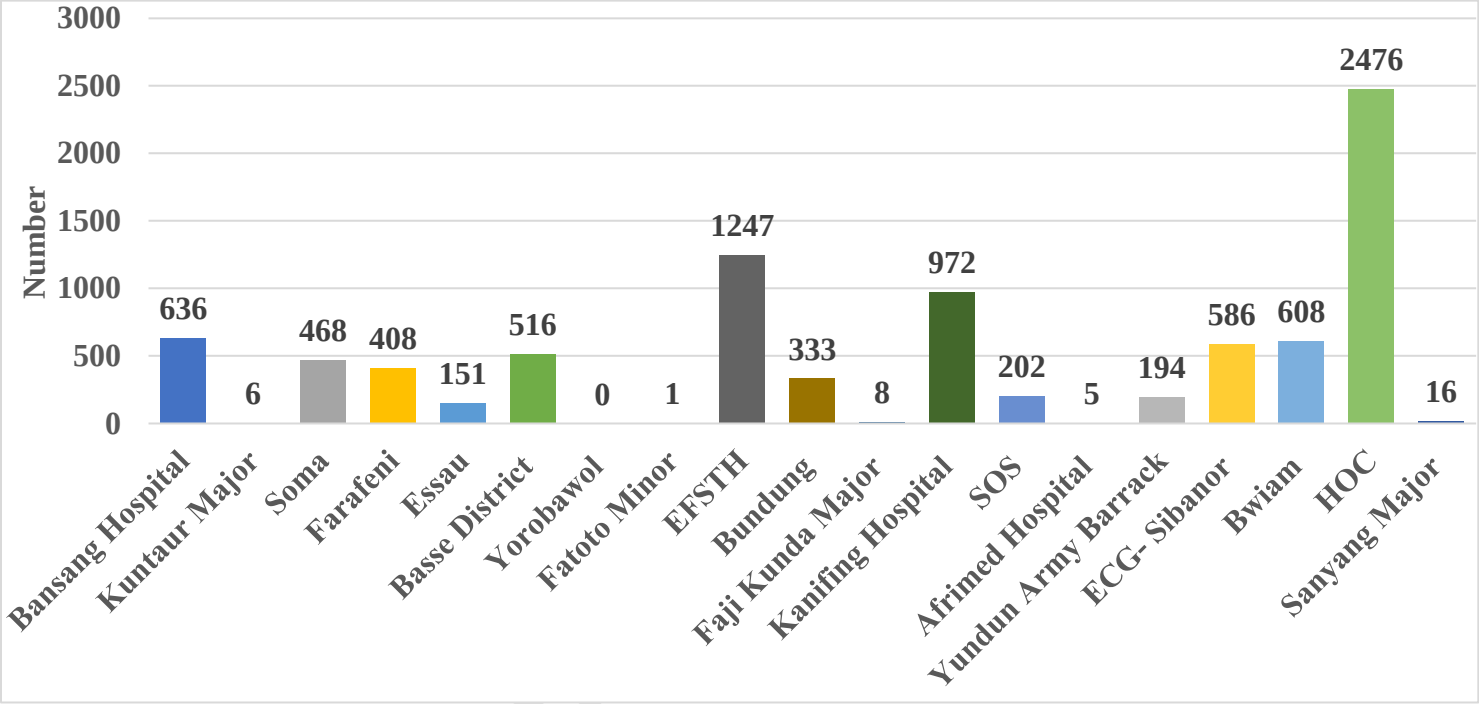

Figure 6: Shows currently on treatment by ART site 2022 December

5.5: HIV Treatment Centres in Regions across the Country

In The Gambia, there are 23 HIV Treatment Centers across the country. Five (5) ART centers in Western 2 health region, Eleven (11) ART centers in western 1 health region, one (1) in Lower River Region, two (2) in Central River Region, three (3) in Upper River Region, one (1) in North Bank Region East and one (1) in North Bank Region West.

Table 3. Showing 23 HIV Treatment Centres in Regions across the Country

Regions	Number of ART Sites	Facility Names
Western 1	11 ART centers	EFSTH Kanifing General Hospital AFRIMED International Hospital Fajikunda Health Centre Serrekunda Health Centre SOC Mother and Child Clinic Bundung Maternal and Child Health Hospital, Elemente Specialist Hospital Yundum Army Clinic Fajara Army Clinic UN Clinic
Western 2	4 ART centers	Hands on Care Sanyang Health Center Bwiam General Hospital ECG Sibanor Health Center
Lower River Region	1 ART center	Soma District Hospital
Central River Region	2 ART center	Bansang Hospital Kauntaur Health Centre
Upper River Region	3 ART center	Basse District Hospital Fatoto Health Centre
North Bank Region East	1 ART center	Farafenni General Hospital
North Bank Region West	1 ART center	Essau District Hospital

5.6 HIV Treatment in General Population December 2022 (viral load test & suppressed and died on ART) January-December 2022

As of December 2022, a total of 8833 patients were on ART among the general population, of which 562(6%) are under 15 years of age and 8271 (94%) are adults above 15 years of age. Female constitutes 73% (6473) of the total PLHIV on ART in the general.

With regards to viral load testing among PLHIV on ART, a total of 4008 PLHIV had viral load testing (45%) in 2022 and only 28% (2473) had viral suppression. There were 216 AIDS related deaths among PLHIV on ART, of which 89 and 127 were male and female respectively. Female accounts for 59% of the total deaths.

Table 4: Shows PLHIV Currently on ART December 2022 in General Population & Viral Load Test & Suppressed and Death by Gender January-December 2022

Currently on Treatment					**Viral Load Test**			**Viral Load Suppressed**			**Died on ART**		
<15 Years		**> 15 Years**		**Total**									
Male	Female	Male	Female	**ART**	Male	Female	**Total**	Male	Female	**Total**	Male	Female	**Total**
283	**279**	**2077**	**6194**	**8833**	**1071**	**2937**	**4008**	**622**	**1851**	**2473**	**89**	**127**	**216**

5.7 PLHIV Currently on ART (General Population) by Sub- Recipient (SR) as of December 2022

The table below indicates PLHIV currently on ART by sub recipient as of December 2022. Most of the PLHIVs on ART 5110 (58%) were receiving treatment from MOH/NACP, followed by HOC 2476 (28%) and EFSTH 1247 (14%). This indicated that more than half of the total patients on treatment are under MOH/NACP.

Table 5: Shows PLHIVs Currently on ART (General Population) by Sub- Recipient (SR) December 2022

Sub-Recipient	Currently on Treatment					Viral Load Test			Viral Load Suppressed			Died on ART		
	< 15 years		> 15 years		Total									
	M	F	M	F	ART	M	F	Total	M	F	Total	M	F	Total
MOH/NACP	190	165	1222	3533	5110	320	989	1309	113	371	484	49	85	134
HOC	62	85	526	1803	2476	576	1525	2101	372	1144	1516	35	38	73
EFSTH	31	29	329	858	1247	175	423	598	137	336	473	5	4	9
Total	**283**	**279**	**2077**	**6194**	**8833**	**1071**	**2937**	**4008**	**622**	**1851**	**2473**	**89**	**127**	**216**

5.7: Antiretroviral Therapy (ART) pregnant Women (PMTCT)

A total of 661 women were found to be on ART at the end of December 2022. However, viral load testing remains a challenge for the HIV- positive mothers that are receiving treatment. Only 134 viral load tests were conducted, of which 22 had viral suppression.

Table 6: Shows PLHIVs Currently on ART (PMTCT) by Region December 2022

Region	<15 Years	>15 Years	Viral Load Test	Viral Load Suppressed
CRR	0	74	21	1
LRR	0	30	7	4
NBE	0	18	2	2
NBW	0	34	13	1
URR	0	72	20	0
WR1	0	301	26	13

WR2	0	132	45	1
Gambia	**0**	**661**	**134**	**22**

5.8 EXPOSED INFANTS

Mother-to-child transmission of HIV (MTCT) is the most prevalent source of pediatric HIV infection even though pediatric HIV is almost entirely preventable. During the period under review, 335 infants were born to HIV positive mothers and 337 received ARV prophylaxis for the first time. To measure the effect of PMTCT services, infants born to HIV positive mothers are tested for HIV at 6 to 8 weeks, 9 and 18 months respectively. During the period under review, a total of 571 exposed infants were supposed to be tested for EID and Antibody tests. Early infant testing at 6 weeks has been a challenge for the programme, however, there has been an improvement in the testing rate at 6 weeks. Out of the 337 that were born to HIV positive mothers and received ARV prophylaxis 284 received virological test at 2 months representing 84% testing rate in the year.

Among the 284 that were tested, 7 tested HIV positive representing 2.5% positivity rate. None received virological test at 9 months and 128 received serology test at 18 months and registered 2 positives which accounts for 1.6% positive rate. A total of 352 infants received co-trimoxazole prophylaxis at 2 months.

5.9 OPPORTUNISTIC INFECTIONS

Figure 7 below shows that a total of 5335 opportunistic infections were recorded. Acute Respiratory Infection accounts for 1809 (34%) and the most frequent opportunistic infection seen among PLHIVs on ART, followed by diarrhea 1731 (32%) and Pneumonia 695 (13%) respectively. Central River Region recorded the lowest for the year under review.

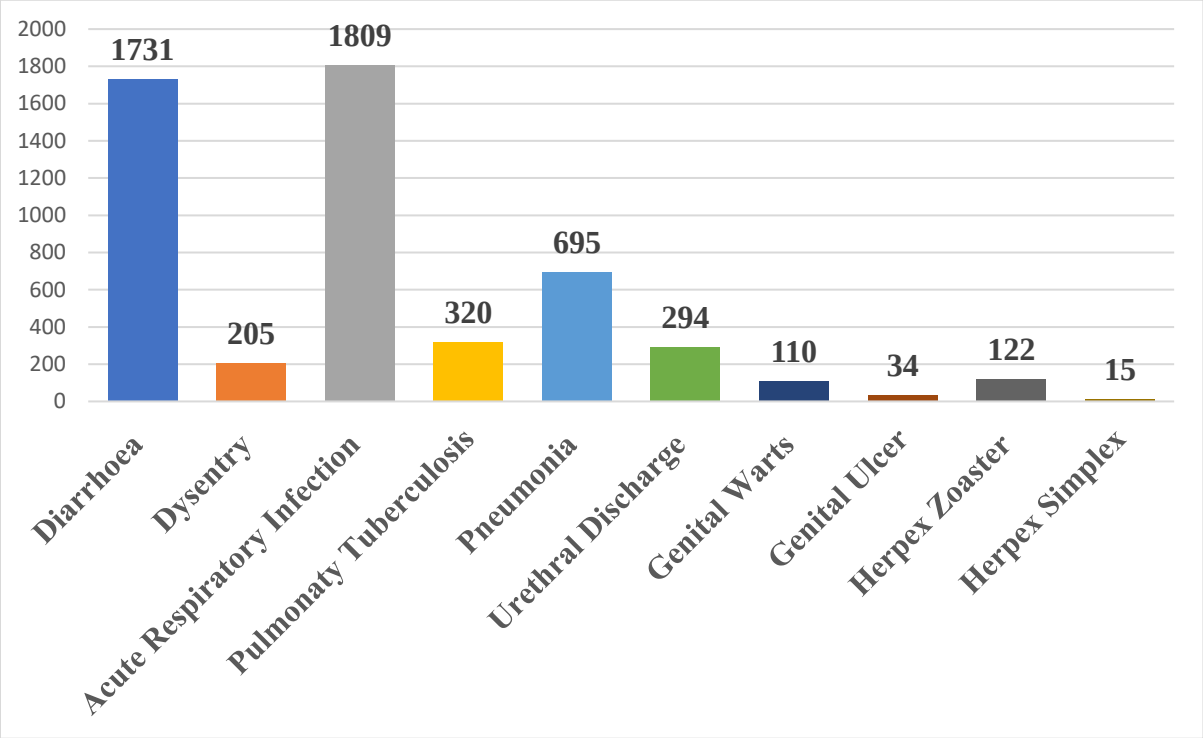

Figure 7: Shows prevalence of Opportunistic Infections January-December 2022

Table 7: Shows Prevalence of Opportunistic Infections by Health Region January-December 2022

Opportunistic Infections	CRR	LRR	NBE	NBW	URR	WR1	WR2	Total
Diarrhea	0	40	103	4	42	1239	303	**1731**
Dysentery	0	7	0	0	9	141	48	**205**
Acute Respiratory Infection	5	95	34	2	45	1141	487	**1809**
Pulmonary Tuberculosis	2	5	10	21	4	235	43	**320**
Pneumonia	0	66	0	4	0	581	44	**695**
Urethral Discharge	0	23	14	0	8	144	105	**294**
Genital Warts	0	0	50	0	0	24	36	**110**
Genital Ulcer	0	2	0	0	0	7	25	**34**
Herpes Zosters	0	0	0	0	0	11	111	**122**
Herpes Simplex	0	5	0	1	2	2	5	**15**
Total	**7**	**243**	**211**	**32**	**110**	**3525**	**1207**	**5335**

6.0 : TB/HIV Collaborative Services

Tuberculosis (TB) is one of the common opportunistic infections among PLHIV. To improve the quality of life of PLHIV co-infected with TB, it is necessary for them to have access to treatment of TB. As per the TB NSP 2018-2022, the program intends to counsel and test 100% of TB patients. The proportion of patients with known HIV status stands at 90% in the year 2022, of those counselled and tested 13.7% were HIV positive.

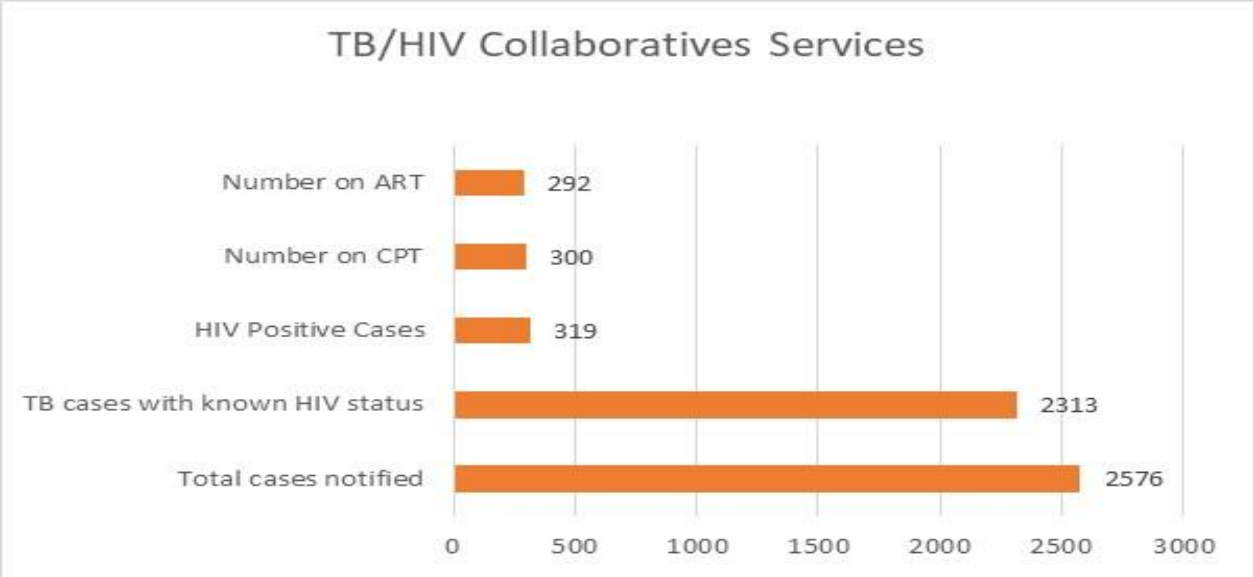

Figure 8: TB/HIV Collaborative Services

6.1 2023 HIV estimates Using Spectrum Projections

Below are selected Epi graphs from the Gambia 2023 HIV estimates file by UNAIDS.

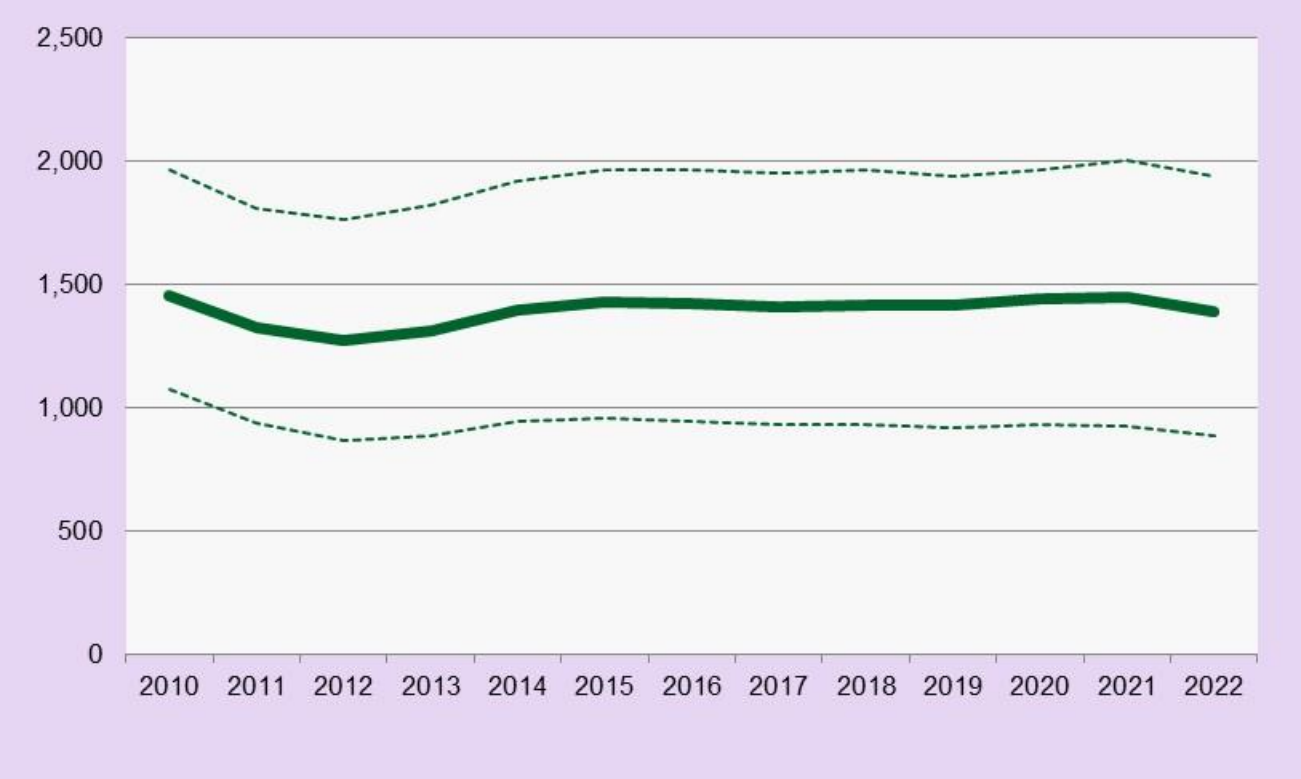

Figure 9: Estimated AIDS Related Deaths in The Gambia 2022

The UNAIDS 2023 HIV graphic estimates above revealed a down trend AIDS related Deaths in The Gambia for all ages in 2022.

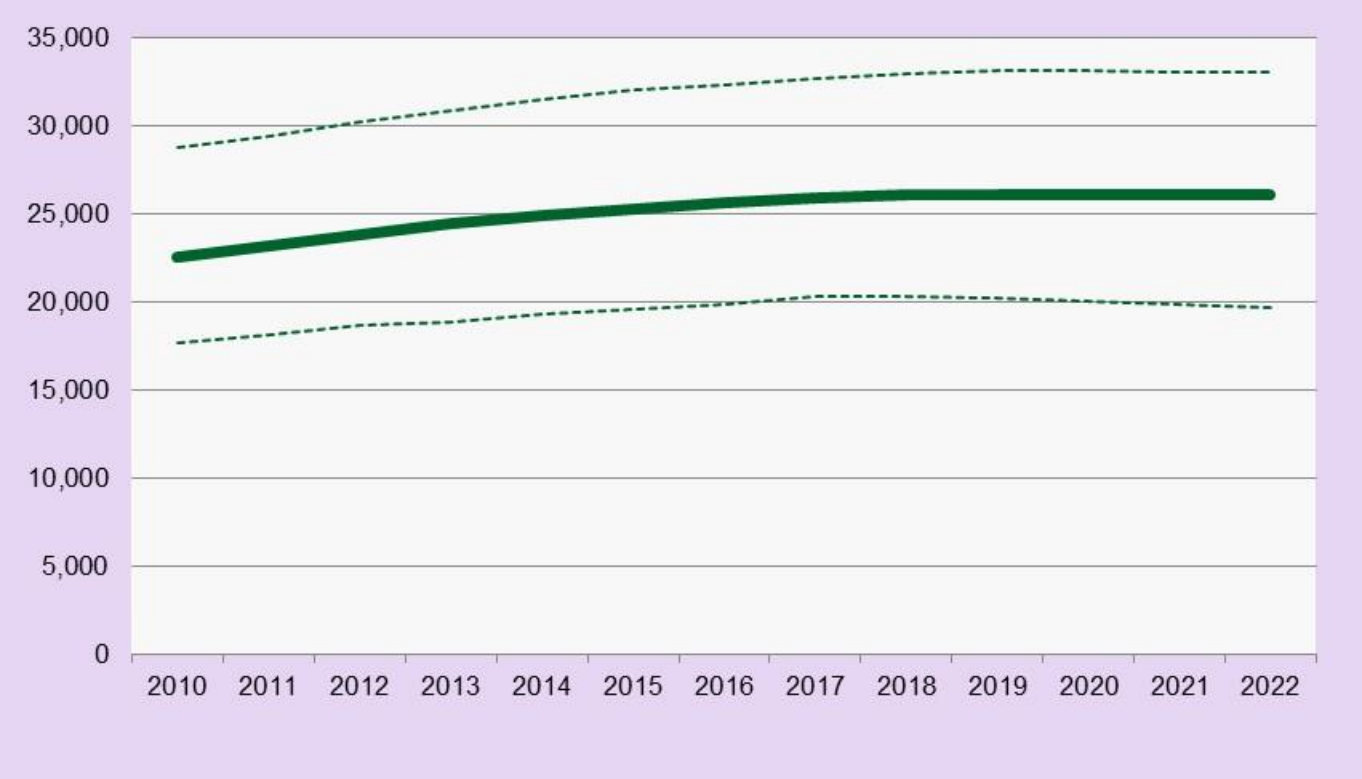

Figure 10: Number of people living with HIV

The spectrum 2023 estimates shows that there are 26,068 PLHIV in the country as depicted in the graph above.

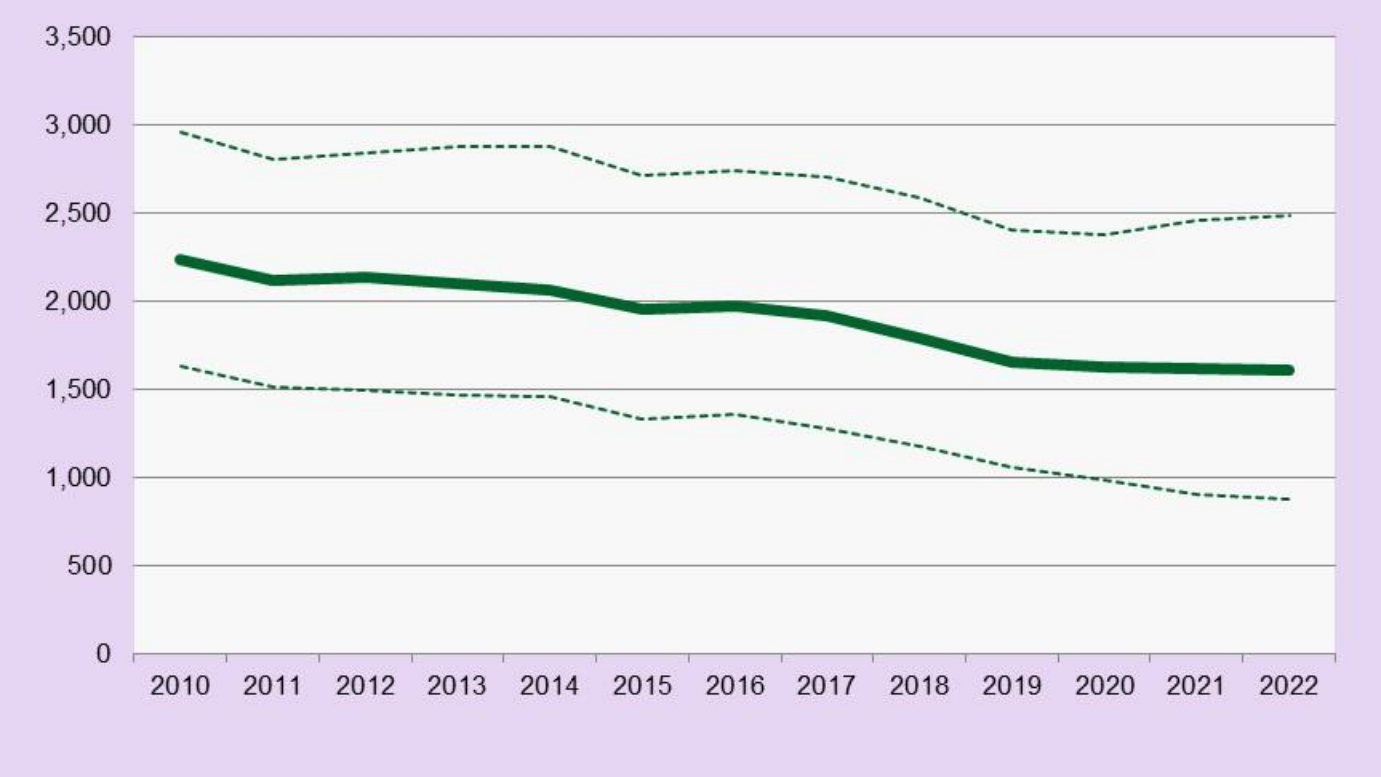

Figure 11: New HIV Infections at national levels-Gambia 2022

As shown in the graphic estimates, the number of HIV new infections a down trend in the number of new infections

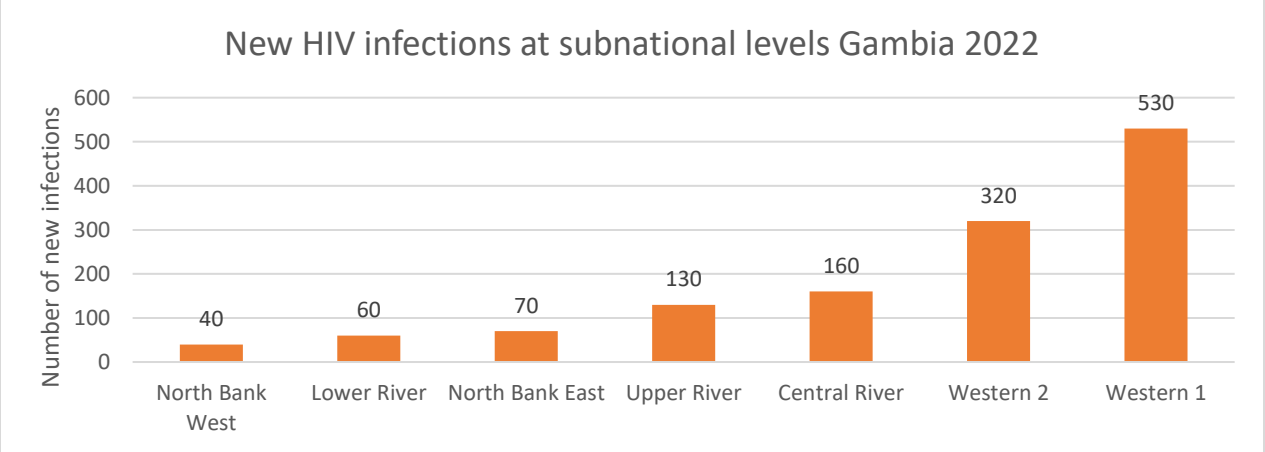

Figure 12: New HIV Infections at national levels-Gambia 2022

Figure 12 above indicates new HIV infections at subnational levels in The Gambia in 2022 is highest in Western 1 health region with 530 estimated new infections in 2022 followed by Western 2 health region with 320 new infections in 2022 and new infections in 2022 was registered in North Bank West health region with only 40 new infections in 2022.

Figure 13: Distribution of HIV by age group and sex

The figure above indicates the distribution of HIV by age sex in The Gambia in 2022. Estimates shows that more female are living with HIV compared to their male counterparts. The estimates also revealed that more women are receiving ART compared to the men counterparts in the country. Equally, annual HIV infections are higher among women compared to their male counterparts.

The figure above also indicates that the age group 45-49 has the highest number of people living with HIV for female while in the male the highest age group is 35-39 age cohort. For the numbers receiving ART, the highest age group is the same for both male and female 45-49.

Regarding annual HIV infections, the age group 25-29 has highest annual HIV infection among the female group while for the male, the age group 30-34 has highest annual HIV infection

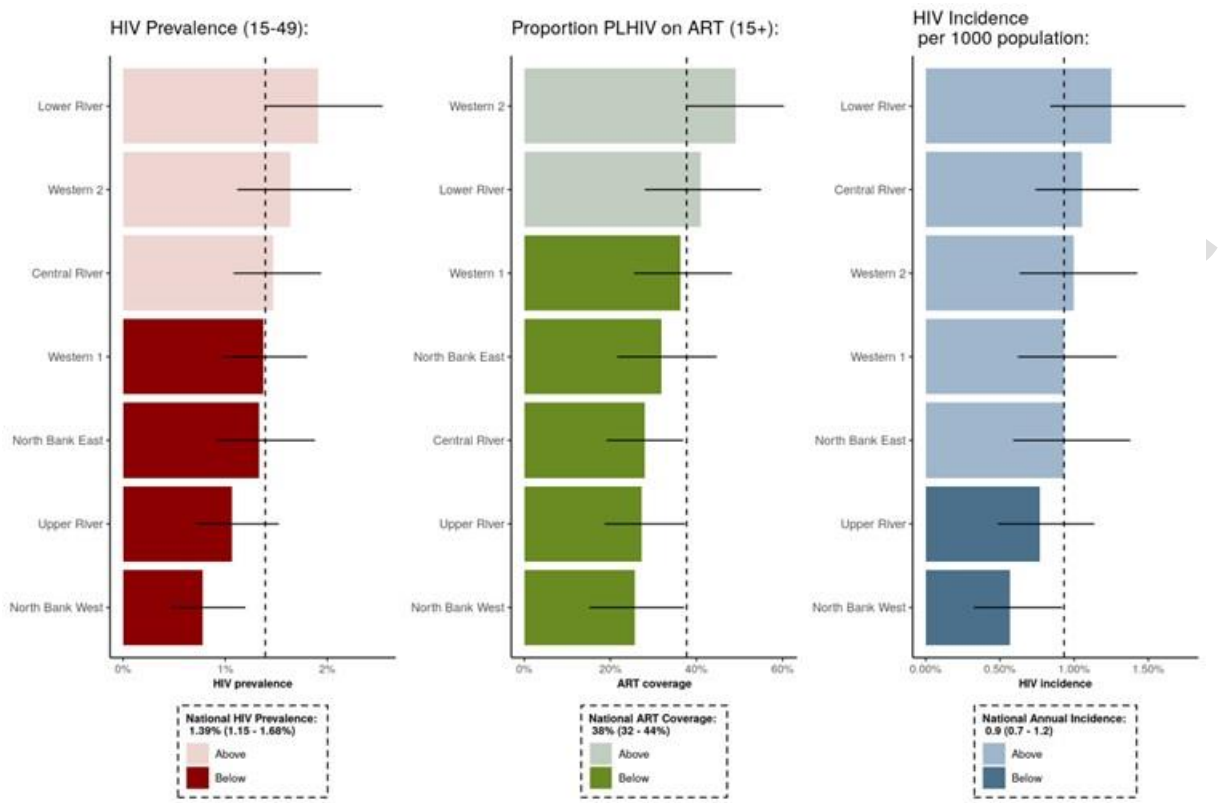

Figure 14: Health region-level HIV trends

With regards to health region-level HIV trends, the estimates shows that three (3) regions namely Lower River Region (LRR), Western 2 Health Region and Central River Health Region HIV prevalence higher than the national prevalence of 1.39% (1.15-1.68%). North Bank West registered the lowest HIV prevalence among the health regions.

Regarding the proportion of ART coverage by health region, Western 2 Health Region and Lower River Health Region have higher coverage of PLHIV on ART above the national coverage of 38% (32-44%).

Figure 14 also shows that three (3) regions namely Lower River Region (LRR), Central Health Region and Western 2 Health Region have a HIV Incidence per 1000 population above the national level of 1.2% (1-1.6%).

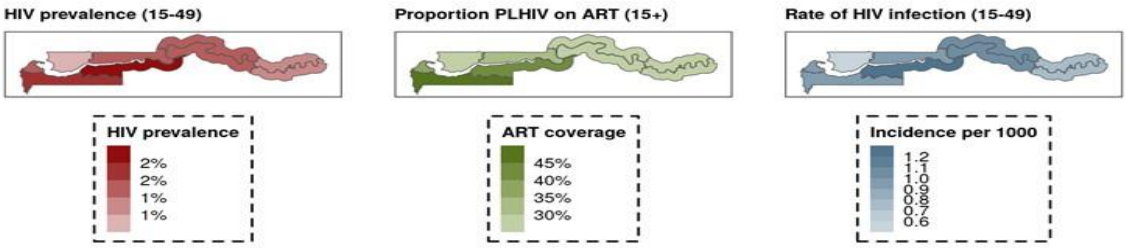

Figure 15: Geographic distribution of rates of HIV infection

The figure 15 above indicates that HIV prevalence among 15-49 age cohort by geographic distribution is higher in western 2 and Lower River regions. The proportion of PLHIV on ART 15+ is also higher in the same regions.

While for incidence per 100 thousand population, the rate of HIV infection (15-49) is highest in the Lower River Regio

6.2: Integrated Bio-behavioral Survey amongst KPs

The Gambia has a generalized Human Immunodeficiency Virus (HIV) epidemic with an estimated HIV prevalence of 1.9% in 2013 (DHS, 2013). As in much of West Africa, the burden of HIV disproportionately affects key populations including female sex workers (FSW) and men who have sex with men (MSM) in the Gambia.

The past behavioral surveillance surveys among key populations indicate that sexually transmitted infection (STI) symptoms and HIV risk in key populations are higher than adults of reproductive age in the broader population. Disproportionate HIV risk observed among key populations included concurrent partnerships, low condom use, and higher rates of transactional and commercial sex.

The 2012 Integrated Biological Behavioural Surveillance Study (IBBS) showed that prevalence among FSW and other MSM is 15.9% and 9.8 % respectively. FSW and MSM represent important targets for HIV prevention efforts not only because of their increased risk of HIV infection and transmission but also because, through their clients through bisexual concurrency that may act as conduits to lower-risk groups in the population.

In the 2018 Integrated Biological Behavioural Surveillance Study, the prevalence of HIV among FSW was 11% (39/354) and 35% (52/151) among MSM.

The 2022/2023 preliminary Integrated Biological Behavioural Surveillance Study (IBBS) showed a reduction in the prevalence among MSM. For instance, HIV prevalence among MSM from 35.3% in 2018 to 29.6% in 2023 whilst among female sex workers, there is a slight increase from 11% in 2018 to 13.3% in 2023.

7.0 Strengthening Partnership with the Gambia Armed Forces

The Secretariat continues to work closely with the Gambia Arm Forces and in partnership with the GAF, US Department of Defense HIV and AIDS Prevention Program (DHAPP) and RTI International. The Secretariat in collaboration with Hands On Care (HoC) and the GAF have successfully submitted a proposal to the USAID and the programme is now being implemented

by GAF in partnership with HoC. The GAF Yundum Clinic and Fajara Clinic are now been upgraded to an ART clinic serving both the military and civilian populations.

8.0 Partners participation in the response:

Among the functions of the Secretariat is to monitor and ensure partner participation in the response for effective collaboration. The revival of the RAOs has facilitated partner participation and collaboration at regional levels and hence boosting the partnership spirit needed to curb the spread of the pandemic. In the same vein, the Secretariat has successfully incorporated all the Global Fund program indicators into the DHIS2 which is hosted by the HMIS at the MOH. This is done to avoid parallel reporting and improve quality of monitoring programmatic data. It is pleasing to note that the RAOs continue to monitor and coordinate the development of SRs/SGs annual work plans in each of the regions and municipalities and continue to monitor and report its implementation

9.0 Capacity Building:

The Secretariat continues to spearhead capacity building initiative for the health workforce as enshrined in the health system strengthening component of the grant. Likewise, similar initiatives are as well supported by sending key and relevant staff to national and regional meetings and trainings within and outside the country. In providing comprehensive treatment, care and support, it is prudent that capacity of staff is built to better manage and monitor clients on treatment which is ongoing and supported by other UN agencies.

10.0 Differentiated Service Delivery Strategic Initiative The Gambia

The WHO has recommended Differentiated Service Delivery (DSD) for HIV treatment since 2015. Based on WHO recommendations, the Global Fund approved the Differentiated Service Delivery Strategic Initiative for HIV (DSD SI) acceleration plan for several selected countries since 2021. DSD describes how services may be adapted to reflect the clients' needs and preferences, as well as reduce the burden of care for healthcare workers. Such adaptations may be made across the cascade of HIV care from testing to HIV treatment, including the adaptation of services to specific populations. DSD reflects the preferences and expectations of the various sub-populations while reducing unnecessary burdens on the health system. The objectives of DSD are therefore:

- To improve clients' lives by improving the quality of care, access to ART and reach underserved populations
- To improve health system efficiencies and outcomes to support retention and adherence
- To support "treat all", can triage established patients outside of facility to allow clinical staff to support patients with more needs, and
- To reach the global 95-95-95 targets by providing services to meet the diverse needs of their clients.

The adoption and implementation of DSD is considered important for the country's acceleration of progress towards the global goal of ending HIV by 2030. The Global Fund had engaged the services of FHI 360 to provide expert technical services to the DSD SI in The Gambia. The overall objective is the provision of expert technical assistance to NAS, The Gambia's MOH, - Including the NACP and DPI, as well as AAITG, NPS, NPHL, and Global Fund sub-recipients for policy and programming implementation to ensure DSD models, adaptations and/or innovations are developed and scaled in order to improve the efficiency and quality of HIV services through early diagnosis, high treatment coverage, treatment retention and viral load suppression. FHI 360 will offer Technical Assistance (TA) focusing on the strategic initiative objectives on implementation strategies and operational plans, scale up of DSD models for testing and treatment, and strengthening of health care and community worker capacity for DSD implementation. FHI 360 will facilitate and develop technical materials including SOPs, training materials, guidelines, M&E tools and analysis, and in addition support The Gambia in the adaptation and use of these materials. FHI 360 will utilize its experience and draw lessons from various countries in supporting The Gambia in the deployment of the materials developed.

As part of the DSD SI, FHI 360 in partnership with NAS and NACP conducted a Qualitative Assessment of Availability of DSD for HIV/AIDS in The Gambia to identify status of DSD implementation, identify gaps, lessons learned and good practices, and provide recommendations of DSD models that can be applied in country. The assessment was done in the last quarter of 2022 and the report was completed in December 2022. The following key points were highlighted from the report:

DSD Assessment Findings: Strengths and Opportunities

- Concept for Mobile clinic, Wellness centers and DICs in place – with dedicated and well-motivated staffs
- Enthusiasm expressed by Key Informants (KIs) and Key Populations (KPs) and well-motivated to aid the delivery of DSD models
- Rural communities have opportunity of using CHNs for community DSD models
- High number of Peer Health Navigators (PHN) and Peer Health Educators (PHE) for FSW, MSM and PWIDs
- Data use in forums and meetings
- Private pharmacies – must have a counselling room (Pharmacy Standards)

DSD Assessment Findings: Identified Challenges

- Need for well trained staff – at all levels of delivery. Clients have reported being subjected to Human rights abuses - at home, communities and even at the health facilities
- Need for a strong program base with a good monitoring system
- Well informed beneficiaries who appreciate the importance of accessing services in a timely manner
- Broader training of persons such as police, immigration officers, religious leaders and others
- KPs are highly stigmatized, are mobile and thus not easy to engage for follow up services
- Staff capacity not up to par due to Inadequate Doctors, lab personnel and nurses; high attrition rate; MOH staff movements; lack of motivation: retention schemes, allowances etc.
- Stock management and monitoring - still being done manually
- Lack of policies & strategic plans specifically for DSD and KPs
- Data are not always available, and the quality is poor due to paper-based system
- Lack of awareness of presence of KPs in the communities
- Healthcare settings should be adjusted to provide DSD services
- Weak follow-ups or tracking of patients at facility level (currently no support for home visits)
- Academia not adequately involved in HIV programs

11.0: Infrastructure Expansion and Refurbishment

To ensure programme integration, three facilities were refurbished and are operational as One Stop TB/HIV centers in the Country. The plan was to have six centers upgraded, but due high cost of goods and services the Secretariat was constrained financially to meet this goal. However, funding through savings and reprogramming is done to secure three more additional sites in 2023.

12.0 Vehicle and Generator Maintenance

Through the Resilient for Sustainable Systems for Health, three vehicles and 36 generators were maintained in the form of providing fuel and actual servicing of the equipment for the Ministry of Health.

13.0 FINANCIAL UPDATE 2022

13.1 Background

The approved Two-year three months Project budget for NAS was $15,974,728. For the year under review (i.e NFM3 Year 2), the total budget was $7,893,685. However, $5,339,210.54 disbursed and received from The Global Fund in 2022.

13.2: Sources and uses of funds 2022

As depicted in figure 14 below, actual expenditure of (i.e., $3,360,360) relates to funds given to Sub Recipients to implement programs. The balance was allocated to the PR for human resources, infrastructure, training and planning, goods and products, medicines, monitoring and evaluation and administration.

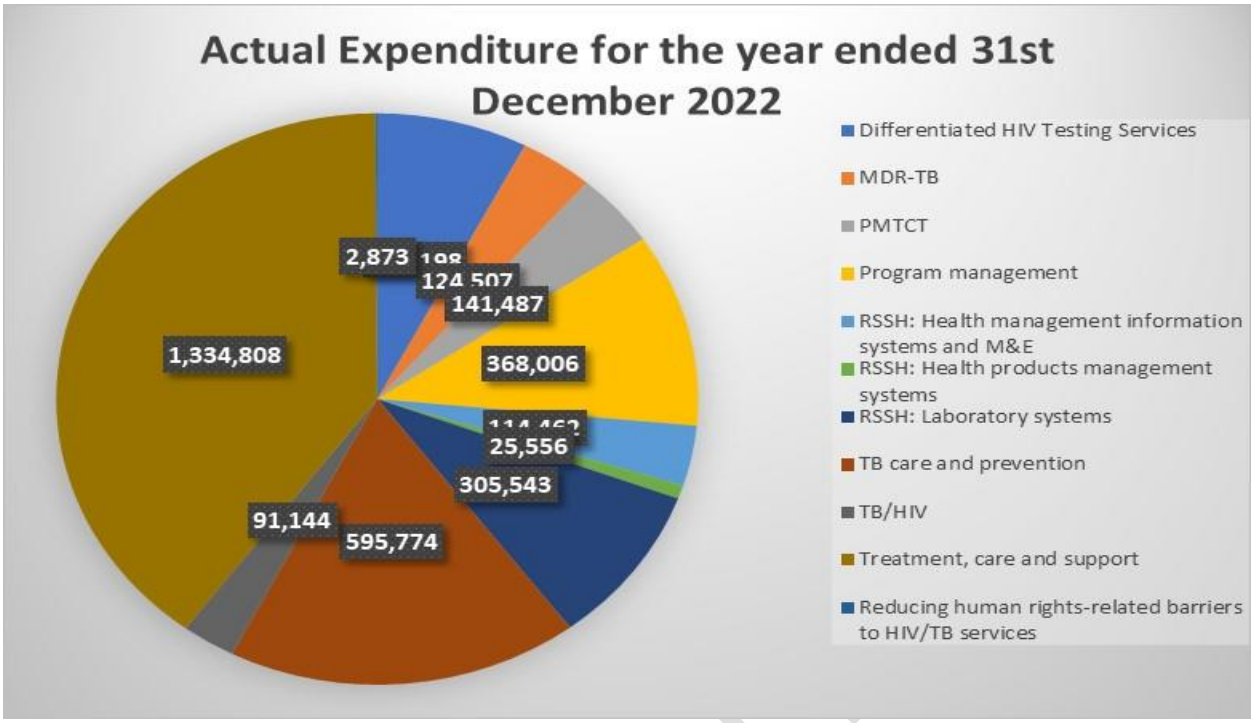

Figure 16: Actual Expenditures

13.3 Disbursements to SRs 2022

During the year under review, five (5) SRs implemented activities stipulated in the MOU with NAS. Funds received by SRs during the period are summarized in the table below

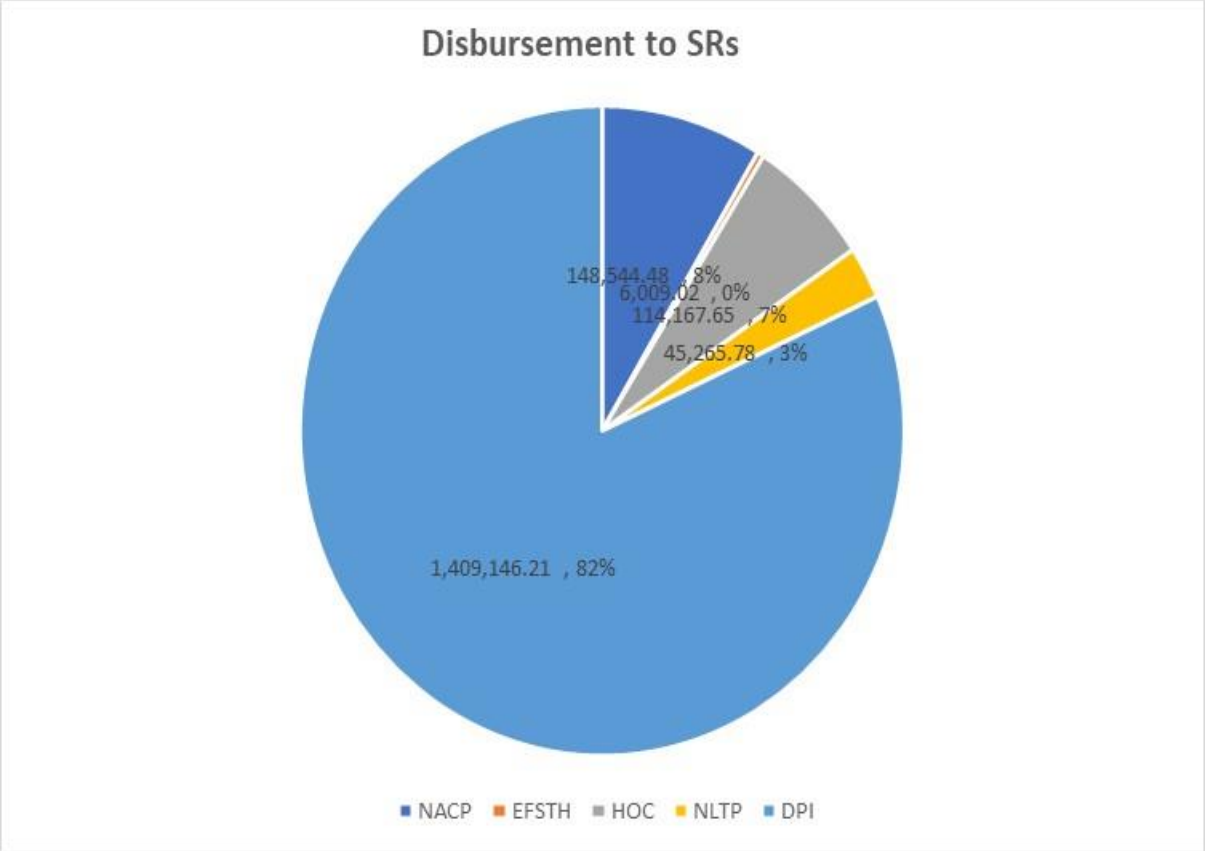

Figure 17: Total disbursement to SRs for the 9-month period ended 2022

As shown on figure 15 above, Ministry of Health, DPI received 82% of the funds disbursed to SRs.

13.4 Program Implementation

Sub-recipients (SRs) were involved in different program objectives that include Treatment, care and support; RSSH: Integrated service delivery and quality improvement; RSSH: Human resources for health (HRH), including community health workers; RSSH: Procurement and supply chain management systems; RSSH: Community responses and systems; RSSH: Health management information systems and M&E; TB/HIV and Program management.

The actual expenditure per objective as implemented and reported by SRs is summarized below:

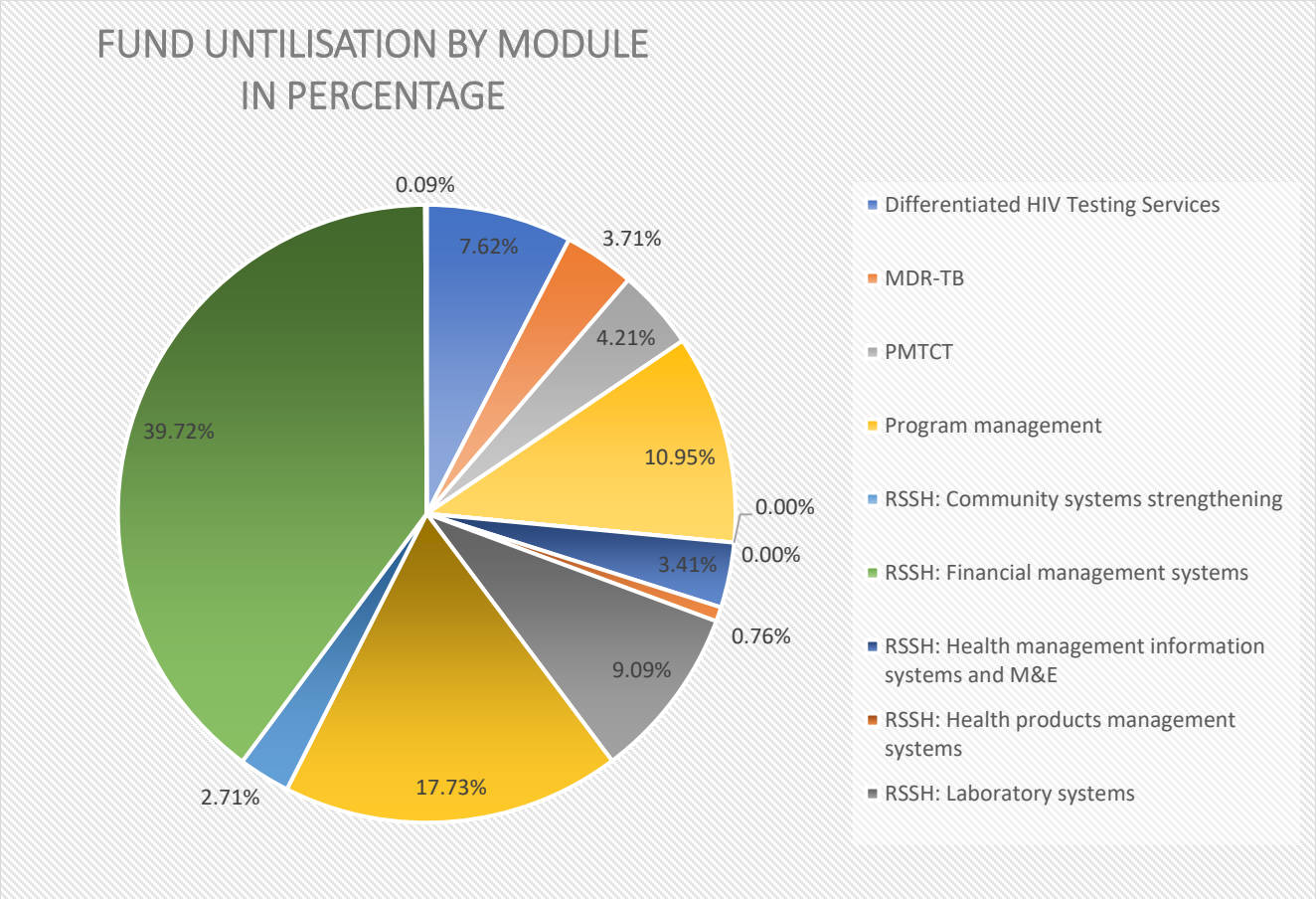

Figure18: Fund utilization by Module

Programme management cost accounted for 11% of total funds, Differentiated HIV Testing Service 8%, MDR-TB 4%, PMTCT 4%, RSSH: Health management information systems and M&E 3%, RSSH: Health products management system 1%, RSSH: Laboratory systems 9%, TB care and prevention 18%, TB/HIV 3%, Treatment, care and support 40%.

14.0 Principal Recipient Coordinating activities:

The Secretariat is one of the Principal Recipients and is also responsible for coordinating the HIV program activities. Below is a summary of the expenses by module as a percentage of overall total expenditure from January to December 2022.

Table 8: Principal Recipient Coordination

Module	Actual $	%	
Differentiated HIV Testing Services	256,198	8%	
MDR-TB	124,507	4%	
PMTCT	141,487	4%	
Program management	368,006	11%	
RSSH: Community systems strengthening	0	0%	
RSSH: Financial management systems	0	0%	
RSSH: Health management information systems and M&E	114,462	3%	
RSSH: Health products management systems	25,556	1%	
RSSH: Human resources for health, including community health workers	0	0%	
RSSH: Integrated service delivery and quality improvement	0	0%	
RSSH: Laboratory systems	305,543	9%	
TB care and prevention	595,774	18%	

TB/HIV	**91,144**	**3%**	
Treatment, care and support	**1,334,808**	**40%**	
Reducing human rights-related barriers to HIV/TB services	**2,873**	**0%**	
Total	**3,360,360**	**100%**	

15.0: The Gambia Local Fund Contribution to the HIV and AIDS Response

The Government of the Gambia has continued to provide funding to the National HIV response since establishing the secretariat. During the HARRP project, the government needed to provide counterpart funding. After the end of the HARRP, government continued to ensure this contribution was maintained for the national response. In 2012, the Global Fund reached agreement with the Gambia government to increase funding, and by so doing, it was agreed that the government gradually shoulder all staff emoluments. At the start of phase two of round 8, the salaries of all the senior staff were taken over, and by mid of year 3 of phase two, the rest of staff's salaries were borne by government. The total expenditure for the period ended 31st December 2022 for salaries and wages amounted to GMD 15,793,284 against the total budgeted amount of GMD 15,650,631.48. The rest of the funds were received are spent on local and overseas travel, Conferences, workshop and seminars etc. organized by the Executives GoTG is from the surplus Funds accumulated over the years.

The contribution of government has shown a marked increase since HARRP, from 1 million Dalasis to over 12 million Dalasis over the years, however, it is still not adequate and there is more room for improvement.

Partner contribution mainly comes from Global Fund and other partners such as UNAIDS, UNDP, WFP, WHO and UNICEF.

16.0 PROCUREMENT & SUPPLY CHAIN ACTIVITIES IN 2022

Procurement is the efficient, economic, and effective acquisition of goods works and services including both consultancy and non-consultancy services, and managing the acquisitions and flow of goods and services to satisfy the end-user's needs. The procurement activities at NAS are conducted following a set of legal and regulatory frameworks such as the National Procurement Laws & policies (GPPA Act), The Global Fund Grant Regulations (2014), and the Internal Administrative & Financial Policy Procedures Manual (2016). Given the significant proportion of total Grant money that goes into procurement requirements, the NAS recognizes procurement as operationally and financially important in delivering HIV and other related services. Through the active contribution of the Specialized Procurement Unit (SPU) in implementing the leading practices, SPU has enhanced procurement and inventory management operations at the NAS and delivered value for money for the Secretariat. In addition, these practices have improved transparency, fostered Customer–client relationship, and helped promote ethical and sustainable procurement. For example, as part of proactive procurement planning, the Procurement Unit also supports rationalizing goods and services to enhance service delivery in a timelier manner. Most of the procurement, especially the pharmaceuticals and lab supplies, is done through wambo.org.

17.0 Budget:

Procurement, as usual continues to be the major cost driver of the Global Fund HIV Grant budget implemented by NAS. During the reporting period, the total procurement budget was $3,204,962.62 representing about 41% of the 2022 total NFM 3 budget. Of this total, $ 1,190,183 was for Pharmaceuticals and $1,278,729 for Non-Pharmaceuticals Health Products (Commodities and Products-Health). An amount of $736,050 was also budgeted for Procurement and Supply Management cost.

Table 9 indicates the procurement budget into sub-categories whiles Figure 18 summarizes the budget into the above-mentioned categories in a bar chart as shown below

Table 9: 2022 Procurement Budgets

No.	2022 Cost category	2022 Budget	Percentage of total budget (2022)
1	Pharmaceuticals (Commodities and Products-Drugs)	**$**1,190,182.83	**37 %**
2	Non-Pharmaceuticals Health Products (Commodities and Products-Health)	**$** 1,278,729.37	**40 %**
3	Procurement and supply management cost	**$**736,050.42	**23 %**
	G/total	**$3,204,962.62**	**100%**

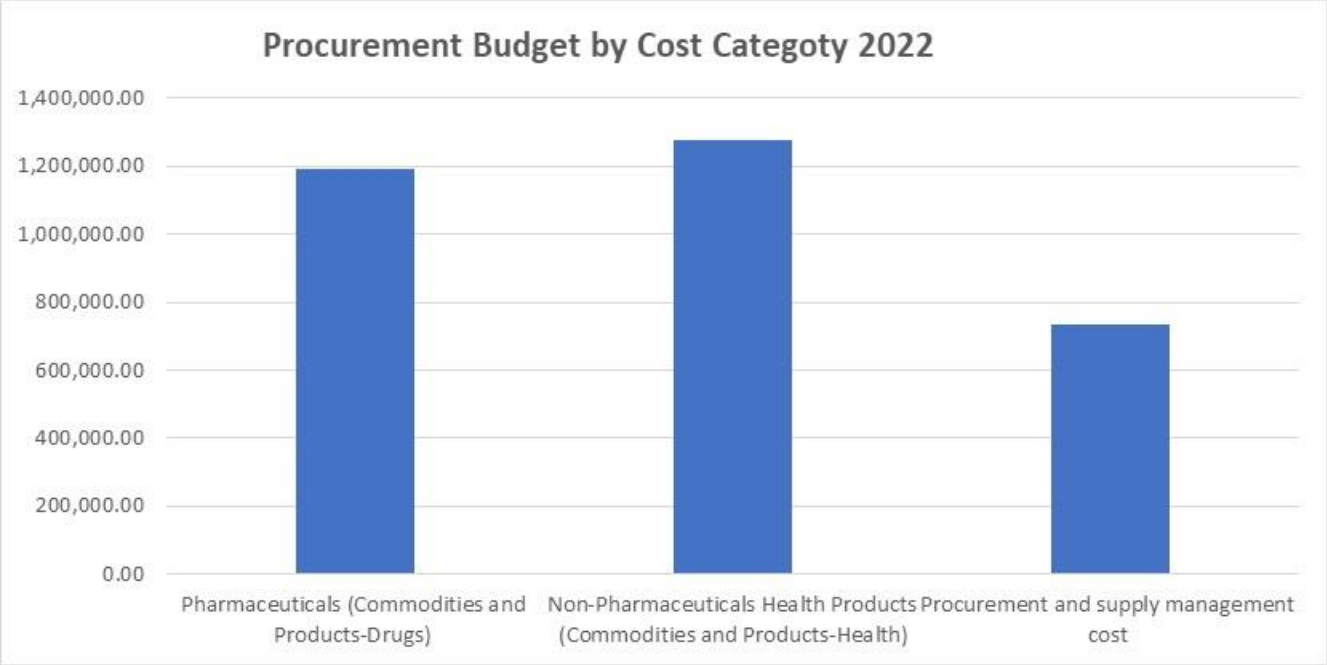

Figure 19: Procurement Budget (by cost categories)

18.0 BEST PRACTICES OR LESSONS LEARNT

18.1 Outreach PMTCT

Health facilities in the country run RMNCH clinics. These clinics offer infant and child welfare, antenatal and family planning services. RMNCH teams conduct outreach clinics in designated villages within their catchment areas, visiting communities once or twice a month. Communities within the catchment area of these outreach clinics know which days the RMNCH team from the health facility will be visiting to offer services. It is estimated that close to 60% of all immunizations are done at outreach clinics, showing the extent and utilization of these services. Outreach PMTCT involves RMNCH teams in those health facilities conducting PMTCT services at these outreach stations each time RMNCH clinics are held. This service is contributing to increasing access to PMTCT services and bringing it to the doorsteps of the communities, especially those in rural and remote parts of the country.

18.2 The Mentoring Approach

Clinical mentorship is a system of practical training and consultation that fosters on-going professional development to yield sustainable high-quality clinical care outcomes. A clinical mentor in the antiretroviral therapy context is a clinician with substantial expertise in antiretroviral therapy and opportunistic infections who can provide on-going mentoring to less-experienced HIV service providers by responding to questions, reviewing clinical cases, providing feedback, and assisting in case management. This mentoring occurs during site visits as well as via on-going phone and e-mail consultations. Clinical mentoring carried out at the regional ART sites is meant to build the capacity of the staff at the site to effectively manage and monitor patients. A central level mentoring team has been created that goes on a quarterly basis to ART centres to work with care teams and this approach has been found to be extremely useful. Initially a single team goes out semesterly to carry out this activity. With the expansion of ART and PMTCT sites an additional team was formed and the frequency of the visits is now increased to a quarterly occurrence. During 2022, only 3 out of the four mentoring activities planned were implemented. One of the activities could not be implemented due to disbursement delays experienced by the Secretariat.

18.3 Task shifting

The Gambia ever since has been practicing task shifting and the need has become more urgent with HIV epidemic and increasing staff attrition. To address the human resource needs, involves the rational distribution of tasks among health work force teams. The composition of the team is such that it captures all the relevant units responsible for the comprehensive management of PLHIV, and in addition a representative from a PLHIV support group as each support group is linked to a treatment Centre. All members of the team are trained at different levels so as to be effective in management of PLHIV. Each member of the team within the clinical set up can do counseling, clinical assessment, adherence counseling and even perform rapid testing. The teams are mentored and given supportive supervision through coordinated efforts by the National AIDS Control Program. These efforts need to be reinforced with policy directives for the safety and protection of all service providers and the general population

Initially nurses are only authorized to make refill for ARVs and can-do full consultations for the OIs; this has changed and now nurses are to prescribe ARVs, all geared towards making treatment

accessible to the patient. It is gratifying to note that the NACP with support from WHO have since provided a final National Task Shifting Policy for HIV, TB and Malaria and it was hope that the Ministry of health will be out this policy in late 2021or early 2022, but for reason not known, the policy is yet to be rolled out as desired.

19.0 CHALLENGES:

COVID19 Pandemic: In the early part of 2020, the World experience one of the most devastating pandemics as the outbreak of the Corona virus swept through the world. This has cause tremendous disruption to services. In 2020, the COVID-19 pandemic impacted the world beyond imagination. Data have shown that, it has infected more than 135 million people, killed over 2.9 million people, and is projected to plunge up to 115 million people into extreme poverty. As countries including the Gambia have gone into lockdown, gender-based violence has increased, unemployment has soared, and access to health care for the poorest and most vulnerable and PHLIVs has been cut. COVID-19 has made people less likely to seek health care because they are afraid of getting infected with the virus. Fear and uncertainty surrounding COVID-19 have also increased stigma and discrimination. As frontline workers without enough access to personal protective equipment (PPE) risk their lives to treat patients and the virus pushes already fragile health systems to the brink. In 2022, the programme continues to grapple with the effect of the post COVID19 pandemic.

Funding: The GFATM remains the major source of funding for the HIV program providing more than 70% of the funds. Government funding has also steadily increased over the years. Other partners also provided financial support to the HIV programme. However, there remains a major funding gap of **$52,743,058.30** justifying the need for mobilization of additional resources to ensure sustainability of the programme.

Supply chain management: The main challenge is getting timely data on supplies and consumption patterns. M-Supply software for pharmaceutical inventory management has been installed at the Central Medical Stores but is yet to be installed in the regions and therefore not fully operational to support management, visibility, forecasting and quantification of medical supplies. To further support this system, the Global Fund has support establishment of the e-LMIS

which is piloted in 50 health facilities and its hope that it will be rolled out to the rest of the health facilities in 2023.

Opportunistic Infections (OIs) and Sexually Transmitted Infections (STI) Medicines: Medicines for OIs and STIs are procured by the GFATM and the Gambia government. The GFATM procurement targets are 50% of PLHIV, whilst the government is supposed to target both the other 50% PLHIV and the rest of the general population who present with similar disease conditions whether or not they are HIV positive. The funding gap to meet the OIs and STIs medicine needs for both the PLHIV and the general public continues to be a challenge in the year under review.

Completion of the NAS complex: NAS is paying large sums of money towards rent for the premises it is occupying. This is neither cost effective nor sustainable prompting the need to get the Secretariat's own complex completed. It is challenging over the years to have the said complex completed due to funding, and this limits the total provision of all our desired services as this requires comfort, confidentiality and secrecy, which is difficult to provide in the current premises. The total estimated cost of completion the NAS complex is estimated by a consultant to be at Eighteen million, three hundred and seventeen thousand, eight hundred and sixty-seven and forty bututs (D18,317,867.40) in 2016.

20.0 KEY CONSIDERATIONS AND CONCLUSIONS:

Overall, the program has successfully implemented activities at both Central and Regional levels with minimal achievements as compared to 2019 as highlighted in the 2021 performance indicators. However, key issues have been noted and the program intends to work on them for overall improvement in the national response.

1. Increase funding to ensure a robust health system that will be responsive to the needs of the pupations in cases of crises like the Corona virus outbreak.

2. Due to increasing demand for resources and apparent funding gaps, there is need for the Secretariat to engage in active and rigorous resource mobilization to enable the country meet the resource requirements for the sustainability of the national HIV response.

3. Community Outreach is being used as an approach to promote access to services. It has increased geographic access to PMTCT and HCT, strengthened referral linkages and brought about greater community involvement. Thus, this approach needs to be continually scaled up for more positive outcome in grant implementation.

4. The PMTCT uptake of ARV prophylaxis for the positive women and their babies has significantly increased since the introduction of the combination therapy and the test and treat strategy. However, there is still the challenge of scaling up to all RMNCH clinics in the country as well as retention, therefore there is need to expedite and create more opportunities for antenatal mothers to access HIV services to ultimately achieve zero new infections on babies. Rigorous resource mobilization is needed to bridge the funding gap of the eMTCT strategic plan. Twenty-five additional new PMTCT sites will be opened during the life span of the grant

5. ART uptake has increased significantly during the year under review and this is as a result of improved capacity, access and experience in ART services. Thus, the rate of enrolment into ART needs proper quantification in terms of medicine consumption and other support requirements whilst consideration for more budgetary allocation for the domestic resources be considered for ARV and OI medicines in the long term. Quality care in the administration of the ART services needs to be maintained at all levels. In addition, availability of a viral load machine should be given high priority to support monitoring of treatment outcomes as well as the opening of two additional new ART sites during the grant period

6. Tracking of patients especially at ART centers proved difficult due to the inadequate cross-border programs. The strengthening of cross-border initiatives will be considered to enhance follow ups, defaulter tracing and referral of patients on treatment.

7. The Secretariat needs to continue to address capacity gaps of regional staff especially in the areas of data verification, analysis, interpretation, presentation and reporting. Besides, strengthening the capacity of coordination authorities in the specialized professional training needs, maintaining professionalism and effectiveness through a cohort of highly trained personnel for the Secretariat and partners in the national response is imperative.

8. Inadequate skilled and trained human resource coupled with frequent transfers of experienced and trained staffs continue to threaten the good achievements registered over the years.

9. Completion of the NAS complex is challenging over the years, and any support in this direction would go a long way in helping to provide visibility and all our desired services as this requires comfort, confidentiality, and secrecy, which is difficult to provide in the current premises set up.

10. Strengthen the supply chain to mitigate the impact of COVID 19 pandemic and other would expect pandemics on TB/HIV services and the health systems.

11. Develop an electronic register/databased to capture individual patients' records