National AIDS Secretariat

Office of The President

ANNUAL REPORT 2020

Contents

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List of Acronyms:

AAITG	Action Aid International The Gambia
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retro Viral
CCM	Country Coordinating Mechanism
CP	Condition Precedent
GFPA	Gambia Family Planning Association
HIV	Human Immuno-Deficiency Virus
HOC	Hands on Care
RSSH	Resilient and Sustainable Systems for Health Bundung Maternal and Child Health Hospital
BMCH	
KMC	Kanifing Municipal Council
LRR	Lower River Region
MAC	Municipal AIDS Committee/Coordinator
KP	Key Population
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
PSCM	Procurement and Supply Chain Management
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PR	Principal Recipient
RAO	Regional AIDS Office
RAC	Regional AIDS Committee/Coordinator
RMNCAH	Reproductive, Maternal, Neonatal,Child & Adolescent Health
EFSTH	Edward Francis Small Teaching Hospital
SOS	Safe Our Soul Mother & Child Clinic
SR	Sub-recipient
TB	Tuberculosis
UNGASS	United Nations General Assembly Special Session
URR	Upper River Region
UTG	University of The Gambia
HCT	HIV Counseling and Testing
PPM	Pooled Procurement Mechanism

FOREWORD

The year 2020 has been very difficult as COVID 19 and its related lockdowns posed a major threat to the response to HIV and AIDS as well as TB in The Gambia and around the world. On March 11, 2020, the World Health Organization declared COVID 19 a pandemic and instituted a global response plan. The key elements of the plan include, but not limited to, frequent hand washing, social distancing and use of facial covering as well as case detection, isolation and treatment.

In The Gambia, the first case of COVID 19 was confirmed on march 17, 2020, almost a week after the WHO declared a pandemic. At the time, Senegal confirmed many cases and the situation deteriorated rapidly making it extremely hard to ensure the continuity of routine services for HIV and TB. In addition, the very weak emergency preparedness and response systems in the Gambia made it very difficult to ensure an effective response to COVID 19.

It is important to note that at the time The Gambia confirmed the first case, there was no public health facility adequately equipped to treat COVID-19 cases, the confirmed case was treated at the Medical Research Council. Also, the country had no public health laboratory for COVID-19 testing. As a result, the PCR Machine designated for HIV testing was initially used for the detection and diagnosis of COVID 19. In addition, there was team of laboratory staff providing COVID and routine HIV as well as TB services. The situation directly impacted the delivery of HIV and TB services in the areas of diagnosis and treatment. It has also increased the risk of exposure to COVID in the course of seeking HIV and TB services in The Gambia.

During the first wave of COVID1-19, 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 prior to the COVID. By June

2020, this figure declined to 7472. The picture was the same for HIV testing services in the general population. In 2019, 37594 people were tested while in 2020 32040 people were tested in the general population. For PMTCT Counselling and testing 68891 pregnant women tested in 2019 against 65527 in 2020.

The 2020 NAS Annual report takes a look at the results we achieved in the national response to both HIV and TB through the 12 intense and difficult months. It also takes account of the role we played in the response to COVID 19 as the coordinating authority for the national response to HIV and AIDS. Without doubt, COVID 19 has provided lessons that we must embrace as we continue to strengthen the national response to HIV and TB in The Gambia.

To end AIDS and TB, we need to 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 as well as more meaningful involvement of people living with and affected by HIV and TB. There is a felt need for increased domestic funding to sustain response.

Thank you for taking a look at our work as highlighted in this report. Without your support and collaboration, we would not have come this far. Together, we can end AIDS and TB in The Gambia.

Mr. Ousman Badjie

Director

ACKNOWLEDGEMENT

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, deepest appreciation and gratitude is extended to the Global Fund Secretariat for continuously providing the required financial resources and technical support without which it would have been very difficult 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 agenda in the country. Similarly, the Office of The First Lady, Madam Fatou Bah Barrow over the year in review, has shown firm stance and commitment to the Prevention of Mother To Child Transmission.

The entire Secretariat and the regional staff 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

EXECUTIVE SUMMARY

The National AIDS Secretariat continues to deliver on her mandate of coordination and monitoring of the national response, in addition to fulfilling its responsibility as a Principal Recipient (PR) for the Global Fund New Funding Model Grant. The 2020 annual report is largely based on activities implemented under the Global Fund New Funding Model Grant highlighting achievements, best practices, lessons learnt 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 the ongoing program management.

HIV Counseling and Testing services are being provided through static health facilities and community outreach approach. 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 95% of the 2020 target. The program also recorded 68% of the 2020 target of PMTCT ART Services. Routine programme data for counseling and testing for both HCT and PMTCT revealed an achievement of 4.13% of the general population in 2020 which is slightly lower than 4.67% achievement in 2019.

The program registered a significant number of PHLIVs on ART with an overall 8,294 currently on ARV, representing 74% of the year's target. Out of the cumulative 8, 294 PLHIV on ART, 581 are children < 15 years and 7,713 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.

Introduction

2.1 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 high prevalence concentrated in KPs.

This report intends to highlight the progress registered, strengths, lessons learnt as well as the key challenges experienced during the period under review. The report covers the New Funding Model period of January-December 2020.

The implementation of the Global Fund NFM 2 grant for the year 2020 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. Also, there has been improvement of procurement and supply chain management with PPM, as well as service data quality.

Based on the NSP 2015-2020, the goal was to achieve zero new HIV infections, zero AIDS-related deaths and zero stigma and discrimination in The Gambia.

The objectives were:

1. To reduce new HIV infections by 50% in the general population by 2020
2. To reduce new HIV infections by 50% among key populations by 2020
3. To reduce mother to child transmission of HIV at 6 weeks from 10% to 3% by 2020
4. To increase the coverage of antiretroviral therapy from 21% to 90% of all persons living with HIV by 2020
5. To double the percentage of people showing acceptable attitudes to PLHIV by 2020

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, the 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) whilst 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 three years. The total grant amount is $**12,270,406** for TB/ HIV and AIDS and RSSH

For effective implementation of the NFM 2 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 2020 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,

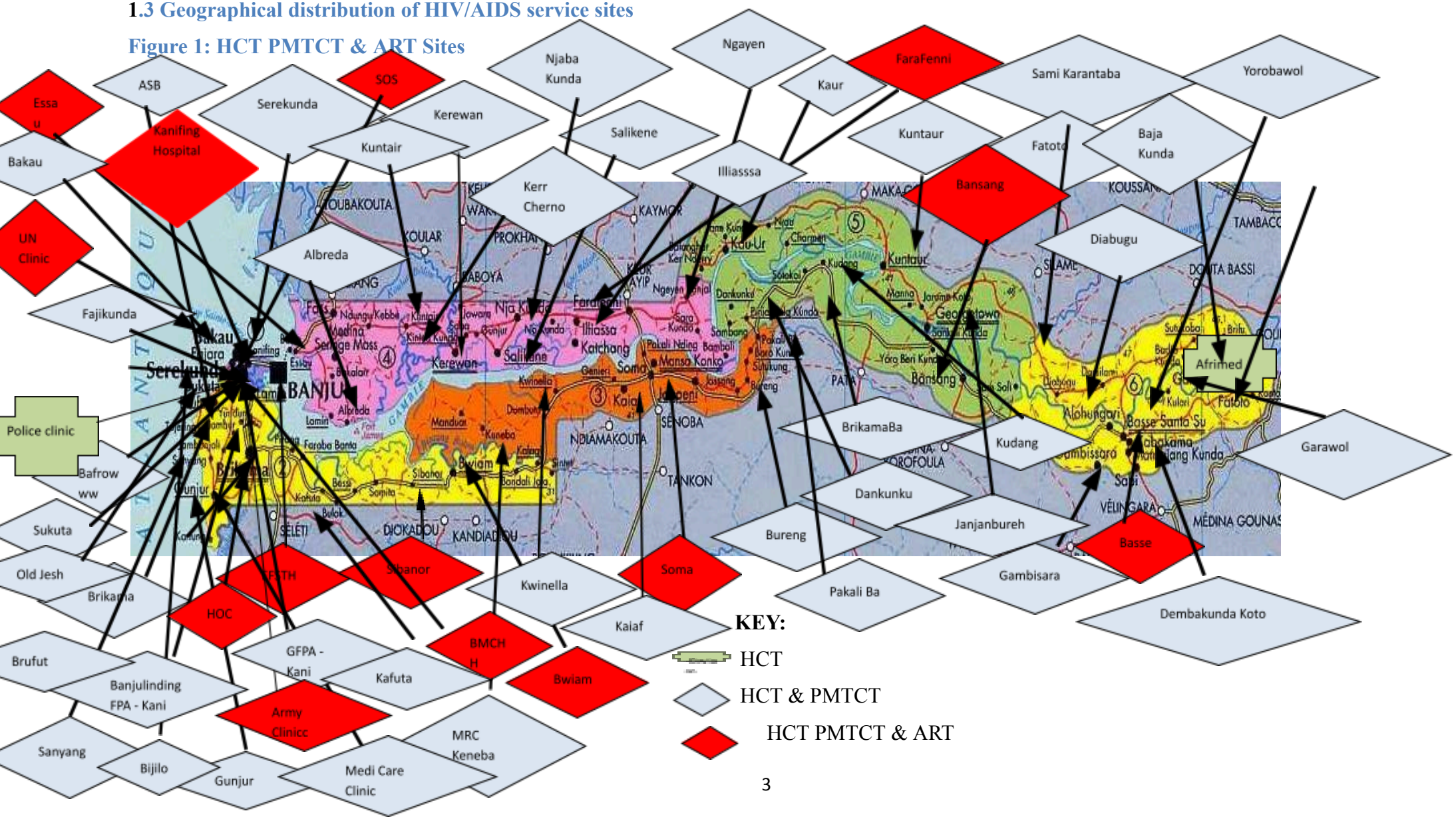
1.2 Coordination & Monitoring

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 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, share experiences and best practices realized during implementation.

1.3 Geographical distribution of HIV/AIDS service sites

Figure 1: HCT PMTCT & ART Sites



The map above shows that access to ART services is very low for URR, CRR, LRR and NBR.

2.0 REVIEW OF KEY PROGRAM TARGETS 2020:

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 NFM2. However, a total of 97,372 clients were tested and received their posttest results in 2020 compared to 102, 875 in 2019. In reaching pregnant women with HCT and knowing their results, the program reached 65,473 in 2020 compared to 68749 in 2019. The downtrend in the numbers reached is partly attributed to Covid 19 pandemic.

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 527 women in 2020 compared to 624 in 2019.

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 74% coverage was attained for both adults and pediatrics ART. However, going by the global target, ART coverage among all adults and children living with HIV in 2020 remains relatively low at 31% (Adult=31%, children=27%).

The Country like many others is lagging behind in reaching UNAIDS treatment targets of 90-90-90. The Gambia's achievement against these targets, reported in the latest Global AIDS Monitoring Report shows that 51% of all PLHIV in The Gambia know their HIV status, that 61% of those PLHIV are on ART, and only 9% has achieved viral suppression during this period.

HIV Testing and Treatment Cascade for The Gambia's General Population, 2020

Figure 2: Gambia's Achievement of the 90-90-90 Treatment Cascade

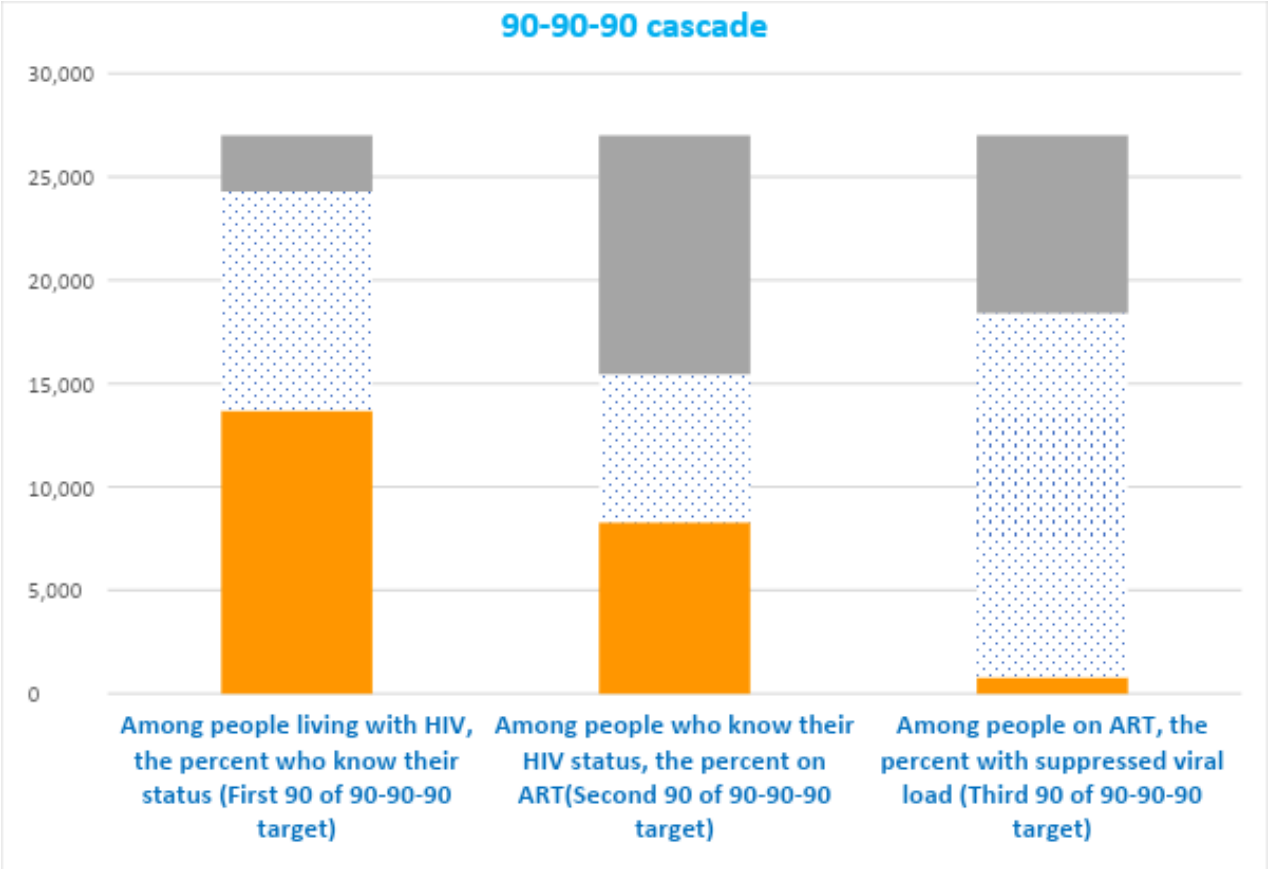


Table 1: Showing Key Program Indicators 2020:

Key Indicators

Indicators	Target	Result	Achievement %
Number and of people (15-+ yrs.) who received HCT and know their status	37377	31899	85
Number and % of pregnant women who received HCT and know their status	68749	65473	95

Percentage of HIV-positive pregnant women who received ART during pregnancy	780	527	68
Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	90%	31%	31%

The table below shows program performance from January to December 2020. Among all the reportable indicators, only (1) indicator achieved 90% and above, three (3) indicators are between 82 to 85%. Two (2) TB indicators were grossly under achieved. This was due to unrealistic target set during the grant making.

Table 2: Coverage Indicators and target achievement from January to December 2020

Coverage Indicators	Target			Result			Achievement
	N#	D#	%	N#	D#	%	%
TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	11,261	21,410	52.6	8,294	21,410	38.7	74
PMTCT-2.1: Percentage of HIV positive pregnant women who received ART during pregnancy	780	1221	63.9	527	1221	43.2	68
TB/HIV-6(M): Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	533	533	100.0	320	533	60.0	60
TB/HIV-3.1: Percentage of people living with HIV in Care (including PMTCT0 who are screened for TB in HIV Care or treatment setting	15,466	15,466	100.0	12,000	15,466	77.6	78
TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	2,670	2,871	93.0	2,276	2,871	79.3	85

Number of people (15+yrs,) who received HCT and know their status	37,377			31,899			85
Number of pregnant women who received HCT and know their status	68,749			65,473			95
MDR TB-2 (M): Number of TB cases with RR-TB and/or MDR-TB notified	18			9			50
MDR TB-3 (M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	18			9			50
TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	2,960			2,418			82

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

Post Exposure Prophylaxis (PEP) is an essential component in HIV services. Thus, the program has already put in place mechanisms at both public and private health facilities to continuously provide PEP services and follow up made to ensure effective utilization of the services since the beginning of the Round 8 grant. Overall a total of 58 facilities are implementing PEP services.

2.2 Service Delivery Area: HIV Counseling and Testing (HCT) 2020

HIV counselling and testing has experienced very rapid growth since it was launched in 2004. HIV counselling and testing has contributed significantly in 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.

Testing is the gateway to treatment and effective treatment is a key HIV prevention mechanism.

The approaches to HCT in The Gambia have shifted over the years from primarily client initiated to the broad scope of approaches that are currently in place such as facility base counselling and testing, Provider initiated counselling and testing and outreach HIV counselling and testing.

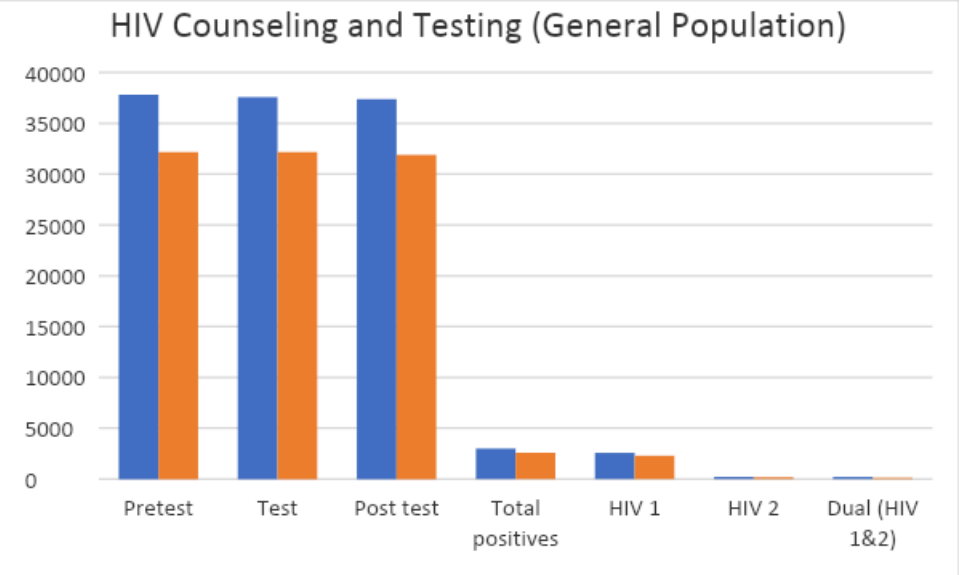
In 2020, a total of 32,159 clients were pre-tested for HIV and out of which 99.6% (N= 32,040) were tested. Of the 32,040 who were tested, 99.5% (N= 31,899) clients received their post test results. A total of 2,586 clients were HIV positive representing 8.07 % prevalence rate among those who were tested in the general population. Of those who tested positive, HIV 1 accounts for 88.5% (N = 2291), HIV 2 - 6.8 % (N = 176) and Dual HIV 4.6 % (N = 119) respectively There were 45 indetermined results among those who were tested in year 2020.

In 2020, 99.6% (N = 32040) of clients who received pre-test counselling, were tested for HIV and 99.5% (N= 31899) were post tested and received their test results.

With regards to gender differences on the uptake of HIV counselling and testing, fewer females 37.7 % (N = 12,089) compared to males 62.2% (N=19,951) received a test during the year under review. However, it is important to note that, 61.5% (N = 1591) among the total positives are female and only 38.4% (995) were male.

The figure below reveals that more clients were reached with counselling and testing in 2019 (N= 37,594) compared to (N= 32,040) in 2020 which is largely due to COVID-19 pandemic. see figure 3 below

Figure 3: HIV Counselling and Testing General Population



2.3 Service Delivery Area: Prevention of Mother-to-Child Transmission (PMTCT) -2020

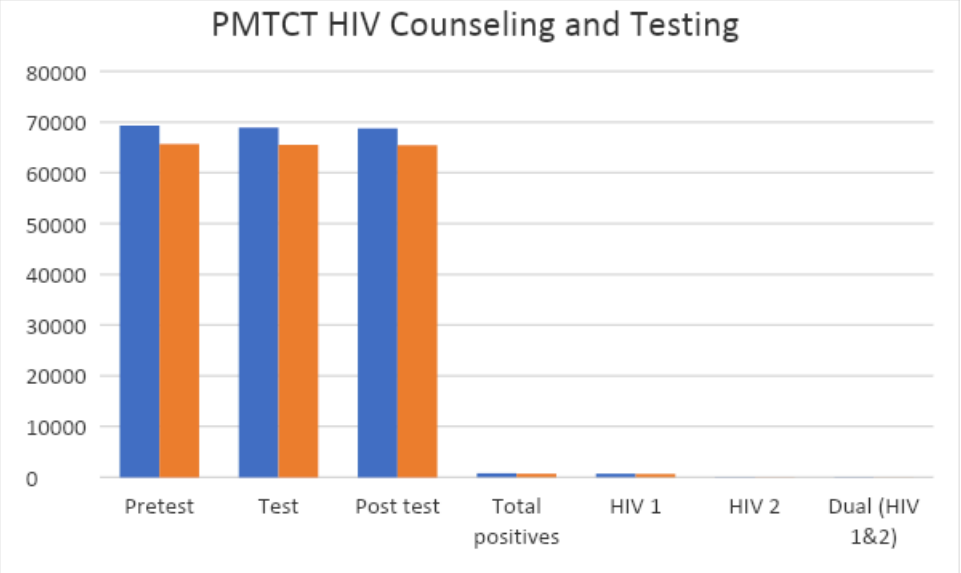
Effective prevention of mother to child transmission of HIV (PMTCT) efforts can drastically reduce paediatric HIV infection. PMTCT also serves as an entry point to care, treatment and support for HIV infected women and their exposed children and families.

In 2004, Ministry of Health introduced PMTCT services in The Gambia under the National AIDS Control Programme (NACP). Since then, the services have been rolled out to 57 health facilities in both private and public facilities. In 2020, over 99.7% of the women who were pretested had a HIV test. Ninety nine percent (99.1%) of the pregnant women who were tested knew their HIV status.

Rapid testing for HIV has been introduced in all of the PMTCT health facilities and this has increased the number of women enrolled into the PMTCT programme.

One percent (N = 683) tested positive, HIV 1 accounts for 93.2% (N = 637), HIV 2 is 4.4% (N = 30) and Dual HIV 2.3% (N = 16).

Figure 4: PMTCT HIV Counselling and Testing



2.4 ART SERVICES

Studies have revealed that Antiretroviral therapy is one of the most effective interventions available and it is an essential part of an efficient, sustainable AIDS response. Antiretroviral therapy saves lives, prevents new HIV infections because ARVs can reduce the risk of HIV transmission by up to 96%, prevents illness like tuberculosis infection among people living with HIV by 65% and keeps people productive.

The main goal of HIV treatment is to reduce a person's viral load to an undetectable level. Evidence shows that people with HIV who maintain an undetectable viral load have very low risk of transmitting HIV to their HIV-negative partners through sex.

In The Gambia, there are 14 HIV Treatment Centers across the country. Five (5) ART centers in Western Region 1 (EFSTH, Kanifing General Hospital, SOC Mother and Child Clinic, Bundung Maternal and Child Health Hospital, Yundum Army Clinic and UN Clinic is not functional for ART services as at now), Western 2, three (3) ART centers (Hands on Care, Bwiam General Hospital and ECG Sibanor Health Center), one (1) in Lower River Region (Soma District Hospital), one (1) in Central River Region (Bansang Hospital), one (1) in Upper River Region (Basse District Hospital), one (1) in North Bank Region East (Farafenni General Hospital) and one (1) in North Bank Region West (Essau District Hospital).

Table 3. Showing 14 HIV Treatment Centres in Regions across the Country.

Regions	Number of ART Sites	Facility Names
Western 1	5 ART centers	EFSTH
		Kanifing General Hospital
		SOC Mother and Child Clinic
		Bundung Maternal and Child Health Hospital,
		Yundum Army Clinic
		UN Clinic
Western 2	3 ART centers	Hands on Care
		Bwiam General Hospital
		ECG Sibanor Health Center
Lower River Region	1 ART center	Soma District Hospital
Central River Region	1 ART center	Bansang Hospital
Upper River Region	1 ART center	Basse District Hospital
North Bank Region East	1 ART center	Farafenni General Hospital
North Bank Region West	1 ART center	Essau District Hospital

As at December 2020, a total of 7767 PLHIV were on treatment among the general population in all the 14 ART centers. Of the 7767 on treatment, adult males consist of 22.7% (N= 1767) of all PLHIV on treatment while adult females consist of 69.7% (N= 5419) of all PLHIV ART. Seven percent of those on ART (N=581) are children below 15 years.

Table 4: General Population on ART Excluding PMTCT ART

GENERAL ART POPULATION	Total

PEADIATIC		ADULT		Total
Male	Female	Male	Female	
297	284	1765	5421	7767

The majority of these clients are found at Hands on Care 2231 (28.7%), followed by EFSTH 1172 (15%). However, it is important to note that the net increase of clients on ART at EFSTH is not encouraging compared to other ART centres due to poor retention of PLHIVs on ART and Covid19. To effectively deliver antiretroviral therapy services, all PLHIVs on care need to have a viral load test at least once a year. The number of clients who were tested and viral load results recorded and entered into the DHIS2 database was 1642 (21%). Of those who were tested for viral load, only 28% (476) had a viral load result (<1000 copies/ml). It is important to note that there was no single viral load test conducted in the following ART Sites:

Kanifing General Hospital
ECG Sibnor clinic,
Bwiam General Hospital and
Essau District Hospital.

During the year under review, the program registered 300 deaths. There were more deaths among the females 56% (N= 170) compared to males 43% (N=130).

2.4.1 PLHIV on ART (General Population 2019 Compared to 2020) by Health Facility

In comparing the achievement between 2019 and 2020, the figure below revealed that smaller ART facilities did quite well in retaining PLHIV on ART compared to the bigger facilities during the year under review. However, the observation could be as a result of the fact that COVID -19 pandemic was more concentrated in greater Banjul area where most of these bigger facilities are located.

Figure 5: PLHIV on ART (General Population 2019 Compared to 2020) by Health Facility

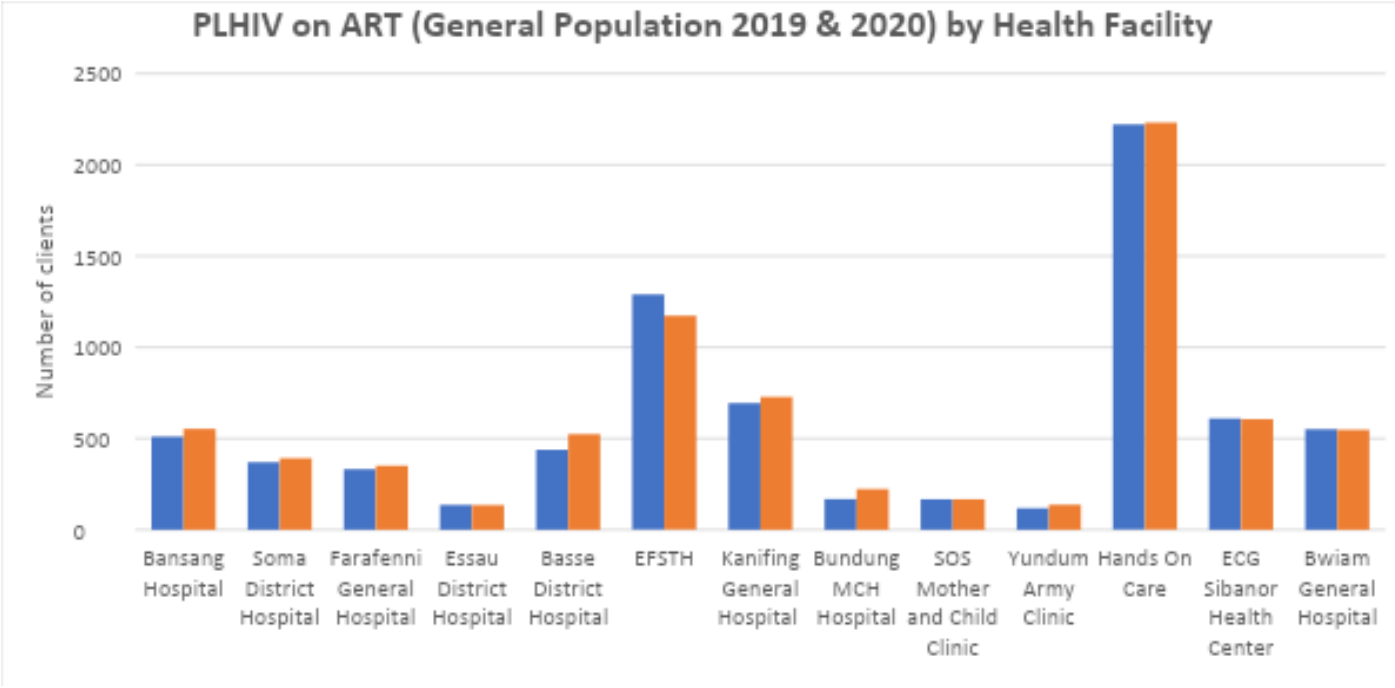

PLHIV on ART (General Population 2019 & 2020) by Health Facility
Number of clients
2500
2000
1500
1000
500
0
Bansang Hospital
Soma District Hospital
Farafenni General Hospital
Essau District Hospital
Basse District Hospital
EFSTH
Kanifing General Hospital
Bundung MCH Hospital
SOS Mother and Child Clinic
Yundum Army Clinic
Hands On Care
ECG Sibanor Health Center
Bwiam General Hospital

Table 5: PLHIV Currently on ART (General Population, 2020) by Health Facility

Facility	Male		Female		Total ART	Began ART	Viral-Load Test	Viral-load Undetectable
	0-14	15+	0-14	15+				
EFSTH	45	284	49	794	1172	194	151	48
Kanifing G. Hospital	23	175	24	506	728	256	0	0
Bundung MCH Hospital	9	59	5	150	223	94	46	1
SOS Mother and Child Clinic	7	43	7	110	167	13	22	11
Yundum Army Clinic	2	72	1	62	137	44	51	41
Hands On Care	75	498	80	1578	2231	407	338	185
ECG Sibanor Health Center	32	104	25	445	606	30	0	0
Bwiam General Hospital	26	92	18	412	548	77	0	0
Soma District Hospital	18	92	19	263	392	129	262	24
Bansang Hospital	24	112	18	399	553	190	294	68
Basse District Hospital	17	114	13	380	524	102	221	42
Farafenni General Hospital	11	87	13	240	351	88	257	51
Essau District Hospital	8	35	12	80	135	43	0	0
TOTAL	297	1767	284	5419	7767	1667	1642	475

Table 6: PLHIV Currently on ART (General Population, 2020) by Region

Region	Male		Female		Total ART	Began ART	Viral Load Test	Viral load Undetectable
	0-14	15+	0-14	15+				
Western 1	86	633	86	1622	**2427**	601	270	105
Western 2	133	694	123	2435	**3385**	514	338	185
Lower River	18	92	19	263	**392**	129	262	24
Central River	24	112	18	399	**553**	190	294	68
Upper River	17	114	13	380	**524**	102	221	42
North Bank East	11	87	13	240	**351**	88	257	51
North Bank West	8	35	12	80	**135**	43		
TOTAL	297	1767	285	5419	7767	1667	1642	475

Table 7: PLHIV Currently on ART (General Population, 2020) by Sub-Recipient

Facility	Male		Female		Total	Began ART	Viral Load Test	Viral load Undetectable
	0-14	15+	0-14	15+				
EFSTH	45	284	49	794	**1172**	194	151	48
Hands On Care	75	498	80	1578	**2231**	407	338	185
Ministry of Health	177	985	155	3047	**4364**	1066	1153	242

TOTAL	**297**	**1767**	**284**	**5419**	**7767**	**1667**	**1642**	**475**

2.4.3 Antiretroviral Therapy (ART) pregnant Women (PMTCT)

PMTCT programmes provide a range of services to women and infants. These include preventing HIV infections among women of reproductive age (15–49 years), preventing unwanted pregnancies among women living with HIV, and providing women living with HIV with lifelong ART to maintain their health and prevent transmission during pregnancy, labour and breastfeeding.

Early initiation of anti-retroviral therapy as lifelong treatment (ART) in HIV-positive pregnant women prior to delivery has a huge impact in reducing mother to child transmission of HIV among infant. In 2020, 683 pregnant women were newly tested HIV positive. Among the 683 pregnant women that tested positive, 70% (N= 479) were newly initiated on treatment and the number of pregnant women who were on ART before their current pregnancy was 102. A total of 527 positive pregnant women were on ART as at December 2020. Viral load testing remains a challenge especially in this service area. The total number of viral load recorded and reported on DHIS2 was 33 (6%) of total PMTCT mothers on ART. Of the 527 mothers currently on ART only 33 had a viral load test in 2020 and 5 of the 33 that had a test had undetectable viral load.See table 6 below.

Table 8: PLHIV Currently on ART (PMTCT, 2020) by region

Region	Total	Began ART	Viral Load Test	Viral Load Undetectable
Western 1	222	188	3	0
Western 2	118	96	6	3
Lower River	22	26	2	0
Central River	73	79	9	1
Upper River	51	55	11	0
North Bank East	24	24	0	0
North Bank West	17	11	2	0
Total	527	479	33	5

Source: DHIS2

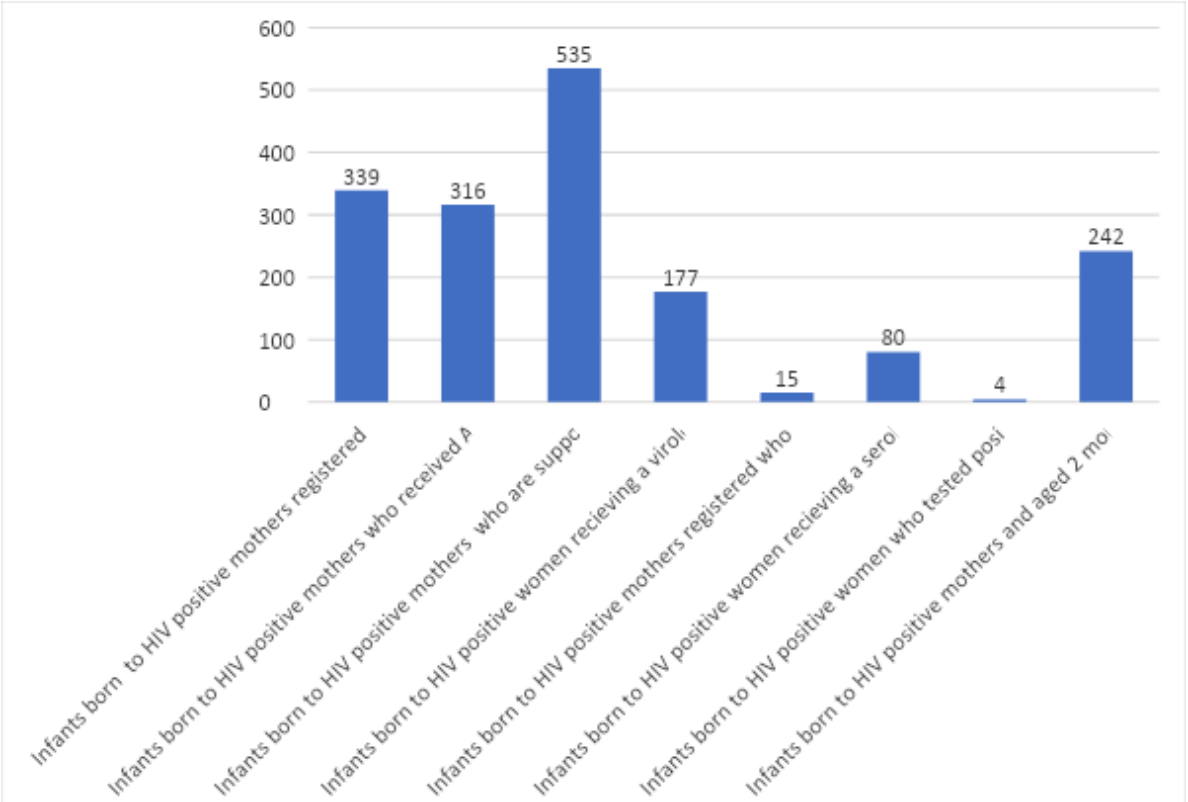
2.5 ARV INFANT

HIV can be transmitted from an HIV-positive woman to her child during pregnancy, childbirth and breastfeeding. Mother-to-child transmission (MTCT), which is also known as 'vertical transmission', accounts for the vast majority of infections in children (0-14 years).

Without treatment, an HIV positive pregnant woman's likelihood of passing the virus from mother-to-child is 15% to 45%. However, antiretroviral treatment (ART) and other interventions can reduce this risk to below 5%.PMTCT ARV Services is aimed at reducing the mother-to-child transmission of HIV. Therefore, testing exposed infants especially within 2 months to know their infant's HIV status remains critical.

The total number of exposed infants registered at the health facilities during the year under review was 339. The number of infants that received the ARV prophylaxis for the first time was 316 which is higher than the number registered and this could be as a result of the fact that some exposed infants born in the previous year and did not receive their ARVS at the time, received their ARVS in the current year. The number of infants that were supposed to be tested within 2 months and 18 months were 535 and out of which 257 (48%) were tested. Infants born to positive mothers aged 2 months that received Cotrimoxazole prophylaxis was 242. Two months is the age when virological test is frequently done for infants. The virological test conducted for the year under review was 177. Fifteen of the tests (8%) were positive. The serological test is done at 18 months. One hundred and thirteen serological tests were done and 8 (7%) of them tested positive. See figure 3 below for details.

Figure 6: ARV Infant 2020


600
500
400
300
200
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0
339
316
535
177
15
80
4
242
Infants born to HIV positive mothers registered
Infants born to HIV positive mothers who received A
Infants born to HIV positive mothers who are suppc
Infants born to HIV positive women recieving a virol
Infants born to HIV positive mothers registered who
Infants born to HIV positive women recieving a sero
Infants born to HIV positive women who tested posi
Infants born to HIV positive mothers and aged 2 mo

2.6 The 2020 Cohort Report

From the 2020 Cohort Report 8,346 Patients on ART as of December 2020 (General population plus PMTCT ART), 8284 (99.2%) are on 1st Line treatment regimen and 62 (0.74%) are on Second Line treatment regimen. Of the 62 PLHIV on second line, 54 are adults 15+ years and 8 are children < 15 years.

A total of 6,956 (83%) of patients on ART are receiving TDF+3TC+EFZ. Out of which, 6682 are adults and 274 are children < 15years. Of the children receiving TDF+3TC+EFZ, 144 are on adult dose while 130 are on half dose (1/2 TDF+3TC+EFZ). This is followed by 368 (4.4%) on TDF+3TC+DTG, 152(1.8%) TDF+3TC+LPV/r, 91(1%) AZT+3TC+LPV/r, 336 (4%) TDF+3TC+ATV/r, 193 (2.3%) AZT+3TC+ATV/r, 246 (2.9%) ABC+3TC+NVP and only 4 patients on ABC+3TC+LPV/r respectively.

At total of 62 (0.74%) of patients on ART are on second line regimen. Of the 62 PLHIV on second line, 54 are adults 15+ years and 8 are children < 15 years. Thirty -four patients (54%) are on AZT+3TC+ATV/r (33 adults and 1 child). Eighteen patients (29%) are on TDF+3TC+ATV/r, 9.6% (N= 6) are on TDF+3TC+LPV/r, three patients on TDF+3TC+DTG and only 1 patient is on AZT+3TC+LPV/r

Table 9: Patient per Regimen, 1st Line Regime		
	ADULT	**CHILDREN**

	Total Patients	TDF+3TC+DTG	TDF+3TC+EFZ	TDF+3TC+LPV/r	AZT+3TC+LPV/r	TDF+3TC+ATV/r	AZT+3TC+ATV/r	TDF+3TC+DTG	ABC+3TC+NVP	ABC+3TC+LPV/r	½TDF+3TC+EFZ	½AZT+3TC+LPV/r	TDF+3TC+EFZ	TDF+3TC+LPV/r	AZT+3TC+LPV/r

EFSTH	1187	5	1029	3	0	71	0	0	18	0	43	0	18	0	0
Kanifing General Hospital	775	0	664	5	0	54	6	0	24	0	0	0	22	0	0
BMCHH	225	2	188	9	0	15	0	0	8	0	1	0	2	0	0
SOS	174	15	132	4	0	10	1	0	1	0	4	0	6	0	1

Yundum Army Clinic	130	0	115	5	5	1	2	0	2	0	0	0	0	0	0
HOC	2316	171	1832	2	4	25	130	7	51	0	57	1	36	0	0
ECG Sibanor	613	57	428	2	4	53	20	2	25	0	8	0	13	1	0
Bwiam General Hospital	562	103	400	10	0	0	0	2	33	1	0	0	12	1	0
Soma District Hospital	397	0	307	21	2	33	0	0	24	1	7	0	2	0	0
Bansang Hospital	545	1	438	35	6	26	0	0	18	0	7	1	11	1	1
Basse District Hospital	542	0	451	16	48	0	0	0	16	0	0	0	10	0	1
Farafenni General Hospital	353	0	289	30	4	1	0	0	15	1	3	0	8	1	1
Essau District Hospital	148	0	121	0	11	0	0	0	11	1	0	0	4	0	0
Sub Total	**7967**	**354**	**6394**	**142**	**84**	**289**	**159**	**11**	**246**	**4**	**130**	**2**	**144**	**4**	**4**
Other PMTCT Sites	317	0	288	0	0	29	0	0	0	0	0	0	0	0	0
Grand Total	**8284**	**354**	**6682**	**142**	**84**	**318**	**159**	**11**	**246**	**4**	**130**	**2**	**144**	**4**	**4**

Table 10: Patient per Regimen, 2nd Line Regimen

Region	Facility	Total Patient	Adult	Children

			TDF+3TC+DTG	**TDF+3TC+ATV/r**	**AZT+3TC+ATV/r**	**TDF+3TC+LPV/r**	**AZT+3TC+LPV/r**	**1/2 AZT+3TC+ATV/r**

Western 1	EFSTH	7	0	7	0	0	0	0
	Kanifing General Hospital	0	0	0	0	0	0	0
	BMCHH	0	0	0	0	0	0	0
	SOS	2	0	0	0	2	0	0
	Yundum Army Clinic	0	0	0	0	0	0	0
Western 2	HOC	43	3	8	30	0	1	1
	ECG Sibanor	5	0	0	3	2	0	0
	Bwiam General Hospital	0	0	0	0	0	0	0
LRR	Soma District Hospital	0	0	0	0	0	0	0

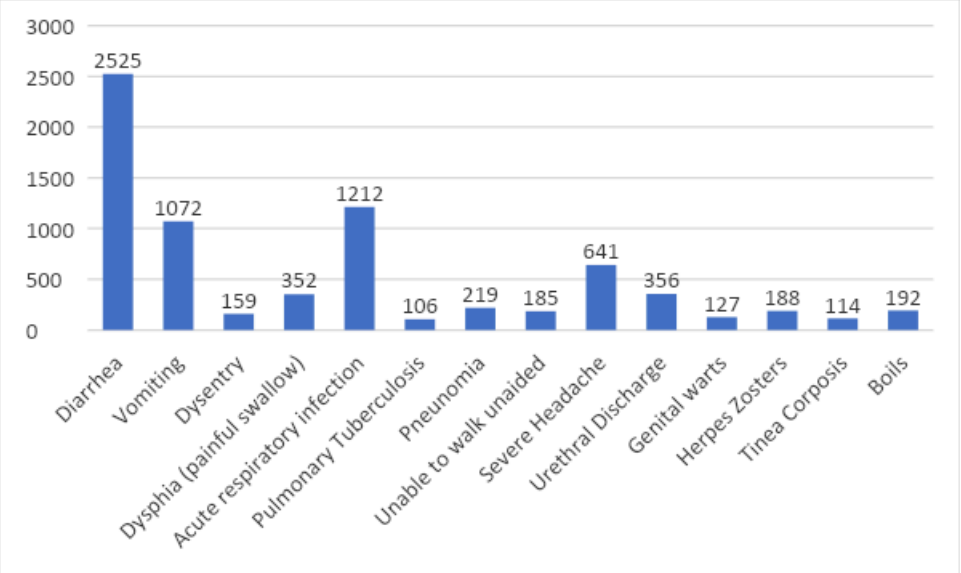
CRR	Bansang Hospital	5	0	3	0	2	0	0
URR	Basse District Hospital	0	0	0	0	0	0	0
NBRE	Farafenni General Hospital	0	0	0	0	0	0	0
NBRW	Essau District Hospital	0	0	0	0	0	0	0
Total		**62**	**3**	**18**	**33**	**6**	**1**	**1**

2.7 OPPORTUNISTIC INFECTIONS

Untreated HIV, over the course of years, will result in loss of immune function and development of “opportunistic” infections. They're called "opportunistic" because they take advantage of the weaker immune system of someone with HIV. If the CD4 count stays up, opportunistic infections are less likely to be a problem.

The opportunistic infections selected among the list are Diarrheas, vomiting, Dysphia (painful swallow), unable to walk unaided, Dysentery, Acute Respiratory infection, Pulmonary Tuberculosis, Pneumonia, Severe headache, Urethral Discharge, Genital Warts, Herpes Zosters and Tinea corposis and Boils. The most frequently seen opportunistic infections was diarrhea with 2525 cases followed by Acute Respiratory infection with 1,212 reported cases, severe headache and Dysphia (painful swallow) and Boils 292.

Figure 7: Selected Opportunistic Infections 2020


3000
2500
2000
1500
1000
500
0
2525
1072
159
352
1212
106
219
185
641
356
127
188
114
192
Diarrhea
Vomiting
Dysentry
Dysphia (painful swallow)
Acute respiratory infection
Pulmonary Tuberculosis
Pneunomia
Unable to walk unaided
Severe Headache
Urethral Discharge
Genital warts
Herpes Zosters
Tinea Corposis
Boils

2.8 Service Delivery Area: TB/HIV Collaboration

Tuberculosis (TB) is one of the common opportunistic infections among PLHIV. In order to improve the quality of life of PLHIV co-infected with TB, it is necessary for them to have access to treatment of TB. The National AIDS Secretariat's programme data for 2020 shows that a total of 12000 PLHIVs were screened for TB. Efforts to improve collaboration between TB and HIV, at both policy and program levels have registered great success in that, a strategic framework and action plan have been agreed at managerial and service delivery levels.

Table 11: TB Indicators performance

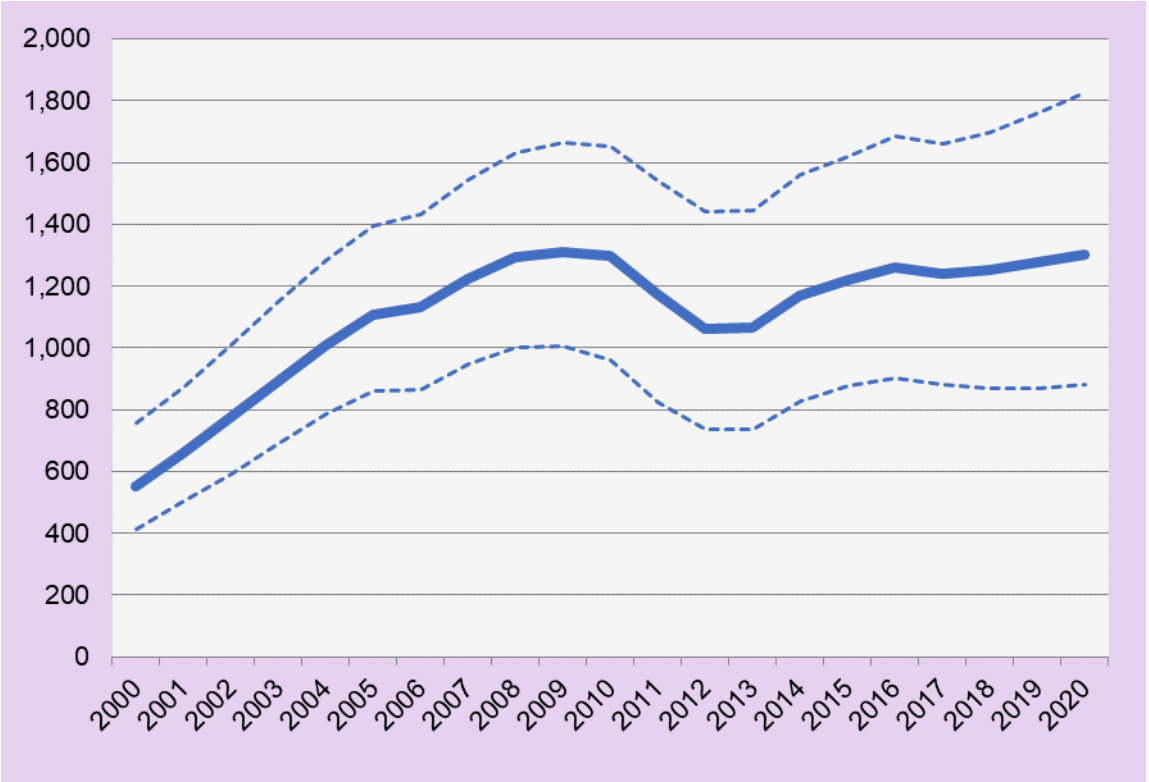
Coverage Indicators	Target 2020	Result 2020	Achievement %
MDR TB-2 (M): Number of TB cases with RR-TB and/or MDR-TB notified	18	9	50
MDR TB-3 (M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	18	9	50
TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	2960	2418	82
TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	2670	2276	85
TB/HIV-6(M): Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	533	320	60

The table above shows that the NLTP program achieved above 80% in two (2) of the indicators, one (1) indicator achieved 60% while two (2) achieved 50% respectively.

3.2. 2020 HIV estimates Using Spectrum Projections

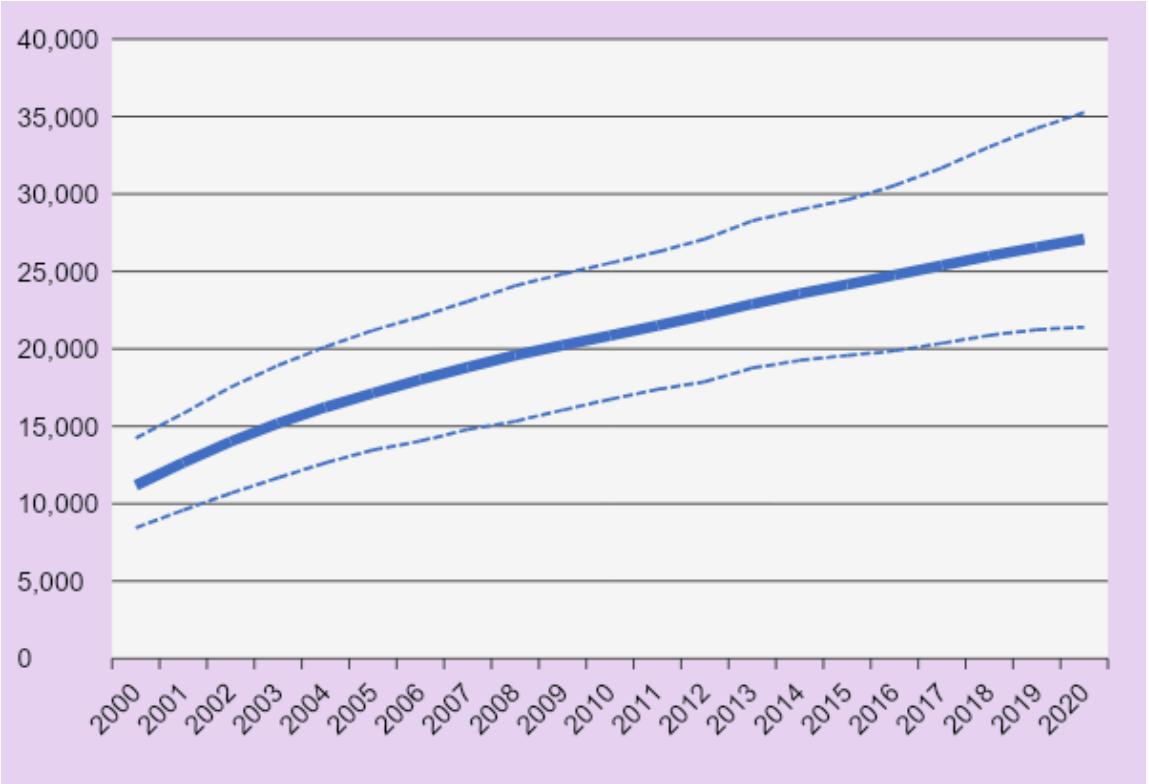
Below are selected Epi graphs from the Gambia 2020 HIV estimates file by UNAIDS

Figure 8: Estimated AIDS Deaths in The Gambia



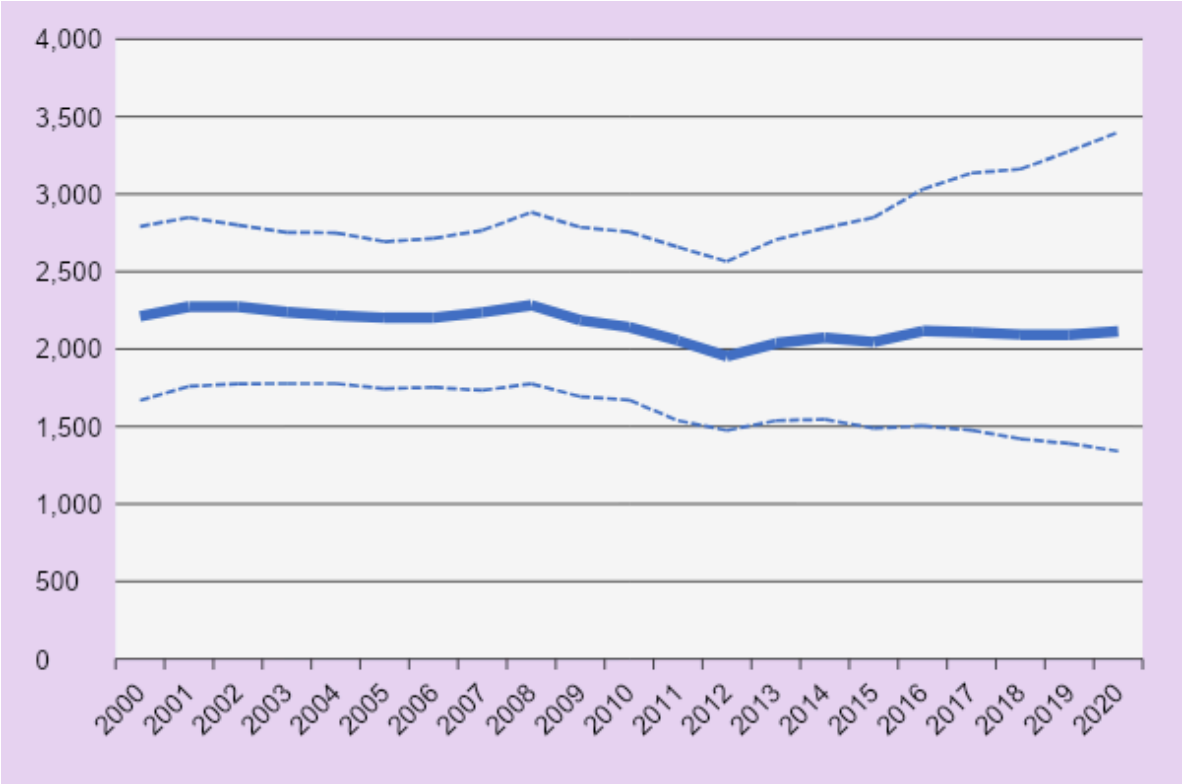
The UNAIDS 2020 HIV graphic estimates revealed that AIDS Deaths in The Gambia is estimated to be at 1,300 persons in 2020. The estimates have both low and high bounds, meaning the AIDS Deaths can be as low as 880 or as high as 1800 persons.

Figure 9: Number of people living with HIV



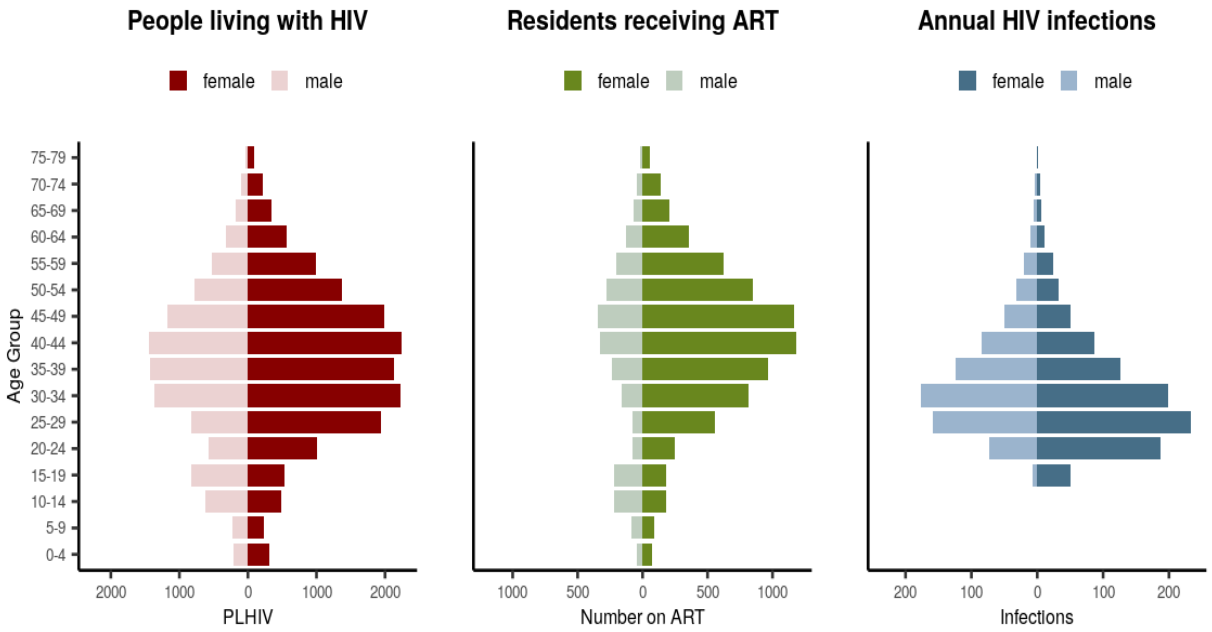
The Gambia has a generalized epidemic with an estimated 27,000 people living with HIV in 2020. As shown on the graph above, the estimates have both low and high bounds, meaning the Number of people living with HIV in The Gambia can be as low as 21,000 or high as 35,000 persons in 2020.

Figure 10: New HIV Infections



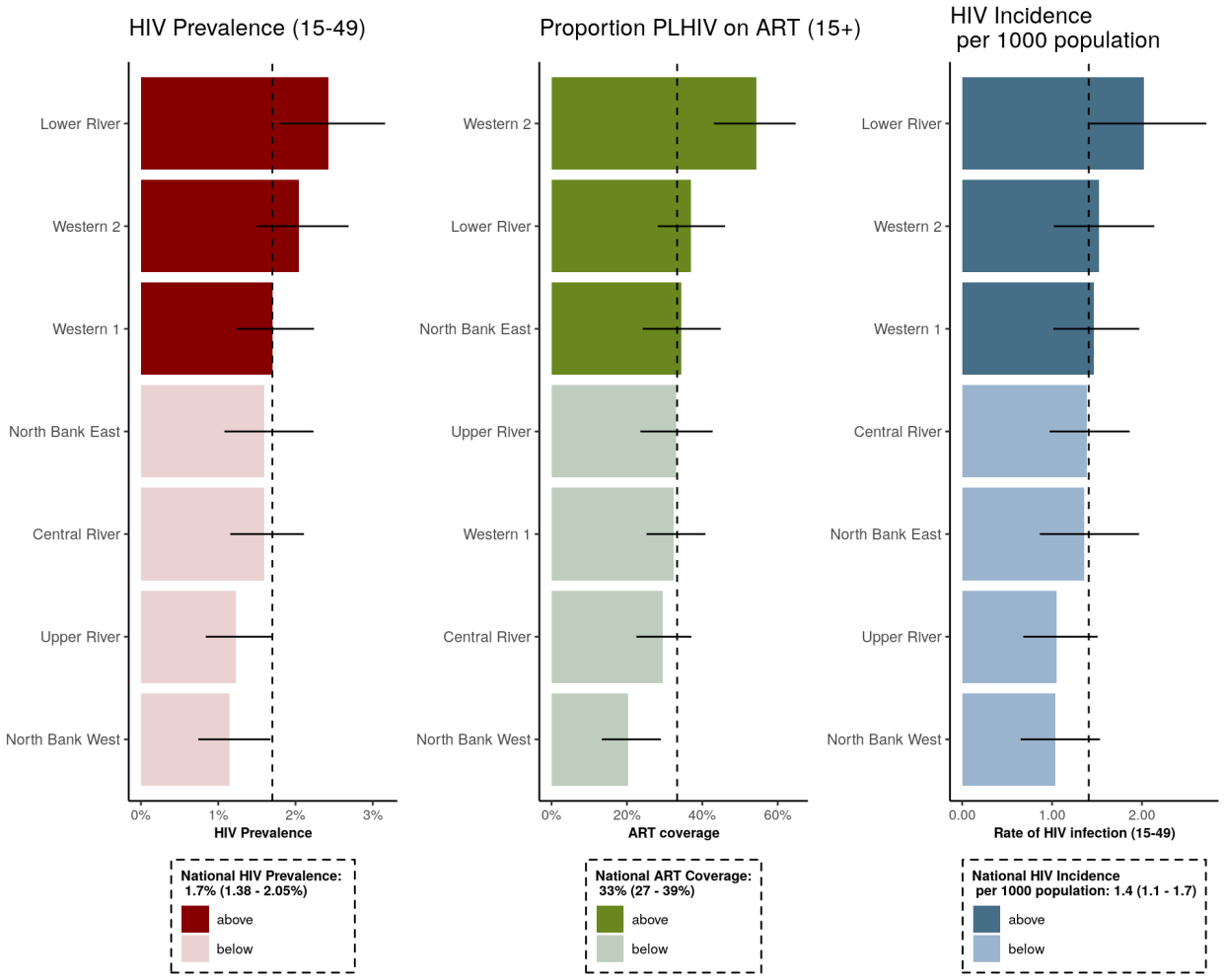
As shown in the graphic estimates, the number of HIV new infections in The Gambia is estimated at 2100 in 2020 compared to 2,400 in 2019. The UNAIDS estimates have both low and high bounds, meaning the new HIV infections in The Gambia can be as low as 1,300 or high as 3,400 new HIV infections in 2020.

Figure 11: Distribution of HIV by age and sex



The figure above indicates the distribution of HIV by age sex in The Gambia. 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 in the country. Equally annual HIV infections are higher among women compared to their male counterparts.

Figure 12: 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 1 Health Region and Western 2 Health Region have a HIV prevalence higher than the national prevalence of 1.7%

Regarding ART coverage, Lower River Region (LRR), Western 2 Health Region and North Bank East Health Region have higher coverage of PLHIV on ART above the national coverage of 33%. It is important note that even though Western 1 Health Region is among the three regions with HIV prevalence above the national prevalence, the region is lacking behind in terms ART coverage.

Figure 10 also shows that three (3) regions namely Lower River Region (LRR), Western 1 Health Region and Western 2 Health Region have a HIV Incidence per 1000 population above the national level.

Table 12: Health region-level indicators

Health region-level indicators							
Area	**Distribution of HIV**		**Annual HIV infections**		**ART Treatment**		
	PLHIV 15+	HIV prevalence 15-49	Incidence 15-49(Per 1000)	New infections 15+yrs	ART Coverage 15+yrs	Number residents on ART 15+yrs	Number clients receiving ART 15+yrs
Central River	2,600 (1,900-3,400)	1.6 (1.2-2.1)	1.4(1.0-1.9)	190(130-250)	29.5(22.5-37.1)	800(700-800)	700
Lower River	1,300(1,000-1,800)	2.4(1.8-3.2)	2.0(1.4-2.7)	90(70-120)	37.0(28.2-46.0)	500(400-600)	500
North Bank East	1,300(900-1,800)	1.6(1.1-2.2)	1.4(0.9-2.0)	90(60-130)	34.3(24.2-44.9)	400(400-500)	400
North Bank West	900(600-1,400)	1.1(0.7-1.7)	1.0(0.7-1.5)	70(50-110)	20.3(13.3-29.0)	200(200-200)	200
Upper River	2,200(1,500-3000)	1.29(0.8-1.7)	1.1(0.7-1.5)	160(100-230)	33.0(23.6-42.7)	700(700-800)	700
Western 1	10,200(7,400-13,400)	1.7(1.2-2.2)	1.5(1.0-2.1)	740(510-980)	32.3(25.2-40.8)	3,300(3,100-3500)	3000
Western 2	6,800(5000-8,800)	2.0(1.5-2.7)	1.5(1.0-2.1)	420(280-580)	54.2(43.0-64.8)	3700(3,500-3,900)	4200

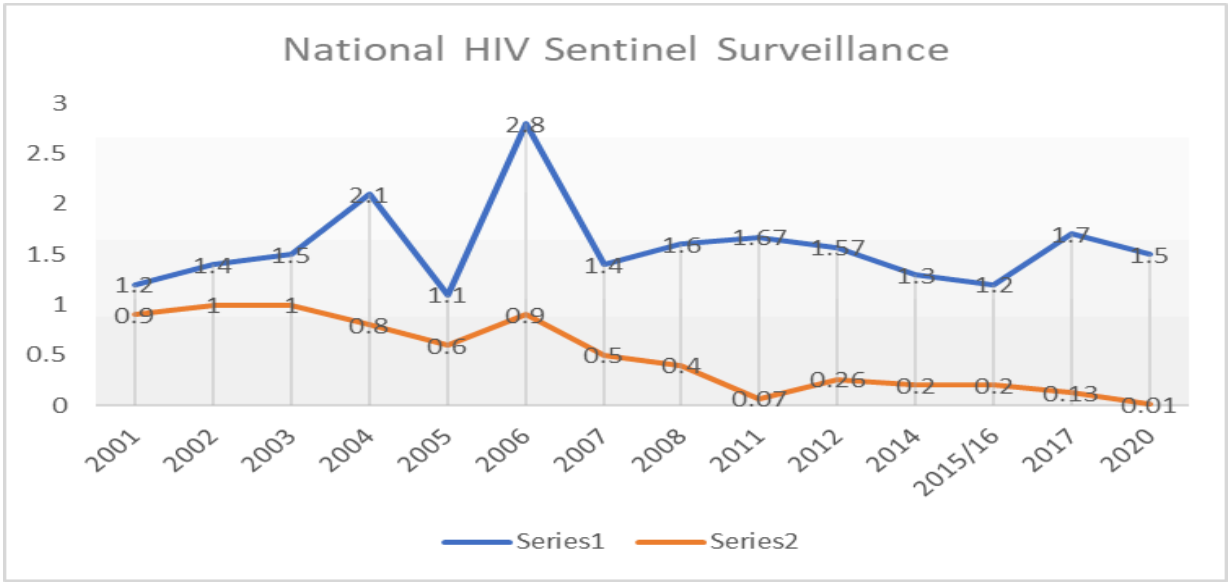
Distribution of HIV among PLHIV 15+ by health region reveled that Western 1 Health Region has the highest estimated PLHIV in the country 10,200 followed by and Western 2 Health Region 6,800and Central River Region 2600. On the HIV prevalence, Western 2 Health Region has the highest HIV prevalence 2.0% followed by Lower River Region (LRR) 2.4% and Western 1 Health Region 1.7%

Regarding Antiretroviral treatment, Western 2 Health Region has the highest ART coverage 54.2% followed by Lower River Region (LRR) 37.0% and North Bank East Health Region 34.3%

3.3 National HIV Sentinel Surveillance:

The Secretariat continued to monitor prevalence levels amongst antenatal women. The result of the 2020 NSS shows that the prevalence of HIV amongst antenatal women is 1.52%. The NSS 2020 results indicate that HIV1 account for 1.50% (n=92) and HIV2 is 0.01% (n=1) and therefore one can confirm that HIV1 is driving the epidemic in the Gambia. The prevalence at national level has stabilized considering the previous year's ANC surveillance data ranging from 1.7% (2011), 1.8% (2017) to 1.52% in 2020.

Figure 13: HIV Prevalence and trends among ANC attendees 2001 – 2020



3.4 Demographic Health Survey (DHS 2019-2020):

The 2019-2020 Gambia Demographic and Health Survey (2019-20 GDHS) was implemented by the Gambia Bureau of Statistics (GBoS) and Ministry of Health (MOH). The report is one of the most useful planning tools as it highlights the HIV situation in the Gambia more explicitly. Unfortunately, The Gambia Demographic and Health Survey (2019-20 GDHS) only assessed HIV/AIDS related knowledge, attitudes and behavior of the study participants omitting a very important component of HIV/AIDS in any country which is the HIV prevalence.

Key Findings:

- Comprehensive knowledge of HIV: About one quarter of women (27%) and men (28%) age 15-49 have comprehensive knowledge about HIV.
- Knowledge of mother-to-child transmission of HIV: 60% of women and 45% of men age 15-49 know that HIV can be transmitted during pregnancy, during delivery, and by breastfeeding.
- Multiple sexual partners: Less than 1% of women and 10% of men reported having two or more sexual partners in the 12 months prior to the survey.
- Condom use: 28% of women and 58% of men reported using a condom during their last sexual intercourse with a nonmarital or non-cohabiting partner.
- Coverage of HIV testing: 39% of women and 25% of men age 15-49 have ever been tested for HIV and received the test results.

3.4.1 HIV/AIDS Knowledge, Transmission, and Prevention Methods:

GDHS 2019-20 revealed that the percentage of women who know that using condoms consistently and limiting sexual intercourse to one uninfected partner can reduce the risk of HIV decreased slightly from 68% in 2013 to 66% in 2018. Among men, the percentage increased slightly from 72% to 74% over the same period.

The percentage of women age 15-49 with comprehensive knowledge of HIV remained stable at 27% from 2013 to 2019-20. Among men, however, comprehensive knowledge decreased from 36% to 28% over the same period.

3.4.2 Patterns by background characteristics

Fifty-nine percent of young women age 15-24 reported that using condoms and limiting sexual intercourse to one uninfected partner can prevent HIV, as compared with 67% of young men.

Knowledge of the two HIV prevention methods is higher among rural men (79%) than among urban men (73%). In comparison, there is little variation between rural (68%) and urban (66%) women.

By local government area, the percentage of women with knowledge about both prevention methods is lowest in Kuntaur (55%) and highest in Kerewan (80%). Among men, the percentage is lowest in Brikama (67%) and highest in Janjanbureh (86%). Sixty-three percent of women with no education reported having knowledge of the two HIV prevention methods, as compared with 71% of those with a secondary education or higher. The corresponding percentages among men are 69% and 78%.

3.4.3 Knowledge About Mother-To-Child Transmission:

The percentage of women and men age 15- 49 who know that the risk of mother-to-child transmission of HIV can be reduced by taking special drugs decreased from 66% and 49% in 2013 to 58% and 35% in 2019-20, respectively

3.4.4 Discriminatory Attitudes Towards People Living With HIV

According to findings of the GDHS 2019-2020, 76% of women and 73% of men age 15-49 have discriminatory attitudes towards people living with HIV. With regards to the background characteristics of participants regarding discriminatory attitudes towards PLHIV, 85% of women and 87% of men age 15-19 have discriminatory attitudes towards PLHIV as compared with 69% of women and 54% of men age 40-49.

Regarding regional differences with discriminatory attitudes towards PLHIV, 72% of women and 70% of men in urban areas have discriminatory attitudes, compared with 89% of women and 82% of men in rural areas.

Among the study participants, a decreased in discriminatory attitudes towards PLHIV was observed with increasing education among both women and men. Eighty six percent of women and 84% of men with no education have discriminatory attitudes, as compared with 67% each of women and men with a secondary education or higher.

3.4.5 Coverage of HIV Testing Services

The findings of the GDHS 2019-2020 shows little change since 2013 in the percentage of women and men age 15-49 who were tested for HIV and received results in the 12 months preceding the survey (14% and 7% in 2013 and 13% and 9% in 2019-2020, respectively).

The survey also revealed that more urban women (13%) and men (10%) have ever been tested for HIV and received the results in the last 12 months than their rural counterparts (11% and 4%,

respectively)

Regarding local government area, the percentage of women who have been tested in the last 12 months and received the results is lowest in Janjanbureh (4%) and highest in Kuntaur (16%). Among men, Janjanbureh has the lowest percentage (4%), while Banjul, Kanifing, and Brikama have the highest percentages (10% each)

3.4.6 HIV Testing of Pregnant Women

According to the study, self-reported HIV testing during pregnancy or delivery among women age 15-49 who gave birth in the 2 years preceding the survey revealed that 43% of women received counselling on HIV, an HIV test, and the results during antenatal care (ANC) while 58% of women had an HIV test during an ANC visit or labour and received the test results.

3.6 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 HIV prevalence among FSW 18-25 years old is 8.26% and among FSW older than 25 is 12.45%.

3.8 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 been implemented by GAF in partnership with HoC. The GAF Yundum Clinic has now been upgraded to an ART center

3.9 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 level 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 GF program indicators into the DHIS2 which is hosted by the HMIS at the MOH & SW. 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

The timeframe for NAS to implement activities as per the MoU with the Ministry of Agriculture was the duration of 2019. However, delays were experienced at the latter part of 2019 resulting in some activities been carried over to 2020.These delays were mainly due to the emergence of Covid-19 and difficulty in implementing some activities such as the work-place based sessions. In addition, some activities that involved gathering crowds such as drama and quiz were suspended thanks to Covid-19 restrictions. In the same vein moneys

meant for implementing these activities were reprogrammed to be used for radio panel discussion, increasing the number of this activity from one to four every month. It is also noteworthy that the funds available were not enough to cover activity implementation for the whole of 2020. As 2020 is the final year of the first phase of the P2RS Project, any further activity implementation will be done in the next phase of the project.

4.0 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.

6.0: Infrastructure Expansion and Refurbishment

Solarization of the Regional Medical Stores in all 7 regions was an activity started in 2018 but finished in 2020. This activity couldn't finish at the agreed time in all regions as it was blighted by delays related to adjustments made to the work design due to realities that surfaced during implementation as well as change of structure in one of the sites i.e. Bansang Regional Medical store.

Work aimed at expanding the Dialysis Unit at the EFSTH started in 2019. This is meant to provide access to PLHIV who had challenges using the same facility as members of the general population. This activity is near completion and is expected to be handed over early part of July 2020.

Expansion of three TB labs was started and two are already completed i.e, Brikama and Faji Kunda Health Facilities during this period. Work at Kanifing General Hospital is nearing completion and is expected to be handed over by the second week of July 2020.

6.1 Vehicle and Generator Maintenance

Three vehicles and 36 generators were maintained in the form of providing fuel and actual servicing of the equipment for the Ministry of Health.

7.0 FINANCIAL UPDATE 2020

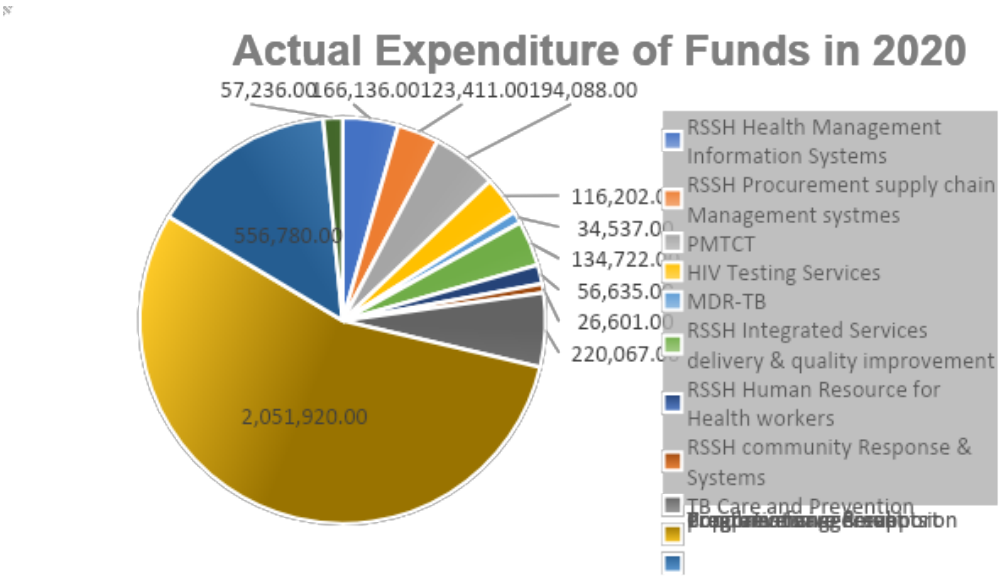
7.1 Background

The approved three-year Project budget for NAS was $12,270,406. For the year under review the total budget was $5,028,263.93. However, $3,744,638.11 was disbursed and received from The Global Fund in 2020.

7.2 Sources and uses of funds 2020

As depicted in figure 11 a below, of the actual expenditure (i.e., $1,200,660) 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, drugs, monitoring and evaluation and administration.

Figure 14: Actual Expenditures

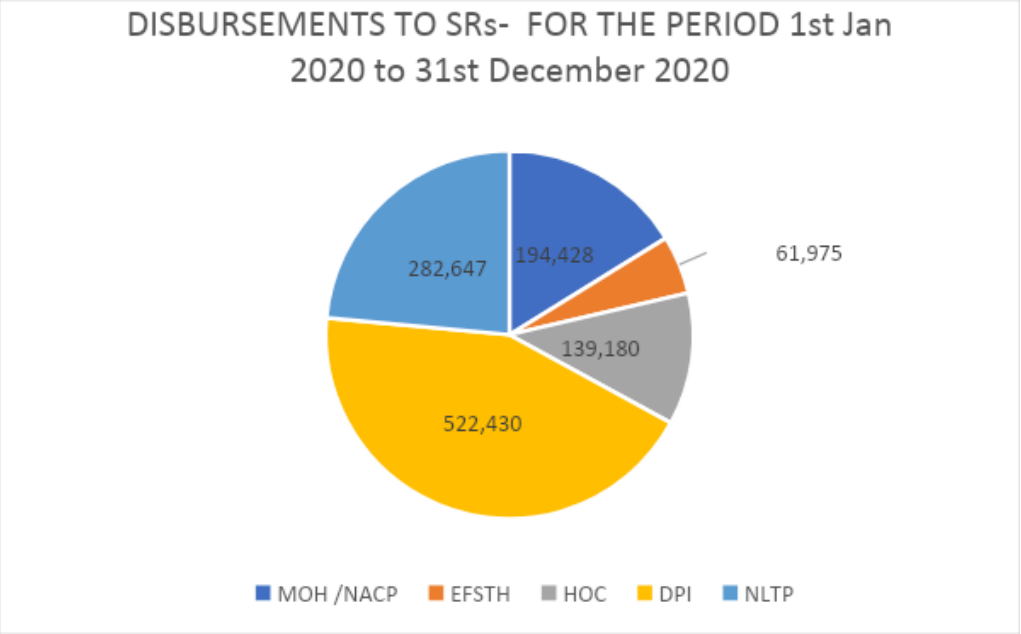


7.3 Disbursements to SRs 2020

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 15: Total disbursement to SRs 2020

The distribution of funds to SRs is further depicted in the chart below:



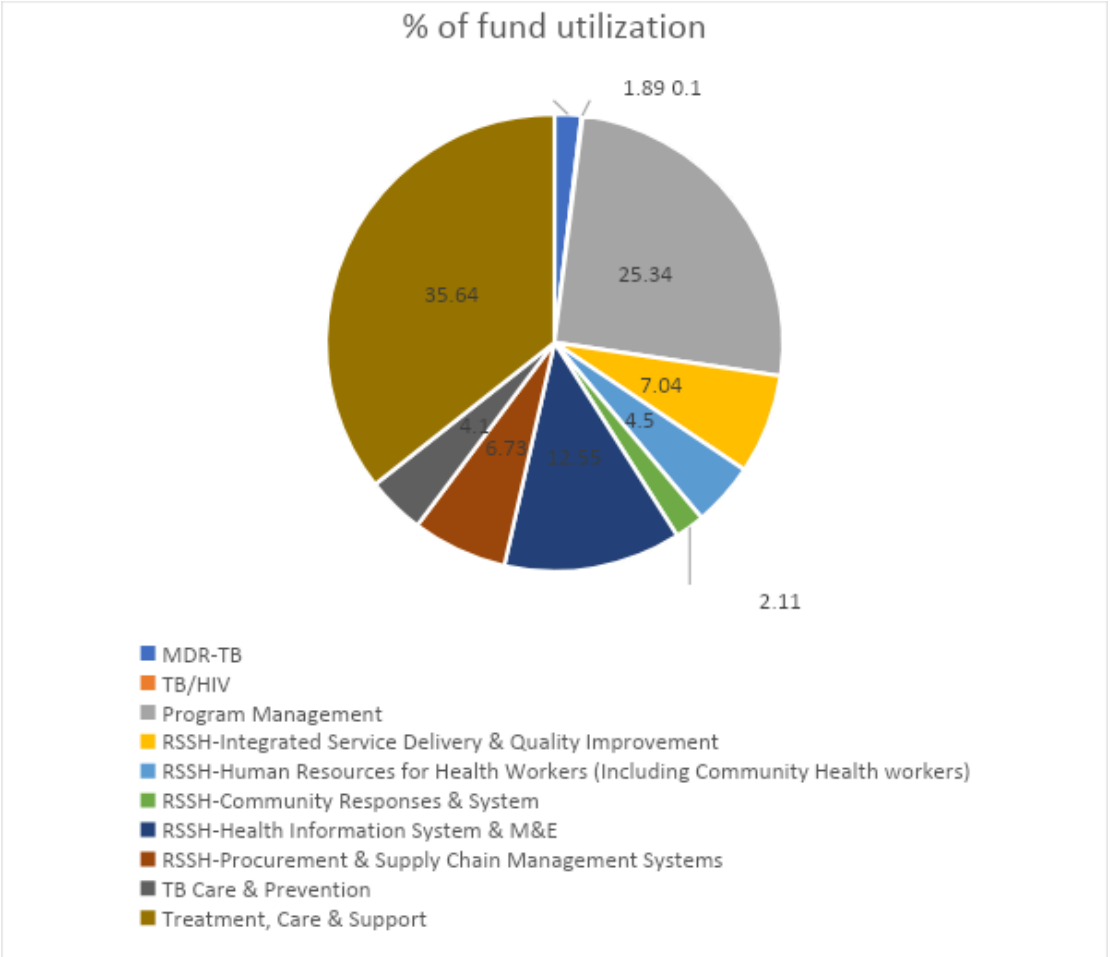
As shown on figure 15 above, Ministry of Health, DPI received the most funds of 43.51% disbursed to Sub Recipients.

7.4 **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:

Figure16: Fund utilization by Module



Figures 16: % of fund Utilization

Programme management cost accounted for 25.34% of total funds disbursed to SRs. RSSH: Health Information System and M&E 12.55%, RSSH: Procurement Supply Chain Management 6.73%, RSSH: Integrated service delivery and quality improvement 7.04%, Treatment Care and Support 35.64%, TB care and prevention 4.1%, MDR-TB 1.89%, RSSH: Human resources for health (HRH), including community health workers 4.5%, TB/HIV less than 0.1%, RSSH: Community responses and systems 2.11%

7.5 Principal Recipient Coordinating activities:

The Secretariat is the Principal Recipient and is responsible for coordinating the HIV program activities. Below is a summary of the budget-by-budget item expenditure from January to December 2020.

Table 13: Principal Recipient Coordination

Category	**Actual $**	**%**
PMTCT	194,088	7.82
Treatment, care and support	1,603,571	64.57
TB care and prevention	168,499	6.78
MDR-TB	10,786	0.44
RSSH: Integrated service delivery and quality improvement	46,147	1.86
RSSH: Procurement and supply chain management systems	38,702	1.56
RSSH: Health management information systems and M&E	8,244	0.34
HIV Testing Services		4.68

	116,202	
Prevention Programmes for General Population	1,952	0.079
Comprehensive Prevention Programs for MSM	57,236	2.30
Program Management	237,984	9.58
Totals	**2,483,411**	**100**

Treatment, care and support accounted for 64.57% of total PR expenses over the period. All procurements are done at the level of Global Fund with the PPM.

HIV Testing Services accounted for 4.68% of the total expense. Whilst MDR-TB and Program management accounts for 0.44% and 9.58% respectively.

8.0 The Gambia Local Fund Contribution to the HIV and AIDS Response

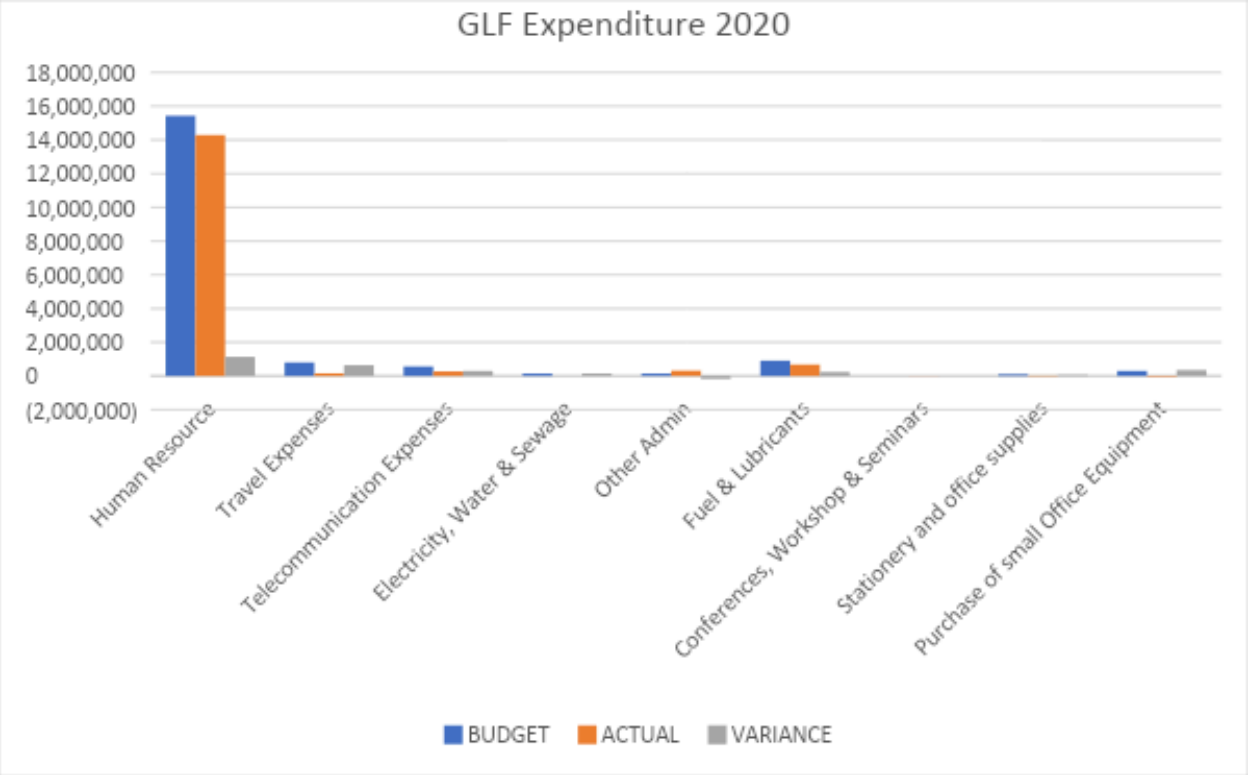
The Government of the Gambia continues to provide funding to the National HIV response since the establishment of the secretariat. During the HARRP project, it was obligatory for government to provide a counterpart funding and after the end of the HARRP, government continued to ensure this contribution is 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 all staff emoluments be gradually shouldered by government. At the start of phase two of round 8, the salaries of all the senior staff was taken over and by mid of year 3 of phase two, the rest of staff's salaries are bound by government. The total expenditure for salaries and wages amounted to GMD14,285,490 against the total budgeted amount of GMD15,418,669.19 and as shown in the table and graph below, about 91% of the funds are for salaries whiles the rest of the funds are spent on Fuel & Lubricants, local and

overseas travel, Conferences, Workshop & Seminars and Stationary supplies. The positive variance of GMD1,133,179.19 is due to unfilled staff positions.

The contribution of government has shown a marked increase since HARRP, from 1 million Dalasis to over 12 million Dalasis over the years.

Partner contribution mainly comes from Global Fund. Other partners such as UNAIDS, UNDP, WFP and Ministry of Agriculture (P2RS)

Table 17: Showing project component, budget and expenditure



9.0 PROCUREMENT & SUPPLY CHAIN ACTIVITIES IN 2020

Procurement is the efficient, economic and effective acquisition of goods works and services including both consultancy and non-consultancy services as well as the management of the acquisitions and flow of goods and services to satisfy the end-users needs. These activities represent approximately ***57.5%*** of total NFM budget. This shows that procurement is both operationally and financially important in delivering HIV 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 the rationalization of goods and services to enhance service delivery in a timelier manner. Most of the procurement especially the pharmaceuticals and lab supplies are done through wambo .org.

9.1 Budget:

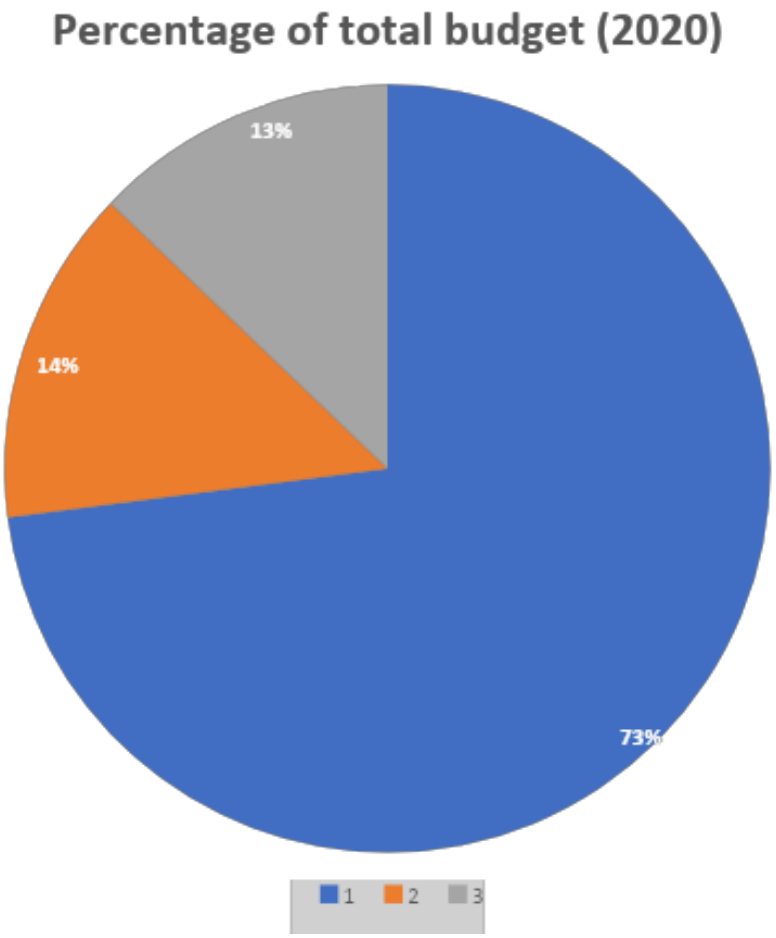
Procurement, as usual continues to be the major cost driver of the Global Fund HIV Grant budget implemented by NAS. During the reporting period, the total procurement budget was $1,789,993.00 representing about 57.5% of the 2020 total NFM 2 budget. Of this total, $ 1,305,936.57 was for Pharmaceuticals and $253,947.44 for Non-Pharmaceuticals Health Products (Commodities and Products-Health). An amount of $230,109.60 was also budgeted for Procurement and Supply Management cost.

Table 14 indicates the procurement budget into sub-categories whiles Figure 18 summarises the budget into the above-mentioned categories in a pie-chart.

Table 14: 2020 Procurement Budgets

No.	2020 Cost category	2020 Budget	Percentage of total budget (2020)
1	Pharmaceuticals (Commodities and Products-Drugs)	**$ 1,305,936.57**	**72.96%**
2	Non-Pharmaceuticals Health Products (Commodities and Products-Health)	**$253,947.44**	**14.18%**
3	Procurement and supply management cost	**$ 230,109.60**	**12.86%**
	G/total	$ 1,789,993.00	**100%**

Figure 18: Procurement Budget (by cost categories)



10.0 BEST PRACTICES OR LESSONS LEARNT:

10.1 Outreach PMTCT

Health facilities in the country run RCH clinics. These clinics offer infant and child welfare, antenatal and family planning services. RCH 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 RCH 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 RCH teams in those health facilities conducting PMTCT services at these outreach stations each time RCH 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.

10.2 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.

10.3 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 needs 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 Draft National Task Shifting Policy for HIV, TB and Malaria and its hope that the policy will be rolled out in late 2021.

11.0 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.

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 **$24,210,389** 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.

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.

12.0 KEY CONSIDERATIONS AND CONCLUSIONS:

Overall, the program has successfully implemented activities at both Central and Regional levels with minimal achievements as compared to 2018 as highlighted in the 2019 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 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 RCH 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 specialised 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 on TB/HIV services and the health systems.

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