

Baseline Assessment – Sierra Leone

Scaling up Programs to Reduce Human Rights-Related Barriers to HIV Services

2018
Geneva, Switzerland

Disclaimer

Toward the operationalization of Strategic Objective 3(a) of the Global Fund Strategy, *Investing to End Epidemics, 2017-2022*, this paper was commissioned by the Global Fund to Fight AIDS, TB and Malaria (Global Fund). It presents, as a working draft for reflection and discussion with country stakeholders and technical partners, findings of research relevant to reducing human rights-related barriers to HIV and TB services and implementing a comprehensive programmatic response to such barriers. The views expressed in this paper do not necessarily reflect the views of the Global Fund.

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Acronym List

CAC	Chiefdom AIDS Committee
CARKAP	Consortium for the Advancement of the Rights for Key Affected Populations
CARL-SL	Centre for Accountability and the Rule of Law
CASL	Christian Aid in Sierra Leone
CCM	Country Coordination Mechanism
CDHR	Centre for Democracy and Human Rights
CISMAT	Civil Society Movement Against Tuberculosis in Sierra Leone
DAC	District AIDS committee
DHMT	District health management team
DHO	District health officer
DMO	District medical officer
HAPPY	HIV/AIDS Prevention Project for Youth
KSLP	King's Sierra Leone Project
LAWYERS	Legal Access for Women Yearning for Equal Rights and Social Justice
MoHS	Ministry of Health and Sanitation
MoJ	Ministry of Justice
MSM	Men who have sex with men
NAC	National AIDS Commission
NACP	National AIDS Control Programme
NAS	National HIV/AIDS Secretariat
NETHIPS	Network of HIV Positives in Sierra Leone
NSP	National Strategic Plan
OSIWA	Open Society Institute of West Africa
PIH	Partners in Health
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission
PSM	Procurement and supply management
PWID	People who inject drugs
SDG	Sustainable development goals
SLDHS	Sierra Leone demographic and health survey
SLYDCL	Sierra Leone Youth Development and Child Link
SWAASL	Society of Women Against AIDS in Sierra Leone
TBA	Traditional birth attendants
TWG	Technical Working Group
UCC	UNAIDS country coordinator

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Executive Summary

Introduction

This Executive Summary summarizes the findings of the baseline assessment conducted in Sierra Leone as part of operationalizing Strategic Objective 3, which, among other things, commits the Global Fund to Fight AIDS, TB and Malaria to: “*introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services*”.¹

Since the adoption of its Strategy, *Investing to End Epidemics, 2017-2022*, the Global Fund has joined with country stakeholders, technical partners and other donors in a major effort to expand investment in programs to remove human rights-related barriers in national responses to HIV, TB and malaria. It has done so because it recognizes that these programs are an essential means by which to increase the effectiveness of Global Fund grants, as they help to increase uptake of and retention in health services and ensure that health services reach those most affected by the three diseases.

Though the Global Fund provides support to all recipient countries to scale up programs to remove human rights-related barriers to health services, it is providing intensive support to 20 countries to enable them to put in place comprehensive programs aimed at reducing these barriers.² Based on criteria involving needs, opportunities, capacities and partnerships in country, Sierra Leone and nineteen other countries were selected for intensive support.

This baseline assessment is the first component of support that Sierra Leone will receive and is intended to provide the country with the data and analysis necessary to identify, apply for and implement comprehensive programs to remove human rights-related barriers to HIV and TB services.³ Towards this end, this assessment: (a) establishes a baseline concerning the present situation in Sierra Leone with regard to human rights-related barriers to HIV and TB services and existing programs to remove them, (b) describes what comprehensive programs aimed at reducing these barriers would look like, and their costs, and (c) suggests opportunities regarding possible next steps in putting comprehensive programs in place. Indeed, the initial outcome of the baseline assessment informed the development of the matching fund application for the programs to address human rights-related barriers, and the subsequent finalisation of the application.

A number of program areas involving interventions and activities to reduce human rights-related barriers to services have been found effective in reducing such barriers. Governments, technical partners and other experts have therefore recognized them as key components of the response.⁴ For HIV and TB, these program areas comprise: (a) stigma and discrimination reduction; (b) training for health care providers on human rights and medical ethics; (c) sensitization of law-makers and law enforcement agents; (d) reducing discrimination against women in the context of HIV and TB; (e) legal literacy (“know your rights”); (f) legal services; and (g) monitoring and reforming laws, regulations and policies relating to HIV and TB. In addition, for TB, there is the need to: (a) ensure confidentiality and privacy related to TB diagnosis, (b) mobilize and empower TB patient and community groups, (c) address overly-

¹ *The Global Fund Strategy 2017-2022: Investing to End Epidemics*. GF/B35/02

² *Ibid*, Key Performance Indicator 9.

³ As per communications from the GF Secretariat, exact timing and sequence is being updated and tailored for each country.

⁴ See *Key Programs to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses*, Guidance Note, UNAIDS/JC2339E (English original, May 2012); see also *Political Declarations on HIV/AIDS* (2011, 2016).

broad policies regarding involuntary isolation or detention for failure to adhere to TB treatment, and (d) make efforts to remove barriers to TB services in prisons.⁵

Programs to remove human rights-related barriers to services are *comprehensive* when the *right programs* are implemented *for the right people in the right combination* at the *right level of investment* to effectively remove human rights-related barriers and increase access to HIV, TB and malaria services.⁶

During June, July and August 2017, data was collected for this baseline assessment through a desk review, as well as through in-country research that comprised a total of 14 focus groups and 20 interviews involving 223 key informants in all four regions of Sierra Leone with multiple interviews taking place in Freetown, Waterloo, Makeni, Kono, Kenema, and Bo. Further research to determine past costs and projected costs of rights-related programs was conducted August through October 2017.

The following paragraphs summarize the baseline findings in 2017 in Sierra Leone with regard to populations affected by human rights-related barriers, the nature of the barriers, the existing programs to reduce these barriers, and a comprehensive response to address them. The findings are separated into HIV and TB findings.

HIV findings

Key and vulnerable populations

In its National Strategic Plan for HIV for 2016-2020, the Government of Sierra Leone recognizes several key populations in Sierra Leone as being at high risk of illness from HIV, having low access to HIV services, and facing systematic human rights-related barriers. These populations comprise people living with HIV, sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs, and prisoners.

The Government of Sierra Leone also recognizes many additional populations that are vulnerable to HIV – i.e., with higher HIV incidence or prevalence than the general population but not necessarily with systematic disenfranchisement, social and economic marginalization or criminalization. These vulnerable populations include young women and adolescent girls, TB patients, migrant workers (fisher-folk, miners, transporters, and traders), uniformed personnel such as the military, Ebola survivors, and orphans and vulnerable children. All of these populations are critical to country efforts to improve health.

Barriers to HIV services

The most significant human rights-related barriers impeding access to HIV services for key and vulnerable populations are:

- Stigmatizing attitudes and discriminatory practices against transmissible health conditions of those living with HIV and TB, other disabling health conditions (including mental illness

⁵ See Global Fund Technical Brief: *HIV, Human Rights and Gender Equality*, Global Fund to Fight AIDS, TB and Malaria (April 2017) and Global Fund Technical Brief: *Tuberculosis, Gender and Human Rights*, Global Fund to Fight AIDS, TB and Malaria (April 2017); see also *Political Declarations on HIV/AIDS* (2011, 2016)

⁶ This definition of “comprehensiveness » for the purpose of GF Key Performance Indicator 9 was developed with the Global Fund Human Rights Monitoring and Evaluation Technical Working Group.

and drug dependency), poverty, illiteracy, and certain professions such as sex work. These stigmatizing attitudes and discriminatory practices are influenced by prevailing social, cultural, political and economic forces and expressed by families and communities, local governments, law enforcement, religious institutions, service providers, and public media.

- Self-stigma among key and vulnerable communities and relatively weak community-led organizations that can directly challenge stereotypes, discrimination and violence, and encourage tolerance and respect.
- Gender inequality, including bias against adolescent girls and women based on their marital status, age, reproductive choices, or expressions of gender and sexuality. For example, women and girls face unequal treatment under traditional and customary laws, do not have equal access to education, and face other human rights violations, including sexual and gender-based violence.
- Lack of knowledge, or uneven knowledge, among all stakeholders, including parliamentarians, journalists, police, military, judiciary, local leaders, civil society organisations, and key and vulnerable populations, about human and legal rights related to health and HIV.
- Consequent rights violations by duty bearers and impunity in cases of abuses, including illegal practices by police in the form of harassment, extortion, arbitrary arrest and detention, violence, rape, and/or failure to protect from violence.
- Under-resourced systems for health and legal justice, such that legal justice is not served, and health facilities, including prison health services, struggle to ensure that infrastructure, staffing, training, or supervision fully comply with rights principles
- Insufficient budgeted resources directed toward the needs of key and vulnerable populations, and
- Poverty, food insecurity, lack of literacy and education, and lack of economic opportunity.

Opportunities to address rights-related barriers to HIV and TB services - from existing programs to comprehensive programs

This section summarizes recent or existing programs that have been implemented in Sierra Leone to remove human rights-related barriers to services and provides a summary description of a comprehensive response, based on the seven program areas (PA) set out in the *Global Fund HIV, Human Rights and Gender Equality Technical Brief*.⁷ The seven program areas are:

PA 1: Programs to reduce HIV-related stigma and discrimination

PA 2: Programs to train health care workers on human rights and ethics related to HIV

PA 3: Programs to sensitize lawmakers and law enforcement agents

PA 4: Programs to provide legal literacy (“know your rights”)

PA 5: Programs to provide HIV-related legal services

PA 6: Programs to monitor and reform laws, regulations and policies related to HIV

PA 7: Programs to reduce discrimination against women and girls in the context of HIV.

Currently, several non-governmental and community-based organisations, as well as governmental entities, are working to address human rights-related barriers to HIV in Sierra Leone. These organizations are all small, and the programs are being implemented at a very small scale, are seldom evaluated and are significantly underfunded.

As a result, these programs have had insufficient impact in reducing rights-related barriers to HIV services, as evidenced by the documented persistence of these barriers. Nevertheless, these organisations and programs form a basis and opportunity for increased investment by the

⁷ *Technical Brief HIV, Human Rights and Gender Equality*, Global Fund to Fight AIDS, TB and Malaria (April 2017)

government, the Global Fund and other donors. The following paragraphs summarize recent or existing programs in Sierra Leone to overcome human rights-related barriers to HIV services, and comprehensive programs that, if put in place, would to a great extent remove or reduce rights-related barriers to HIV services for key and vulnerable populations.

PA 1: Programs to reduce HIV-related stigma and discrimination against key and vulnerable populations

Existing programs: National and local media campaigns are occasionally conducted by the Sierra Leone Human Rights Commission to promote fundamental rights, including freedom of religion, freedom of association, and equal treatment under the law; to discourage discrimination by race, tribe, sex, place of origin, political opinion, colour or creed; and to promote social tolerance, equality, and respect. These campaigns are in part reactive, responding to specific publicized incidents of violence or rights abuses.

Trainings, meetings, and peer support groups are conducted for and by key and vulnerable populations, and periodic meetings also engage local community members, local service providers, local government officials, law enforcement, religious institutions, and local media. These activities are funded entirely by the Global Fund through the National AIDS Secretariat and CARKAP, and are implemented locally in primarily the Sierra Leone cities of Freetown, Waterloo, Makeni, Kono, Kenema, and Bo by approximately ten organizations (Dignity, Focus 1000, Kakua Hospice, NETHIPS, Prison Watch, RODA, SWAASL, SLYDCL, Well-body, and WICM). Activities are aimed at reducing stigma and discrimination related to HIV and to identification with key populations, and to increase people's resilience and resourcefulness in seeking better health and access to medicines and health services.

Elements of the comprehensive program in this area: Comprehensive programming would significantly reduce stigma and discrimination against the 54,000 people living with HIV and the many hundreds of thousands more who are part of key and vulnerable populations. An initial effort would engage 400 people from key and vulnerable populations across at least 20 high-burden locations. An initial targeted effort to reduce stigma and discrimination related to HIV and related to key and vulnerable populations would expand activities to measure stigma and discrimination and to advocate for policies and practices that will reduce such stigma and discrimination in communities and self-stigma within affected populations. The following activities are recommended:

- Measure and monitor stigma and discrimination: Using a stigma index and other research tools⁸, sponsor a regular national assessment to document and measure (a) the types and level of HIV and TB-related stigma and discrimination experienced by key and vulnerable populations,
- Based on the findings from the measurement of stigma, devise and conduct national and community campaigns against stigma and discrimination mobilizing and sensitizing the Human Rights Commission, leaders from government, celebrities, traditional and religious leaders, as well as spokespeople from key and vulnerable populations to reduce HIV and TB stigma and discrimination through public engagements, radio programs and community dialogues

⁸ A research project can create an assessment that is both tailored to the Sierra Leone context and aligned with global tools. Existing tools that can be adapted and used in Sierra Leone to measure HIV-related stigma and discrimination include The People Living with HIV Index, The GAM indicator on discriminatory attitudes in general population and its NCPI, The PLHIV-friendly Achievement Checklist for health care settings by the Population Council, and the IBBS module on S&D experienced by key populations.

- Starting in 14 of Sierra Leone’s largest cities and communities, strengthen key and vulnerable population organisations to mobilize against HIV and TB stigma and discrimination by:
 - Addressing self-stigma through support groups
 - Holding quarterly and annual meetings with community leaders and opinion leaders (religious leaders, journalists, policy makers) to reduce and address stigma and discrimination related to HIV and TB, sexual orientation and gender identity, sex work and drug use/dependency.

PA 2: Programs to train health care workers on human rights and ethics related to HIV

Existing programs: According to stakeholder interviews in July and August 2017, no programming existed at that time in the country of Sierra Leone to train or support all health care workers about human rights and ethics related to key and vulnerable populations and HIV. During 2016, over 1000 health workers at regional and district hospitals, community health centres and community health posts were trained in comprehensive HIV care. These trainings included cursory information and protocols covering rights-based issues such as informed consent and confidentiality. However, stakeholder interviews describe these trainings as limited in rights-related content; without follow up mentorship, monitoring, or enforcement; and not specific to key or vulnerable populations or their specific rights-related barriers to HIV services.

Elements of the comprehensive program in this area: Comprehensive programming would aim to improve the experience of the 13,500 HIV-positive patients currently provided HIV and TB treatment in healthcare facilities in Sierra Leone by training and mentoring health care workers on human rights and medical ethics. This would include programs to:

- Measure and monitor HIV and TB-related stigma and discrimination in health care settings and use the findings to tailor responses and evaluate their efficacy in follow-up studies. In addition to the attitudes and practices of health care workers, this could involve assessments and research regarding patient experience of rights-related issues in health care settings, such as perceptions of stigma or discrimination; protection of informed consent, confidentiality and privacy; patient-centred care; knowledge of patient rights and workers' rights; and meaningful participation of the patient in decision-making about care
- Offer support to health care worker unions and medical student associations to review and update policies on human rights and medical ethics related to HIV which address workers’ fears of acquiring HIV; integrate human rights and ethics knowledge related to HIV and TB, attitudes and practices in health care worker performance reviews; and affirm standards for informed consent, confidentiality and privacy, patient-centred care, patient rights and workers' rights, and meaningful participation of both the patient and health care worker in decision-making about care.
- Provide resources to each of Sierra Leone’s 14 district hospitals for hospital directors and managers to assess potential structural changes to improve rights-related issues in health care settings, including (a) development of protocols and policies regarding ethical and non-discriminatory provision of HIV and TB care and in administration, (b) posting/distribution of HIV/TB patients’ rights materials in health settings; (c) review of the modalities of delivery of care (e.g. whether patients are required to wait in long lines, lines indicating they are HIV /TB patients, lack of privacy, (d) establishment of a

complaints procedure with redress; and (4) follow up monitoring by community-based organizations offering patient support.⁹

- Support training of health care employees, including health care administrators, District Health Management Teams, health care workers in public hospitals in key high burden districts, and private sector health care workers in each high burden region to measurably improve health worker attitudes, knowledge and competency related to key and vulnerable populations.
- Develop/revise, as necessary, pre-service and in-service curricula with the engagement of organisations that represent patients (such as organisations representing people living with HIV and TB and members of other key and vulnerable populations, including adolescents and young women) to address non-discrimination, informed consent, confidentiality, duty to treat, relevant issues about gender-based violence, sexuality and sexual health, drug use and mental health.¹⁰
- Provide funding for community-based organisations of key and vulnerable populations to contract and partner with hospitals and clinics to offer community-based patient support and monitoring of quality of care, as a strategy for increasing quality and accessibility of health care.

PA 3: Programs to sensitise lawmakers and law enforcement agents

Existing programs: According to stakeholder interviews in July and August 2017, no programming currently exists in Sierra Leone to systematically sensitise lawmakers and law enforcement agents about key or vulnerable populations or rights-related barriers to HIV services.

Periodic sensitisation work is conducted with lawmakers and law enforcement agents, usually in connection with a complaint or service need, by groups serving key and vulnerable populations such as ActionAid, Action for Community Task (ACT), Action Plus, Centre for Democracy and Human Rights (CDHR), Dignity, Don Bosco Fambul, Foundation for Development, Democracy and Human Rights (FODDHR), Focus 1000, Kakua Hospice, NETHIPS, Prison Watch, RODA, SWAASL, SLYDCL, Well-body, WICM, and Women’s Action for Human Dignity (WAHD).

Elements of the comprehensive program in this area: To comprehensively sensitize law makers and law enforcement agents about key and vulnerable populations and their specific rights-related barriers to HIV services,

- At a national level in Freetown, convene and support policy groups and trainings to engage and sensitize 40 national stakeholders, including individuals from the Ministry of Justice and office of Attorney-General, Ministry of Internal Affairs, Sierra Leone Police, Sierra Leone Prison Service, Judicial and Legal Services Commission, Law Reform Commission, Office of the Ombudsman, and members of the Parliamentary sub committees on health, human rights and legal reforms.
- In selected high-burden districts,
 - Support local Human Rights Commissions and partner legal service providers, such as those affiliated with AdvocAid, Action Plus, and CARL, to engage 400 local magistrates, prosecutors, police chiefs, and local politicians and paramount

⁹ “Expert clients” are a potential resource model for district hospitals for these assessments, protocol development, trainings, and monitoring. The Global Fund currently supports these expert clients through NETHIPS in both HIV and TB, and these clients have direct experience of quality of patient scheduling, referrals and physical reception, as well as protocols for counselling, peer mentoring, patient support groups, and patient follow up.

¹⁰ Ezedinachi ENU, Ross MW, Meremiku M, et al. The impact of an intervention to change health workers’ HIV/AIDS attitudes and knowledge in Nigeria: a controlled trial. *Public Health*. 2002;116(2): 10612.

chiefs, along with key and vulnerable populations, in a regular review of arrests and reports of abusive policing, and in training and dialogue to foster policing practices that reflect respect for people's rights.

- Develop curriculum and roll out training of police and police supervisors on HIV and TB, how they can support HIV and TB prevention and treatment, human rights of key and vulnerable populations, and the reduction of illegal police practices
- In each region of the country, support an assessment of the HIV-related rights and needs of prisoners, in partnership with Prison Watch and other prisoner-focused organizations, and based on the findings, sensitise prison medical personnel and related staff in all fourteen districts about human rights and medical ethics issues related to HIV and actions to ensure the right to health. (See section on TB and prisons, and where possible, integrate HIV and TB activities related to prisons.)

PA 4: Programs to promote legal literacy (“know your rights”)

Existing programs: Currently, approximately a dozen organizations are providing education to key and vulnerable populations about their HIV-related legal rights and information about legal resources to call upon to realise their rights and seek recourse in case of rights violations.

Elements of the comprehensive program in this area: To expand legal literacy around laws and policies related to HIV so that people living with HIV and other key and vulnerable populations can know, mobilize around and advocate for their health-related rights, including non-discrimination and protection from violence, a comprehensive approach should fund, in each of the largest cities of Sierra Leone and in each of the country's fourteen districts, non-governmental organizations and associations that are working with people living with HIV and other key and vulnerable populations, including groups working with adolescent girls and young women and including local legal service providers, to:

- Support development of accessible patients' rights materials for those living with and vulnerable to HIV and TB in simple format and local languages and distribute and/or post in health care settings
- Build network and organizational capacity of networks and community based organizations on HIV and health related rights, including patients' rights, and how to mobilize around them
- Recruit, train and support peer human rights educators from among networks and those providing community-based HIV prevention and care as ongoing support to knowledge and mobilization
- Develop and launch innovative projects for communication and community dialogues about human rights, especially in local venues. Projects and activities should be locally determined and could include theatre, radio call-in interviews, and meetings with local law enforcement officials and magistrates.

PA 5: HIV-related legal services

Existing programs: Five complaints officers are currently funded by the Global Fund through the National AIDS Secretariat at key population networks: Dignity and SLYDCL (complaints officers based in Freetown), Kakwa Hospice (complaints officers based in Bo), RODA (complaints officers based in Makeni), and SWAASL (complaints officer based in Kenema). These complaints officers handle an average of only two complaints per month and refer people to legal services as needed; the low volume of complaints is reportedly mostly because people have no faith in justice being served by the court system.

As described previously, approximately a dozen organizations are providing education to key and vulnerable populations, including adolescent girls and young women, about their legal rights and legal resources to call upon to realise their rights, and assistance in seeking legal recourse in case of rights violations, including sexual and gender-based violence.

Elements of the comprehensive program in this area: To expand legal services for people living with HIV and other key and vulnerable populations so that they can get redress if harmed, can be protected from violence and can address administrative and legal requirements related to health, the following activities should be funded and implemented:

- Fund organisations working with key and vulnerable populations to recruit, train and support peer paralegals, including at least one complaints officer in each of the country's 14 districts, to receive and respond to reports of human rights abuses at the community level, help resolve disputes and overcome discrimination when possible, refer appropriate cases to legal service providers, and monitor and document the processing and progress of each case to generate evidence for improvements in the legal justice system.
- Fund legal service organisations to train and engage lawyers willing and able work with marginalized populations and to provide advice on HIV-related issues, including SOGI, drug use, violence against women and harmful gender norms, and to supervise paralegals and receive cases from them.

PA 6: Programs to monitor and reform laws and policies related to HIV

Existing programs: According to stakeholder interviews in July and August 2017, no programming currently exists in Sierra Leone to specifically change national laws related to sex work, drug use and dependency, homosexuality, or transgender identity. Key population groups and progressive legal advocates are aware of specific needs for reforms, including laws related to gender equality and violence against women, drug criminalization laws, laws preventing opioid substitution therapy, syringe access programs and other harm reduction programming, and the "Offences Against Persons" buggery law, but no formal efforts have been developed to repeal or reform these laws.

Legal advocacy groups such as CARL and AdvocAid are engaged in legal reform efforts to decriminalize petty offences in Sierra Leone, and are also working with the Human Rights Commission, the Anti-Corruption Commission, courts and law-makers to monitor, document and advocate about failures of laws and the legal justice system to protect, respect and fulfil people's rights.

Elements of the comprehensive program in this area: To reform and strengthen policies, regulations and laws to support access to HIV services:

- Provide resources to legal advocacy groups such as CARL and AdvocAid to engage parliamentarians and other policy-makers in policy group meetings and trainings to promote reform of laws and policies in line with existing Constitutional prohibitions against discrimination and commitments to human rights. Specific focus areas can be the sets of laws, policies and law enforcement practices identified as potential barriers to HIV services from the Legal Environment Assessment, including laws related to gender equality and violence against women, drug criminalization laws, other laws impeding harm reduction programming, petty offenses laws, customary laws that impact women's access to services, and laws or policies that impact accessibility of services for adolescents in schools and out of school.

PA 7: Programs to reduce discrimination against women in the context of HIV

Existing programs: According to stakeholder interviews in July and August 2017, no programming currently exists in Sierra Leone to reduce discrimination against women specifically in the context of HIV. At least a dozen organisations, such as AdvocAid, ACT, Action Plus, CCYA, WAHD and YWDO, are working more generally, without specific attention to HIV, to promote gender equality and women's choices regarding early marriage, childbearing and education; link out-of-school adolescent girls back into school; and to change traditional attitudes and laws that limit women's access to education, employment, services and justice. In addition, several key population organisations, including Dignity, SWAASL, RODA, and SLYDCL, are working to provide counselling, case management and support for people experiencing gender-based and intimate partner violence.

Elements of the comprehensive program in this area: To expand programming to promote gender equality and reduce discrimination against women as a barrier to HIV services, a comprehensive approach should:

- Fund a community organizer and an educator with experience of key and vulnerable populations and HIV and TB to work at a leading women's organization in each of Sierra Leone's largest cities to help integrate and mainstream HIV and TB issues into broader work on gender equality.
- Fund each of the key and vulnerable population networks in Sierra Leone, such as and including Dignity, Focus 1000, Kakua Hospice, NETHIPS, Prison Watch, RODA, SWAASL, SLYDCL, Well-body, and WICM, to integrate and promote awareness of gender roles, gender inequality and related vulnerability in their work, including education of staff and clients about issues of sexual consent and intimate partner violence, and issues that contribute to women's vulnerability to HIV in Sierra Leone, including women's access and agency regarding education, employment and economic independence; norms about marriage, childbearing and intimate partner violence; and concepts of male sexuality that encourage men to have multiple concurrent sexual relationships.

Both sets of organisations can be funded to help adolescent girls and young women build capacity and peer support for health, including health related to sex and drug use and dependency, and to promote rights, including rights to expression of gender and sexuality. Specific programming could include:

- Selecting, training, recruiting and deploying peer human rights educators and paralegals among the community outreach programs for adolescent girls and young women, as well as for sex workers and women dependent on drugs, and LGBT, and in the context of prevention of mother to child transmission to become informed and vocal advocates about gender-related barriers to health services, including gender-related issues of affordability, accessibility, accommodation and acceptability of services and gender based violence and services available to prevent it or support survivors.
- School-based programs to provide age-appropriate education about rights, gender, and health in the context of HIV-related challenges, including school clubs to promote human rights, gender equality, and access to health services.
- Production of radio discussions and local theatre to communicate about gender issues in relation to HIV and TB, disparities in health, and approaches to overcoming rights-related barriers to health.
- Engage specific key and vulnerable populations, including female sex workers, transgender women, and HIV-positive women, in overall programming for gender

equality, including efforts to reduce sexual and gender-based violence, promote choice in marriage and childbearing, and increase access to education and equality in power dynamics between women and men.

Although this is a long list of activities, there are organizations and advocates in Sierra Leone who can feasibly implement these actions, and a costing of these activities, summarized in this document below and provided with more detail in Annex 5, suggests that these activities can be implemented at a little less than USD 2.5 million per year.

Costing information HIV

The table below sets out the 2016 investments in programs to reduce human rights-related barriers to HIV services in Sierra Leone:

HIV Human Rights Barriers Program Area	2016
PA 1: Stigma and discrimination reduction	\$116,000
PA 2: Training for health care workers on human rights and medical ethics related to HIV	0
PA 3: Sensitization of law-makers and law enforcement agents	0
PA 4: Legal literacy (“know your rights”)	\$40,000
PA 5: HIV-related legal services	\$40,000
PA 6: Monitoring and reforming laws, regulations and policies relating to HIV	0
PA 7: Reducing discrimination against women in the context of HIV	0
Total	\$186,000

The costing for the 5-year comprehensive program is set out in the following table:

HIV Human Rights Barriers Program Area	Total
PA 1: Stigma and discrimination reduction	\$1,420,000
PA 2: Training for health care workers on human rights and medical ethics related to HIV	\$1,414,000
PA 3: Sensitization of law-makers and law enforcement agents	\$1,159,000
PA 4: Legal literacy (“know your rights”)	\$2,100,000
PA 5: HIV-related legal services	\$1,050,000
PA 6: Monitoring and reforming laws, regulations and policies relating to HIV	\$542,500
PA 7: Reducing discrimination against women in the context of HIV	\$2,128,000
Program Management Costs	\$2,165,839
Monitoring and Evaluation	\$118,743
Total	\$12,098,083

Details of yearly costs are set out in the main report below and detailed costing information is available in Annex 3.

TB findings

Key and vulnerable populations

The key populations in Sierra Leone include people living with TB and those at high risk of TB, with low access to TB services, and facing systematic stigma and discrimination, including prisoners and people living with HIV (including key populations for HIV, described above). The Government of Sierra Leone defines additional vulnerable populations as health care workers, people who are poor and malnourished, and people living in crowded or poorly ventilated housing, such as people in urban slums or in crowded mining communities. The Government notes the vulnerability of all people who have less economic or social autonomy (including people who are unemployed or marginally employed; poor, undocumented migrants; young people; and women), because people with less autonomy have less ability to seek health services or to insist on living and working conditions that would prevent TB infection. All of these populations are key to country solutions in achieving improved TB-related health.

Barriers to TB services

The greatest contributors to human rights-related barriers for people living with TB or HIV and other key and vulnerable population are related to widespread poverty; stigma and discrimination; gender inequality and other barriers for adolescent girls and young women; and limited legal literacy, legal services, and functionality of the legal justice system.

Poverty causes many people at risk of TB and living with TB to be food insecure, have low literacy and understanding of infection and medicine, including that related to TB, and have limited economic opportunity or income. Therefore, people requiring TB treatment do not have funds for food, transportation, or any fees that might be charged for tests or medicines.

Sierra Leone's poor economy also results in an under-resourced legal justice system and an under-resourced health system, such that legal justice is not served, and health facilities, including prison health services, struggle to ensure that infrastructure, staffing, training, and supervision fully comply with rights principles, including protection and treatment of patients and health workers against TB. Hospitals do not have space to isolate people with active TB, nor sufficient protective equipment to protect health care workers, nor resources to structure space to provide adequate ventilation or privacy for patients. Most prisons in Sierra Leone have only rudimentary dedicated medical space or equipment, limited trained health care staff, and no protocols or medicines to screen and treat people before or during incarceration or to provide discharge planning or case management to ensure TB-related care after a prisoner is released. According to current data from the World Bank and International Monetary Fund, Sierra Leone is among the world's 20 poorest countries. However, the poor economy and under-resourcing of health and justice could change and may be beginning to change: the country has great opportunity in its mineral wealth and other resources, along with potential for future years of good governance that can prioritize revenue from foreign direct investment and budgetary prioritization of health, justice, and human and economic development.

Under-resourced systems for health and legal justice also derive from misdirection of budgeted and planned resources for key and vulnerable populations, and create additional disproportionate barriers for marginalized populations to legal justice and health services. Hospitals providing TB treatments experience delays in payments and supplies and a severe lack of resources with which to meet patient needs.

There is widespread stigma and discrimination related to TB as an infectious disease and due to its association with poverty, incarceration, and the key populations at high risk for HIV/TB. There is under-resourcing of health services and other services in prisons, a lack of legal services or any watchdog monitoring or medical oversight in jails and prisons, and no recourse by detainees against inadequate health services or lack of protective measures against TB. People co-infected with TB/HIV (who include the key and vulnerable populations most affected by HIV in Sierra Leone, including sex workers, young women and adolescent girls, men who have sex with men, transgender people, and people who use drugs) encounter the social stigma and discrimination related to those populations. People living in urban slums or in crowded mining communities do not seem to get attention and do not have the political power to call upon and receive government resources.

Women face poverty and related limited access to food, transportation and adequate housing, and have no power to gain access to economic support. Women face threats, including social shaming and domestic violence, from TB-related stigma and discrimination, and describe a lack of confidentiality at health facilities, starting from the point of entry and registration and going through to the placement and protocols of TB wards. In women's sections of prisons, which are reported to be better resourced and less crowded than men's sections, women still face limited access to TB screening, treatment, or services to ensure successful treatment during and after detention.

Very few people living with TB or their families know their rights or the laws related to health and TB, and that there is widespread scepticism about the utility of knowing one's rights or organizing around rights. This assessment found no evidence of systematic national provision of either education about legal or patients' rights or legal services to people with or at risk of TB. Two of the largest populations in need of TB services in Sierra Leone are prisoners and people living with HIV, including sex workers and people who inject drugs. As described above in the HIV section, these key populations face serious illegal police practices that affect their access to all health services, including those related to TB.

Opportunities to address barriers to TB services – from existing programs to comprehensive programs

This section summarizes the existing or recent programs that have been implemented in Sierra Leone to remove human rights-related barriers to services, as well as elements of a comprehensive program, based on the ten program areas (PA) set out in the Global Fund Technical Brief *Tuberculosis, Gender and Human Rights*.¹¹

The ten program areas are:

- PA 1: Reducing stigma and discrimination
- PA 2: Reducing gender-related barriers to TB services
- PA 3: TB-related legal services
- PA 4: Monitoring and reforming policies, regulations and laws that impede TB services
- PA 5: Knowing your TB-related rights
- PA 6: Sensitization of law-makers, judicial officials and law enforcement agents
- PA 7: Training of health care workers on human rights and ethics related to TB
- PA 8: Ensuring confidentiality and privacy
- PA 9: Mobilizing and empowering patient and community groups

¹¹ Technical Brief *Tuberculosis, Gender and Human Rights*, Global Fund to Fight AIDS, TB and Malaria (April 2017)

PA 10: Programs in prisons and other closed settings

PA 1: Reduction of TB-related stigma and discrimination

Existing programs: One organisation, CISMAT, is directly challenging TB-related stigma and discrimination affecting key and vulnerable populations, and is also challenging the lack of health promotion and services for key populations, such as prisoners or people living with TB/HIV. CISMAT's work related to key and vulnerable populations is integrated into the national HIV effort (and is funded via the Global Fund TB and HSS grants). It is focused on training and capacity building of key and vulnerable population groups and other HIV service providers to build awareness and include TB content throughout their work.

Elements of the comprehensive program in this area: To reduce stigma and discrimination related to TB, CISMAT should be funded to expand its work to integrate TB into the HIV activities suggested in this report, including the following activities:

- Measure and monitor stigma and discrimination: Develop TB-related rights content in the national Demographic and Health Survey, the PLHIV Stigma Index and similar research about TB stigma and discrimination¹² to document and measure the types and level of HIV and TB-related stigma and discrimination experienced by key and vulnerable populations in health care settings and in specific communities.
- Based on the findings from the measurement of stigma, devise and conduct national and community campaigns against stigma and discrimination. This should ensure that TB is integrated into HIV efforts, where possible, but also that sufficient efforts to reduce TB-related stigma and discrimination on their own are taken where necessary. Like with HIV, campaigns should mobilize and sensitize the Human Rights Commission, leaders from government, celebrities, traditional and religious leaders, as well as spokespeople from key and vulnerable populations to reduce TB stigma and discrimination through public engagements, radio programs and community dialogues.
- Starting in 14 of Sierra Leone's largest cities and communities, strengthen key and vulnerable population organisations to mobilize against TB stigma and discrimination by:
 - Addressing self-stigma through TB support groups
 - Holding quarterly and annual meetings with community leaders and opinion leaders (religious leaders, journalists, policy makers) to reduce and address stigma and discrimination related to TB, sexual orientation and gender identity, sex work and drug use/dependency.
- Conduct community sensitization meetings across at least 40 high-TB-burden locations to increase awareness and develop strategies and actions to reduce stigma and discrimination at a structural level, institutional level, and community and individual level.

PA 2: Reducing discrimination against women in the context of TB

¹² Existing international tools which can be adapted and used in Sierra Leone to develop measurements of TB-related stigma and discrimination include The People Living with HIV Index, the GAM indicator on discriminatory attitudes in general population and its NCPI, The PLHV-friendly Achievement Checklist for health care settings by the Population Council, and the IBBS module on S&D experienced by key populations.

Existing programs: None. Stakeholder interviews conducted in July and August 2017 found no reported gender assessments of TB services regarding human rights and gender-related barriers to services for either women or men, or any programs within hospitals or clinics dedicated specifically to women living with TB, trainings for staff about gender inequality and its impact on TB prevention and treatment, or programs to specifically help adolescent girls and women to remediate factors in TB risks, such as lack of health-seeking autonomy, substandard housing or insecure access to food and medicines.

Elements of the comprehensive program in this area:

- Support leading women’s groups and school-based health programs in each of Sierra Leone’s fourteen districts to provide education about TB/health rights, and to collaborate with and fund programs to produce local community meetings, local theatre, and local radio discussions focused on women’s and patient’s rights regarding the affordability, accessibility, and acceptability of TB services, including issues such sexual and gender-based violence and unequal gender power dynamics in decision-making about health and health-seeking behavior.
- Support the development of patients’ right materials relevant to TB for women reporting to hospitals and clinics, as well as rights-based case management at women-focused health services, including immunisation programs and perinatal services, to integrate TB education, routine TB screening, and help women who have had TB to help prevent future rights-related barriers to TB services.
- Support prisoner rights NGOs to include TB-related concerns in their advocacy including for women in police detention or in prison, to advocate for TB screening, TB treatment, rights-related barriers to TB services such as issues of potential arbitrary arrests and detentions by police or gender-based discrimination and violence, and rights-related issues linked to TB risks, such as issues of substandard housing, job-related risks, and insecure access to food and medicines.

PA 3: TB-related legal services

Existing programs: None identified. CISMAT has a complaints officer to respond to people with challenges accessing TB services, but no dedicated legal service provider. Nor do leading legal service providers have any specific expertise or attention to barriers to TB services.

Elements of the comprehensive program in this area:

- Support the inclusion of TB related rights/legal issues in the portfolio of peer paralegals addressing HIV concerns that are created for key and vulnerable populations and deployed in hard-hit communities.
- Fund legal service organisations to include TB-related concerns in their services to provide legal information, advice and referrals for key and vulnerable populations at risk for HIV and TB, including adolescent girls and young women, and, where needed, provide costs for legal representation and case litigation.

PA 4: Monitoring and reforming policies, regulations and laws that impede TB services

Existing programs: None identified. Sierra Leone has had no national review of laws, policies or regulations affecting access to TB diagnosis and treatment, akin to the HIV Legal Environment Assessment conducted in April 2017. Key population groups and progressive legal

advocates are aware of specific needs for reforms, including policies that allow prisoner overcrowding and subsequent risks of TB exposure, policies that allow denial of TB screening or treatment, and lack of mechanisms of prisoner complaint and redress, but no formal national efforts have been developed to reform those policies. Key population groups and progressive legal advocates are also aware of specific needs for reforms in the Petty Offenses Act and other laws and policies that contribute to high rates of detention and incarceration, but these efforts are not framed with a public health perspective.

Elements of the comprehensive program in this area:

Provide sustained funding for policy advocates at CISMAT and other key and vulnerable population organisations and at allied legal advocacy groups to:

- Conduct operational research to assess and quantify the impact of specific sets of laws, policies and law enforcement and health services practices that are potential barriers to TB services, including laws, policies and practices that contribute to needless and unsafe detention and incarceration, prisoner overcrowding and subsequent risks of TB exposure, denial of TB screening or treatment in prisons, and lack of mechanisms of complaint and redress for patients who believe their right to health may be violated;
- Develop a strategy for advocacy and reform based on the relative feasibility and potential impact of reforming any of these laws, regulations, policies, and practices and having an impact on improving access to TB screening, care and other services,
- Build, convene, inform, and mobilise coalitions to engage parliamentarians and other policy-makers for reform of TB-related laws and policies in line with existing Constitutional prohibitions against discrimination and commitments to human rights, including law reforms for less use of pre-trial detention and incarceration where non-custodial sanctions are possible, and to increase access to TB screening, TB treatment, and other health services in prisons and jails.

PA 5: Knowing your TB-related rights

Existing programs: None identified.

Elements of the comprehensive program in this area:

- Fund CISMAT to select, train, recruit and supervise, from among its expert patients, peer human rights educators to conduct outreach and dialogue sessions with at least 2800 people from key and vulnerable populations who are experiencing discrimination and exclusion, including that based on TB and HIV status, and who lack access to mainstream information sources, to help people to know their rights under health regulations and national laws, as well as their human and patient rights with respect to TB.
- Fund CISMAT to develop TB rights/patients' materials regarding TB disease and treatment and conduct outreach and dialogue sessions with officials at institutions (such as mining companies, prisons and jails, etc.) in at least twenty high-TB-burden cities and chiefdoms to review health regulations and national laws, disseminate information on human and patient rights with respect to TB, and improve rights-related practices to prevent TB and increase access to services.

PA 6: Sensitization of lawmakers, judicial officials and law enforcement agents

Existing programs: None identified.

Elements of the comprehensive program in this area:

Support CISMAT to work with the Human Rights Commission and partner legal service providers, such as those affiliated with AdvocAid, Action Plus, and CARL, to sensitise law-makers, judicial officials and law enforcement agents about and advocate for change regarding: (1) the local transmission of TB in prisons, overcrowded health care settings, urban slums, and mining communities, (2) rights-related barriers to TB services, such as issues of potential arbitrary arrests and detentions by police or gender-based discrimination and violence, and (3) rights-related issues linked to TB risks, such as issues of substandard housing, job-related risks, and insecure access to food and medicines.

- At a national level, through meetings, trainings, policy groups, or other forms of engagement, build involvement and support from 40 national stakeholders, including individuals from the Ministry of Justice and office of Attorney-General, Ministry of Internal Affairs, Sierra Leone Police, Sierra Leone Prison Service, Judicial and Legal Services Commission, Law Reform Commission, Office of the Ombudsman, and members of the Parliamentary sub committees on health, human rights and legal reforms.
- At a local level, in at least twenty selected high-burden districts, engage and train 400 local magistrates, prosecutors, police, and local politicians and paramount chiefs.
- Ensure that TB-related concerns are incorporated into any HIV-related curricula and training of police.

PA 7: Training for health care providers on human rights and medical ethics related to TB

Existing programs: None identified. With regard to TB, human rights, and key and vulnerable populations, hospitals and clinics do include trainings for their health providers about rights-based issues such as informed consent, confidentiality and privacy, patient-centred care, and patient rights and workers' rights to a safe and respectful health care environment. The Government of Sierra Leone also has a range of general programs and initiatives underway to improve the competence and performance of the country's health workforce, including ongoing training of health workers at Community Health Centres and Community Health Posts about TB prevention, treatment and care. However, these trainings typically do not include specific content about TB, human rights, and key and vulnerable populations.

Elements of the comprehensive program in this area: A comprehensive approach to supporting health care workers on human rights issues related to TB and key and vulnerable populations would include:

- Conducting a national assessment of HIV- and TB-related stigma and discrimination among health care workers at high-burden health facilities.
- Working with health care workers, including unions and medical student associations, to review and update national policies on human rights and medical ethics, with attention to issues of TB and key and vulnerable populations, and then developing a related training curriculum for health care workers.
- Train at least 2000 health care workers at 150-200 TB service sites each year, reaching health care administrators, District Health Management Teams, health care workers in public hospitals and private sector health care workers.
- Provide incentive funding for district hospitals for restructuring of services to achieve rights-related standards and implement rights-related guidelines and protocols.
- Support community-based patient support and monitoring of quality of health care including human rights and medical ethics by placing peer educators, peer paralegals and patient experts (such as those trained and supported by CISMAT) in health care settings.

PA 8: Ensuring confidentiality and privacy

Existing programs: None identified.

Elements of the comprehensive program in this area: As above,

- Support the strengthening of trainings and resources at hospitals and clinics to improve protocols to ensure patient confidentiality and privacy, and where possible to improve health care delivery modalities to ensure confidentiality and privacy, along with adequate ventilation and other TB prevention measures.
- Support a review of policies and practices in the context of TB, in particular the application of the medical confidentiality and informed consent in infectious disease control, with a view to strengthen and improve policies and practices.

PA 9: Mobilizing and empowering patient and community groups

Existing programs: CISMAT exists as a non-governmental group seeking to increase participation, leadership and advocacy by people at risk of or with history of having TB.

Elements of the comprehensive program in this area:

- Support CISMAT and other community based organizations or networks for people living with or affected by TB to build organizational infrastructure and operate in at least four regions, to include mobile phone or other connection for communications to support advocacy and human rights work, and to manage and remunerate peer human rights educators and paralegals for different groups vulnerable to or affected by TB.
- Develop and support a cadre of TB advocates from key and vulnerable populations to be spokespeople on the rights and needs of people living with and vulnerable to TB who can able to speak, advocate for and mobilise communities affected by TB (these might can be formed by the peer human rights educators and peer paralegals discussed in this paper)

PA 10: Programs in prisons and other closed settings

Existing programs: None identified.

Elements of the comprehensive program in this area:

- Support an assessment of TB-related human rights issues to be found in prisons and other closed settings, including pre-trial detention centres.
- Based on the assessment, hire part-time consultants in each of fourteen districts to support CISMAT and prisoner advocacy organizations to work together to advocate for minimum standards (including adequate ventilation, sanitation and nutrition, protection from overcrowding and violence, TB prevention and treatment), sufficient funding for prisons to maintain standards, and law reform to reduce pre-trial/sentencing detention.

Conclusion

In conclusion, this baseline assessment is provided to the Global Fund to support ongoing dialogue with country partners in Sierra Leone in:

- Establishing a country-specific baseline against which progress can be measured in subsequent periods in terms of increasing investment in programs to remove human rights-related barriers to HIV and TB services and actually removing those barriers; and

- Assisting the country of Sierra Leone and the Global Fund to plan for, and implement, a comprehensive response to human rights-related barriers to access and use of HIV and TB services for key and vulnerable populations.

Costing information TB

The table below summarizes the proposed costs for a comprehensive program.

TB Human Rights Barriers Program Area	Total
PA 1: Stigma and discrimination reduction	\$2,600,000
PA 2: Reducing gender-related barriers to TB services	\$1,800,000
PA 3: TB-related legal services	\$500,000
PA 4: Monitoring and reforming laws, regulations and policies relating to TB services	\$350,000
PA 5: Knowing your TB-related rights	\$350,000
PA 6: Sensitization of law-makers, judicial officials and law enforcement agents	\$275,000
PA 7: Training of health care providers on human rights and medical ethics related to TB	\$1,164,000
PA 8: Ensuring confidentiality and privacy	\$0
PA 9: Mobilizing and empowering patient and community groups	\$277,000
PA 10: Programs in prisons and other closed settings	\$115,000
Program Management Costs	\$1,640,022
Monitoring and Evaluation	\$89,915
Total	\$9,160,937

Details of yearly costs are set out in the main report below and detailed costing information is available in Annex 3.

Baseline Assessment Report – Sierra Leone

1. Introduction

Overview of Global Fund Baseline Assessments regarding the removal of human rights-related barriers to health services

This report documents the results of a baseline assessment carried out in Sierra Leone to support its efforts to scale-up programmes to reduce human rights and gender-related barriers to HIV and TB services. Since the adoption of its new *Strategy 2017-2022: Investing to End Epidemics*, the Global Fund has joined with country stakeholders, technical partners and other donors in a major effort to expand investment in programmes to remove such barriers in national responses to HIV, TB and malaria (Global Fund, 2016a). This effort is grounded in Strategic Objective 3 which commits the Global Fund to: “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria service;” and, to “scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights and investing to reduce health inequities, including gender-related disparities (*ibid.*)” The Global

Fund has recognized that programmes to remove human rights and gender-related barriers are an essential means by which to increase the effectiveness of Global Fund grants as they help to ensure that health services reach those most affected by the three diseases. These programs are described in the section below. The Global Fund is working closely with countries, UNAIDS, WHO, UNDP, Stop TB, PEPFAR and other bilateral agencies and donors to operationalize this Strategic Objective.

Though the Global Fund will support all countries to scale up programmes to remove barriers to health services, it is providing intensive support in 20 countries in the context of its corporate Key Performance Indicator (KPI) 9: “Reduce human rights barriers to services: # countries with comprehensive programs aimed at reducing human rights barriers to services in operation (Global Fund, 2016b).” This KPI measures, “the extent to which comprehensive programs are established to reduce human rights barriers to access with a focus on 15-20 priority countries.” Programs to remove human rights-related barriers to services are *comprehensive* when the *right programs* are implemented *for the right people* in the *right combination* at the *right level of investment* to effectively remove human rights-related barriers and increase access to HIV, TB and malaria services.¹³

Background and Rationale for the Baseline Assessment in Sierra Leone

Based on criteria that included needs, opportunities, capacities and partnerships in the country, the Global Fund selected Sierra Leone, with 19 other countries, for intensive support to scale up programmes to reduce barriers to services. This baseline assessment for Sierra Leone, focusing on HIV and TB, is a component of the package of intensive support the country will receive.

The objectives of the baseline assessment for each country are to:

- Identify the key human rights-related barriers to health services;
- Describe existing programs to reduce such barriers;
- Indicate what a comprehensive response to existing barriers would comprise in terms of the types of programs, their coverage and costs; and
- Identify the opportunities to bring these to scale over the period of the Global Fund Strategy.

The assessments will provide a baseline of the situation as of 2017 and will be followed up by similar assessments at mid- and end-points of the Global Fund strategy in order to assess the impact of scale-up of programs to remove human rights-related barriers to services.

2. Methods

Conceptual framework

The conceptual framework that guided the baseline assessment was as follows:

- In Sierra Leone, as in other countries, there exist human rights and gender-related barriers to the full access to, uptake of and retention in HIV and TB services.
- These barriers are experienced by certain key and vulnerable populations who are more vulnerable to and affected by HIV and TB than other groups in the general population.
- There are human rights and gender-related programme areas comprising several interventions and activities that are effective in removing these barriers.

¹³ This definition of “comprehensiveness » for the purpose of GF Key Performance Indicator 9 was developed with the Global Fund Human Rights Monitoring and Evaluation Technical Working Group.

- If these interventions and activities are funded, implemented and taken to sufficient scale in the country, they will remove or at least significantly reduce these barriers.
- The removal of these barriers will increase access to, uptake of and retention in HIV and TB services and thereby accelerate country progress towards national, regional and global targets to significantly reduce or bring to an end the HIV and TB epidemics.
- These efforts to remove barriers will also protect and enhance Global Fund investments, strengthen health systems and strengthen community systems.

The main categories of human rights and gender-related barriers to HIV and TB services that the assessment addressed were (Global Fund, 2017a, b; Timberlake, 2017):

- Stigma and discrimination, including within the provision of health care services
- Punitive laws, policies, and practices
- Gender inequality and gender-based violence
- Poverty and socio-economic inequality; and
- Harmful working conditions and exploitation (mainly for TB).

Governments, UNAIDS, the Global Fund, and the Stop TB Partnership have identified the following main program areas by which to address and remove barriers (UNAIDS, 2012; Global Fund, 2017a,b; *Political Declarations on HIV/AIDS* (2011 and 2016)):

- Stigma and discrimination reduction
- Training for health care providers on human rights and medical ethics
- Sensitization of law-makers and law enforcement agents
- Legal literacy (“know your rights”)
- HIV or TB-related legal services
- Monitoring and reforming laws, regulations and policies relating to HIV and TB; and,
- Reducing discrimination against women in the context of HIV and TB.

For TB, additional program areas include:

- Ensuring confidentiality and privacy related to TB diagnosis and treatment;
- Mobilizing and empowering TB patient and community groups;
- Addressing overly-broad policies regarding involuntary isolation or detention for failure to adhere to TB treatment; and,
- Making efforts to remove barriers to TB services in prisons.

Activities under these program areas should be, where possible, integrated into HIV or TB prevention and treatment programmes, or be adapted as focused intervention to support prevention and treatment.

Populations of focus

The populations in Sierra Leone on which the assessment focused are key and vulnerable populations. In general terms, the Global Fund delineates key populations by the following criteria:

- Epidemiologically, the group faces increased risk, vulnerability and/or burden with respect to at least one of the two diseases – due to a combination of biological, socioeconomic and structural factors;

- Access to relevant services is significantly lower for the group than for the rest of the population – meaning that dedicated efforts and strategic investments are required to expand coverage, equity and accessibility for such a group; and
- The group faces frequent human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization – which increase vulnerability and risk and reduces access to essential services.

Published evidence provides detail about several key populations in Sierra Leone that fit the Global Fund criteria. These include people living with HIV, people living with TB, female and male sex workers and their clients, gay men and other men having sex with men, transgender people, people who inject drugs (including adolescents and women who inject drugs); and male and female prisoners.

The Sierra Leone HIV Strategic Plan 2016 – 2020 identifies female sex workers, men who have sex with men and people who inject drugs, people who inject drugs as priority populations, alongside a set of vulnerable populations: fisher folks; transporters; uniformed service personnel; prisoners; miners; cross-border and informal traders; women, girls and children; youths and the general population.

The Sierra Leone National Strategic Plan for TB 2016-2020 identifies the following key affected population groups: fisher-folks, migrant labourers, refugees, Slum dwellers, miners and prisoners.

Steps in the assessment

The steps in the assessment were:

- Desk review: Following the guidelines of the Global Fund and its partners for the baseline assessments, a comprehensive literature search was conducted in June 2017. As per the guidelines, the desk review collected information about HIV epidemiology and key and vulnerable populations in Sierra Leone; human rights-related barriers to HIV and TB services experienced by these populations; evidence of programs and funding currently in place to address these barriers; evidence of effectiveness, outcomes and impact of those existing programs; and evidence for the types and extent of programs needed for a comprehensive response to the barriers. PubMed, Embase, and PopLine were used to identify peer-reviewed literature, and Google Scholar was used to identify additional non-peer-reviewed (grey) literature. The total number of articles and published documents found on the three databases and on relevant websites, when accounting for overlap, was 94. Of those 94 articles, 61 were selected and cited as relevant to this literature review. These references are saved into a DropBox folder and are listed in an attached bibliography.
- Preparation for in-country work: At an inception meeting on 6 July 2017, the project was formally presented to national stakeholders of the Country Coordinating Mechanism (CCM), explaining the role of the baseline assessment and data collection procedures, summarising the findings of the Desk Review, and inviting input about the process. Additional meetings were held with the Sierra Leone Ministry of Health National AIDS Secretariat (NAS), the National TB Program, and key UN agencies to ensure understanding and approval of the project. A team of Sierra Leone researchers was then assembled to carry out the in-country tasks of the assessment. Standardized data

collection instruments developed for the Global Fund assessments were reviewed by the research team for potential adaptations to the vocabulary and context of Sierra Leone. Researchers were then trained in the use of these instruments and were assigned to schedule, conduct and report on key informant interviews and focus groups and to collect funding and costing data. From the Desk Review, and in consultation with the research team, a list of key informants (KIs) and types of focus groups was developed to guide data collection. The list of key informants was tailored to provide a balanced and adequate sample across Sierra Leone's geographic regions, key and vulnerable populations, gender, and type of stakeholder (e.g. government, civil society, technical partner, key population group, program implementer). The key informant list was also reviewed for balance of HIV and TB expertise, and expertise related to key program interventions, such as leadership by key and vulnerable populations in reduction of stigma and discrimination; training of clinical health care workers; work with police and in prisons; provision of legal services; advocacy for law reform; and reducing gender inequality and gender-based violence.

- Data collection. During July and early August 2017, researchers conducted key informant interviews and focus group discussions with key and vulnerable populations and related programs in Freetown, Waterloo, Makeni, Kono, Kenema, and Bo. A total of 223 people were consulted (106 men, 14 trans, 103 women) in 14 focus groups and 20 interviews. Most interviews and many focus groups included expertise about both TB and HIV, or were more generally about rights-related barriers and legal justice. All four regions of the country were covered. Most interviews had a national scope, but in the interviews and focus groups that were region-specific, 20% of participants were from the North, 28% from the East, 12% from the South, and 32% from the West. Data was collected about:
 - Human rights-related barriers to HIV and TB services
 - Key and vulnerable populations most affected by these barriers
 - Programs carried out presently or in the past that have been found through evaluation or through agreement by many key informants to be effective in reducing these barriers
 - What is needed to comprehensively address the most significant barriers for all groups most affected by these barriers
 - Funding of all such programs (for 2016 financial years); and
 - Costing of effective¹⁴ programs carried out presently or in the past.
- Data analysis. All interview and focus group discussion reports were compiled and analysed, in combination with compiled programmatic costs and findings from the Desk Review, to summarize a baseline situation: i.e. populations of concern; important rights-related barriers faced by these populations; existing programs that address these rights-related barriers; and a draft outline of a comprehensive response, including priority rights-related interventions, perspectives on the most urgently needed and feasible pathways to bring those rights-related programming to scale in Sierra Leone, potential costs of that program implementation, and potential indicators of implementation, outcomes and impact.

¹⁴ Effectiveness is determined either by evaluation or by broad agreement among KIs that a program is/ was effective.

- This report was then compiled using a standardized Baseline Assessment Report Outline and provided as the basis for discussion among Global Fund Secretariat, Sierra Leone country stakeholders and technical partners.

Costing methodology

Three sets of costing processes were undertaken for this assessment.

First, all donors and funders who were discovered to have financed any activities in the program areas for HIV or TB were asked to supply details of the amount of funding provided and the program areas in which funding was provided; and, if possible, to state the type of activities and reach or coverage of funded activities. This approach was largely successful in overall terms for HIV in that most donors were able to state what program areas the funds were directed to, but did not provide details of the funded activities or their reach. For TB, the situation was more difficult, with funders only providing lump sum amounts and, through discussion with researchers, agreeing to apportion these funds to some program areas. In some cases, for TB, donors were known to exist and be funding activities, but no details were provided by the donors.

Second, the researchers approached a wide range of implementers and undertook a costing process to understand how much it costs to carry out specific interventions. These processes followed the Retrospective Costing Guidelines that are part of the Costing Guidance developed specifically for the purposes of the Baseline Assessments (available from Global Fund on request). The individual costing sheets for services provided by each of the above organizations were provided to the Global Fund.

Third, from the results of the first two processes, Prospective Costing was carried out following the Prospective Costing Guidelines that are part of the Costing Guidance developed specifically for the purposes of the Baseline Assessments (available from Global Fund on request). The results of this process are provided in Annex 3. For each type of activity, an activity-level cost was assembled. For example, many of the activities included national or regional training or round-tables. The costs for these were found to be similar, no matter what the topic was that was being discussed. For these and for other key interventions, such as outreach work and training of health-care workers, activity-level costs were constructed. (See Costing Data sheet in Annex 3: the boxes to the right of each activity describe how each intervention-level cost was assembled).

For the activities that were new or had not been implemented in recent years, assumptions were made about the ways that these differed from interventions whose costs are known. Such assumptions have been documented in Annex 3 to allow for replicability of method at mid-term and end-term assessments.

These costs were used to construct calculation tables (see HIV and TB calculation tables in Annex 3). In these calculations, the number of services to be provided/people to be reached/trained were multiplied by the activity -level cost to provide an annual cost for each activity. (Annual costs are required because some activities only take place every 2 years, such as use of the Stigma Index, and others require capacity-building or other activities in the 1st year that are not needed in later years.) Comments boxes to the right of each activity in these calculation tables show where the data came from to construct the calculation.

In each case, HIV and TB, these calculation tables were used to provide overall Program Area and Activity/ sub-activity budgets (labeled “HIV” and “TB” in Annex 3), for each of 5 years as well as a 5-year total. These are the budgets that are used to construct the 5-year totals provided in costing columns in Annexes 1 and 2 and in the latter parts of this report.

Limitations

The costing component of the baseline assessment was a rapid investment analysis, therefore it should not be viewed as a full-fledged resource need estimation. The retrospective costing has informed the estimation of intervention-level costs, hence the limited data collected through the baseline assessment inherently affected the prospective costing.

The baseline assessment encountered certain limitations in the costing component both as pertaining to HIV programs aimed at removing human rights-related barriers:

- Certain key stakeholders were not able to take part in the data collection due to competing priorities. As a result, an important viewpoint on human rights barriers and on the effectiveness of current efforts to address them may be missing from the analysis. Stakeholders that could not participate also included a number of bilateral partners and, as a result, the description of current efforts to address and remove barriers may not include what these entities are currently funding or undertaking directly.

More specific limitations and challenges to the collection of financial data included:

- It appeared that a number of organizations felt that the information requested was too sensitive to share even though it was indicated in the invitation messages that the data would be consolidated and anonymized at the implementer level.
- Some organizations appeared to take the position that the benefit of completing the exercise was not worth the level of effort required, given other pressures on them.
- Most funders and intermediaries appeared to be unable to disaggregate their investments in combination prevention interventions to the level where funding for programmes addressing human rights barriers could be identified.
- Finally, as the analysis has noted there is a large gap in current and comprehensive quantitative data on a number of the human rights barriers identified by the assessment. As a result, there may be an over-reliance on individual or anecdotal accounts or perspectives which may not, in some cases, be an accurate reflection of an overall, country-wide trend.

The prospective costing of the comprehensive response to removing human rights-related barriers will inform the development of the five-year strategic plan and will therefore likely to change throughout the country-owned participatory plan development process.

3. Baseline Findings: HIV

Overview of epidemiological context and focus populations

As of 2015, approximately 54,000 people in Sierra Leone are living with HIV, including 29,000 women, 20,000 men, and 5000 children, amounting to a population prevalence of 1.5 percent.¹⁵

¹⁶ Approximately 2500 people were newly infected by HIV in 2015, and 2500 HIV-positive people died in that same year.

¹⁵ National strategic plan on HIV/AIDS 2016-2020. Government of Sierra Leone, National AIDS Secretariat. 2015.

¹⁶ National progress report on HIV/AIDS. Government of Sierra Leone, National AIDS Secretariat. 2015.

Most likely, HIV is under-diagnosed in Sierra Leone, and routine HIV screening is not yet integrated into Community Health Centres and Community Health Posts. In the general population, only 38 percent of women and 14 percent of men have ever been tested for HIV and received the results. Thirty percent (13,500) of all HIV-positive people in the country are accessing HIV treatment, and forty-four percent of people with advanced HIV infection are being treated. The results are high rates of illness and mortality among people living with HIV, including deaths due to coinfection with malaria and tuberculosis.

The stated HIV-related national goals of the Government of Sierra Leone are to eliminate new HIV infections among children and sustain their mothers' health and wellbeing, expand provider-initiated HIV counselling and HIV testing and support for HIV treatment care at district hospitals and community health centres, strengthen integration of TB and HIV services and increase TB case notification, and improve capacity of health care workers and management of HIV and AIDS at a district level. The intended impact, stated in the government's current national strategic plan against HIV and AIDS, is that from 2016 to 2020, the rates of new HIV infections and AIDS-related deaths will decline by 80%, mother-to-child HIV transmission will be eliminated, and HIV-related discrimination will be eliminated.¹⁷

A number of key and vulnerable populations in Sierra Leone are higher risk of infection and illness from HIV, and experience decreased access to related services, as well as systematic stigma and discrimination.

Sex workers: According to the Government of Sierra Leone, approximately 50,000 women engage in paid sex work during any given twelve-month period, and an additional 180,000 to 300,000 women engage in transactional sex – i.e. sex without pre-negotiated payment but involving some implied economic or other benefit.^{18,19} In a 2015 national HIV testing campaign targeted towards key populations, 1586 women completed a survey and self-identified as having engaged in transactional sex. Of those women, 70.2 percent reported having symptoms of a sexually transmitted infection (STI) during the previous year, 13.5 percent reported a history of injecting drugs, 54.4 percent had never been tested for HIV, and 6.7 percent were found to be HIV positive. This matches previous studies assessing STI and HIV rates among sex workers in Sierra Leone.²⁰

Women, young women and adolescent girls: HIV in Sierra Leone affects more women than men. As in many African countries, inequitable laws and traditional practices, including early marriage, expectation of early childbearing, and unequal access to education, as well as other unequal power dynamics between women and men lead to vulnerability of women and adolescent girls to HIV infection. Such realities also lead to women having unsafe transactional and age-disparate sex at an early age. Research has shown that age-disparate transactional sexual relationships between young women and older men are common in West Africa, driven by poverty and unequal power between women and men, and expose women to violence, abuse, and HIV and other sexually-transmitted infections.²¹ Public health services in Sierra Leone have

¹⁷ Additional strategic plans, such as the 2017 HIV Catch-Up Plan and the 2015 Ebola health recovery plan, are aligned with these broad goals.

¹⁸ Population size estimation of key populations, 2013.

¹⁹ Sierra Leone HIV general population HIV and AIDS behavioural surveillance survey, 2013 report. Statistics Sierra Leone, August 2015.

²⁰ Larsen MM, Sartie M-T, Musa T, Casey SE, Tommy J, Saldinger M. Changes in HIV/AIDS/STI knowledge, attitudes and practices among commercial sex workers and military forces in Port Loko, Sierra Leone. *Disasters* 28:239–54. 2004.

²¹ Stoebenau K, Heise L, Wamoyi J, and Bobrovad N. Revisiting the understanding of “transactional sex” in sub-Saharan Africa: A review and synthesis of the literature’ *Social Science & Medicine*, Volume 168, 2016.

a significant focus on immunization and perinatal services for women and for children under five years of age, and because of this, over 90 percent of pregnant women diagnosed with HIV are reported to have received a complete course of antiretroviral prophylaxis for prevention of mother-to-child transmission.

However, fewer than half (43 percent) of women who gave birth in the past two years received counselling and testing for HIV and received the results during an antenatal care visit, and only 38 percent of women have ever been tested for HIV and received the results. Article 27 of the Sierra Constitution provides for protection against discrimination based on sex, but women and men experience different access to employment, education and other services. For example, the schools of Sierra Leone ban attendance by visibly pregnant girls, and in part because of this ban, many of the 12.5 percent of girls aged 15-19 in Sierra Leone who give birth during those teenage years therefore drop out of school. According to national government surveys, 36 percent of women aged 15-49 have never attended school.^{22,23,24} This limits their later employment options, which is then linked to engagement in transactional sex and consequent vulnerability to HIV.

Men who have sex with men (MSM), including men who identify as gay or bisexual: The Government of Sierra Leone estimates that there are approximately 20,000 men who have sex with other men in the country. In a 2015 national HIV testing campaign targeted towards key populations, 393 men completed a survey and self-identified as having sex with other men. Of those 393 men who have sex with men, 42.8 percent reported having symptoms of an STI during the previous year and 6.8 percent identified as sex workers; 54.5 percent had never been tested for HIV; and 14 percent were found to be HIV positive. Men who have sex with other men face social stigma and discrimination, and to a lesser extent, police harassment and arrest. Discrimination is reinforced by the fact that sodomy laws are still in place in Sierra Leone, under the national constitution's "Offences Against Persons" Act, Sections 61 and 62, which outlaws buggery, interpreted under common law to mean oral or anal intercourse by men with other men or with women.

Transgender people: Through the 2015 national HIV testing campaign targeted towards key populations, 292 people completed a survey and self-identified as being transgender, 137 as male-to-female transgender women and 92 as female-to-male transgender men. Of the 137 trans women, 50.4 percent had never been tested, 22.4 percent were found to be HIV positive, and 50 percent reported having symptoms of an STI during the previous year. Of the 92 trans men, 35.9 percent had never been tested, 4.3 percent were found to be HIV positive, and 73 percent reported having symptoms of an STI during the previous year.

People who inject drugs: The Government of Sierra Leone estimates that there are approximately 1500 people who inject drugs in the country, though a recent consultancy suggested the rate may be substantially higher.^{25,26,27} In a 2015 national HIV testing campaign targeted towards key populations, 246 men and women completed a survey and self-identified as injecting drugs. Approximately half of people self-identifying as injecting drugs in the 2015 study were living in Freetown or elsewhere in the Western region; 74 percent were men, 14 percent were women, and 12 percent were transgender. Of the total respondents, 75.5 percent had never been tested for HIV, and 8.5 percent were found to be HIV positive; 84.2 percent

²² Sierra Leone HIV general population HIV and AIDS behavioural surveillance survey, 2013 report.

²³ State of World Population 2016. UNFPA, 2017.

²⁴ Sierra Leone 2015 human rights report. US Department of State, Bureau of Democracy, Human Rights and Labor, 2016.

²⁵ Population size estimation of key populations, 2013.

²⁶ HIV seroprevalence study for key populations, 2015.

²⁷ Burrows D. Strengthening Harm Reduction in Sierra Leone. Draft. July 2017

reported a history of sex work or transactional sex; and 97 percent reported having symptoms of an STI during the previous year. Published literature describes tramadol as a common drug that is likely to be injected, with heroin, cocaine and other substances being periodically available because of drug shipments passing through Sierra Leone to other countries.^{28 29}

As described in the accompanying TB assessment, prisoners are also a key population with relatively high rates of HIV, limited access to health services, and exposure to violence and to inhumane conditions. Through the 2015 national HIV testing campaign targeted towards key populations, 352 prisoners were tested and completed a survey: 54.6 percent reported having symptoms of an STI during the previous year, 45.5 percent had never been tested for HIV, and 2.2 percent were found to be HIV positive.

The Government of Sierra Leone also recognizes many additional populations that are vulnerable to HIV – i.e., with HIV incidence or prevalence higher than the general population but not necessarily with disenfranchisement, social and economic marginalization, or criminalization. These vulnerable populations include migrant workers (fisher-folk, miners, transporters, and traders), uniformed personnel such as the military, Ebola survivors, and orphans and vulnerable children. All of these populations are important to Sierra Leone’s progress against HIV, but because of the systematic rights barriers faced by the key populations listed above, these vulnerable populations are not the focus of this paper.

Overview of the law, policy, political and strategy context for human rights and HIV

Sierra Leone is a constitutional republic with an elected Parliament, an independent judiciary, and courts and law enforcement operating in each of the country’s 14 districts. Located on the coast of West Africa, Sierra Leone has a relatively young population of 7 million people, and many natural resources including fertile land, ample rainfall, and mineral deposits that include diamonds and rare metals.

The country has a structured health system with a total of 1280 health facilities, including 51 hospitals, 45 clinics, over a thousand local health units, and over 13,000 community health workers, all of which served the country well in combatting and ultimately controlling a serious outbreak of Ebola just three years ago, and achieving steady increases in immunisations and health service coverage for children and pregnant women. Notably, with the help of a 2010 Free Health Care Initiative (funded only to the end of 2018) which aimed to ensure free preventive and curative health services for mothers and children under five years of age, Sierra Leone has reached 78 percent coverage of children with measles and DPT3 immunisations, and approximately 60 percent of all births are now attended by a skilled nurse or midwife. Sierra Leone also faces major health issues, with life expectancy at birth at less than 60 years, and infectious diseases, including respiratory infections, intestinal infections and diarrheal disease, continuing to be the leading cause of disability and premature deaths.

Sierra Leone guarantees many fundamental rights, including freedom of religion, freedom of association, and equal treatment under the law, and the formal structure and roles of the legal system are well defined. Sierra Leone also has powerful champions of law and justice, inside and outside of government, who lived through the 11-year civil war, have helped the country achieve a cessation of civil armed conflict, built institution of democratic elections, and continue to help

²⁸ Inveen C. Opioids: Sierra Leone’s newest public health emergency. Al Jazeera, February 2017.

²⁹ Bendu SMD. Tramadol, king of pain relief, currently abused in Sierra Leone. Posting on West Africa Drug Policy Network.

in official promotion of fundamental rights and advancement toward ambitious national goals to tackle corruption and advance rule of law and justice.

However, Sierra Leone is also severely challenged in the administration of law and justice. According to the 2016 Rule of Law Index produced by the World Justice Project, Sierra Leone ranks 101 among 113 countries for corruption, 102 for lack of civil justice, and 107 for lack of regulatory enforcement.³⁰

A three-year review published in 2014 by AfriMAP and the Open Society Initiative for West Africa (OSIWA) described many challenges in the justice sector in Sierra Leone³¹, including:

- A lack of financial resources in the justice sector, including poor funding of the courts system, and most premises without basic equipment or supplies.
- A severe lack of institutional capacity and shortage of human resources, including a lack of magistrates and lawyers throughout the country.
- A lack of accessibility, accountability and the responsiveness of the justice system, and widespread allegations of executive interference and corruption within the judiciary.
- A lack of an effective functioning criminal justice system, arbitrary arrests and detentions by police, and bad practices regarding the administration of bail and human rights abuses by police.
- Overcrowding of prisons, with conditions leading to cases of malnutrition and deaths, and many detainees awaiting charges or trial for years.
- Deep inequality of women and widespread gender-based discrimination and violence.

Furthermore, poverty and lack of educational and economic opportunity are a backdrop to any discussion of any legal and human rights. Sierra Leone ranks among the 25 poorest countries in terms of *per capita* income. Over half of Sierra Leone's population lives in extreme poverty (such as income of less than USD 700 per year) and experiences food insecurity, lack of formal employment, and low literacy and minimal education or training.³²

This combination of widespread poverty and lack of justice has a profound impact on the rights-related context for HIV. If formal laws and policies were fully enforced, people at risk for HIV and people requiring HIV treatment would not face barriers related to their health condition, including those related to poverty, illiteracy, profession, marital status, age, or gender. If formal laws and policies were enforced, people at risk for HIV and people requiring HIV treatment would experience competent non-discriminatory care in health care settings. Officially, any person detained by police should experience fair and timely due process in being charged, held, and sentenced. If imprisoned or incarcerated, laws in Sierra Leone require that people receive food and water, adequate sanitation, and appropriate medical attention.

Instead, although these formal laws and systems are in place, the systems are severely under-resourced, and laws and policies are not enforced. People from key populations face unequal treatment by local chiefs, social service providers, and law enforcement. People from key populations, including people living with HIV, face stigma, discrimination and violations of confidentiality in health care settings. Women and girls experience gender-based violence without ability to seek recourse, and in rural areas face inequality under traditional and customary laws. Health care institutions and providers find themselves not paid and lacking basic equipment, supplies and medicines because budgeted resources were diverted due to corruption. Further, people detained by police – especially sex workers, gay men, transgender

³⁰ 2016 Rule of Law Index: Sierra Leone. World Justice Project.

³¹ OSIWA and AfriMap. Sierra Leone Justice Sector and the Rule of Law. January 2014.

³² Sierra Leone social protection assessment. World Bank, Human Development Department. June 2013.

people, and people who use drugs – can find themselves imprisoned or incarcerated for extended periods of time without charges or sentencing and in inhumane conditions that place them at high risk for HIV infection as well as other infections and illness, and without access to HIV treatment. These challenges are widely understood within Sierra Leone and by international agencies.^{33,34,35}

Human rights barriers to access, uptake and retention in HIV services

Because of high levels of unemployment in Sierra Leone, many people, including key and vulnerable populations, depend on subsidized health care through public clinics and hospitals in the country. This means that key and vulnerable populations depend on the competency and accessibility of HIV-related services at hospitals and public health centres, and can be highly vulnerable if they are confronted by stigma, discrimination, breach of confidentiality or informed consent, rejection from services or other rights violations.

As documented in the June 2017 literature review and in interviews and focus groups conducted in July and August, key and vulnerable populations experience a range of rights-related barriers in accessing HIV-related health services.

Barriers related to stigma and discrimination

In interviews and focus groups conducted in all four regions of Sierra Leone in July and August 2017, people from key and vulnerable populations reported widespread stigma and discrimination in their families, communities, and by police and health care workers. Women reported not having social or economic equality with men. Stigma and discrimination is reported about HIV and TB, sexually-transmitted infections, mental health and drug dependency, poverty, sex work, being unmarried, and acting in ways that imply transgender identity or homosexuality.³⁶

People from key and vulnerable population groups – including people living with HIV, sex workers, gay men, transgender people, and people who use drugs – say that prevailing social stigma leads to self-shame, and this increases people’s likelihood of isolation, lack of information, and lack of support networks and resources to rely on when they are rejected by families, communities or health care providers.

People report being reticent about disclosing their HIV status or HIV-related risks even within HIV-focused organisations, and say that in their networks, high levels of stigma about HIV, sex, and drugs cause there to be very little discussion about risk-reduction, such as safer sex or safer drug use, and very little discussion about services related to HIV, sexual health, or drug dependency. Because many people are poor, food insecure, at low literacy, unemployed and possessing minimal employable skills, this isolation related to HIV and lack of information and support about HIV creates high vulnerability to illness and lack of services.

Gender inequality and gender-based discrimination adds an additional layer of vulnerability to these dynamics. Adolescent girls and young women in particular may have less autonomy in

³³ 2016 Rule of Law Index: Sierra Leone. World Justice Project. Accessed June 2017.

³⁴ Sierra Leone 2015 Human Rights Report. United States Department of State, Bureau of Democracy, Human Rights and Labor, 2016.

³⁵ Assessment of the legal environment for HIV/AIDS in Sierra Leone. April 2017.

³⁶ The 2013 Sierra Leone PLHIV Stigma Index, published in 2015, confirmed through its research that PLHV face high levels of self-stigma and stigma, a lack of access to services, and a range of rights violations.

reducing risks for HIV, face fewer educational and economic opportunities, and may have to navigate men's possible rejection or violence in disclosing their HIV status or seeking HIV-related services. In addition, early marriage in Sierra Leone reduces women's autonomy and choices regarding health, education and employment.

Barriers related to fulfilment of human rights within the health care system

Health care workers report HIV-related stigma and discrimination in health care settings, driven in part by prevailing social attitudes and also by the fact that health care workers are afraid of exposure to HIV and other infections. Hospitals and clinics are reported to be experiencing insecure financing, imperfect workforce training and supervision, imperfect regulatory enforcement, and unforeseen costs and stock outs of equipment and supplies caused by corruption. This means that patients experience lack of medicines, untrained staff, lack of confidentiality and other improper treatment by health care workers.

Barriers related to knowledge, attitudes and practices of law-makers and law enforcement agents

Police remain largely unaware and untrained about human rights and HIV, and are reported to act with impunity in harassing, arresting, and extorting people suspected of sex work, drug use and dependency, or homosexuality. Prisons lack resources to provide adequate facilities or staffing to comply with laws to ensure the health and rights of prisoners. Many Parliamentarians and judges remain unaware of laws and policies on human rights, or specifics about HIV, gender, sex work, gender, drug use and dependency, homosexuality, and transgender identity.

Barriers related to legal literacy among key and vulnerable populations

Key informant interviews among key and vulnerable populations conducted in Sierra Leone in July and August 2017 found relatively low levels of legal literacy, and a pervasive sense of futility in gaining such literacy. In the context of police who are corrupt and act without regard for laws or rights, and a court system that does not process cases or administer impartial justice, a general refrain heard in interviews was that: "There is no rule of law in Sierra Leone".

In cases of rights violations such as police harassment or gender-based violence, people considered legal literacy to be useful only alongside other solutions such as negotiating solutions and settlements, social shaming or pressure from powerful people, or bribes to force action from law enforcement or the legal justice system. This was also described in interviews to be the case in securing greater space and services for key and vulnerable populations. Key informant interviews among key and vulnerable populations conducted in Sierra Leone in July and August 2017 stated that goals such as the creation of organisations, winning greater social equality and tolerance, and preventing discrimination or violence were all seen as not purely legal endeavours but battles that require economic and political power.

Barriers related to availability and accessibility of HIV-related legal services

As noted previously, the legal justice system in Sierra Leone lacks resources, resulting in high caseloads, delayed sentencing and justice, and long stays in pre-trial detention for people who are detained by police. Very few legal service organisations provide free or low-cost legal advice and services, and these are mostly based in the capital Freetown.

Among the organisations identified as linking key and vulnerable populations (mostly prisoners and vulnerable women) to *pro-bono* legal services (including AdvocAid, Action Plus, and CARL Don Bosco, Kakwa Hospice, Prison Watch, SWAASL, RODA, and Women in Crisis), none had on-staff lawyers or paralegals dedicated to helping key and vulnerable populations on legal cases related to HIV or other health issues.

Barriers related to laws and policies and HIV

Sierra Leone has several problematic laws and policies related to HIV and key and vulnerable populations that act as barriers to services. Key informant interviews among key and vulnerable populations conducted in Sierra Leone in July and August 2017 indicated the following:

- Unequal power dynamics between women and men, combined with poverty and lack of economic opportunity, leads to women having unsafe transactional and age-disparate sex at an early age, exposing women to violence, abuse, and sexually-transmitted infections. Unequal treatment of women in public institutions and in local customary law affects women’s ability to seek recourse for gender-based violence and sexual and reproductive health needs.³⁷
- Women engaging in sex work or transactional sex are detained by police for alleged violations of the Public Order Act, and rather than facing merely a fine, can be held in jail for petty offenses, which puts them at risk of violence and removal from their children and families.
- Young women who are visibly pregnant are still not allowed to attend school in Sierra Leone, forcing many to suspend their education, which diminishes their future life options.
- For men who have sex with men, Sierra Leone continues to hold colonial-era penalties against sodomy and buggery under the national constitution’s “Offences Against Persons” Act, which is interpreted to outlaw oral and anal intercourse.
- For people who use drugs, possession, usage, production, transport and supply of heroin, opium, cocaine, morphine in its various forms and other injectable recreational drugs (or aiding or abetting another in any of these activities) are outlawed under Section 7 and Section 15 of the Drugs Control Act. Possession or distribution of a syringe without a valid prescription is forbidden under the Pharmacy and Drugs Act. Sierra Leone also criminalizes cannabis use and possession of small quantities of drugs for personal use, which has resulted in several hundred people imprisoned in Freetown because of possession of small quantities of marijuana.³⁸
- Sierra Leonean laws also continue to impose criminal penalties for people living with HIV who put another at risk of infection, although the 2017 HIV Legal Environment Assessment and the 2013 HIV Stigma Index found that these laws are rarely enforced.

Barriers related to gender norms and gender-related vulnerabilities related to HIV

Although there have been campaigns to promote gender equality, and in many respects Sierra Leone is progressive about the roles of women, there still exist deep inequality and traditional attitudes and laws that limit women’s access to HIV-related services, especially in rural areas. These practices include early marriage and expectations of early childbearing, policies that limit access to education, and unequal economic and social power that contributes to age-disparate transactional sex. Adolescent girls and women face stigma and discrimination if they choose to

³⁷ Thomas AR. Women in Sierra Leone can now wear trousers to the country’s law courts without facing arrest. Sierra Leone Telegraph, 13 July 2017.

³⁸ Gberie L. Invisible victims: Drugs, state and youth in Liberia & Sierra Leone. Report, Open Society Initiative for West Africa (OSIWA), 2016.

remain unmarried, choose to not have children, or choose to assert themselves in education or business. Many women live under threat of sexual and gender-based violence. All of these issues limit the autonomy of adolescent girls and women in making decisions and taking actions to prevent HIV infection or to access HIV services.

Because of high stigma related to HIV, women living with HIV may be reluctant to acknowledge or disclose their HIV status or to visit HIV programs or take HIV treatments, because they do not want their spouse or communities to know about their positive status. Women living with HIV have limited educational or employment options; even organizations focused on women's rights and equality are generally not focused on, or hiring, women who are openly living with HIV, or women from key populations at high risk for HIV, such as women with histories of sex work and/or drug use.

Existing interventions, ongoing gaps and insufficiencies, and a comprehensive approach

This section summarizes the existing or recent programs that have been implemented in Sierra Leone to remove human rights-related barriers to services and describes the proposed elements a comprehensive program, based on the seven program areas (PA) set out in the *Global Fund HIV, Human Rights and Gender Equality Technical Brief*³⁹ and described above.

As documented in the June 2017 desk review and in interviews and focus group discussions conducted in July and August, and summarized below, some limited programs are in place to help key populations to address rights-related barriers in accessing HIV-related health services. However, the scope and coverage of these interventions are very low. Most legal advocates are not working specifically on HIV-related issues, barriers to health or health services, or issues specific to key populations or people's vulnerability to HIV, and in any case, the organizations working to advance human rights are very small and under-resourced.

This context presents a challenge in disaggregating funding data to define the current resources allocated to helping key and vulnerable populations to overcome legal and other rights-related barriers to HIV services. Rights-based programs do not disaggregate any work specific to key populations or HIV, nor do HIV or key population programs disaggregate costs specific to rights. A best estimate is that the overall 2016 expenditures was USD 116,000 as summarized below. Most of this funding comes from either the Global Fund or from international charities.

PA 1: Programs to reduce stigma and discrimination for key and vulnerable populations

Existing interventions

Sierra Leone officially guarantees many fundamental rights, including freedom of religion, freedom of association, and equal treatment under the law. The Sierra Leone Constitution, in Article 27, also prohibits discrimination by race, tribe, sex, place of origin, political opinions, colour or creed, with people allowed to file discrimination complaints in court. The Sierra Leone Constitution also affirms ideals of health and welfare of all persons, but affords no legal or enforceable right to these.

³⁹ *Technical Brief HIV, Human Rights and Gender Equality*, Global Fund to Fight AIDS, TB and Malaria (April 2017)

The Sierra Leone National AIDS Secretariat, Human Rights Commission, and allied organizations work nationally to promote these human rights, to promote social tolerance and equality, to embrace difference and diversity as positive attributes for society, and encourage people to respect each other, reject stereotypes, and confront discrimination in all settings. These campaigns are, in part, reactive, responding to specific publicized incidents of violence or rights abuses. Messaging is distributed in the form of communiques, printed materials, and trainings, reaching an unknown number of people in all fourteen of the country's districts and all 149 chiefdoms. The allocated cost of this work related specifically to HIV and key and vulnerable populations, as identified in available NAS budgets for 2016, was approximately USD 20,000.

In addition, community-level work is also conducted to reduce stigma and discrimination specifically against key populations as barriers to HIV services. This work is funded by the Global Fund through CARKAP, and lead implementers include groups such as Dignity, Focus 1000, Kakua Hospice, NETHIPS, Prison Watch, RODA, SWAASL, SLYDCL, Well-body, and WICM. Activities include trainings, meetings, and peer support groups to build people's individual knowledge, capacity and social networks so that people who are most vulnerable have the ability to overcome and confront stigma and discrimination. These activities take place in Sierra Leone's capital city of Freetown and also in cities such as Waterloo, Makeni, Kono, Kenema, and Bo, and involve local community leaders, local governments, law enforcement, religious institutions, private employers, service providers, public media, and key and vulnerable populations themselves. Each implementer reaches approximately 20 people per month, thus the entire effort possibly engages 2,400 people in trainings and meetings in any one-year period. The allocated cost of this work related specifically to HIV and key and vulnerable populations, as identified in available NAS budgets for 2016, was approximately USD 96,000.

Small grants from other funders, such as the Fund for Global Human Rights, the Open Society Institute West Africa, the US Embassy, and other international charities and funders may also support projects that promote gender equality, respect for rights, and non-discrimination. Although these projects may have a positive impact on key and vulnerable populations, they are generally not specifically focused on these populations and their barriers to HIV services.

Ongoing gaps and insufficiencies, and comprehensive programming to remove human rights-related barriers to services

One key gap in efforts against stigma and discrimination in Sierra Leone is that Sierra Leone does not have funding or a system to generate regular data to adequately monitor stigma and discrimination experienced by people living with HIV and key and vulnerable populations, or the impact of stigma and discrimination on HIV service access and uptake. The 2013 *PLHIV Stigma Index* research conducted by NETHIPS, which interviewed 577 people living with HIV, did not include TB or all key and vulnerable populations, and is not being conducted on a regular schedule.

The National AIDS Secretariat could, as a part of the regular national Demographic and Health Survey or as complementary research, sponsor a regular national assessment to (a) document and measure the types and level of HIV and TB-related stigma and discrimination experienced by key and vulnerable populations in health care settings and in specific communities⁴⁰, and (b)

⁴⁰ Existing tools which can be adapted and used in Sierra Leone to measure HIV-related stigma and discrimination include The People Living with HIV Index, The GAM indicator on discriminatory attitudes in general population and its NCPI, The PLHV-

assess policies, practices and laws that undermine confidentiality and privacy and increase HIV and TB-related stigma and discrimination. Research could assess stigma and discrimination related to HIV and TB status, other disabling health conditions (such as mental illness or drug dependency), poverty, illiteracy, certain professions (such as sex work), or bias against adolescent girls and women based on their marital status, age, reproductive choices, or expressions of gender and sexuality. Building from this research, the National AIDS Secretariat could develop model policies, programs and campaigns to combat stigma and discrimination, and then train and support organisation managers to improve policies and practices. The total cost of this national effort, if integrated in to already-planned budgets for the national Demographic and Health survey, could be USD 20,000 per year.

A second gap in efforts against stigma and discrimination is lack of intensity and scale. Changing prevailing social attitudes requires person-to-person dialogue, relationship-building, follow-up with families and communities, local governments, law enforcement, religious institutions, educators, service providers, and public media to reduce stigma and discrimination at a structural level, institutional level, and community and individual level.^{41 42 43 44 45}

A comprehensive effort could start by building the capacity to address stigma and discrimination and scaling up work by key and vulnerable population organisations, first in fourteen of Sierra Leone's largest cities and communities, and then extending outward to engage at least ten stakeholders from at least fifty of the country's chiefdoms, to bring people to quarterly and annual meetings, to review data about stigma and discrimination related to HIV and related to sex and gender identity, and other issues such as sexuality or drug use and addiction, and consider and implement strategies and campaigns for promoting understanding, tolerance and equality. The initial total cost of this national effort, if integrated in to already-planned budgets for key and vulnerable population organisations, could be USD 100,000 per year, for a cost over a five-year period of USD 500,000. An additional \$340,000 is required for national and community campaigns to address stigma and discrimination, based on the findings of the stigma research. Current activities (funded at \$116,000 per year) should be continued.

PA 2: Programs to train health care workers on human rights and ethics related to HIV

Existing interventions

According to stakeholder interviews in July and August 2017, no current programming exists in the country of Sierra Leone to train or support health care workers about HIV-related human rights and medical ethics for key and vulnerable populations. During 2016, over 1,000 health workers at regional and district hospitals, community health centres and community health

friendly Achievement Checklist for health care settings by the Population Council, and the IBBS module on S&D experienced by key populations.

⁴¹ Parker R and Aggleton P. HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Soc Sci Med.* 2003;57(1): 1324.

⁴² McLeroy KR, Bibeau D, Steckler A, and Glanz K. An ecological perspective on health promotion programs. *Health Educ Q.* 1988;15(4):35177.

⁴³ Heijnders M and van der Meij S. The fight against stigma: an overview of stigma-reduction strategies and interventions. *Psychol Health Med.* 2006;11(3): 35363.

⁴⁴ Mahajan AP, Sayles JN, Patel VA, et al. Stigma in the HIV/AIDS epidemic: a review of the literature and recommendations for the way forward. *AIDS.* 2008;22(Suppl 2): S6779.

⁴⁵ Stangl AL, Lloyd JK, Brady LM, et al. A systematic review of interventions to reduce HIV-related stigma and discrimination from 2002 to 2013: how far have we come? *Journal of the International AIDS Society.* 2013.16 (Suppl 2):18734.

posts were trained in comprehensive HIV care. These trainings include cursory information and protocols covering rights-based issues such as informed consent and confidentiality. Stakeholder interviews describe these trainings as limited in content on rights or ethics, without follow up mentorship, monitoring, or enforcement, and not specific to key or vulnerable populations or their specific rights-related barriers to HIV services.

Ongoing gaps and insufficiencies, and comprehensive programming

Hospitals and clinics in Sierra Leone generally do not have sufficient resources to ensure a consistent supply of recommended medicines and supplies, basic equipment, or staffing to provide care. Health facility directors and managers are focused on trying to navigate ruptures and delays in funding and supplies, and are stretched to find resources or time to intensify rights-related trainings for health care workers.

An increased and more comprehensive approach to supporting health care workers on human rights and medical ethics issues related to HIV and key and vulnerable populations would include programs to update policies and training curricula, support to hospital directors and administrators to assess and implement structural changes, and then implement trainings for health workers and provide for community-based organizations to provide patient support and monitoring of the quality of care. This needs to be based on the measurement and monitoring of HIV and TB-related stigma and discrimination in healthcare settings. In addition to the attitudes and practices of health care workers, this would involve assessments and research regarding patient experience of rights-related issues in health care settings, such as perceptions of stigma or discrimination; protection of informed consent, confidentiality and privacy; patient-centred care; knowledge of patient rights and workers' rights; and meaningful participation of the patient in decision-making about care. Due to the breadth of topics to be covered, it is recommended that five research studies be carried out in Year 1 at a total cost of USD 250,000.

To update policies and training curricula, the National AIDS Secretariat could work with health care worker unions and medical student associations to (a) encourage and facilitate their review of policies and practices on human rights and medical ethics related to HIV; (b) collect and compile suggestions for improvements in policies, training curricula, and trainings to address workers' fears of acquiring HIV; (c) integrate human rights and ethics knowledge, attitudes and practices into health worker training curricula, performance standards, and performance reviews; and (d) affirm standards and policies for informed consent, confidentiality and privacy, patient-centred care, patient rights and workers' rights, and meaningful participation of both the patient and the health care worker in decision-making about care. Development of updated national protocols and guidelines and related training curricula for health workers on how to render friendly, acceptable and non-discriminatory health services to key and vulnerable populations could be integrated within broader health training budgets and could be implemented with existing budgets at the National AIDS Secretariat.

The National AIDS Secretariat could then provide resources to each of Sierra Leone's 14 district hospitals and selected additional HIV programs at community health centres for directors and managers to assess potential structural changes to improve patient experience of rights-related issues in health care settings. Structural improvement projects could start with an assessment of patient experience of rights-related issues in health care settings (such as perceptions of stigma or discrimination, capacity for informed consent, confidentiality and privacy, patient-centred care, patient rights and workers' rights, and meaningful participation of both the patient and health care worker in decision-making about care), and then define a deliberate series of

steps to train health care staff and to improve patient scheduling and referrals, and protocols for counselling, peer mentoring, patient support groups, and patient follow up. The total cost of this effort, if integrated in to already-planned budgets, could be \$10,000 of incentive funding per facility for twenty facilities each year to restructure services and implement new protocols, for a total cost per year of USD 200,000, with half of this funding drawn from budgeted health infrastructure funds as a match.

The National AIDS Secretariat could also fund organisations that represent patients (such as organisations representing people living with HIV and members of other key and vulnerable populations including adolescents and young women) to participate in trainings of health care employees, including health care administrators, District Health Management Teams, health care workers in public hospitals in key high burden districts, and private sector health care workers in each high burden region to measurably improve health worker attitudes, knowledge and competency related to key and vulnerable populations. Trainings could contain content about issues such as gender and gender identity, gender equality, gender based violence and clinical management of rape and violence cases, the clinician's role in asking about and promoting sexual health, mental health and harm reduction, and laws and policies that protect or exist as barriers to people's access to care. Trainings could be include these patient organisations for a cost of USD 400 per training, for a total cost of reaching forty facilities across Sierra Leone's fourteen districts of USD 16,000 per year.

An additional strategy to supporting health care worker competency on human rights and medical ethics issues related to HIV and key and vulnerable populations would be to support community-based organizations or community health outreach workers to provide patient/retention support but also monitor the nature and quality of the care received and provide feedback to health care facilities. Similarly, peer paralegals could offer legal advice and support at health clinics. These organizations or individuals could have formal relationships with each community site in each of Sierra Leone's fourteen districts for USD 1,200 per site per year, reaching a total over 5,000 people in key and vulnerable populations each year and vastly improving linkage between communities and hospitals for a total cost of USD 16,800 per year.

In summary, the total projected cost of this work to support health care workers on human rights and medical ethics issues related to HIV and key and vulnerable populations would be USD 232,800 per year, for a cost over a five-year period of USD 1,414,000, including an additional USD 250,000 would be required for the research outlined above in Year 1.

PA 3: Programs to sensitise lawmakers and law enforcement agents

Existing interventions

According to stakeholder interviews in July and August 2017, no programming currently exists in the country of Sierra Leone to systematically sensitise lawmakers and law enforcement agents about key or vulnerable populations or their rights-related to HIV.

Periodic sensitisation work is conducted with lawmakers and law enforcement agents, usually in connection with a complaint or service need, by groups serving key and vulnerable populations such as ActionAid, Action for Community Task (ACT), Action Plus, Centre for Democracy and Human Rights (CDHR), Dignity, Don Bosco Fambul, Foundation for Development, Democracy and Human Rights (FODDHR), Focus 1000, Kakua Hospice, NETHIPS, Prison Watch, RODA, SWAASL, SLYDCL, Well-body, WICM, and Women's Action for Human Dignity (WAHD). There

is no dedicated funding for this work related specifically to HIV and key and vulnerable populations.

Ongoing gaps and insufficiencies, and comprehensive programming

The periodic sensitisation work by groups serving key and vulnerable populations and other rights advocates is not currently at sufficient scale or extent to have an impact; nor is it constituted as a nationally coordinated effort with measurable targets, indicators of progress, or systems of enforcement or accountability. Given that Sierra Leone is a relatively small country, the network of individuals doing this work or potentially doing this work is also small. Stakeholder interviews suggested a fairly good level of cooperation and information exchange among individuals who are meeting with lawmakers and law enforcement agents about key or vulnerable populations and their HIV-related rights, and good linkage with more generalist legal advocates and human rights activists affiliated with the Human Rights Commission who are working to strengthen the country's democratic system, tackle corruption and advance rule of law and justice.

A comprehensive approach to sensitize law enforcement agents about key or vulnerable populations and their specific rights-related barriers to HIV services could include four strategies:

- Reinforce and expand the responsive case-by-case work done by groups serving key and vulnerable populations, by funding additional time of complaints officers, peer paralegals and advocacy staff in each of Sierra Leone's 14 districts. The cost of this effort, integrated into already-planned budgets of those groups, is described under the Legal Services section below. Complaints officers provide a service (thus are discussed under the Legal Services section), but they also generate data and case examples that are an important basis for sensitisation work with lawmakers, judicial officials, and law enforcement agents.
- Support a national effort to train and sensitize members of the Parliamentary sub-committees on health, human rights and legal reforms about key or vulnerable populations and their specific rights-related barriers to HIV services. Trainings could be conducted by members of the Human Rights Commission and partner advocates, such as those affiliated with AdvocAid, Action Plus, and CARL. The total cost of these trainings, using existing meeting space and staffing, would be USD 15,000 per year.
- Support local Human Rights Commissions and partner legal service providers, such as those affiliated with AdvocAid, Action Plus, and CARL, to engage judges, prosecutors, police, and key and vulnerable populations in at least 20 selected high-burden cities and chiefdoms in a regular review of arrests and reports of abusive policing.
- Through training and dialogue, co-led by police, foster policing practices that reflect respect for people's rights. Develop curriculum and roll out training of police and police supervisors on HIV, how they can support HIV prevention and treatment, the human rights of key and vulnerable populations, and the reduction of illegal police practices. The total cost of these trainings and meetings, using existing meeting space and staffing, would be USD 200,000 per year.
- With regard to prisons, in each region of the country,

- Support an assessment of the HIV-related rights and needs of prisoners in pretrial detention, in prisons and other closed settings, in partnership with Prison Watch and other prisoner-focused organizations to provide relevant data and support their capacity for advocacy; and
- Based on the findings, roll out meetings and activities to sensitise prison medical personnel and related staff in all fourteen districts about human rights and medical ethics issues related to HIV and actions to ensure the right to health.
- The total cost of conducting such assessments, advocacy and sensitization in each of fourteen districts would be USD 16,800 per year.

In summary, the total projected cost of all four strategies would be USD 231,800 per year, for a cost over a five-year period of USD 1,159,000.

PA 4: Programs to promote legal literacy (“know your rights”)

Existing interventions

Currently, approximately a dozen organizations are providing education to key and vulnerable populations about their human and legal rights and about legal resources to call upon to realise their rights and seek recourse in case of rights violations. Approximately USD 40,000 is allocated to this type of work, and examples of these organisations include:

- AdvocAid: Working in Freetown to improve women’s access to justice and to educate women about their rights, including women who are detained by police for loitering.
- Action for Community Task (ACT): Training community leaders, police, and government officials in Pujehun district to implement national legislation that protects women’s and children’s rights.
- Action Plus: Working to raise awareness of national laws that protect women, and providing *pro bono* legal aid and psycho-social support for survivors of sexual and gender-based violence.
- Centre for Accountability and Rule of Law (CARL-SL): Facilitating community dialogues with partners in several regions of Sierra Leone to reduce violence against women and girls and increase awareness about human rights and rule of law.
- Centre for Democracy and Human Rights (CDHR): Helping female survivors of violence access the justice system and training communities to monitor and inform the allocation of government resources for essential services.
- Dignity Association (Dignity): Working to end violence and discrimination against LGBTI persons in Sierra Leone through education and outreach with human rights organizations, government officials, and medical service providers.
- Don Bosco Fambul: Monitoring conditions in Sierra Leone’s prisons and providing legal assistance to prisoners to help people access justice and services.
- Foundation for Development, Democracy and Human Rights (FODDHR): Training community activists in Eastern Province of Sierra Leone to hold the government accountable for promoting economic rights by allocating sufficient resources to basic services and pressing for greater participation of women in local governance.
- Prison Watch Sierra Leone: Monitoring conditions in Sierra Leone’s prisons and providing legal assistance to prisoners to help people be aware of their rights and access justice and services.
- Society for Women and AIDS in Sierra Leone (SWAASL): Working with local Women’s Action Groups in rural areas to address violence against women and women’s access to education, health, and justice.

- Women’s Action for Human Dignity (WAHD): Challenging traditional practices that prevent girls from being educated, helping women seek justice for violence, and creating awareness around government obligations to fulfil women’s rights to access to justice.

Ongoing gaps and insufficiencies, and comprehensive programming

The extent of current work described above is limited. Community mobilisation for legal literacy and rights literacy is not happening in most districts of the country nor for most key and vulnerable populations. In addition, a major funder for this work in 2016 – the Fund for Global Human Rights – has ended its grant-making in Sierra Leone.

Community mobilisation for legal literacy around laws and policies related to HIV can be expanded so that people living with HIV and other key and vulnerable populations can mobilize around particular issues and advocate for their health-related needs and rights, including non-discrimination and protection from violence.

A comprehensive approach would fund the non-governmental organizations and associations that are working with HIV-positive people and other key and vulnerable populations, including groups working with adolescent girls and young women, to generate awareness about rights and laws, using selected cases of rights violations or positive rights advocacy, and using religious leaders, community leaders and celebrities. Peer human rights educators could be recruited from community health outreach workers or other activists among networks of key and vulnerable populations and trained and deployed in hard hit communities to teach about relevant rights, laws and policies, including patients’ rights. These would serve to build capacity among affected populations and help them mobilize around rights. These could be complemented by innovative projects for communication and community dialogues about human rights, especially in local venues; they should be locally determined and could include theatre, radio call-in interviews, meetings with local law enforcement officials and magistrates, and follow-up projects to train individuals in rapid-response monitoring, reporting, and linkage to services in cases of rights violations.

Current funding (USD 40,000 annually) for organizations providing education to key and vulnerable populations about their human and legal rights and about legal resources should be continued.

The total cost of funding charitable non-governmental organizations and associations for this work across fourteen districts would be USD 420,000 per year, for a cost over a five-year period of \$2,100,000.

PA 5: HIV-related legal services

Existing interventions

Five peer complaints officers are currently funded by the Global Fund through the National AIDS Secretariat at key population networks to respond to HIV-related complaints and refer people to legal services as needed: Dignity and SLYDCL (complaints officers based in Freetown), Kakwa Hospice (complaints officers based in Bo), RODA (complaints officers based in Makeni), and SWAASL (complaints officer based in Kenema). The allocated cost of this work related specifically to HIV and key and vulnerable populations, as identified in available NAS budgets for 2016, was approximately USD 40,000.

In addition, as described in the previous section, approximately a dozen organizations provide education to key and vulnerable populations, including adolescent girls and young women, about their legal rights and legal resources to call upon to realise their rights, and assistance in seeking legal recourse in case of rights violations, including sexual and gender-based violence. This work is not specific to HIV and rarely incorporates HIV as a visible dimension of the work. As noted above, the allocated spending on this work, largely from the Fund from Global Human Rights, was approximately USD 40,000.

Ongoing gaps and insufficiencies, and comprehensive programming

The complaints officers currently funded by the National AIDS Secretariat are few in number, compared to the potential need, and furthermore handle an average of only two complaints per month; the low volume of complaints is reportedly mostly because people have no faith in justice being served by the court system. Furthermore, as noted in the section above, a major philanthropic funder for this work in 2016 – the Fund for Global Human Rights – has ended its grant making in Sierra Leone.

To expand legal services for people living with HIV and other key and vulnerable populations so that they can get redress if harmed, can be protected from violence and can address administrative and legal requirements related to health, a comprehensive approach would increase funding for both the existing structure of complaints officers and legal service providers.

The National AIDS Secretariat could expand funding for organisations working with key and vulnerable populations to recruit, train and support peer paralegals including at least one complaints officer in each of the country's 14 districts, to work in the community to help resolve disputes, deal with discrimination, receive and respond to reports of human rights abuses at the community level, refer appropriate cases to legal service providers, and monitor and document the processing and progress of each case to generate evidence for improvements in the legal justice system. They could also monitor police stations, jails, and prisons in each of the country's fourteen districts for people who may need legal information, advice and representation. Where possible and appropriate, these peer paralegals could be recruited from among community health outreach workers so as to help support prevention and treatment efforts as well as provide legal information, advice and referrals for key and vulnerable populations at risk for HIV and TB. The total cost of this work, building from known costs in available NAS budgets, would be approximately \$70,000 per year, for a cost over a five-year period of USD 350,000.

Funding of five complaints officers at USD 40,000 annually should continue.

Working through the Human Rights Defenders Network, the National AIDS Secretariat could fund legal service organisations to retain the services of attorneys willing and able to work with key and vulnerable populations affected by HIV and address legal issues related to HIV and TB-related discrimination, discrimination and harm related to sexual orientation and gender identity, sex work and drug use. These could supervise the cadres of paralegals and provide legal representation where necessary, filing cases through the Legal Aid Board and other human rights institutions, and case litigation. The total cost of this work, building from known costs in available NAS budgets, would be approximately USD 210,000 per year, for a cost over a five-year period of USD 1,050,000.

PA 6: Programs to monitor and reform laws and policies related to HIV

Existing interventions

According to stakeholder interviews in July and August 2017, no programming currently exists in Sierra Leone to reform national laws or health policies related to sex work, drug use and dependency, homosexuality, or transgender identity. Key population groups and progressive legal advocates are aware of specific needs for reforms, including laws related to gender equality and violence against women, drug criminalization laws, laws preventing opioid substitution therapy, syringe access programs and other harm reduction programming, and the “Offences Against Persons” buggery law, but no formal efforts have been developed or are formally funded to reform these laws.

Legal advocacy groups, such as CARL and AdvocAid, are engaged in a legal reform effort to decriminalize petty offences in Sierra Leone, and are also working with the Human Rights Commission, the Anti-Corruption Commission, and courts and law-makers to monitor, document, and advocate about failures of laws and the legal justice system to protect, respect and fulfil people’s rights. This work is not specific to HIV nor does it include HIV as a visible dimension of the work, but it has potential impact for key and vulnerable populations and is a foundation of people and organisation upon which to build.

Ongoing gaps and insufficiencies, and comprehensive programming

The crucial gap in current programming in Sierra Leone to monitor and potentially reform laws and policies related to HIV is the lack of core funding for advocates to conduct policy research, develop strategies, build coalitions, and build relationships with law makers for future change. Multiple years of sustained funding for this work is needed, to avoid the trap of triggering backlash or “bad laws fast” versus incremental positive changes over time.

Dedicated reform activities could be developed in relation to a number of topics, including national laws related to sex work, homosexuality, transgender identity, prison sentencing and health, drug use and dependency (including drug criminalization laws, laws preventing opioid substitution therapy, syringe access programs and other harm reduction programming), gender equality (including laws related to women’s access to education, employment and economic independence, and women’s rights in marriage and related to intimate partner violence), and laws or policies that impact accessibility of HIV services for adolescents in schools and out of school.

A comprehensive approach would support policy advocates at key and vulnerable population organisations and allied legal advocacy groups to:

- (1) Conduct operational research to assess and quantify the impact and costs of specific sets of laws, policies and law enforcement practices that are potential barriers to HIV services;
- (2) Assess the relative feasibility and potential impact of reforming any of these laws, regulations, policies, and practices,
- (3) Build, convene, inform, and mobilise coalitions to engage parliamentarians and other policy-makers for reform of laws and policies in line with existing Constitutional prohibitions against discrimination and commitments to human rights.

The estimated costs for the activities above would be USD 108,500 per year, for a cost over a five-year period of USD 542,500.

PA 7: Programs to reduce discrimination against women in the context of HIV

Existing interventions

According to stakeholder interviews in July and August 2017, no programming currently exists in Sierra Leone to specifically to reduce discrimination against women as a barrier to HIV services. However, at least a dozen organisations, such as AdvocAid, ACT, Action Plus, CCYA, WAHD and YWDO, are working more generally, without specific attention to HIV, to promote gender equality and women's agency regarding early marriage, childbearing and education; to link out-of-school adolescent girls back into school; and to change traditional attitudes and laws that limit women's access to education, employment, services and justice. This work is not targeted to key and vulnerable populations, including women living with HIV, is not work specific to HIV and does not include HIV as a visible dimension.

Several key population organisations, including Dignity, SWAASL, RODA, and SLYDCL, are working with women, including female sex workers and transgender women, to provide HIV-related counselling, case management and support for people experiencing gender-based and intimate partner violence. However, this work is not specifically targeted, structured or funded to change Sierra Leone's social, legal or political norms about gender equality.

Ongoing gaps and insufficiencies, and comprehensive programming

As noted above, the current baseline situation in Sierra Leone is that (1) leading organisations focused on women's rights and gender equality do not have staffing, expertise, funding, or the perceived mandate to address issues related to HIV or TB, and (2) leading organisations focused on key populations, including female sex workers and transgender women, do not have staffing, expertise, funding, or perceived mandate to engage in strategic work to change Sierra Leone's social, legal or political norms about gender equality.

To expand programming to promote gender equality and reduce discrimination against women that increases their vulnerability to HIV, a comprehensive approach should:

- Fund a leading women's organization in each of Sierra Leone's largest cities and otherwise in each of the country's fourteen districts, to hire a HIV community organizer and educator with experience of key and vulnerable populations to engage people in promoting gender awareness and equality in services related to HIV and TB. An approximate cost for these activities would be USD 40,000 per year.
- Fund each of the key and vulnerable population networks in Sierra Leone, such as and including Dignity, Focus 1000, Kakua Hospice, NETHIPS, Prison Watch, RODA, SWAASL, SLYDCL, Well-body, and WICM, to integrate and promote awareness of gender roles and gender inequality in their HIV work, including education of staff and clients about issues of sexual consent and intimate partner violence, and issues that contribute to women's vulnerability to HIV in Sierra Leone, including women's access to education, employment and economic independence; norms about marriage, childbearing and intimate partner violence; and concepts of male sexuality that encourage men to have multiple concurrent sexual relationships. These activities could be required under other general NAS support for staff and client training and thus costs would minimal, at USD 400 for miscellaneous training costs, and otherwise would be integrated and covered under existing funds.

Both sets of organisations can be funded to help adolescent girls and young women build capacity and peer support for health including health related to sex and drug use and dependency, and to promote rights including rights to expression of gender and sexuality. Specific programming could include:

- Education and empowerment of women and men living with and affected by HIV and TB to become informed and vocal advocates about gender-related barriers to health services, including gender-related issues of affordability, accessibility, accommodation and acceptability of services.
- School-based programs to provide age-appropriate education about rights, gender, and health, including school clubs to promote human rights, gender equality, and access to health services.
- Production of radio discussions and local theatre to communicate about gender issues in relation to HIV and TB, disparities in health, and approaches to overcoming rights-related barriers to health and HIV and TB services.
- Engage specific key and vulnerable populations, including female sex workers, transgender women, and HIV-positive women, in overall programming for gender equality, including efforts to reduce sexual and gender-based violence, promote choice in marriage and childbearing, and increase access to education and equality in power dynamics between women and men.

The total cost of this work, building from known costs in available NAS budgets, would be approximately USD 425,600 per year, for a cost over a five-year period of USD 2,128,000.

Costing and budget

Costs for the recommended interventions for the five-year HIV comprehensive program set out are set out in the table below. Details of intervention costs are set out in Annex 3.

HIV Human Rights Barriers Program Area	Year 1	Year 2	Year 3	Year 4	Year 5	Total
PA 1: Stigma and discrimination reduction for key populations	\$216,000	\$216,000	\$216,000	\$556,000	\$216,000	\$1,420,000
PA 2: Training for health care workers on human rights and medical ethics related to HIV	\$482,800	\$232,800	\$232,800	\$232,800	\$232,800	\$1,414,000
PA 3: Sensitization of law-makers and law enforcement agents	\$231,800	\$231,800	\$231,800	\$231,800	\$231,800	\$1,159,000
PA 4: Legal literacy (“know your rights”)	\$420,000	\$420,000	\$420,000	\$420,000	\$420,000	2,100,000
PA 5: HIV-related legal services	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000	\$1,050,000
PA 6: Monitoring and reforming laws, regulations and policies relating to HIV	\$108,500	\$108,500	\$108,500	\$108,500	\$108,500	\$542,500
PA 7: Reducing discrimination	\$425,600	\$425,600	\$425,600	\$425,600	\$425,600	\$2,128,000

against women in the context of HIV						
Programme Management Costs	\$462,300	\$407,125	\$407,125	\$482,163	\$407,125	\$2,165,839
Monitoring and Evaluation	\$25,346	\$22,321	\$22,321	\$26,435	\$22,321	\$118,743
Total	\$2,582,346	\$2,274,146	\$2,274,146	\$2,693,298	\$2,274,146	\$12,098,083

5. Baseline Findings: Tuberculosis

Overview of epidemiological context and key and vulnerable populations experiencing human rights-related barriers to TB services

Despite a sustained national TB testing and treatment program that has achieved progress against the disease, Sierra Leone is among the 30 highest TB-burdened countries. As of 2015, it is calculated that 28,000 people in Sierra Leone have active TB, and 3,200 people die from the disease each year.⁴⁶ Case detection for TB is reported to have reached a calculated 60 percent of cases in 2015, with 90 percent success in treatment for all diagnosed cases.⁴⁷ Approximately 250-500 people develop multidrug-resistant TB (MDR-TB) each year, mostly due to incomplete prior TB treatment due to medicine stock outs, difficulty in patient transport to, and costs at, health facilities, inability of the health system to provide community-based TB treatment access and support, and stigma about TB as an infectious disease among patients and health care workers.

As with HIV testing, routine TB screening has not yet been fully integrated into Community Health Centres and Community Health Posts. Routine TB screening is also not provided to people entering jails or prisons, which are known to be closed environments with high TB prevalence and minimal or non-existent TB treatment, and therefore places with high rates of TB transmission.

The health service goals of the Government of Sierra Leone are to expand TB case detection at a district and community level and to further integrate TB screening and treatment into other health programs. Recent objectives stated in the most recent Global Fund proposal from Sierra Leone included increasing annual diagnoses of TB to more than 21,000 cases (a rate of 304 cases per 100,000) and reducing annual TB deaths to fewer than 300 (a rate of 3.3 per 100,000).

Among key populations in Sierra Leone at high risk of TB, prisoners are the key population with the greatest lack of access to health services and exposure to rights violations including violence and inhumane treatment. A total of 3,341 people were incarcerated in Sierra Leone as of August 2016, according to the Office of the Attorney General, mostly held in 17 prisons that were designed to hold fewer than 1800 people.^{48 49 50} Over 95 percent (3225 as of August 2016) are men, and fewer than 5 percent (116) are women. According to the Office of the Attorney General, over half of all people held in prisons are in pre-trial or remand detention; for example, the Freetown Central Prison - commonly known as Pademba Road, and built to house 220 prisoners – holds over 1600 inmates, only half of whom are convicted, with the remaining held while awaiting trial.

Tuberculosis is a major issue for prisoners, given that large numbers of the population have active TB, incoming prisoners are not routinely screened, and overcrowding is a problem, with many more people incarcerated than the prison system has official capacity to hold. Prisoners are also dying in custody because of cited reasons of malnutrition, dehydration, malaria, and infections caused by unclean water and lack of medical attention. Notably, the Pademba Road

⁴⁶ National TB program strategic plan 2016-2020. Government of Sierra Leone, Ministry of Health. 2015.

⁴⁷ World Health Organisation. Country health statistics: Sierra Leone. Accessed June 2017.

⁴⁸ Institute for Criminal Policy Research. World Prison Brief: Sierra Leone country profile. Accessed June 2017.

⁴⁹ Sierra Leone 2015 Human Rights Report. United States Department of State, 2016.

⁵⁰ Kamara SI. Sierra Leone prison reforms bring no relief. Institute for War and Peace Reporting, August 2016.

Male Correctional Centre – the largest prison facility in the country - has a clinic staffed by only one doctor to serve over 1,600 inmates, and has a budget of less than USD 0.50 per person for food. Prisons outside Freetown have no dedicated clinics but are required to send patients to local government hospitals and clinics for treatment of serious illness or injuries; however, the Bureau of Prisons does not provide funds to prisons for this transportation to health facilities.

People living with HIV are also a key population for TB. According to national statistics, HIV-positive people have a 12 percent rate of active TB, with at least 2,000 new TB cases occurring every year among HIV-positive people and at least 600 TB-related deaths each year among HIV-positive people. The health service goals of the Government of Sierra Leone are to reach 95 percent of TB/HIV co-infected people with appropriate testing, diagnosis and treatment, but as described in the accompanying HIV assessment, people living with HIV face limited access to health services and systematic discrimination (related to HIV and other issues) and other violations of human rights in both health care and community settings.

National documents also note that people living in crowded or poorly-ventilated housing, such as people in urban slums or in crowded mining communities, are likely to (a) face higher rates of TB, (b) lack the means to access proper health services and preventive health measures, and (c) face rights-related barriers in seeking care.⁵¹ Issues of poverty and economic dependence, especially the limited economic and social autonomy of women and adolescents, as reviewed in detail throughout this report, worsen the contexts of housing and nutrition that create vulnerability to TB infection and illness. Lack of privacy or confidentiality at health clinics, fear of infectious disease, and stigma and discrimination against people who are diagnosed with TB, can dissuade many people from seeking care, but especially can dissuade people who are economically dependent or already socially vulnerable to discrimination, such as women, adolescents, and key populations. Interviews and focus groups conducted at health clinics for this baseline assessment collected many anecdotes about these dynamics of risk and vulnerability.

Overview of the law, policy, political and strategy context for human rights and TB

As noted in the accompanying HIV assessment, Sierra Leone is a constitutional republic with an elected Parliament, a judiciary and courts and law enforcement operating in each of the country's 14 districts. Sierra Leone guarantees many fundamental rights, including freedom of religion, freedom of association, and equal treatment under the law, and the formal structure and roles of the legal system are well defined.

Sierra Leone's Constitution, in Article 8, states that “the health, safety and welfare of all persons in employment shall be safeguarded”, and that there shall be “adequate medical and health facilities for all persons, with due regard to the resources of the State”.⁵² These provisions afford no legal rights to citizens and are unenforceable in the courts, but a Constitutional Review Committee has recommended that one amendment to the Sierra Leone constitution should be the addition of an entitlement to the highest attainable standard of health.⁵³

However, Sierra Leone is challenged in the administration of law and justice. According to the 2016 Rule of Law Index produced by the World Justice Project, Sierra Leone ranks 101 among 113 countries for corruption, 102 for lack of civil justice, and 107 for lack of regulatory

⁵¹ Sesay ML. Patient characteristics and treatment outcomes among tuberculosis patients in Sierra Leone. Dissertation, Walden University. 2017.

⁵² Sierra Leone Constitution, Paragraph (3)(d) of Article 8 (*Social objectives*)

⁵³ Assessment of the legal environment for HIV/AIDS in Sierra Leone. April 2017.

enforcement.⁵⁴ Furthermore, poverty and lack of economic opportunity are a backdrop to any discussion of any legal and human rights. Sierra Leone ranks among the 25 poorest countries in terms of *per capita* income. Over half of Sierra Leone's population lives in extreme poverty (such as income of less than US\$ 700 per year), experiences food insecurity and lack of formal employment, and possess low literacy and minimal education or training.⁵⁵

This combination of insufficient rule of law and high poverty rates has profound impact on the rights-related context for TB. Under formal law and policy, people at risk for TB and people requiring TB treatment should face no barriers related to their health condition, or due to poverty, illiteracy, profession, marital status, age, or gender. Under formal law and policy, people at risk for TB and people requiring TB treatment should experience competent non-discriminatory care in health care settings. Officially, any person detained by police should experience fair and timely treatment in being charged, held, and sentenced. If imprisoned or incarcerated, laws in Sierra Leone require that people receive food and water, adequate sanitation, and appropriate medical attention.

However, although the formal laws and systems are in place, the laws and rules are not enforced and the systems are severely under-resourced. People who are diagnosed with TB face stigma, discrimination, and violations of confidentiality in health care settings, and people detained by police can find themselves imprisoned or incarcerated for extended periods of time without charges or sentencing and in inhumane conditions that place them at high risk for TB infection as well as other infections and illness, and without access to TB treatment.⁵⁶ The 2017 national Legal Environment Assessment provides ample discussion of these challenges.⁵⁷

Human rights barriers to access, uptake and retention in TB services

As documented in the June 2017 desk review and in interviews and focus groups conducted in July and August 2017, key and vulnerable populations experienced a range of rights-related barriers in accessing TB-related health services, including stigma and discrimination, gender inequality and other barriers for adolescent girls and young women, and limited legal literacy, legal services, and functionality of the legal justice system.

Barriers related to stigma and discrimination

According to in-country interviews and focus groups, social stigma and discrimination constitute a primary set of rights-related barriers to access, uptake and retention in TB services for key populations. This assessment heard reports of widespread stigma and discrimination related to TB as an infectious disease and due to its association with poverty, incarceration, and the key populations at high risk for HIV/TB. For example:

- People living with TB face stigma and rejection by families and communities, and discrimination by service providers. Health facilities are not structured to provide people with privacy or confidentiality, and health workers are frequently afraid of their own risks of acquiring TB because of lack of training and protective equipment. This fear can result in stigmatization of patients.
- People co-infected with TB/HIV, including those from the key and vulnerable populations most affected by HIV in Sierra Leone (sex workers, young women and adolescent girls, men

⁵⁴ 2016 Rule of Law Index: Sierra Leone. World Justice Project.

⁵⁵ Sierra Leone social protection assessment. World Bank, Human Development Department. June 2013.

⁵⁶ Kamara SI. Sierra Leone prison reforms bring no relief. Institute for War and Peace Reporting, August 2016.

⁵⁷ Assessment of the legal environment for HIV/AIDS in Sierra Leone. April 2017.

who have sex with men, transgender people, and people who use drugs) encounter the social stigma and discrimination related to those populations, compounded by discriminatory behaviour by police and health care workers and punitive laws and policies described in the HIV section of this report which include laws related to drug use and sodomy.

- Social and political stigma appear to be experienced by poor people, in that people living in urban slums or in crowded mining communities are not seen as deserving of attention or do not have the political power to call upon resources in a patronage system. This stigma based on poverty exists among health care workers and judges and magistrates, who in any case are working within poorly-resourced systems and have limited ability to accommodate people's poverty, their issues of crowded or poorly-ventilated housing, or their inability to afford the minimal fees of accessing health care or legal services.
- Public and political stigmatization are reported to be high against people caught in the criminal justice system, even though many people who are detained are awaiting charges, trial, or sentencing and thus have not been determined to be guilty of anything. Furthermore all people in detention have a right to basic services as defined in the national Correctional Services Act. But this public and political stigma appears to result in under-resourcing of health and other services in prisons, a lack of legal services or any watchdog monitoring or medical oversight in jails and prisons, and no recourse by detainees against inadequate health services or lack of protective measures against TB and HIV.

Barriers related to gender inequality and barriers for adolescent girls and young women

Stakeholder interviews conducted in July and August 2017 found no reported gender assessments of TB services, or any programs within hospitals or clinics dedicated specifically to women living with TB, trainings for staff about gender inequality, or programs to specifically help adolescent girls and women to remediate factors in TB risk such as substandard housing, insufficient health-seeking autonomy and agency and insecure access to food and medicines.

Interviews conducted with women who were patients and health care providers at HIV/TB programs at hospitals and clinics in Freetown, Makeni and Koidu/Kono revealed many concerns. Female patients stated that their primary concern was poverty and related inability to access to food, transportation and adequate housing, and they consistently asked for resources for these basic needs and for programs to combat the diversion of these economic supports from the least powerful and the least connected. Women also described the threats they faced, including social shaming and domestic violence, from TB-related stigma and discrimination, and described a lack of confidentiality at health facilities, starting from the point of entry and registration and going through to the placement and protocols of TB wards. In women's sections of prisons, which are reported to be better resourced and less crowded than men's sections, women still face limited access to TB screening, treatment or services to ensure successful treatment during and after detention.

Women interviewed for this assessment reported that the mainstream women's NGOs and advocacy groups, even when active in their communities on issues such as access to education or prevention of gender-based violence, were stigmatising of HIV and TB and stigmatising of women who are poor, or women who use drugs or engage in sex work. The national organization of CISMAT has limited reach and visibility in their work to support women throughout the country in their access to TB-related services.

Barriers related to limited legal literacy, legal services, and functionality of the legal justice system

As documented by the 2016 *Rule of Law Index*, Sierra Leone has widespread corruption and very limited functioning of civil justice and regulatory enforcement agencies. Sierra Leone's legal justice system is also severely under-resourced. The country suffers from a lack of legal oversight or legal remediation of illegal practices in health services, law enforcement, and legal justice systems. Essentially, people living with TB or TB/HIV cannot avail themselves of legal services and legal justice in cases of denial of legally guaranteed services; and health care workers, through unions or legal action, have no ability to guarantee universal worker access to protective equipment or training about prevention.

People who are poor, and key populations, such as sex workers or people who use drugs, face additional risks if they are caught up in the criminal justice system. Police arrest people with impunity, and without charges or legal due process, detainees are held in dangerous conditions without services for more time than is appropriate, legal, or necessary and without access to a hearing from a judge or magistrate, and thus jails and prisons are over-crowded and without facilities to treat TB or isolate prisoners with active TB.

Stakeholder interviews conducted in July and August 2017 revealed that very few people living with TB or their families know their rights or the laws related to health and TB, and that there is widespread scepticism about the utility of knowing one's rights or organizing around rights. This assessment found no evidence of systematic provision of either education about legal rights or legal services to people with or at risk of TB. Two of the largest populations in need of TB services in Sierra Leone are prisoners and people living with HIV, including sex workers and people who inject drugs. As described above in the HIV section, these key populations face serious illegal police practices that affect their access to all health services, including those related to TB.

Lack of capacity within the health system to promote access and human rights

Sierra Leone's poor economy and widespread poverty and diversion of resources lead to dysfunctionalities in the country's health system.

- Hospitals do not have space to isolate people with active TB, nor sufficient protective equipment to protect health care workers from infection, nor resources to structure space to provide adequate ventilation or privacy for patients. Furthermore, largely due to diversion of resources, hospitals providing TB treatments experience delays in payments, delays and loss of supplies, and a severe lack of resources with which to meet patient needs.
- Most prisons, as noted above, have no dedicated medical space or equipment, limited training or mentoring or supervision of health care staff, and no protocols or medicines to screen and treat people before or during incarceration, no space to isolate prisoners with active TB, or to provide discharge planning or case management to ensure TB-related care after a prisoner is released.
- Health care workers or prison officials who acquire TB in the workplace have no legal or economic compensation or recourse.
- Patients requiring TB treatment do not have funds for food, transportation, or any fees that might be charged for tests or medicines.

Opportunities to address barriers to TB services – from existing programs to comprehensive programs

The following section summarises existing and proposed interventions to address human rights-related barriers to TB services, set out under the ten rights-related TB Program Areas defined in the Global Fund Technical Brief *Tuberculosis, Gender and Human Rights*, described above.⁵⁸

As preface to this section, it should be noted that current resources for this work are small, only a fraction of what is spent for HIV, and come entirely from the Global Fund. There is one coalition in Sierra Leone – CISMAT - working on human rights-related barriers for key and vulnerable populations to TB-related services, and this coalition has fewer than ten employees and has a broader mandate to advance the TB response for all populations.

Thus, when looking for programs specifically targeted to the ten rights-related TB program areas defined by the Global Fund, and specific to key and vulnerable populations such as prisoners or people living with HIV/TB, or gender-focused programs for adolescent girls and young women, a review of existing programs finds only an estimated USD 20,000 invested in 2016.

The coalition CISMAT, in recognition of these limited resources and to avoid trying to create duplicate siloed programs, has adopted a strategy of working in close alliance with organisations funded for work on HIV and for the rights of key and vulnerable populations. This assessment concurs with this strategy, and throughout this report recommends integration of rights-related programming into broader TB health programs and into programs for work on HIV and for the rights of key and vulnerable populations, with ongoing stakeholder dialogue to assess the impact of this approach.

PA 1: Reducing TB-related stigma and discrimination

Existing programs

One organisation – CISMAT –is directly challenging TB-related stigma and discrimination affecting key and vulnerable populations, and is challenging the lack of health promotion and services for key populations, such as prisoners or people living with TB/HIV. CISMAT’s work related to key and vulnerable populations is integrated with the national HIV effort, and is focused on training and capacity building of key and vulnerable population groups and other HIV service providers to build awareness and include TB content throughout their work.

Aside from the work of CISMAT, there is no work funded in Sierra Leone challenging TB-related stigma and discrimination affecting key and vulnerable populations; although there have been general TB awareness campaigns, gender equality campaigns, and campaigns for social tolerance and non-violence, these have not had a dedicated focus on key and vulnerable populations and their rights-related barriers to TB services.

CISMAT has a larger mandate to advance the TB response for all populations, and its allocated budget in 2016 specific to combatting stigma and discrimination against key and vulnerable populations was less than USD 10,000. Despite this small amount, the people of CISMAT are an important voice in standing up for the rights and dignity of prisoners, of the poor, and of people living with or at highest risk of TB and HIV.

Ongoing gaps and insufficiencies, and comprehensive programming

⁵⁸ Technical Brief *Tuberculosis, Gender and Human Rights*, Global Fund to Fight AIDS, TB and Malaria (April 2017)

Sierra Leone does not have funding or a system to generate regular data to adequately monitor TB-related stigma and discrimination experienced by key and vulnerable populations, such as people living with TB, prisoners, people living with HIV, or people living in crowded poorly ventilated housing in urban slums or in mining communities. Nor does it have sufficient resources to develop and implement campaigns against such stigma and discrimination.

Components of comprehensive programming should include supporting CISMAT to:

- Roll out a stigma index and other research tools, working alongside national health authorities, to sponsor a regular national assessment, possibly integrated into the Demographic and Health Survey, to document and measure the types and level of HIV and TB-related stigma and discrimination experienced by key and vulnerable populations in health care settings and in communities. The total cost of this national effort could be minimal, at USD 20,000 per year or USD 100,000 over five years, to cover dedicated staffing or consultant researcher time, especially if other costs are covered through already-planned budgets for the national Demographic and Health survey and by budgets for similar research about HIV stigma and discrimination.
- Based on the findings, devise and implement, with partners, local and national campaigns to reduce TB-related stigma and discrimination that would include
 - Building the local capacity of key and vulnerable populations to understand and organize against TB-related stigma and overcome self-stigma, including through support groups. It would be possible to utilize the peer human rights educators and paralegals described below to assist in this effort.
 - Sensitizing leaders from government, health care, justice and law enforcement, and schools, from at least fifty of the country's chiefdoms, to review data about stigma and discrimination related to TB and related issues such as infection, poverty and incarceration, and implement strategies for promoting understanding, tolerance and equality
 - Devising and implementing local and regional campaigns in areas and communities (poor rural communities, urban slums, mining communities, prisons) hardest hit by TB to overcome T- related ignorance and stigma through such things as community dialogues and theatre, radio and talk shows, celebrity engagement, sports events, and
 - Continuing currently funded activities, costing USD 10,000 annually.

The total cost of this national effort, if integrated into already-planned budgets of allied organisations, could be USD 540,000 per year, for a cost over a five-year period of USD 2,700,000.

PA 2: Reducing gender-related barriers to TB services

Existing programs

Stakeholder interviews conducted in July and August 2017 found no reported gender assessments of TB services, or any programs within hospitals or clinics dedicated specifically to women living with TB, trainings for staff about gender inequality, or programs to specifically help adolescent girls and women to remediate factors in TB risk such as substandard housing or insecure access to food and medicines.

Women interviewed for this assessment reported that the mainstream women's NGOs and advocacy groups, even when active in their communities on issues such as access to education or prevention of gender-based violence, were stigmatising of HIV and TB and stigmatising of women who are poor, or women who are using drugs or engaged in sex work.

The leading organisations that work on TB, such as CISMAT, have no dedicated funding to work on gender, and the leading organisations working to promote gender equality and women's access to services, such as Advocaid and SWAASL, have no dedicated funding portion to address rights-related barriers to TB services for female prisoners and women living with TB/HIV.

Ongoing gaps and insufficiencies, and comprehensive programming

Comprehensive programming in Sierra Leone would support work with leading women's groups and school-based health programs in each of Sierra Leone's fourteen districts to provide:

- Education and empowerment of women and men living with and affected by HIV and TB to become informed and vocal advocates about gender-related barriers to health services, including gender-related issues of affordability, accessibility, accommodation and acceptability of services.
- School-based programs to provide age-appropriate education about rights, gender, and health, including school clubs to promote human rights, gender equality, and access to health services.
- Production of local community meetings, radio discussions and local theatre to communicate about gender issues in relation to HIV and TB, disparities in health, and approaches to overcoming rights-related barriers to health.
- Engaging specific key and vulnerable populations, including female sex workers, transgender women, and HIV-positive women, in overall programming for gender equality, including efforts to reduce sexual and gender-based violence, promote choice in marriage and childbearing, and increase access to education and equality in power dynamics between women and men.
- Human rights advocacy for the integration of TB education and routine TB screening into women's health services, including immunisation programs and perinatal services, in accordance with national guidelines and protocols, and in addition,
- Community-based monitoring by a local organization in each of Sierra Leone's fourteen districts to work at the district hospitals to provide rights-based case support to help women with TB to address rights-related barriers to TB services such as discrimination in health care, potential arbitrary arrests and detentions by police or gender-based discrimination and violence.
- Support to existing programs that are working with female prisoners, such as Advocaid, Women in Crisis, Kakwa Hospice, RODA, and SWAASL, to monitor and advocate for the reduction of TB-related vulnerabilities of women in detention .

The total cost of this work, building from known costs in available NAS budgets and assuming complementary work on HIV, would be approximately \$360,000 per year, for a cost over a five-year period of USD 1,800,000.

PA 3: TB-related legal services

Existing programs

From key informant interviews and a review of available documents, it is estimated that in 2016 no funds were spent to provide legal services to key and vulnerable populations to address rights-related barriers to TB services in Sierra Leone. CISMAT has a complaints officer to respond to people with challenges accessing TB services, but no dedicated attorney, paralegal or contracted legal service provider. Nor do leading legal service providers have any specific expertise or attention to barriers to TB services.

Ongoing gaps and insufficiencies, and comprehensive programming

To ensure that Sierra Leone's people with TB have access to legal services, a comprehensive approach would:

- Include TB-related legal assistance in the training of peer paralegals who are recruited, trained, deployed and supervised for assistance in communities hard hit by HIV and TB. These paralegals can be recruited from community health outreach staff deployed for TB and HIV community prevention and treatment interventions. These paralegals can work with and help mobilize communities, resolve disputes, address TB and HIV related discrimination, provide advice and referrals for key and vulnerable populations at risk for HIV and TB, including adolescent girls and young women, and monitor police stations, jails, and prisons, as necessary.
- Fund legal service organisations to retain the services of attorneys willing and able to work with marginalized populations affected by HIV and TB, to supervise and back up peer paralegals, and to provide legal representation, where needed.

The total cost of this work, building from known costs in available NAS budgets and assuming complementary work on HIV, would be approximately USD 10,000 per year based in ten locations around Sierra Leone to reach at least twenty high-burden cities and chiefdom, for a cost over a five-year period of USD 500,000.

PA 4: Monitoring and reforming policies, regulations and laws that impede TB services

Existing programs

Sierra Leone has had no national review of laws, policies or regulations affecting access to TB diagnosis and treatment, akin to the HIV Legal Environment Assessment conducted in April 2017. Key population groups and progressive legal advocates are aware of specific needs for reforms, including policies that allow prison overcrowding and subsequent risks of TB exposure; policies that allow denial of TB screening or treatment; and lack of mechanisms of prisoner complaint and redress. However, no formal national efforts have been developed to reform those policies. Key population groups and progressive legal advocates are also aware of specific needs for reforms in the Petty Offenses Act and other laws and policies that contribute to high rates of detention and incarceration, but these efforts are not framed with a public health perspective.

Ongoing gaps and insufficiencies, and comprehensive programming

A comprehensive approach would generate data about the policies, regulations and laws that impede TB services and then develop policy strategies, coalitions, and relationships to push for change. As with HIV, a crucial gap in current programming in Sierra Leone to monitor and potentially reform laws and policies related to TB is the lack of core funding for advocates to conduct policy research, develop strategies, build coalitions, and build relationships with law makers for future change. Multiple years of sustained funding for this work is needed, to avoid the trap of triggering backlash or “bad laws fast” versus achieving incremental positive changes over time.

A comprehensive approach would provide multiple years of funding for policy advocates at CISMAT and other key and vulnerable population organisations and at allied legal advocacy groups to:

- Conduct operational research to assess and quantify the impact, costs and reformability of a specific sets of laws, policies and law enforcement practices that are potential barriers to TB services, including laws, policies and practices that contribute to needless and unsafe detention and incarceration, prison overcrowding and subsequent risks of TB exposure, denial of TB screening or treatment in prisons, and lack of mechanisms of complaint and redress for patients who believe their right to health may be violated;
- Build, convene, inform, and mobilise coalitions to engage parliamentarians and other policy-makers to develop and implement strategies for reform of laws and policies in line with existing Constitutional prohibitions against discrimination and commitments to human rights, including law reforms for less use of pre-trial detention and incarceration where non-custodial sanctions are possible, and to increase access to TB screening, TB treatment, and other health services in prisons and jails.

The total cost of this work, building from known costs in available NAS budgets and assuming complementary work on HIV, would be approximately USD 70,000 per year, for a cost over a five-year period of USD 350,000.

PA 5: Knowing your TB-related rights

Existing programs

From key informant interviews and a review of available documents, it is estimated that in 2016 no funds were spent to promote legal literacy to prisoners, people living in crowded poorly ventilated housing, or other key or vulnerable populations in Sierra Leone specifically to increase their awareness of laws or legal recourse against rights-related barriers to TB services. In general, community mobilisation for legal literacy and rights literacy related to TB is not happening in most districts of the country nor for most key and vulnerable populations.

Ongoing gaps and insufficiencies, and comprehensive programming

A comprehensive approach would fund CISMAT to:

- Build the capacity of key and vulnerable populations to know their rights and the laws and policies related to TB, including patients' rights, through:
 - Recruiting, training, deploying and supporting peer human rights educators from among community health outreach people and other peer advocates
 - Conducting outreach and dialogue sessions with key and vulnerable populations to help people to know their rights under health regulations and national law and their human and patient rights with respect to TB. A focus would be to reach key and vulnerable populations such as people diagnosed with HIV/TB or women and men living in crowded or poorly-ventilated housing, such as people in urban slums or in crowded mining communities, who are likely to be experiencing discrimination and exclusion, including discrimination and exclusion based on TB and HIV status, and who lack of access to mainstream information sources.
- Conduct outreach and dialogue sessions with local officials at institutions (such as mining companies, prisons and jails) in twenty selected high-burden cities and chiefdoms across Sierra Leone's fourteen districts to review health regulations and national law as well as human and patient rights with respect to TB, to improve rights-related practices to prevent TB and increase access to services.

The total cost of this work, building from known costs in available health budgets and assuming complementary work on HIV, would be approximately USD 70,000 per year, for a cost over a five-year period of USD 350,000.

PA 6: Sensitization of lawmakers and law enforcement agents

Existing programs

According to stakeholder interviews in July and August 2017, no programming currently exists in the country of Sierra Leone to systematically sensitise lawmakers and law enforcement agents about key or vulnerable populations and their specific rights-related barriers to TB, including issues of discrimination and lack of confidentiality in health services, gender inequality and violence, prison overcrowding and limited capacity of prison health services, illegal police practices against key populations, and issues related to urban slums, and crowded mining communities, with their attendant factors that contribute to TB risks, including poorly-ventilated housing and insecure access to food, transportation and medicines.

Ongoing gaps and insufficiencies, and comprehensive programming

A comprehensive approach to sensitize lawmakers and law enforcement agents about key or vulnerable populations and their specific rights related to TB could include the following strategies:

- Support a national effort for TB advocates to meet with and train stakeholders in the national justice sector about key and vulnerable populations and their specific rights-related barriers to TB services. Trainings could be conducted by members of CISMAT, people living with and vulnerable to TB and other key and vulnerable populations, the Human Rights Commission and partner advocates, such as those affiliated with AdvocAid, Action Plus, and CARL. Participants could include individuals from the Ministry of Justice and office of Attorney-General, Ministry of Internal Affairs, Sierra Leone Police, Sierra Leone Prison Service, Judicial and Legal Services Commission, Law Reform Commission, Office of the Ombudsman, and members of the Parliamentary sub committees on health, human rights and legal reforms. The total cost could draw heavily from existing meeting space and staffing, and would require supporting dedicated time to organise meetings and trainings at USD 15,000 per year.
- In at least 20 selected high-burden cities and chiefdoms, support CISMAT to work with the Human Rights Commission and partner legal service providers, such as those affiliated with AdvocAid, Action Plus, and CARL, to engage magistrates, prosecutors, police, and local politicians and paramount chiefs in a dialogue about human rights and justice issues as factors in TB risks and barriers to TB services for key and vulnerable populations. The total cost of these trainings and meetings, building on existing meeting space and staffing, would be USD 10,000 per year for each of four regions.
- Ensure the inclusion of TB related concerns in the curricula developed to train police in the context of HIV so as to get their engagement to support (not retard) TB prevention and treatment services and so as to reduce illegal police practises against populations vulnerable to TB that act as barriers to TB services.

In summary, the total projected cost of these two strategies would be USD 55,000 per year, for a cost during a five-year period of USD 275,000.

PA 7: Training for health care providers on human rights and medical ethics related to TB

Existing programs

With regard to TB, human rights, and key and vulnerable populations, hospitals and clinics do include trainings for their health providers about rights-based issues such as informed consent, confidentiality and privacy, patient-centred care, and patients' rights and workers' rights to a safe and respectful health care environment. The Government of Sierra Leone also has a range of general programs and initiatives underway to improve the competence and performance of the country's health workforce, including ongoing training of health workers at Community Health Centres and Community Health Posts about TB prevention, treatment and care. However, these trainings typically do not include specific and sufficient content about TB, human rights, and the rights-related barriers to TB services faced by key and vulnerable populations.

Ongoing gaps and insufficiencies, and comprehensive programming

As noted in the HIV section of this paper, hospitals and clinics in Sierra Leone generally do not have sufficient resources to ensure a consistent supply of recommended medicines and supplies, basic equipment, or staffing to provide care. Health facility directors and managers are focused on trying to navigate ruptures and delays in funding and supplies, and are stretched to find resources or time to intensify rights-related trainings for health care workers.

An increased and more comprehensive approach to supporting health care workers on human rights and medical ethics issues related to HIV and key and vulnerable populations would include programs to measure TB-related stigma and discrimination in clinic settings, update policies and training curricula, support hospital directors and administrators to assess and implement structural changes, and then implement trainings for health workers.

To update policies and training curricula, the Ministry of Health could work with health care worker unions and medical student associations, as well as people living with and vulnerable to TB, to encourage and facilitate their review of policies on human rights and medical ethics related to TB, to suggest improvements in policies and trainings to address workers' fears of acquiring TB; integrate human rights and ethics knowledge, attitudes and practices in health worker performance reviews; and affirm standards for informed consent, confidentiality and privacy, patient-centred care, patient rights and workers' rights, and meaningful participation of both the patient and the health care worker in decision-making about care. Development of updated national protocols and guidelines for health workers on how to render friendly, acceptable and non-discriminatory health services to key populations could be integrated within broader health training budgets and could be implemented with similarly recommended programs for HIV.

The Ministry of Health could also provide resources to each of Sierra Leone's fourteen district hospitals for hospital directors and managers to assess potential structural changes to improve patient experience of rights-related issues in health care settings: Structural improvement projects could start with an measurement of TB-related stigma and discrimination in clinics and other health care settings (regarding attitudes and perceptions of stigma or discrimination, capacity for informed consent, confidentiality and privacy, patient-centred care, patient rights and workers' rights, and meaningful participation of both the patient and health care workers in decision-making about care), and then define a deliberate series of steps to train health care

staff and to improve patient scheduling and referrals, and protocols for counselling, peer mentoring, patient support groups, and patient follow up. To the degree possible, measurement and training regarding TB-related stigma in health care settings could be integrated into/joined with similar efforts regarding HIV. The total cost of this effort, if integrated in to already-planned budgets, could be USD 10,000 of incentive funding per facility for restructuring of services and implementing of new protocols, for a total cost per year of USD 200,000. This funding could be provided through a TB award, or if necessary could be drawn from budgeted health infrastructure funds and matched with similarly recommended programs and funding focused on HIV.

The Ministry of Health could also fund CISMAT to conduct trainings of health care employees, including health care administrators, District Health Management Teams, health care workers in public hospitals in key high burden districts, and private sector health care workers in each high burden region to measurably improve health worker attitudes, knowledge and competency related to key and vulnerable populations. Trainings could contain content about laws and policies that protect or exist as barriers to people's access to care and could be conducted for a cost of USD 400 per training, for a total cost of reaching 40 facilities across all of Sierra Leone's fourteen districts of USD 16,000. This funding could be provided through a TB award, or if necessary this cost could be covered through similarly recommended programs for HIV.

An additional strategy to support community and rights-based patient support and monitoring of quality of health care, including human rights and medical ethics, would be to place peer educators, peer paralegals and patient experts (such as those trained and supported by CISMAT) in health care settings for USD 1,200 per site per year. These people would provide patient and retention support, legal advice and referrals, as well as monitor quality of care, including issues of discrimination and stigma in the health care setting and would provide feedback to the clinic. This funding could be provided through a TB award, or if necessary this cost could be covered through similarly recommended programs for HIV.

In summary, the total projected cost of this work to support health care workers on human rights and medical ethics issues related to TB and key and vulnerable populations would be USD 232,800 per year, for a cost over a five-year period of USD 1,164,000. As indicated in each activity, this funding could be provided through a TB award, or if necessary this cost could be covered through similarly recommended programs for HIV through funding from the National AIDS Secretariat.

PA 8: Programs to ensure confidentiality and privacy

Existing programs

The limited extent and capacity of hospitals, prisons, and other organisations to improve adequate facilities for patients' rights to privacy, confidentiality and non-discriminatory care is covered in other sections of this report, and thus not repeated here.

Ongoing gaps and insufficiencies, and comprehensive programming

As above, other sections of this report cover recommendations for strengthening trainings and resources at hospitals and clinics, prisons and jails, and other facilities and organisations, to improve protocols to ensure patient confidentiality and privacy, and where possible to structure facilities to ensure confidentiality and privacy, along with adequate ventilation and other TB prevention measures. The activity could include:

- (a) An assessment of the physical modalities of the provision of TB related care so as to improve those modalities. This assessment would review how people enter the services, are directed toward TB care, are or are not “identified” publicly as vulnerable to TB, have access to reasonable waiting times and toilets, do or do not experience stock outs of supplies, are or are not asked for bribes, benefit from non-discriminatory clinical and community TB care, etc.
- (b) Based on the findings, support to advocacy for changes in the modalities of provision of TB care that would improve confidentiality and support and reduce stigma and discrimination.

PA 9: Mobilizing and empowering patient and community groups

Existing programs

CISMAT is the leading coalition in Sierra Leone that works as a non-governmental group seeking to increase participation, leadership and advocacy by people at risk of or with history of having TB. Allocated costs in 2016 for CISMAT for their work to mobilise and empower people living with TB and related community groups was approximately USD 10,000.

Ongoing gaps and insufficiencies, and comprehensive programming

An increased and more comprehensive approach to mobilising and empowering patient and community groups would be to help organizations such as CISMAT to:

- Build organizational infrastructure and other operational costs in at least 4 regions, to include mobile phone or other connection for communications to support advocacy and human rights work, and contracting of specialized services to improve organizational capacity in functions such as legal/human rights work and rights/advocacy-related communications. This basic infrastructure for CISMAT or for any other group is essential as a basis for patients and community members to have any structure in which to participate and mobilise. The cost of this infrastructure would be USD 7,600 per region for a total cost of USD 30,400 per year and USD 152,000 over five years.
- Support the development of a cadre of TB advocates from among those living with and affected by TB across several key and vulnerable populations. These might could be recruited from the peer human rights educators and peer paralegals. These people should be part of the capacity-building efforts to strengthen the TB affected communities and should be deployed as advocates, leaders and community mobilizers.
- The currently-funded work of CISMAT to mobilise and empower people living with TB and related community groups should continue.

PA 10: Programs in prisons and other closed settings

Existing programs

As noted in the introduction, tuberculosis is a major risk and illness for prisoners, given that large numbers of the population have active TB, incoming prisoners are not routinely screened, and overcrowding and lack of ventilation and sanitation are major problems, with many more people incarcerated than the prison system has official capacity to hold. Prisoners are also dying in custody because of cited reasons of malnutrition, dehydration, malaria, and infections caused by unclean water and lack of medical attention.

Officially, any person detained by police should experience fair and timely treatment in being charged, held, and sentenced. If imprisoned or incarcerated, laws in Sierra Leone require that people receive food and water, adequate sanitation, and appropriate medical attention. However, people detained by police can find themselves imprisoned or incarcerated for extended periods of time without charges or sentencing, and in inhumane conditions that place them at high risk for TB infection as well as other infections and illness, and without access to TB treatment.

Most prisons, as noted above, have no dedicated medical space or equipment, limited training or mentoring or supervision of health care staff, and no protocols or medicines to screen and treat people before or during incarceration, no space to isolate prisoners with active TB, or to provide discharge planning or case management to ensure TB-related care after a prisoner is released. Notably, the Pademba Road Male Correctional Centre – the largest prison facility in the country - has a clinic staffed by only one doctor to serve over 1600 inmates, and has a budget of less than USD 0.50 per person for food. Prisons outside Freetown have no dedicated clinics but are required to send patients to local government hospitals and clinics for treatment of serious illness or injuries; however, the Bureau of Prisons does not provide funds to prisons for this transportation to health facilities.

Ongoing gaps and insufficiencies, and comprehensive programming

For programs in prisons and other closed settings, an increased and more comprehensive approach should support:

- A comprehensive assessment of TB risks and vulnerabilities that outlines the human rights aspects and legal implications, in the prisons and other closed settings of Sierra Leone
- Based on the findings of the assessments, support CISMAT and prison rights groups to advocate for changes in laws, policies and practices that result in undue detention without charge, trial or sentencing, overcrowding, and substandard conditions with regard to health and safety, and to advocate for adequate funding for and programs to reduce TB related health risks and poor health outcomes in detention.

Costing and budget

Costs for the recommended interventions for the five-year TB comprehensive program set out are set out in the table below. Details of intervention costs are set out in Annex 3.

TB Human Rights Barriers Program Area	Year 1	Year 2	Year 3	Year 4	Year 5	Total
PA 1: Stigma and discrimination reduction	\$520,000	\$520,000	\$520,000	\$520,000	\$520,000	\$2,600,000
PA 2: Reducing gender-related barriers to TB services	\$360,000	\$360,000	\$360,000	\$360,000	\$360,000	\$1,800,000
PA 3: TB-related legal services	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$500,000
PA 4: Monitoring and reforming laws, regulations and policies relating to TB services	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$350,000
PA 5: Knowing your TB-related rights	\$70,000	\$70,000	\$70,000	\$70,000	\$70,000	\$350,000

PA 6: Sensitization of law- makers, judicial officials and law enforcement agents	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000	\$275,000
PA 7: Training of health care providers on human rights and medical ethics related to TB	\$232,800	\$232,800	\$232,800	\$232,800	\$232,800	\$1,164,000
PA 8: Ensuring confidentiality and privacy	\$0	\$0	\$0	\$0	\$0	\$0
PA 9: Mobilizing and empowering patient and community groups	\$55,400	\$55,400	\$55,400	\$55,400	\$55,400	\$277,000
PA 10: Programs in prisons and other closed settings	\$55,000	\$15,000	\$15,000	\$15,000	\$15,000	\$115,000
Programme management costs	\$335,067	\$326,239	\$326,239	\$326,239	\$326,239	\$1,640,022

Monitoring and evaluation	\$18,370	\$17,886	\$17,886	\$17,886	\$17,886	\$89,915
Total	\$1,871,637	\$1,822,325	\$1,822,325	\$1,822,325	\$1,822,325	\$9,160,937

6. Next steps

This baseline assessment will be used as the basis for dialogue and action with country stakeholders, technical partners and other donors to scale up to comprehensive programs to remove human rights related barriers to HIV and TB services. Towards this end, the Global Fund will arrange a multi-stakeholder meeting in country at which country stakeholders will consider the findings and use them to develop a 5 year plan to move from the current level of programming to comprehensive programs to remove human rights-related barriers. In this plan, it is envisioned that the country will set priorities as well as engage other donors to fully fund the comprehensive programs involved.

Finally, in order to build the evidence base regarding programs to reduce barriers to HIV and TB services, the Global Fund will commission follow up studies at mid- and end-points of the Strategy to assess the impact on access to HIV and TB services of the expanded programs put in place under the five-year plan.

Qualitative and quantitative indicators of progress

Due to the broad range of barriers, key populations, and suggested components of the comprehensive approach, it will be necessary for the performance framework to rely on a range of qualitative indicators and data collection methods. Though there are outputs that can be measured in numerical terms, success in removing barriers to access to services will likely be best measured by examining the experiences of key and vulnerable populations, and in the longer term, in changes to the testing and treatment cascades for HIV and TB. The specific percentages of key populations testing for HIV and TB, entering treatment and achieving viral load suppression (HIV) or treatment success (TB) is unknown. It is possible that these issues will be addressed in the coming years, in which case, their measurement should be added to the set of indicators described below.

Quantitative Assessment

From the assessment, the following key numerical indicators are recommended, all of which can be collected through existing Global Fund-related program monitoring processes:

- a) Number of districts, led by DHMTs, participating in an assessment of key and vulnerable population experience of rights-related barriers to HIV and TB services, with subsequent processes to address those barriers.
- b) Number of hospitals and clinics participating in an assessment of patient experiences and perceptions of stigma and discrimination in health care settings, and then a subsequent process to improve practices for informed consent, confidentiality and privacy, patient-centred care, patient rights and workers' rights, and meaningful participation of both the patient and health care workers in decision-making about care.
- c) Number of women's groups deploying community organizers and educators engaging people in promoting gender awareness and equality in services related to HIV and TB.
- d) Number of peer human rights educators and peer paralegals being deployed in number of districts.
- e) Number of radio discussions, local theatre events and other communications events produced to promote policies and laws that will improve access to HIV and TB screening, care and other services.
- f) Number of patient and community groups that have core operating budgets (as opposed to all revenue and budgets being project-based) to support general capacity for rights-based work such as work on stigma and discrimination, legal literacy, and gender equality.

- g) Number of prisons receiving regular clinical monitoring, training, and advocacy to improve the quality and accessibility of TB services in prison and pre-trial detention, to ensure the right to health services.
- h) Number of prison medical personnel and other prison staff trained on the basics of HIV and TB prevention and care and national rights-related laws regarding prisoner health, prison conditions, and prohibition of torture or inhuman or degrading punishments or treatment.

Qualitative Assessment

Each mid-term and end-term assessment should include a legal environment assessment and an overview of the social and political environment, with an analysis of any (changed) factors that are enabling or hindering access to HIV and TB services. Each assessment should include the major steps of this Baseline Assessment, including Desk Review, key informant interviews and focus groups with key and affected populations:

- a) The Desk Reviews should particularly concentrate on evaluations of any programs considered for or implemented as part of comprehensive programs, as well as updating the epidemiology of HIV and TB, checking that no changes have occurred in the key and vulnerable populations most affected by the two diseases, and updating any research published on HIV and TB human rights barriers in Sierra Leone.
- b) Key informant interviews should focus on changes in the legal, social, political and programmatic environment since the previous assessment, as well as capturing key informants' views on how the comprehensive programs are being implemented, indicating strengths and weaknesses.
- c) Measurement of stigma and discrimination should be carried out by examining annual reports from the Human Rights Commission, evaluations of law enforcement and prisons, and any measurements done in health care settings.
- d) Focus groups of key populations should emphasize the following questions:
 - Is it now easier to access HIV and/or TB services than two years ago for each key population? Different for men, women, trans, adolescents and young people?
 - Have you found that attitudes and behaviour of health care providers towards your community have improved or worsened in the past two years? Different for men, women, trans?
 - Have illegal police practices (e.g. harassment, extortion, arbitrary arrest or detention, violence, rape) against your community increased or decreased over the past two years? Different for men, women, trans?
 - Has general stigma or discrimination against your community increased or decreased during the past two years? Different for men, women, trans?
 - Has violence (other than police violence) against your community increased or decreased during the past two years? Different for men, women, trans?
 - (Showing the comprehensive programs) Have you accessed any of these services? How useful were they? Different for men, women, trans, adolescents and young people?