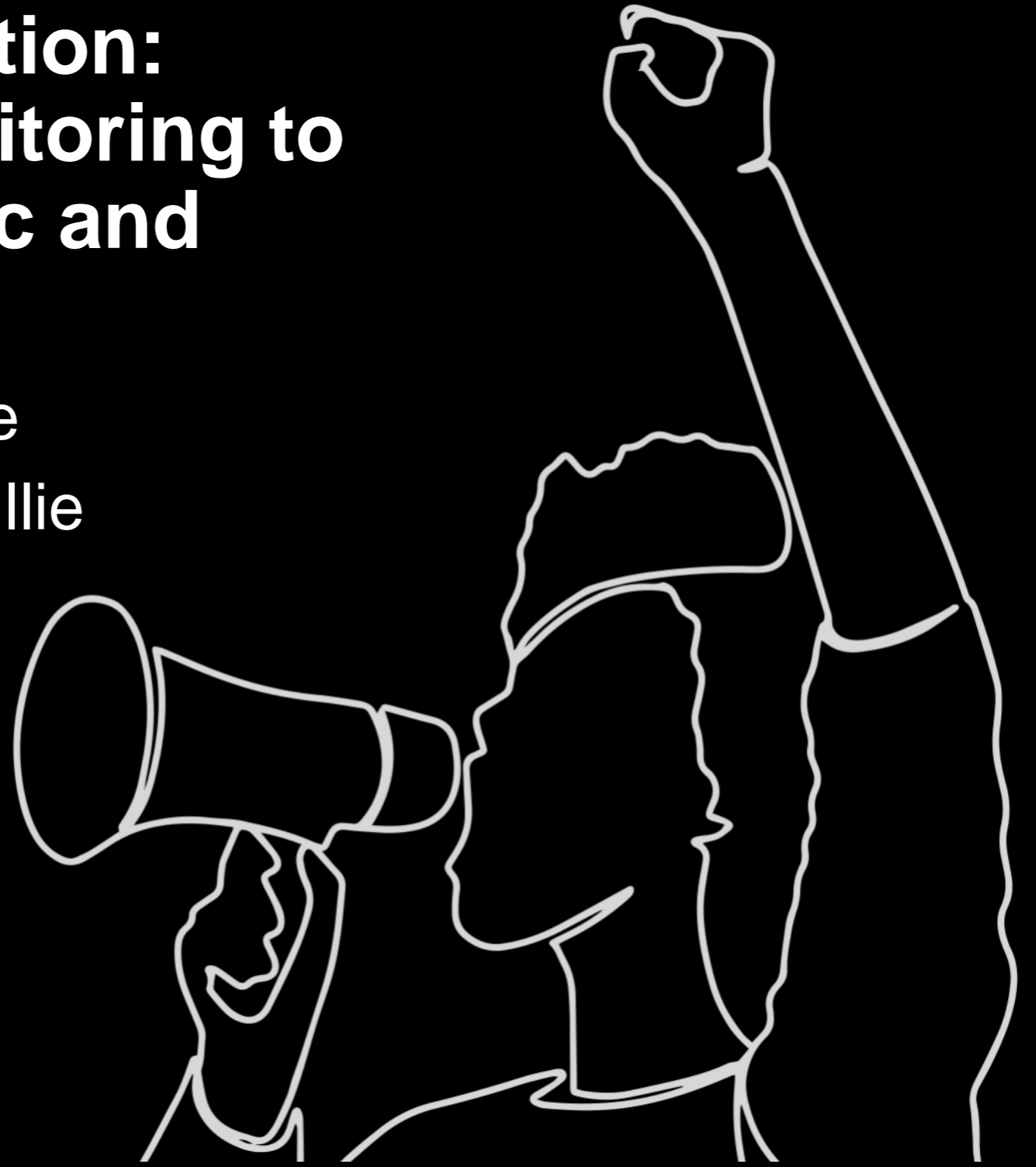


Community Data in Action: Community – Led Monitoring to improve HIV Diagnostic and Laboratory Services

- Name of Country: Sierra Leone
- Name of Presenter: Martin P. Ellie
- Thursday February 12, 2026



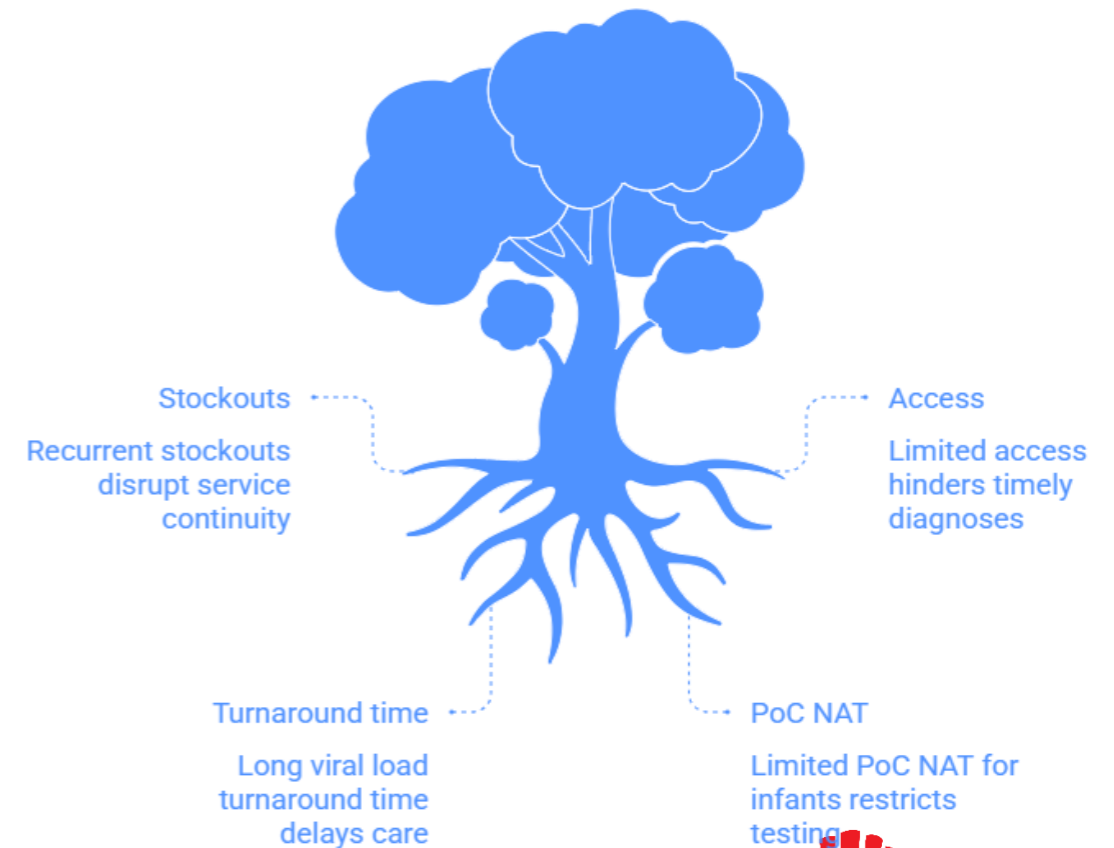
Country Context

- HIV epidemic in Sierra Leone is generalized with an adult prevalence of 1.7 % among people aged 15–49 (UNAIDS, 2025)
- Diagnostic for viral load testing, early infant diagnosis (EID), and quality management systems are decentralized with support from partners including Global Fund and CDC/PEPFAR
- National program figures suggest that approximately 76 % of people living with HIV know their status suggesting mobilization and testing are critical measures
- Supply chain continuity, sample transport, and turnaround times for test results (particularly in remote districts) persists as challenge
- Financing for the health sector is dominated by out-of-pocket spending (OOPS) by households, which contributes to over 50% of health expenditure (WHO, 2025)

Overall Key Findings

- Stockout of commodities disrupted continuity of testing services and limited the ability of health workers to provide timely diagnoses
- While RoC demonstrated knowledge of CD4 (66%) and Viral load(61%), an average of 115 respondents reported access to health facility as key challenge
- While test result is provided same day for CD4 (83%), viral load took 2 weeks to one month (54%)
- Out of 12 health facilities 7 offer PoC NAT for infants
- Screening for TB and provision of TPT forms part of care provided at health facilities

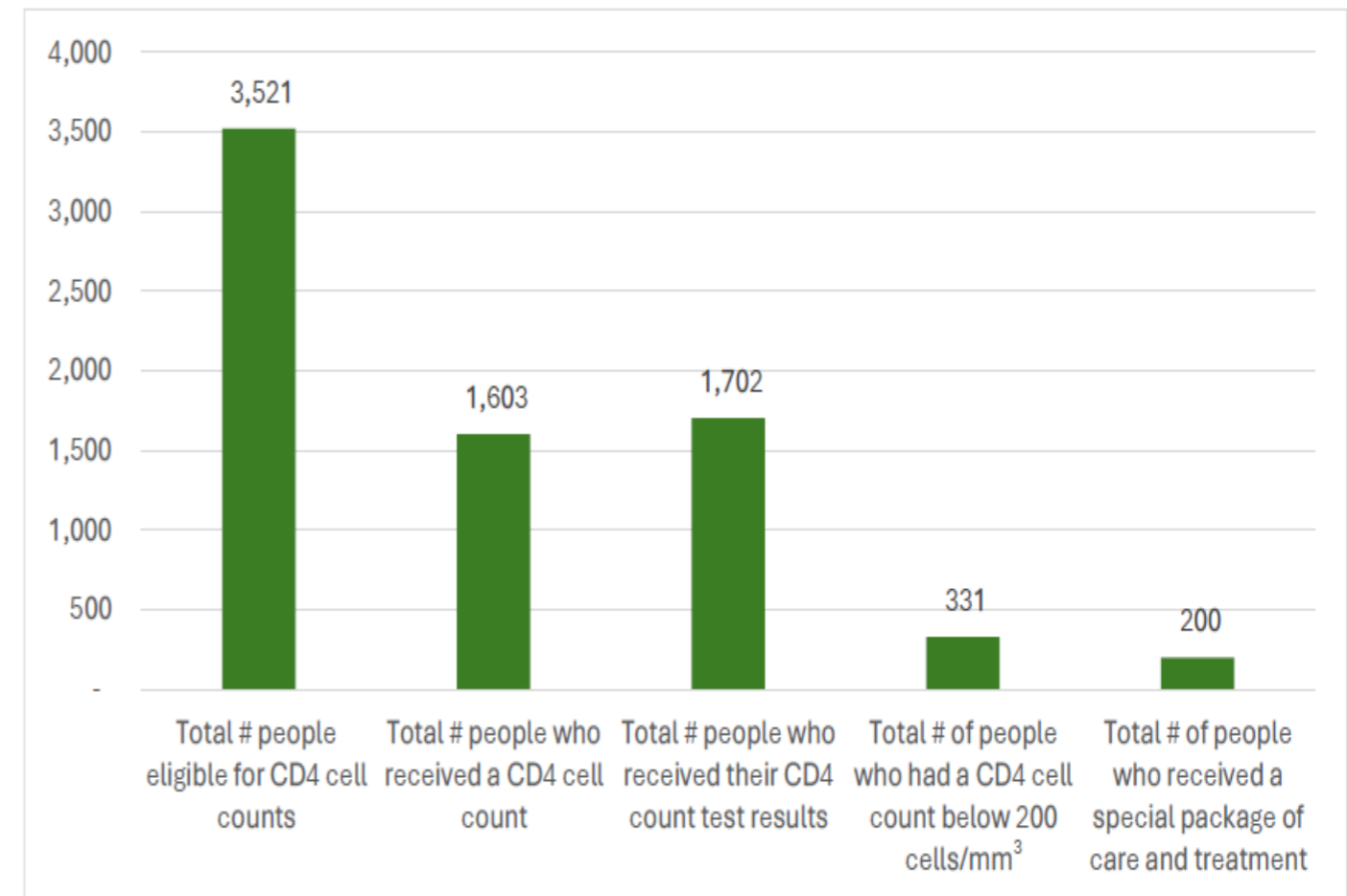
Disrupted HIV testing services due to multiple factors



Key Findings: CD4

- The 12 facilities monitored offer CD4 count with over 80% of RoC receiving result same day, followed by counseling and related services based on national treatment guidelines
- Health facilities indicate continuity of care for 60% RoC with CD4 count below 200 cells/mm³

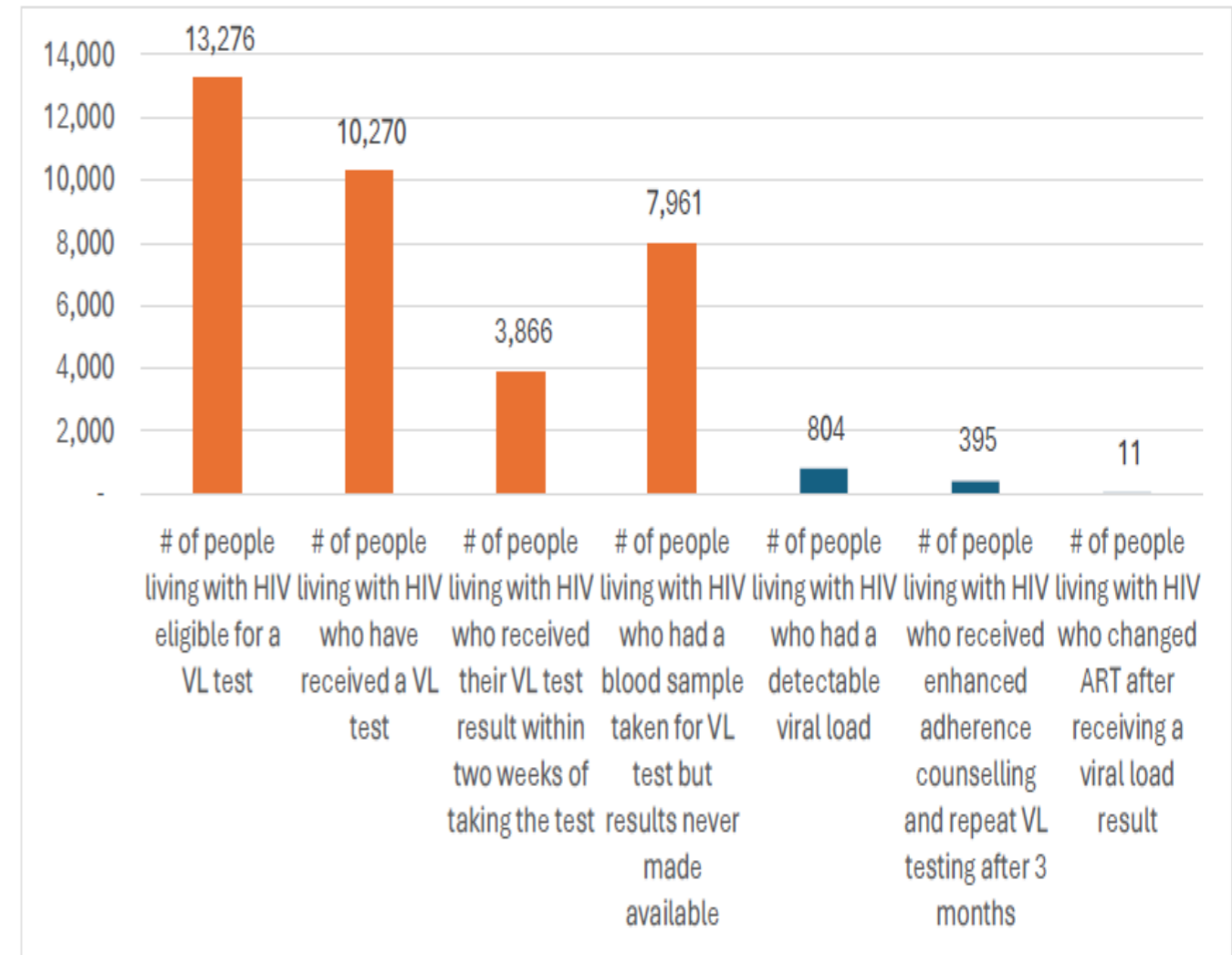
Figure 15: CD4 cell count in Sierra Leone, July 2024-June 2025



Key Findings: VL Testing

- While 77% of RoC eligible had VL test for period studied, nearly 38% received result within two weeks
- 69% had their VL result explained while 52% reported transport to health facility as key barrier

Figure 18: Viral load monitoring in Sierra Leone, July 2024-June 2025



Monitoring Impact: 2025 Funding Cuts

- Stipend to volunteers and healthcare workers was stopped, weakening the morale of health care workers
- It affected delivery of lifesaving services (TB screening, EID, CD4, viral load test, ART refill) and the support system that clients depend on for consistent engagement with HIV services due to low morale among health
- Specifically, while testing volumes remained relatively stable in Sierra Leone through 2024, there was a 15% decline (from 3,145 to 2,676) in the second quarter of 2025 at US-funded sites compared with a 7% increase (from 5,202 to 5,560) in non-US-funded sites

Advocacy Wins

Advocacy Issue

Advocacy Win

Systemic challenge of stockout of supplies for HIV diagnostics (All facilities and districts reached or targeted)

Secured commitment from Ministry of Health to deal with the issue

In adequate supply and uptake of HIV self- test

Could not secure commitment expand access



Key Takeaways

- Stockout of kits and supplies affected testing modalities disrupting delivery of quality services
- US stop work order affected HR morale thereby disrupting delivery of care and support system for Recipients of Care
- Transportation to health facility remains a key out of pocket expenditure for RoC accessing services within the western Area and some rural communities
- More has to be done to improve turnaround time for VL result

Reflection

- CLM4Labs enabled NETHIPS identify impact of the US stop work order on HRH at US funded facilities/sites and the ripple effect on quality of services offered
- Findings from CLM4Labs indicate that recurrent stockouts of supplies and commodities remain a systemic challenge and a critical advocacy priority requiring high-level intervention by the Ministry of Health.

Concluding Remarks

- To achieve the global benchmark by 2030, testing services must be optimized in SL through a client-centered approach
- Community Actors in Sierra Leone should be consistent in monitoring and following up of HIV testing services in order to achieve epidemic control



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Thank You!



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