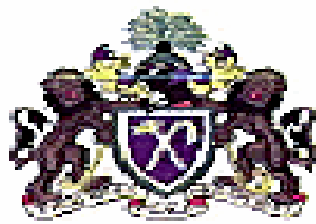


Government of the Republic of The Gambia



NATIONAL AIDS COUNCIL

National Policy Guidelines on HIV AND AIDS

2014 - 2020

FOREWARD

The government of Gambia in 1995 adopted a National HIV AND AIDS Policy entitled, “Policies and Guidelines on HIV and AIDs” and then developed a National Strategic Plan, with HIV and AIDs prevention education at the centre stage. New and emerging challenges however have necessitated the revision of the 1995 Policy, building on the policy and incorporating relevant issues from other national and international policies, guidelines and manuals. The revision of 2007 and 2011 took the form of a consultative process involving a wide range of stake holders. Leading to the development of the 2014 – 2020 HIV and AIDs policy.

The overall goal of the HIV AND AIDS Policy document remains to halt and reverse the prevalence of HIV by providing universal access to high standards of prevention, treatment, care and support services to people living with or affected by HIV AND AIDS in The Gambia in a conducive environment that will mitigate the impact of the epidemic and ensure the achievement of the socio-economic development of the Gambia as captured in Vision 2020’

There has been on-going HIV and AIDs education since the early days of the epidemic in The Gambia. However, fear and ignorance of HIV transmission still cause social rejection, stigmatization and discrimination of those infected. Such actions raise serious human rights concerns. It is therefore prudent to design appropriate Policy and other programme guidelines to address social and ethical issues while taking public health measures to prevent and control the spread of the HIV epidemic, whose dynamics demand that policy and guidelines be kept up to date.

In this regards, we are pleased to call on all Gambians to collectively and individually be fully involved in the implementation of this revised policy so that the country can achieve a comprehensive national development as envisioned in the Vision 2020 document as well as the PAGE.

The Policy document is in four parts. The first outlines the background information and epidemiology of HIV and AIDs in The Gambia. The second part focuses on the policy framework, including the guiding principles, national response, policy revision rationale, goals and objectives. The third section highlights the overall implementation strategies

which include four strategic areas; prevention of new infections; reduction of morbidity and mortality; impact mitigation and efficiency and effectiveness of the national response. This sections deals with human rights, legal and ethical issues and the fourth section is the conclusion.

The issues dealt with are by no means exhaustive, as HIV and AIDs remains complex and still under the microscope. Revisions will be undertaken on a regular basis and users of the document are invited to transmit to the National AIDS Secretariat, comments and observations which after due consideration will be included at the next review of the policy guidelines.

On behalf of the government of the Gambia, I therefore pledge our unflinching support and commitment to the ideals set forth in this policy, including its principles, goals and objectives of the revised National Policy on HIV AND AIDS.

I am hereby honoured to recommend this revised policy to the people of the Gambia.

Dr Alhagi Yahya A.J J Jammeh
President of The Republic of The Gambia
& Chairman of the National AIDS Council

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LIST OF ACRONYMS

AIDS	- Acquired Immuno Deficiency Syndrome
ART	- Antiretroviral Therapy
ARV	- Antiretroviral
AZT	- Azidothymidine (Retroviral)
BCC	- Behaviour Change Communication
BSS	- Behavioural Surveillance Survey
BTS	- Blood Transfusion Service
CBO	- Community Based Organisations
CRR	- Central River Region
CHN	- Community Health Nurse
CSO	- Civil Society Organisation
CT	- Counselling and Testing
DOSH	- Department of State for Health
ELISA	- Enzyme Linked Immuno-absorbent Assay
GFATM	- Global Fund to fight AIDS, Tuberculosis and Malaria
GFPA	- Gambia Family Planning Association
HAART	- Highly Active Antiretroviral Treatment
HARRP	- HIV AND AIDS Rapid Response Project
HCT	- HIV Testing and Counseling
HBC	- Home Based Care
HIV	- Human Immuno-Deficiency Virus
HSS	- HIV Sentinel Survey
IEC	- Information, Education and Communication
ILO	- International Labour Organisation
LRR	- Lower River Region
M&E	- Monitoring and Evaluation
MDG	- Millennium Development Goals
MRC	- Medical Research Council
NAC	- National AIDS Council

NAS	-	National AIDS Secretariat
NACP	-	National AIDS Control Programme
NGOS	-	Non-Governmental Organisation
NBR	-	North Bank Region
OI	-	Opportunistic Infections
OVC	-	Orphans and Vulnerable Children
PAGE	-	Programme for Accelerated Growth and Employment
PCR	-	Polymerase Chain Reaction
PHC	-	Primary Health Care
PLHIV	-	People Living with HIV
PMTCT	-	Prevention of Mother to Child Transmission
eMTCT	-	Elimination from Mother to Child Transmission
PRSP	-	Poverty Reduction Strategy Paper
RAC	-	Regional AIDS Committee
RAC	-	Regional AIDS Coordinator
EFSTH	-	Edward Francis Small Teaching Hospital
STIs	-	Sexually Transmitted infections
TANGO	-	The Association of Non-Governmental Organization
TB	-	Tuberculosis
TBA	-	Traditional Birth Attendants
UN	-	United Nations
UNAIDS	-	Joint United Nations Programme on HIV AND AIDS
UNGASS	-	United Nations General Assembly Special Session
UNICEF	-	United Nations Children's Fund
UNDP	-	United Nations Development Programme
URR	-	Upper River Region
VCT	-	Voluntary Counseling and Testing
WB	-	World Bank
WCR	-	West Coast Region
WHO	-	World Health Organisation

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The President and Head Of State of the Republic of The Gambia, the National AIDS Council and the National AIDS Secretariat wish to extend their gratitude to the various Departments and Agencies for their valuable assistance in the development of this document, a revised version of the 2007 -2011 National HIV AND AIDS Policy Guidelines. The Ministry Of Health and Social Welfare and all other Ministries, and the NGOs, CSOs, FBOs, and other stakeholders who have contributed tremendously to the revisions of the necessary policies and guidelines to facilitate HIV AND AIDS prevention and control.

Special mention must be made of the Technical Support Facility of West and central Africa (TSF/WCA) through UNAIDS for the provision of technical and financial assistance, and the United Nations Country Team for their contribution both in terms of technical and financial assistance.

1. INTRODUCTION

As the HIV and AIDS epidemic evolved, there is increasing knowledge about the contribution of socio-economic factors to the spread of HIV infection and its potential socio-economic and developmental impacts that are far reaching which goes beyond the individual person, onto the family and society at large.

Since health is viewed as a social issue and the discourse follows that health is a product of the interaction and relationship between our biology and the physical, socio-cultural and political environment in which we live and act, it is imperative that interventions for changes in social and sexual behavior which will include the control and prevention of STI infections we revise the HIV policy to address the emerging issues. We recognize the unprecedented level of political commitment in the face of global health challenges and the fact that health and development are interlinked.

The Republic of the Gambia has laid out a bold plan 'VISION 2020' in pursuit of its development objectives, but the HIV and AIDs epidemic, if not checked, is likely to thwart Government efforts at achieving the objectives contained in the plan.

The country currently has an estimated population of 1.4 million (2003 estimate) and a projected population of 1.8 million in 2012, although it is one of the smallest countries in Africa, it has the fourth highest population density. The population is youthful, with 44% of the population below the age 15 years (census 2003) and 19% in the 15 to 24 year age group. Life expectancy is 58 years for men and 59.3 for women. There is an estimated 50.4% dependency rate and literacy levels in the population are relatively low at 40% , with lower levels of 27% in females as compared with 55% in males. Sixty% of the population lives in the rural areas.

The first case of AIDS in the Gambia was diagnosed in May 1986. It is now estimated that 32,503 people will be infected with HIV1 in the Gambia in 2013 and 3,843 are currently on antiretroviral treatment. In 2012, the National Sentinel Surveillance put the

prevalence at 1.57 percent for HIV-1 and 0.26 percent for HIV-2 (NSS 2012) with a cumulative estimated mortality of 486

1.1 Problem Statement

HIV and AIDS, presents a critical and serious challenge to the existence of humanity. The epidemic is a serious threat to the country's social and economic development and has direct implications on the social services and welfare. In The Gambia, although prevalence rates among the general population are relatively low, evidence shows that the prevalence among some key populations are rising, posing a risk of serious consequences on society. As these key populations acts as a bridge to the general population, the need to curb the HIV infection amongst them is of high priority. Furthermore, the emerging issues such as prevention for treatment and elimination of new paediatric infection are high on the global agenda and in line with the UNAIDS call for the three zeros: zero new HIV infections, zero AIDS-related deaths and zero discrimination. Current initiatives focus on interventions within the traditional prevention of mother-to-child, but the scope of the elimination agenda shall be broadened to ensure access to care and treatment for all children living with HIV.

According to the situational analysis report on human resources for health, there is limited required human resource capacity for the additional work required to address HIV and AIDS within the current health delivery system. This is mainly due to high attrition from government to private sector and also to Europe and North America and also because HIV is a new and complex issue which requires additional knowledge and skills which is limited in the current system and not adequately address in the curriculum of the allied health training institutes and the medical school. Another issue is the deficit of health work force in the rise of demanding health care, infectious and emerging chronic illness such as HIV and AIDS.(allowing task shifting: a rational redistribution of tasks among health work force that would increase access to HIV services towards the goal of universal access). The disclosure of HIV status to partners and significant others also poses a challenge and having serious repercussion in the control of HIV infection; but the greater challenge is the HIV and AIDs related stigma and discrimination.

Due to these emerging issues, there is apparent need to review the policy so as to address these emerging issues which if not appropriately addressed could affect the achievements made so far.

1.2 Epidemiology of HIV and AIDS in the Gambia

In The Gambia, the first case of Human Immuno-deficiency Virus (HIV) was diagnosed in May 1986. Since then, there have been on-going efforts to combat the spread of HIV infection. The HIV epidemic includes both HIV-1 and HIV-2, although the former appears to be increasing while the latter is decreasing.

The prevalence of HIV in the Gambia is estimated using results from the National Sentinel Surveillance (NSS) conducted among antenatal women. According to the 2012 NSS study conducted among 6084 antenatal women in 12 health facilities (3 hospitals and 9 health centres), the prevalence of HIV-1 is estimated at 1.57% and HIV-2 at 0.26%. Over the years the prevalence within antenatal women has been fluctuating from 1.4% for HIV-1 in 2002 to a peak at 2.8% in 2006 and showed a sustained decline for the subsequent years 2007-, 2008, 2011 and 2012^{5,6}.

The prevalence of HIV-1 is higher in older women 25-49 years compared to younger women, 15-24 years. Prevalence in older women was consistently higher except for 2008. A trend analysis of the data, however, seems to indicate that the prevalence is declining in the older women's group and increasing in the younger women, 15-24 years.

The highest site specific HIV prevalence of 2.5% was recorded at Serekunda Health Centre in Kanifing Municipality. Based on the prevalence figures the estimated number of PLHIV for 2013 is therefore projected to be 32,503. HIV prevalence estimated by health region in 2012 defers: Lower River Region(LRR) recorded the highest prevalence, followed by Central River Region (CRR) and West Coast Region (WCR) all with 1.9 percent, similarly North Bank and Upper River Region recorded a prevalence of 1.4 percent.

The Gambia has also for the first time conducted demographic Health Survey but the HIV prevalence results are yet to be published for public consumption

2. THE POLICY FRAMEWORK

2.1 Guiding principles and Legal context

The guiding principles underpinning this policy are based on current scientific, and social determinants of transmission of HIV and other sexually transmitted infections; proven effective interventions in prevention, treatment care and support services. The policy framework has taken cognizance of the public health rationale for respecting the human rights, privacy, gender dimension and self determination of PLHIV in line with the country's constitution.

The Government and people of The Gambia affirm that the National Policy and Guidelines on HIV and AIDS is premised on:

- Complimentarity to the 1997 Constitution of The Gambia,
- Complimentarity to all existing national laws and policies related to the development and health of the country that emphasise the need to reduce HIV prevalence using sector wide and holistic approaches.
- Affirmed broad principles of human rights, social justice, equity, gender sensitive and people oriented development
- The view that appropriate legislation and administrative guidelines will be enacted to complement the provisions in this Policy.
- The recognition that adequate health care is an inalienable right of every Gambian including those infected and affected with HIV or other STIs.

In addition to the above, this Policy also takes account of; all other relevant and related national and international policy documents.

2.2.2 *Challenges to National Response*

1. High Susceptibility and Vulnerability of the population

Challenges include high risk sexual behaviour and traditional practices, increased vulnerability of women and girls, illiteracy, low income levels and poverty. Ignorance of the facts about HIV and AIDS, human and social behavioural challenges including

negative attitudes towards infected persons and persons with AIDS, culture and values lead to discrimination and stigmatization. These further hinder progress to effectively combat the spread of new infections and provide care and support for those impacted by the disease.

2. The Health Care System

According to the situational analysis report on human resources for health, there is a limited required human resource capacity mainly due to high attrition from government to private sector and also to Europe and North America.

The overburdened health system needs to meet the demand for health services for the increasing number of clients. The introduction of Antiretroviral Therapy (ART), PMTCT, OVC and need to increase access to these services requires a huge amount of resources which may divert attention from other priority health issues.

3. Coordination of response

The situation of weak coordination of stakeholders that exists often results in the duplication of efforts and inappropriate use of already inadequate resources for combating HIV and AIDs. There is need for a well defined, effective,, integrated concerted effort of all with adequate resource mobilisation and allocation as well as strengthening monitoring and evaluation to break the transmission. The need for upholding the “Three One Principles’ cannot be over emphasized

4. Impact

Although the disease burden remains relatively stable, the trend continues to fluctuate with an absolute number of 32,503 people currently living with HIV. The modes of transmission of the virus are directly related to determinants which are challenging to the response.

A study of mothers and children by MRC in collaboration with the Government of the Gambia estimated transmission rates from mother to child is 25 percent and 4 percent

for HIV 1 and 2 respectively. The study further showed that for long term survival of children it is vital that mothers survive.

The 2004 UNICEF situational analysis of orphans and other vulnerable children in the Gambia shows that there are many such children in the Gambia who are likely to suffer adverse events which jeopardise their health, education, well-being and safety. Although actual number of children orphaned or made vulnerable by HIV and AIDS is unknown, the considerable problem regarding these children will be seriously exacerbated if the current cohort of adults known to be infected is to die and leave behind their children.

2.3 Policy Revision Rationale

The revision of the 2007 – 2011 HIV and AIDs policy guide line is the third of its kind since the advent of the HIV epidemic in the Gambia.

Six years after these policies reviews, factors such as new developments in the management of the disease; new information and the dynamics of the epidemic, laid bare the policy gaps in the national response. Emerging issues around HIV Testing and Counseling (HCT), Prevention of Mother to child transmission (PMTCT) leading to elimination of Mother- to-Child Transmission (eMTCT), the 2013 new WHO treatment guidelines (15 X15), option B+ and increasing availability of antiretroviral therapy require improvements in our policy direction.

The dynamics and nature of the epidemic require appropriate policies and guidelines, legal and administrative frameworks for disease control and the protection of the human rights of those uninfected and at risk of infection as well as those infected and affected. These policies will guide all stakeholders and ensure a well coordinated, effective and sustainable response to the HIV and AIDS epidemic, taking into account other national laws and other policies related to HIV and AIDS.

The revised national HIV policy guidelines focus on priority areas and principal instruments and will form the basis for the development of a policy implementation plan

for The Gambia. It is aimed at providing a framework to guide decision-making and it should be reviewed regularly to reflect new developments and information as they occur and are obtained given the available resources and benefits. It is hoped that with wide dissemination, all stakeholders will operate within its framework for a well coordinated and effective response to the epidemic. Key users of the policy document should include Policy makers, Legal and Health Professionals, those infected and affected, employers, non-governmental agencies, civil society, faith based organisations and voluntary organizations.

2.4 Policy Goals and Objectives

2.4.1 Goals

The overall goal of the HIV and AIDS Policy document remains to halt and reverse the prevalence of HIV by providing universal access to high standards of prevention, treatment, care and support services to people living with or affected by HIV and AIDS in The Gambia in a conducive environment that will mitigate the impact of the epidemic and ensure that achievement of the socio-economic development of the Gambia as captured in Vision 2020' is attained.

To ensure the achievement of the policy goal, the following strategic focus will guide the implementation of the objectives, specific objectives and activities of the policy. Reducing the susceptibility and vulnerability of special groups and the general population to HIV and AIDS in the Gambia

1. Increasing the capacity of the health and community system's to manage and support HIV and AIDS services.
2. Reducing morbidity and mortality and mitigate the socio-economic, psychosocial, individual, community and national consequences of HIV and AIDS through treatment for prevention
3. Elimination of Mother to Child Transmission of HIV

2.4.2 Objectives

In pursuit of the goals, the objectives of the policy are to:

- I. Prevent new infections through focused preventive actions to reduce risk and control the spread of HIV and AIDS in the Gambia
 - a. ensure a sustained programme of information and education in the general population with special focus on key affected population, youths and women and people with special needs remove barriers to, ensure availability of and access to prevention services
 - b. foster behavioural change to improve sexual and reproductive health including the promotion of safe sexual practices
 - c. ensure the active participation of men in HIV and AIDS prevention and control activities
 - d. reduction of vulnerability of the general population and special groups

- II. Reduce morbidity and mortality of HIV and AIDs in the general population
 - a. through equitable provision of cost-effective treatment care and support for HIV infected persons and persons with AIDS
 - b. Through equitable provision of appropriate cost-effective treatment care and support for the differentially able, key and marginalised populations

- III. Reduce and mitigate the socio-economic and other consequences of HIV and AIDS on the individual and the society as a whole
 - a. empowering women and girls educationally socially and economically to enhance their self-esteem and equality in gender relationships
 - b. ensuring that all poverty alleviation efforts contribute to the reduction in the HIV and AIDS epidemic
 - c. ensuring that adequate attention is paid to vulnerable and marginalised groups¹
 - d. reduce stigmatisation and provide protection from discrimination against persons infected and affected by HIV and AIDS,

¹ Women, children, youth, prisoners, uniformed personnel, refugees and sex workers

- e. ensure that basic human rights of every individual in The Gambia especially those infected with or affected by HIV or AIDS are respected, protected and upheld according to the Constitution and Laws of The Gambia
- f. ensure the review and updating of social protection policy to address legal, ethical and human rights issues related to HIV and AIDS

IV. Increase efficiency and effectiveness of the response to HIV and AIDS

- a. create and sustain an enabling and conducive environment through advocacy and other actions to ensure continued political commitment and support for effective action against HIV and AIDS in The Gambia
- b. provide strategic information for action through surveillance and research
- c. strengthen institutional capacity to promote a well coordinated multi-sectoral and multidisciplinary approach and response
- d. ensure identification of sectoral roles and assigning of responsibilities in the national response based on comparative advantages and core competencies
- e. ensure adequate mobilisation of resources for implementation, monitoring and evaluation of HIV and AIDS research, intervention programmes and projects

3. IMPLEMENTATION STRATEGIES

The implementation strategies within the context of this revised HIV and AIDS policy shall focus on nine major components and priority intervention areas namely:

- Prevention of new infections
- Provision of treatment, care and support
- Interventions and Strategies to mitigate impacts
- HIV Financing
- Health and Community System's Strengthening
- Advocacy
- Young people and AIDS

- Women, Gender and AIDS
- Interventions and Strategies for effective Cross Border Programmes
- Key affected populations
- Epidemiological and behavioural surveillance of the epidemic and research
- Response Management

Four main strategic areas will comprise of relevant priority interventions as follows;

- Prevention of new infections
- Reduction of morbidity and mortality
- Impact mitigation
- Efficiency and effectiveness of the response

3.1 Strategic Area 1; Prevention of new infections

Acknowledging the centrality of prevention, its goal is the reduction of risk through increased awareness of the determinants of the epidemic, behavioural change and accelerated prevention, through evidence based methods

It is recommended that prevention be accelerated by integration of prevention, care and treatment through

- effective Behavioural Change Communication / Information Education and Communication (BBC/IEC)
- increasing provision of and access to counseling and testing,
- strengthening and enhancing prevention services linked to treatment services including PMTCT,
- universal precautions and infection control in health care settings,
- community system's strengthening, action and involvement including capacity building of PLHIV
- targeted interventions for marginalized, vulnerable and key affected populations and

- measuring the impact of treatment and prevention

3.1.1 BCC and IEC

The overall goal of IEC is to encourage positive behaviour among the public to prevent and control the spread of STI, HIV and AIDS. Noting that 85 percent of transmission of the HIV virus is through unsafe sexual practices, there is still a need to concentrate on prevention of HIV transmission with emphasis on the promotion of safer sexual and cultural practices to reduce risk of infection. Information will be tailored especially at vulnerable groups; women and girls, youth, marginalized and key affected populations and to promote positive attitudes towards PLHIV.

There will be development and implementation of a BCC/ IEC policy strategy which:

- Includes comprehensive planning, coordination, monitoring and evaluation of IEC / BCC programmes and activities central to efforts to reduce the spread of HIV and AIDS and provide care and support.
- Ensures access to all persons of age appropriate and culturally sensitive BCC and IEC on HIV and AIDS/STI and related issues, recognising and taking into consideration and giving special attention to the special needs of various and vulnerable groups
- Ensures introduction of HIV and AIDS/STI education into all spheres of human activities including formal and non-formal education programmes.
- Supports intensification of IEC through peer education, drama and multimedia
- Supports the mass media to disseminate accurate, effective, up-to-date and appropriate HIV and AIDS/STI information and strategies and prevents mass media from countering scientific information on HIV and AIDS.
- Supports the strengthening and review of guidelines for the certification and approval of IEC materials, films and other public entertainment media
- Supports key cultural and family values and behaviours which prevent the spread of HIV and mitigate its impact, while discouraging cultural and religious practices which promote spread

- Promotes safe sexual and cultural practices and discourages harmful social, religious and cultural practices that facilitate the transmission of HIV
- Ensures there is an agreed National Code of conduct for sector departments including health and tourism with respect to promotion of safe sexual practices

3.1.2 *Universally available Counseling and Testing*

Client-Initiated and provider –initiated counseling and testing programmes that quality assured must be extended in other to enable people to know their serostatus and to direct individuals to relevant prevention, care, treatment and support services. It is also recognised as a critical first step to preventing and eliminating mother to child transmission and a means to reduce stigma and community acceptance of PLHIV.

- Since HIV and AIDs have no boundary, counseling and testing will be open for all ages, irrespective of religion, ethic or other social status
- For those below thirteen (13) and unless for urgent medical interventions the consent of the parents or legal care giver must first be sought, while those above thirteen can consent on their own within define national guidelines
- The MOH will be responsible for ensuring quality in counseling and testing services according to national guidelines
- HCT services that are accessible and affordable throughout the country will be promoted
- Informed consent must be obtained as appropriate and confidentiality maintained in all cases of counseling and testing
- All HIV test results should be reported according to national guidelines on confidentiality and the penalty for breach of confidentiality should be within the context of the Medical Ethics and code of conduct and laws of The Gambia.
- Vulnerable groups will be encouraged and counseled to do regular voluntary testing in order to know their HIV status and to seek early diagnosis and effective treatment for STIs. Special consideration will be offered for the voluntary testing of people thought to be engaged in high-risk sexual behaviour such as commercial sex workers.

- Except for the screening of donated blood and patients with symptoms suggestive of AIDS, routine testing for HIV and AIDS shall not be carried out without the consent of the subject.

3.1.3 Elimination of Mother to Child Transmission of HIV

Without intervention, the risk of transmission is 5-10 percent during pregnancy, 50-70 percent during labour and delivery and 15 percent during breastfeeding and this varies with viral load in the mother, the length of breastfeeding, and whether there is mixed feeding. Infants are more susceptible at an earlier age and also have a higher risk of becoming infected with longer periods of exposure through breastfeeding. One in five infants negative at birth become positive through breastfeeding and mixed feeding results in a higher risk than exclusive breastfeeding.

The global community has committed itself to accelerate progress for the prevention of mother to child transmission through an initiative with the goal to eliminate new paediatric HIV infections by 2015 and improve maternal and new born and child survival and health in the context of HIV.

In a quest to accelerate progress in achieving virtual elimination of new infections in children, a new plan has been developed to provide guidance on critical interventions, targets and resources required at all level. The National e-MTCT of HIV Strategic plan emanated from the focused bottleneck analysis of the PMTCT programme as a result of joint collaboration between the Government through the National AIDS secretariat, the Ministry of Health and Social Welfare and partners supporting elimination of Mother to Child Transmission (e-MTCT)

To eliminate the transmission of HIV from mother to Children in the Gambia, it is recommended that counseling and testing services should be readily available to all.

- The health system will be strengthened to make eMTCT services available and accessible.
- Counseling and Testing services will be available and routinely offered to antenatal clients at all ANC and family planning clinics in the public, private and NGO sectors

- Efforts shall be directed to 50% Reduction of HIV incidence among women of child bearing age
- Consistent Family planning services shall be offered to reduce unmet need for Family Planning among all women,
- Provision of Early Infant Diagnosis (EID) at, at least majority of points of care shall be ensured
- All pregnant women will be sensitized and encouraged to access counseling and testing as an entry point to PMTCT services and provision of ART for parents and children
- All mothers will be given adequate counseling and support to make fully informed decisions on infant feeding options

3.1.4 HIV Financing

Government percentage budgetary allocation of about 11% of the national budget to the health sector is inadequate to meet the increasing demand for changes in diagnostic and therapeutic technologies. The NSF 2009 – 2014 has been costed. Whilst the GFATM is the major source of funding, providing over 90% of the funds so far. There are gaps that constrain the government's efforts towards financing vital activities that enable development results. The counterpart funding provided by government and other development partners is far below the level required. Link to the funding challenge is the lack/weak resources mobilisation strategy, to adequately respond to the cost of the HIV epidemic. In this revised policy, we shall endeavour to:

- Encourage government through the national assembly members to increase HIV funding
- Encourage all government ministries to include budget line for HIV services
- Ensure government, the NAC,NAS, and all stake holders develop a resource mobilisation plan

- Improve all bilateral and multilateral donor relations so as to encourage more donor participation in HIV and AIDs services

3.1.5 Health System and Community System's Strengthening

Basic health services continue to be underfunded as a whole, and key health system functions such as human resources are under severe pressure. Furthermore, the selective approach to health services adopted by targeted programmes may, in some cases, have the unintentional effect of eroding the capacity of the health system to respond to more generalized health needs, and thus undermine the capacity of the disease programmes themselves.

Weak health systems constrain efforts to scaling up HCT, PMTCT and ART services as anticipated in the GF Round 8 proposal. The challenge is to strengthen these in an equitable and accountable manner while, at the same time, effectively integrating vertical programmes into a comprehensive and horizontal 'systems approach'. The GF R8 intended to provide effective and appropriate resources and tools to meet the requests of the Ministry of health and stakeholders to fully support the health master plan and to accelerate HSS as well, however this could not be possible due global financial crisis which affected the entire resources mobilisation for GF. Therefore we shall endeavour to seek for support :

- Training more health workforce professional in their right numbers and skills
- Improve the management of regional levels
- Improve the overall health infrastructure to align with the much needed privacy, conducive and confidential environment for both staffs and patients
- Improve on the policies and institutional structures to effectively address constraints at all levels of service delivery
- Improve staff working and living conditions as a means of staff retention
- Develop a staff retention plan for the MOH
- Improve the HMIS infrastructure to accommodate the national health data needs

3.1.6 Community system's strengthening

It is often said that community health problems are better taken care off by community action in order to have real impact on health outcomes. However, it is equally recognized that community organisation or structures must have effective and sustainable system's in place to support their activities and services. In order to take a system approach to CSS, we shall

- Ensure and advocate for an enabling environment including a community engagement and advocacy for improving the policy, legal and governance environment affecting the social determinants of health
- Ensure that community networks, linkages, partnerships and coordination's is given the enabling support for effective activity and service delivery that maximizes resources and impacts
- Advocate for effective resource mobilisation and capacity building for appropriate human resources, technical, material, infrastructure and organisational capacity with all the essential medical and commodities
- Ensure that community activities and services are easily accessible to all who need them and the provision of evidence-informed and based on community assessment of resources and needs.
- Ensure appropriate monitoring and evaluation and planning including the M & E systems, situation assessment, evidence building and research, learning, planning and knowledge management

3.1.4 Infection Control and Care and Protection of Care Providers

Although the risk of getting infected in a low prevalence country is relatively low, it is still real for care providers. It can be minimised by implementation of infection control programs according to protocols and guidelines that comply with WHO standards. These infection control and protection of care providers must be considered in health care settings as well as for community care providers. In this regard:

- All cadres of care providers including TBAs and village health workers will be appropriately trained to adhere strictly to universal precautions, injection safety

and safe healthcare waste disposal to prevent infections in the health care setting.

- Adequate equipment / consumables will be provided for infection control
- In the case of accidental exposure to a risk of HIV infection there will be provision of PEP according to national guidelines for health care providers including TBAs, village health workers and rape cases.
- Hospital waste management policies and guidelines will be developed and implemented
- Health workers will encouraged to test for HIV on employment or recruitment into the sector
- Legislation and ethical standards for safe medical care including traditional medical practice will be enacted
- A workplace policy for health care providers will be developed to provide guidance for protection and care of health care providers

3.1.5 STI Control and Management

The presence of Sexually Transmitted Infection (STI) increases the risk of HIV infection. To reduce the transmission of HIV in the Gambia;

- There will be a comprehensive STI control programme with accurate reporting, early diagnosis, tracing and treating of contacts
- Access to diagnosis and treatment for STI will be expanded through integration of management of STI through active screening into antenatal, postpartum and family planning care
- STI services will be considered as an entry point for HIV prevention and care and all clients who seek care for STIs be routinely offered counseling and testing for HIV infection
- All efforts be made to intensify public education on proper treatment of STI and prevention of STI through promotion of abstinence for youth and unmarried especially, mutual fidelity by married couples and correct and consistent use of condom for those who will use them

Blood Safety

The National Policy on Blood Transfusion September 2000 states its aim as being 'The provision of adequate and safe blood for appropriate treatment of patients'. It addresses issues related to blood safety for prevention of transmission of infectious disease through the use of blood and blood products, counseling of clients, clients information on infectious agents to be tested for and the choice to receive the results, and promotes appropriate use of blood and blood products.

To reduce the transmission of HIV through the transfusion of blood and blood products,

- All facilities involved in blood transfusion will apply the national protocols for testing and screening for HIV
- Donor recruitment will be according to national blood transfusion policy and protocols
- Transfusion of unscreened blood shall be considered as illegal
- Frequent and unnecessary use of blood and blood products shall be avoided through the training of practitioners in their appropriate clinical use and other means to reduce transfusion rates
- All blood for transfusion shall be screened for Syphilis, Human Immunodeficiency Virus (HIV) Hepatitis B surface antigen and Hepatitis C antibodies according to national protocols before being made available to the recipient.
- Pre-test counseling is a legal and institutional requirement and Post-donation counseling is the right of the blood donor, but all donors will be encouraged to go in for post donation counseling to reduce their vulnerability and that of others
- Donors tested and found to be sero-positive for HIV will be informed at sites with appropriate counseling facilities, during the post donation counseling.
- Resources will be mobilised by the Government, national and international donor partners and NAC for the procurement of adequate test kits, reagents and other consumables to ensure screening required for blood safety

3.1.6 HIV Related Laboratory Services

Accurate laboratory testing is one of the pillars of an effective response to the HIV epidemic. Standard protocols and testing procedures must be utilised and reviewed regularly to include new technologies. The utilisation of reliable HIV test kits, and undertaking of testing at authorised centres and by certified personnel are key to ensure that quality HIV testing be done effectively and efficiently.

- HIV testing will be undertaken only by institutions licensed by the designated authority to do so. This entails the enforcement of legislation for authorizing laboratories.²
- The tests will be carried out by staff certified as competent for HIV testing by an approved institution. Such staff should act on behalf of the Head of a designated unit.
- All laboratories carrying out HIV test will participate in a quality assurance programme.
- All Laboratories should maintain strict confidentiality.
- The MOH will be responsible for regulating the activities of diagnostic laboratories screening and testing for HIV within the country, monitor compliance and ensure that appropriate sanctions are applied when and if necessary.
- For epidemiological purposes, two positive antibody tests of different antigenic properties will be considered confirmative of HIV infection.
- In the case of testing for clinical diagnosis of AIDS, two negative ELISA's do not rule out the infection. With discrepancies between the first and second test, a third different test will be used in a laboratory certified for quality control and this must be done before the results are disclosed

² Reference: Medical Services Act 1988 – Vol. 5, Part V, Section 23, Subsection 1 and Section 25, see appendix. Provision must be used

3.1.7 Adolescent and Youth Focused Interventions

Evidence shows that young people are among the high risk groups who are more likely to acquire HIV infections and most of the new infections may occur within the age group 15 – 24 years. Studies carried out in the Gambia reveal the following risk factors that are known to increase the vulnerability;

- Early age at first sexual intercourse
- Low condom use
- Denial of personal risk of contracting HIV and AIDS
- High rates of teenage pregnancy and induced abortions
- Peer pressure among adolescents
- Taboos surrounding sex and sexuality

According to the Education Sector Policy (2004-2015) of the Gambia, “as HIV and AIDS is becoming more of a developmental problem rather than an exclusive health issue, children, youth teachers and education sector personnel (vulnerable groups) will be targeted to slow down the spread and progression of the pandemic. HIV and AIDS issues will be taught in all learning institutions to ensure that these institutions are used as effective vehicles to intensify the HIV and AIDS sensitisation in communities”.

Young people are key to the control of the epidemic. The goal of the policy is to support the special needs of youth including facilitating investing into effective youth programmes and integrate AIDS and STIs education into all levels of educational system.

It is recommended that

- There be review and promotion of policies including the youth and education policies to reduce vulnerability of adolescents and youth, especially girls and those in the HIV and AIDS ‘window of hope’ age group from 5 – 14 years of age
- Life skills education and BCC will be integrated into the school curriculum at all levels and strengthened to better address youth related issues

- Children and youth have access to accurate information on protecting themselves from early sex, unwanted pregnancy and HIV and AIDS through improving quality and coverage of in and out of school programmes
- There will be promotion of genuine participation of the youth as stipulated in the youth policy in national programs including HIV and AIDS prevention and control
- Access of youth to reproductive health services will be improved through youth friendly facilities, in which these services will be promoted and provided
- Peer and youth groups be encouraged to contribute to the national response

3.1.9 Women, Gender and HIV

Current evidence shows a higher percentage of PLHIVs being female (54%) as compared with males (46%). Prevalence of infection is higher in female youth in the age group 15 -25 years than males and females appear to be at higher risk due to social and biological factors.

In The Gambia, many socio-cultural, religious and traditional influences and practices that relate specifically to sex and sexuality increase girls' and women's vulnerability to HIV transmission and infection. They are unable to negotiate safer sex or take decisions regarding relationships. Other challenges they face include economic dependence, early and force marriages, coercive sex, rape and defilement which may increase the transmission of HIV and AIDS.

HIV and AIDS programmes will be reviewed to

- Ensure that they address the gender perspective
- Promote a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying prejudices and inequalities,
- Support efforts aimed at empowering women to recognise their vulnerability to HIV infection including special programmes that enhance the status of women generally and provide them with economic opportunities
- Ensure women will be empowered through encouraging education to higher levels to improve their status and equipping them with negotiation skills

- Ensure counseling and support for victims of sexual abuse including rape and defilement will be provided and expanded

3.1.10 Involvement of men

Men's vulnerability to HIV and AIDS as well as their roles and responsibilities in prevention and care are important aspects of a gendered approach to the epidemic. Less often recognised is that cultural beliefs and expectations of 'manhood' encourages risky behaviour in men and involving men can make a difference.

- Sexual and family responsibility will be promoted through programmes targeting men and adolescent boys
- Men will be encouraged to be involved in all aspects of the response including PMTCT programmes
- Formative research and special programmes targeting men among key affected populations

3.2 Strategic Area 2; Reduction of Morbidity and Mortality

The provision of treatment care and support to reduce morbidity and mortality is an integral part of the national response to the epidemic. It will be affordable, accessible to all especially to the vulnerable key affected populations and marginalized groups. The country recognises its responsibility to facilitate the management of the disease as a chronic condition within and beyond the health sector by a strategy that makes care accessible affordable and sustainable.

3.2.1 Comprehensive Clinical Care

Clinical management of HIV and AIDs includes the diagnosis of HIV and AIDs and management of the infection and disease to reduce morbidity and mortality. Comprehensive care is carried by qualified personnel according to national guidelines and is premised on the creation and sustaining of quality programs.

Comprehensive and cost effective care will be provided utilising the PHC delivery system, which is essential for providing accessible and affordable care and support.

The goal of HIV and AIDS clinical care is to reduce morbidity and mortality by providing comprehensive treatment, care and support under optimum conditions, preserving confidentiality and avoiding discrimination.

3.2.1.1 Service Fees and HIV and AIDS

HIV and AIDS is a public health issue of importance in the Gambia. As a result

- All health care services for the HIV positive will be free at all public health institutions.
- In other health facilities, ARV, OI and Complimentary feeds provided from the national programme will be at no cost to the patient.

3.2.1.2 Management of Opportunistic Infections including TB

The general care package is described in the HIV treatment Manual (MOH 2011) and includes screening of clients for STIs, TB and other opportunistic infections. The HIV pandemic presents a massive challenge to the control of TB which is one of the most common causes of morbidity and leading cause of mortality in PLHIVs. Collaborative activities must be developed and implemented between TB and HIV programs as part of the health sector response

The general care package will;

- Provide access to standardised care for management of and prophylaxis for OIs including TB as well as palliative care at all levels
- TB and STI services shall serve as an entry point to HIV prevention and care
- Promote programmes for the prevention of HIV in TB as well as TB in HIV clients
- Provide supportive counseling and psychosocial support as integral components of comprehensive care for all clients in HIV and AIDS care and treatment (details are available in the national counseling manual)
- Ensure routine hepatitis screening for all PLHIVs

- Ensure that all counselors, institutions offering counseling (health workers or lay counselors) are given appropriate training and provide the service with privacy and confidentiality

3.2.1.3 Antiretroviral Combination Therapy

- Universal access to Antiretroviral Therapy (ART) within the continuum of care will be promoted through advocacy
- The Government of the Gambia will explore all means both internally and externally to sustain the provision of sufficient good quality antiretroviral and other HIV and AIDS related drugs and products and make them available and accessible
- ART will be standardised and delivered according to national guidelines, including initiation of ART utilising the accepted eligibility criteria, which will be revised periodically with new evidence and information
- Legal and ethical issues which must be taken into consideration including the protection and upholding of basic human rights

3.2.1.4 Paediatric Care

The goal of paediatric HIV care is to have a comprehensive care package that addresses the special needs of children.

- Guidelines on care of HIV exposed and infected children, diagnosis of HIV in children, management of opportunistic infections, initiation of ART and provision of care and support including counselling and nutritional support for children and their families will be applied and updated with new developments and information.
- Early Infant diagnosis will be instituted at most points of care in the Country
- The identification and follow-up of infants born to HIV-infected women through PMTCT and paediatric care programmes will have clear linkages which will be applied

- Children known or suspected to have been exposed to HIV should be closely monitored and benefit early in life from appropriate interventions, even in situations where virological testing is not available to confirm infection.
- Provision of ARV/Cotrimoxazole prophylaxis for exposed and infected children
- Access to routine immunization services according to the national EPI guidelines, Vitamin A Supplementation and growth monitoring for exposed and infected children

3.2.1.5 Nutrition Issues

As envisaged in the National Nutrition Policy 2010 – 2020, the interaction between infectious diseases and malnutrition has a major impact on health status, particularly among the vulnerable groups. It is a major cause of disability, morbidity and mortality among infants and young children as well as an important contributor to maternal ill health. Malnutrition and infections influence each other through a vicious cycle. Poor nutritional status lowers one's immune status and this may eventually result to infections. It takes a longer time for poorly nourished individuals to recover from infections. On the other hand, infections often lead to malnutrition, as sick people are often anorexic and may suffer from diarrhoea and mal-absorption.

Improving the nutritional status of people is a major contributor to the prevention and management of infectious diseases. Some strategies and interventions put in place in The Gambia include the Expanded Programme on Immunisation (EPI), Vitamin A Supplementation Programme, the Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Malaria Control, Tuberculosis Control, HIV and AIDs and the Protocol on the Management of Severe Malnutrition. The challenge is to ensure that stakeholders appreciate the importance of a good nutritional status in both the management and prevention of infectious diseases.

The policy goal on nutrition and HIV and AIDS is to provide appropriate nutritional support for people infected and affected by HIV and AIDS.

- HIV and AIDS shall be incorporated into the nutrition policy.
- Health workers, counselors and the community will be trained to provide IEC, BCC and counseling related to HIV and AIDS and nutrition
- Health workers and counselors will, promote and support exclusive breastfeeding for a period of six months whiles providing alternative feeding option for HIV positive women.
- Access to infant formula when necessary and complimentary feed will be promoted
- Promote Clinical and nutritional care and support packages and interventions to improve nutritional status of vulnerable groups including PLHIV during sickness and management of the disease

3.2.2 Community and Home-Based Care

In accordance with National Community and Home-Based Care (CHBC) Guidelines, CHBC is defined as a holistic care package provided to the chronically ill person including PLHIV in their homes. Its guiding principles include that Health is a Human Right, confidentiality must be maintained and there should be community ownership, equity and partnerships.

- A CHBC program will be developed and maintained within an agreed existing policy framework as an extension of the health care delivery system and is an integral component of the continuum of care for the PLHIV and those with chronic or terminal conditions.
- The community and the family will be mobilised to support CHBC programs
- Lay counselors at the community level who will be encouraged and equipped to provide support for home based care
- Supervision and consultation at the community level that will be undertaken by trained personnel

Home-based care will include

- Counseling of the individual, the family and the members of the community,

- provision of home-based care to persons with AIDS;
- education of care providers on the provision of adequate care in the home including universal precautions
- Promotion and distribution of condoms
- Provision of assistance to the Community Health Nurse (CHN), community volunteers, family caregivers from services providers, at Community level if necessary.

3.2.3 Traditional Remedies and Alternate Therapies

Many individuals choose to seek traditional and alternate therapies after the confirmation of HIV infection and AIDS has been made. PLHIVs have the right to choose the type of treatment they want. The policy thus seeks to ensure that PLHIVs who choose such remedies have access to accurate information regarding the orthodox, traditional and alternate therapies to enable them make an informed choice. NAS, partners and MOH will:

- .Support and facilitate the formulation of the traditional medicine policy and ensure that it addresses issues of HIV /AIDS
- Ensure that traditional and alternative medicine practitioners and their products will be registered and regulated.
- Take measures to ensure that the practices of traditional and alternate therapy providers do not increase HIV transmission through invasive procedures.
- The Traditional Medicine Practice Act, which provides the legal framework for the practice of traditional medicine in Gambia shall be fully operationalised.

3.3 Strategic Area 3; Impact Mitigation

3.3.1 HIV and AIDS, Orphans and Vulnerable Children

There is a need to increase awareness, protection, care and support of Orphans and Vulnerable Children (OVCs) and provide adequate mapping.

- Advocacy efforts will be intensified to increase awareness of the impact of the epidemic on OVCs, widows and affected relatives
- There will be adequate and correct mapping as well as protection of OVCs by the state,
- Care of OVCs be the primary responsibility of the nation and local communities and orphan care within the community will be promoted
- Legislation will be reviewed and strengthened to protect the rights and properties of AIDS orphans, widows and affected relatives
- OVCs shall not be discriminated against in any way
- Free access to basic social services (Education , Health and Nutrition) shall be advocated at all levels

3.3.2 *Stigma reduction*

People living with and affected by HIV and AIDS still do not receive enough support and stigma and discrimination are the main barriers to accessing even the available support.

- Stigma reduction will be achieved through IEC/BCC programs and legislation.
- The involvement of PLHIVs in all response activities will be promoted and supported
- Implementation of the 2012 stigma reduction strategy shall be supported at all levels

3.3.3 *Human Rights Issues*

The legal and human rights of all persons in relation to Counselling and Testing, treatment, care and support these will be protected at all times. There will be application of specific human rights in the context of the HIV and AIDS epidemic including equity in access to health care and social services, education, employment, housing, insurance and confidentiality.

1. Right of non-discrimination and equality before the law

- The human rights and dignity of people living with HIV and AIDS will be promoted and protected such that there will be no discrimination of PLHIVs
- The State will enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, and those infected and affected by HIV and AIDS from discrimination
- Persons with HIV AND AIDS in the workplace will be protected against stigmatization and discrimination by colleagues, unions, employers and clients.
- Employees living with HIV will be treated the same as any other employee with regards to training, promotion and other opportunities.
- Support for nationwide efforts to minimize stigma and discrimination will be provided

2. Right to privacy

- There will be a strict observance of confidentiality and informed consent, protecting the human rights of clients with responsibility of the professional making the disclosure to ensure appreciation of the fact that the information is being imparted in strict confidence.
- Professional disclosures to an endangered third party will be made as permitted by law.

3. Right to share in scientific advancement and its benefits

- All people will have access to research findings that have a bearing on their own circumstances to ensure that they are in a position to make informed decisions regarding their own health and well being. Thus, if research leads to the discovery of an effective vaccine, treatment or cure for AIDS, this knowledge should be accessible to all.

4. Rights to liberty and security of person; right to freedom of movement

- An HIV infected person or person with AIDS will not have his/her movement restricted on account of his/her HIV status

- the principle of quarantine will not be applied in the case of infected persons or persons with AIDS

5. Right to education

- The education of an HIV infected (or affected) person will not be denied or terminated on account of his/her HIV status

6. Right to highest attainable standard of physical and mental health

- An HIV infected person or person with AIDS will have the right to adequate medical care.

7. Right to adequate standard of living; social security, assistance and welfare

- Based on the clinical stage of the disease, an AIDS patient who is employed may be medically boarded and paid his/her full benefits.
- Government and other institution workmen compensation procedures will accommodate health personnel infected with HIV as a result of his/her occupation

8. Right to work

- The employment of an HIV infected person will not depend on his/her HIV status.
- Being infected will not warrant demotion or dismissal.
- PLHIVs will not be obliged to disclose their status to their employers or prospective employers

9. Human Rights of Women, Children and Key affected populations

- Particular attention will be paid to the human rights of children and women and key affected populations and other vulnerable groups through promotion of a supportive and enabling environment by addressing underlying prejudices and inequalities that expose them to risks of HIV.

3.3.4 Ethical Issues

Mandatory Testing and Employment

Workplace HIV and AIDS Policy and Guidelines

Workplace provides the key venue for initiating effective programmes of prevention and care. The Ministry of Trade Industry and Employment , in collaboration with the National AIDS Secretariat, Ministry of Health other stakeholders, shall encourage the development of comprehensive policy on employment related HIV and AIDS issues and institute measures to ensure compliance.

Such a policy shall take cognizance of guidelines and other policy imperatives contained in the 'prevention of HIV and AIDS in the world of work' developed by the International Labour Organisation and its world-wide social partners to mitigate the impact of HIV AND AIDS on the working population. Employers will therefore be encouraged to adopt a positive attitude towards employees who are HIV positive to the extent that they are reasonably accommodated on their jobs for as long as they are able to work.

- There will be no mandatory HIV testing of individuals
- Mandatory HIV testing of individuals without consent is illegal **unless** it is undertaken by court order, as in the case of persons charged with offences that could involve the risk of HIV.
- Mandatory HIV testing will not be part of any routine medical examination without the knowledge and prior consent of the client. As such mandatory testing will not be part of pre-employment or pre-enrolment examination, pre-surgical procedures and pre-marital engagement.
- There will be an educational programme to sensitise employers on the issues involved in HIV and AIDS

Disclosure and partner notification

In the context of health care and social welfare work, disclosure of confidential information without the consent of the person concerned can only be justified when disclosure is necessary for the benefit of the partner concerned (such as disclosure to a supportive family member, or to another person involved in the patient's care) and/or necessary to protect the health of a third party.

It is recommended that for disclosure and partner notification

- Issues will be placed in context whether the person involved is alive or dead.
- All infected persons will be encouraged to inform his/her sexual partner(s) of his/her HIV status.
- In cases where the HIV positive person is reluctant to do so, the Counsellor will encourage him/her to do so.
- The medical practitioner/Counselor may inform the sexual partner only with the consent of the HIV positive person.
- If disclosure is in the best interest of the client, or required to safeguard the welfare of others, or is required by law, clients must first be notified and invited to disclose the information themselves.
- Counselors should understand that decisions to disclose status of clients to others should only be made when prior consultations with a supervisor or senior colleague indicates that it is absolutely necessary
- There is a need to update or revise legal framework to provide clear orientations on management of such cases

However, the Medical Practitioner/Counselor without the consent of the HIV positive person may inform the sexual partner after securing approval from the appropriate national authorities or agency.

Social security and insurance

- Insurance of any kind will not be revoked or affected by an individual's HIV and AIDs health status before and following the issuance of an insurance policy

Marginalized populations, high risk groups and key affected Populations

Poverty, migration, civil unrest, stigma and discrimination of key affected populations and marginalize people, increasing their vulnerability to infection and reducing their access to services 'Active' entry points are needed to reach out to marginalized populations and key affected populations that do not or cannot seek integrated services on their own.

This policy's strategy in this direction will be guided by a set of overarching principles that are based on global guidelines and best practices such as:

- The implementation of the marginalized groups and key affected population's strategy shall be guided by available evidence and will include activities to improve the amount and quality of strategic information for decision making at all levels to ensure effective planning and allocation of resources where they are most needed.
- The management of performance and ensuring accountability shall be key aspect of the strategy. In consultation with implementing partners and key affected population representatives", measurable, achievable targets shall be set and monitoring systems established to focus on achieving large-scale impact of marginalized groups and key affected population interventions.

The Marginalised groups and Key affected populations strategy shall adhere to standard human rights guidelines that protect the rights of people who remain uninfected as well as the rights of those living with HIV. It is internationally known that a critical aspect of the HIV response requires that the rights to equality before the law and freedom from discrimination are respected, protected and fulfilled. Likewise, Key affected populations have a responsibility to protect themselves and others from disease.

The active and meaningful involvement of all stakeholders shall be encouraged, to ensure all objectives of the strategy can be achieved and will contribute to the national response.

This strategy shall recognize that discriminatory practices, including unequal gender relations, create and sustain conditions leading to heightened vulnerability to HIV and inequitable access to treatment, care and prevention. The strategy emphasizes gender equity and prevention of gender-based violence and the particular need for these efforts in FSW and Other marginalized groups and Key populations' interventions.

No person should be denied access to prevention knowledge, skills and services or treatment, care and support services on the basis of their real or perceived HIV status, sexual orientation, gender, age, disability, religious or other beliefs, socio-economic status, geographic location or level of literacy

While the strategy makes a conscious effort to adhere to global best practice and guidelines for marginalized groups and key populations services shall ensure that the services and activities are culturally sensitive and acceptable, while not compromising on their effectiveness. Taking cues from the recent past where legal statutes, laws and over stretched security enforcement may have a bearing on the interventions necessary, advocacy will be undertaken to generate a supportive environment.

- The strategy advocates for a balanced approach to tackling the epidemic by emphasising prevention while ensuring that those who are already HIV positive are provided access to necessary services and medicines for treatment, care and support.
- Professional and ethical considerations such as confidentiality and informed consent shall be applied to marginalised populations and high risk groups as in the general population
- Existing prevention services for Commercial sex workers, other key populations and marginalised populations will be integrated with testing and counseling, care and treatment.
- Marginalized populations will be identified and resources allocated for programs

- Special programme will be developed that address the needs of special groups such as youth, uniformed services, long distance drivers and transport sector workers, sex workers, refugees and prisoners, itinerant workers and intravenous drug users
- There shall be review of legislation affecting the welfare of inmates and other vulnerable populations to reduce transmission and provide care and support
- Cross Border Initiatives will be supported to reduce the numbers lost to follow ups thereby minimizing potentials for drug resistance
- Guide lines shall be developed for effective patient follow up and referral mechanism, and standardization of case detection and reporting system

3.3.4 Legal Issues

The Ministry of Justice shall provide assistance for the review and reform of legislation relating to HIV and AIDS and public health, prepare legislation on reproductive health, HIV and AIDS and related matters as approved by Cabinet

- Social protection policy legislature will be reviewed and appropriate laws enacted to ensure that they adequately address the public health and human rights issues raised by HIV and AIDS, including the protection of workers' rights
- Where appropriate, laws will be updated and passed, and regulations made to facilitate the implementation of HIV and AIDS related policies

Willful or Negligent Transmission and the Criminal Code

Under the Criminal Code there is a range of offences that can be used to prosecute offenders for willful transmission of HIV AND AIDS. These include will full and unlawful harm and damage to human and property which is intentionally or negligently caused; intentionally causing the death of another person by any unlawful harm which is murder and death resulting from negligence amounting to a reckless disregard for human life which is manslaughter, attempted murder and assault.

Willful or negligent transmission is a contentious matter in which HIV positive individuals are said to have 'deliberating' or 'recklessly' transmitted the virus to others. The complexities are linked to individual interpretation of 'willful' or 'negligent' transmission

- Critical issues which need to be addressed when prosecuting someone for transmitting HIV include proof, assumed status, trust, consent and disclosure.
- For the present, this Policy does not support criminalization of a specific offence of willful transmission of the HIV virus
- It is proposed that a range of offences under the Criminal Code, Cap. 10 Volume 3 of the Laws of The Gambia³ can be used if the prosecution can establish the requisite proof.

3.3.5 Mainstreaming HIV and AIDS in the Workplace

- The NAC/NAS shall advocate for and facilitate development of policies and implementation of activities in the workplace.
- The occupational health Unit of the Ministry of Health, UNDP, ILO and other relevant organisations will collaborate and provide technical assistance for development of policies

All government departments and agencies and private sector organisations and enterprises will

- Develop and implement policies and programmes for the management of HIV and AIDS, in line with national policy guidelines.
- Make available and accessible to all employees Workplace HIV and AIDS policies and guidelines
- Plan for, and allocate resources for the implementation of HIV and AIDS/STIs prevention activities for staff including STI prevention education, condom distribution and protection of the rights of HIV-infected workers.

³ Section 212a on 'endangering Life and Health' which states doing 'grievous harm to any person by any means whatever..... is guilty of a felony and liable to imprisonment for life'. In Section 3.2, 'grievous Harm' is defined in as 'any harm which amounts to a maim or dangerous harm or seriously or permanently injures health or which is likely so to injure health or which extends to permanent disfigurement or to any permanent or serious injury to any external or internal organ member or sense'. Section 214 also states that 'any person who unlawfully does grievous harm to another is guilty of a felony and is liable to imprisonment...' Willful or negligent transmission is also contrary to Section 170 in which any person who unlawfully or negligently does any act which is, and which knows or has reason to believe to be likely to spread the infection of any disease dangerous to life, is guilty of a misdemeanour.

- Plan for and allocate resources for the implementation of HIV and AIDS/STI prevention activities for target groups reached through the ministry's routine activities.
- In collaboration with relevant institutions work with special groups, employers, social services and civil society to extend services to the vulnerable

3.4 Strategic Area 4; Efficiency and Effectiveness of the National Response

Surveillance and Research

The efficiency and effectiveness of the response depend on good management practices. This includes planning, implementation, monitoring and evaluation. Strategic information obtained from surveillance and research is essential for appropriate planning. The institutional framework within which the interventions are implemented including clear roles and responsibilities for management of the response must also be unambiguous whilst advocacy is required to maintain political commitment at all levels.

3.4.1 *Epidemiological Surveillance*

The goal of the surveillance programme is to monitor the HIV and AIDS epidemic and the goal of research is to improve the implementation of responses to the epidemic by identifying what works best for replication and scale up. Objectives of the surveillance program are to improve epidemiological surveillance in establishing the HIV and AIDS epidemic trend in the Gambia.

The Gambia is recognised for its contribution to research in many medical fields including HIV and AIDS. HIV research is recognised as necessary to provide sound and scientific information needed to inform policy development and review, and guide planning, implementation of interventions

AIDS Surveillance

This provides information on the 'visible' part of the epidemic. All suspected AIDS cases should be diagnosed using the WHO Bangui clinical definition⁴ supported by HIV serology.

- AIDS is a notifiable disease in The Gambia, without identification of individuals. All doctors who make a diagnosis of AIDS should notify the Director of Health Services using the standard notifiable disease form
- There will be harmonised AIDS morbidity and mortality reporting using the IDSR and a standard AIDS surveillance form.
- All medical practitioners will be encouraged to issue medical certificates stating the real cause of AIDS deaths

HIV surveillance

This Policy supports epidemiological surveillance for the provision information for action, including the guiding of program planning and implementation. Other sources of information include data on prevalence in blood donors and special population based surveys.

- For the purpose of monitoring the trend of the HIV epidemic, an unlinked anonymous screening in selected sites among sentinel groups has been in place since 2000 and shall be continued and supported.

TB/HIV surveillance

HIV is driving the TB epidemic and thus surveillance of TB in HIV infected and HIV in TB clients is essential.

- Collaboration between the TB and HIV programmes will be improved at all levels

⁴ Modified Bangui Classification: A combination of certain clinical signs/symptoms classified as major and minor criteria are used for AIDS case definition. The Modified Bangui classification for adults requires at least two (2) major signs or symptoms plus at least One (1) more minor sign or symptom together with a POSITIVE HIV Antibody Test or Three major signs plus a POSITIVE HIV Antibody Test⁴. In the case of Children, the same conditions above must be satisfied plus an additional requirement being this must be in the absence of immunosuppression and chronic malnutrition.

- The system for integration of HIV/TB activities will be strengthened to ensure detection and accurate reporting of dual infection

3.4.2 *Second Generation Surveillance*

Second generation surveillance requires both behavioural surveillance and biological surveillance to form a coherent picture to explain biological trends in the epidemic considering risks associated with HIV infection.

- Behavioural surveillance surveys (BSS) will be conducted every 2 – 5 years to monitor and evaluate trends in HIV risk behaviours over time and the impact of various interventions in order to determine appropriate policy and programme modifications.
- BSS will be conducted in selected key target and special groups including sex workers, uniformed personnel, refugees, health workers, youth etc

3.4.3 *Surveillance and Monitoring of HIV Drug Resistance*

As antiretroviral treatment is expanded to meet the goal of universal access by 2010, the Gambia will put into place mechanism for the surveillance and monitoring of HIV drug resistance alongside the scale up in the country.

Research and Publications

The success of national research depends on available expertise and capacity, and the existence of a strategy to ensure that research is well coordinated, funded and guided by principles of non-discrimination, ethical issues and confidentiality, informed consent and the protection of human rights.

- The development of a national research strategy and action plan related to HIV and AIDS will be undertaken
- All HIV and AIDS research shall be undertaken only after ethical clearance and approval from the National Ethical Committee (NEC) and Scientific Committee (SC) adhering to ethical standards and issues of informed consent, confidentiality and human rights

- Research will be targeted towards treatment, preventive, curative and rehabilitative aspects of the HIV and AIDS response
- Priority research will be promoted and supported with emphasis placed on operational research including measuring of impact of treatment for prevention
- NAS and MOH /NACP shall ensure that all HIV and AIDS research information are disseminated
- Persons consenting to participate in research and surveillance may be tested in accordance with approved national ethical guidelines, research and sentinel surveillance protocols of privacy, confidentiality and ethics in research.
- NAS and MOH/NACP and other relevant stakeholders to develop guidelines and protocols for research related to HIV and AIDS

3.4.4 Advocacy

Advocacy for an effective national response involves a wide range of continuous actions directed at various categories of stakeholders and institutions, particularly, decision-makers, traditional authorities, PLHIVs as well as religious and opinion leaders at various levels.

The goal of advocacy is to maintain sustained political commitment at all levels for HIV and AIDS prevention and control and effective involvement of all sectors and civil society in the fight against the HIV and AIDS epidemic in the Gambia. .

- To create and sustain an enabling and conducive environment, it is recommended that the NAC and NAS will be responsible for the coordination of advocacy efforts towards an effective response.
- The advocacy strategy will comprise decentralisation of HIV and AIDS advocacy skills; participation and networking; policy dialogue between key stakeholders; promotion of legal and policy reform; developing appropriate IEC materials on HIV and AIDS to encourage behavioural change; media briefings and multi-media activities; public education and sensitisation activities; research,

documentation, monitoring and evaluation of HIV and AIDS programmes and issues

- Advocacy efforts will be aimed at ensuring that all the resources and tools needed to support the response are provided on a continuous and sustainable basis⁵.
- Advocacy efforts shall aim at reviewing and ensuring that major policies, both national and sectoral, adequately address the response to HIV and AIDS
- National strategic and institutional frameworks for communication including advocacy shall be updated with reference to other relevant policies.

3.4.6 Institutional framework

Many partners are involved in the response and efforts are often weakly coordinated and limited, with duplication of efforts, inadequate funding and partners not operating within an agreed framework. In the Gambia, it has been agreed that in consonance with the 'three- ones principles', to improve management and coordination of the national response and mitigate its impact on the community and the Gambia as a whole the 'three ones' key principles will be applied and focused on as follows:

- One national coordinating authority
- One national framework
- One national Monitoring and Evaluation system

HIV and AIDS shall continue to be addressed through a multisectoral approach which will be coordinated by a multisectoral national committee, the National AIDS Council (NAC). This council has a clear mandate to ensure overall management and coordination of the national response whilst ensuring that HIV and AIDS is recognised and treated as major priority for political support and social and resource mobilisation. All sectors, organisations and communities will participate actively in the fight against

⁵ These will include support from planners for budget allocations at all levels, other financial provisions, equipment, supplies and support training as well as advocacy materials and the training of advocates.

HIV and AIDS, each utilising their comparative advantages, and integrating HIV and AIDS into planning and programming.

Partnerships

The NAC/NAS will form, shall continue to maintain and coordinate partnerships with relevant stakeholders including international donors and funding agencies, national organisations and networks, the governmental and non-governmental organisations, civil society including traditional and religious leaders through a partnership forum.

The Partnership Forum is a round-table that provides the opportunity convening all partners in the response to HIV and AIDS for their full participation. It is broad based and bridges the policy and umbrella functions of the national AIDS coordinating authority and the actual implementation of the AIDS action framework.

- Partnership forum will meet on a regular basis to deliberate on relevant issues on the response to HIV and AIDS
- Interagency Technical Working Groups will be actively involved in assisting implementation and coordination of the response

Institutional Capacity Building

The availability of trained personnel for the implementation of the national response to HIV is imperative for its success. In order to effectively manage the response to the epidemic and implement planned interventions;

- There will be a human resource policy for the recruitment, capacity development and retention
- Health system strengthening

Decentralization

The process of local government decentralisation has been initiated and this includes a programme to decentralise government services including health services to the regions

- The process will be supported to facilitate the planning and implementation, monitoring and evaluation of the national response at the local and community levels
- The NAS will work closely with decentralised units to develop and implement response programmes and activities

3.4.7 Roles and Responsibilities

NAC/NAS

The National AIDS Council (NAC) will be chaired by the President and recognised as the highest coordinating authority for HIV and AIDS. Membership of the NAC includes Minister of State, Director of NAS, NGO's Representative, CBOs, and Private Sector Operators, representatives of Religious Organisations, women and youth groups as well as PLHIVs.

The functions of the NAC include:

1. Provision of high level advocacy and ensuring the multisectoral approach is maintained, expanded and effective
2. Initiating formulation and review of comprehensive national and sectoral policies and strategies related to HIV and AIDS
3. Provision of effective leadership in national planning and coordination of the response according to one agreed AIDS action framework
4. Fostering linkages to ensure efficient implementation and optimal use of resources
5. mobilisation of resources for the response to the epidemic
6. Monitoring and evaluation of all response activities using one framework and aligned with indicators linked to global commitments that emphasize performance and accountability

The Role of NAS

The National AIDS Secretariat (NAS) is under the Office of the President. Through the NAS, the NAC will coordinate, monitor and evaluate the implementation of the national response, provide political leadership for the national response to the HIV and AIDS epidemic and ensure the mobilisation and involvement of all sectors. The NAC will supervise all the activities of the NAS.

The NAS will coordinate the overall national response in collaboration with the UN system, line ministries, nongovernmental organizations, civil society groups including people living with HIV and AIDs, religious and community leaders. The regional and municipal HIV and AIDS committees, in line with the local government reforms, will be responsible for coordination, planning, monitoring and evaluation of HIV and AIDS interventions at the decentralized level.

Though HIV AND AIDS is a major health problem, the background, causes, modes of transmission and the consequences go beyond health. Therefore, this Policy shall be implemented by the National AIDs Secretariat (NAS) as established by an Act of Parliament.

The main objective of the NAS is to provide effective leadership in the fight against the HIV AND AIDS disease, by coordinating the interventions of all stakeholders, through joint planning, monitoring, evaluation and advocacy. The functions of the NAS are:

- To formulate comprehensive national policies and strategies and establish programme priorities relating to HIV and AIDS.
- To provide high-level advocacy for HIV and AIDS prevention and control.
- To provide effective leadership in national planning and co-ordination of support services.
- To expand and co-ordinate the total national response to HIV and AIDS.

- To mobilize, control and manage resources and monitor their allocation and utilization.
- To foster linkages among all stakeholders.
- To promote research, information and documentation on HIV and AIDS
- To monitor and evaluate all on-going HIV and AIDS activities.

MOH/NACP

The health sector has specialised technical expertise and mandated responsibilities in the area of HIV AND AIDS and related diseases. The Ministry of Health and social welfare, in its role of technical leadership in the health sector, has the normative responsibility for health sector policy development and epidemiological surveillance. In this light MOH/NACP will be responsible for setting standards and regulations pertaining to testing, counselling, case management protocols, the blood supply system and its quality assurance, and provision of ART and medicines for STI, TB, and other opportunistic infections.

National Assembly of the Republic of The Gambia

National Assembly shall, as the representative of the people:

- provide overall legislative and political support such as acting on the recommendations for the establishment of institutions, the reform of laws and the enactment of new legislation that will facilitate the implementation of this Policy and approve Government's budgetary appropriations in support of the response to HIV and AIDS⁶.
- Spearhead and mobilise social support for HIV and AIDS activities both within Parliament and at the constituency level and support NGO and CBO advocates undertaking programmes for vulnerable groups in their constituencies.
- Engage in policy dialogue towards the eradication of discriminating/stigmatising provisions that affect PLHIVs

⁶ The National Assembly Select Committee on HIV and AIDS will facilitate and influences legislation and decisions at the Legislature level.

- Spearhead and support all resource mobilizations efforts for comprehensive HIV and AIDs activities

The Government:

Responsibilities for Social, economic and health impacts

- Government will share the responsibility of caring for PLHIVs with communities and there will be appropriate support for the carers of AIDS patients
- Income generation activities will be promoted to provide support to the infected and affected
- The formation and strengthening of PLHIVs support groups will be encouraged and supported by the nation and civil society

Responsibilities for Resource mobilization and funding

In the light of the developmental challenge posed by the HIV and AIDS pandemic, the Government of the Gambia will

- Through the central and local government structures, facilitate the allocation of a specific percentage of the national budgets to HIV and AIDS in line with UNGASS and Abuja commitments
- Provide guidelines for and establish and strengthen systems, procedures and structures to mobilise resources for HIV and AIDS control
- Ensure that all departments, ministries and agencies will include in the annual estimates, components for the response to the epidemic

The NAS/NAC will be responsible for coordinating mobilisation and tracking of internal and external resources for the national response to the HIV and AIDS epidemic.

In view of the increasing importance to define clear roles and responsibilities for management structures to function effectively and efficiently the aforementioned structures will carry out the functions assigned to them during the policy period.

4. CONCLUSION

The Government of the Gambia continues to be committed to the fight against the HIV and AIDS epidemic, which poses a serious threat to the economic development and continued existence of the country. This policy will help create the necessary enabling environment in support for the national response, guide actions of all stakeholder and advice the legislative framework to ensure human rights of all persons in the Gambia are protected and upheld.

The Government of the Gambia shall continue to be committed in ensuring that these policy guidelines are translated into action for all and that all involved in the response work together consistently in the multisectoral and multidisciplinary approach in the spirit of joint and collective ownership to guarantee the survival of the next generations

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5. ANNEXES

ANNEX I

MEDICAL SERVICES ACT 1988

(Vol. 5, Part V, Section 23, Sub-section 1 and Section 25.)

SECTION 23:

1. No private health institution will be established or operated, unless a license has first been obtained from the Director of Health Services.
2. The Director of Health Services may, with the approval of the Minister, grant Licenses, which will be for such periods and in such form as the Minister may prescribe for establishment of private health institutions.

SECTION 25:

A licence granted under this part of this act will be subject to any conditions specified by the Director of Health Services and will be liable to cancellations by him on contravention or non-fulfillment of any such conditions.

**ANNEX II
LAWS OF THE GAMBIA
Labour**

Cap 56 : 01

Medical
Examination

1. Every employee entering into an employment to which this section applies, will be examined by a medical officer at the expense of the employer not more than one month before the commencement of employment and a written report of such examination will be kept by the employer and produced to the Commissioner or the Tribunal on demand.

L.R. 01/1990

2. If it is not reasonably practicable to comply with the requirement in subsection (1) of this section, such medical examination will take place as soon as is reasonably practicable after the commencement of such employment.

3. The employments to which this section applies are as follows:-

- a) Employment by the Port Authority as a permanent or semi-casual employee;
- b) Employment in any groundnut oil processing plant;
- c) Employment as a driver of a motor vehicle;
- d) Employment in an occupation involving the preparation or handling of food for human consumption;
- e) Employment in any hotel or catering service;
- f) Employment as a fisherman or in a fish-processing plant;
- g) Employment which may reasonably be anticipated to continue for six months or more on any major project financed in whole or in part by the government of a country other than The Gambia, or by any international organizations; and
- h) Any other employment specified by the Minister by order published in the Gazette.

