I: Background

Liberia presently has a generalized HIV epidemic with the general population HIV prevalence of 1.9% (2013 LDHS). The South Central Region has the highest prevalence of 2.75% among the five regions and Montserrado, Margibi, and Bomi Counties have the highest prevalence among the 15 counties. HIV prevalence is also higher in urban than in rural areas, in females as compared to males, and in key populations relative to the general population.

The impact of the epidemic continues to be significant. The Spectrum Modeling estimates for 2014 reveal there will be 1,789 new HIV infections including 309 in children 0-14 years. About 57% of the new infections will be in females. There will be 29,538 PLHIV including 2,730 in young people 15-24 years and 4,784 children 0-14 years. About 56% of PLHIV are female. The 2013 LDHS reveals the HIV prevalence is 1.9% (2% in women and 1.7% in men), up from 1.5% in 2007. The HIV prevalence amongst pregnant women has decreased from a peak of 5.4% in 2007 to 2.5% in 2013; this is mirrored by a moderate decrease in the mother-to-child HIV transmission rate at the cessation of breastfeeding from 37% in 2009 to 29% in 2013. An estimated 2,330 PLHIV (including 52% female and 311 children) will die from AIDS-related causes with 97% of the deaths occurring in PLHIV not on treatment. Cumulatively, there will be 38,462 AIDS-orphans in 2014, equivalent to about 19% of total orphans from all causes.
The national HIV response provides a comprehensive range of services aimed at preventing new infections, providing treatment and care for PLHIV, and mitigating the socioeconomic impact of the disease on people infected and affected by HIV. Greater efforts have been made in providing services geared toward preventing new HIV infections and providing HIV treatment, care, and support services than in mitigating the socioeconomic impact of the disease outside of efforts at reducing stigma and discrimination against people living with HIV.

Liberia has been implementing a multisectoral decentralized HIV response with national coordination by NAC through five mandates (Programs and Policy, Partnership, Decentralization, and Monitoring & Evaluation). The NAC currently coordinates the decentralized response through its offices in 5 counties and through coordination arrangements using focal persons that are staff in the Ministry of Internal Affairs in two counties and in the Ministry of Gender and Development in one county. Over the last five years, NSF II 2010-2014 has guided the national HIV response. During this period, the response has been almost totally dependent on external funding sources: the 2012 NASA indicates the GF and the UN System in Liberia together contributed 98% of the funding for the national response; domestic funding is only 2%. The media, especially radio and print, are contributing immensely to the national HIV response by covering key events as well as providing information, education, and communication on HIV prevention, treatment, care, and support.

Liberia amended the 1976 Public Health Law by adding Chapter 18 on HIV and AIDS, which includes sanctions for violating confidentiality of the HIV status of PLHIV and willful transmission of HIV, and prohibition of discrimination and vilification of persons on the basis of actual or perceived HIV status. The object of the legal reform is to protect the human rights of people infected and affected by HIV and AIDS. To this end, The Ministry of Justice has established an HIV and Human
Rights Platform to advocate and coordinate stakeholders’ response to HIV related human rights issues and violation and creates a legal environment for enforcement. Additionally, the work of the Sexual and Gender Based Violence Task Force and the Social Cash Transfer Program of the MOGD are playing key roles in efforts to prevent HIV infection from SGBV and mitigating the socioeconomic impact on poor households, which are both important risk factors for HIV infection.

Information on sexual behavior is important in designing and monitoring intervention programs to control the spread of HIV. In the past decade, Liberia has conducted two demographic and health surveys to provide this information: the Liberia Demographic and Health Survey (LDHS) of 2007 and 2013. Since 2007, the national HIV response has intensified its HIV prevention program messages and efforts on three important aspects of behavior: using condoms; limiting the number of sexual partners or staying faithful to one partner; and delaying sexual debut in young persons (abstinence).

II: Background to the Terms of Reference for the Development of the National Prevention Plan 2015-2020

Based on the UNAIDS Global Strategy on Fast-Tracking the AIDS Response and Ending AIDS by 2030 in line with the SDGs calls for an invigorated and innovative prevention programs across the world. In this connection, and in line with the Liberia’s NSP (2015-2020), a new HIV prevention strategy is needed to achieve these ambition goals by 2030 and 2020 being the Mid-Term.

All countries are asked to develop new combination prevention with the following set of objectives and priorities, these being:
1. To reduce new HIV infections globally to fewer than 500 000 by 2020, a step towards ending the HIV epidemic as a public health threat by 2030, we need to Fast Track the response, including renewed commitment to, sustained funding for and
scaled-up implementation of HIV prevention programs.

2. No single HIV prevention approach alone can stop the epidemic. Meeting ambitious 2020 and 2030 targets requires focused combination packages that or a mix of proven high-impact HIV prevention interventions. (PrEP). Specific populations and locations require additional tools such as harm reduction (needle–syringe and opioid

3. Saturation of HIV prevention programming in specific locations and for specific key populations is needed so that HIV prevention is delivered at adequate scale where and for whom it will make the most difference.

4. More than ever, HIV prevention and treatment need to be delivered together in all dimensions of programming, including service delivery, demand generation and support for treatment adherence.

5. Continued innovation is essential. is includes better technology— improved condoms, new male circumcision devices, long-acting antiretroviral medicines (ARVs)—and better programme delivery, including expanded community-based services, demand generation and adherence support, better integration with other health services and use of new media.

III: Objectives of the Consultancy:

To develop a results-based HIV prevention strategic plan (2015 to 2020) which:

1. Defines the strategic framework for the national HIV prevention response in line with 90-90-90 and fast-tracking the AIDS response and;

2. Identifies key and partners for targeted sector HIV prevention among youths and other key population;

3. Identifies the resources required to achieve the national
IV: Scope of Work

Development of Prevention Strategy 2015 – 2020

The services shall be carried out by preparing a Strategic Prevention Plan Formulation. The consultants should utilize proven and reliable methodologies. The consultant’s scope of work is understood to cover all activities necessary to accomplish the stated objectives of these services. More specifically the consultants will be required to:

Prepare the Five Year prevention strategy for the period 2015-2020 based, and the Situational and Response Analysis, in close collaboration with the planning team and other key players.

Deliverable: Development of NSP (May 2010)

A Prevention strategy for Liberia, covering the period of 2015-2020 which:

- Prioritizes the key objectives of the prevention strategy for 2015-2020
- Identifies baselines, defines results, and targets for the strategy for the period of 2015-2020
- Identifies the capacity building needs for effective implementation of the strategy
- Provides the costing and budgeting of the interventions envisaged in the and the operational plan
- Identifies the key coordination and implementation mechanisms for the strategy

Characteristics of the Consultancy
Type of Consultancy: Individual  
Duration: 2 months

Qualifications and Experience:

- Advanced university degree in social sciences, public health, or related area

- At least 5 years’ experience in the development of organizational and programmatic related strategic plans

- At least 5 years’ experience in the development of HIV & AIDS strategic planning, preferably countries with similar epidemic profile like Liberia

- Proven experience in creating National HIV & AIDS Strategic Plans through the consultative process including donors, UN agencies, government agencies, and civil society organizations

- Analytical and conceptual ability, communication skills

How to apply

Please address your application (cover letter and CV) to:

Atty: Evelyn F. Barry  
Executive Director  
National AIDS Commission of Liberia  
Capitol Bye Pass  
Monrovia, Liberia

Please email all application to: destine@live.com  
Deadline for submission is June 3, 2016