

**SPEECH DELIVERED BY HON. THEODOSIA S. KOLEE, CHAIRPERSON OF THE
NATIONAL AIDS COMMISSION AT THE WORLD AIDS DAY
COMMEMORATION, SATURDAY DECEMBER 1, 2018**

His Excellency Dr. George Manneh Weah, President of the Republic of Liberia

Ambassador Clar Marie Duncan Weah, First Lady of the Republic of Liberia,

Her excellency Dr. Jewel Sianah Howard Taylor, Vice President of the Republic of Liberia and President of the Liberian Senate,

Dr. Wilhemina Jallah, Minister of Health

Other members of the cabinet present

Dr. Miriam Chipimo, UNAIDS Country Director

The Regional Coordinator and Members of the United Nations one House family

Chairman of the health Committee on health and members of the Legislature present

Your Excellencies the Ambassadors of the United States of America, European Union, ECOWAS, China, United Kingdom, Sweden, France, Japan, Germany, South Africa and other Diplomats present.

The Chairman and members of the Liberia Medical and Dental Council

The President and Members of the Liberia Medical and Dental Association

The President and Members of the Liberia Nurses Association

Our VIPs, the Liberia Network of people Living with HIV (LibNep+)

Our Religious leaders and all faith-based organizations

Civil Society Organizations

Members of the Fourth Estate

Other protocols duly observed

Distinguished ladies of gentlemen

Before I begin, Kindly rise and observe a moment of silence in memory of the more than 35 million persons who have died from AIDS-related illnesses since the beginning of the epidemic.... (may their soul rest in peace and light perpetual shine on them, Amen)

Distinguished guest, fellow Liberians, kindly permit me to express our heartfelt thanks and deepest appreciation to His Excellency Dr. George M. Weah, Chairman of the Board of Directors of the National AIDS Commission and Ambassador Clar Marie Duncan Weah for their outstanding advocacy role in the fight against HIV/AIDS in Liberia. We would never have achieved our current level of support without their assistance. We will forever remain grateful to you.

Almost four decades ago, five previously healthy Men who have Sex with Men in Los Angeles, were treated at three hospitals for a rare form of Pneumonia. This disease almost always occurs in individuals with impaired immunity. At about the same time, twenty-six MSM were diagnosed with a rare form of cancer, Kaposi Sarcoma in New York. The underlying cause of these diseases in healthy men were unknown. This was the beginning of a

disease that has so far, claimed the lives of more than thirty-five million people. Many of whom were in the productive period of their lives.

The US Center for disease and control (CDC), used the term AIDS for the first time and released the first case definition of AIDS on September 24, 1982. In that same release, the CDC reported 593 cases of AIDS with 241 deaths representing 41% case mortality rate. Indeed, an epidemic was spinning out of control. In east Africa for example, the disease was called 'SLIM' disease and the entire communities were wipe out.

The National Cancer Institute and the Pasteur Institute announced in 1984 that, they have found the virus that causes AIDS; two years later in 1986, the virus was officially named Human immunodeficiency Virus or HIV.

By this time, the virus had spread in almost every country. Liberia diagnosed her first case of HIV in the same year (1986). The patient was a female involved with cross border trade. Ever since that time, Liberia, like the rest of the world, have been at war with HIV/AIDS. During the early years of the epidemic, the world had very little tool to fight back with, this essentially made, HIV infection a death sentence.

Your Excellencies, distinguished guest, Liberia used the available tools (like abstinence, be faithful and the use of condoms) in the early days of the epidemic to keep our prevalence rate around 1% for many years.

By the close of the 80s, civil war erupted and for almost two decades, HIV control activities were almost none existent in Liberia. Additionally, the

senseless civil war was characterized by systemic acts of gender-based violence with women being raped with impunity. In fact, rape was used as a weapon of war at some point. As if that was not bad enough, Liberians fled to countries with high HIV burden. All of these and many more factors, led to a steady rise in the incidence and prevalence of HIV in Liberia.

At the end of the civil war, the resilient people of Liberia, with support from our International partners, resumed the fight against HIV in earnest with the opening of more than 150 ART sites across Liberia. Just as Liberia was consolidating the gains, our nation experienced the worst Ebola outbreak in human history, essentially wiping out most of the gains we made in the previous decade. It is our hope and prayer that we will all take HIV as serious as we took Ebola, so that we can end this epidemic once and for all. This is possible in our life time, given our current knowledge of the disease and the available tools with which we are fighting this war now:

- The traditional tool of ABCs are still available to us
- There is a curtail of drugs that prevent mother to child transmission
- There are available protocols that healthcare workers can take to stop infection if they have needle sticks injuries, this is post exposure prophylaxis
- It is also known that circumcision of men can drastically reduce transmission

- We also know that when people are on treatment with their viral load optimally suppressed, they have a lower chance of transmitting the virus; this is “TREATMENT AS PREVENTION”

Armed with the above tools and in a bid to end the epidemic in 2030, the United Nations program on HIV/AIDS (UNAIDS) set up an ambitious goal in 2013. The UNAIDS 90-90-90 target calls on countries to reach the following goals:

- 90% of people living with HIV should be diagnosed by 2020
- 90% of diagnosed people should be placed on treatment by 2020
- 90% of people in treatment should have fully suppressed viral load by 2020

It then follows that, the rate limiting step in achieving these goals is testing and diagnosing individuals living with HIV. This point is so important, that the global theme for this year World AIDS day is “**KNOW YOUR STATUS**” and the national theme is “**DO YOUR HIV TEST**” There is absolutely no chance of achieving these targets, if we do not take the bold step to test and know our HIV status. Testing is a win win scenario for all of us. If you test negative (98% of Liberians are negative), you can live positively and prolong your life. If on the other hand, you test positive (like 2% of Liberian), you can go on medication and live a healthy and normal life, having children that are free from the virus and reducing the chances of infecting your sexual contacts.

Your Excellencies, distinguished guests, Liberia has an estimated number of 40,000 persons living with HIV, down from 43,000 at the beginning of this year. This is good news. Unfortunately, only 15,213 out of 40,000 know their status. There are almost 21,000 HIV cases in our cities and communities that remain undiagnosed. Of those tested so far, 80% are women and only 20% are men. We are designing interventions that will encourage more men to test and know their HIV status. In terms of distribution of the HIV cases, 70% of the national HIV burden is in three counties; (Montserrado, Grand Bassa and Margibi) with the highest prevalence rate of 2.7%. Additionally, men who have sex with men are worst affected with a prevalence of 19.8%.

Hence, for the first 90, which has to do with knowing your status, Liberia is at 38%. What then are the barriers to testing in Liberia? Our investigation shows that STIGMA is still a major issue in Liberia, this is compounded by the lack of confidentiality among care givers. Sometimes a person test result is known by others even before he/she gets to know. No one should ever be discriminated against, because of their age, sex, gender identity, sexual orientation, disability, race, ethnicity, language, health (including HIV) status, geographical location, economic or migrant status, or for any other reason. Let me take this time to admonish our abled frontline healthcare workers, who are engaged in this unprofessional act, to desist in the interest of our dear country, mama Liberia. I will like to add that, Liberian healthcare workers, are generally professional and many have given their lives in service to Country, for example, during the Ebola outbreak, over 187 frontline health workers lost their lives. We must prove to our clients that their medical

records are save with us. I also wish to admonish healthcare administrators to put laws in place at the work places, that will ensure that caregivers engaged with disclosing the status of our patients are reprimanded.

For the second 90, we have placed 13,110 PLHIV on medication representing 36% of the diagnosed cases. Major weaknesses in the acquisition of this target are issues with having an effective supply chain in place. The National AIDS Commission under our leadership, worked with the NACP, NDS and other stakeholders to alleviate some of the huddles associated with supply of HIV medications to facilities. Plans are underway to preposition ARVs and other supplies in hard to reach areas ahead of the rainy season. We hail efforts of government to place road construction in the front seat of the Pro-poor Agenda for Prosperity and Development.

Liberia is not doing so well with viral load testing and viral suppression. Only 2,305 persons out of the 13, 110 on medication have had their viral load tested with 841 persons having undetectable viral load. This represents 36%

This poor performance is due to inadequate funding, repeated stock out of test kits, and the scarcity of viral load testing capabilities across the country. There are also issues with the effective administration of the available funds, at the level of the Principal Recipients (PR) of the Global Funds for Malaria, HIV and TB. The Liberia Coordinating Mechanism (LCM), is working with the PRs to ensure effective and rational use of the available funds.

Moving forward, there is a need for resource mobilization, and effective coordination of all aspects of the response. The NAC under our leadership, is ready to respond to HIV/AIDS effectively. Together, we can win this war.

Your Excellencies, and distinguished guest, kindly permit me to express my deepest appreciation to my staff, MOH, NACP, Nurses, our Partners and all stakeholders for working with us, in the response to HIV/AIDS in Liberia. As stated, there is so much to be done in Liberia as far as fighting HIV is concern, leaving no one behind by breaking the social barriers of stigma and discrimination. With renew commitment, we can overcome. We did it with EBOLA, we can still do it with HIV.

In Union Strong success is sure, we shall never fail. Let us make Liberia an HIV free country.

I thank you.

