SITUATION ANALYSIS (2012 - 2013)

1 Status at a glance

(a) The stakeholders in the preparation of the Report:
Personnel from the Ministry of Health and the Ministry of Education collaborated in preparing the Report, with substantive support from Grenada National Organization for Women (GNOW), which is an associate of the Inter-Agency Group of Development Organizations (IAGDO) and very active in the national HIV/AIDS Response. From the Ministry of Health were – the Permanent Secretary, Chief Medical Officer, National Epidemiologist and other members of the Epidemiology Unit, Clinical care coordinator, Surveillance Nurses, Counselor, Planning Officer, and Finance Officer. The Ministry of Education was represented by its HIV/AIDS Focal Point.

(b) The status of the epidemic
The first case in Grenada was diagnosed in 1984. As of December 31, 2013, a total of 517 HIV cases (334 males and 183 females) were reported to the Ministry of Health. Of these 324 (224 males and 100 females) were classified as AIDS cases on notification or has progressed to AIDS since diagnosis. During this time 237 cases has died, 171 males and 66 females. The epidemic has consistently affected mainly the working population between 15 and 50 years and from all socio-economic strata of society.

(c) The policy and programmatic response
From the onset of this challenge the Ministry of Health recognized very early the severe impact this epidemic can have on the country and as a result brought together a wide cross-section of persons and organizations to join in the fight against it. The latest action is the reactivation of the primary health care and the integration of HIV/AIDS services into the other community health services.

2 Overview of the AIDS epidemic

Over the past three decades since the first HIV/AIDS case was diagnosed in Grenada in 1984, there has been an increasing trend in the number of cases, which peaked in 2007 with 38 cases. It is significant that the figure for 2012 dropped to 21 – the lowest since 2005 – only to rise again to 32 in 2013. Of the 21 cases diagnosed in 2012, there were 12 males and 9 females while in 2013, 20 males and 12 females. The majority of cases in both years were between 15 and 54 years, 85.7% in 2012 and 78% in 2013. While the male to female ratio has narrowed over the years (1.3:1 in 2012 and 1.67:1 in 2013), the cumulative male to female ratio remains at 1.8:1. In each age group more males are affected than females except for the 15-24 age category where more females are diagnosed than males. The mode of transmission continues to be predominantly heterosexual.

Although the number of newly diagnosed HIV cases increased from 2012 to 2013, the number of HIV positive babies due to mother to child transmission continues to remain at zero. The data also shows decreases in the number of AIDS cases and AIDS-related deaths. The number of AIDS cases decreased from 39 in 2010 – 2011 to 21 in the period 2013 – 2013 while the number of AIDS related death went from 28 in 2010 - 2011 to 17 in the period 2012 to 2013.

3 National Response to the AIDS epidemic

Notwithstanding the limited human and financial resources available, Grenada has managed to maintain to a satisfactory level of response to the epidemic. A National HIV and AIDS Strategic Plan (NSP) was developed in 2011 to guide the response for the period 2012 – 2016 and to achieve the following strategic priorities:

1) Enabling environment and human rights
2) Prevention of HIV transmission
3) Treatment, care and support of persons living with and affected by HIV
4) Strengthening the multisectoral response
5) Strengthening governance and management systems
6) Research, monitoring and evaluation

However, the NSP was not ratified and implemented. At the time of preparing this Report, a revised NSP for 2014 – 2019 is being finalized.

In the area of prevention, the Ministry of Health (through its National Infectious Disease Control Unit) collaborated with other key stakeholders in the public and private sector, like Ministry of Education, GrenAIDS and CHAA. Among the areas on which emphasis was also placed was the continued strengthening of the multisectoral response by getting more organizations and groups involved. There was ongoing focus on education, as well as on condom promotion and distribution. Health and Family Life Education (HFLE) activities continued in all primary schools and 75% of secondary schools and focused on building life skills in relation to HIV, gender sensitivity and violence prevention.

Another organisation involved in the response was GNOW. They received a grant from the Caribbean HIV/AIDS Alliance (CHAA) to conduct HPV/HIV Education and Screening Project for Rural Community Women. “The project objectives are:

1. To initiate HPV/HIV screening and testing project for a total of fifty women in the Simon/Tivoli community.
2. To raise HPV/HIV awareness and education among women and the general population in Simon/Tivoli through mass media messaging before and after project implementation respectively.
3. To evaluate the level and quality of the target participant response to HPV/HIV screening and testing following implementation of the project.

Condom distribution continues to be a major activity in the national response. This is undertaken not only by the Ministry of Health but by other organisations such as GrenAIDS, CHAA, Grenada Planned Parenthood Association (GPPA) among others.

A workplace policy on HIV and AIDS which was drafted by the Ministry of Labour in 2009 has been finalized in June 2013 and should be ratified in the first part of 2014. The objectives of the policy are:

- Protection of the human rights and dignity in the workplace of persons living with and affected by HIV and AIDS.
- Elimination of stigma and discrimination against person living with and affected by HIV and AIDS.
- Intensification of prevention strategies through information, education and training relevant to the workplace.
- Care and support for workers living with HIV and AIDS and their families.

Care Treatment and Support

Much was achieved in the area of treatment, care and support. HIV /AIDS care, treatment and support remains centralised. It is hoped that these services will be decentralised and incorporated into the Primary Health Care System. The program provides all services including triple ARV therapy to all patients with HIV disease at no cost to them. Although the numbers of positive HIV pregnant women have increased over the years, there have been no HIV positive babies. This is due to early diagnosis, commencement of ARV treatment and continuous follow up to ensure adherence and compliance.

Infants received ARV prophylaxis within 72hours of birth and this continues to a minimum period of 6 weeks or until a negative DNA PCR is obtained. DNA PCR is done within 2-18months of age. In order to prevent mother to child transmission during breast feeding, mothers cared for in the PMTCT program are advised not to breast feed and are provided with replacement infant feeding for a minimum of 6months.

Early linkage and enrolment in care of newly diagnosed HIV positive patients have decreased the numbers of hospitalizations and AIDS related death.

No new research was done during the past two years. However, personnel from the Ministry of Health and other organizations working directly or indirectly in the field of HIV/AIDS were exposed to two (2) Monitoring and Evaluation Workshops.

4 Best Practices

These include a) the incorporation of successful men's health clinics in several locations throughout the country in response to a survey to determine why men were not accessing the health services; and b) greater numbers of persons receiving HIV counselling and testing in the pricipal community health facilities as a result of a series of PITC training workshops.

5 Major challenges and remedial actions

There have been several challenges in the 2012 – 2013 period that limited the effectiveness of the National Response. Some of these challenges are as follows:

- The non-submission of the National HIV and AIDS Strategic Plan (NSP) which was developed in 2011 to guide the HIV and AIDS response for the period 2012 to 2016 for ratification by Cabinet.
- No implementation of rapid testing outside the laboratory (in community outreach events)
- Dormancy of the National AIDS Council
- No research especially among the vulnerable populations
- No recent behavioural studies
- Incomplete, late or no reporting from some facilities
- Inability to participate in the size estimation activity
- Minors still cannot access care without the permission of a parent or guardian, including birth control and HIV testing according to the law.
- Weak Monitoring and Evaluation implementation

An injection of new energy seems evident with the change of government just over a year ago. The new Minister of Health has been leading the way in terms of providing political leadership and creating a renewed supportive policy environment. Several initiatives have been undertaken recently which include:

- A push to finalize and ratify the NSP
- Revitalization of the National AIDS Council
- Mobilization of stakeholders
- Continued effort in the reactivation of primary health care

6 Support from development partners

Grenada has received tremendous financial and technical support from the following:

- Pan American Health Organization (PAHO)
- Global Fund
- Pan Caribbean Partnership for HIV/AIDS (PANCAP)
- President's Emergency Plan for AIDS Relief (PEPFAR)
- Organisation of Eastern Caribbean States/HIV/AIDS Project Unit (OECS/HAPU)

7 Monitoring and evaluation environment

There is still no current M & E system operating in Grenada. Challenges, such as a lack of trained personnel, prevent the implementation of any comprehensive system. Remedial actions include:

- exposure of more staff to M & E training and provide opportunities for them to practice what has been learnt and
- conducting follow-up and more advanced training, where possible.