The Commonwealth of The Bahamas

GLOBAL AIDS RESPONSE PROGRESS REPORTING

Monitoring the 2011 Political Declaration on HIV/AIDS

Country Report 2015

June 15, 2015

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
AZT	Azidothymidine
BNN+	Bahamas National Network for Positive Living
CAREC	Caribbean Regional Epidemiology Centre
CARICOM	Caribbean Community
CBO	Community-based Organization
CDC	Centers for Disease Control and Prevention
CDC CRO	Caribbean Regional Office of the Centers for Disease Control and Prevention
CImPACT	Caribbean Informed Parents and Children Together
CoAg	Cooperative Agreement
DEBI	Diffusion of Effective Behavioural Interventions
DNA	Deoxyribonucleic Acid
DOT	Directly Observed Therapy
DPH	Department of Public Health
ELISA	Enzyme Linked Immunosorbent Assay
FBO	Faith-based Organization
FOY	Focus on Youth
FOYC	Focus on Youth in the Caribbean
GBV	Gender-Based Violence
GBHS	Grand Bahama Health Services
HFLE	Health and Family Life Education
HIRU	Health Information Research Unit
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
ICT	Information and Communication Technology
ImPACT	Informed Parents and Children Together
KAPB	Knowledge Attitudes Practices and Beliefs
M&E	Monitoring and Evaluation
MOH	Ministry of Health, The Bahamas
MSM	Men who have sex with men

NAC	National HIV/AIDS Centre
NAP	National AIDS Programme
NASP	National HIV/AIDS Strategic Plan
NGO	Non-governmental Organizations
NHSSP	National Health Systems Strategic Plan
NIH	National Institutes of Health
NTP	National Tuberculosis Programme
PAHO	Pan-American Health Organization
PCR	Polymerase Chain Reaction
PEP	Post-exposure Prophylaxis
PEPFAR	President's Emergency Fund for AIDS Relief
PHA	Public Hospitals Authority
PITC	Provider Initiated Testing and Counselling
PLWHA	Persons Living with HIV or AIDS
PMH	Princess Margaret Hospital
PMTCT	Prevention of Mother-to-Child Transmission
RMH	Rand Memorial Hospital
SASH	Society against STI and HIV
SCAN	Suspected Child Abuse and Neglect Unit
SI	Strategic Information
STI	Sexually Transmitted Infection
TAG	Technical Advisory Group
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
US	United States
USAID	US Agency for International Development
VCT	Voluntary Counselling and Testing
YAPL	Youth Ambassadors for Positive Living

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Status at a Glance

Stakeholder Participation in the Report Writing Process

This report was prepared by the staff of the Ministry of Health/President's Emergency Fund for AIDS Relief (PEPFAR) office with assistance from the National HIV/AIDS[1] Centre (NAC), the Maternal/Child Health Programme, the STI (Sexually Transmitted Infections) Unit and the National Health Information Research Unit (NHIRU) of The Ministry of Health.

Stakeholders from across the National AIDS Programme (NAP) and civil society assisted in the provision of data. A draft version of the report was reviewed by representatives of the Ministry of Health (MOH). Feedback from MOH was included in the final draft.

Status of the Epidemic

Since the first HIV case was diagnosed in The Bahamas in 1985 and until the end of 2013, 13,082 persons in The Bahamas have received an HIV/AIDS diagnosis. Over a third of these cases have died of AIDS (35%).

At the end of 2013, 8,440 persons were believed to be living with HIV in The Bahamas as determined by HIV surveillance methods. This means that 2% or roughly 1 in 50 persons in The Bahamas is HIV positive, with males making up a slight majority (51%) of the number of reported persons living with HIV (PLWHV). Population-based modeling methods estimate HIV prevalence at 3% of the 15-49 year-old population.

In 2013, 328 persons were diagnosed as HIV positive in The Bahamas. The majority of these persons had not progressed to AIDS (67%). However, a third of these cases (33%) were diagnosed with AIDS in the same year, with 23% of new cases diagnosed with HIV and AIDS simultaneously. The mother-to-child transmission (MTCT) rate decreased from 13% in 2000 (10 cases) to 3% in 2013 (2 cases).

HIV continued to affect persons in The Bahamas across all demographic groups in 2013. While males and females have historically experienced similar trends in new diagnoses, males slightly outnumbered females in new diagnoses (52% vs. 48%, respectively). Persons 30-39 years old accounted for a quarter of new diagnoses (25%) and persons

[1] Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

born in The Bahamas accounted for 72% of new cases found. Eighty-seven percent of new diagnoses resided in New Providence.

Policy and Programmatic Response

Programmatic Responses to HIV in The Bahamas

Government and NGO efforts continue to form the backbone of the response to HIV/AIDS in The Bahamas and include blood screening, surveillance, partner notification, behaviour change communications and public awareness campaigns.

National Health Services Strategic Plan (NHSSP) 2010 – 2020

The Ministry of Health embarked on the development of a new strategic plan for the National Health Services in 2009. This culminated in the approval of the National Health Services Strategic Plan (NHSSP) 2010 – 2020 which aimed to improve the health of the residents of the nation by focusing on seven strategic components. (Ministry of Health (2), 2013) The components reflect the interactions that occur between integral components of health care organizations that utilize a systems thinking and a public health approach:

1. Public and private sector partnerships with civil society and communities to improve health and well-being;
2. Integrated, people-centred health care services and programmes that are delivered across every stage of life that focuses on health prevention;
3. Improved health outcomes and operational efficiency that is driven by the management of strategic information and evidence-based decisions;
4. Health human resource governance, planning and management that allows the delivery of quality care and services;
5. Optimized planning and management of health facilities, infrastructure, technologies and supplies for sustainable delivery of quality health care and services;
6. Effective and accountable leadership, management and oversight that is focused on improving efficiency and quality; and
7. Sustainable non-discriminatory health services that provide equitable and affordable access to care and services.

After receiving input from various stakeholders, as well as the general public, marginalized groups and key populations, The NHSSP 2010 – 2020 was presented to and approved by the Cabinet in 2013.

National AIDS Strategic Plan

The National AIDS Programme is reaching the end of the current Draft National AIDS Strategic Plan (NASP) 2007-2015. (Ministry of Health (3), 2007) Although never formally adopted, the NASP has been used to drive strategic initiatives and programme activities supported by the Ministry of Health and more recently, the United States of America's President's Emergency Plan for AIDS Relief (PEPFAR). The key priority areas remain aligned with the NHSSP 2010-2020:

1. Strategic Planning and Management that focuses on evidence-based decision making and accountability that is reliant on strategic information and research;
2. Prevention that focuses on maintaining healthy lifestyles;
3. Infrastructure and Human Resources that focus on sustainable services with a high quality of care and human resources that can support these services; and
4. Care, Treatment and Support Services that are patient-centred and integrated into primary care services for increased access.

The Bahamas is presently evaluating the current draft NASP. The process is scheduled for completion at the end of 2015, after which the planning phase for the next NASP 2015-2020 will commence.

Indicator Data Overview

	UNAIDS Indicators	2014 Report	2015 Report	Notes/Comments
Target 1: Reduce sexual transmission of HIV by 50% by 2015 (*General population)*				
1.1	Percentage of young people aged 15-24 who correctly ID ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Not Available	4.4%	
1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Not Available	29.3%	
1.3	Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	Not Available	21.7%	
1.4	Percentage of women and men aged 15 - 49 who had more than one partner in the past 12 months and who used a condom during their last sexual intercourse	Not Available	75.8%	
1.5	Percentage of women and men aged 15 - 49 who	Not Available	Not Available	

	UNAIDS Indicators	2014 Report	2015 Report	Notes/Comments
	received an HIV test in the past 12 months and know their results			
1.6	Percentage of young people aged 15 - 24 who are living with HIV	0.9%	1.1%	2013 Antenatal screening (15-24 year age group) in Primary Health Care Clinics
Target 1: Reduce sexual transmission of HIV by 50% by 2015 (*Sex Workers)*				
1.7	Percentage of sex workers reached with HIV prevention programmes	Not Available	Not Available	To date, no formal studies have been conducted on commercial sex workers in The Bahamas which inform the indicators of this report. There are legal barriers in place that pose problems in reaching this population.
1.8	Percentage of sex workers reporting the use of a condom with their most recent client	Not Available	Not Available	
1.9	Percentage of sex workers who received an HIV test in the past 12 months and know their results	Not Available	Not Available	
1.10	Percentage of sex workers who are living with HIV	Not Available	Not Available	
Target 1: Reduce sexual transmission of HIV by 50% by 2015 (*Men who have sex with men)*				
1.11	Percentage of men who have sex with men reached with HIV prevention programmes	Not Available	Not Available	

	UNAIDS Indicators	2014 Report	2015 Report	Notes/Comments
1.12	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Not Available	Not Available	
1.13	Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results	Not Available	Not Available	
1.14	Percentage of men who have sex with men who are living with HIV	Not Available	Not Available	
Target 2: Reduce the transmission of HIV among people who inject drugs by 50% by 2015				
2.1	Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programmes	Not Applicable	Not Applicable	Current surveillance data from NGOs and national drug treatment centers indicate that injection drug use in The Bahamas remains negligible
2.2	Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse	Not Applicable	Not Applicable	
2.3	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last	Not Applicable	Not Applicable	

	UNAIDS Indicators	2014 Report	2015 Report	Notes/Comments
	time they injected			
2.4	Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results	Not Applicable	Not Applicable	
2.5	Percentage of people who inject drugs who are living with HIV	Not Applicable	Not Applicable	
Target 3: Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths				
3.1	Percentage of HIV positive pregnant women who received antiretroviral medicine to reduce the risk of mother to child transmission	91%	100%	Data derived from ARV and PMTCT records from the National AIDS Centre
3.1a	Percentage of women living with HIV who are provided with antiretroviral medicines for themselves or their infants during the breastfeeding period	Not Relevant	Not Relevant	Replacement feeds are provided to all HIV+ mothers
3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	96%	100%	Data derived from PMTCT records from the National AIDS Centre

	UNAIDS Indicators	2014 Report	2015 Report	Notes/Comments
3.3a	Percentage of child HIV infections from HIV-positive women delivering in the past 12 months	2.9%	3.1%	This is not an estimate. Programme data is used to inform this indicator.
Target 4: Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015				
4.1	Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	29.9%*	31.8%	Data derived from National AIDS Centre Pharmacy records. ***Reflects change in calculation from previous reporting cycles**.
4.2	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	50.8%	59.3%	Data derived from National AIDS Centre Pharmacy records
Target 5: Reduce tuberculosis deaths in people living with HIV by 50% by 2015				
5.1	Number of HIV-positive incident TB cases that received treatment for both TB and HIV	5	8	Data derived from National Tuberculosis Programme records and ARV Register
Target 6: close the global AIDS resource gap by 2015 and reach annual global investment of US$22-24 billion in low- and middle-income countries				
6.1	Domestic and	Not	Not	

	UNAIDS Indicators	2014 Report	2015 Report	Notes/Comments
	international AIDS spending by categories and financing sources	available	available	
Target 7: Eliminating gender inequalities				
7.1	Proportion of ever-married or partnered women aged 15 - 49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	Not Available	Not Available	
Target 8: Eliminating stigma and discrimination				
8.1	Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV	Not Available	Not Available	
Target 9: Eliminate travel restrictions				
	Travel restriction data is collected directly by the Human Rights and Law Division at UNAIDS HQ, no reporting needed	Reported by UNAIDS	Reported by UNAIDS	
Target 10: Strengthening HIV integration				
10.1	Current school attendance among orphans and non-	Not Available	Not Available	

	UNAIDS Indicators	2014 Report	2015 Report	Notes/Comments
	orphans aged (10-14 years old, primary school age, secondary school age)			
10.2	Proportion of the poorest households who received external economic support in the last 3 months	Not Available	Not Available	

Overview of the AIDS Epidemic

The NAP has been monitoring the epidemic since 1983, when the first clinical case of AIDS was identified. Surveillance for HIV and AIDS began in 1985 with the advent of the Enzyme-linked Immunosorbent Assay (ELISA) test. Legislation was amended in 1989 to make AIDS a notifiable disease reported to the Department of Public Health. HIV surveillance data is obtained from specific surveillance activities such as targeted testing events, as well as testing antenatal clinic attendees, sexually transmitted infections clinic attendees, blood donors, persons accused upon remand to prison, and those entering treatment programmes for substance abuse.

The Bahamas had a cummulative total of 13,082 reported HIV infections reported between 1985 and 2013. Between 1985 and 2013, 6,974 (53%) of these cases were known to have progressed to AIDS, while 6,108 (47%) remained HIV (non-AIDS) cases. This proportion is also consistent in the 8,440 cases currently believed to be alive at the end of 2013. However death data is known to be incomplete for HIV/AIDS cases and therefore the number of persons living with HIV and/or AIDS in The Bahamas is believed to be lower than reported. Thirty-five (35) percent of persons (n=4,618) were known to have died of AIDS at the end of 2013.

In 2013, 328 persons were diagnosed with HIV. Of these persons, 107 were diagnosed with AIDS at the time of HIV diagnosis (n=77) or later on within the same year (n=30). Overall, there was a 4% decrease from 2004 (n=343). Over half (52%) of new infections reported in 2013 were among males. Persons aged 15-24 accounted for 16% of newly reported infections while persons aged 25-44 years made up 48% of cases. Seventy-eight percent of all newly diagnosed cases in 2013 reported The Bahamas as their country of origin, while 24% of newly reported infections were individuals of Haitian origin. Eighty-seven percent of persons diagnosed in 2013 resided in New Providence (n=258), followed by 11% from Grand Bahama (n=35) and 2% from other islands (n=8). The number of reported AIDS deaths decreased by 27% between 2004 (161 reported deaths) and 2013 (117 reported deaths).

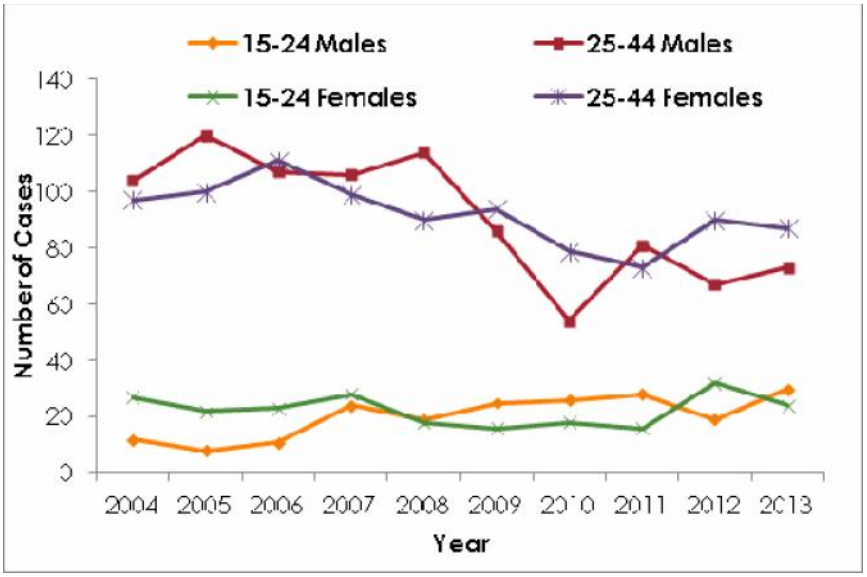

Figure 1: Newly diagnosed HIV infection by Gender and Age Group at Diagnosis, The Bahamas (2013)

In contrast to other age groups, persons 15-24 years old were the only demographic group who did not have an overall decrease in newly reported cases since 2004, but increased overall by 42% (90% for males and 10% for females). The overall median age at diagnosis (of HIV infection) was 37 in 2014.

HIV surveillance data is obtained from specific surveillance activities such as targeted testing events, in addition to testing antenatal clinic attendees, sexually transmitted

infections clinic attendees, blood donors, persons accused upon remand to prison, and those entering treatment programmes for substance abuse.

National Response to the AIDS Epidemic

Target 1: Reduce Sexual Transmission of HIV by 50% by 2015

Between 2004 and 2013, the number of newly reported HIV cases in The Bahamas decreased by 4% from 343 cases in 2003 to 328 cases in 2013. The Bahamas continues to work to reach the target of reducing new HIV infections by fifty percent through activities described previously in this report. Many of these public health activities include targeting persons whose behaviours put them at risk for infection. To ensure efficacy in this area, the Ministry of Health continues to seek ways to understand trends in sexual behaviour as well as knowledge, perceptions and attitudes about HIV/AIDS.

Persons between 15 and 24 are estimated to constitute around 17% of persons reported to be living with HIV/AIDS in The Bahamas. However, overall population rates for this age group may be difficult to accurately quantify. Based on these data, approximately 1.1% of young persons who attended public health clinics in The Bahamas in 2014 were HIV positive (Table 1). This estimate may be biased due to lack of reporting from 28% of DPH clinics. Refusal of HIV testing at delivery is very rare and may contribute to the accuracy of this proxy in the estimation of the percentage of 15-24 year olds infected with HIV in The Bahamas.

	Ages 15-19 Years	Ages 20-24 Years	Result*
HIV positive ANC females	6	17	23
Total ANC females screened	567	1,485	2,052
HIV Prevalence Rate	1.1%	1.1%	1.1%

Table 1: Percentage of antenatal clinic attendees 15-24 years old testing positive for HIV, 2014 (Indicator 1.6)

**Data are based on public health clinics reporting 2014 data only.*

The Bahamas has remained challenged in conducting population-based Knowledge, Attitudes, Practices and Belief (KAPB) surveys among all age groups due to the economic and human resource constraints. This report uses information regarding knowledge and attitudes obtained through the Global School Health Survey conducted in The Bahamas in 2013 as well as data from the Focus on Youth Programme; however it is only applicable to students aged 15-17 years.

Although the prevalence of HIV among young persons may be considered low, the number of newly diagnosed infections among 15-24 year olds increased by 42% between 2004 and 2013. These findings demonstrate that HIV should still be considered a problem among youth in The Bahamas. In addition to the threat of infection, knowledge of HIV transmission and risk behaviours among youth remain a concern. The Global School Health Survey conducted among government-school and private-school students in 2013 showed that 4% of teenagers aged 15-17 years were able to correctly answer all 5 questions given about HIV transmission (Table 2). In addition, 29% percent of students surveyed indicated that they had experienced sexual intercourse by age 15 (Table 3).

While challenges remain in HIV knowledge and age at sexual debut for 15-17 year olds in The Bahamas, other school data are more positive concerning condom use. According to data from the Focus on Youth Programme, 22% of 15-17 year old survey respondents reported having sex with more than one partner in the past 12 months. Of those reporting multiple partners within 12 months, 76% reported using condoms.

Question	Number Answering Correctly	Total Number of Respondents	Percentage Answering Correctly
Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has not other partners?	1,037	2,467	42%
Can a person reduce the risk of getting HIV by using a condom every time they have sex?	1,080	2,467	44%

Question	Number Answering Correctly	Total Number of Respondents	Percentage Answering Correctly
Can a healthy-looking person have HIV?	1,825	2,467	74%
Can a person get HIV from mosquito bites?	898	2,467	36%
Can a person get HIV from sharing food with someone who is infected?	1,148	2,467	47%
All Five Questions	**109**	**2,467**	**4%**

Table 2: Students responding correctly to questions on HIV transmission, Global School Health Survey, The Bahamas, 2013.

Question	Male	Female	Both
Youth who have had sexual intercourse before the age of 15	559	164	723
Total number of respondents	1,350	1,117	2,467
Percentage of youth who have had sexual intercourse before the age of 15	**41%**	**15%**	**29%**

Table 3: Number of students who reported engaging in sexual intercourse before the age of 15 by gender, Global School Health Survey, The Bahamas, 2013.

Policy and Programmatic Response to New HIV Diagnoses

Youth (15-24 years old)

A number of school-based programmes have been implemented by government agencies and NGOs to increase knowledge of HIV transmission and decrease risky sexual behaviours among youth. The Focus on Youth (FOY) HIV and AIDS education comprehensive life skills programme within the Ministry of Education's Health and Family Life Education (HFLE) curriculum was implemented in 1998. It involves the development, adaptation and evaluation of interventions targeting youth to prevent and reduce HIV risk behaviours. Focus on Youth was based on the US adolescent HIV prevention programmes, "Focus on Kids" and a parental monitoring programme "Informed Parents

and Children Together" (ImPACT), which had been effective in reducing adolescent risk behaviour. Focus on Kids and ImPACT are currently part of the Centers for Disease Control and Prevention's "Diffusion of Effective Behavioural Interventions (DEBI)" Portfolio.

The Ministry of Education, Science and Technology in collaboration with the Ministry of Health HIV/AIDS Programme, integrated Focus on Youth (FOY) into its Health and Family Life Education curriculum in 2012. The FOY-Bahamas sexual risk reduction curriculum is introduced to all sixth grade students within the public school system. It is an evidence-based methodology that emphasizes life skills training and includes the following:

- A decision-making model which supports consequential thinking and action.
- HIV knowledge and skills regarding sexual risk avoidance (including, abstinence, delaying sexual debut and condom use)
- Understanding Values and Risks (including risky sexual behaviours such as multiple partners and drug use)
- Skills Building in effective communication, listening and negotiation
- Understanding healthy relationships and recognizing Sexual Abuse and Sexual Harassment)

In addition to government-based sex education programmes, various NGOs such as The Bahamas Urban Youth Development Centre (BUYDC) and The Bahamas Crisis Centre also have programmes which reach students in schools and teach about self-esteem, communication, decision making and goal setting skills in addition to HIV prevention and education. The Society Against STIs and HIV (SASH) also has a general sex education course conducted outside of school settings which aim to reduce HIV transmission among young persons in addition to promoting job skills.

Youth Ambassadors for Positive Living

The Youth Ambassadors for Positive Living (YAPL) Caribbean Community (CARICOM) initiative is based on young people speaking to their peers on HIV and AIDS, drugs, child abuse, and teenage pregnancy. Their projects are geared toward sensitizing young

people towards sexuality and positive living. YAPL carry out their work in high schools and colleges, churches and community youth groups. YAPL assist in peer counselling youth training and discussion forums allowing them to educate while supporting their peers.

YAPL has now been integrated into the Prevention Education Unit of the HIV/AIDS Centre. Under the direction of the Centre, the YAPL spends approximately one week in each school in New Providence and also has outreach activities with schools in the Family Islands.

Bahamas Red Cross

The Bahamas Red Cross, funded through the American Red Cross, implemented the Caribbean HIV/AIDS Project (CHAP) in 2009. CHAP addressed HIV education amongst youth aged 16-29 through the work of youth peer educators who conducted outreach activities. The project also consisted of outreach activities targeted at youth in immigrant communities and select Family Islands. Another component of the programme involved Trusted Adult Youth Communication (TAYC) which was designed to encourage healthy communication about HIV and sexuality between youth and trusted adults in their lives. Although CHAP ended in 2014, the programme activities will be incorporated into the other programmes at The Bahamas Red Cross. Lastly, The Bahamas Red Cross also received a grant through World Learning to develop a youth-friendly website that provides safe, reliable and confidential information about HIV prevention, safer sex and sexual health. This website is called WatUsaying.com

Sex Workers (SW)

Commercial sex work is illegal in The Bahamas, and to date, no formal studies have been conducted by the Ministry of Health in this population. However, anecdotal data indicate that SW have access to HIV testing and prevention materials (barrier protection with both male and female condoms) through government-sponsored programmes. While The Bahamas continues to improve research on SWs, the country is still taking steps to reach this key population with HIV prevention, education and testing.

National AIDS Centre

The HIV/AIDS Centre, supported by The Bahamas PEPFAR Co Ag, currently conducts testing and educational outreach efforts targeted toward sex workers. The HIV/AIDS Centre also works in collaboration with The Bahamas Urban Youth Development Centre to provide testing for SW.

Bahamas Urban Youth Development Centre (BUYDC)

BUYDC, in collaboration with the National HIV/AIDS Centre has developed a formalized programme for HIV prevention for sex workers. The programme is designed to help FSWs develop condom negotiation and self-efficacy skills needed to negotiate condom use during every sexual encounter. One of BUYDC's goals is to make participants aware of the importance of consistent condom use; regular HIV testing and STI screenings; effective condom negotiation, budgeting and money management skills and job readiness skills. BUYDC offers condoms to sex workers and the general public free of charge at their educational workshops and at their headquarters. BUYDC has also published a Sex Worker's Guide which includes the information listed above and educates participants on their rights concerning incidents of sexual assault. The NAC works in collaboration with BUYDC to support testing and education of persons involved in sex work.

Men Who Have Sex with Men

National HIV/AIDS Centre

While data on HIV prevalence and new diagnoses among MSM in The Bahamas is currently lacking, anecdotal evidence suggests that HIV is a substantial issue in the MSM community. In response, many initiatives have been undertaken in The Bahamas to reduce the impact of HIV in the MSM community.

The HIV/AIDS Centre continues to make progress in establishing more formalized prevention activities among MSM in The Bahamas. The Ministry of Health, with the assistance of NASTAD, under the PEPFAR CoAg is currently conducting a bio-behavioural survey among men-who-have-sex-with-men (MSM). The aim of the study is to determine HIV prevalence among MSM in The Bahamas and also to identify

knowledge, belief and behaviour patterns which may contribute to HIV transmission in the country.

In addition to improving knowledge about sexual behaviour in the MSM community in The Bahamas, the NAC is also stepping up efforts to reach MSM with several HIV outreach testing and educational initiatives.

Non-Governmental Organizations

SASH Bahamas is an NGO that promotes sexual health in the LGBT community in The Bahamas. SASH Bahamas provides one-on-one counselling to persons on HIV and STIs and has expanded its sex education outreach goals to include general health, psycho-social well-being, behavioural change, human rights and advocacy. SASH Bahamas volunteers received training through the Many Men Many Voices (3MV) curriculum introduced to The Bahamas through the AIDS Foundation. SASH has also worked in collaboration with the NAC in HIV prevention education outreach activities during testing events and health fairs, and also has a condom distribution programme. In addition to efforts by SASH Bahamas to reach MSM with HIV-related resources, the AIDS Foundation has also developed "MSM-friendly" resources to assist with finding suitable locations to this population with adequate testing and health care.

General Population

National AIDS Programme Response

The HIV/AIDS Centre and the NAP remain strongly committed to prevention efforts. Improving access to prevention activities and community outreach programmes for hard-to-reach and marginalized populations continue to be a priority. In its commitment to reaching key populations, the Ministry of Health through the NAP has employed a Community Outreach Coordinator who has organized HIV/Sexually Transmitted Infection (STI) prevention activities for key populations in The Bahamas. The Community Outreach Coordinator has also developed working relationships with formal and informal community leaders and has collaborated with agencies outside of the Ministry of Health to conduct outreach activities. The Community Outreach Coordinator has worked closely with the HIV/AIDS Centre's Prevention Unit from 2012-2014 to develop, test and deploy prevention initiatives using a variety of mediums.

Non- MOH Organizations

NAC partnerships with community based organizations (CBO) such as the Urban Renewal Centres, The Bahamas Urban Youth Development Centre (BUYDC), SASH Bahamas and the AIDS Foundation have focused on bringing HIV prevention interventions and increased access to HIV testing and counselling (HTC) to the general population and key populations. In addition, partnerships with the Haitian Organization for the Prevention of HIV/AIDS and STDs (HOPHAS) and faith-based organization (FBO) such as Real Men Haitian Chapter from Bahamas Faith Ministries are working within the Creole-speaking communities. The Samaritan Ministries continues to provide counselling and support to persons living with or affected by HIV and AIDS.

HIV Testing and Counselling

The Ministry of Health has taken steps to scale up access to HIV testing for all persons living in The Bahamas. HIV testing is offered free of charge at the HIV Reference Laboratory at the NAC. In addition, the NAC conducts outreach testing for key populations including SW and MSM as outlined above. At the writing of this report, HIV testing was reported at 74 health care sites in The Bahamas, including 19 private clinics. While it is difficult to ascertain the total number of persons in The Bahamas receiving HIV testing in 2014, the NAC tested 8,271 individuals in 2014 through rapid testing performed at the HIV Reference Laboratory, outreach testing events, the Department of Corrections (formerly Her Majesty's Prison), and Department of Public Health clinics. There were 149 HIV positive persons found through rapid testing in 2014 (1.8%). There were no reported stock-outs of HIV rapid test kits in 2014.

Blood product screening

In The Bahamas, all blood products have been routinely screened, using quality assured techniques, since the availability of HIV antibody testing in 1985. This continues today as a standard of care in all three blood banks in The Bahamas (Princess Margaret Hospital (PMH), Rand Memorial, and Doctors' Hospital). PMH processes the largest volume of donated blood.

Post-exposure prophylaxis

Post-exposure prophylaxis (PEP) for occupational exposure to blood and other potentially infectious body fluids has been available in The Bahamas since the 1990's.

Originally provided in cooperation with the Infection Control Unit at the PMH, this responsibility was later shared with the HIV Centre. Current PEP protocols are available for victims of sexual assault seen in the emergency room or at a physician's office as well as for occupational injuries. The provision of post-exposure prophylaxis is currently coordinated through the HIV Centre for persons who are in settings other than the PMH and incorporates the use of triple drug therapy. Persons who require PEP are followed with routine monitoring and counselling and testing for HIV infection. The Bahamas Crisis Centre also assists victims of sexual assault with obtaining PEP.

Contact tracing and partner notification

The Bahamas was one of a few countries that treated HIV as a sexually transmitted infection in the 1980s, and performed contact tracing and follow-up for persons potentially exposed to the infection. A major factor in the capacity of the NAP to perform contact tracing is the outstanding work of the Public Health nurses and other trained staff in counselling, contact tracing, and maintaining client confidentiality. The NAP and the STI Programme staff work hard to earn the confidence and trust of clients through providing an environment of compassion and discretion. In this environment, all HIV-infected patients are encouraged to bring their sexual contacts in for education, STI screening and testing for HIV. The patient's privacy is given the highest priority. All HIV-infected clients who are unwilling or unable to communicate with past or current partners are assured by the surveillance counselling team that their identity will not be divulged. Only after informed consent is given are patients' contacts invited to come in for counselling.

Sexually Transmitted Infections Unit

There is one Sexually Transmitted Infections (STI) Unit located in Nassau. The STI clinic serves as a referral centre for individuals with known or suspected STIs and as a walk-in clinic for individuals presenting with complaints. Upon consent, patients are given a physical exam and comprehensive STI screening, which includes HIV. Appropriate treatment is then provided and patients are given a follow-up clinic appointment to return for their test results. All persons with positive HIV test results are referred to the appropriate PMH Infectious Diseases Clinic for follow-up and evaluation. Every effort is made to trace the contacts of infected clients and encourage them to get tested.

The STI Unit also participates in prevention education activities and community outreach events. Physicians give lectures in the community as part of overall HIV outreach efforts.

Target 2: Reduce Transmission of HIV among People who Inject Drugs by 50% by 2015

There is no evidence to suggest that injection drug use in The Bahamas is a major problem. To date, injection drug use has been rarely reported among HIV cases, and The Bahamas National Drug Council has not noted injection drug use among their drug-using populations. Early programme data did suggest that non-injecting drug (crack cocaine) use did play a role in the HIV epidemic as persons were engaging in high risk behaviours which included having sex with multiple partners (Ministry of Health, 2001) In the 1980's approximately 30% of persons with AIDS used cocaine. Recent data regarding the percentage of persons with AIDS who use cocaine is not available.

Target 3: Eliminate New HIV Infections among Children by 2015 and Substantially Reduce AIDS-Related Maternal Deaths

The Bahamas has instituted routine screening for HIV in all pregnant women for several years, in addition to providing ART free of charge to all HIV positive pregnant women through the NAC. Of the known 93 HIV positive women who were pregnant in 2014, 91 (98%) received ARVs during pregnancy. Forty-nine (53%) of these women were newly initiated on ART during pregnancy in 2014, while 43 (46%) were already on ART before their pregnancy in 2014. Of the 43 mothers who newly initiated treatment in 2014, 26 received maternal triple ARV prophylaxis. Two women (2%) received no antenatal care, but received IV AZT during labour and delivery (Table4).

	Newly Initiated on ART during current pregnancy	Already on ART before the current pregnancy	Maternal triple ARV prophylaxis	Maternal AZT *	Total
HIV Positive Pregnant Women on Treatment	49	43	26	2	93
HIV positive pregnant Women in 2014	93	93	93	93	93
Percentage of total HIV+ pregnant women in 2014	**53%**	**47%**	**28%**	**2%**	**100%**

Table 4: Percentage of HIV positive pregnant women who received ARTs to reduce the risk of mother-to-child-transmission, 2014 (Indicator 3.1)

**Prophylaxis component during pregnancy and delivery of WHO Option A*

The vast majority of pregnant women in The Bahamas are tested for HIV and receive HIV prophylaxis either during ANC or delivery. Despite these efforts, however, 2 of the 64 babies born to HIV positive pregnant women in 2014 tested positive for HIV, resulting in an MTCT rate of 3.1% (Table 5). Neither mother had received consistent antenatal care during pregnancy.

	Result
MTCT HIV infections (Programme data)	2
HIV positive mothers giving birth, 2014	64
HIV Mother-to-Child Transmission Rate	**3.1%**

Table 5: Percentage of child HIV infections from HIV-positive women delivering in the past 12 months, 2014 (Indicator 3.3a)

Policy and Programmatic Response to MTCT

National HIV/AIDS Centre

Although the majority of pregnant women in The Bahamas receive PMTCT interventions, mother-to-child transmission was observed over the past decade, primarily among women who were not enrolled in the PMTCT programme or did not access antenatal care. Between 2000 and 2014, 39 perinatal transmissions occurred among infants whose mothers were not on treatment (an average of 2.6 per year), while 8 occurred among infants whose mothers accessed treatment.

Commencement of triple ARV therapy is recommended to all HIV positive women at the end of the first trimester or as soon as possible thereafter. Intravenous zidovudine (AZT) is given to all HIV infected mothers during labour and delivery in hospital. All HIV-exposed infants are given a six-week course of oral AZT as part of the PMTCT programme. In addition, all HIV infected pregnant women are counselled about the risks of breastfeeding and are provided as needed with replacement feeds for their infants. At each clinic visit the mothers are asked about their feeding practices and reminded about not breastfeeding. The mothers also receive ART adherence counselling at each clinic visit and at each home visit. Defaulters in the PMTCT programme have decreased substantially in the previous five years (from 30 down to 10 or fewer between 2005 and 2014). In addition to referring all HIV-infected pregnant women to the PMH or RMH clinics for monitoring and care, attempts are also made to trace all defaulting pregnant women to provide them with additional counselling and support to improve adherence. These attempts include phone calls, home visits and checks with community clinics. However, some women cite fear of stigma and discrimination as a reason for not going for ANC follow-up.

When possible, defaulters are contacted by members of the National HIV/AIDS Centre to reinforce the importance of the programme and to bring them back to participatory status. However, there are still challenges with women presenting to the hospital in labour with no ANC. These women are given intravenous AZT and tested for HIV at that time and their babies are followed as potentially "at risk" for HIV.

The Bahamas has seen an historical reduction in maternal deaths with the introduction of the policy that promoted delivery of all infants in a health care institution under the supervision of a trained health care professional. This policy, when combined with the national policy to provide lifesaving drugs to all HIV-infected persons eligible for ART has decreased the number of HIV-associated maternal deaths to negligible levels. The Bahamas now only sees sporadic cases of HIV-related maternal deaths as indicated in the table below.

Year	Number of HIV-Maternal Deaths Among HIV-Positive Women
2008	0
2009	2
2010	0
2011	0
2012	0
2013	0
2014	0

Table 6: HIV-Maternal Deaths, The Bahamas 2008-2014

After discharge from hospital, the postnatal home service team visits mothers and infants at home. HIV-exposed infants are followed-up in the HIV/AIDS Paediatric Clinic for evaluation and HIV testing. Follow-up testing within 2 months of birth with HIV DNA PCR was carried on all known live births to HIV positive women in 2014 (Table 3).

	Result
Number of Infants receiving DNA-PCR Tests	64
Number of Women giving birth	64
% Infants receiving DNA-PCR Tests	**100%**

Table 7: Infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth, 2014 (Indicator 3.2)

No children were born infected with HIV when the HIV infected mothers received and adhered to appropriate PMTCT ARV treatment in 2014.

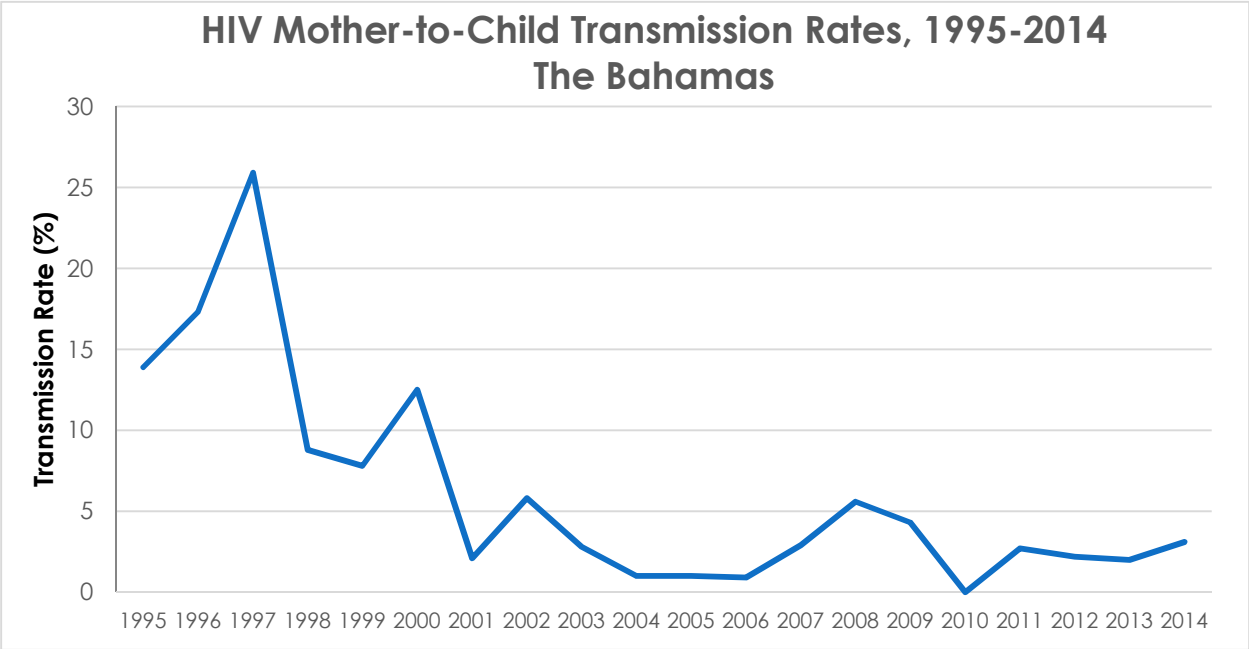

Figure 2: HIV Mother-to-Child Transmission Rates, 1995-2014, The Bahamas

ART is provided free of charge to all HIV positive pregnant women in The Bahamas. This policy has contributed to decreased rates of mother-to-child transmission, as evidenced in the graph below (Figure 3).

Due to the relatively small number of HIV positive pregnant women in The Bahamas, the NAC can monitor HIV positive ANC clients easily during pregnancy, post-delivery and post-partum periods and consequently increase adherence to the PMTCT interventions.

Role of NGOs in PMTCT

Various agencies outside of the MOH also contribute to reducing MTCT among HIV positive pregnant women by referring them to the NAC for treatment and care. For example, the AIDS Foundation established a support group for HIV positive pregnant teenagers in 2013 to assist individuals with pregnancy-related needs such as food and clothing provision. The Foundation also created a Know Your Status (KYS) campaign, targeted toward women of childbearing age. Lastly, the Foundation also refers pregnant non-compliant women to the HIV centre for treatment and care. BASHRA is another organization that offers services which include HIV testing, contraception, education and antenatal care. BASHRA also refers all HIV positive pregnant women for treatment and care at the NAC.

Target 4: Reach 15 Million People Living with HIV with Lifesaving Antiretroviral Treatment by 2015

At the end of 2014, 58% of persons eligible for ART (n=2,212) were estimated to be on treatment. This number also corresponds to 32% of all persons living with HIV at the end of 2014. Spectrum results indicate that there were 128 children living with HIV in The Bahamas at the end of 2014. However, HIV surveillance data indicate that 90 children were living with HIV in The Bahamas at the end of 2014. Therefore, treatment coverage among HIV positive children under age 15 is estimated to be between 41% and 58%.

	Cases on ARVs*	Estimated number of persons eligible for ARVs‡	% eligible persons on ARVs	Estimated number of adults and children living with HIV‡	% HIV infected on ARVs overall
Male	1,098	1,835	60%	3,598	31%
Female	1,114	1,989	57%	3,351	33%
Unknown Gender	0	--		0	--
Under 15	53	128	41%	128	42%
15 and older	1,799	3,689	49%	6,823	26%
Unknown Age	360	--		--	--
Total	**2,212**	**3,834**	**58%**	**6,949**	**32%**

Table 8: Percentage of eligible adults and children currently receiving ARV therapy at the end of 2014 (Indicator4.1)

*Source: *National HIV Centre Pharmacy Data, 2014, ‡Spectrum Estimate*

Overall, the majority (59%) of persons initiating treatment in 2013 were still considered to be on treatment a year after starting (Table 7). The establishment of the pharmacy database in the NAC in 2012 to document ART dispensing and drug management has improved the capacity of the Progamme to monitor the dispensing of ARVs and data on adherence.

	Number on Treatment after 12 months	Number Initiating Treatment	Percentage Result
Male	18	28	64%
Female	17	31	55%
Under 15	0	1	0
15 and older	35	58	60%
Pregnant	2	2	100
Breastfeeding	0	0	--
Total	**35**	**59**	**59%**

Table 9: Percentage of adults and children with HIV starting treatment in 2014 and completing at least 12 months of ARV therapy (Indicator 4.2)

Source: National HIV Centre Pharmacy Data, 2013 and 2014

The challenges to providing universal access to ART include insufficient human resources and infrastructure to adequately provide care and follow-up, fear of stigma and discrimination, lack of knowledge among HIV-infected people on the need for consistent treatment, and difficulty in tracing members of immigrant and migrating populations who default on treatment.

Policy and Programmatic Response for Access to Treatment

National HIV/AIDS Centre

To increase longevity and quality of life among HIV patients, the NAP placed access to ARV therapy as a major priority beginning in 2002. The Government of Bahamas committed to providing antiretroviral therapy (ART) to all eligible HIV-infected persons in the country, regardless of immigration status, at no cost to them. The Clinton Foundation was instrumental in negotiating lower prices and a secure supply of required medications to implement universal access to ART among PLHIV.

In addition to making ART accessible to all eligible PLHIV through its own pharmacy, the NAC also distributes ART to various medical facilities to accommodate clients who are unable or unwilling to travel to the NAC facility for treatment. Decentralization of HIV services, including treatment distribution to private facilities, Grand Bahama Health Services and DPH clinics, has enabled clients to access treatment from 42 sites in The Bahamas with the intention of improving medication adherence.

Although the NAC did not experience any drug stock outs since 2012, the NAC strives to ensure that alternatives are ordered if supplies are diminishing at the Centre and abroad. All attempts are made to ensure a 9-month supply at the NAC pharmacy.

The Bahamas has adopted regional guidelines and protocols for prescribing ART to antenatal, paediatric and adult clients, including protocols for TB co-infections. At this time, The Bahamas recommends ARV therapy for persons with CD4 counts less than 350, as well as for all HIV-infected children less than 12 months of age. The NAP is currently considering Treatment 2.0 and intends to implement Treatment 2.0 nation-wide in the near future, particularly for persons over the age of 50 and those who demonstrate commitment to treatment. Administration of treatment without regard to CD4 count is currently practiced and promoted in some private health care facilities and some HIV positive women of childbearing age are currently committed to lifelong treatment (Option B+).

Princess Margaret Hospital Outpatient Clinics

The adult, antenatal, and paediatric infectious diseases follow-up clinics at the Princess Margaret Hospital (PMH) run concurrently in the outpatient department once weekly, providing a full range of medical, nursing, ancillary, and support services for clients. The clinics are staffed by consultants (an infectious diseases specialist and a paediatrician), medical house officers, public health nurses, a social worker, visiting nutritionist and community volunteers from the Samaritan Ministries.

De-centralization of HIV and AIDS Comprehensive Care

Decentralization of HIV services into the primary health care clinics continues to progress slowly. The expansion of counselling and testing services has continued with training of health care workers in Provider-Initiated Testing and Counselling and Rapid HIV Testing methodology across the archipelago. The initial decentralization training conducted between 2010 and 2011 for health care workers, primarily nurses and physicians resulted in small, but increasing numbers of clients receiving treatment, care and support for their HIV disease in primary care clinics. Historically, most HIV and/or AIDS patients sought care through the government facilities unbeknownst to clinic health care providers. Recently, these persons are allowing disclosure of their HIV status and are accessing HIV management at their home clinics. It is anticipated that with

patients seeking decentralized care, there will be greater harmony in the coordination of care of the entire patient with his complete list of health concerns, while decreasing the burden of visits for the individual patient.

The number of sites providing the HIV Rapid Test methodology also continues to increase slowly. This provides access to HIV care and testing at strategic locations throughout The Bahamas, including health fairs and community outreach events in non-traditional settings. During 2013, the NAP continued to identify community outreach locations that increased access to HIV prevention activities, including prevention messaging and HIV testing for persons who do not usually seek health care.

Non-Governmental Organizations

Outside of the Ministry of Health and the Department of Public Health, a number of agencies and organizations contribute to increased access to treatment for PLHIV. NGOs such as the AIDS Foundation, BUYDC and SASH Bahamas all refer HIV positive persons to the NAC for treatment and care. In addition, the AIDS Foundation has also been instrumental in purchasing 3rd line medication for some PLHIV in need. Lastly, The Bahamas National Network for Positive Living (BNN+) offers education on HIV treatment and care to persons newly diagnosed with HIV and their families to promote medication adherence.

Target 5: Reduce Tuberculosis Deaths in People Living with HIV by 50% by 2015

The National HIV/AIDS Programme works closely with the National Tuberculosis Programme (NTP). The prevalence of TB in The Bahamas increased modestly in the years 1997 to 2000 before dropping in 2005. In 2014, the percentage of individuals co-infected with HIV and TB remain at less than 50%.

The activities of the NTP include investigations of reported cases, screening of potential contacts, oversight of care and treatment of confirmed and suspected patients at PMH, and coordination of follow-up care in the community including provision of directly observed therapy (DOT) . All patients newly diagnosed with HIV infection are screened for TB and vice versa. It is the standard of care to administer combination

antiretroviral therapy to all persons co-infected with HIV and TB. All suspected cases of active TB are hospitalized on the Infectious Diseases ward at PMH or the Rand Memorial Hospital for additional laboratory investigation and treatment. Clients on both TB and ARV medications receive DOT for the duration of the TB treatment to ensure compliance with both classes of medication.

In 2014, 14 TB patients were found to be co-infected with HIV. Among co-infected cases, four patients diagnosed with TB and HIV expired. Two patients who were diagnosed with TB and HIV disease departed the country shortly after diagnosis. Of the remaining patients diagnosed with TB, five (50%) received TB treatment and ARV therapy during that year (Table 5). The number of TB/HIV co-infected cases has declined since 2006, when 32 co-infected cases were reported. However, the percentage of co-infected cases has remained relatively constant.

	HIV/TB Cases on ARV Treatment	All HIV/TB Cases[2]	%
Male	5	5	100%
Female	1	3	33%
Under 15	0	0	--
15 and older	6	8	75%
Total	**6**	**8**	75%

Table 10: Percentage of HIV-positive incident TB cases that received treatment for both TB and HIV, 2014 (Indicator 5.1)

The NTP continues to be challenged by migrants who travel to their country of birth during the course of their treatment which may result in interruption of therapy for TB as well as for HIV and by illegal migrants who are diagnosed and repatriated at the beginning of their course of treatment. The NTP continues to explore mechanisms to improve transfer of patients between the two countries which will result in more favourable outcomes.

[2] Data were cross-referenced from the TB patient registers with the HIV and AIDS ARV patient registers. This denominator is an actual rather than an estimated number. Due to the health seeking behaviours of the population, persons with ill health seek medical attention. In addition, persons with HIV and TB who do not seek medical attention are more likely to succumb to their illness and would be identified and captured in this manner.

The need to prevent TB disease in persons with HIV in the first instance is crucial to decreasing deaths from TB-HIV co-infection. The NAP and the TB Control Programme are working together to increase the number of persons screened for TB infection and the number with TB infection who complete a course of preventive therapy to reduce the possibility for TB infection.

Target 7: Eliminating Gender Inequalities

The Government has made attempts through Policy and advocacy to protect persons against HIV, specifically through the revision of the Sexual Offenses and Domestic Violence Act of 1991. The Bahamas has also taken on the sensitive issue of domestic violence, although much remains to be done. In 2008, The Bahamas enacted the Domestic violence (Protections Orders) Act which allows a person to apply for a Protection Order against someone who has threatened domestic violence or attempted domestic violence against them. The newly drafted National Policy for Gender Equality provides a framework for guidelines, strategies and objectives designed to positively impact both women and men and promote social justice and equity, facilitate respect and tolerance between women and men and transform structures of inequalities.

NGO Response to Gender-Based Violence

The Bahamas Crisis Centre

The Bahamas Crisis Centre is a non-profit organization that serves persons experiencing domestic violence. The Crisis Centre provides one-on-one counselling for victims of rape and other sexual assault, physical, verbal and psychological abuse. The Crisis Centre recognizes that women who are in abusive situations are often scared to negotiate safe sex, and are therefore prone to contracting sexually transmitted infections including HIV. In that light, the Crisis Centre provides assistance for expediting applications for protection orders for women experiencing domestic violence.

In addition to providing services directly to victims of gender-based violence (GBV), the Crisis Centre staff members and volunteers often give presentations and conduct

workshops on GBV. The Centre has also created televised public service announcements a short film to promote awareness of domestic abuse. Also, the organization has been integral in advocating for improvement in legislation addressing gender-based discrimination and abuse.

Other Organizations

Other NGOs addressing GBV include BUYDC and BASHRA, both of which refer persons experiencing GBV to the Crisis Centre for assistance. BUYDC also educates female sex workers on their legal rights and includes GBV awareness in its curriculum. BASHRA refers its clients to the Crisis Centre if domestic violence is reported during the clinic visit.

Target 6: Close the Global AIDS Resource Gap by 2015 and Reach Annual Global Investment of US$22-24 Billion in Low- and Middle-Income Countries

Funding for HIV/AIDS initiatives in The Bahamas is primarily received from the Government of The Bahamas. Other agencies which provide support for specific initiatives include local, regional and international partners such as the AIDS Foundation of The Bahamas, the National Institutes of Health (NIH) (Focus on Youth Programme via Wayne State University), UNAIDS, Caribbean Regional Public Health Agency (CARPHA), PEPFAR (through the CDC CoAg) and United States Agency for International Development (USAID), as well as the United States (US) Embassy and the US Department of Defence

The Government's budget for HIV/AIDS care is integrated into line items within the overall Ministry of Health's budget as well as that of the Public Hospitals Authority. At present it is not possible to fully identify the total HIV/ AIDS spending by the categories required by UNAIDS for completion of Indicator 6 of the UNAIDS Report.

The current commitment of the Bahamian Government along with the contributions of new private sector and non-governmental donors has proven fundamental the advancement of the NAP. Funding that is sustainable remains a challenge across the health sector, and the HIV/AIDS program is no exception.

Target 8: Eliminating Stigma and Discrimination

The Bahamas has been a leader in advocacy for persons infected and affected by HIV/AIDS. Public policy advocacy has been undertaken by agencies and organizations such as the National AIDS Programme, The Bahamas AIDS Foundation, and the Samaritan Ministries. Through their networks, these organizations work to increase awareness of issues of stigma and discrimination and promote access to treatment and care. However, stigma and discrimination remain significant barriers to the participation of persons living with HIV and AIDS (PLWHA) in public advocacy efforts.

While The Bahamas has strong legislative and policy protections against discrimination in many sectors, there are still gaps, such as protections based on sexual orientation or preference. Fear of stigma, retribution and further discrimination prevent many PLWHA from pursuing redress to discriminatory actions, even when protected by law or policy. Recent qualitative research conducted by Brown, Bailey and Tureski (2012) found that stigma and discrimination were present with respect to persons living with HIV and AIDS, as well as for persons from most-at-risk populations (MARP) such as men-who-have-sex-with-men (MSM) and sex workers (SW). (Brown A., 2012) These were evidenced by gossip, jokes about persons' HIV status, and negative comments as reported by health facility staff and social service organizations staff who participated in the study.

The Bahamas remains challenged by stigma and discrimination, particularly with MSM, as this is not socially accepted within the wider community. This is further fueled by a conservative religious community. Sex work (prostitution) is illegal in The Bahamas, which also increases stigma and discrimination associated with this population.

Response to Stigma and Discrimination

As previously mentioned, many organizations in The Bahamas provide education on HIV and AIDS. Some notable examples of stigma reduction efforts in The Bahamas are through BNN+ and The Bahamas Red Cross. As mentioned previously, BNN+ seeks to reduce stigma toward HIV positive persons by providing education and counselling to families of new HIV cases. BNN+ also works to offer support and encouragement to newly diagnosed HIV positive persons who face stigmatization. The Bahamas Red Cross

also developed an anti-stigma and discrimination training for nurses, teachers, Faith-Based Organizations and peer educators.

Target 9: Eliminate Travel Restrictions

There are no travel restrictions in The Bahamas for persons living with HIV.

Target 10: Strengthening HIV Integration

School attendance among orphans and non-orphans aged 10-14 years

The Bahamas promotes education amongst all residents and has a strong history of school attendance since the Government made school attendance mandatory for all Bahamians between the ages of 5 and 16 years in 1962. The overall attendance rate at schools has been reported in previous renditions of the United Nations Millennium Development Goals Report where it should be noted that attendance rates are greater than 90% in primary schools. While this does not reflect the difference in attendance between orphans and non-orphans, it does argue that school attendance in general is high. Discussions continue with the Ministry of Education to identify data collection methods to capture the data for further analysis and reporting.

Proportion of the poorest households who received external economic support in the last 3 months

The Bahamas does not have current data to inform the proportion of persons in the lowest quintile who are receiving some form of economic support. The Department of Statistics performs semi-annual economic and labour surveys. Discussions between the Department and the Ministry of Health have been initiated and are expected to provide a method for data capture using existing survey processes in the Department.

Best Practices

In The Bahamas capacity building exercises have improved knowledge and increased the ability to provide treatment, care and support. Exercises in HIV Rapid Testing training and deployment of rapid testing to appropriate sites have increased access to timely identification of new HIV cases and allowed improved referral for treatment and care.

However, the country is not without challenges that impede progress toward reaching targets and goals. The following summary describes key lessons learned in the past and highlights best practices that have become successes of the programme in the face of serious financial, human and infrastructural constraints.

Political Leadership and Commitment

The political will and commitment of The Government of The Bahamas has been steadfast through successive administrations and has contributed to the success of the National AIDS Programme (NAP). Despite economic challenges, the Government has continued its commitment to fund the NAP through successive political administrations. Effective leadership has been demonstrated in the mobilization of all stakeholders in the national HIV/AIDS response.

Best Practice: The Bahamas HIV/AIDS Program has shown that it can be effective in engaging and securing the support of the Government through education on the impact of HIV and AIDS

Mobilization of Financial and Human Resources

The ability to execute and sustain a strategy depends on the timely mobilization of financial and human resources. Once the costs of a response initiative have been identified, it is critical to immediately begin efforts to secure financing to address any gaps. Also, it is important to consider the impact of the strategy on human resources and the effort and time required to recruit, contract and train healthcare professionals and programme managers. This process should begin as soon as possible, as delays in acquiring personnel will lead to delays in achieving scale-up goals. The Ministry of Health has successfully transitioned positions initially financed through the PEPFAR CoAg into more permanent positions within the Ministry. This has resulted in continued sustainability and capacity building through knowledge transfer.

Best Practice: The Bahamas has demonstrated the importance of considering the time and effort required to recruit, contract and train human resources, and the need to initiate the process to secure position sustainability as soon as possible to prevent loss of human capacity.

Additional Benefits

Additional benefits are derived for the entire healthcare system through the process of planning and developing initiatives for HIV/AIDS. In The Bahamas, the process of strengthening HIV and AIDS care occurred in tandem with a review of the healthcare system and services at the national level. The planning for de-centralization of HIV and AIDS care has been the driver for the re-structuring and capacity building of primary care. The tools, processes and methodologies used for HIV and AIDS planning, and the lessons learned have been applied to other areas of the healthcare system. Additionally, strengthening human resources and infrastructure for extending access to comprehensive HIV/AIDS care has had a positive impact on parts of the health system. This has been particularly evident in the HIV Reference Laboratory, where building capacity for PCR technology and genotyping will provide access to this technology in other disciplines, e.g., oncology. This has also resulted in the attainment of Laboratory Certification by the College of American Pathologists in 2013, demonstrating a level of achievement in quality that will benefit the entire health system.

Best Practice: The Ministry of Health has taken the opportunity to share knowledge, tools, processes and methodologies with other sectors of the healthcare system while strengthening HIV and AIDS services. All healthcare leaders have used the HIV and AIDS initiative to review and improve other aspects of the healthcare sector.

Major Challenges and Remedial Actions

The Bahamas has faced significant challenges in its response to HIV and AIDS, including financial, human and infrastructure constraints, as well as programmatic implementation issues.

Key challenges and constraints	Key programmatic actions necessary	Policy and enabling environments necessary to stay on track with achievements	Recommendations to ensure the implementation of suggested changes
Minors are unable to access care without the permission of a parent or guardian, including birth control and HIV testing	Implementation of Gilleck Competence as a standard of competence for health care decisions	Develop Health Policy for Minors that includes Gilleck Competence	Strengthen capacity of MOH to take leadership/stewardship role in implementation of changes
Systems issues, including vertical components within the health system, confinement of application of HIV testing methodology to clinicians.	Approval of Rapid HIV Testing Methodology for non-blood specimens; Improve advocacy and public service announcements	Update Health Act/Health Rules	Integration of PMTCT into primary health care system which highlights integration of ARV into ANC programme
Underreporting of domestic and sexual violence	Finalize National Policy for Gender Equity	Develop interventions for gender equity and empowerment	Approval by Cabinet & Parliament of National Policy for Gender Equity; Strengthen Focus on Youth Programme
Continued need for education and training of health professionals; Training and capacity building to include partner agencies and governmental agencies	Development of Human Resource Development (HRD) Plan with clear targets	Review of annual Work Plans linked to Annual Budget	Identification of all necessary HRD components with associated HRD Plan for Implementation
Need to align model of care between health system partners (MOH/DPH/PHA and private sector)	Identify gaps in information systems and databases Continue plans to acquire an integrated information system	Alignment of all health services & health information systems under a single umbrella	National Health Insurance Plan for sustainability
Improve M&E implementation across programmes	Finalize M&E Plan	Introduction of data for decision-making (DFDM) within all programmes	Improved M&E across programmes with clear data flow plan for collection & review by key partners & stakeholders

Support from the Country's Development Partners

President's Emergency Plan for AIDS Relief (PEPFAR)

The Ministry of Health has been in a partnership with PEPFAR through a cooperative agreement (CoAg) with the Centers for Disease Control and Prevention Caribbean Regional Office (CDC CRO) since 2011. Upon the completion of its fourth year, the CoAg has provided funding and technical support to the NAP in the areas of Prevention, Care and Treatment, Strategic Information, and Health Systems Strengthening. The CoAg, among its accomplishments, has provided necessary assistance to increase capacity in data management in the National HIV Centre as well as the MOH which contributed to improved programmatic response for patient management.

PEPFAR seeks to improve the health of women, infants and children through strengthening national programs and thereby contributing to the improvement of sustainability of quality health care provision.

Monitoring and Evaluation Environment

HIV and AIDS monitoring and evaluation (M&E) activities were traditionally coordinated through the HIV/AIDS Centre in cooperation with the National Health Information and Research Unit (NHIRU) in the Ministry of Health. While the HIV/AIDS Centre and NHIRU maintained a data store of indicators collected largely through HIV surveillance and HIV-related surveys, creating and sustaining a formal framework for M&E had been a challenge due to a lack of staff dedicated to M&E. These indicators were used for an evidence-based approach to develop strategies and planning programmes. M&E activities among the various units of the Centre were supported by epidemiological and statistical expertise and resources from the NHIRU. Since 2011, through the MOH/CDC CRO CoAg, the Ministry now has an Epidemiologist and a Monitoring and Evaluation Specialist working with the National HIV/AIDS Centre to assist with

surveillance, M&E and other strategic information activities. The presence of these two professionals has increased capacity within the Ministry for characterizing the HIV epidemic, monitoring and evaluating the national response, and training staff throughout the health system in surveillance and M&E techniques – with the goal of further improving the use of evidence-based decision-making for programmatic response.

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