

National HIV and AIDS Response Programme
Ministry of Health

Global AIDS Report

Progress of HIV Response in Dominica

NHARP

2014

21 Hanover Street, Roseau Dominica

Commonwealth of Dominica Global AIDS Progress Report 2014



For the period January 2012 to December 2013

Prepared by The National HIV and AIDS Response Secretariat in collaboration with Key Stakeholders

Table of Contents

Acknowledgements.....	3
Acronyms	4
List of Figures and Tables.....	5
Status at a Glance	6
Testing and Counselling Services	8
Prevention of Mother to Child Transmission.....	10
Treatment Care and Support	11
Monitoring and Evaluation	12
Outreach	13
Policy Environment	15
Funding Support for HIV and AIDS Programmes	16
Challenges	18

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 - Clemencia Boyer – Fouche La Vie
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Your continued support has made The Response truly multi sectorial.

Thank you so much.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CHAA	Caribbean HIV and AIDS Alliance
COAG	Centre for Disease Control Cooperative Agreement
HAART	Highly Active Antiretroviral treatment
HIU	Health Information Unit
HIV	Human Immuno-deficiency Virus
HPP	Health Policy Project
HSS	Health Systems Strengthening
IDC	Infectious Disease Clinic
IEC	Information Education Communication
MSM	Men who have sex with men
NHA	National Health Accounts
NGO	Non-Governmental Organisations
NHARP	National HIV and AIDS Response Programme
OECS	Organisation of Eastern Caribbean States
OECS/HAPU	Organisation of the Eastern Caribbean States HIV and AIDS Project Unit
PAHO	Pan American Health Organisation
PANCAP	Pan Caribbean Partnership
PMTCT	Prevention of Mother to Child Transmission
PITC	Provider Initiated Testing and Counselling
STI	Sexually Transmitted Infection
SI	Strategic Information
SW	Sex Workers
VCT	Voluntary Counselling and Testing

List of Figures and Tables

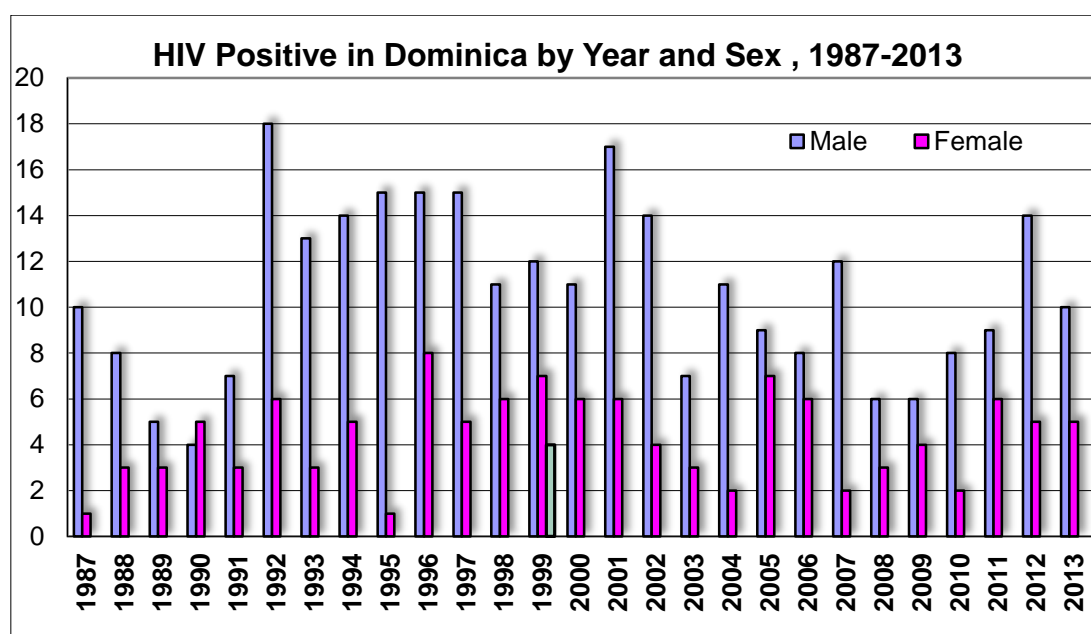
Figure 1: HIV Positives by Sex and Year	6
Figure 2: Cumulative Distribution of HIV by Age Group	6
Figure 3: Flow of Funds to Providers of HIV.....	16
Figure 4: Sources of Funds for HIV.....	16
Figure 5: Services Purchased with all HIV Funds.....	17
Table 1: Regional Testing Day 2013	9
Table 2: Treatment Line among Active Clients	11
Table 3: Clinical Staging of Clients	11
Table 4: Sex Workers and MSM reached through outreach with CHAA, March 2012 to September 2013	13

Status at a Glance

Dominica reported its first case of HIV and AIDS in 1987. Since then, the country has had an average of 17 new cases over the last two years. The cumulative figure up to the end of 2013 stood at 410.

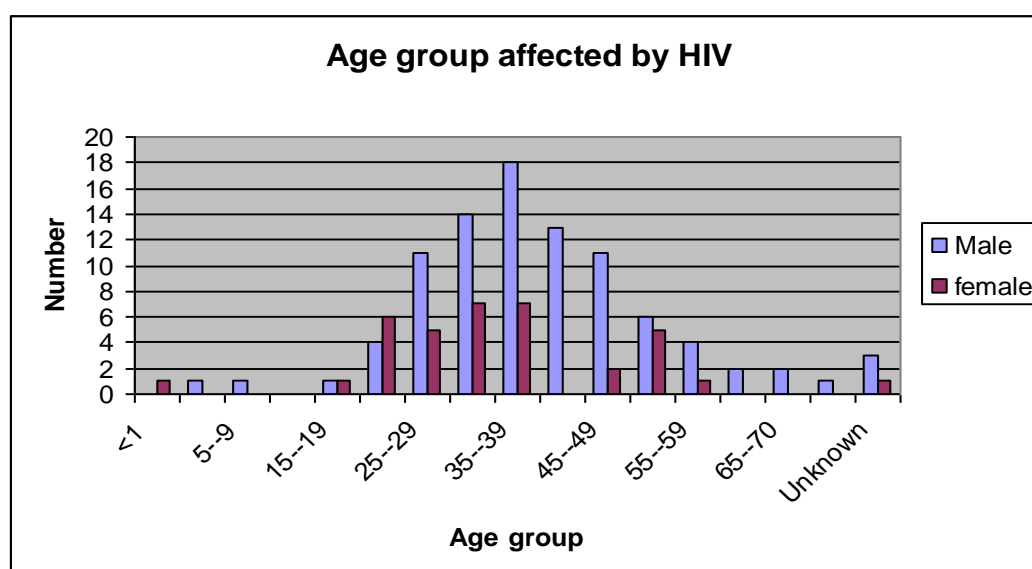
The pandemic remains a male dominated one with just over 70% of the cumulative figure being males. Although the 25 to 49 age group continues to be the most affected population, over the last two years the incidence trends indicate a higher rate of infection among the over 50 age group for both males and females. During the reporting period there were thirty-four (34) laboratory confirmed HIV Positive cases. Of this total, 25 were males and 9 were females. This indicates that the 3:1 male to female ratio which has been the trend over the last 20 years of the epidemic is the same.

Figure 1: HIV Positives by Sex and Year



Source: Health Information Unit

Figure 2: Cumulative Distribution of HIV by Age Group



The number of deaths continues to decline since 2004. During the reporting period (2012 – 2013), there were seven certified HIV-related deaths bringing the cumulative figure to 150.

Of the seven certified HIV-related deaths, five presented late for enrolment into the treatment and care program. The National HIV and AIDS Response Programme (NHARP) continues in its effort to bring newly diagnosed cases into care at the earliest time possible. It is anticipated that with the enhancement of HIV case-based surveillance system the necessary data will become more readily available to conduct case investigations especially for those clients who may be lost to the system.

Testing and Counselling Services

During the period under review, the HIV Testing and Counselling Programme continued to be scaled up in order to make the services more accessible to the general population. Rapid testing sites were set up in two (2) additional health districts and one Non-government Organisation, thus making HIV testing services available in all type three health centres in all seven health districts as well as in the private sector. Of note, is the establishment of a testing site on the Maternity Unit of the Princess Margaret Hospital to capture those mothers who present for delivery without HIV test results from the Antenatal Clinic.

Launch of Rapid Testing Site in the Castle Bruce Health District



A total of 2922 clients were tested using laboratory-based testing for HIV from January 2013 to December 2013. Due to the number of persons accessing testing and counselling services it appears that increasingly, persons would like to know their HIV status and are actually seeking the services available in their health districts. The total number of 3,686 people accessed rapid testing services throughout the country for the period January 2012 to December 2013. Of this total, 58.3% or 1,375 were females while 960 were males. The NHARP continues to see more females accessing testing and counselling services for HIV. This trend could be attributed to the aggressive testing and counselling program within the antenatal program.

The NHARP also continued to partner with the Caribbean HIV and AIDS Alliance (CHAA) and other non-governmental organisations to conduct testing campaigns for key populations, namely men who have sex with men and Sex Workers.

The National HIV and AIDS Response Programme (NHARP) continues to play a leading role by ensuring that the testing and counselling services meet the required international quality standards. In this regard, a total of one hundred and twenty-nine persons were trained by certified trainers between 2012 and 2013 in Voluntary Counselling and Testing (VCT), Provider Initiated Testing and Counselling (PITC) and HIV Rapid Testing techniques. Additionally, testing and counselling training has been extended to the Faculty of Health Sciences within the Dominica State College for students and staff.

Testing and Counselling continues to be expanded to include faculty of Health Sciences, Dominica State College, Faith Based Organizations, Pharmacists and NGOs.



The NHARP conducted Testing and Counselling for the general population as part of the PANCAP/ Bank of Nova Scotia Regional Testing Day initiative. Of the 482 persons who were tested, there were no positive cases. For this activity it was reported that this testing initiative was conducted island wide. See Table 1 for the distribution among sex.

Table 1: Regional Testing Day 2013

Age Group	Gender	Status		Gender	Status		No. of Clients Tested
	Male	Positive Cases	Negative Cases	Female	Positive Cases	Negative Cases	
15-19	23		23	30		30	53
20-24	35		35	45		45	80
25-29	24		24	45		45	69
30-34	28		28	30		30	58
35-39	23		23	30		30	53
40-44	22		22	37		37	59
45-49	17		17	20		20	37
50+	37		37	36		36	73
TOTAL	209		209	273		273	482

Prevention of Mother to Child Transmission

The Prevention of Mother to Child Transmission (PMTCT) Program has been the National response's greatest achievement since the inception of the National HIV and AIDS Program. Since the introduction of the treatment and care program and the provision of antiretroviral treatment (at no cost to the client), there has been no reported sero conversions among HIV exposed infants.

According to the Health Information Unit (HIU) there were nine hundred and 25 (925) live births at the Princess Margaret Hospital and 12 Still births making a total of 937 births for 2013. During the reporting period, there were three (3) exposed infants. All the exposed infants were subjected to early infant diagnosis procedures which is accessed at the Lady Meade Reference Lab in Barbados. To date, two negative results have been confirmed with one result still pending.

In the public sector 707 pregnancies were detected but the actual number who continued in care was actually 634 as some persons seek private care after detection. The number of women having the first HIV test done was 607. This reflects a 96% acceptance rate for HIV testing among pregnant women. There has also been improvement in the area of the second test for HIV (257) among that population as in previous years there were limited documented second tests.

Treatment Care and Support

The Treatment and care program is guided by the OECS HIV/STI Treatment and Care Guidelines which was updated in 2013. Recently, the management of HIV positive persons have been updated to include Treatment 2.0 and Option B+ for the PMTC Program.

At the end of December 2013 there were 86 patients enrolled in care at the IDC, 74 of which are active patients in care with forty-four (27 males and 17 females) on Highly Active Antiretroviral Treatment (HAART). All the patients on treatment are over 15 years. In 2013, there was only 1 reported case of TB Co infection. This person was treated according to the approved treatment guidelines.

Ninety-one (91%) percent or forty those on treatment are on first line.

Table 2: Treatment Line among Active Clients

Treatment Regimen	Total
First Line	40
Second Line	4
Total	44

Source: Patient Monitoring System

Table 3: Clinical Staging of Clients

Clinical Stage	Total
Stage 1	21
Stage 2	18
Stage 3	22
Stage 4	9
Missing Staging	16
Total	86

Source: Patient Monitoring System (PM1.3)

Laboratory monitoring to support clinical management are provided both in country (CD4) Princess Margaret Hospital and (Viral Load) by the Lady Meade Reference Laboratory in Barbados. Financial support for these services are provided by developmental partners and the Government of Dominica.

The Princess Margaret Laboratory reports that 119 CD4s and 101 Vial Loads were performed for clients attending the IDC.

Nutritional support for clients in need are provided by the NHARP supported by the Government of Dominica, the Business Community and Civil Society.

CHAA, Kiwanis Club, National Youth Council and Guiyave Restaurant support the Food Bank.



Monitoring and Evaluation

Monitoring and Evaluation (M&E) remains a challenge with the absence of a dedicated officer for M&E services.

This being the case, other areas are being upgraded and improved to support M&E efforts. One of this is the improvement of case-based surveillance for HIV, STIs and TB.

Case-based Surveillance has been upgraded with support from the PANCAP Global Fund Round 9 Grant through the Organisation of the Eastern Caribbean States HIV and AIDS Project Unit (OECS HAPU). The Manual and case reporting form have been revised through a consultative process with Health Care Providers.

National Epidemiologist, Dr. Paul Ricketts, addressing participants at Workshop to Update Case-based Surveillance Manual.



During the period under review, a study among health care workers to determine levels of stigma among all categories was conducted. The findings of which are being used to provide training on stigma and discrimination. The NHARP is awaiting local Ethics Approval to conduct a sero prevalence and behavioural study on Sex workers. The research with Sex Workers is expected to be completed by October 2014.

Outreach

Community outreach makes prevention information accessible to the general population especially those in remote areas. Outreach is usually conducted in collaboration with other partners which enables maximization of limited resources.

CHAA has made it possible with their support to reach hard to reach populations such as MSM and sex workers. During the reporting period the numbers reached increased from the previous years.

In Collaboration with the Caribbean HIV and AIDS Alliance (CHAA) a whistle stop dubbed “Riding to Zero” was conducted in the south and east of the country during World AIDS Day activities 2013.



Table 4: Sex Workers and MSM reached through outreach with CHAA, March 2012 to September 2013

CATEGORY	SEX WORKER	MSM
NEW	236	299
REPEAT	188	407

Prevention education is also provided to schools, Faith based Organizations and community groups on a continuous basis as required.

National Youth Council, Youth Advocacy Movement, Kiwanis Club and the Caribbean HIV and AIDS Alliance in an Outreach activities targeting key populations



Policy Environment

There has been progress in creating an enabling environment to address HIV and AIDS related human rights issues. An assessment of the Law, Ethics and Human Rights as they relate to HIV and AIDS, the Dominica Employers Federation Workplace Policy, Dominica Association of Teachers Policy to address HIV and AIDS, the Ministry of Education Sector Policy on HIV, AIDS, STIs, and other Life Threatening Illnesses as well as the Public Sector Workplace Policy.

During the period under review, The National HIV and AIDS Response Programme in collaboration with other Key Stakeholders and with support provided by Health Policy Project (HPP) through USAID saw the development of National Policy to address HIV and AIDS issues in the country.

This Policy supports and encourages the need for an effective HIV Response which underpins the provision of basic human rights for all. The protection of human rights is essential to safeguard human dignity in the context of HIV and to ensure an effective, rights-based response to HIV. The expectation is that the Policy will be submitted to cabinet for approval.

Permanent Secretary Ministry of Health, Mrs. Helen Royer, and Mr. Ken Morrison addressing stakeholders at a consultation to inform National Policy.



Funding Support for HIV and AIDS Programmes

The Ministry of Health with support from USAID/PEPFAR conducted a National Health Accounts (NHA) exercise in Dominica. The figures below represent the HIV Subaccounts findings. The government of Dominica contributes most of the funds (56%) for HIV services. The majority of those funds (59%) go to population-based prevention services; HIV Testing and counselling services (66%) is the service where most of the funds are used followed by IEC (15%).

The country is also supported by a CDC Cooperative Agreement (COAG) of US 200,000. This COAG includes 110,000 for Strategic Information (SI), 50,000 for Laboratory support, and 40,000 for Health Systems Strengthening (HSS).

There is also support from the Pan American Health Organization (PAHO) through the PAHO BWP.

The figures below provide a snap shot of the distribution of funds for HIV Services.

Figure 4: Flow of Funds to Providers of HIV

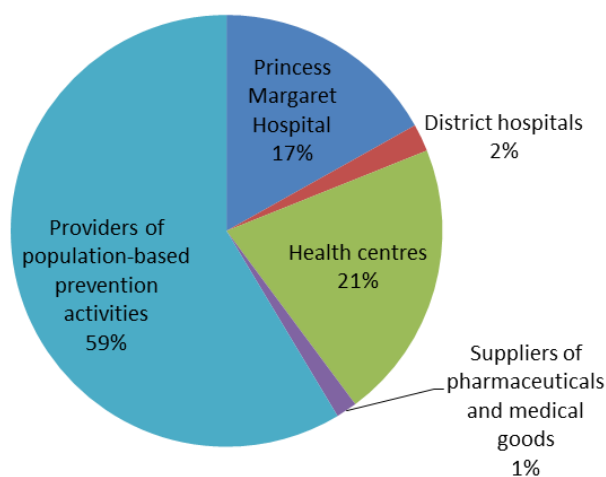


Figure 3: Sources of Funds for HIV

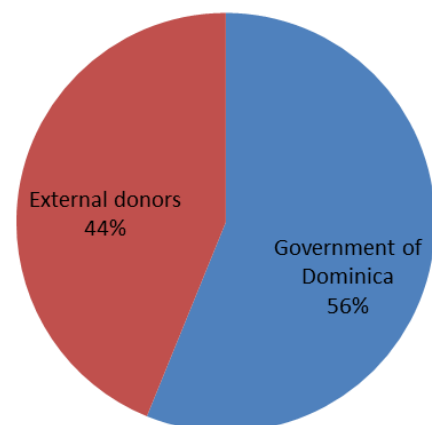
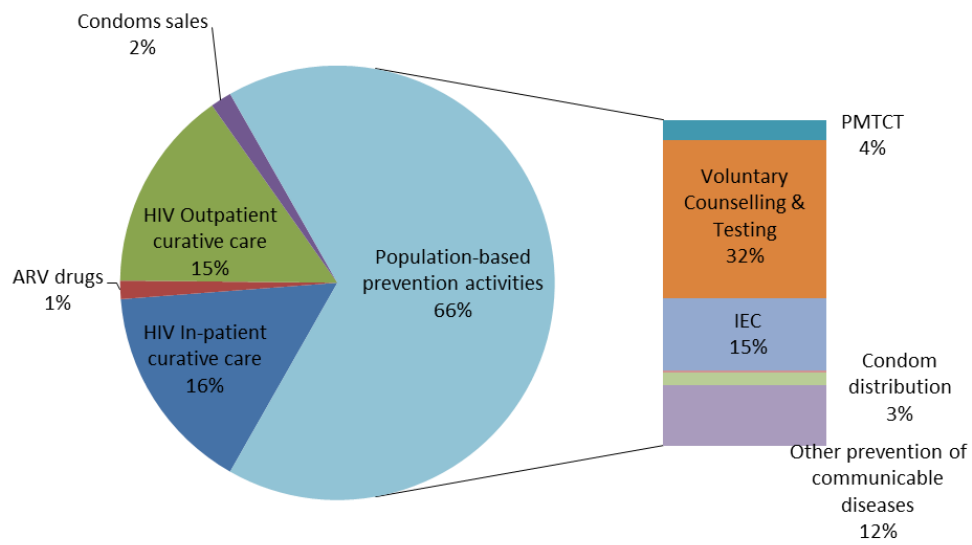


Figure 5: Services Purchased with all HIV Funds



Challenges

The National HIV and AIDS Response Programme continues to put the necessary machinery in place for a sustained response. Despite this effort there remains key challenges which need to be addressed:

- The integration of treatment care and support remains the greatest challenge alongside stigma and discrimination across sectors.
 - The process is ongoing to prepare clinicians and other health care providers for the decentralization of the provision of ARVs.
- Stigma and discrimination at all levels
 - A study on stigma and discrimination was conducted among health care providers at all levels. The findings are being used to provide training which is hoped to minimize stigma towards key populations accessing services.
- Human resource at coordination level remains a challenge but there has been some improvement with the addition of two new staff to support social services, Health Education and Programming.

As the response continues its programming efforts, strategic planning is key to this process. The present strategic plan requires review, as well as the development of a new plan for the next five year period. The necessary technical support and financial support for this process is critical during the upcoming year.

The small committed NHARP staff with the many stakeholders across sectors as well as the Ministry of Health administrative team will continue to advocate for the necessary resources to address HIV and AIDS issues thereby minimizing the negative impact of this pandemic on the country.