

Country progress report - Antigua and Barbuda

Global AIDS Monitoring 2019



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- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

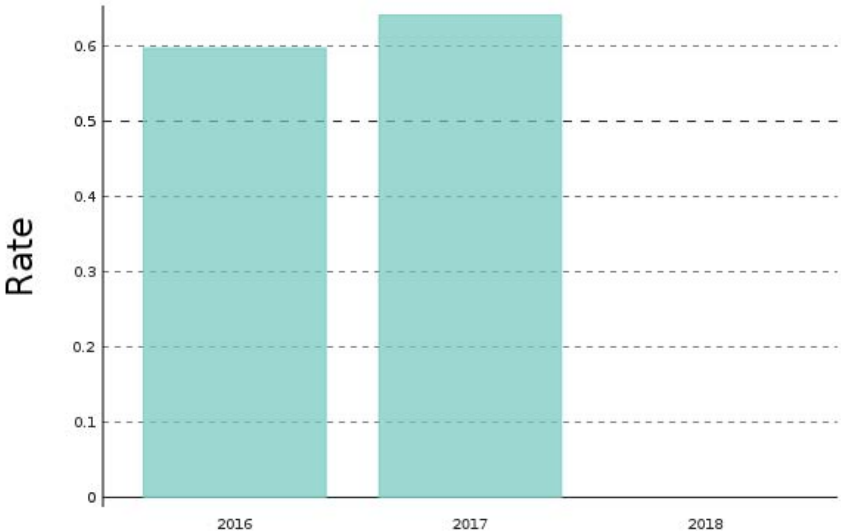
Progress summary

Antigua and Barbuda through its various stakeholders and Government Ministries continues to endeavour toward meeting the 90/90/90 targets set by UNAIDS and adopted by the Organisation of the Eastern Caribbean States (OECS) moving toward reaching the Sustainable Development Goals. The process to decentralise HIV care and treatment into Primary Health care continues in an effort to help the country augment the HIV intervention with strengthening of the prevention initiatives.

In addition to routine HIV-related activities, a number of Cross-cutting measures have been taken to increase the intensity of the HIV response in the country. The interventions included activities that were carried out to mitigate the transmission of HIV through Community Mobilisation and partnership between government and non-governmental Organisations as well as a wide cross-section of individuals and agencies, inclusive of community service organisations reaching key populations with HIV prevention services. This narrative therefore shows some of the innovative measures that have been used to ensure that HIV-related services reach key population as well as people in the general population that may be at risk of contracting HIV with HIV prevention knowledge and skills and other relevant services.

3.1 HIV incidence rate per 1000, Antigua and Barbuda (2016-2018)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population



1.7 AIDS mortality per 100.000, Antigua and Barbuda (2016-2018)

Total number of people who have died from AIDS-related causes per 100 000 population



HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

ARVs are available in the country, free of charge and are only accessible at the Mount St. John Medical Centre Pharmacy. Antigua & Barbuda has commenced the Treat ALL Initiative and is working assiduously with Key Civil Society Organizations to ensure the achievement of the 90 90 90 targets. This partnership is critical and building the capacity of CSOs in the Clinical Management of PLHIV with emphasis on Adherence in addition to providing safe spaces for confidential HIV testing of key populations remains a priority as their role in not only reaching Key populations and initiate them into care but sustainability of their efforts to ensure retention in Care of persons within their scope of influence and scaling up of HIV testing.

Policy questions (2018)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

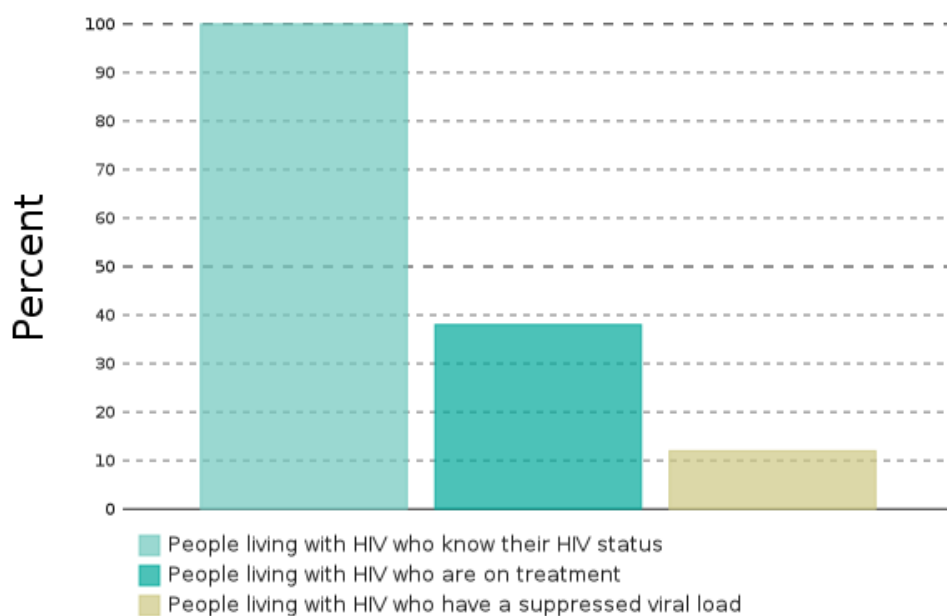
a) For adults and adolescents

Yes, fully implemented

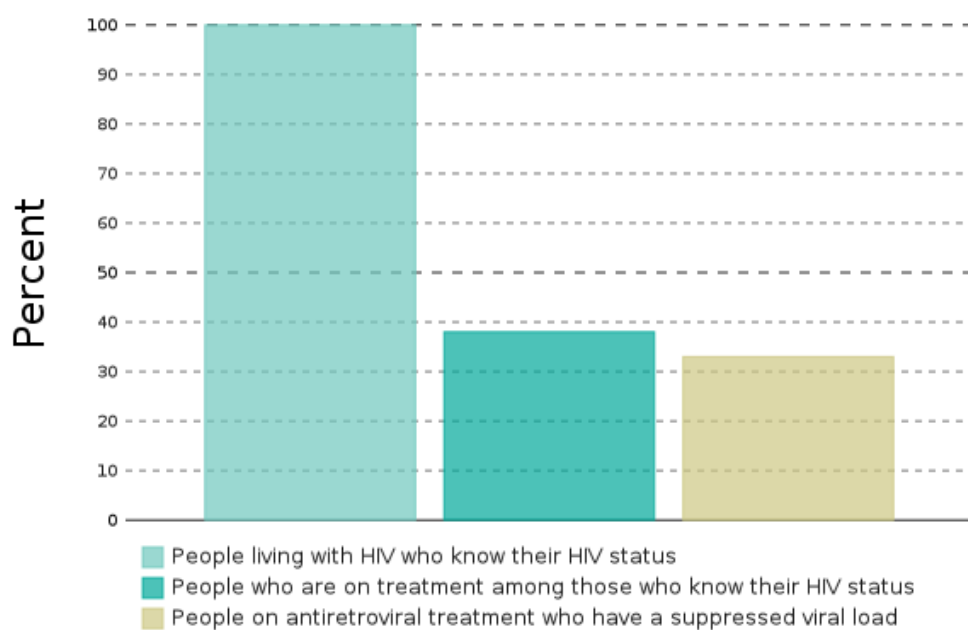
b) For children

Yes, fully implemented

HIV testing and treatment cascade, Antigua and Barbuda (2018)

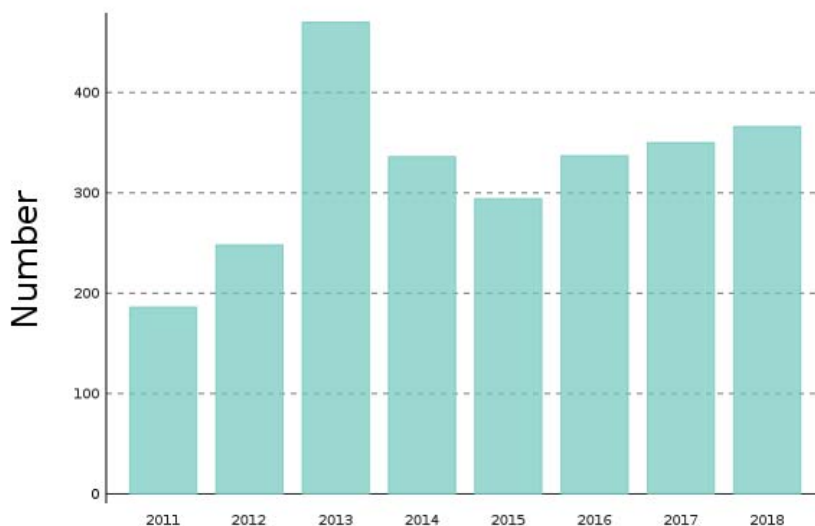


Progress towards 90-90-90 target, Antigua and Barbuda (2018)



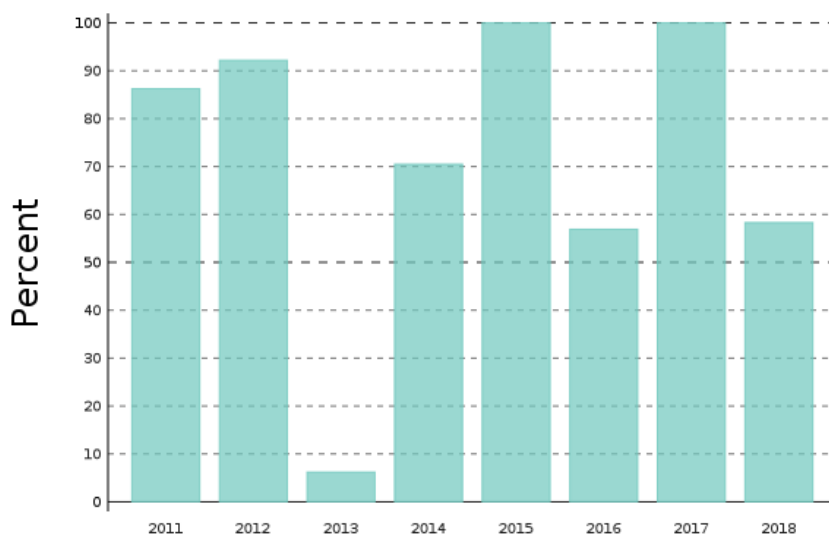
1.2 People living with HIV on antiretroviral therapy, Antigua and Barbuda (2011-2018)

Number of people on antiretroviral therapy at the end of the reporting period



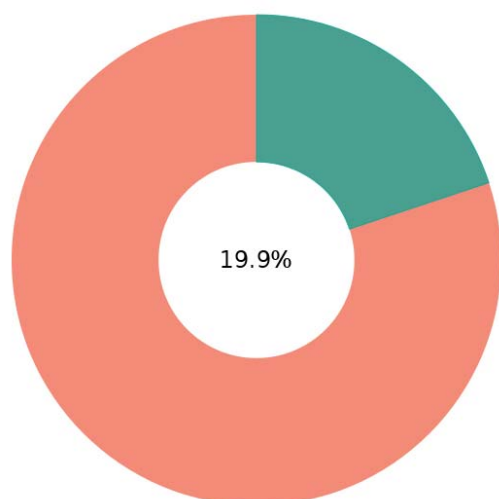
1.3 Retention on antiretroviral therapy at 12 months, Antigua and Barbuda (2011-2018)

Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting



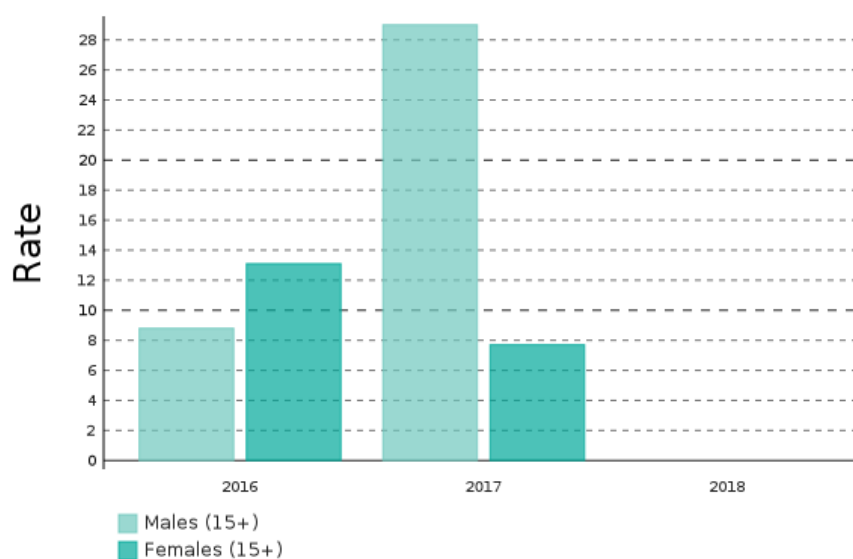
1.5 Late HIV diagnosis, Antigua and Barbuda (2018)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm³ during the reporting period



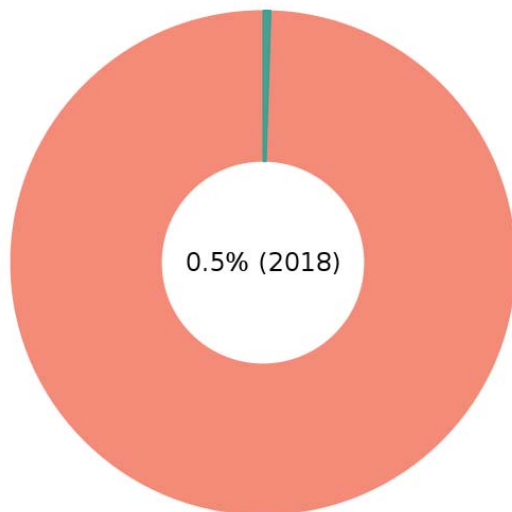
1.7 AIDS mortality rate per 100 000, Antigua and Barbuda (2016-2018)

Total number of people who have died from AIDS-related causes per 100 000 population



1.8 HIV testing volume and positivity, Antigua and Barbuda

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 8 121

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

Antigua and Barbuda continues to ensure that all pregnant women are offered an HIV test, free of charge during their pregnancy with the emphasis on 1st trimester or initial visit and repeat testing in the 3rd Trimester. All pregnant mothers tested positive for HIV are treated following the National HIV and AIDS care, Treatment and Prevention Guidelines (Option B+).

ALL HIV diagnosed and exposed babies are monitored at the Medical Outpatient Paediatric Clinic and treated according to the National HIV and AIDS Care, Treatment and Prevention Guidelines, free of charge. All children diagnosed with HIV attend the Medical Outpatient Paediatric HIV Clinic and are monitored and treated until the age of 18yrs, while All exposed babies are monitored until they are cleared (Negative ELIZA by 24mths).

The Government of Antigua & Barbuda continues to provide Free Formula for all exposed and confirmed cases for a period of 6 months with possibility for continuation of supply due to economic situation. This program is closely monitored by the EMTCT Coordinator. In order to meet this Commitment a partnership was established and sustained between the Maternal and Child Health Nurses and the EMTCT Coordinator.

Policy questions (2018)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: 0.03; 2017

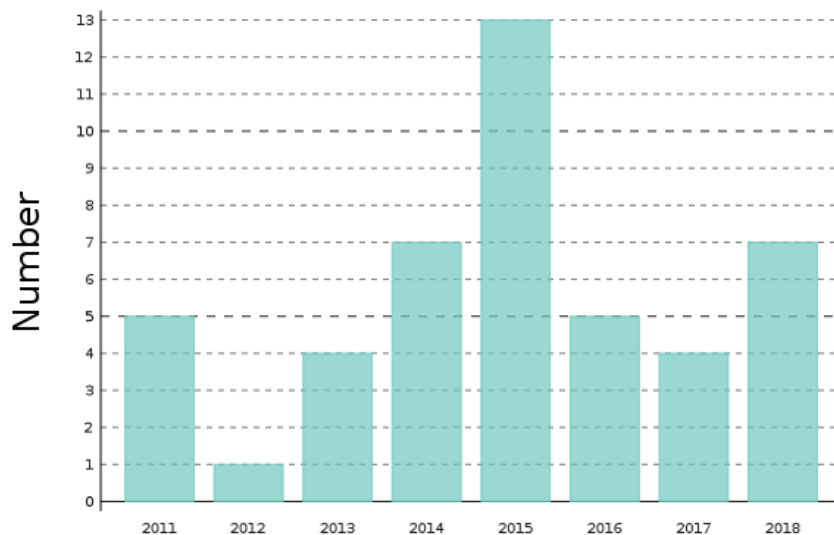
Elimination target(s) (such as the number of cases/population) and year: -

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age; -

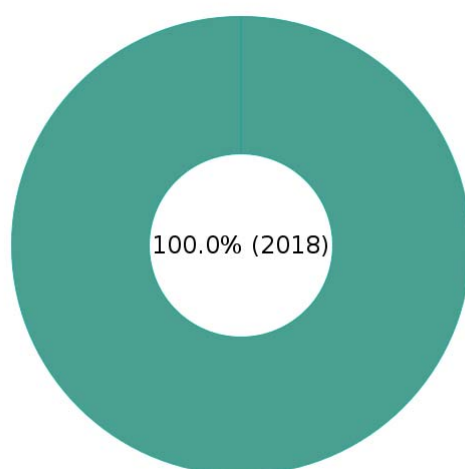
2.1 Early infant diagnosis, Antigua and Barbuda (2011-2018)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



2.1 Early infant diagnosis, Antigua and Barbuda (2017-2018)

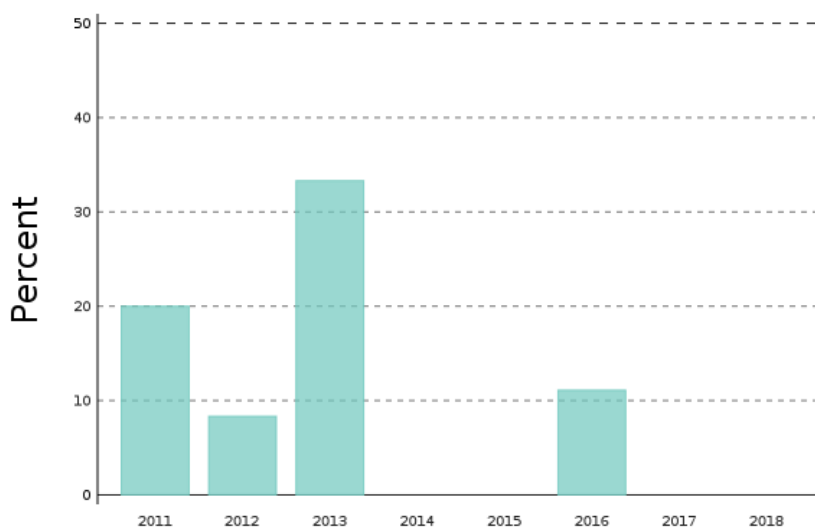
Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



↑ 66.6% (2017)

2.2 Mother-to-child transmission of HIV, Antigua and Barbuda (2011-2018)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



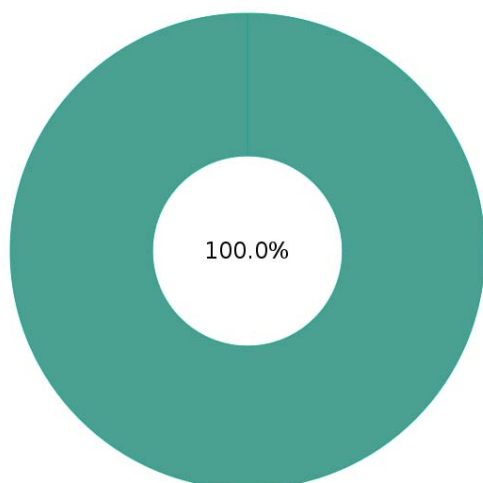
2.3 Preventing mother-to-child transmission of HIV, Antigua and Barbuda (2011-2018)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



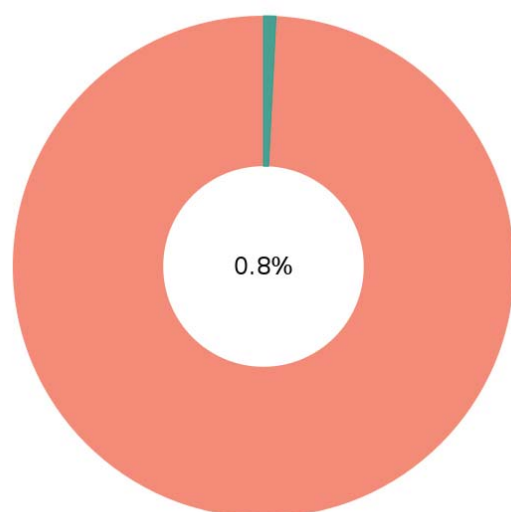
2.4 Syphilis among pregnant women, Antigua and Barbuda (2018)

Percentage of pregnant women tested for syphilis



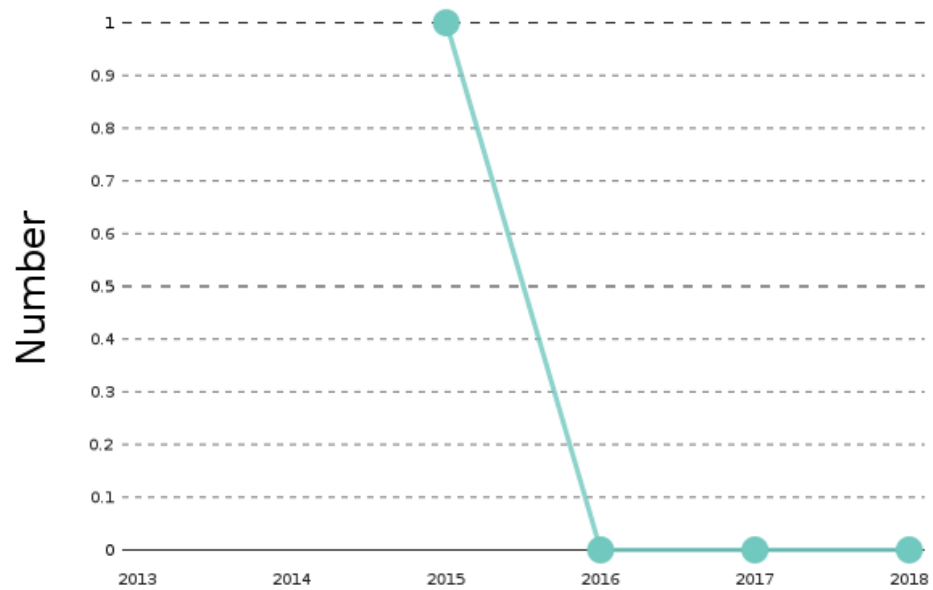
2.4 Syphilis among pregnant women, Antigua and Barbuda (2018)

Percentage of pregnant women tested positive for syphilis



2.5 Congenital syphilis rate (live births and stillbirth), Antigua and Barbuda (2013-2018)

Percentage of reported congenital syphilis cases (live births and stillbirth)



HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

Post exposure prophylaxis, male and female condoms and others HIV prevention commodities are offered to the general public, inclusive of key population, free of charge. There is an increasing effort to ensure Key population are reached partnerships and collaboration with civil society. Strategic interventions geared towards target populations are executed by Civil Society Organizations with support by the National AIDS Secretariat. These targeted interventions roll out at community levels have proven to be impactful and include persons from key population in their prevention team from design to execution.

Policy questions: Key populations (2018)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling sexual services is criminalized, Buying sexual services is criminalized, Ancillary activities associated with buying sexual services are criminalized

Men who have sex with men

No specific legislation

Is drug use or possession for personal use an offence in your country?

No

Legal protections for key populations

Transgender people

Constitutional prohibition of discrimination based on sex, Constitutional prohibition of discrimination based on gender diversity, Constitutional prohibition of discrimination based on any grounds, Prohibitions of discrimination in employment based on gender diversity

Sex workers

-

Men who have sex with men

Constitutional prohibition of discrimination based on sex, Constitutional prohibition of discrimination based on any grounds, Other non-discrimination provisions specifying sexual orientation

People who inject drugs

No

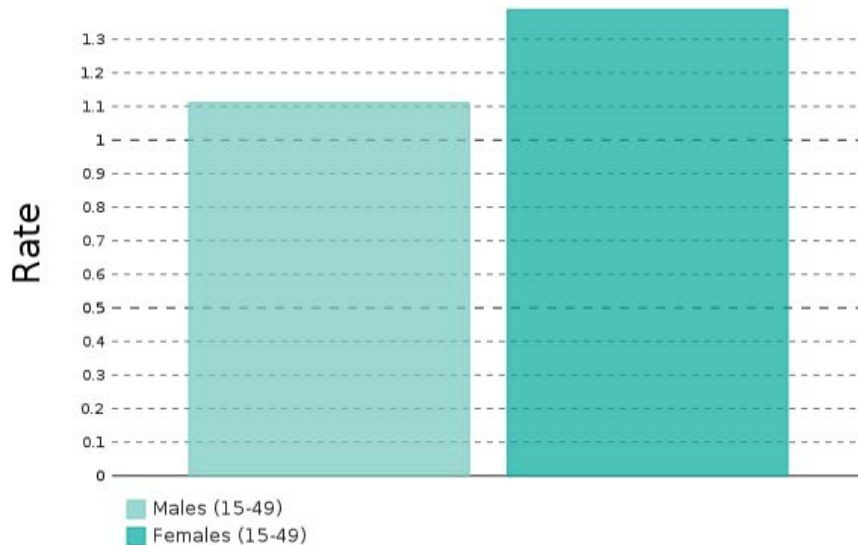
Policy questions: PrEP (2018)

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

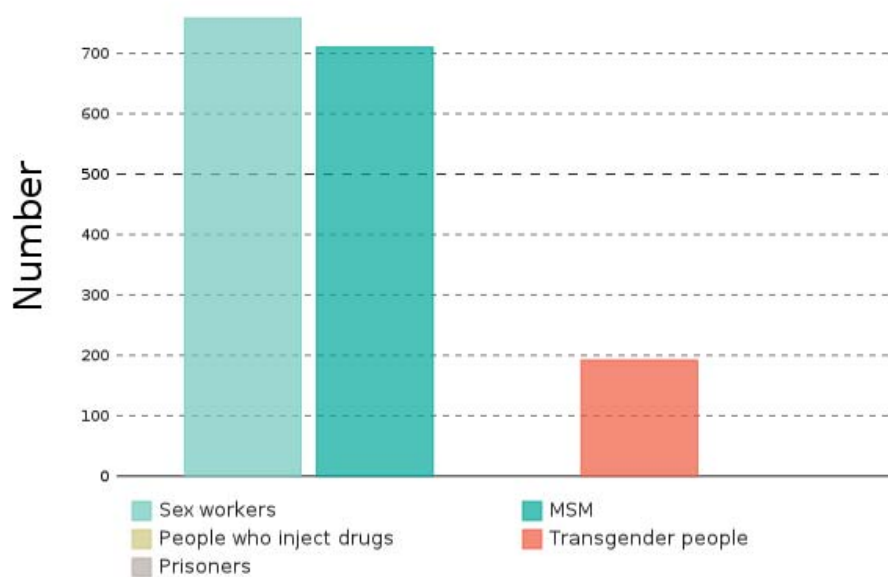
No, guidelines have not been developed

3.1 HIV incidence rate per 1000, Antigua and Barbuda (2018)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population



3.2 Estimates of the size of key populations, Antigua and Barbuda



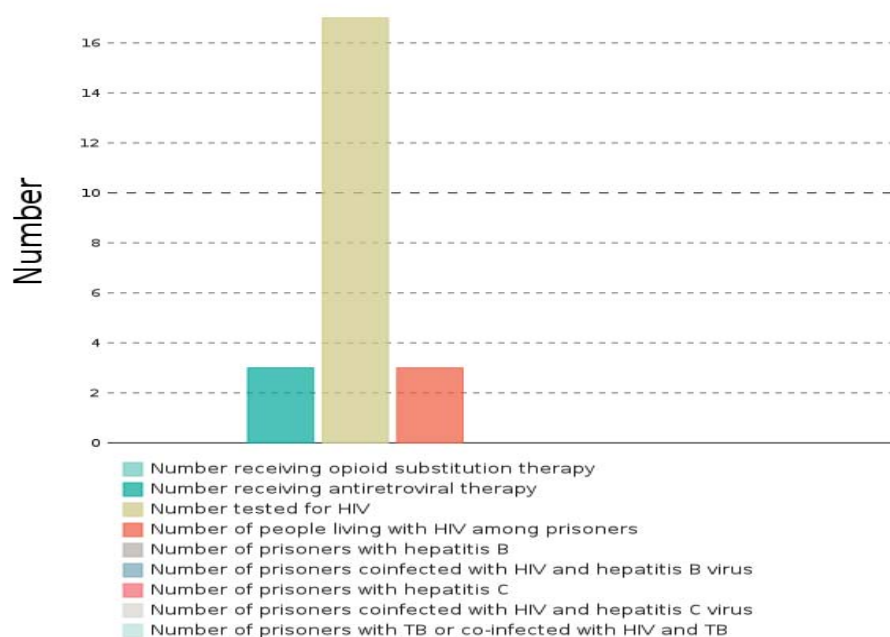
3.6 Condom use among key populations, Antigua and Barbuda (2011-2018)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



3.13 HIV prevention programmes in prisons, Antigua and Barbuda (2018)

HIV prevention and treatment programmes offered to prisoners while detained



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

Great efforts (legislative) are made which ensures the elimination of violence and discrimination against women and girls are mainly addressed through the efforts of the Directorate of Gender Affairs while key population are reach in partnership with civil society. Therefore, the government through the Directorate of Gender Affairs and Civil Society continue to advocate for the elimination of all forms of violence and discrimination against women and girls, people living with HIV and key population.

One of the greatest accomplishments for 2017 was the opening of the Support and Referral Centre (SARC). The unit is committed to effectively responding to various types of gender inequality through education, advocacy, and the provision of quality care and services. The programme offers a range of prevention, intervention, and responsive services that will encourage and promote a holistic approach to treatment, healing and an individual's overall mental and physical health. All the services are available to individuals directly affected by gender-based violence (GBV) and trafficking, their families, and the community.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

What protections, if any, does your country have for key populations and people living with HIV from violence?

General criminal laws prohibiting violence

Programmes to address intimate partner violence*

Programmes to address workplace violence

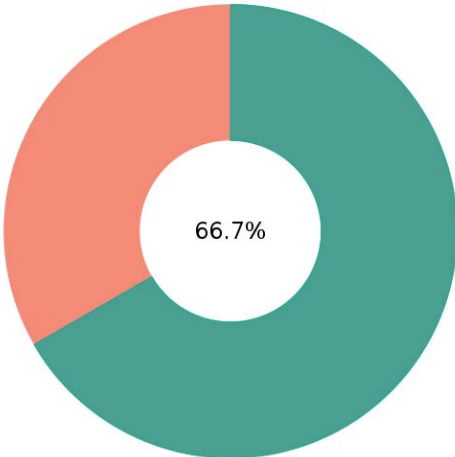
Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exists and are consistently implemented

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

HIV Prevention Education activities are held in schools in collaboration with the Ministry of Education, Youth and Sports and the Barbuda Council. These activities are conducted in varying primary and secondary schools. The students are informed about HIV and strategies to prevent transmission in appropriate language.

Additionally, education sessions are held in collaboration with government and non-governmental organisation in an effort to continue to raise HIV awareness throughout Antigua and Barbuda.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

Yes

b) Secondary school

Yes

c) Teacher training

Yes

Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

A government funded subsistence programme is available through AIDS Secretariat and all PLHIV are referred to others social programmes as the need arises. The government has in place a Clinical Care Team, which comprises of a HIV Case Manager with responsibilities of ensuring the social protection of All clients are realized and attached to the National AIDS Secretariat is the Human Rights Desk for PLHIV and social protection is one of its mandate. The National Program also engages in the planning, development and policing of the Nations' Social Protection Policy.

Additionally, the National AIDS Secretariat provides a monthly food package for all deserving PLHIV, free formula for babies diagnosed with HIV or babies of supposedly exposed mothers until confirmed Negative ELIZA test, assistance with purchasing gas, medication and needed specialised medical services. This program is made possible by an annual budgeted subsidy by the Government of Antigua & Barbuda.

Policy questions (2018)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize children affected by HIV as key beneficiaries?

Yes

f) Does it recognize families affected by HIV as key beneficiaries?

Yes

g) Does it address the issue of unpaid care work in the context of HIV?

Yes

What barriers, if any, limit access to social protection programmes in your country?

Lack of information available on the programmes

Fear of stigma and discrimination

People living with HIV, key populations and/or people affected by HIV are covered by another programme

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

Through partnership with community groups, civil society and others agencies, HIV prevention activities are offered. The government is currently working towards the de-centralisation of HIV treatment and care services into primary health care. This initiative is being strengthened under the present Global Fund Grant as CSOs are being equipped to take ownership and a decisive role in the national response.

The strengthening of CSOs in the areas of legal literacy, advocacy and development and implementation of service delivery directory for key populations under this Global Fund Grant is well-timed and CSOs are engaged in the creation of a sustainability plan. To further strengthen this commitment, a renewed partnership now exist between the National AIDS Secretariat and CSOs as CSOs are now poised to offer HIV Rapid Testing at their sites and participate in HIV Care and Treatment Services. To ensure that HIV Rapid Testing is accessible by key population CSOs have been offering HIV Rapid Testing in the brothels, clubs and private homes for the FSW at a time convenient to them.

Policy questions (2018)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

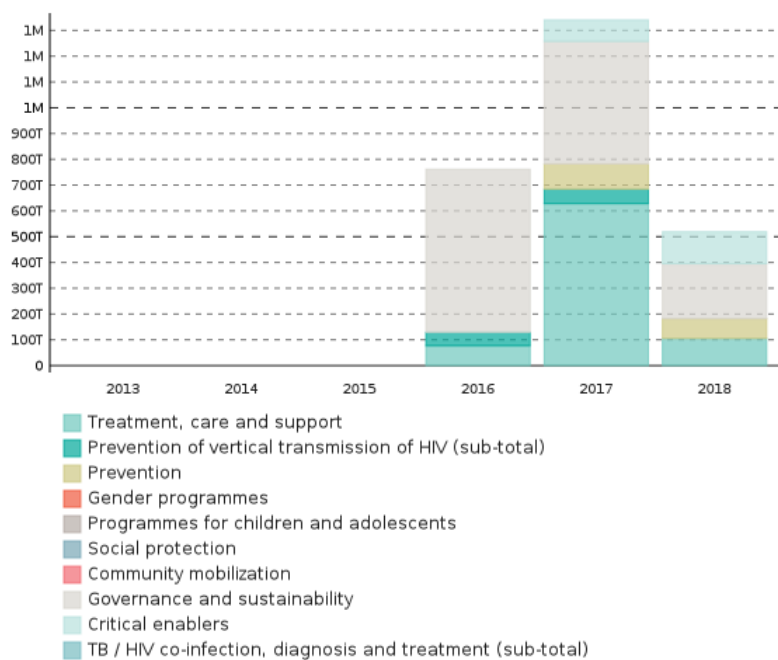
Progress summary

The Government of Antigua and Barbuda had invested 1.3 M ECD in HIV Treatment, Care and Support.

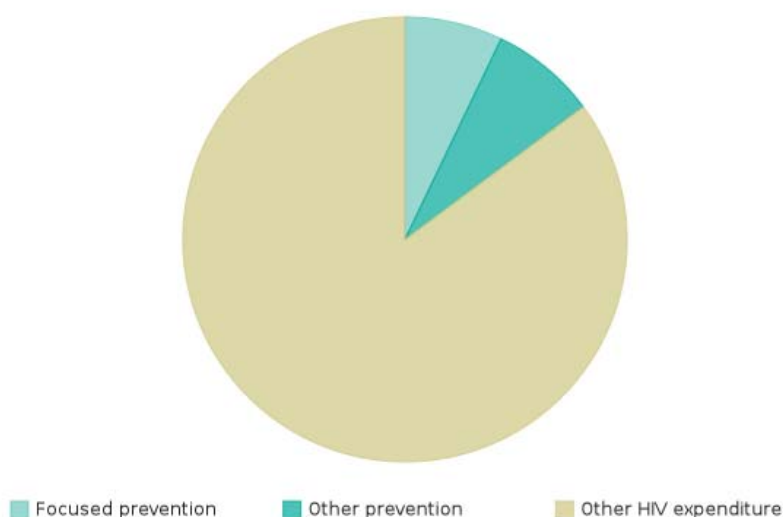
The Pan American Health Organisation (PAHO) provided Antigua and Barbuda HIV related activities with financial support, as follows:

1. Integration of HIV into PHC US\$9,952.65 (Jan 1st -Dec 31,2018)
2. HIV Testing Equipment/Supplies US\$16,045.00 (Jan 1- Dec 2018) spent

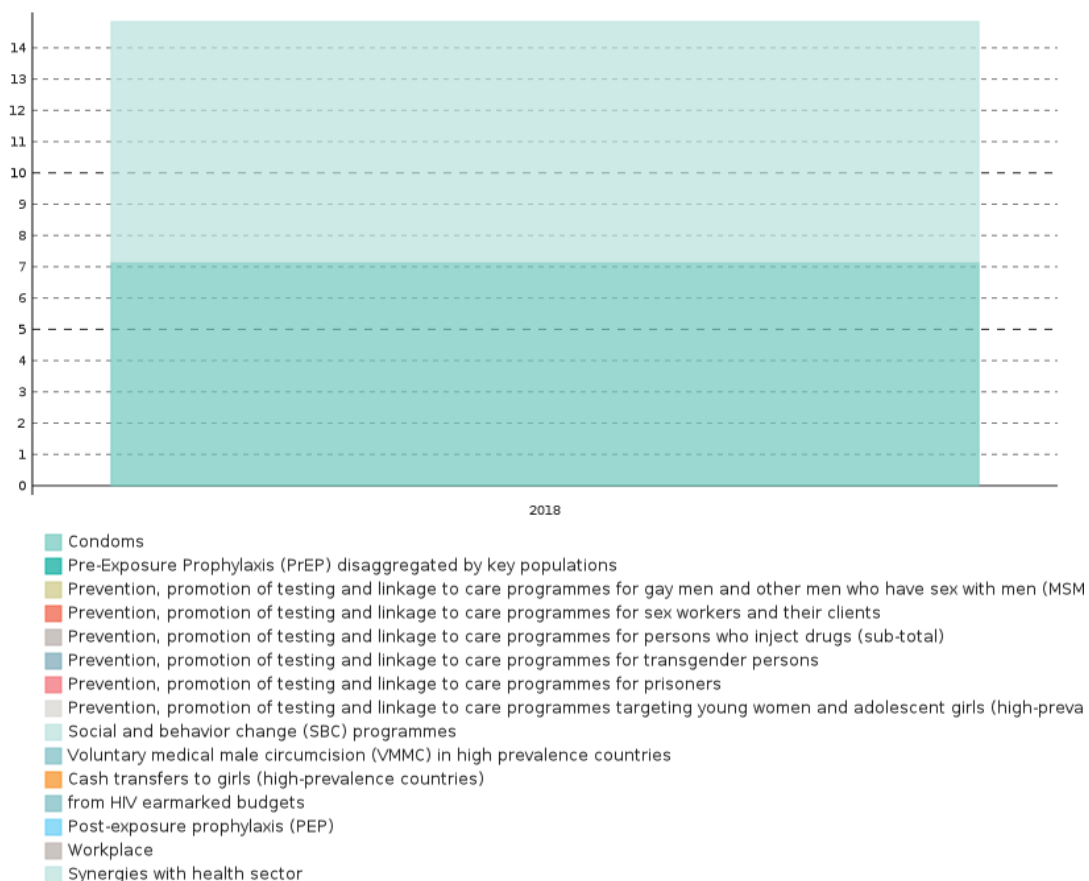
8.1 Domestic and international HIV expenditure by programme categories and financing sources, Antigua and Barbuda (2013-2018)



Share of effective prevention out of total, Antigua and Barbuda (2018)



Structure of investments on effective and other prevention programmes (%), Antigua and Barbuda (2018)



Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

There is a human rights desk attached to the AIDS Secretariat, Ministry of Health, Wellness and the Environment.

The HR Desks serves as the focal point on all aspects of Human Rights violations relevant to Persons Living with HIV and performs the following functions:

- a. Oversee the implementation of human rights program and Initiate various human rights projects and activities
- b. Monitor and maintain records/files of cases involving violation of human rights allegedly committed by State and non-State actors, as reported by PLH groups and individuals through any means (news reports, walk-in complaints, electronic communications, etc.)
- c. Receive and consolidate reports/complaints on violation of human rights allegedly committed and assist in the referral of complaints to appropriate investigating offices/bodies;
- d. Enhance partnerships and cooperation with concerned government entities, local community organizations, NGOs, and private and or civic oriented groups towards advancing the cause of human rights;
- e. Represent the MoH in dialogues, meetings, conferences, consultations and the like, on human rights concerns;
- f. Work in collaboration with other Human Rights organizations locally, regionally and internationally

- g. Serve as focal person in the implementation, monitoring and accomplishment of plans and activities on the promotion and protection of human rights;
- h. Receive complaints on violation of human rights and make all necessary referrals
- i. Maintain records/data/statistics of HR violation/s within area of responsibility

Reports of Human Rights Violations can be made to the Human Rights Desk for the purpose of reporting a complaint of HIV-related Stigma and Discrimination for the purpose of information or seeking redress for the act of Discrimination. Complaints may remain anonymous for information if so desired by the client. The process entails the completion of an Initial Human Rights Complaint Form followed by a Detailed Complaint Form. Clients or anyone witnessing an act of discrimination can contact the HR Office and file a complaint. Additionally, clients or persons witnessing an act of discrimination can send text advising of complaint and request an in-person interview to have complaint process.

Following Case submission to the Human Rights Desk all relevant persons, institutions or organizations are contacted within 14 working days. All Human Rights Complaints are examined under a three-step process of mediation, investigation and adjudication under strict privacy and confidentiality

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, one-off activities

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

Report of Human Rights Violation can be made to Human Rights Desk for the purpose of reporting a complaint of HIV related Stigma and Discrimination for the purpose of information or seeking redress for the act of Discrimination. Complaint may remain anonymous for information if so decide by the client. The process entails the completion of an Initial Human Complaint Form followed by a Detailed Complaint Form. Client or anyone witnessing an act of Discrimination can contact the HR Office and file a complaint. Additionally, clients or person witnessing an act of Discrimination can send text advising of complaint and request an in person interview to have complaint process. Following case submission to the Human Right Desk all relevant person, institutions or organizations are contacted within 14 working day. All Human Rights Complaint are examine under a three-step process of mediation, investigation and adjudication under strict privacy and confidentiality.

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

Complaints procedure

Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

-

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

The process of integrating HIV services into primary health care has commenced. Through support from PAHO and the Global fund we have completed the training of health care providers and CSO in HIV Care and treatment, HIV counselling and Rapid testing for HIV and Syphilis. The training of Midwives in the offering of services to ensure all pregnant women are tested for HIV, STI and Hepatitis B. Additionally, we are working with three Civil Society organisation Antigua Planned Parenthood Association, Women Against Rape and Health, Hope and HIV Network to offer HIV Care and treatment as a part of their baskets of services

All PLHIV are tested for TB, Hepatitis B as well as cervical cancer among women as part of our baseline testing. Efforts to increase representation of the affected population in decision making continues as Key populations are given every opportunity to express their thoughts on matters specific to theirs and also at national and policy levels.

Policy questions (2018)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

No

b) The national strategic plan governing the AIDS response

Yes

c) National HIV-treatment guidelines

Yes

What coinfection policies are in place in the country for adults, adolescents and children?

Intensified TB case finding among people living with HIV

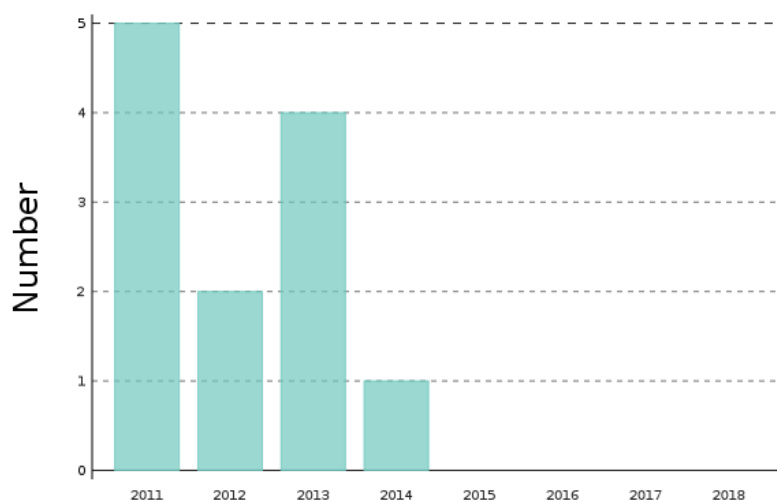
TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

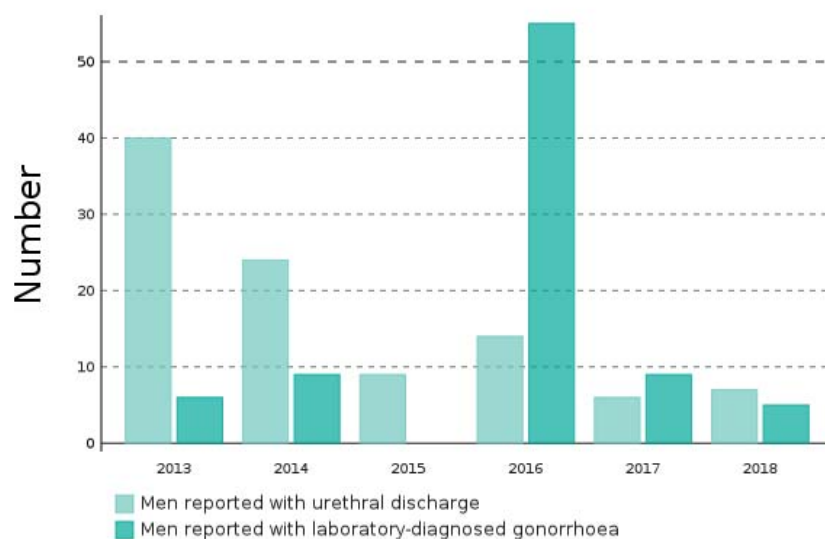
10.1 Co-managing TB and HIV treatment, Antigua and Barbuda (2011-2018)

Percentage of estimated HIV-positive incident tuberculosis (TB) cases (new and relapse TB patients) that received treatment for both TB and HIV



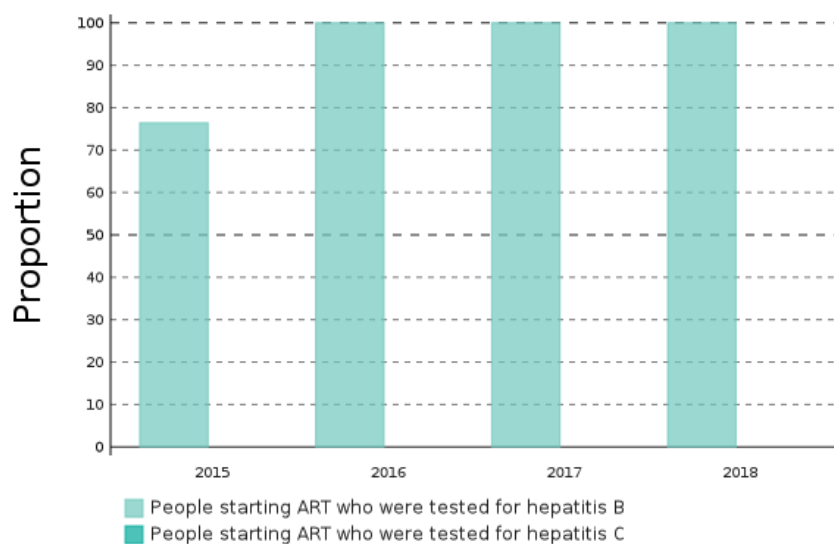
10.4/10.5 Sexually transmitted infections, Antigua and Barbuda (2013-2018)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months



10.6/10.8 Hepatitis testing, Antigua and Barbuda (2015-2018)

Proportion of people starting antiretroviral therapy who were tested for hepatitis



10.7/10.9 HIV and Hepatitis B/C, Antigua and Barbuda (2015-2018)

Proportion of people coinfecting with HIV and HBV/HCV receiving treatment

