

Country progress report - Bahamas (the)

Global AIDS Monitoring 2019



the 1990s, the number of people who have been employed in the service sector has increased in all countries, and this has been particularly true in the UK, where the service sector now employs over 70% of the working population. The service sector is now the dominant sector in all developed countries, and it is expected that this trend will continue in the future.

The service sector is a diverse sector, and it includes a wide range of activities, from retailing to health care. The service sector is also a sector that is characterized by a high degree of competition, and this has led to a number of changes in the way that service sector organizations are run. One of the most significant changes has been the move towards a more customer-oriented approach, and this has led to a number of changes in the way that service sector organizations are run.

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

OVERVIEW

HIV distribution in The Bahamas is generalized, and estimates indicate that 5,970 persons were living with HIV in The Bahamas at the end of 2018. Prevalence among 15-49 year olds was estimated at 1.74% for that year.

In 2017, 159 persons were diagnosed with HIV in The Bahamas, which represented a 49% decrease from the reported number of 310 in 2009. Male new diagnoses exceeded female diagnoses (64% vs. 36%), while persons aged 25-49 accounted for 51% of new diagnoses.

National Response to HIV/AIDS in the Bahamas

NATIONAL AIDS STRATEGIC PLAN

The National AIDS Strategic Plan (NASP) 2015-2020 was finalized by the National AIDS Programme in 2016. The NASP has been used to drive strategic initiatives and programme activities supported by the Ministry of Health. The key priority areas remain aligned with the Ministry of Health's National Health Services Strategic Plan 2010-2020, and include the following

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;
4. Care, Treatment and Support Services that are patient-centered and integrated into primary care services for increased access.

NATIONAL AIDS PROGRAMME

The National AIDS Secretariat was established by the Ministry of Health in 1988 to advise the MOH on HIV policy issues and to mobilize various sectors of society in the fight against HIV and AIDS. The mandate of the AIDS Secretariat was enhanced in 2002, and the Secretariat was re-named the National HIV/AIDS Programme (NAP). The NAP was charged with being the national oversight, planning, training, coordination and evaluation body for The Bahamas' response to HIV and AIDS. Under the NAP, the National HIV/AIDS Centre (NAC) provides the following services for persons at risk of, living with, or affected by HIV:

- HIV Testing
- CD4 and Viral Load Testing
- HIV Prevention Education
- Treatment and Care
- Adherence Support
- Contact Tracing and Partner Notification
- Prevention of Mother-to-Child-Transmission (PMTCT)

The NAP is directly accountable to the Minister of Health. Funds from the national budget, international donors and national donors are coordinated through the Ministry of Health with advisement from the National HIV/AIDS Advisory Committee and prioritized within the framework set by the National HIV/AIDS Strategic Plan. The NAC has six units, each with its own coordinator and staff that report to the Director.

The NAP is firmly committed to making HIV-related prevention education, treatment, care and support universally accessible to all persons at risk of, living with, or affected by HIV/AIDS in The Bahamas, regardless of sexual orientation, gender, age, language, ethnicity or country of origin, socio-economic status, disability, history of sex work, illicit drug use, or incarceration status. The NAP Anti-Discrimination policy also ensures the right of persons utilizing NAC services to express grievances without retaliation.

The NAP has broad multisectoral support from other government agencies, people living with HIV (PLHIV), non-governmental organizations (NGOs) and the private sector within The Bahamas, and is recognized among all stakeholders as the coordinating authority. These organizations are actively involved in the delivery of programmes and support services, and work closely with the Director and NAC unit coordinators. The National AIDS Programme also collaborates with these stakeholders through the Resource Committee, which is a multi-stakeholder advisory body that meets monthly to review strategic plans, programme activities and outcomes and to collaborate on joint initiatives.

SEXUALLY TRANSMITTED INFECTIONS (STI) UNIT

The Sexually Transmitted Infections (STI) Unit of the Department of Public Health has a clinic which serves as a referral centre for individuals with known or suspected STIs and as a walk-in clinic for individuals presenting with complaints. Patients who consent to services are given a physical exam and comprehensive STI screening (including an HIV test). Appropriate

treatment is also provided and follow-up clinic appointments to return test results to patients are arranged. HIV positive persons found in the STI clinic are referred to the PMH Infectious Diseases Clinic for follow-up, evaluation and contact tracing.

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

COMMUNITY SERVICE ORGANIZATIONS

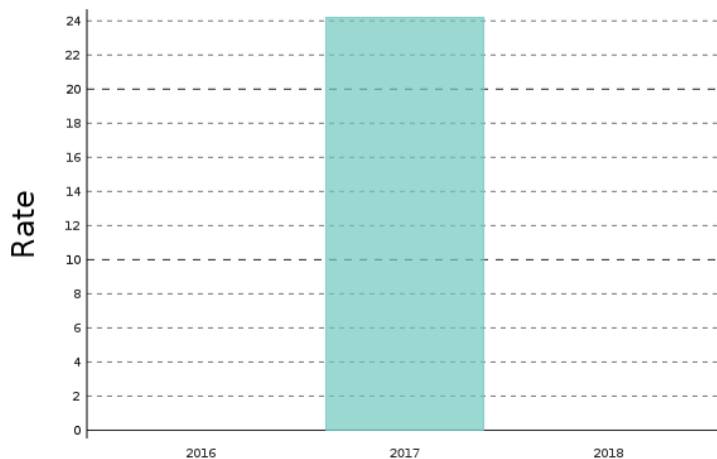
The NAP has collaborated with several community service organizations (CSOs) to bring HIV prevention interventions, to increase access to HIV testing and counselling (HTC) to the general population and key populations, to reduce stigma and discrimination, and to increase access to care among PLHIV.

CSOs currently engaged in the fight against HIV include:

- Bahamas AIDS Foundation
- Bahamas Red Cross
- Bahamas Urban Youth Development Centre (BUYDC)
- Bahamian Transgender Empowerment for Healthy Living (BTEHL)
- Care 242
- D'Marco Foundation
- Samaritan Ministry
- SASH Bahamas

1.7 AIDS mortality per 100.000, Bahamas (the) (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

HIV treatment is available free of cost to all PLHIV in The Bahamas, and clinical support is also available to all PLHIV throughout the archipelago.

The Bahamian government has provided significant resources to control the epidemic since the discovery of HIV. This has ensured delivery of appropriate prevention interventions, treatment, care and support to all persons infected with HIV and/or AIDS to both Bahamians and non-Bahamians living in the country. Access to health care is also a core tenet of the National HIV response, and is made available regardless of barriers to care such as attitudinal or cultural norms and sexual orientation. The NAP has also strengthened its relationship with CSOs to increase access to HIV testing, treatment and care to persons living in The Bahamas.

The National HIV/AIDS Programme accounted for 3,068 people who received ART at the end of 2018. Fifty-two percent of these individuals were male and 91% were over the age of 15. Seventy-five percent of persons who were on ART and received a viral load in 2017 achieved viral suppression.

The Bahamas has made great strides in improving access to effective and culturally appropriate prevention strategies, testing and care initiatives towards its residents with special emphasis on its vulnerable and key populations. The Ministry of Health remains committed to expanding the reach of free HIV testing in traditional and non-traditional settings coupled with direct linkage to comprehensive care. To this end the Government has extended the provision of ARVs (at no cost to consumers) to all HIV positive patients, whether or not they seek care in the private or public health sector and regardless of their immigration status.

The NAP provides treatment, care and support to all paediatric clients from birth until the age of eighteen. These services include diagnostics, medications, counselling, care and support. The program also partners with The AIDS Foundation to provide additional resources such as the after school program, which assists children with studies and provides support groups for children infected with and affected by HIV. All of these services are provided free of charge.

Once a child has been diagnosed with HIV they are immediately started on triple therapy (zidovudine+lamivudine+kaletra), which they remain on indefinitely.

The Ministry of Health also implemented a 'Treat All' policy in 2016 for PLHIV in accordance with the 2016 WHO Consolidated guidelines on the use of ARV drugs for treating and preventing HIV infection. All PLHIV are offered antiretroviral therapy regardless of CD4 level. In an effort to facilitate early engagement in care, newly diagnosed PLHIV receive CD4 count and viral load testing and have physician coverage in all point-of-care facilities. Coupled with a strengthened relationship with civil society, the NAP has seen improvements in the uptake of prevention, HTC and treatment, care and support. Several local CSOs assist PLHIV with being linked to care at the NAC through referrals, buddy systems or accompanying PLHIV to appointments.

Much progress has been made to increase access to treatment, care and support services. The NAC ensures that all nursing staff members are trained in adherence counselling. Four nurses have also been trained in Voluntary Counselling and Testing (VCT) with an adherence counselling component. The NAC also implemented an extended clinic in 2015, offering patient friendly services which target newly diagnosed, key populations, patients who experience difficulty in adhering to treatment and defaulters, offering direct linkage or re-entry into care. Administration of ARVs in The Bahamas may be initiated by nurses for pregnant HIV positive women in consultation with a physician. Focus groups of PLHIV have reported fear of stigma and discrimination as a barrier; efforts to address this as well as general medication literacy are being explored.

CSOs such as SASH, the Empowerment Group, Care242, the D'MARCO Foundation and Samaritan Ministry and AIDS Foundation also provide retention support to PLHIV through peer counselling, text messages, behavioural skills training, peer navigation and other methods.

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

Yes

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?

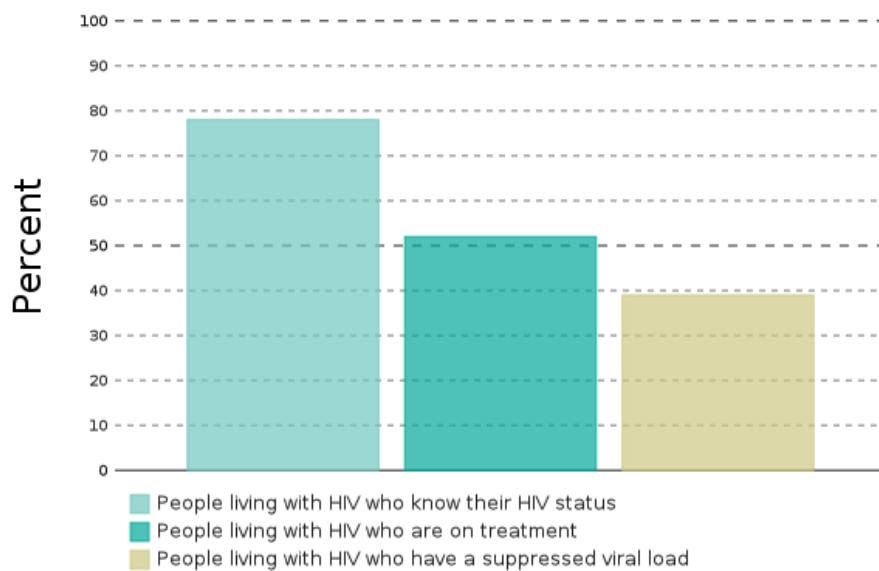
a) For adults and adolescents

Yes, fully implemented

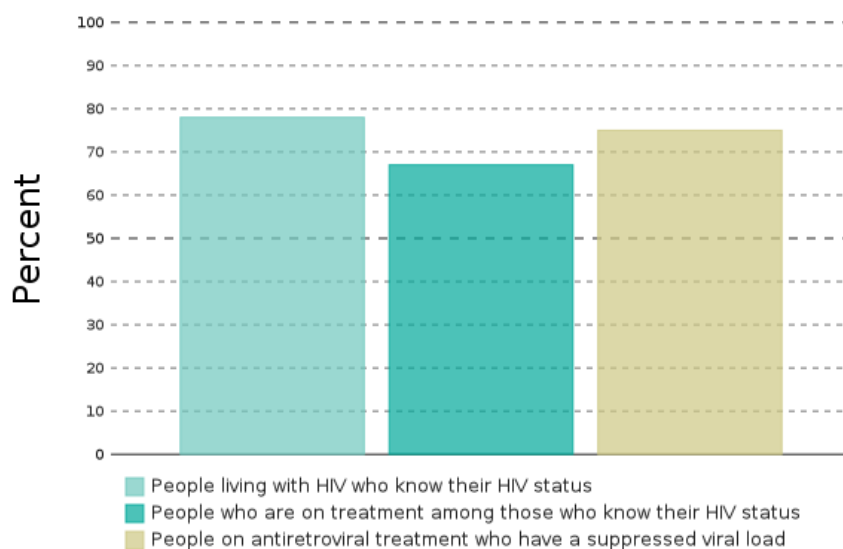
b) For children

Yes, fully implemented

HIV testing and treatment cascade, Bahamas (the) (2018)

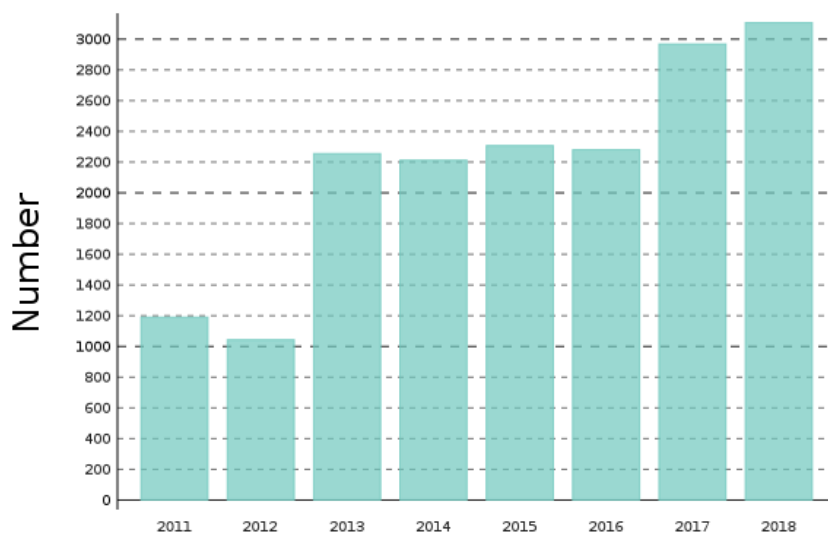


Progress towards 90-90-90 target, Bahamas (the) (2018)



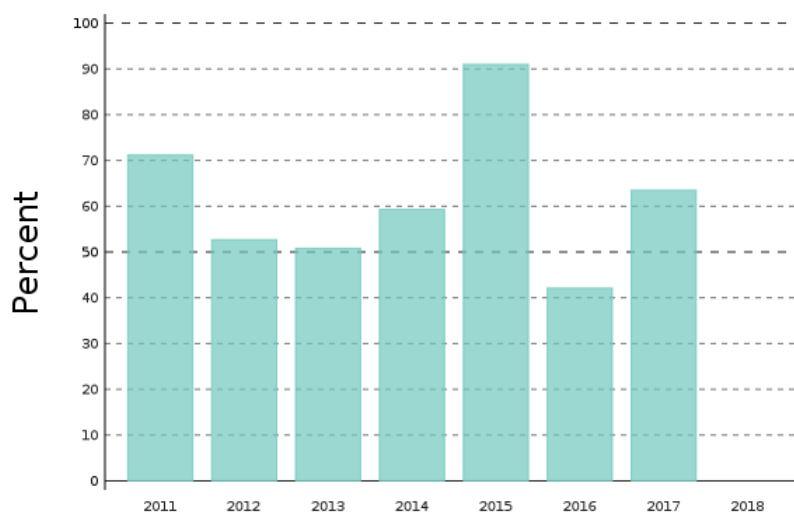
1.2 People living with HIV on antiretroviral therapy, Bahamas (the) (2011-2018)

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



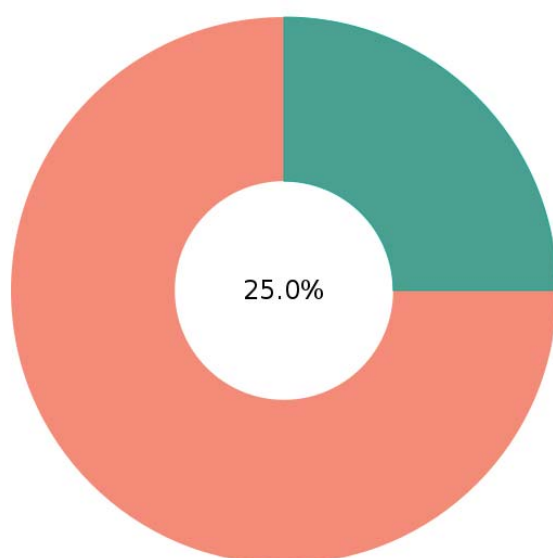
1.3 Retention on antiretroviral therapy at 12 months, Bahamas (the) (2011-2018)

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



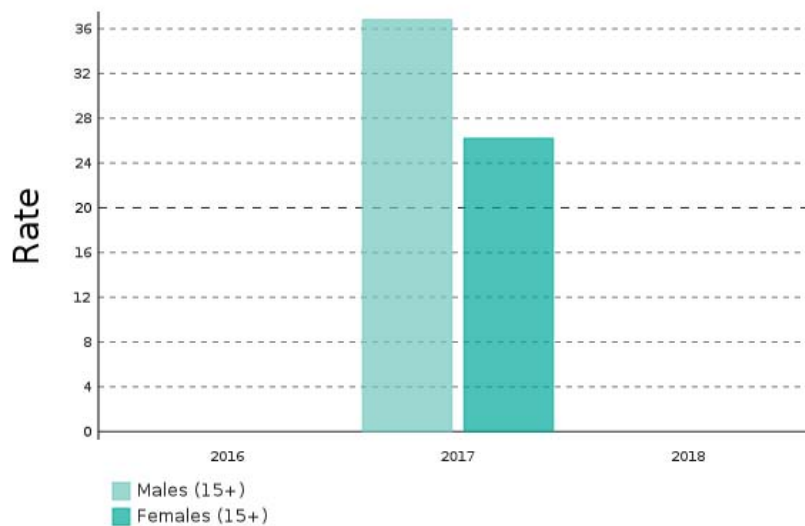
1.6 Antiretroviral medicine stock-outs, Bahamas (the) (2018)

Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period



1.7 AIDS mortality rate per 100 000, Bahamas (the) (2016-2018)

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



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

The Bahamas Ministry of Health remains committed to eliminating mother-to-child transmission (EMTCT) of HIV and syphilis. By national policy, all pregnant women have access to free HIV and syphilis testing during ANC in all public health facilities in the country. Also, all HIV and/or syphilis positive mothers can obtain free treatment through the public system and infants exposed to either HIV or syphilis can receive free follow-up.

Routine HIV screening is carried out for all pregnant women in The Bahamas during antenatal care (ANC) as dictated by national protocol and all HIV positive pregnant women receive follow-up during pregnancy from the PMTCT coordinator of the NAC or by the Grand Bahama Surveillance Unit. This includes pregnant HIV positive women in the Family Islands. Highly active antiretroviral therapy (HAART) has also been provided free of charge to all HIV positive pregnant women since 2001. Option B+ was made the official treatment protocol for HIV positive pregnant women in The Bahamas in 2015. Of the 52 HIV positive women who gave birth in 2017, 51 (98%) received ARVs during pregnancy. Sixty-three percent of the women who received ART during pregnancy were newly initiated on ART during pregnancy in 2018, while 37 % were already on ART before their pregnancy in 2018. All HIV positive pregnant women who received treatment in 2018 received maternal triple ARV prophylaxis.

In accordance with national protocol, all infants born to HIV positive mothers received a viral load test within 2 months of birth. There were 54 babies born to HIV positive pregnant women in 2018 (including 2 sets of twins). One infant tested positive for HIV, resulting in an MTCT rate of 1.9%. The infant was born to a mother who did not present for antenatal/PMTCT services. The mother was given IV AZT during labour and delivery. There were no HIV positive babies born to HIV positive mothers who received and adhered to appropriate PMTCT ARV treatment in 2018. Two other mothers who defaulted from ANC/PMTCT services received appropriate prophylaxis and resulted in HIV negative babies. All HIV-exposed infants delivered in 2018 received replacement feeding as per national protocol.

The public health system in The Bahamas continues to ensure that pregnant women receive HIV PMTCT interventions as required. Mother-to-child transmission remains in the single digits among women who did not enrol in the antenatal/PMTCT programme or were late presenters for antenatal care.

MOH ANC policy states that combination ARV therapy is initiated in all newly diagnosed HIV positive pregnant women at the time of diagnosis. Further, Option B+ is the national policy as it relates to PMTCT guidelines. Intravenous zidovudine (AZT) is administered to all HIV infected mothers during labour and delivery in hospital. All HIV-exposed infants are given combination ARV prophylaxis. The Bahamas protocol recommends exclusive replacement feeding for all HIV exposed infants. The government provides replacement feeding for those who cannot afford it.

Due the extensive antenatal coverage available in the archipelago, and the relatively small number of HIV positive pregnant women in The Bahamas, the MOH can monitor HIV positive ANC clients reliably during pregnancy, post-delivery and post-partum periods and consequently increase adherence to PMTCT interventions.

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: 2%; -

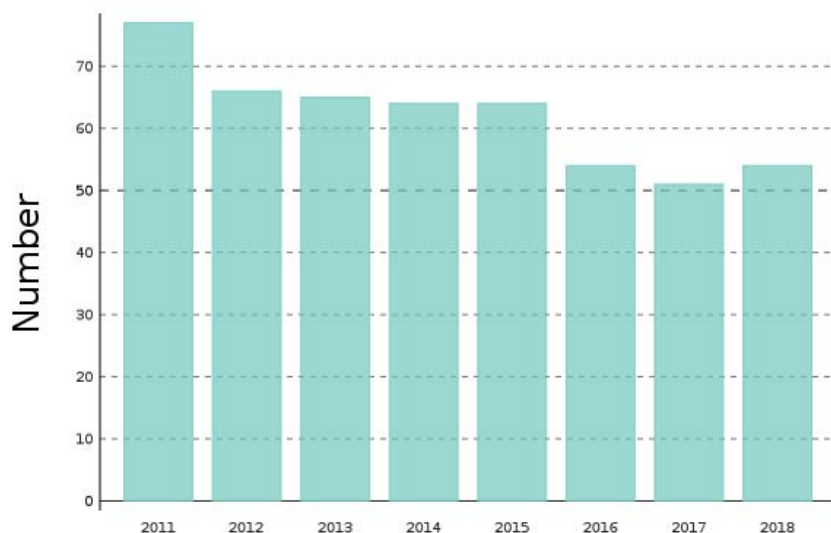
Elimination target(s) (such as the number of cases/population) and year: 0.3 per 1000; -

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?

-; -

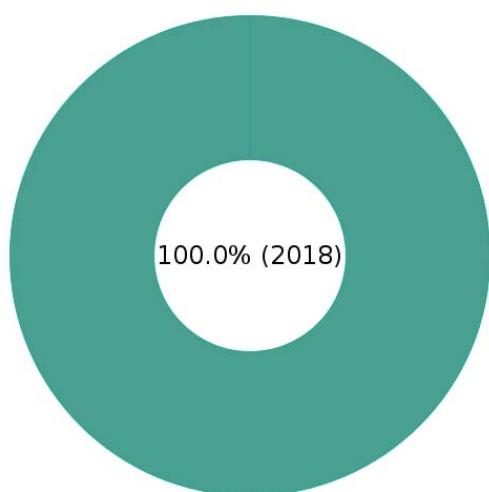
2.1 Early infant diagnosis, Bahamas (the) (2011-2018)

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, Bahamas (the) (2017-2018)

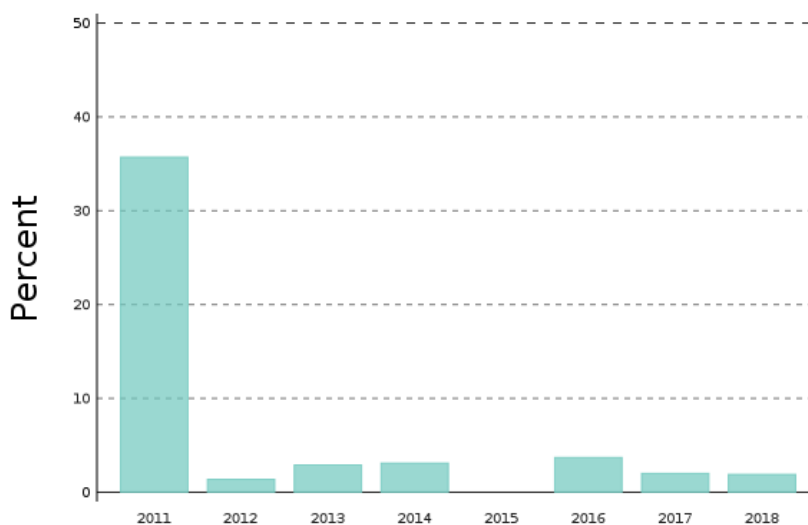
Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



100.0% (2017)

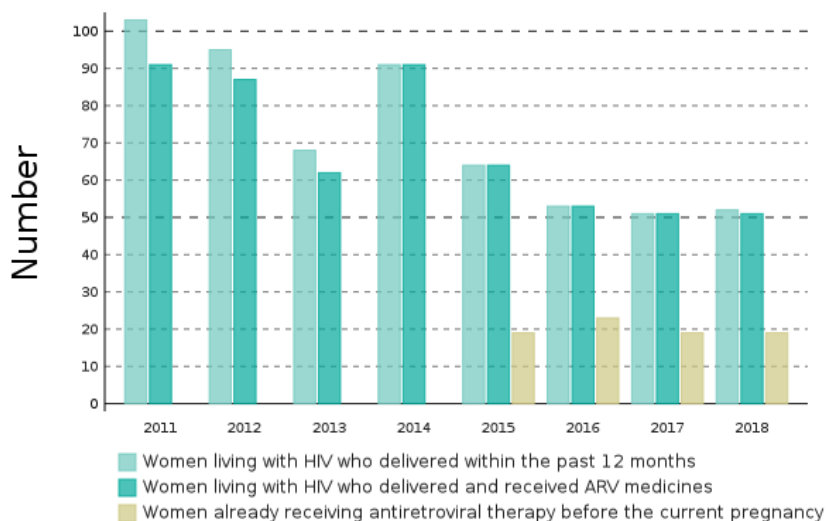
2.2 Mother-to-child transmission of HIV, Bahamas (the) (2011-2018)

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



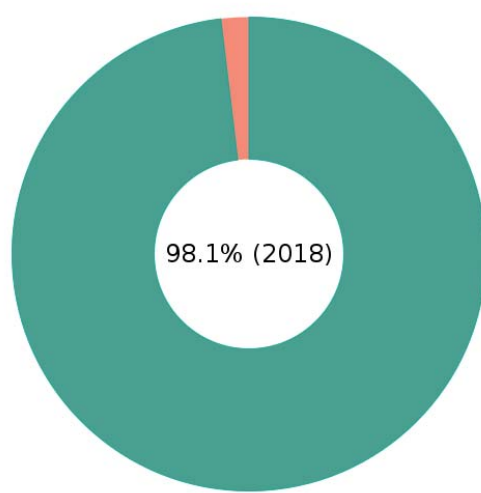
2.3 Preventing mother-to-child transmission of HIV, Bahamas (the) (2011-2018)

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



2.3 Preventing mother-to-child transmission of HIV, Bahamas (the) (2017-2018)

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



↓ 100.0% (2017)

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

The National AIDS Strategic Plan (NASP) has identified sex workers, men who have sex with men (MSM), transgender people, youth 15-24 years old, and migrants as key populations of concern. To this end, the Ministry of Health and several CSOs have taken strides to ensure that persons in these categories have access to prevention options, including education, pre-exposure prophylaxis (PrEP) and access to condoms and lubricants.

A bio-behavioural surveillance survey conducted in 2015 estimated that 19.6% of MSM in The Bahamas were living with HIV. The survey also demonstrated high HIV testing uptake among MSM (90.7%) and that ART coverage among MSM is consistent with previously reported general ART coverage rates for PLHIV in The Bahamas. Obtaining generalizable data on sex workers in The Bahamas remains challenging as sex work is illegal and police frequently raids suspected venues. Additionally, sex workers from other Caribbean countries are transient, which creates barriers to tracking for care. Lastly, anecdotal and key informant data do not indicate a significant, stable and visible street-based sex worker industry, but have consistently demonstrated sex workers operating through “brothels” disguised as strip clubs, night clubs and places of residence.

The NAP continues to collaborate with the Department of Corrections to test all prisoners on remand and all prisoners who otherwise wish to be tested for HIV. All prisoners who test positive received HIV counselling in addition to appropriate care and ART. HIV prevalence among prisoners was 2.2% in 2018 (n=52), with 100% receiving ART. This includes ten prisoners who were found to be HIV positive when tested on remand in 2018.

The legal environment in The Bahamas is conducive to the promotion of prevention options for MSM and transgender people. Transgender people are not criminalized, and neither are same-sexual acts according to Section 16 of the Sexual Offenses Act.

Measures continue to be taken to further streamline community outreach programmes and small group interventions to infiltrate and engage KP social networks, strengthen partnerships with network and community leaders, and to sustain trust between KP community leaders and the National HIV/AIDS Centre.

Community outreach workers and clinical staff have been specially trained regarding strengthening “KP friendly” services (including gender diversity and PITC training with assistance from CDC). Through these approaches, both clinical and volunteer workers have been able to bring highly personalised and targeted HIV-prevention education, HTC services, and other referral information to key population members, along with condom and lubricant distribution.

There have been multiple exercises to include KP members in NAP prevention programmes. KP organisations participate in the HIV Resource Committee. This organization was established in 1988 and serves as a multi-stakeholder advisory body to review strategic plans, programme activities and outcomes and to collaborate on joint initiatives. Additionally, a team of clinicians, community outreach workers and KP leaders, have acted as another supportive resource for transgendered women and MSM clients.

The NAP and CSOs have undertaken multiple programmes to address HCT, loss to follow-up, and other HIV-related services HIV among KPs. The NAP has employed a CSW advocate to assist with implementing sexual and reproductive health and skill building workshops for CSW conducted in a gender-sensitive, human rights and harm-reduction approach. The NAP worked to provide HIV 101 to sex workers, in addition to providing condoms and lubricant, and connecting sex workers to HIV testing and care. Sex workers also received trainings in condom negotiation, money management and budgeting, and sexual consent through workshops organized by a CSO called the Empowerment Group.

The NAP has also collaborated with CSOs to provide peer and community worker-driven outreach programmes to bring prevention messages to KP members, to connect newly diagnosed KPLHIV (Key Populations Living with HIV) to essential care and treatment services, and reengage KPLHIV lost to follow-up, including more elusive MSM subgroups including bisexual, “down-low” and “closeted” MSM. The NAP is exploring more robust strategies to improve existing methods of engagement of both negative and positive KPs to ensure that individuals obtain risk-reduction, prevention, treatment and care across the continuum of care, as needed.

PrEP was formalised and implemented into policy in The Bahamas in 2016 and is available free of cost to all eligible individuals through the NAP after evaluation. In this policy, PrEP is specifically made available to persons who are at increased risk of acquiring HIV, including MSM, sex workers, transgender people, sero-discordant couples, and high risk, multi-partner heterosexuals. PrEP is available with appropriate counselling to these persons free of charge through the NAP whether or not a person accesses care through public or private sector according to NAP protocol.

As drug studies conducted in The Bahamas to date have not identified injection drug use or illicit opioid drug abuse as a common practices, injection drug and opioid abuse is not considered to contribute to HIV prevalence or incidence in The Bahamas. Therefore, no IDU interventions or opioid substitution therapy have been implemented in the country. VMMC is also recommended to males at their own discretion in the NASP.

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 selling sexual services are criminalized, Ancillary activities associated with buying sexual services are criminalized, Profiting from organizing and/or managing sexual services is criminalized

Men who have sex with men

Laws penalizing same-sex sexual acts have been decriminalized or never existed

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

Possession of drugs for personal use is specified as a criminal offence

Legal protections for key populations

Transgender people

Prohibitions of discrimination in employment based on gender diversity

Sex workers

No

Men who have sex with men

Prohibition of discrimination in employment based on sexual orientation

People who inject drugs

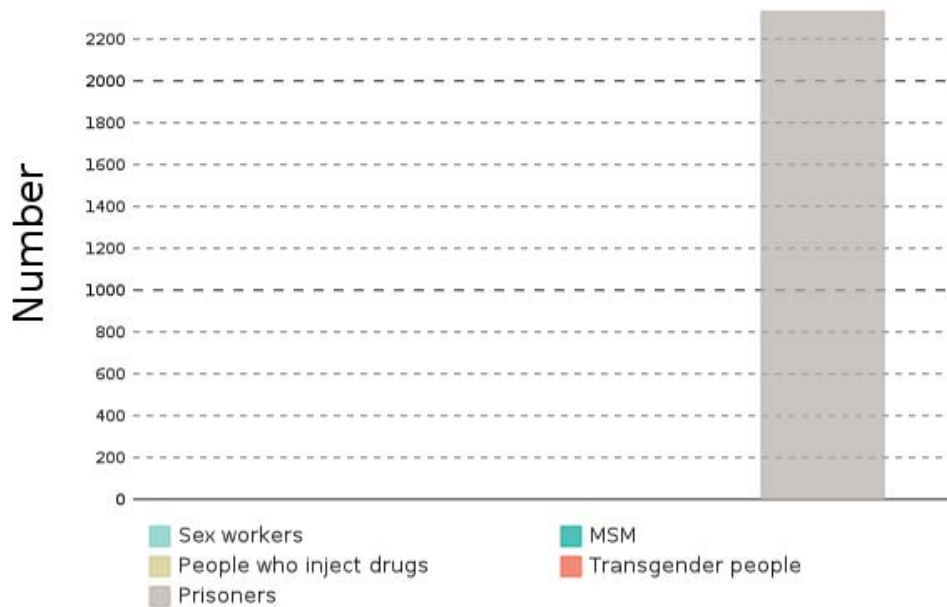
No

Policy questions: PrEP (2018)

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

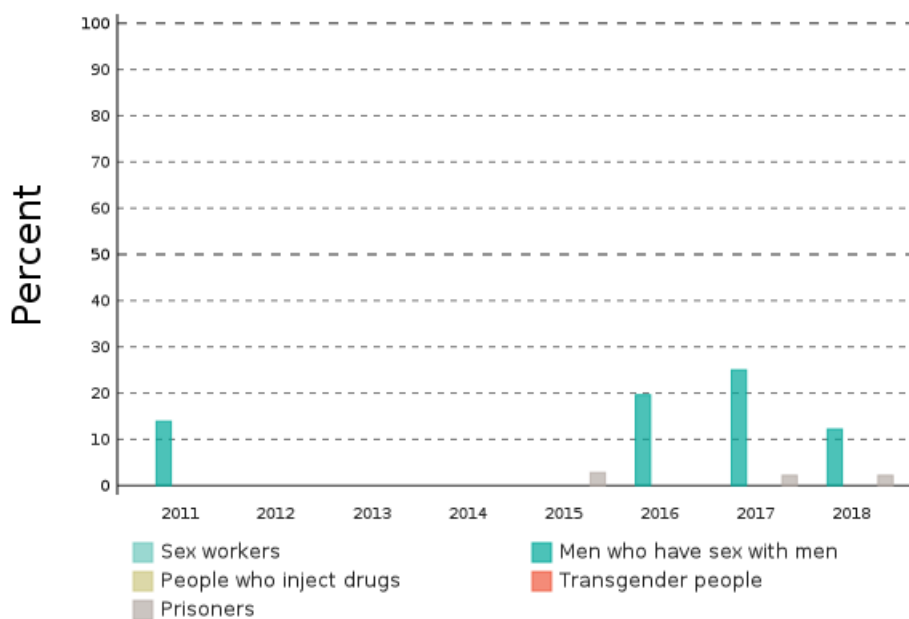
Yes, PrEP guidelines have been developed and are being implemented

3.2 Estimates of the size of key populations, Bahamas (the)



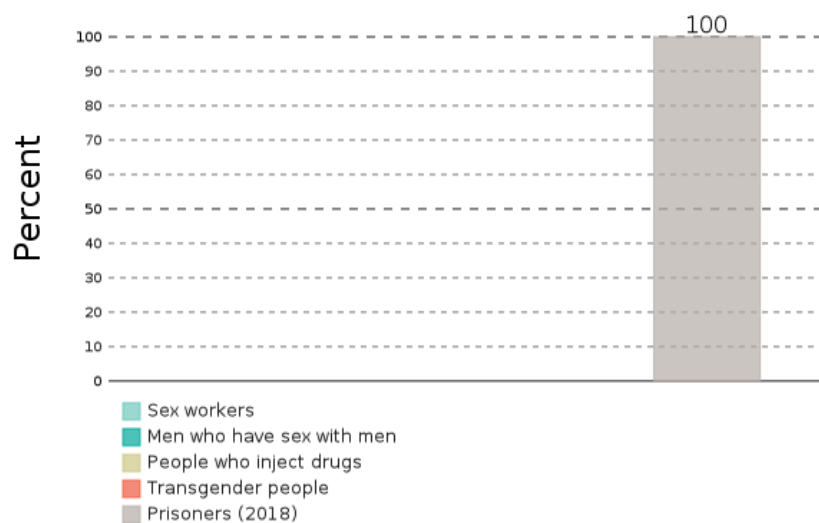
3.3 HIV prevalence among key populations, Bahamas (the) (2011-2018)

Percentage of specific key populations living with HIV



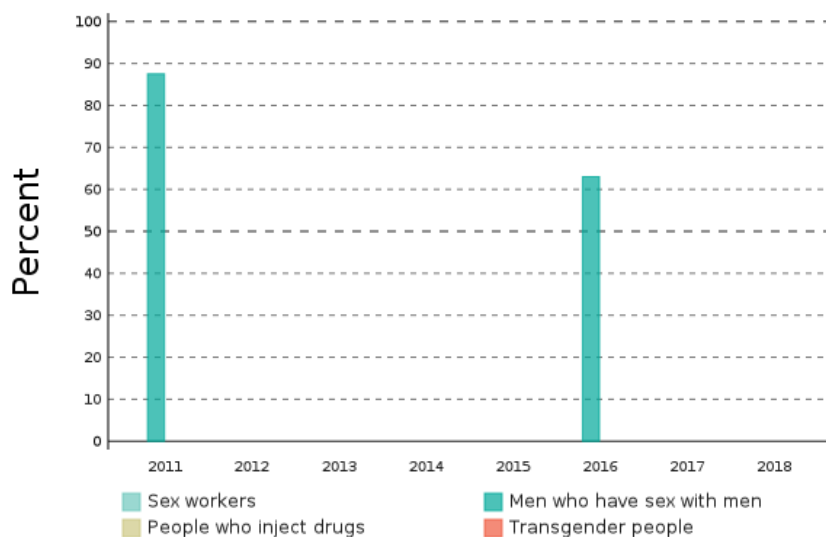
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Bahamas (the)

Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months



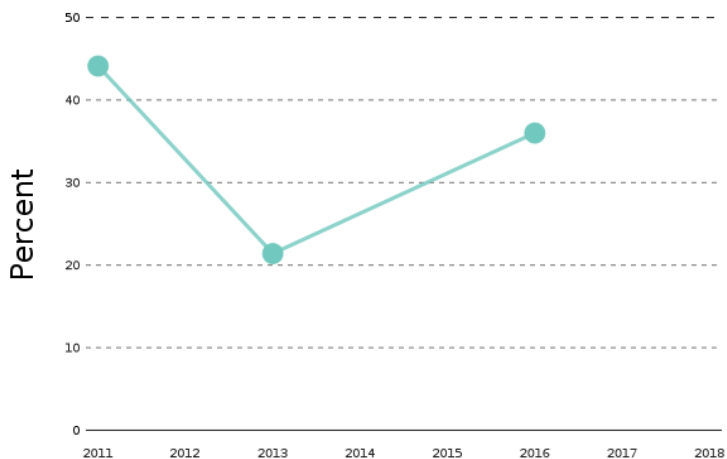
3.6 Condom use among key populations, Bahamas (the) (2011-2018)

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



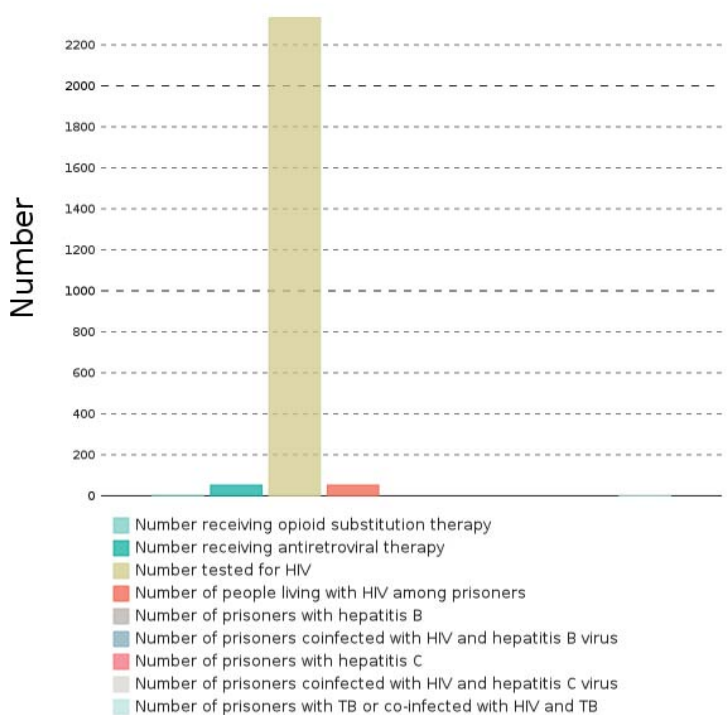
3.12 Active syphilis among men who have sex with men, Bahamas (the) (2011-2018)

Percentage of men who have sex with men with active syphilis



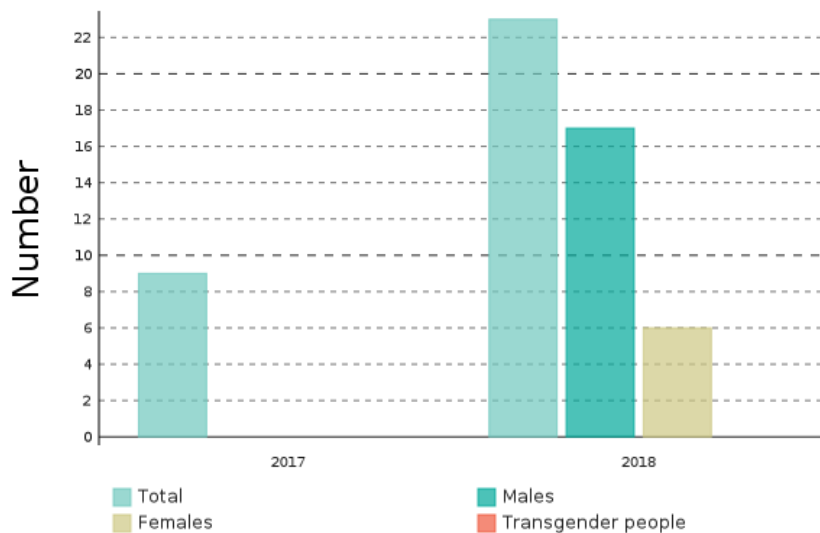
3.13 HIV prevention programmes in prisons, Bahamas (the) (2018)

HIV prevention and treatment programmes offered to prisoners while detained



3.15 People who received pre-exposure prophylaxis, Bahamas (the) (2017-2018)

Number of people who received oral PrEP at least once during the reporting period



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

The Government of The Bahamas has expressed concern about gender-based violence (GBV) and recently developed a Gender-Based Violence Strategic Plan to detail the scope of GBV and outline a national response to sexual violence in the country. Created in 2015 through the Ministry of Social Services and Community Development, this strategic plan details the government's response to domestic violence among girls and women, including access to HIV services. The plan also addresses the need to increase the number of gender-based violence studies in the country.

Currently, victims and survivors of domestic violence may receive services at the Bahamas Crisis Centre, the Suspected Child Abuse and Neglect (SCAN) Unit of the Department of Public Health, the SAFE Clinic at the Princess Margaret Hospital, and the Domestic Violence and Counselling Unit of the Department of Social Services. Safe houses and shelters are made available to rape victims through the Bahamas Crisis Centre. The Ministry of Health has also developed protocols for dealing with rape victims, which include appropriate HIV and STI testing.

Legal protection for victims of domestic abuse and sexual violence is also provided through Domestic Violence (Protection Orders) legislation. The legislation addresses physical, sexual, emotional and financial abuse in domestic situations. Court injunctions may be sought by victims of domestic violence and sexual abuse in The Bahamas. Legal aid for victims and survivors is also available at the Eugene Dupuch Law School, and with the assistance of CSOs such as the Bahamas Crisis Centre. Perpetrators of domestic violence can receive interventions through the Community Counselling and Assessment Centre of Sandilands Rehabilitation Centre.

The Department of Gender and Family Affairs (DGFA), Ministry of Social Services and Urban Development is the National Machinery with responsibility for the promotion of gender equality and empowerment of women and girls. One of the International Conventions that The Bahamas ratified and that falls within the portfolio of the DGFA is the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). In accordance with

General Recommendation #15 of the CEDAW Convention, the DGFA is seeking ways to collaborate with the NAP to intensify efforts in raising public awareness of HIV and AIDS and to combat AIDS, especially in women and children. The DGFA also seeks to address HIV-related rights and needs of women and children, and the factors which make them vulnerable to HIV infection.

Other organizations exist in The Bahamas to ensure human rights. The Trafficking in Persons (TIP) Task Force, a multi-sectoral group headed through the Ministry of National Security, also collaborates with the Department of Public Health to ensure that sex trafficking victims receive appropriate sexual health screening when rescued. CSOs such as The DMARCO Foundation, and Bahamian Transgender Empowerment for Healthy Living (BTEHL) and SASH Bahamas seek to promote the rights of the LGBT community in The Bahamas and to end general discrimination among Key Population groups and/or people living with HIV.

Stigma and discrimination have been observed to act as barriers to accessing healthcare for many key population groups. Results from the 2014-2015 MSM BBSS survey indicated that 47.9% of MSM respondents experienced general discrimination in the past 12 months, and 9.4% said that they had experienced discrimination from a healthcare provider in the same time period. The NAP continues to conduct KP sensitivity trainings in a PITC curriculum to all staff, and refresher training is also given. The Ministry of Health remains committed to providing quality health care to all persons who present for care, regardless of gender, sexual orientation, nationality, age, occupation, etc. In particular, the National AIDS Strategic Plan outlines continuous human rights training for all healthcare and auxiliary workers, including those in the Family Islands.

The government of The Bahamas has also sought to protect and respect the privacy and confidentiality of all clients who access medical services. Section 34 of the 2014 Medical Act stipulates the establishment of a complaints committee to address grievances, including human rights violations, by any client in the medical system. Mechanisms for redress exist in the cases of criminal offence or professional misconduct are but not specific to discrimination.

The draft Gender-Based Violence Bill also makes provision for Obligation of Confidentiality on the part of the health-care facility.

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

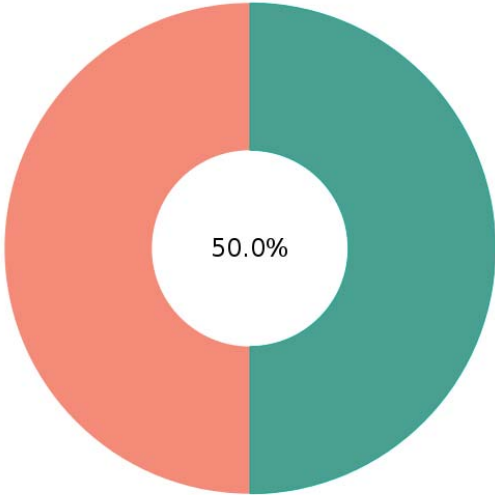
Programmes to address intimate partner violence*

Interventions to address police abuse

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

Focus on Youth Caribbean (FOYC) is a comprehensive HIV and AIDS education programme within the Ministry of Education's Health and Family Life Education (HFLE) curriculum. The programme was introduced to female students of the Ministry of Education in 1998 in collaboration with the Ministry of Health. FOYC is based on the US adolescent HIV prevention programmes, "Focus on Kids" and a parental monitoring programme "Informed Parents and Children Together" (ImPACT). The programme was culturally adapted and evaluated in The Bahamas to assess its efficacy to reduce HIV risk behaviours among Bahamian adolescents¹.

FOYC is an evidence-based methodology that emphasizes life skills training and includes the following:

- A decision-making model which highlights 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

Following 7 years of longitudinal research, involving students and parents, (funded by NIMH through Wayne State University), FOYC was found to be effective in reducing HIV risk related behaviours. The Ministry of Education in collaboration with the NAP integrated FOYC into the grade 6 HFLE curriculum in 2012 and components of FOYC was incorporated in the junior and senior high schools as well in 2013.

As a result of the effectiveness of FOYC, it was important to ensure sustainability of the FOYC intervention particularly at the grade six level. A five year study assessed factors that impact the implementation and sustainability of evidence-based programs like FOYC into the culture of a government institution like the MOE. Research findings show that teacher's perception of the importance of the FOYC intervention and level of comfort with FOYC curriculum were positively related to fidelity of implementation and fidelity of FOYC implementation was positively related to student outcome.

In 2018, The FOYC program received another Grant ('National Implementation of FOYC+ ClmPact in The Bahamas') to further assess implementation, based on lessons learnt from the previous.

As a part of the NAP capacity building strategy and in preparation for the country-wide implementation of FOYC and ClmPACT, 84 grade 6 teachers(from the island of New Providence) and 15 teachers and guidance counselor (from Abaco) were trained in the delivery of FOYC and ClmPACT.

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

The R.I.S.E. (Renewing, Inspiring, Sustaining, Empowering) programme of the Department of Social Services is one example of how the Bahamian government has addressed the empowerment of economically disadvantaged and socially vulnerable persons. The R.I.S.E. programme is a conditional cash-transfer programme designed with the overall goal of breaking the cycle of poverty in The Bahamas. Families who qualify for the programme through a proxy means test receive a cash grant and can also qualify for other social protection services through the Department of Social Services. Upon acceptance, programme participants may also receive medical cards for use at public health facilities, the National School Lunch Programme, Burial Assistance and Rent Assistance.

While it is difficult to quantify the number of people living with or affected by HIV who have participated in the R.I.S.E. programme and other social protection programmes, these services are known to be available to all persons who qualify and are expected to contribute to improving the quality of life of participants who are living with HIV.

In addition to the availability of the R.I.S.E. programme, the National HIV/AIDS Programme has established an ongoing relationship with the Department of Social Services to refer clients who are in need of housing assistance.

The Strategic Plan to address gender based violence & the National HIV/AIDS strategic plan are being implemented. The newly introduced National Health Insurance Scheme provides assistance for individuals living with or at risk for HIV/AIDS.

The policies that govern the Department of Social Services and Urban Renewal remain a work in progress. However, The Bahamas has multiple social safety net programs in addition to those provided through the National Insurance Board. A comprehensive system of social safety nets through the Department of Social Services provides food, housing and counselling services. The social safety net has a data management system to track the progress of all applications and account for all clients. Assistance is provided to families, including senior citizens and children, impotent, disabled or mentally unstable persons, as well as persons who have been abandoned, abused or neglected.

The Urban Renewal Commission (URC) also provides social programmes, including afterschool and senior citizens, through its various centres. The programme is offered through 22 offices in all major islands, including 9 on the island of New Providence.

Policy questions (2018)

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

No

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

Lack of information available on the programmes
Complicated procedures
Lack of documentation that confers eligibility, such as national identity cards
Laws or policies that present obstacles to access
High out-of-pocket expenses

Community-led service delivery

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

Progress summary

The National HIV/AIDS Programme (NAP) currently collaborates with several community service organizations (CSOs) to reach people living with, affect by and at risk of contracting HIV. Since the onset of HIV in The Bahamas, CSOs have played a major role in improving the quality of life for PLHIV and KPs. Areas of partnership with the NAP include prevention education, HIV testing, linkage to care and retention in care.

With the exception of lengthy registration processes, most HIV-focused CSOs do not experience many restrictions in registering with the government. However, some organizations have noted restrictions in HIV-related operations. For example, like all health facilities in the country, many CSOs are not able to distribute condoms to persons under the age of 18. The MOH continues to explore avenues in these areas to further collaborate with CSOs to improve access to HIV prevention, testing and care in The Bahamas. Registration as a CSO may also be difficult if applicants are not up to date on National Insurance. Legal fees for registration, including articles of memorandum, have been noted to pose a financial barrier for prospective CSOs. Many CSOs would like to improve the possibility of social contracting with MOH in the future.

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?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

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

HIV treatment was made free of cost to all PLHIV in The Bahamas in 2001 as part of The Bahamian government's endeavour to ensure access to HIV testing, treatment and care for all people at risk of and living with HIV. This has included the provision of ART and supplemental medications free of cost to PLHIV, the provision of free antenatal care and PMTCT services for HIV positive mothers, the funding of the National AIDS Programme and its staff (including the National HIV/AIDS Centre and HIV Reference Laboratory). The Ministry of Health has continuously ensured that the majority of HIV services remain funded through the National Budget, as the Bahamian government recognized the fight against HIV/AIDS as a national priority since the 1980's. Therefore, the majority of money dedicated to HIV-related programmes in The Bahamas are funded by the Bahamian government.

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

While the Constitution of The Bahamas does not specify rights according to sexual orientation and gender diversity directly, KPs (including sex workers) are protected under basic human rights laws which stipulate protection from violence and discrimination based on employment. Also, it is the policy of the Ministry of Health to provide health services to all persons, including KPs and PLHIV, without discrimination.

The reality of stigma and discrimination in The Bahamas present actual threats to accessing HIV testing and care. In light of this, the NAP and its partners remain fully committed to ensuring that PLHIV and KPs are aware of their rights. Trainings for medical personnel, other members of government service and the general population are regarded, and the NAP and many CSOs have taken steps to ensure that such trainings occur. The NAP has previously conducted sensitivity trainings for members of the Defence Force, Police Force and healthcare workers in the public sector. CSOs such as SASH Bahamas have also conducted similar trainings for several private agencies as well in addition to trainings for KPs to know about their own rights. Both the NAP and HIV-focused CSOs expect these trainings to be conducted in greater frequency and to a wider audience, particularly among PLHIV. Various CSOs also work to ensure that key populations and people living with HIV know their rights, including the D-up programme by the DMARCO Foundation, the Love Smart Tour by the Empowerment Group, and continuous rights-focused seminars by SASH Bahamas. Some CSOs have found challenges conducting rights-focused workshops due to lack of access to venues and funding.

Accountability mechanisms and grievance procedures for persons accessing publicly-funded health care are outlined in the Government's General Orders. As it appears that some persons in the Bahamas are unaware of such mechanisms or believe that such mechanisms do not function. The NAP and other CSOs are seeking ways to raise awareness about rights among PLHIV and KPs.

In addition to the presence of grievance procedures in the public health system, PLHIV and KPs may also gain assistance in accessing justice through legal aid services at the Eugene

Dupuch Law School, pro bono legal services through some private law firms, and through community paralegals. Pro bono work through private law firms may also be arranged through various CSOs. Despite resources for accessing justice, many KPs and PLHIV do not seek recourse through these means due to stigma and discrimination as well as fear of recrimination for sex workers and undocumented immigrants.

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)?

General Orders (Section 10.45) grievance procedure for MOH; NAC process; Employment Act; Secrets Act

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

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

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

Mechanisms do not function

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

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

Decentralization efforts persist at the NAP, with HIV rapid testing available at certain DPH clinics. PMTCT services are decentralized and the NAP is currently exploring methods for ART distribution at public health clinics.

The Tuberculosis (TB) unit of the Department of Public health has worked closely with the NAP for several years to ensure that all persons with TB are screened for HIV (and vice versa) and that all TB patients co-infected with HIV receive appropriate treatment. The NAP also works closely with the Sexually Transmitted Infections (STI) unit of the Department of Public health to integrate HIV testing into routine STI screening.

Limited integration exists for HTC and non-communicable diseases, PMTCT and ANC services, and HIV care and treatment with nutrition support. The NAP is also seeking to create mechanisms to further integrate its services with ART delivery and outpatient care, violence screening in HIV services, ART delivery and non-communicable disease, HTC and child health services and cervical cancer screening with HIV services.

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)

Yes

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?

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

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

Hepatitis C screening and management in antiretroviral therapy clinics

Hepatitis B vaccination provided at antiretroviral therapy clinics

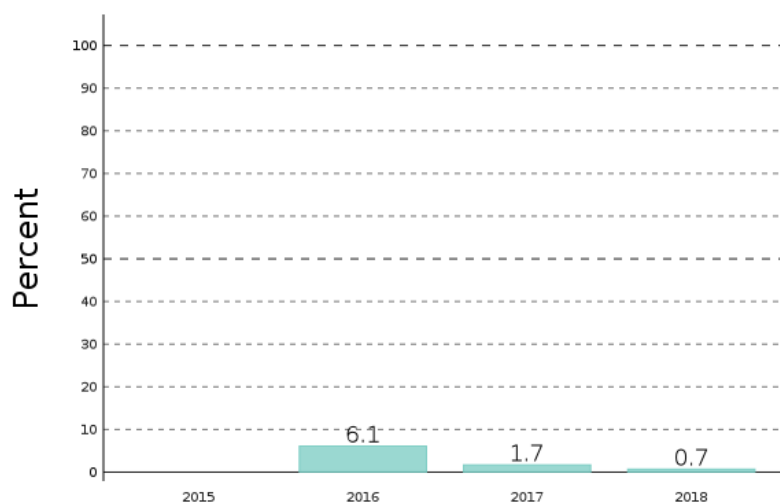
10.1 Co-managing TB and HIV treatment, Bahamas (the) (2011-2018)

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



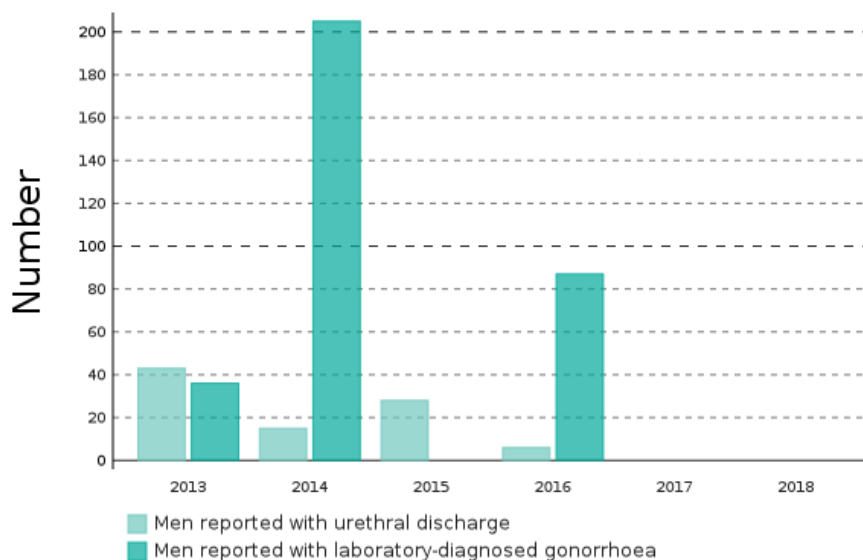
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Bahamas (the) (2015-2018)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



10.4/10.5 Sexually transmitted infections, Bahamas (the) (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



10.7/10.9 HIV and Hepatitis B/C, Bahamas (the) (2015-2018)

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

