

Country progress report - Dominica

Global AIDS Monitoring 2019



the 1990s, the number of people with a diagnosis of schizophrenia has increased in many countries (O'Connell, 2001). This increase has been attributed to a number of factors, including changes in diagnostic criteria, changes in the way in which mental health services are delivered, and changes in the way in which people with mental illness are identified and treated (O'Connell, 2001).

One of the most important factors in the increase in the number of people with a diagnosis of schizophrenia is the change in diagnostic criteria. In the 1950s, the criteria for schizophrenia were based on the work of Emil Kraepelin, who defined schizophrenia as a chronic, progressive mental illness characterized by a loss of contact with reality (Kraepelin, 1909). This definition was based on the observation that people with schizophrenia often had a long history of mental illness, and that their symptoms were often persistent and severe.

In the 1960s, the criteria for schizophrenia were revised to include a broader range of symptoms, including acute episodes of psychosis. This change was based on the work of R.D. Maudsley, who defined schizophrenia as a mental illness characterized by a loss of contact with reality, and by a range of symptoms, including acute episodes of psychosis (Maudsley, 1960). This definition was based on the observation that people with schizophrenia often had acute episodes of psychosis, and that these episodes were often severe and persistent.

The change in diagnostic criteria has led to an increase in the number of people with a diagnosis of schizophrenia. This is because the new criteria are more inclusive than the old criteria, and therefore more people are now being diagnosed with schizophrenia. This increase in the number of people with a diagnosis of schizophrenia has led to a corresponding increase in the number of people who are receiving treatment for schizophrenia.

Another important factor in the increase in the number of people with a diagnosis of schizophrenia is the change in the way in which mental health services are delivered. In the 1950s, mental health services were often delivered in large, institutional settings. This was because people with mental illness were often seen as a threat to society, and therefore were often confined to large, institutional settings. This led to a high level of institutionalization, and a high level of stigma against people with mental illness.

In the 1960s, the way in which mental health services were delivered changed. This was because people with mental illness were increasingly seen as people who could be helped, rather than as people who were a threat to society. This led to a move towards community-based mental health services, and a corresponding decrease in institutionalization. This change in the way in which mental health services are delivered has led to an increase in the number of people who are receiving treatment for schizophrenia.

A third important factor in the increase in the number of people with a diagnosis of schizophrenia is the change in the way in which people with mental illness are identified and treated. In the 1950s, people with mental illness were often identified and treated by their family and friends. This was because mental health services were often not available, and people with mental illness were often seen as a burden on their family and friends. This led to a high level of family and community care, and a high level of stigma against people with mental illness.

In the 1960s, the way in which people with mental illness are identified and treated changed. This was because people with mental illness were increasingly seen as people who could be helped, rather than as people who were a burden on their family and friends. This led to a move towards professional mental health services, and a corresponding decrease in family and community care. This change in the way in which people with mental illness are identified and treated has led to an increase in the number of people who are receiving treatment for schizophrenia.

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- IX. 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
- X. 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

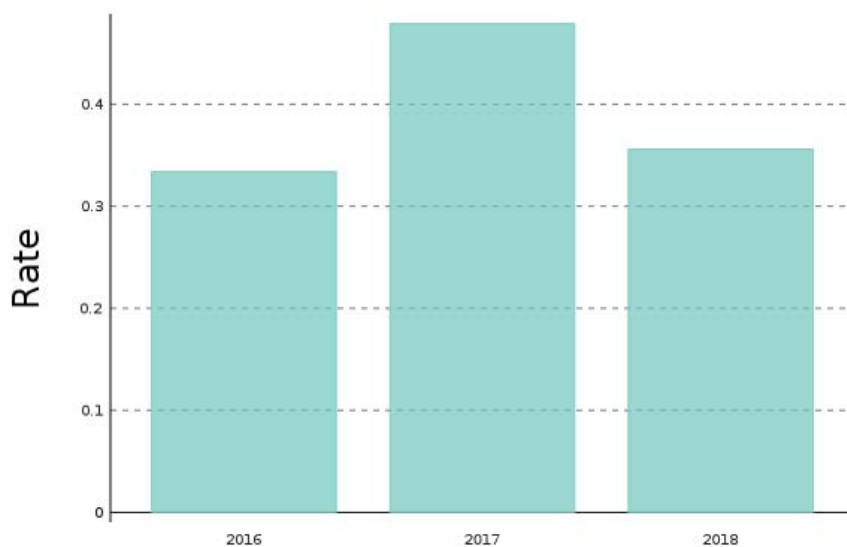
Progress summary

The National HIV and AIDS Response Programme of Dominica, which is a programme under the Ministry of Health and Social Services. The programme follows the general Vision of the Ministry of Health in “Partnering for Optimum Health for all (in Building a Resilient Country)” the vision is to promote the wellbeing of all citizens of Dominica through the provision of preventative, curative, promoting optimum health, and rehabilitative health care; compatible with acceptable standard of human dignity at a cost that is affordable and sustainable.

The National HIV and AIDS Response Programme manages four components under its portfolio to fulfil the general mission and vision of the Ministry of Health and Social Services. 1. Prevention, Behavioral Change Communications and Information, 2. Management, in Treatment and Care for PLHIV 3. Prevention of Mother to child Transmission Support and Care and 4. Monitoring and Evaluation as it relates to the HIV and AIDS epidemic. All of these components are geared at the UNAIDS target to end the epidemic by 2030 yet great concentration is places on meeting the 90/90/90 target nationally,

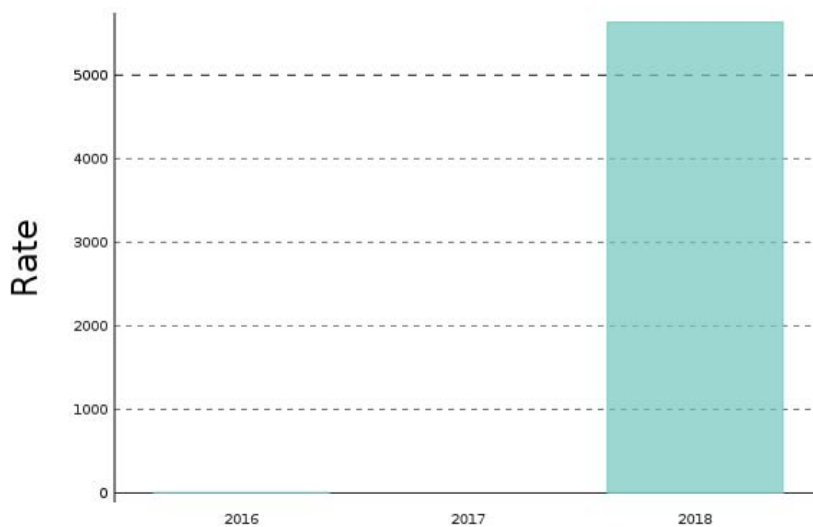
3.1 HIV incidence rate per 1000, Dominica (2016-2018)

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



1.7 AIDS mortality per 100.000, Dominica (2016-2018)

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



HIV testing and treatment cascade

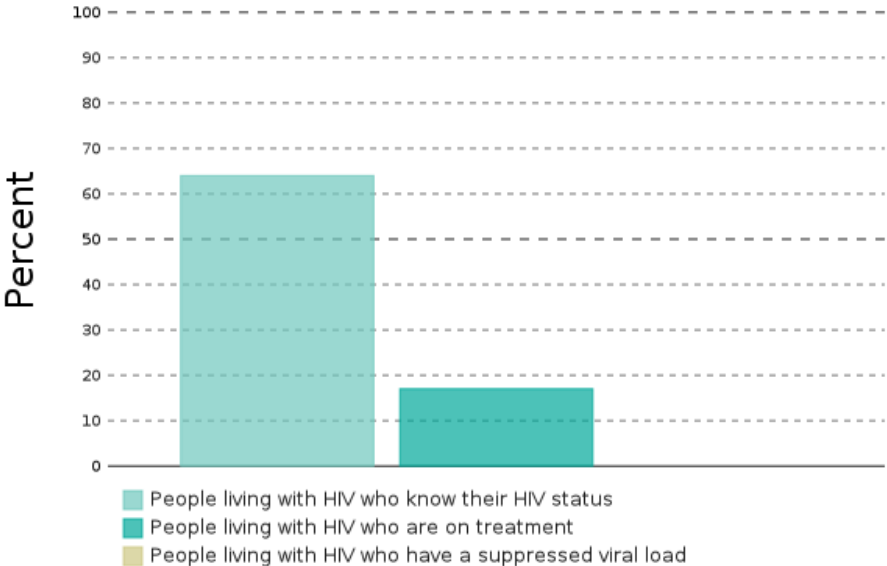
Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

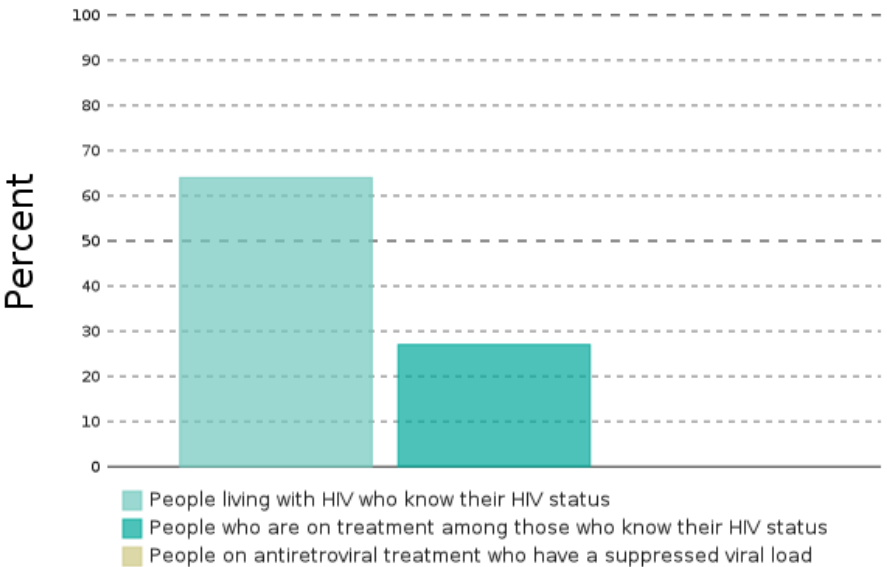
Meeting the 90/90/90 target still continues to be a challenge in country with limited resources coupled with the fact we are recuperating from the 2017 category 5 hurricane. Many of our community testing sites are still not fully functional so general testing is still not up to full accessibility level. We have been able to get back to at least 50% of our testing services to the general public. Our testing algorithm has remained the same for persons who may have a reactive rapid test result. The private labs so far have continued to collaborate with us and provide testing data.

The challenge of enrollment continues to exist. Stigma and Discrimination is also a hindrance for access into care, enrollment in care and maintaining in treatment clinical care which essentially affects meeting the targets. HAART is available to the clients who are willing to take it after adherence counselling is given and still provided to all clients free of cost to them, so this aids to an extent to reaching the goal of 2020 target yet much work still needs to be done.

HIV testing and treatment cascade, Dominica (2018)

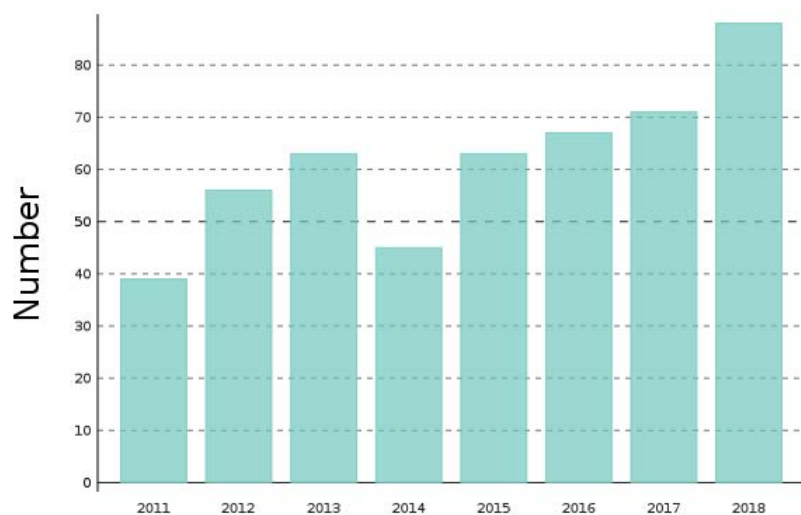


Progress towards 90-90-90 target, Dominica (2018)



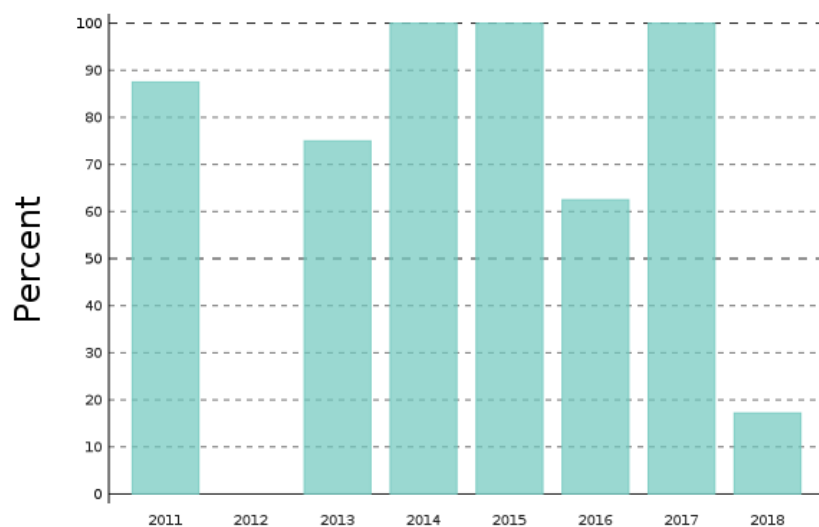
1.2 People living with HIV on antiretroviral therapy, Dominica (2011-2018)

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



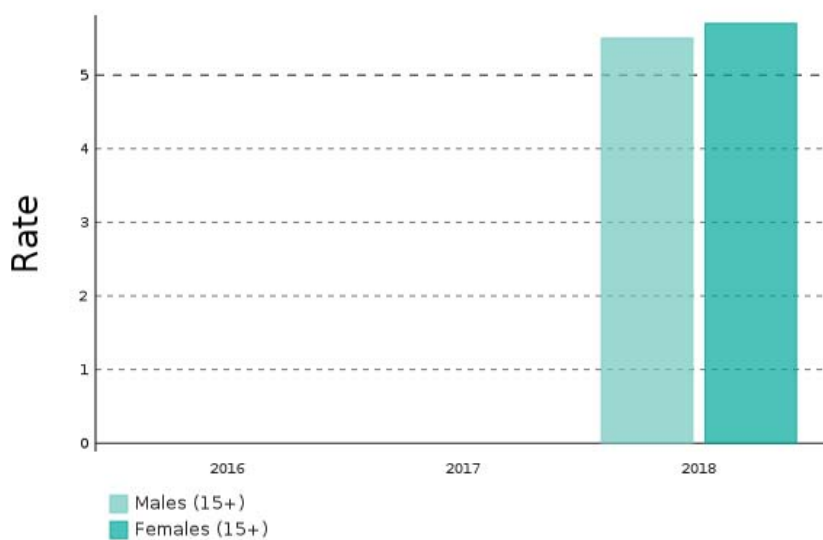
1.3 Retention on antiretroviral therapy at 12 months, Dominica (2011-2018)

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



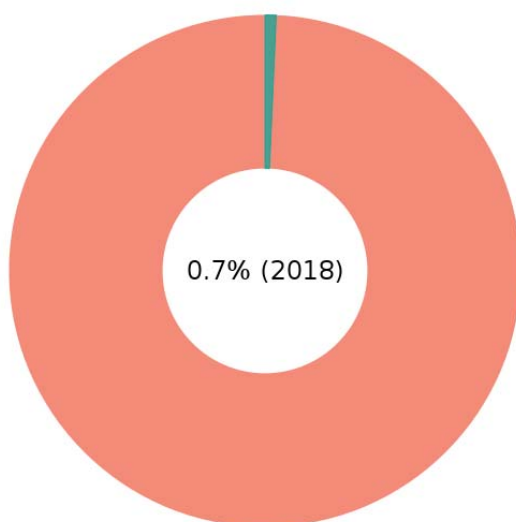
1.7 AIDS mortality rate per 100 000, Dominica (2016-2018)

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



1.8 HIV testing volume and positivity, Dominica

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



Number of HIV tests conducted = 3 229

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

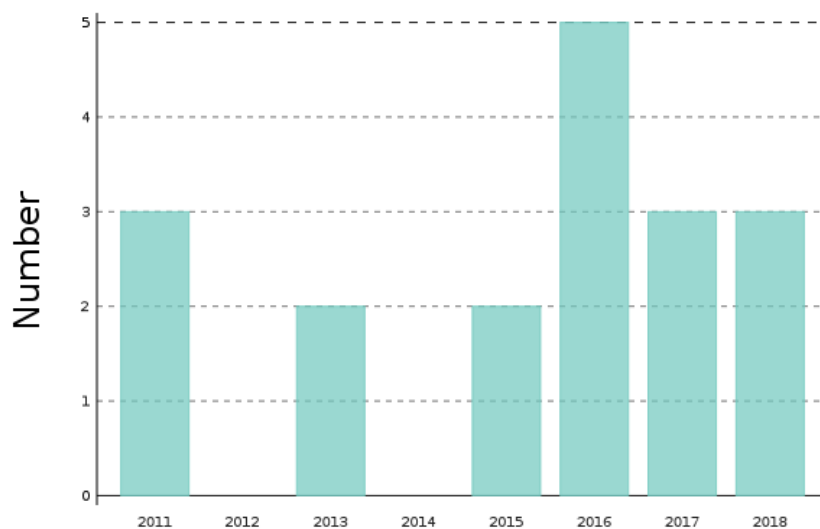
Progress summary

We have had a vibrant PMTCT Programme here in country as it relates to the prevention of HIV to our newborns. Since 2004 we have not had any child born with the virus.

We are in the process of verifying information for the EMTCT process of validation, and all medication for children after birth is made available. Any child who has reported through sexual assault medication is also made available. This process has also factor into meeting the 2020 target has been inculcated in our general preventative care component and medication is available for any other risk factor situation presented with children (needle stick, blood spill etc...)

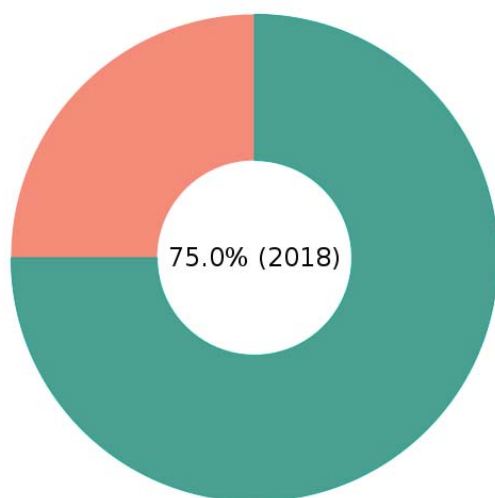
2.1 Early infant diagnosis, Dominica (2011-2018)

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, Dominica (2017-2018)

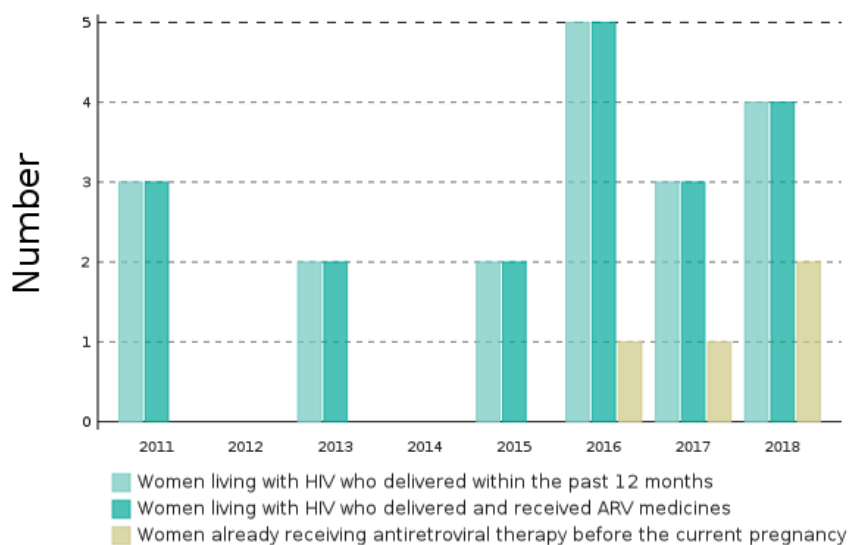
Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



↓ 100.0% (2017)

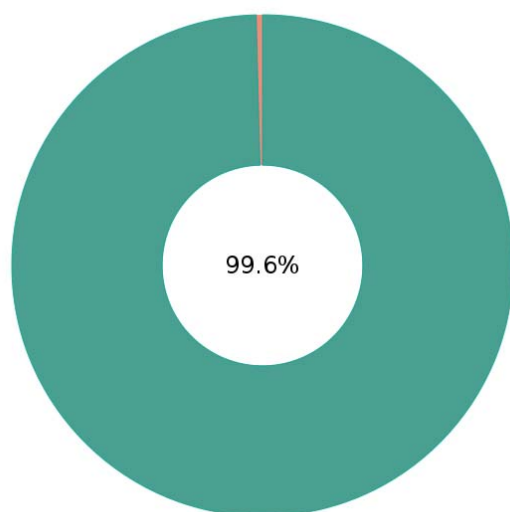
2.3 Preventing mother-to-child transmission of HIV, Dominica (2011-2018)

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



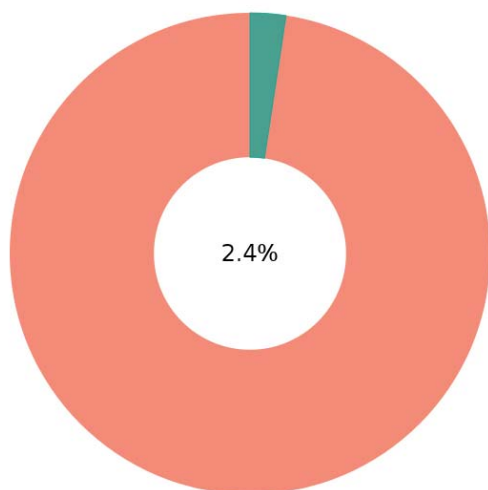
2.4 Syphilis among pregnant women, Dominica (2018)

Percentage of pregnant women tested for syphilis



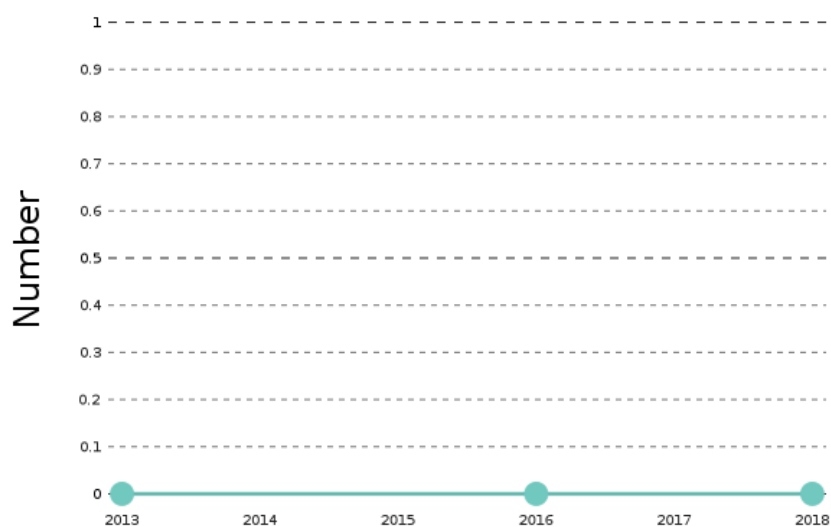
2.4 Syphilis among pregnant women, Dominica (2018)

Percentage of pregnant women tested positive for syphilis



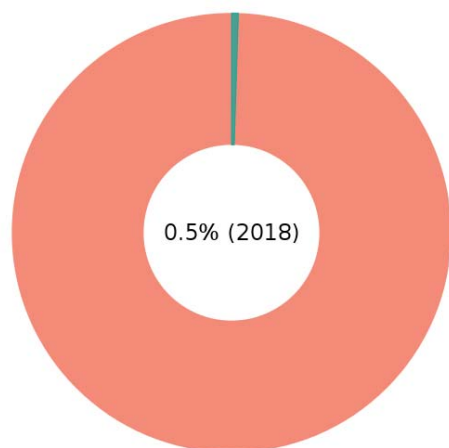
2.5 Congenital syphilis rate (live births and stillbirth), Dominica (2013-2018)

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



2.6 HIV testing in pregnant women, Dominica (2017-2018)

Percentage of pregnant women with known HIV status



↓ 66.7% (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

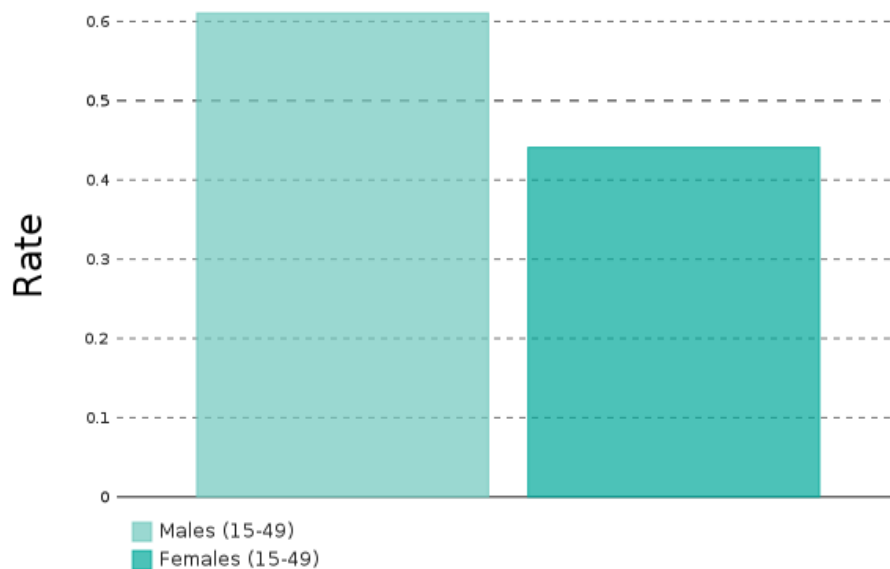
Progress summary

The prevention component of the program coupled with the Behavioral Change Communication Component of the program has distribution of commodities (male and female condoms, lubes) as an integral part of prevention. The drive to reach our most at risk population is continually maintained and the attempt to upscale involvement of persons in the CSO and NGO sector is done. Individuals within these organizations were given training in Testing and Counselling and HIV 101.

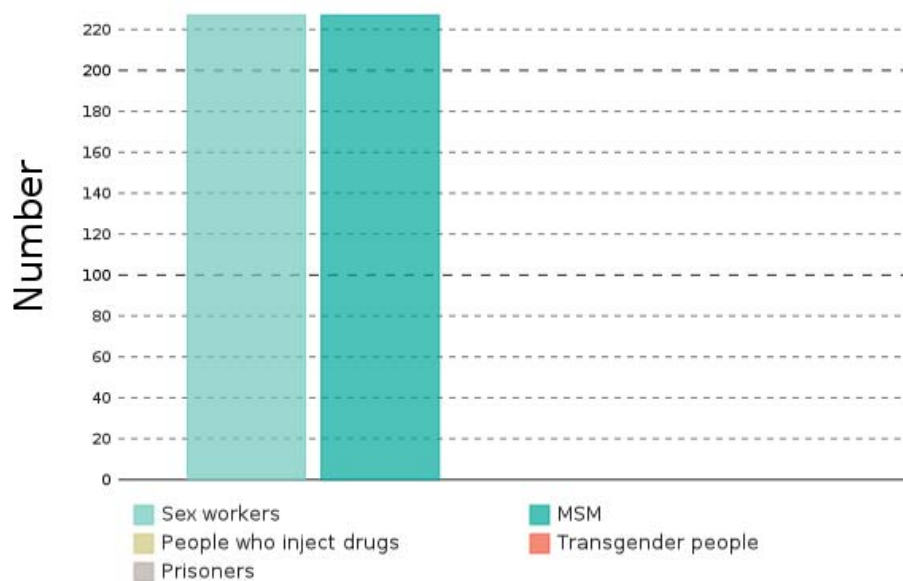
We continue to employ a Sex Worker Animator and engage with gate keepers in our MSM Population. A Mapping survey study was conducted with Sex Workers in 2017 and also a qualitative Barrier to testing services study was conducted with SW, Youth and MSM. With the findings of these surveys we are hoping that adjustment to planning and implementing of programs to meet the needs of these populations will be more strategic. We have attempted an upscale of services for the MSM and CSW clientele with support from the Global Fund Grant. We have continued using a sex worker animator and a gate keeper for the MSM community. The 2017 Population Size Estimate(PSE) carried out by Caribbean Vulnerable Community Collision(CVC) under the Global Fund Grant which may be able to give insight into better collaboration into the community to implement interventions to meet the 2020 target.

3.1 HIV incidence rate per 1000, Dominica (2018)

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

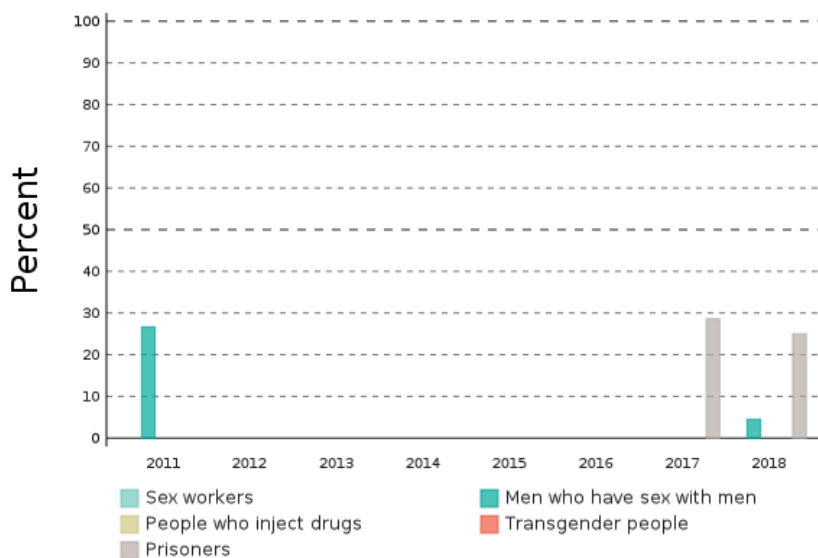


3.2 Estimates of the size of key populations, Dominica



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

Percentage of specific key populations living with HIV



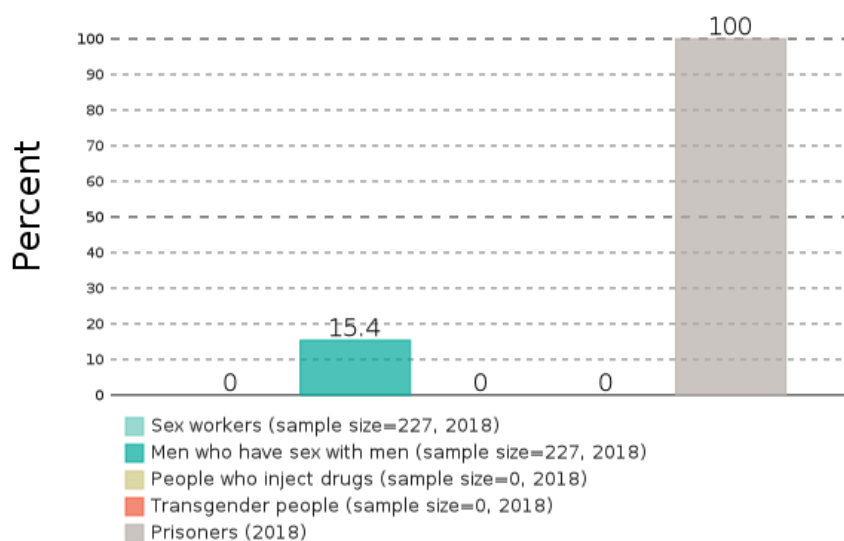
3.4 HIV testing among key populations, Dominica

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



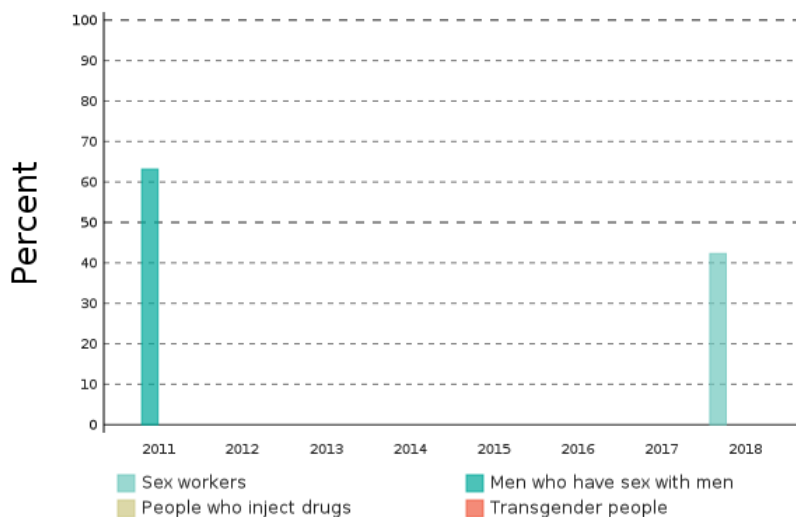
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Dominica

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



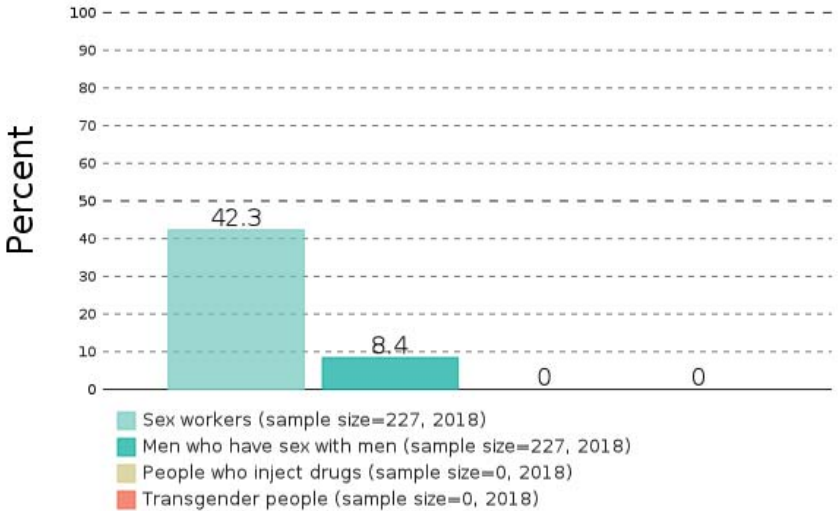
3.6 Condom use among key populations, Dominica (2011-2018)

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



3.7 Coverage of HIV prevention programmes among key populations, Dominica

Percentage of people in a key population reporting having received a combined set of HIV prevention interventions



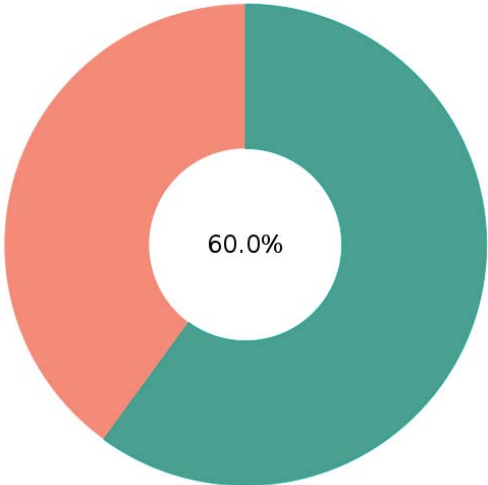
Gender; Stigma and discrimination

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

We have attempted to do capacity building with the MSM population with collaboration with regional organization inclusive of J-FLAG as it relates to human rights advocacy. A small presentation on examining anti-sodomy laws across the commonwealth was also launch by the Caribbean HIV and AIDS Legal Network of Canada. We are continuing to engage the Key population as it relates to organization, strengthening and empowerment and capacity building .

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

The collaborative link between National Youth Council is still ongoing, as they are one of the CSOs that we collaborate with the most. We have also established a relationship with the All Saints Medical University Student Body and outreach is carried out at the country's secondary school and State college.

Testing in collaboration with the Dominica Plan Parenthood Association is being done and is geared at targeting young women in child-bearing age. Strong collaboration to the planned parenthood association is also existent. Recent HIV education training was carried out with young persons with individuals from the SW and MSM community involved.

Social protection

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

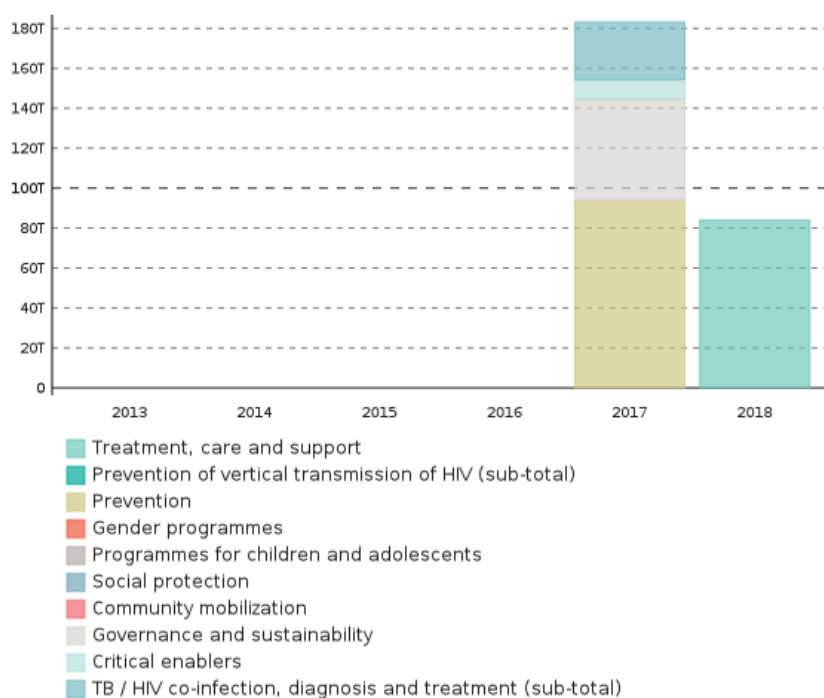
Progress summary

Under the programmes Treatment and Care component, work is carried out continuously with the PLHIV Community. Adherence training was done last year with the support by Global Fund. PLHIV were invited along with Health Care Providers and Clinical Care Givers. The challenge during part of the year is the lack of Counsellor and Social Worker within the Programme structure at present.

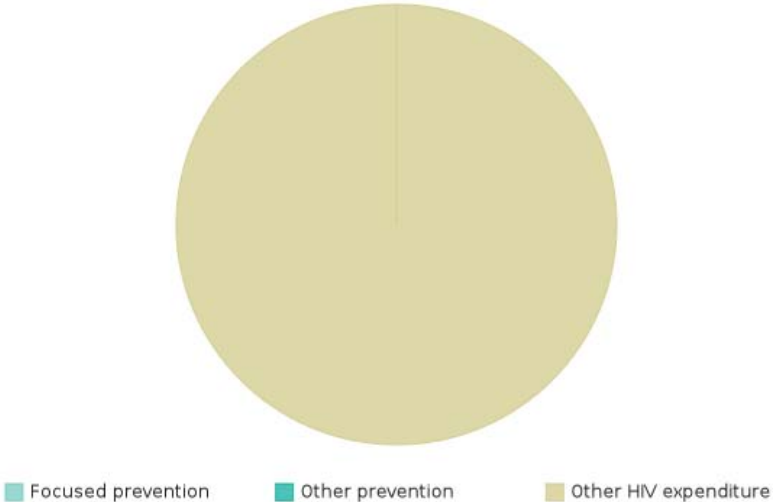
HIV expenditure

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

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



Share of effective prevention out of total, Dominica (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

This is an ongoing challenge and attempt for these groups to seek redress is encouraged.

AIDS out of isolation

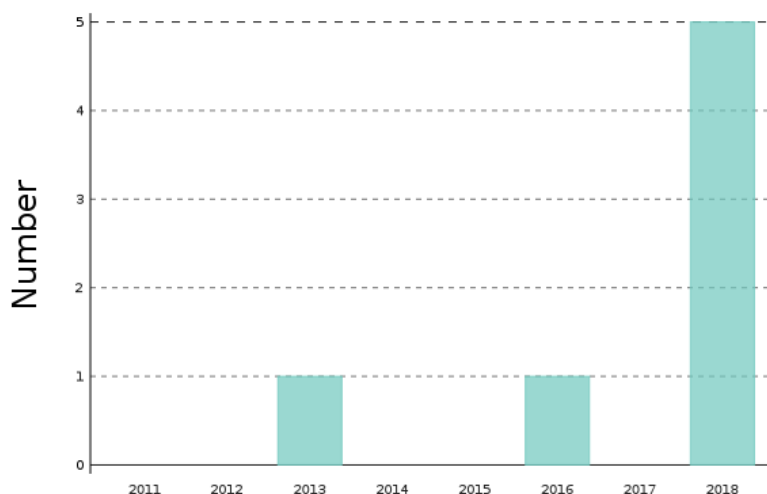
Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

Services provided are costless to the clients, this include cancer screen and all STI screenings carried out in the Public Health Care System is available to clientele. The Programme also encompasses TB screen and a TB focal point has been put in place as we move forward. In the development of the new HIV and AIDS strategic plan draft screening for Hepatitis B and C will be started. National health coverage is given as far as its availability into the public system.

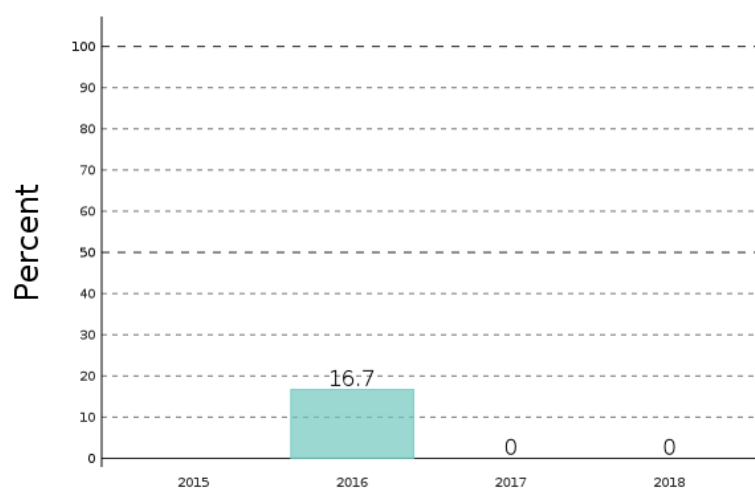
10.1 Co-managing TB and HIV treatment, Dominica (2011-2018)

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, Dominica (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, Dominica (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

