

Country progress report - Grenada

Global AIDS Monitoring 2019



the other hand, the number of species in the community is not expected to increase with increasing disturbance (Pickett and Baskin 1999).

Disturbance is a dynamic process, and the effects of disturbance on the community are not necessarily immediate. For example, disturbance may affect the community by changing the amount of available resources, or by changing the physical structure of the habitat. The effects of disturbance on the community may also be indirect, for example, by affecting the behavior of the organisms in the community. Therefore, the effects of disturbance on the community are often complex and difficult to predict.

In this paper, we study the effects of disturbance on the community structure of a grassland community. We focus on the effects of disturbance on the number of species in the community, and on the relative abundance of the species in the community. We use a simple model to study the effects of disturbance on the community structure, and we compare the results of the model with the results of a field experiment.

The model is based on the idea that disturbance affects the community by changing the amount of available resources. We assume that the amount of available resources is proportional to the amount of disturbance. We assume that the amount of available resources affects the number of species in the community, and the relative abundance of the species in the community. We use a simple model to study the effects of disturbance on the community structure, and we compare the results of the model with the results of a field experiment.

The field experiment was conducted in a grassland community in the Netherlands. The community was divided into two groups: a control group and a disturbance group. The control group was left undisturbed, and the disturbance group was disturbed by mowing. The number of species in the community, and the relative abundance of the species in the community, were measured in both groups. The results of the field experiment are compared with the results of the model.

The results of the field experiment show that the number of species in the community is higher in the disturbance group than in the control group. This is in agreement with the results of the model, which predict that the number of species in the community increases with increasing disturbance. The relative abundance of the species in the community is also higher in the disturbance group than in the control group. This is also in agreement with the results of the model, which predict that the relative abundance of the species in the community increases with increasing disturbance.

The results of the field experiment and the model suggest that disturbance affects the community structure of a grassland community by changing the amount of available resources. This is in agreement with the idea that disturbance affects the community by changing the amount of available resources. The results of the field experiment and the model also suggest that the number of species in the community, and the relative abundance of the species in the community, are both affected by disturbance. This is in agreement with the results of the model, which predict that the number of species in the community, and the relative abundance of the species in the community, both increase with increasing disturbance.

In conclusion, the results of the field experiment and the model suggest that disturbance affects the community structure of a grassland community by changing the amount of available resources. This is in agreement with the idea that disturbance affects the community by changing the amount of available resources. The results of the field experiment and the model also suggest that the number of species in the community, and the relative abundance of the species in the community, are both affected by disturbance. This is in agreement with the results of the model, which predict that the number of species in the community, and the relative abundance of the species in the community, both increase with increasing disturbance.

Contents

- I. Overall - Fast-track targets
- II. 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
- III. 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
- IV. 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
- V. 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
- VI. Community-led service delivery - Ensure that at least 30% of all service delivery is community-led by 2020
- VII. 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

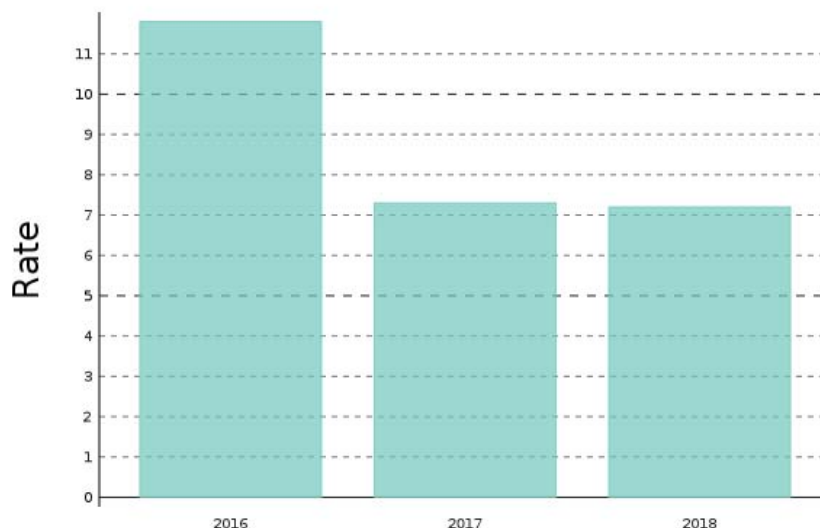
Fast-track targets

Progress summary

The national HIV response program has been ongoing from 1984. Over these three decades there has been years of advances and other with challenged to these advances. On average the rate of new infections rose consistently until 2015 when that rate started to decline through to 2018. People living with HIV also have increased as AIDS related deaths have similarly shown a decline. The Ministry of Health has made a commitment to continue to resource our National program and to aim to achieve our goal of 90-90-90. The focus for 2019 will be to achieve the first 90 by increasing mechanisms for testing and collaborating with other stakeholders in that bid. Our Civil Society Organisation with responsibility for key population is considered a key partner in this endeavor.

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

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



HIV testing and treatment cascade

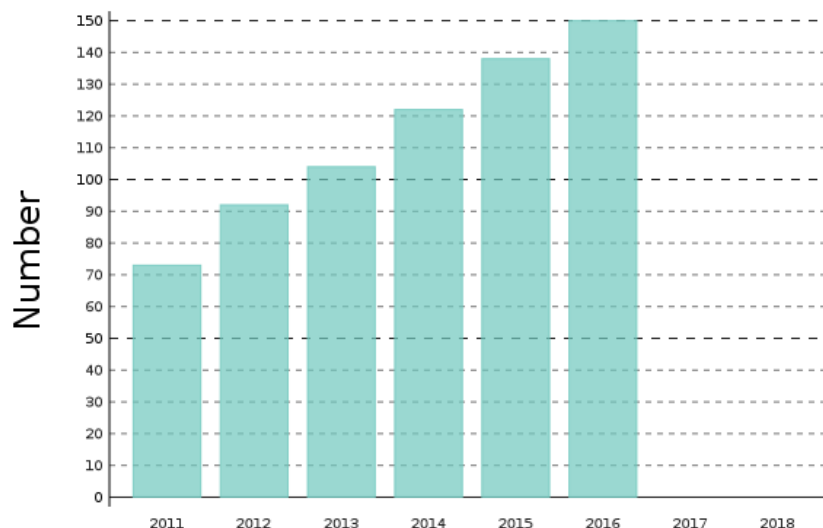
Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

Grenada is committed to ensuring that treatment is available for everyone living with HIV. Discussions have begun with regards to the material and supplies needed to commence a treat all approach to our national program. Through our Pooled Procurement Service provided by the OECS, provides a mechanism for the procurement of ARVs at a price that supports our ability to treat all.

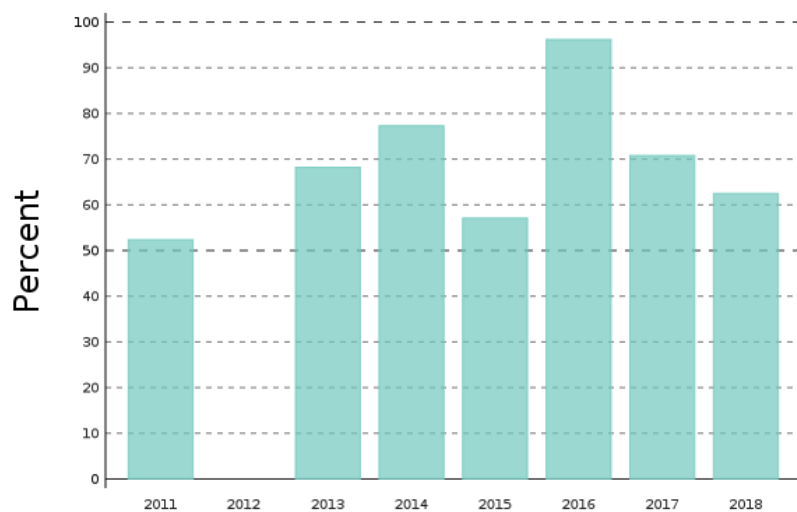
1.2 People living with HIV on antiretroviral therapy, Grenada (2011-2018)

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



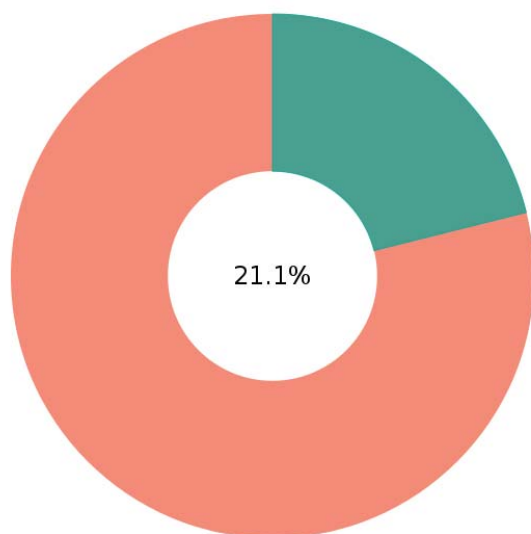
1.3 Retention on antiretroviral therapy at 12 months, Grenada (2011-2018)

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



1.5 Late HIV diagnosis, Grenada (2018)

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



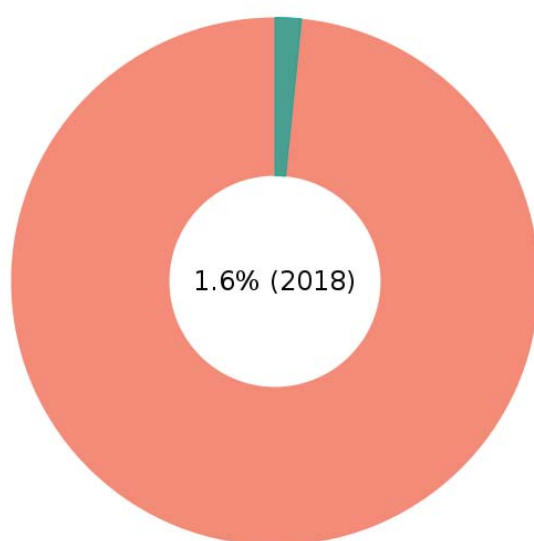
1.7 AIDS mortality rate per 100 000, Grenada (2016-2018)

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



1.8 HIV testing volume and positivity, Grenada

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



Number of HIV tests conducted = 1 698

Prevention of mother-to-child transmission

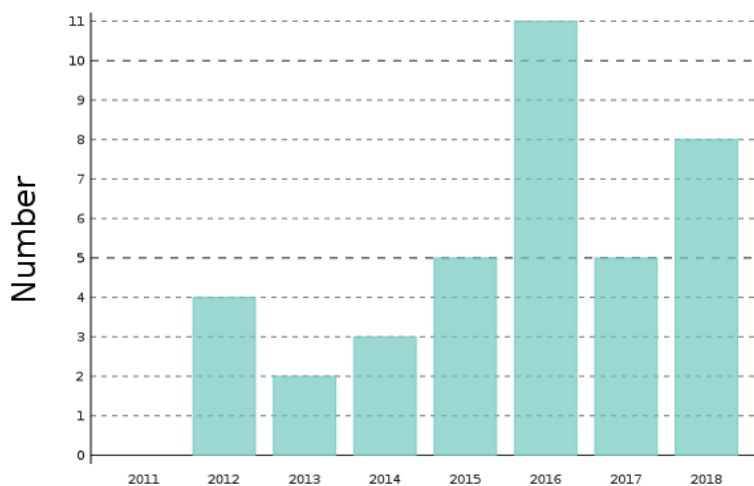
Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

Our commitment to treatment for children are same and in accordance with efforts to improve our adolescent health policy, recognizing the gaps that exists with regards access to health care overall.

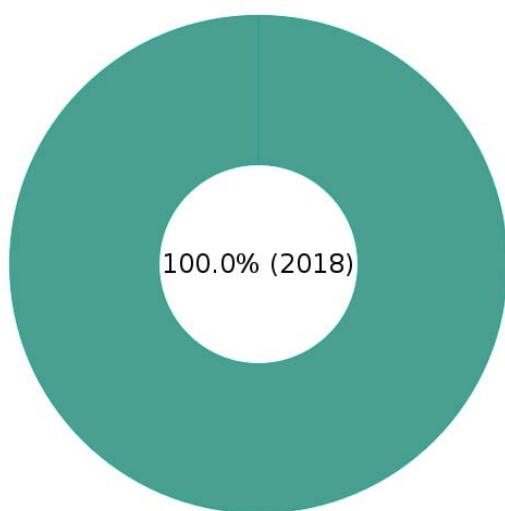
2.1 Early infant diagnosis, Grenada (2011-2018)

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, Grenada (2017-2018)

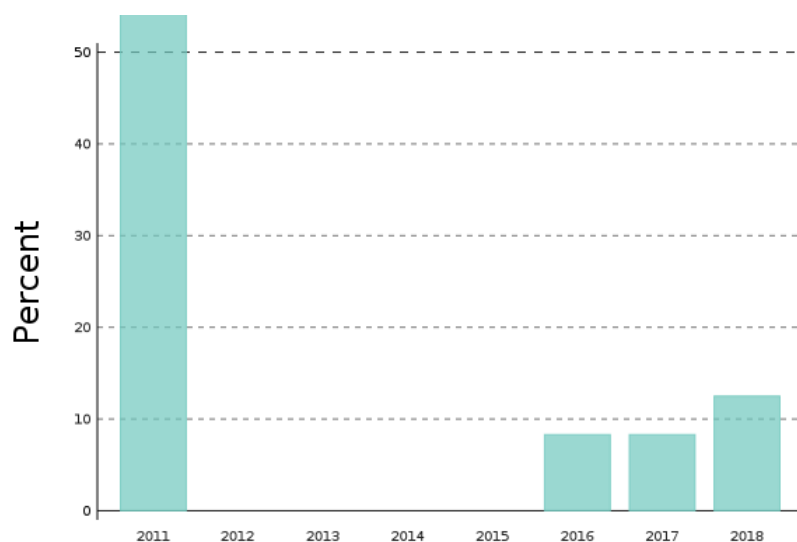
Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



↑ 83.3% (2017)

2.2 Mother-to-child transmission of HIV, Grenada (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



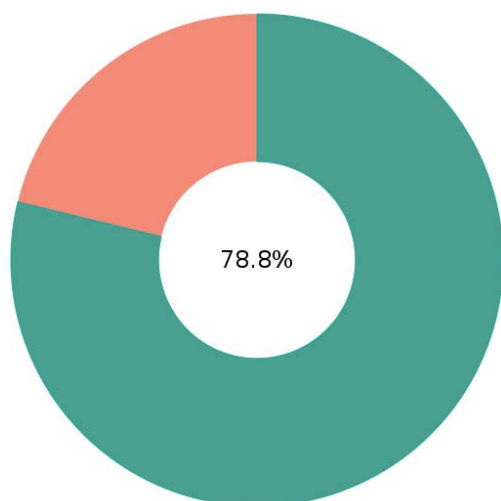
2.3 Preventing mother-to-child transmission of HIV, Grenada (2011-2018)

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



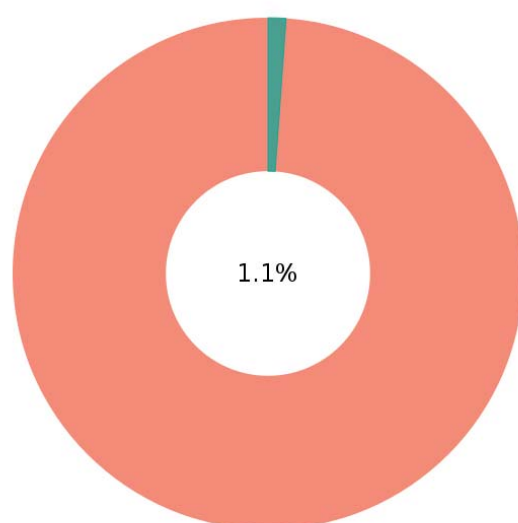
2.4 Syphilis among pregnant women, Grenada (2018)

Percentage of pregnant women tested for syphilis



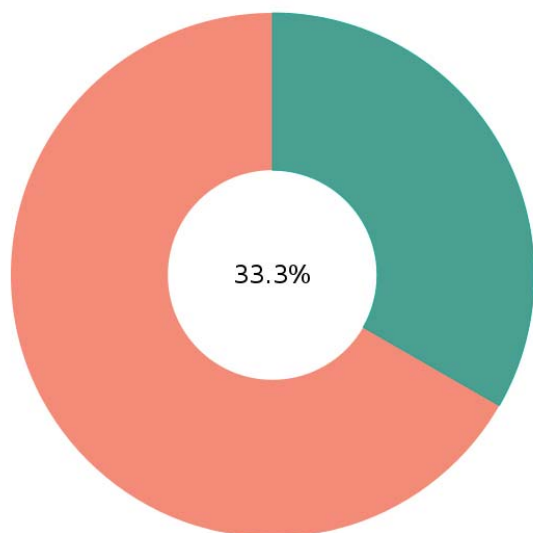
2.4 Syphilis among pregnant women, Grenada (2018)

Percentage of pregnant women tested positive for syphilis



2.4 Syphilis among pregnant women, Grenada (2018)

Percentage of pregnant women on treatment among those who tested positive



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

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



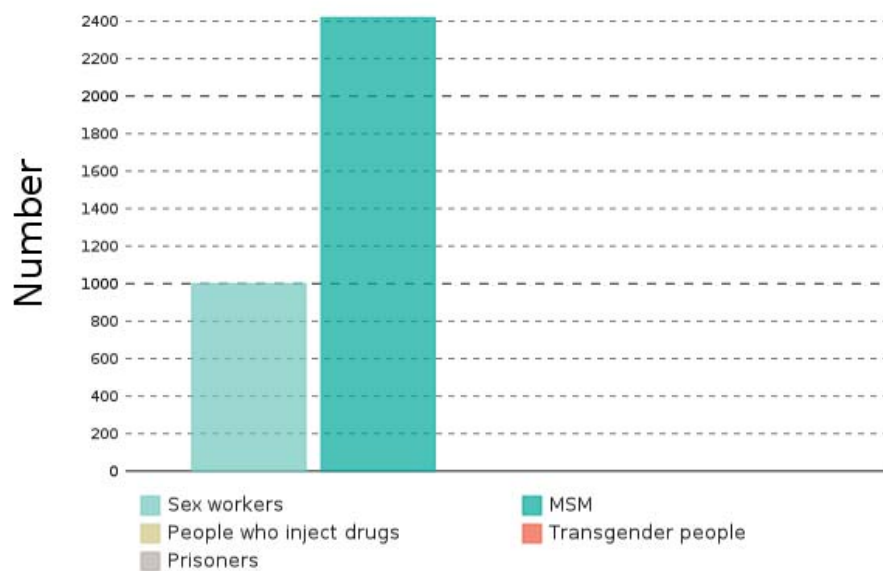
HIV prevention; Key populations

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

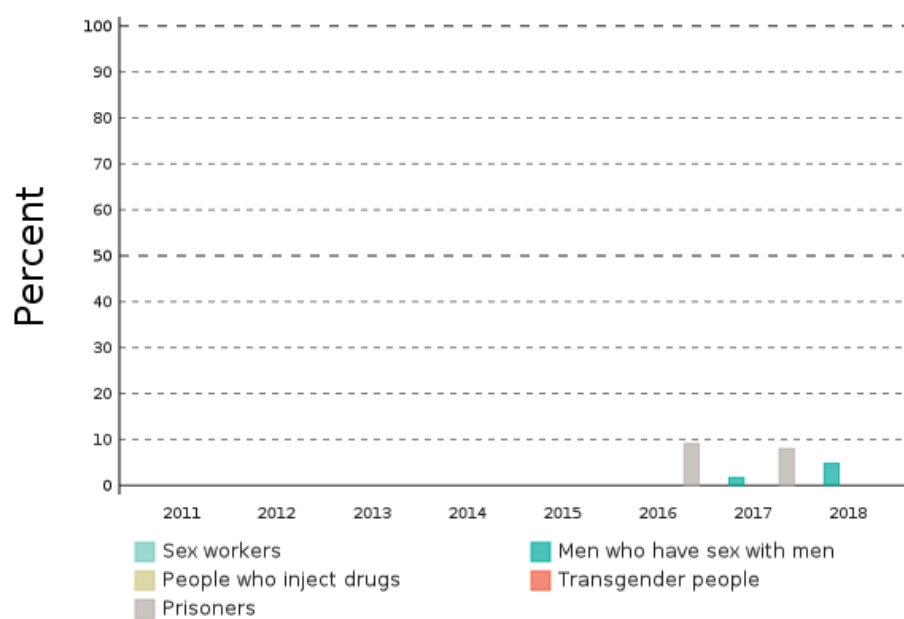
We are working with our strategic partner Civil Society Organisation that advocates for our Key population to build capacity and provide resource to be able to offer access to combination prevention options.

3.2 Estimates of the size of key populations, Grenada



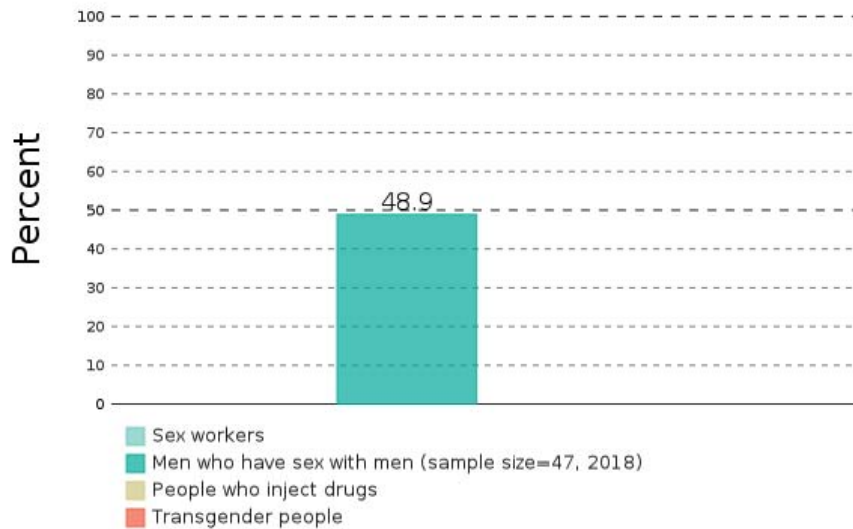
3.3 HIV prevalence among key populations, Grenada (2011-2018)

Percentage of specific key populations living with HIV



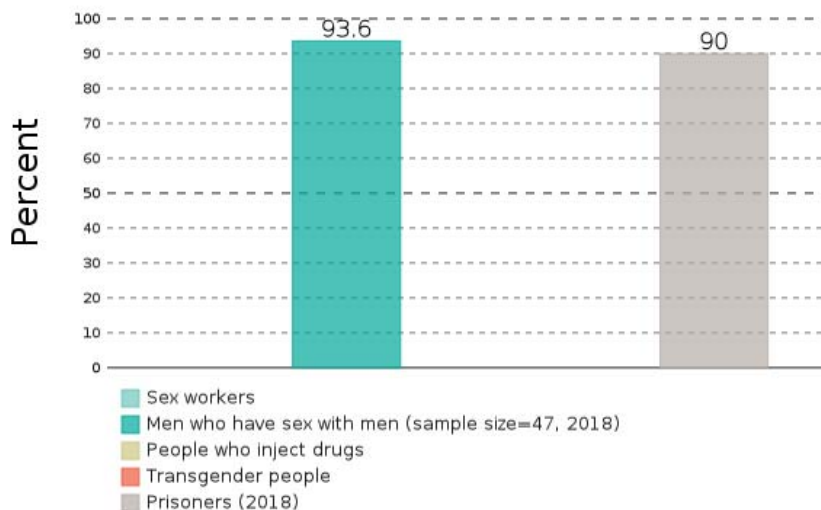
3.4 HIV testing among key populations, Grenada

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



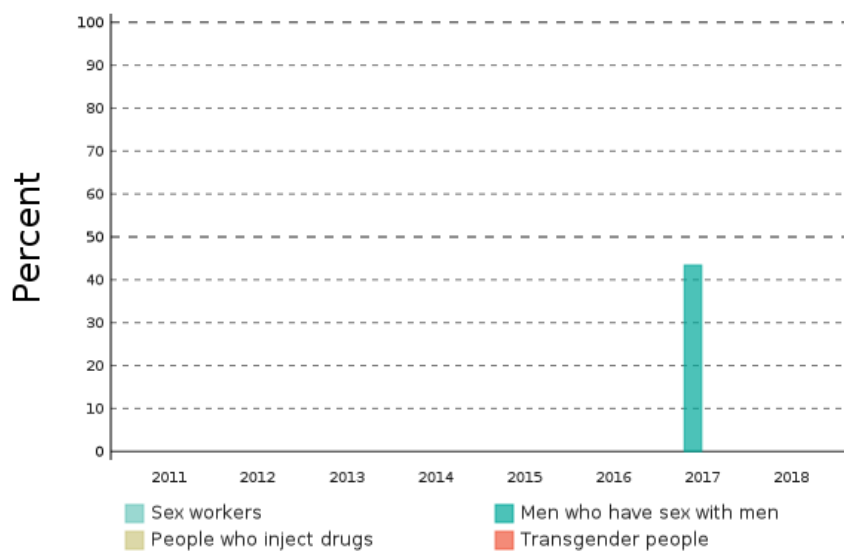
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Grenada

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



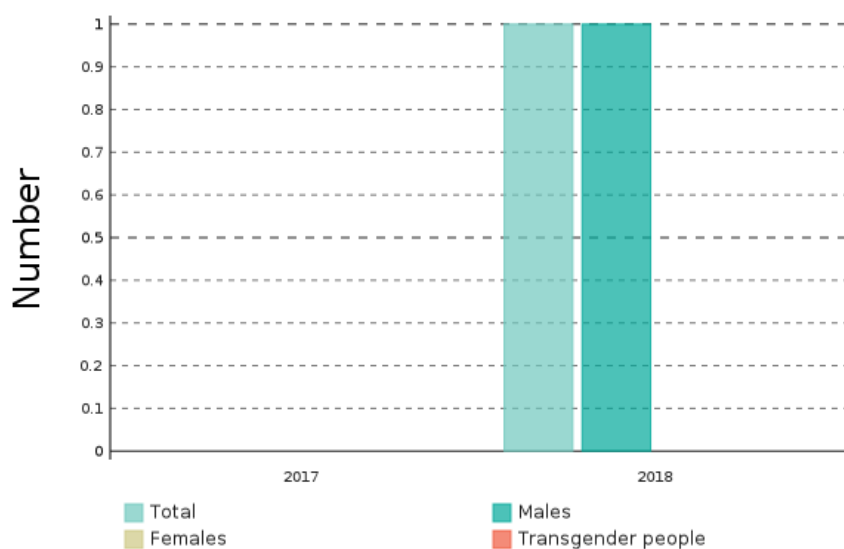
3.6 Condom use among key populations, Grenada (2011-2018)

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



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

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



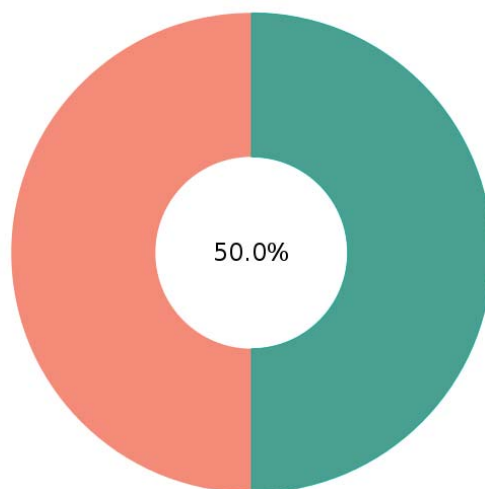
Gender; Stigma and discrimination

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

In collaboration with the Ministry of Social Development, a protocol for management of Gender violence has been developed.

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Community-led service delivery

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

Progress summary

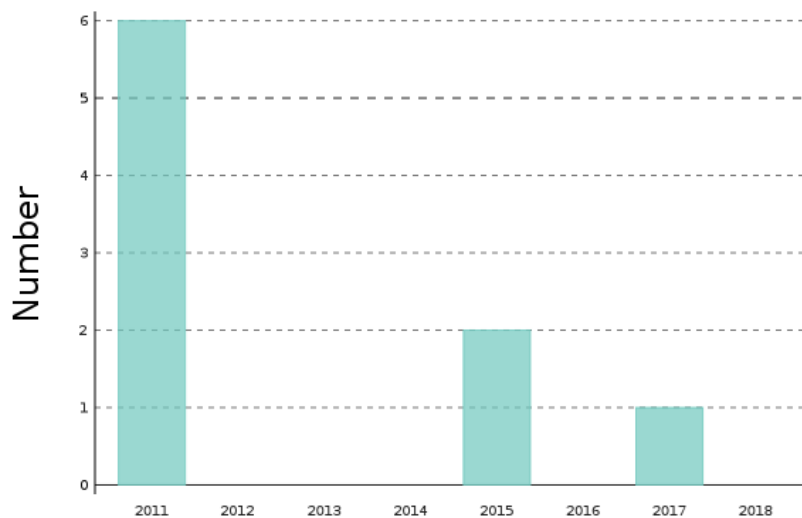
Under the just concluded Global Fund Grant, capacity building in the area of testing services with done for community health workers. Similarly, an assessment for the integration of HIV into Primary Health Care was conducted by PAHO. It is hoped that in the coming years we will incrementally decentralize HIV response in the primary health care system

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

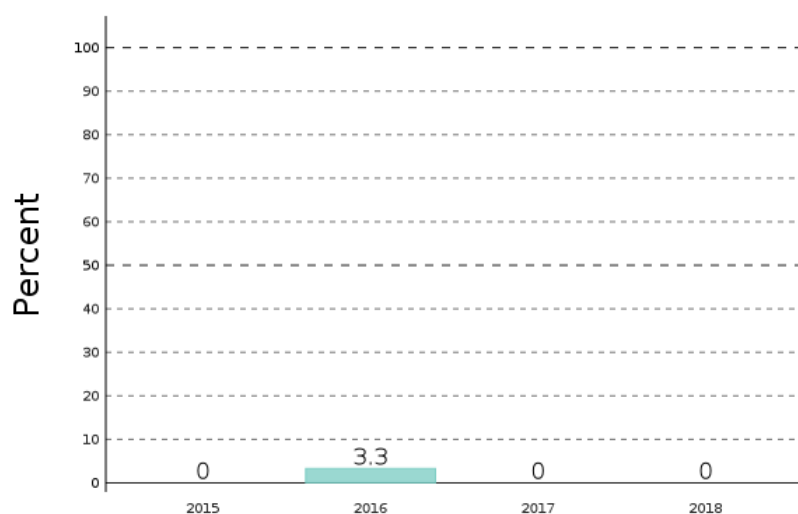
10.1 Co-managing TB and HIV treatment, Grenada (2011-2018)

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



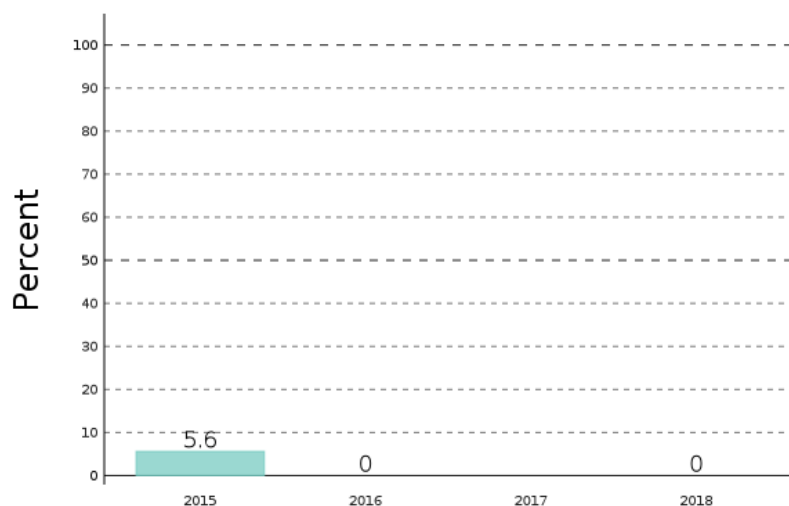
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Grenada (2015-2018)

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



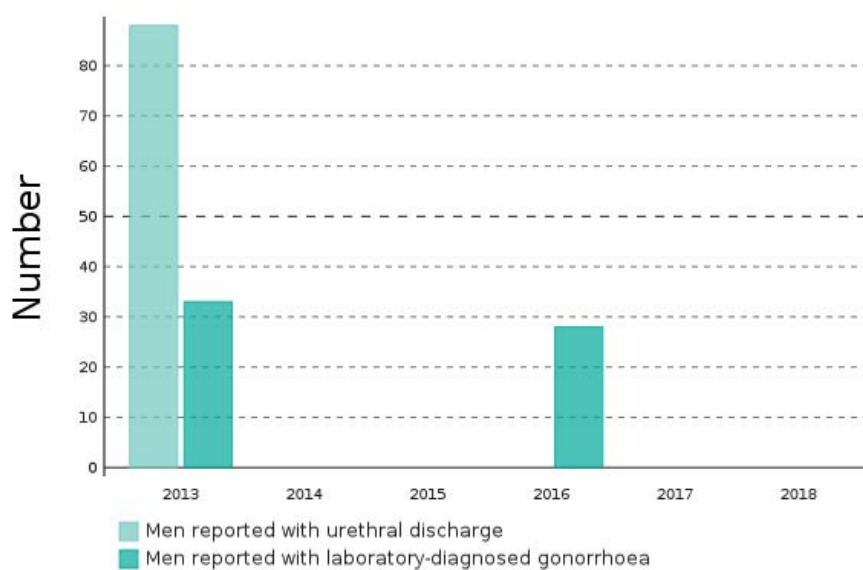
10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Grenada (2015-2018)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period



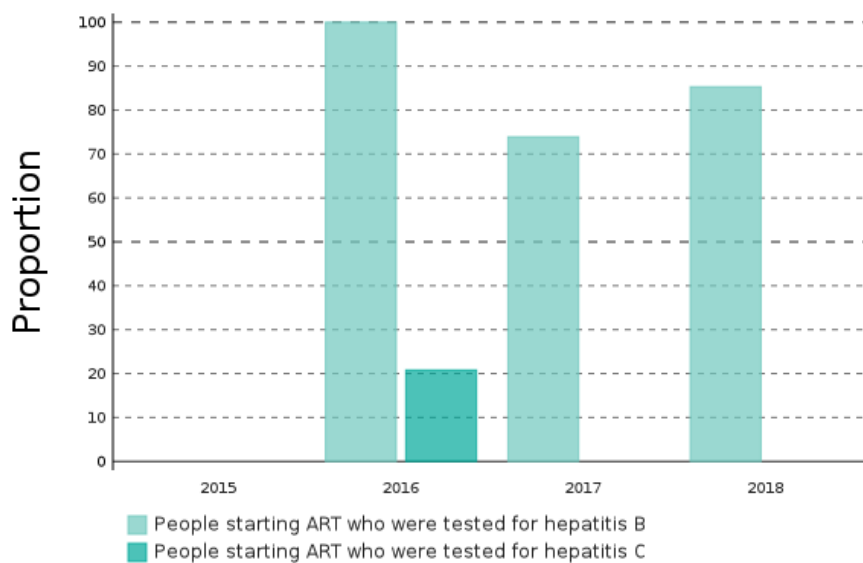
10.4/10.5 Sexually transmitted infections, Grenada (2013-2018)

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



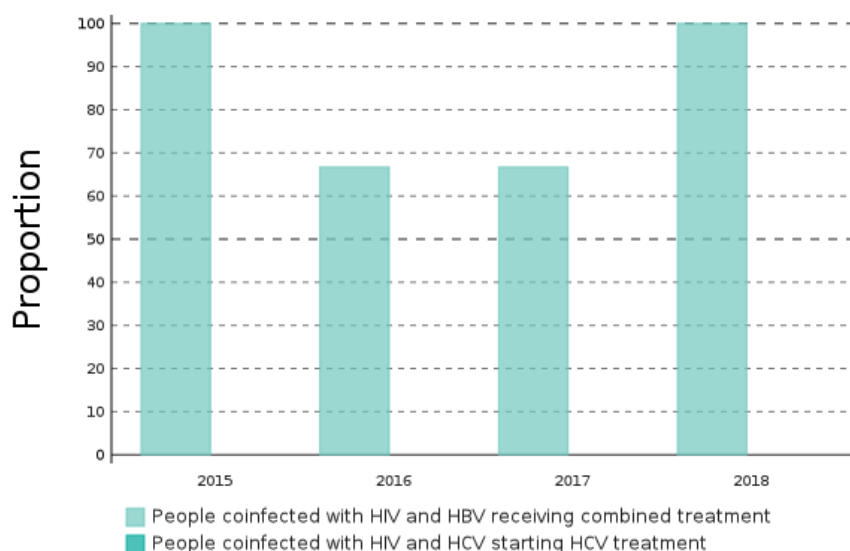
10.6/10.8 Hepatitis testing, Grenada (2015-2018)

Proportion of people starting antiretroviral therapy who were tested for hepatitis



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

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



10.10 Cervical cancer screening among women living with HIV, Grenada (2016-2018)

Proportion of women living with HIV 30–49 years old who report being screened for cervical cancer using any of the following methods: visual inspection with acetic acid or vinegar (VIA), Pap smear or human papillomavirus (HPV) test

