

# Country progress report - Saint Kitts and Nevis

*Global AIDS Monitoring 2017*



the system, it is more difficult to find a solution that is acceptable to all parties. In a multi-party system, the government is formed by a coalition of parties, and the coalition partners may have different interests and priorities. This can lead to a lack of consensus and a fragmented government. In a two-party system, the government is formed by two parties, and the government is more likely to be stable and cohesive. This can lead to a more consistent and effective government.

Another advantage of a two-party system is that it is easier to elect a government. In a multi-party system, voters must choose between a large number of parties, and it is often difficult to identify a clear winner. In a two-party system, voters can choose between two parties, and the winner is usually clear. This can lead to a more stable and predictable government. In a multi-party system, the government is often formed by a coalition of parties, and the coalition partners may have different interests and priorities. This can lead to a lack of consensus and a fragmented government. In a two-party system, the government is formed by two parties, and the government is more likely to be stable and cohesive. This can lead to a more consistent and effective government.

There are also some disadvantages to a two-party system. One disadvantage is that it can lead to a lack of representation for minority groups. In a two-party system, the two major parties may not represent the interests of all groups in society. In a multi-party system, there are more parties, and it is more likely that the interests of all groups will be represented. Another disadvantage is that a two-party system can lead to a lack of innovation. In a two-party system, the two major parties may be too similar to each other, and they may not offer new ideas or solutions. In a multi-party system, there are more parties, and it is more likely that there will be new ideas and solutions.

There are also some advantages to a multi-party system. One advantage is that it can lead to a more representative government. In a multi-party system, there are more parties, and it is more likely that the interests of all groups will be represented. Another advantage is that a multi-party system can lead to a more stable government. In a multi-party system, the government is formed by a coalition of parties, and the coalition partners may have different interests and priorities. This can lead to a lack of consensus and a fragmented government. In a two-party system, the government is formed by two parties, and the government is more likely to be stable and cohesive. This can lead to a more consistent and effective government.

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In conclusion, there are both advantages and disadvantages to a two-party system and a multi-party system. A two-party system can lead to a more stable and consistent government, but it can also lead to a lack of representation for minority groups and a lack of innovation. A multi-party system can lead to a more representative government, but it can also lead to a lack of stability and a lack of innovation. The best system for a country depends on its history, culture, and political environment. In China, a two-party system may be more appropriate than a multi-party system. This is because China has a long history of a single-party system, and the Chinese people are used to a single-party system. A two-party system may be more familiar to the Chinese people, and it may be easier to implement. A multi-party system may be more difficult to implement in China, and it may lead to a lack of stability and a lack of innovation.

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# Overall

## **Fast-track targets**

### **Progress summary**

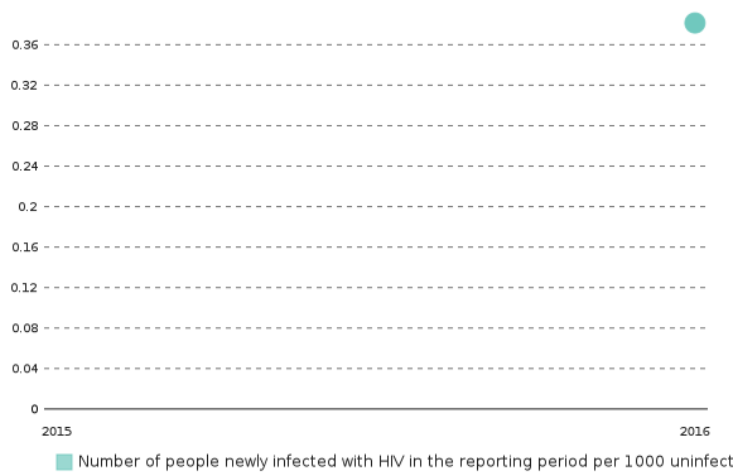
The National AIDS Response was first commissioned in the late 90's, to respond to the epidemic of HIV and AIDS in the Caribbean. The first HIV Unit was staffed with a coordinator whose primary responsibility included awareness and sensitization of HIV to the public and designing prevention strategies to reduce the incidence rate. As the programme demands grew, it became necessary to provide additional support to the Coordinator and the National AIDS Secretariat, under the Health Promotion Unit was conceptualized in 2000. Additional staff were recruited to provide prevention and counseling activities. The present composition of the National AIDS Secretariat is still insufficient to meet the demands of the programme and the necessary national, regional and global targets.

The National Strategic Plan for HIV/AIDS response (2010-2014) has expired and plans are on the way for the development of a new AIDS Action Plan.

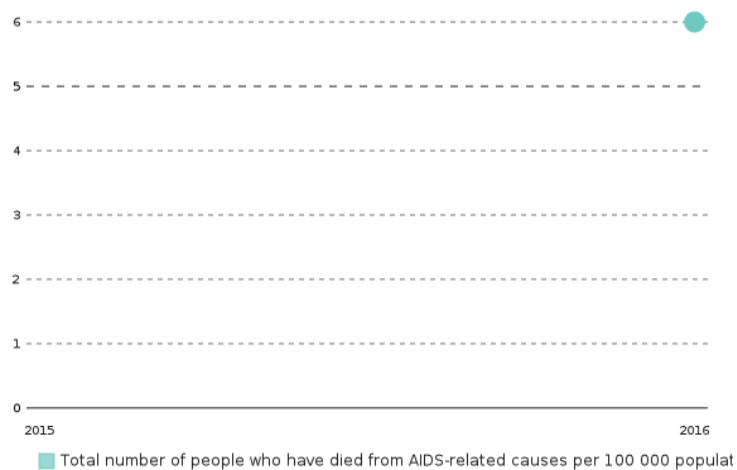
The National AIDS Programme of St. Kitts and Nevis is accountable to the National Advisory Council on HIV and AIDS (NACHA) which has been operational since 2005. This body comprises of representation from Civil Society, Persons Living with HIV (PLHIV) and the Government, and has its mandate from the Office of the Prime Minister. NACHA's roles and responsibilities include the coordination of the national response to HIV/AIDS through implementation of the National AIDS Secretariat and key partners.

Two secretariats exist for coordination, implementation, technical direction and information provision. These are the National AIDS Secretariat (NAS) in St. Kitts and the Nevis AIDS Coordination Unit (NACU) in Nevis. The sister isle Nevis, occupies three mandatory in addition to an ex-officio seat on the NACHA Committee ensuring appropriate representation of the two islands. The organogram in Figure 1 shows the structure of the national AIDS response for St. Kitts and Nevis.

### 3.1 HIV incidence, Saint Kitts and Nevis (2015-2016)



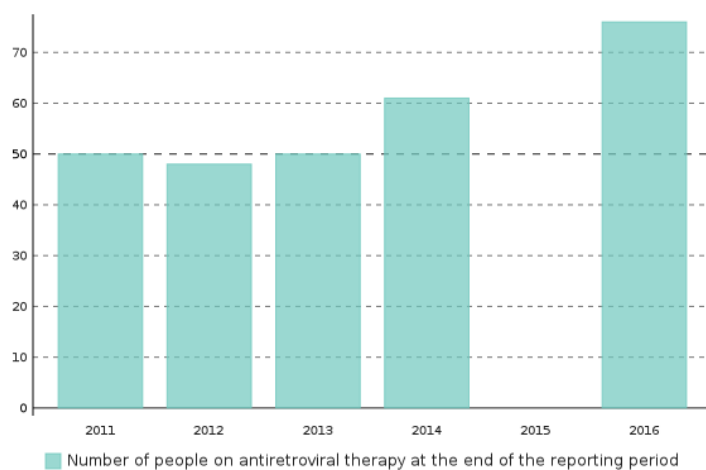
### 3.1 AIDS mortality, Saint Kitts and Nevis (2015-2016)



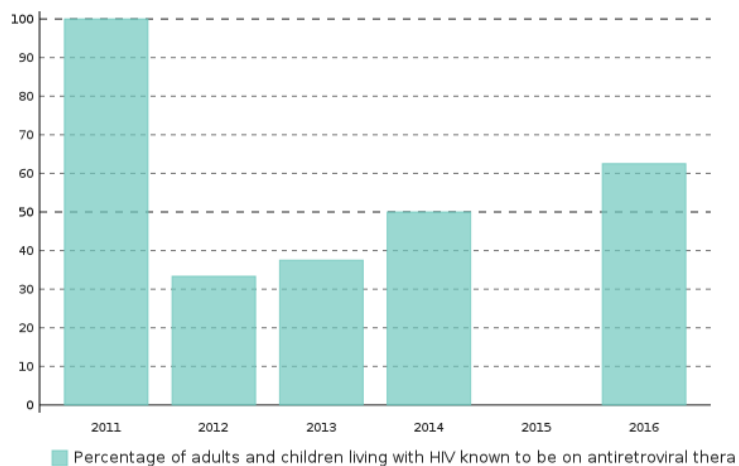
# Commitment 1

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

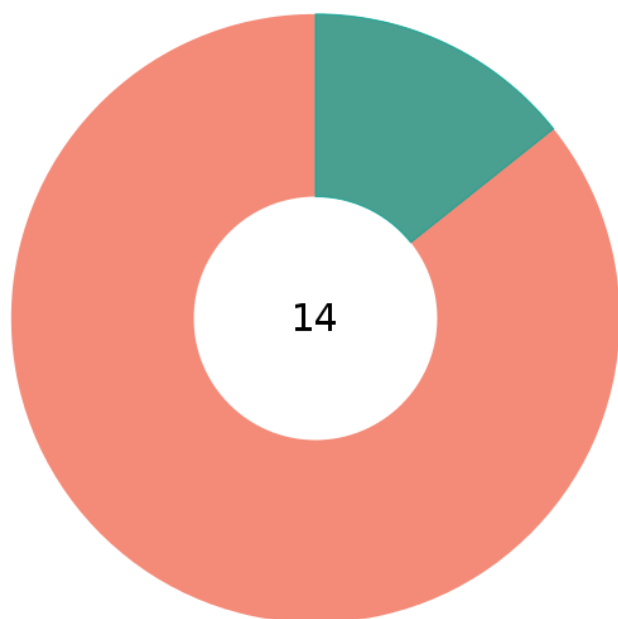
## **1.2 People living with HIV on antiretroviral therapy, Saint Kitts and Nevis (2011-2016)**



### 1.3 Retention on antiretroviral therapy at 12 months, Saint Kitts and Nevis (2011-2016)



### 1.5 Late HIV diagnosis, Saint Kitts and Nevis (2016)

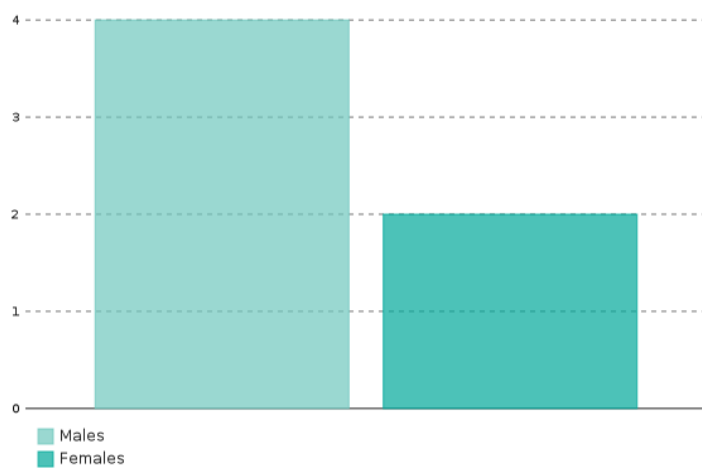


Percentage of people living with HIV with the initial CD4 cell count <200 cells/l



## 1.7 AIDS mortality, Saint Kitts and Nevis (2016)

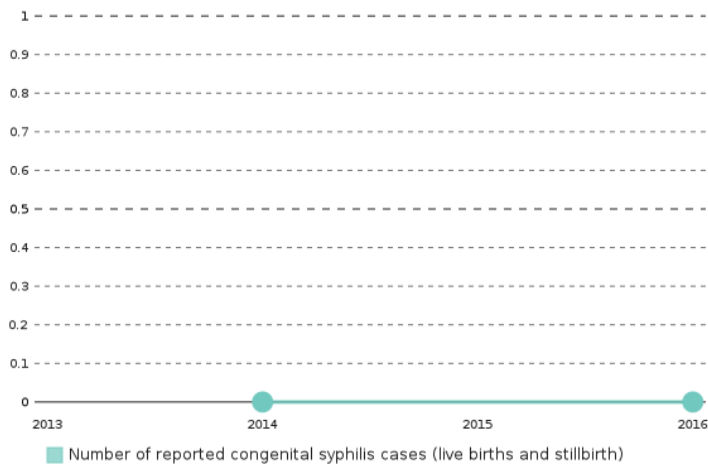
Number of people dying from AIDS-related causes in 2016



# Commitment 2

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

**2.5 Congenital syphilis rate (live births and stillbirth), Saint Kitts and Nevis (2011-2016)**



# Commitment 3

**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**

## **Policy questions: Key populations**

**Criminalization and/or prosecution of key populations**

**Transgender people**

-

**Sex workers**

-

**Men who have sex with men**

Yes, imprisonment (up to 14 years)

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

-

## Legal protections for key populations

### Transgender people

-

### Sex workers

-

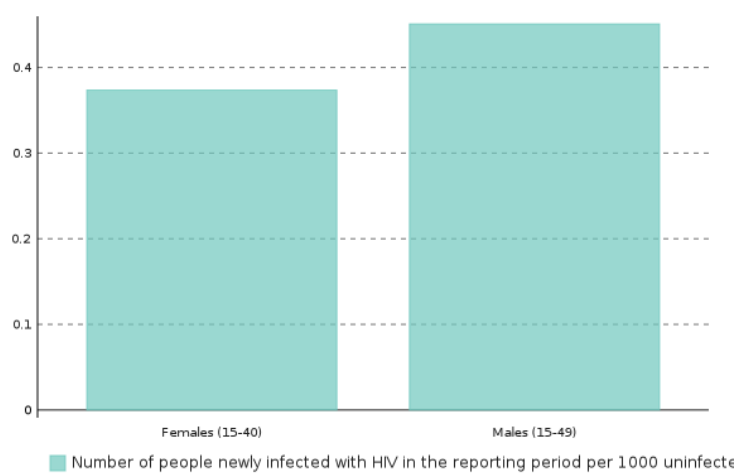
### Men who have sex with men

-

### People who inject drugs

-

## 3.1 HIV incidence, Saint Kitts and Nevis (2016)



# Commitment 4

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

## **Policy questions**

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

-

**Does your country have legislation on domestic violence\*?**

No

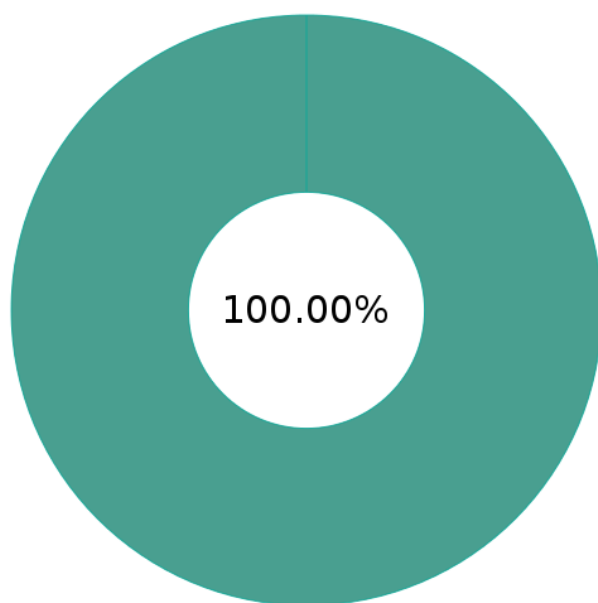
**Does your country have any of the following to protect key populations and people living with HIV from violence?**

-

**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?**

-

**Percentage of Global AIDS Monitoring indicators with data disaggregated by gender**



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# Commitment 5

**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**

# Commitment 6

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

## **Policy questions**

No

**Do any of the following barriers limit access to social protection\* programmes in your country**

-



# Commitment 7

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

## **Policy questions**

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

-

**Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?**

-

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

**a) Male condoms:**

None

**b) Female condoms:**

None

**c) Lubricants:**

None

# Commitment 8

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

# Commitment 9

**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**

# Commitment 10

**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**