

Country progress report - Saint Kitts and Nevis

Global AIDS Monitoring 2019



the 1990s, the number of people in the world who are illiterate has increased from 400 million to 600 million.

There are many reasons for this. One is that the population of the world is growing so fast that the number of children who are illiterate is increasing. Another reason is that the number of people who are illiterate is increasing in many countries, especially in the developing world. This is because many people are not going to school, and many people who are going to school are not learning to read and write.

There are many ways to help people learn to read and write. One way is to build schools and hire teachers. Another way is to use radio and television to teach people. A third way is to use computers and the Internet to teach people. All of these ways can help people learn to read and write, and they can help people to improve their lives.

There are many people who are working to help people learn to read and write. These people are called literacy workers. They are working in schools, in community centers, and in homes. They are helping people to learn to read and write, and they are helping people to improve their lives.

There are many things that literacy workers can do to help people. They can teach people to read and write, and they can help people to find jobs. They can also help people to improve their health and their lives in other ways. Literacy workers are doing a very important job, and they are making a big difference in the lives of many people.

There are many things that you can do to help literacy workers. You can donate money to help them buy books and supplies. You can also donate your time to help them teach people. If you are a teacher, you can help literacy workers by giving them extra help. If you are a parent, you can help literacy workers by helping your child learn to read and write.

There are many ways to help literacy workers, and there are many things that you can do to help them. If you want to help, please contact your local literacy worker. They will be happy to help you.

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Overall

Fast-track targets

Progress summary

The National AIDS Programme of the Ministry of Health is dedicated to responding to the AIDS epidemic. The goal of this programme is to reduce HIV incidence rate and to mitigate the impact of the disease on those infected and affected. The programme focuses on prevention; care, support and treatment; advocacy and legislative reform; generating data for strategic use and overall programme management and coordination.

The programme collaborates with other government departments including social services, gender affairs, youth and education to implement the multisectoral strategy to ending AIDS. Civil Society is also critical to the national response and the programme continues to engage such organisations, specifically in working and meeting the needs of key populations.

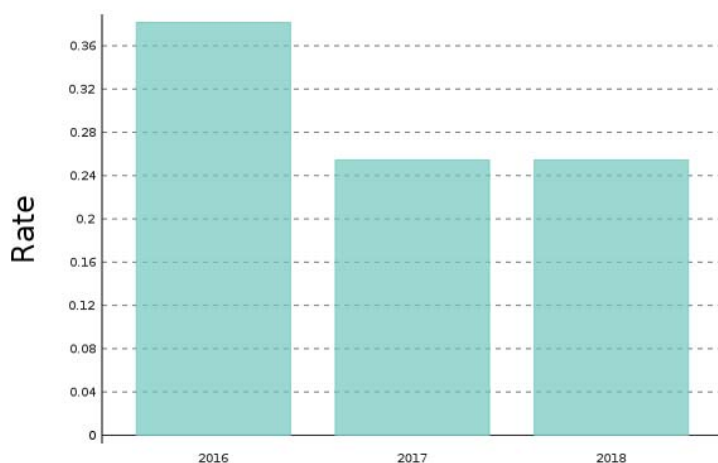
The National AIDS Programme of St. Kitts and Nevis is accountable to the National Advisory Council on HIV and AIDS (NACHA) which has been operational since 2005. This body comprises of representation from Civil Society, Persons Living with HIV (PLHIV) and the Government, and has its mandate from the 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 seats on the NACHA and an ex-officio position to ensure 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 (2016-2018) per 1000 uninfected (increased)

3.1 AIDS mortality, Saint Kitts and Nevis (2016-2017) per 100000 population (Decreased)

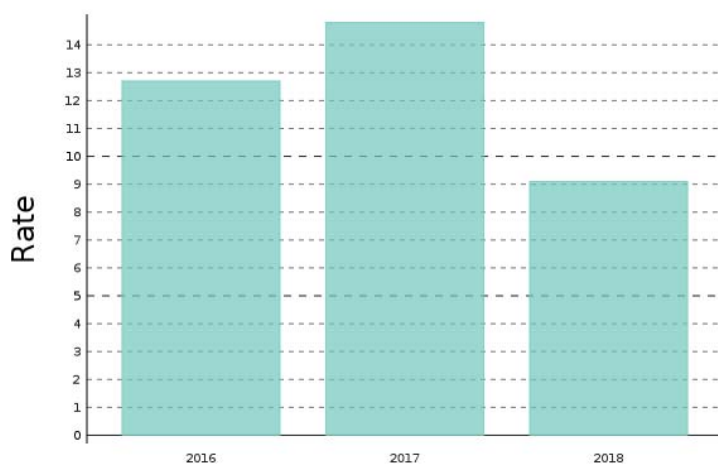
3.1 HIV incidence rate per 1000, Saint Kitts and Nevis (2016-2018)

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



1.7 AIDS mortality per 100.000, Saint Kitts and Nevis (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

1.2 People living with HIV on antiretroviral therapy, Saint Kitts and Nevis (2011-2018)
Increased

1.3 Retention on antiretroviral therapy at 12 months, Saint Kitts and Nevis (2011-2018)
Increased

1.7 AIDS mortality, Saint Kitts and Nevis (2018) Decreased

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

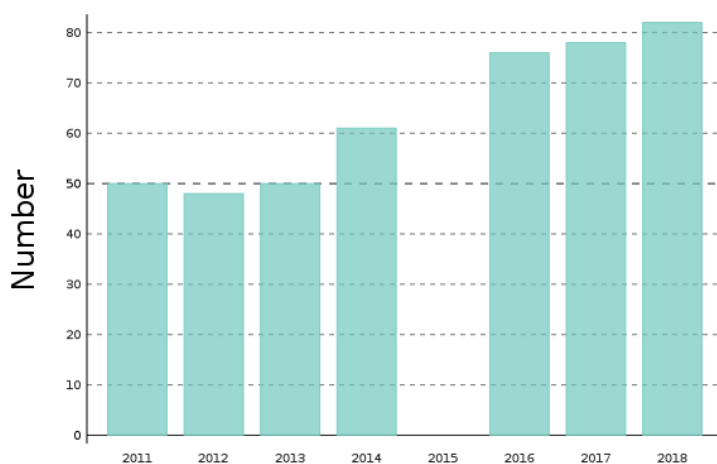
Yes, partially implemented

b) For children

Yes, partially implemented

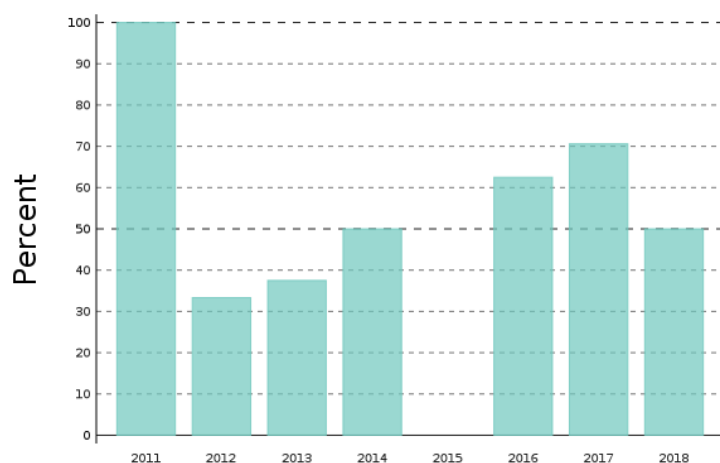
1.2 People living with HIV on antiretroviral therapy, Saint Kitts and Nevis (2011-2018)

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



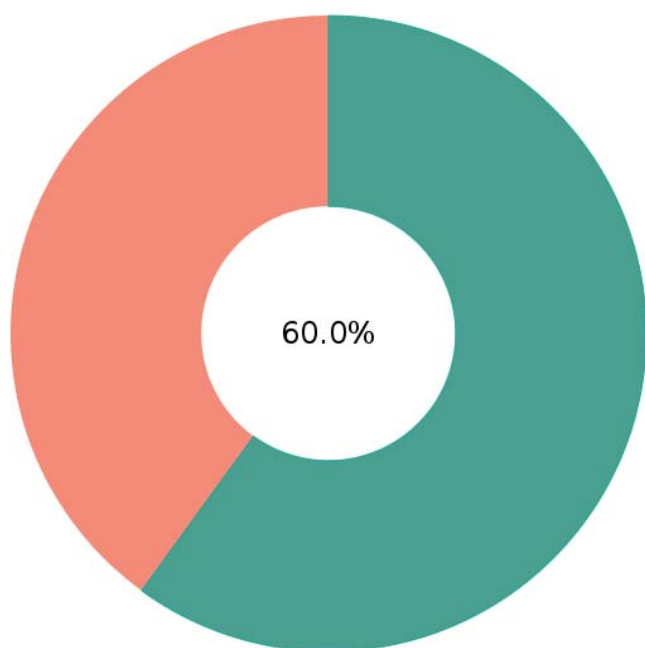
1.3 Retention on antiretroviral therapy at 12 months, Saint Kitts and Nevis (2011-2018)

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



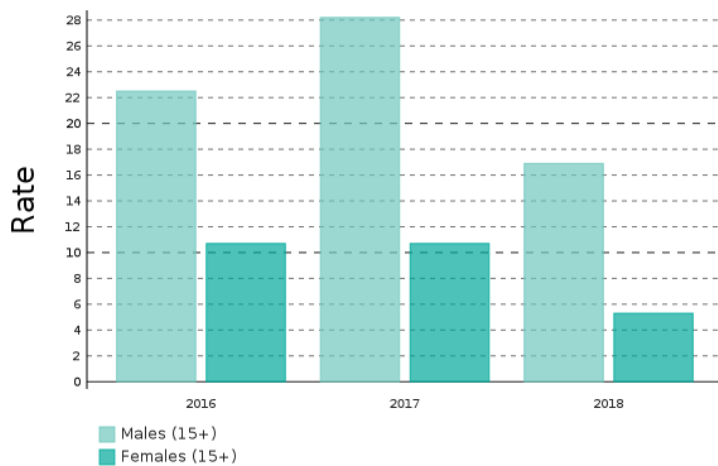
1.5 Late HIV diagnosis, Saint Kitts and Nevis (2018)

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, Saint Kitts and Nevis (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

2.5 Congenital syphilis rate (live births and stillbirth), Saint Kitts and Nevis (2011-2018)

Federation has not reported incidence of congenital syphilis during this period

Policy questions (2018)

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

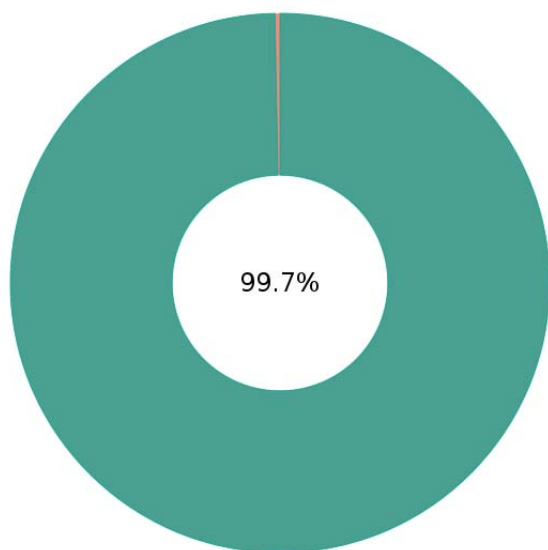
No

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

Treat all, regardless of age; Implemented countrywide (>95% of treatment sites)

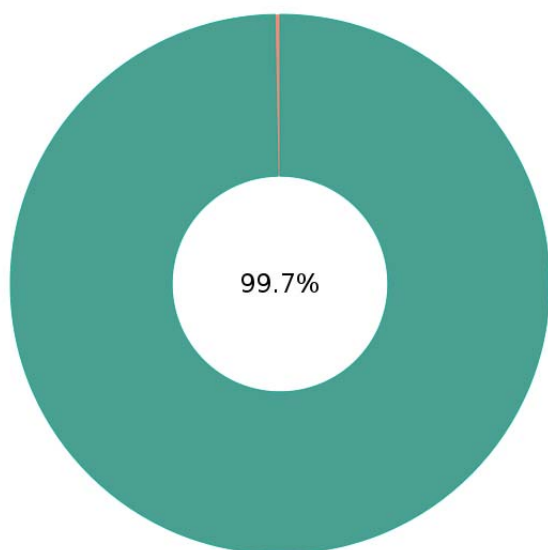
2.4 Syphilis among pregnant women, Saint Kitts and Nevis (2018)

Percentage of pregnant women tested for syphilis



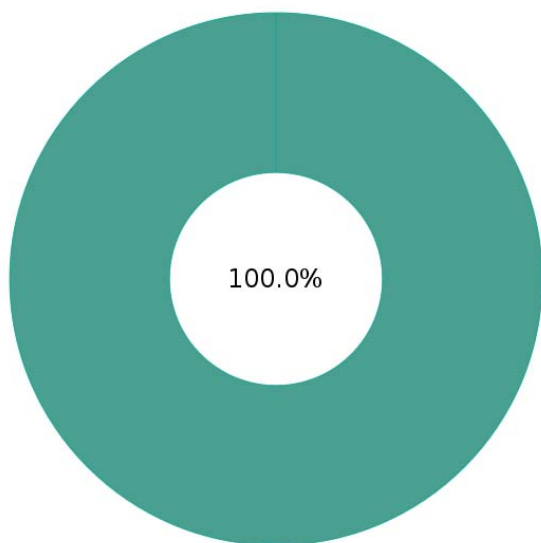
2.4 Syphilis among pregnant women, Saint Kitts and Nevis (2018)

Percentage of pregnant women tested positive for syphilis



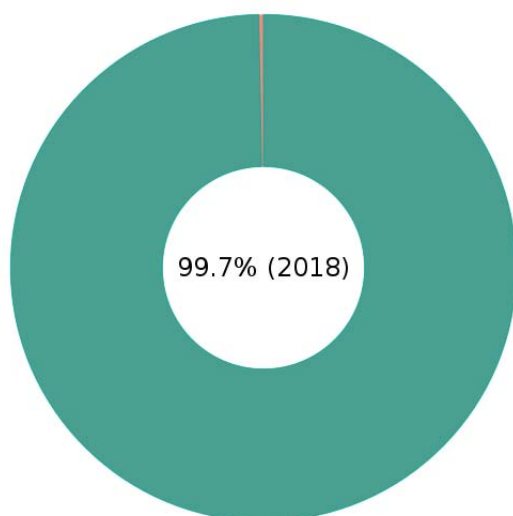
2.4 Syphilis among pregnant women, Saint Kitts and Nevis (2018)

Percentage of pregnant women on treatment among those who tested positive



2.6 HIV testing in pregnant women, Saint Kitts and Nevis (2017-2018)

Percentage of pregnant women with known HIV status



↑ 99.4% (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

Criminalization and/or prosecution of key populations-

Transgender people

There are no specific legislations or laws which speaks to the prosecution or criminalization of transgender people in St. Kitts and Nevis. Though a small visible population, based on those that are known, access to services are available without discrimination. Health care providers have been trained in stigma and discrimination identification and reduction and have been oriented on working with key populations including Transgender people. Condoms are readily available at the AIDS Secretariat, Health Centres or Civil Society Organisations on a walk-in basis and are accessed by varieties of individual including openly gay men or transgender.

Sex workers

Although there has been lots of work to educate and inform on the decriminalization of 'soliciting' as described for sex work or prostitution, there still remains laws prohibiting such. However, it should be noted that while such is the case, there has been no cases reported where Sex workers are penalized by the law for conducting sex work. It is notable that sex work takes place in country and locations are commonly known to many including law enforcement bodies. The National AIDs programme interacts with several of these sites and individuals on a regular basis and provides access to condoms, HIV testing and referrals for other STI testing, diagnosis and treatment. Within the Health Sector, no one is refused or turned away from services regardless of their sexual orientation or choice of work.

Men who have sex with men

There are laws which criminalized “sodomy” which impacts on men having sex with men. Similarly, to the situation with sex worker, there has been no recent cases reported of men being prosecuted or harassed by law enforcement for engaging in consensual sexual activities. The National AIDS Programme has worked with the uniform bodies and other sectors of the society to sensitize and bring about awareness of Human Rights for all inclusive of rights of Men who have sex with men and other key populations.

The programme prides its self on having an open-door approach which allows for all persons to have access without questions or stigmatization. This relationship extends beyond the walls of the Secretariat where members the Secretariat are often called upon by such groups (gay men) to provide testing and counseling services.

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

The country currently does not provide Pre-Exposure Prophylaxis or harm reduction strategies specifically, needle provisions for the reduction of HIV. Injected Drug Users have not been detected to be of a significant number or issue. The culture of the people with regards to drugs is known to be the use of inhalants and smoking. Information monitored by the Drug Council and Law Enforcement agencies have not provided data to support injected drug use in the Federation.

Legal protections for key populations

Transgender people

There are no legal protections specific to Transgender people. However, they are afforded the same rights, privileges and securities under the law as all other citizens. There are no laws criminalizing transgenderism.

Sex workers

There are no legal protections specific to Sex Workers. However, they are afforded the same rights, privileges and securities under the law as all other residents and citizens. There have been no cases in recent times of sex workers being arrested or criminalized.

Men who have sex with men

There are no legal protections specific to Men who have sex with men. However, they are afforded the same rights, privileges and securities under the law as all other citizens. There have been no cases in recent times of sex workers being arrested or criminalized.

People who inject drugs

- Not currently an issue for the Federation.

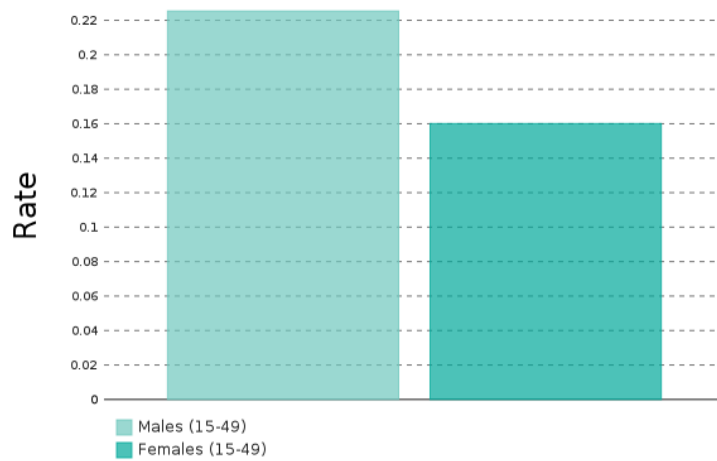
3.1 HIV incidence, Saint Kitts and Nevis (2017)

69% of the HIV incidence in 2018 were male between 15-49 years old. (7 cases)

31% of the HIV incidence in 2018 were female between 15-40 years old. (2 cases)

3.1 HIV incidence rate per 1000, Saint Kitts and Nevis (2018)

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



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

Policy questions

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. There exist a Domestic Violence Act which protects against gender based violence.

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

-Persons of Key Populations and people living with HIV are afforded the same rights, privileges and securities as the rest of the population under the Anti-Discrimination Act ()

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. All Health care facilities are oriented to provide timely and quality services 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. The Institution Based Health Services Act.No. 8 of 2002 Section 55 of the Rights of Patients states that:

“every patient shall have a right to:

- a. dignity
- b. confidentiality
- c. privacy
- d. information regarding his condition
- e. A second opinion as regards to his treatment
- f. Informed Consent
- g. Choice as to his physician and if possible his treatment
- h. Safety
- i. Security
- j. Comfort

The Bill of Rights contained in Chapter 2 of the Constitution which is as the supreme rule of law, provides for the protection of certain fundamental rights and freedoms including:

- a) life, liberty, security of the person, equality before the law and the protection of the law;
- b) freedom of conscience, of expression and of assembly and association; and
- c) protection for his personal privacy, the privacy of his home and other property and from deprivation of property without compensation,
- d) protection from Inhuman and degrading treatment
- e) protection from discrimination on the grounds of race, place of origin, birth out of wedlock, political opinions or affiliation, sex or creed

These are similar to the Constitutions of the OECS Independent countries

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender

NA

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

There has been no Knowledge, Attitudes, Beliefs and Practices (KABP) studies conducted in St. Kitts and Nevis since 2011. Such methodologies are extremely costly and not easily implemented in our settings. Notwithstanding, lack of a study, the National AIDS Programme continues to provide opportunities for in school youth (ages 10-17) and out of school youth to have knowledge on HIV and how to protect themselves. These are done through schedule visits to the schools on an annual basis. Additionally, there is a "Sexuality" component within the Health and Family Life (HFLE) Curriculum which is taught at grade six and High Schools level. This area is administered by Guidance Counsellors, Health Care Worker and designated teachers and covers topics of Sexually Transmitted Infections and how to protect against such.

HIV testing is prohibited for youth under the age 18 without parental or guardian consent. The age of accessing medical services without parental consent is 18 years old. With the exception of an underage pregnant female who is dubbed an "emancipated minor," all health or medical services are to be conducted with the prior consent of a parent.

Notwithstanding the lack of legal provisions for minors to access services, health care providers do not deny services to anyone and where there are instances with minors, make every effort to secure the consent of a willing parent or guardian on behalf of the minor.

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

No

b) Secondary school

No

c) Teacher training

No

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

Policy questions

Under the National Social Protection Strategy (2012-2017), all persons with vulnerabilities including persons living with HIV are protected. The strategy operates from the framework of "... the sustainable and comprehensive Social Protection for all citizens against risks, shocks and vulnerabilities leading to chronic deprivation" (p.7). The Social Protection Bill (2018) also makes reference to providing social protection "...all persons in St. Kitts and Nevis [to have] social protection aimed at alleviating poverty, vulnerability and social exclusion and for related matters."

Though the Social Protection Strategy does not speak to PLHIV specifically, it makes provisions for vulnerable groups of which PLHIVs are a part of. The Strategy informs that provisions are made for "special vulnerable groups [who are] considered to have a high level of exposure to specific risks affecting their social group and with weak coping strategies: including infants and children; the disabled; the elderly; 'at risk' young people; the chronically ill and female headed households."(p.6). Within the Federation of St. Kitts and Nevis, HIV is now accepted as a chronic illness and PLHIV are afforded similar benefits and privileges to other chronic conditions. More so, medication and biomarker testing are free of cost to the patient in the Federation. PLHIV can also access food vouchers and other social support through the departments of Social Services either islands.

Community-led service delivery

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

Progress summary

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

Antiretroviral therapy is delivered through an integrated process. All PLHIV have access through their own private physician or through the government Primary Health Care (Community Health) system. Medication is free of cost to the PLHIV and can be collected at two distribution points in the Federation. Patients can collect on their own or have their physician or other trusted person collect on their behalf. For management and governance purposes, the private sector do not provide ARVs. This is currently done through the public system to ensure that all clients have access without cost. However, this does not prevent a patient from sourcing medication from alternative sources if they are willing and able to pay for it.

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

Civil Society Organizations are registered through the Department of Community Development and are required to adhere to policies and guidelines governing CSO. Such registration enables CSO to qualify and receive benefits of monetary and other contributions from government and other regional and international donors.

CSO and lay persons have been trained in providing a range of services including for Key populations. These services are:

- a. Provision of HIV and syphilis testing
- c. Adherence support
- d. Stigma and discrimination reduction
- e. Counseling and referral for Care and treatment

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

Condoms and lubricants are made accessible and available to NGOs at the National AIDS Secretariat. This is on a personal individual basis or persons seeking to source the commodities on behalf of an NGO or other group.

a) Male condoms:

b) Female condoms:

c) Lubricants:

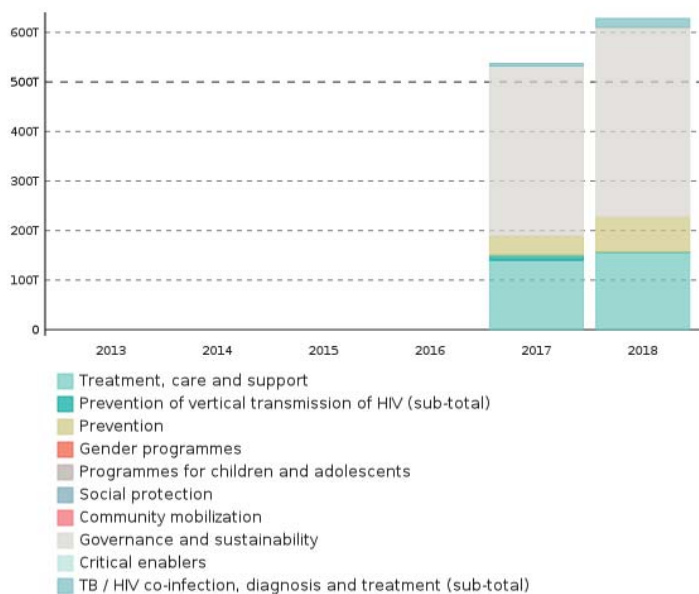
HIV expenditure

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

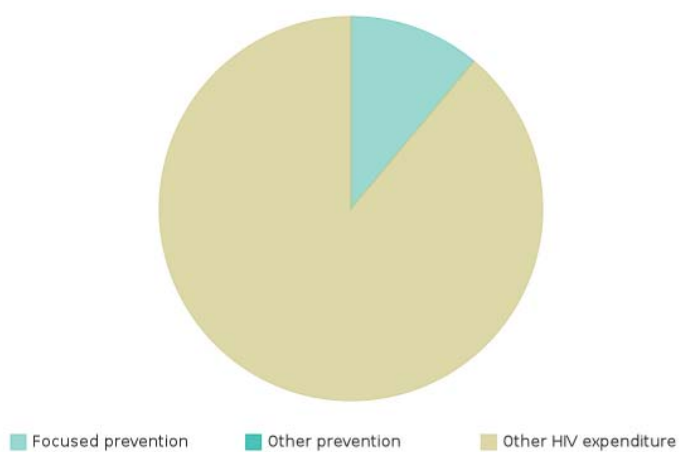
Progress summary

Data not disaggregated according to social enablers, thus not able to present according. Please Indicator 8.

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



Share of effective prevention out of total, Saint Kitts and Nevis (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

The issue of Human Rights remains a major concern and focus for the government of St. Kitts and Nevis. Many of the policies and strategies within the Ministry of Health and National AIDS Programme are executed from a “rights based” approach. Efforts have been made by the programme to empower persons to know their human rights through campaigns and IEC materials specifically targeting PHLIV. The rights of PLHIV and those affected though not explicitly articulated in the Constitution and other legislative Acts, are expressed as equal to those of all other persons of the society. Efforts have been made to address injustices through education and work place policies, the setting up of (though no longer available) the Human Rights desk within the Ministry of Health, National AIDS Secretariat. This desk was disbanded due to the low uptake of reports from persons citing discrimination and violation of their Human Rights. However, persons are encouraged to seek counsel and redress should they feel justified to do so through the services of the Ombudsman and legal aid clinic.

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

Health Programs in St Kitts and Nevis are designed to promote wellbeing, early identification and intervention, treatment and rehabilitation with access to integrated care and support through a collaborative network of varied disciplines and affiliates in the public and private sectors. For instance, the sexual and reproductive health program provides a comprehensive package to women, children and partners (PMTCT services, immunization, screening for Hepatitis B, syphilis and cervical cancer) free of cost at point of care in the public sector.

Furthermore treatment for conditions such as Tuberculosis, Hepatitis B and C are provided through the government system. Persons diagnosed with such condition can access treatment services including medications at the Public Pharmacies

The Government has continually demonstrated its commitment in strengthening health service delivery across the spectrum in St Kitts and Nevis. Addressing the issues of communicable and Non Communicable diseases such as HIV and cervical cancer have been highlighted as a national priority in the National Health Strategic Plan 2017-2021. This was further accentuated at the recent official launch of the National Health Insurance Commission, in February 2018. Reportedly this system would be embraced as shared contributions and prepayments by all people for a package of health services to meet the need of the population.

Policy questions (2018)

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

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

No

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

No

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

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