

Overview of HIV in Jamaica

Critical challenges & priorities

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Overview of HIV in Jamaica

Outline

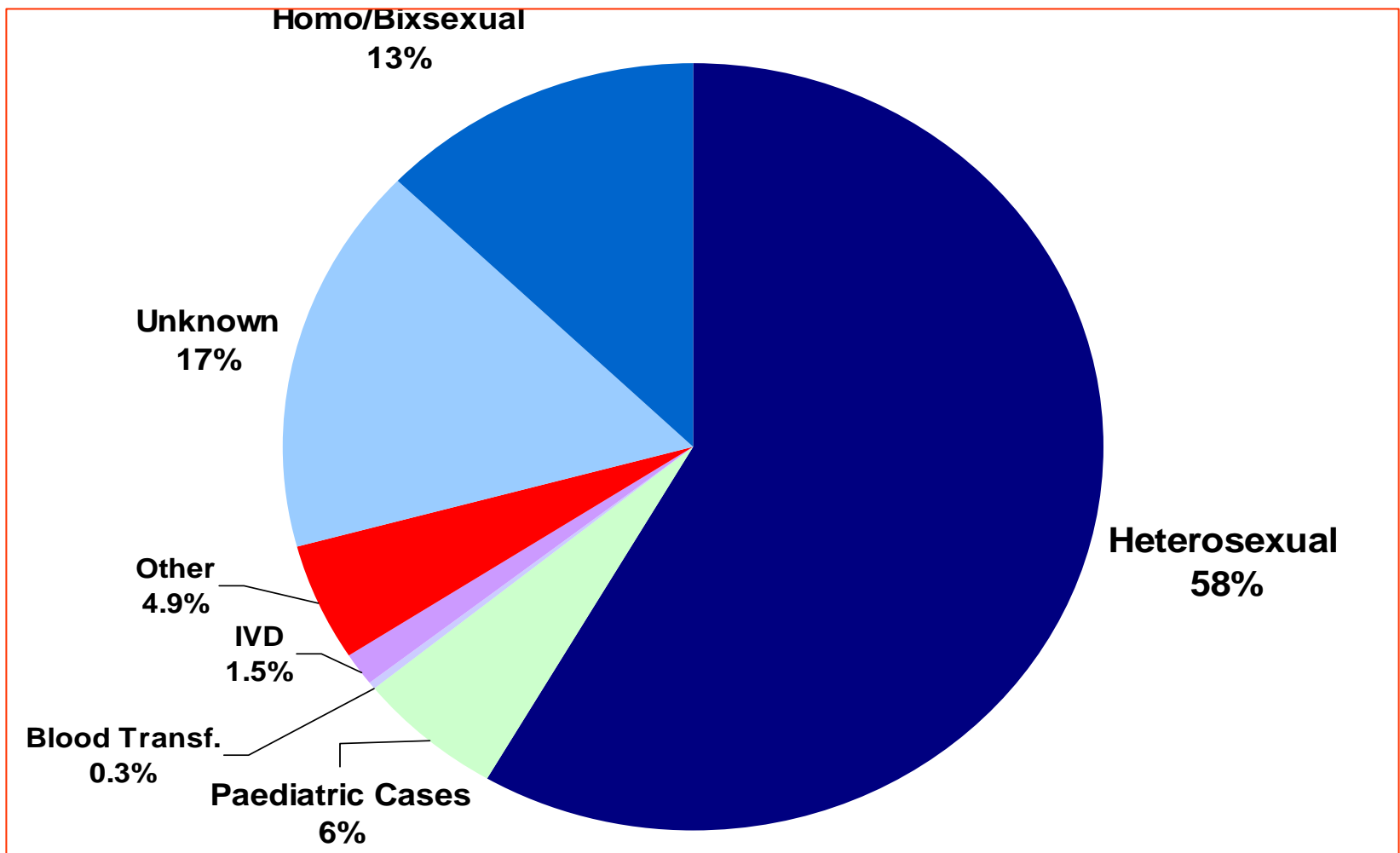
- HIV in the Caribbean
- HIV in Jamaica
- National response
- Challenges & plans



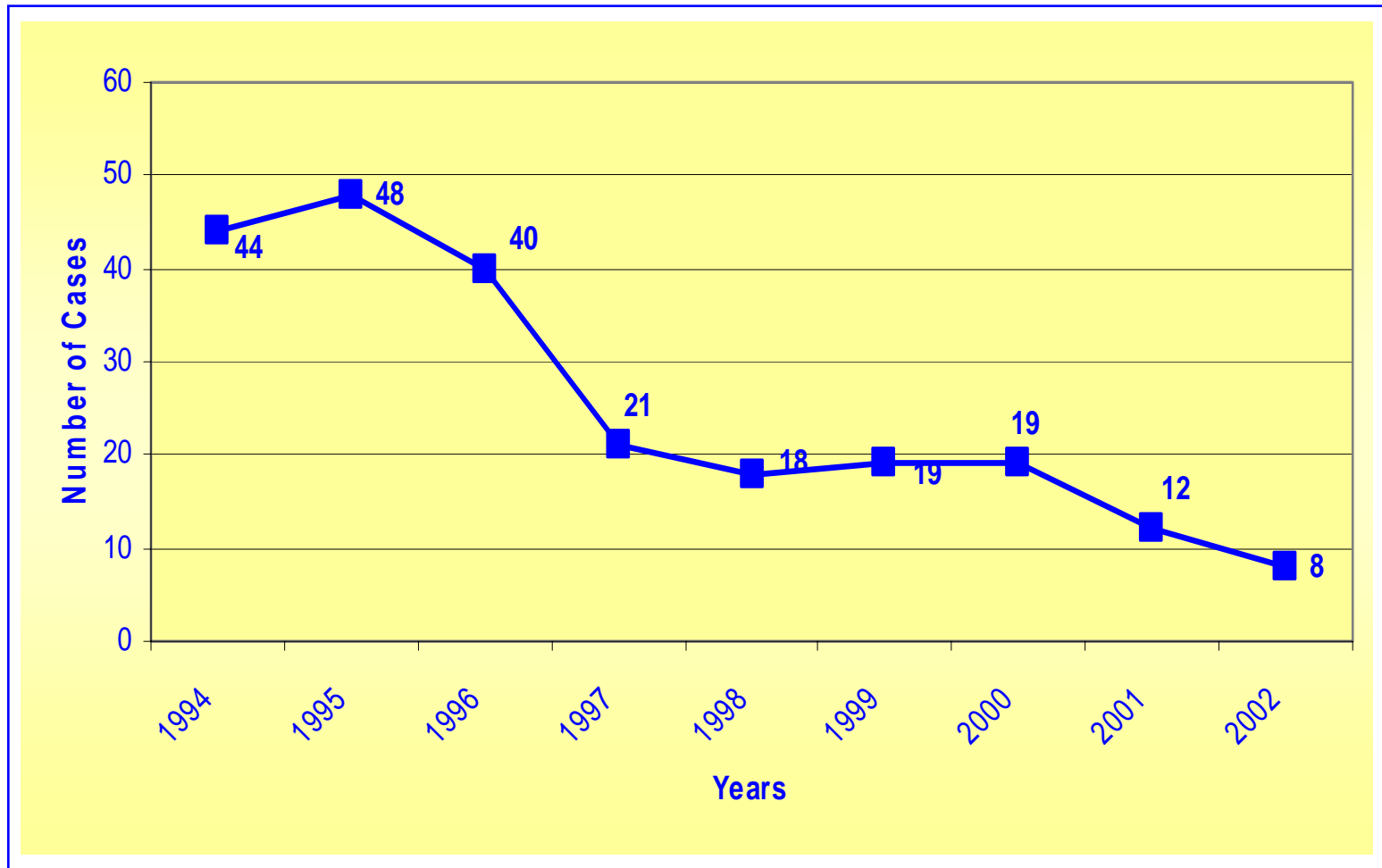
HIV in the Caribbean

- ⌘ The second highest HIV prevalence rate in the world after sub-Saharan Africa.
 - ⌘ HIV prevalence – **1.2%** (range **0.9% - 1.7%**)
 - ⌘ The leading cause of death among persons aged 15–44 years.
 - ⌘ An estimated **250,000** persons living with HIV
- UNAIDS estimates are significantly lower in 2006 than 2005 with no explanation given

Reported AIDS Cases by Transmission Category in CAREC Member Countries 1982 - 2003

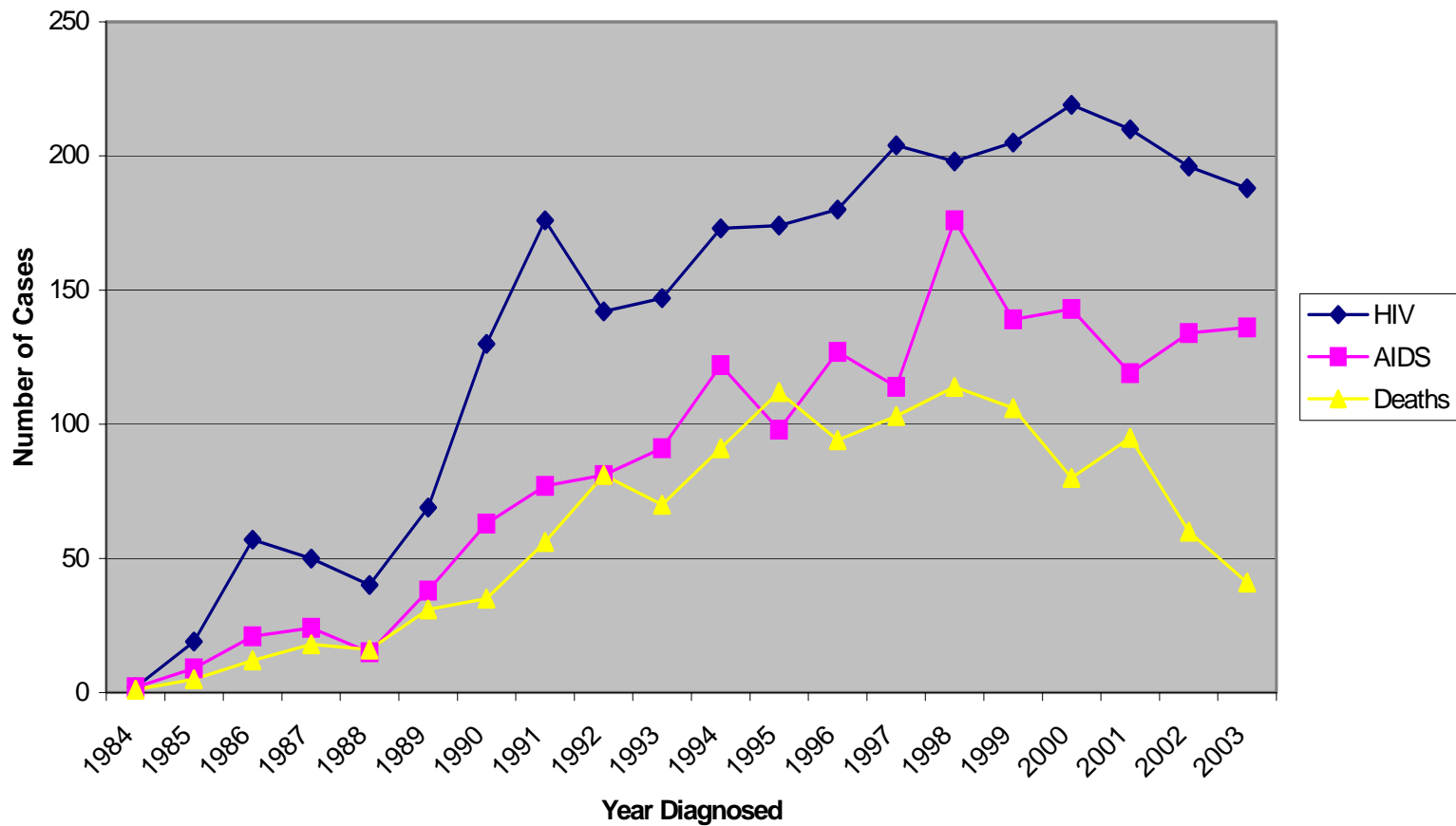


Declining AIDS Incidence in Bermuda: 1994-2002



HIV & AIDS Cases and Deaths in Barbados

Summary of HIV and AIDS Cases and Deaths: 1984 -2003



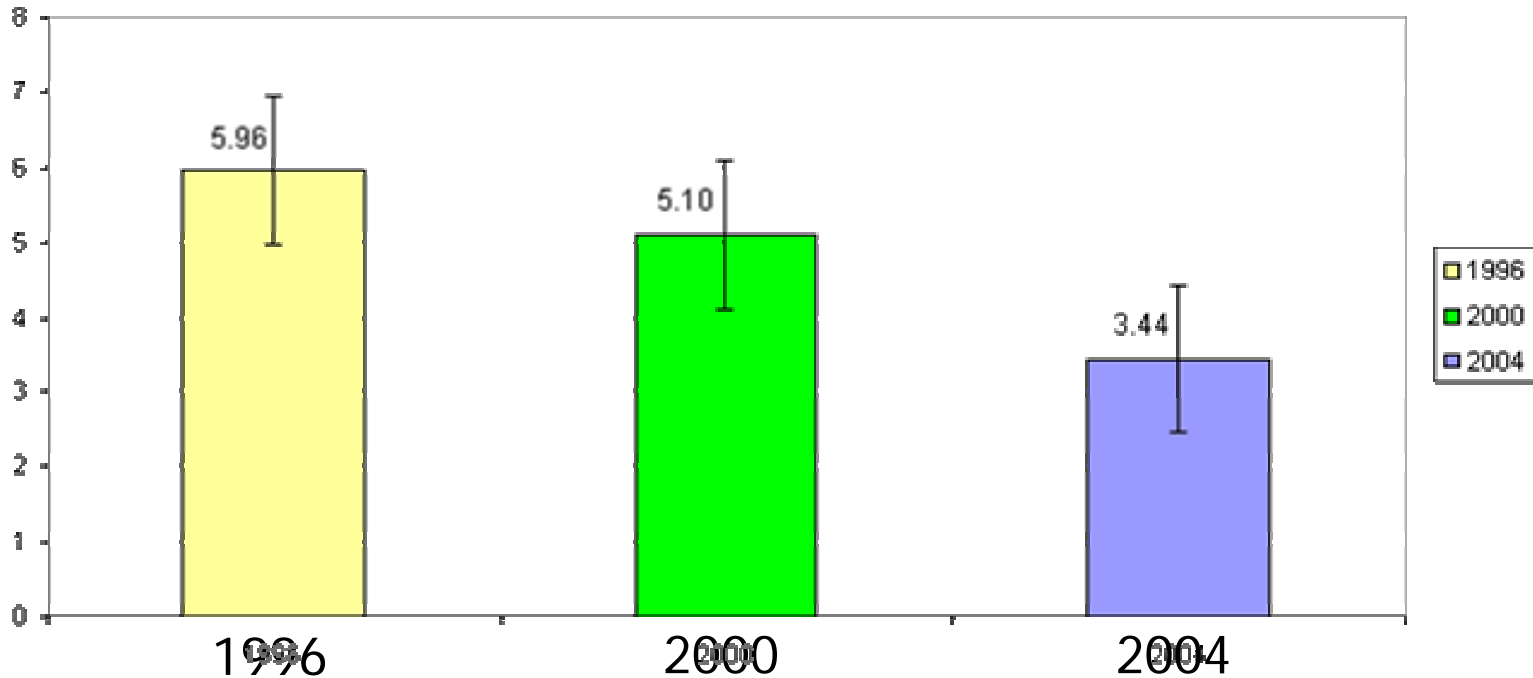
Adult HIV Prevalence in Selected Caribbean Countries

Country	Adult HIV Prevalence
Guyana	2.4%
Haiti	2.2%
Bahamas	>2%
Trinidad & Tobago	>2%
Suriname	1.9%
Jamaica	1.5%
Barbados	1.5%
Dominican Republic	1.1%
Cuba	<0.2%

HIV Prevalence among Pregnant Women

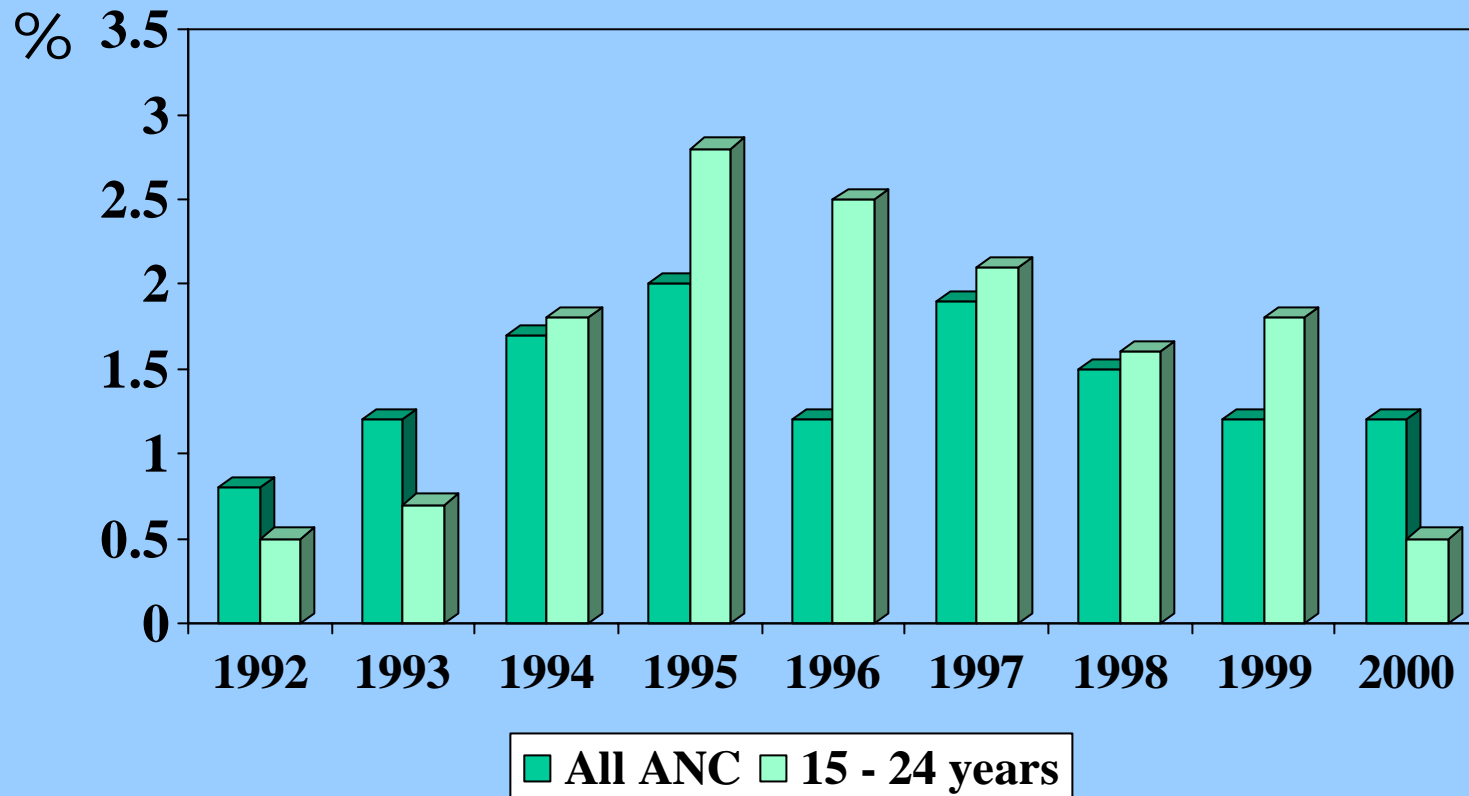
Country	Prevalence	Year
Bahamas	3.0%	2002
Barbados	0.6%	2003
Belize	5.0%	1999
Cuba	0.0-0.4%	2000
Dominican Rep.	2.0%	2002
Guyana	5.0%	2002-2003
Haiti	3.4%	2003-2004
Jamaica	1.5%	2005
Suriname	1.0%	2002
Trinidad & Tobago	1.2%	2002

HIV Trends among Pregnant Women in Haiti: 1996, 2000, 2004



Source: Ministère de la Santé Publique et de la Population et al 2004

HIV Prevalence among antenatal clinic attendees in the Dominican Republic 1992 - 2000



HIV Prevalence among men who have sex with men (MSM)

Country	City	Population	Prevalence	Year
Cuba	National	Contacts	5.2%	1986-88
Dom Rep	St Domingo	Bisexual	7.7%	1994
Dom Rep	St Domingo	Homosexual	11.7%	1996
Jamaica	Kingston	Homosexual	33.6%	1996
Jamaica	Kingston	Homo-bisexual	9.6%	1985-86
Suriname		Homosexual	18%	1998

HIV Prevalence among Female Sex Workers

Country	City	Prevalence	Year
Dom Rep	La Romana	4.5%	2000
Dom Rep	St Domingo	9.5%	2000
Dom Rep	Bani	12.4%	2000
Guyana	Georgetown	31.0%	2000
Jamaica	Kingston	9.0%	1997
Jamaica	Kgn & MoBay	9.0%	2005
Suriname	Paramaribo	21.0%	2003

Status of the HIV Epidemic in the Caribbean

- Overall the epidemic continues at a relatively high rate with potential for increased spread
- There are encouraging signs of decreases in HIV in some countries with more advanced epidemics
- However, HIV rates are very high among those most at risk in many countries
- Much remains to be done in order to control the HIV epidemic in the Caribbean

Caribbean Response

- CARICOM Heads of State:
 - Nassau Declaration on Health (2001)
 - AIDS is a regional priority
- Pan Caribbean Partnership against AIDS (PANCAP) formed in 2001
- Caribbean Regional Strategic Framework 2002 - 2006
- Loans from World Bank
- Global Fund grants

Responding to the HIV Epidemic in the Caribbean

- An effective response to the HIV/AIDS epidemic depends primarily on the commitment, capacity and leadership at the national level
- The Regional response needs to ensure a favourable policy and legislative environment, adequate resources, good coordination, technical assistance and support for the countries
- Unfortunately, the Regional response has generally failed to achieve these goals

Challenges

- Slow progress with HIV policy & legislation
- Continued strong stigma and discrimination
- Weak national capacities in most countries
- HIV prevention/interventions are inadequate
- Achieving universal access to ARV treatment
- Inadequate response of education and other sectors
- Unified system for Monitoring & Evaluation
- Fragmenting approach of international agencies

Need to strengthen leadership at all levels

Achieving Universal Access to HIV Prevention, Treatment & Care in the Caribbean

- Policy and legislative framework
- Stigma reduction campaigns
- Capacity building and sustainability
- Reduce social vulnerability
- Expand prevention programs
- Promote HIV testing and counseling
- Universal access to ARV treatment
- Involvement of civil society and PLWHA

Build Capacity of National Programs

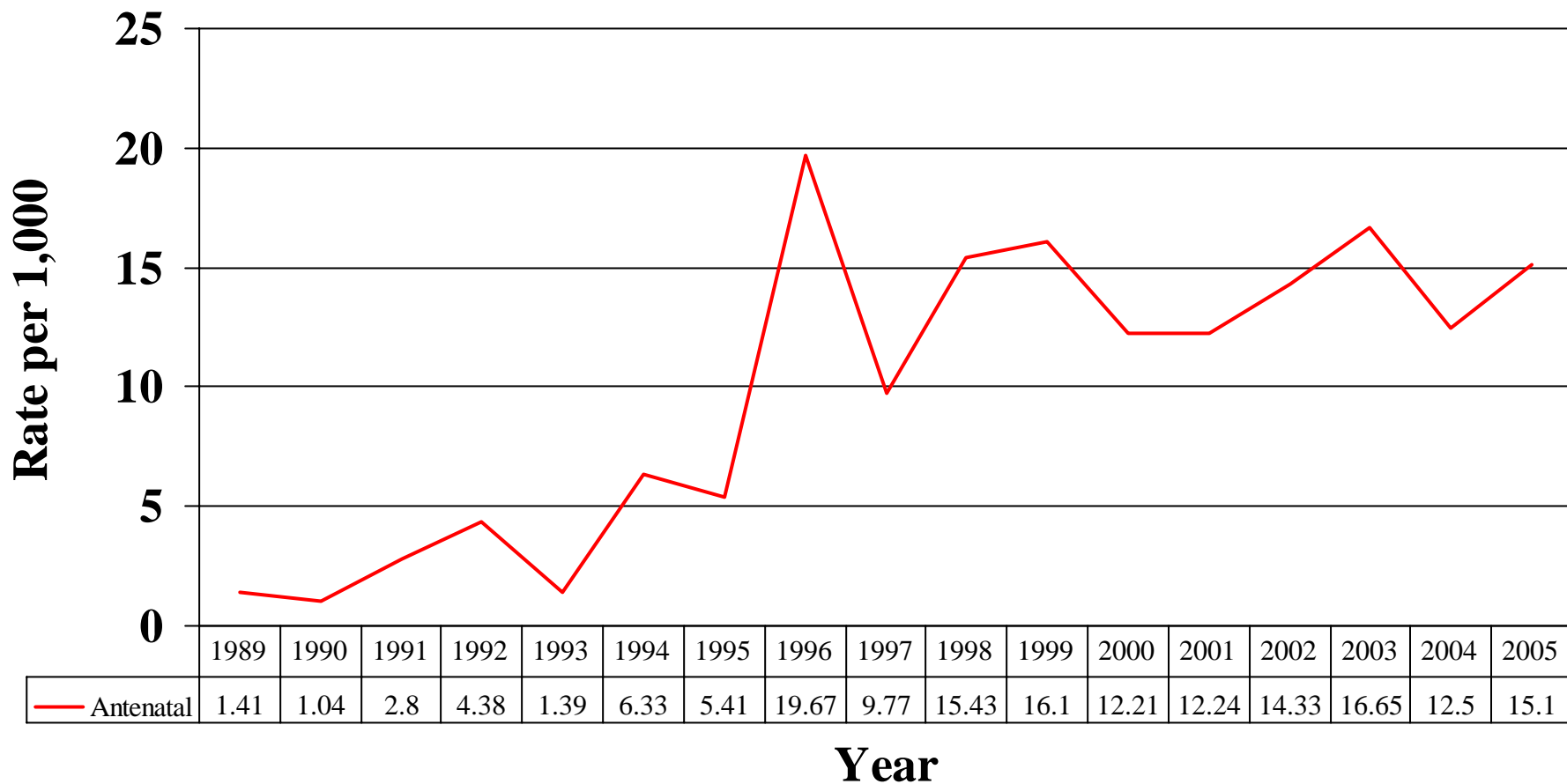
- Build the capacity of local leadership
- Strengthen public health leadership training
- Advocate more effective support from Governments
- Establish appropriate posts for HIV
- Institutionalise training courses for HIV at tertiary level
- More attention to improving the technical quality of programs

HIV/AIDS IN JAMAICA

Sero-prevalence among adults	1.5%
Estimated No. with HIV/AIDS	25,000
Est. No. unaware of HIV status	15,000
No. of persons in need of ARV	6,000
No. of persons currently on ARV	3,300

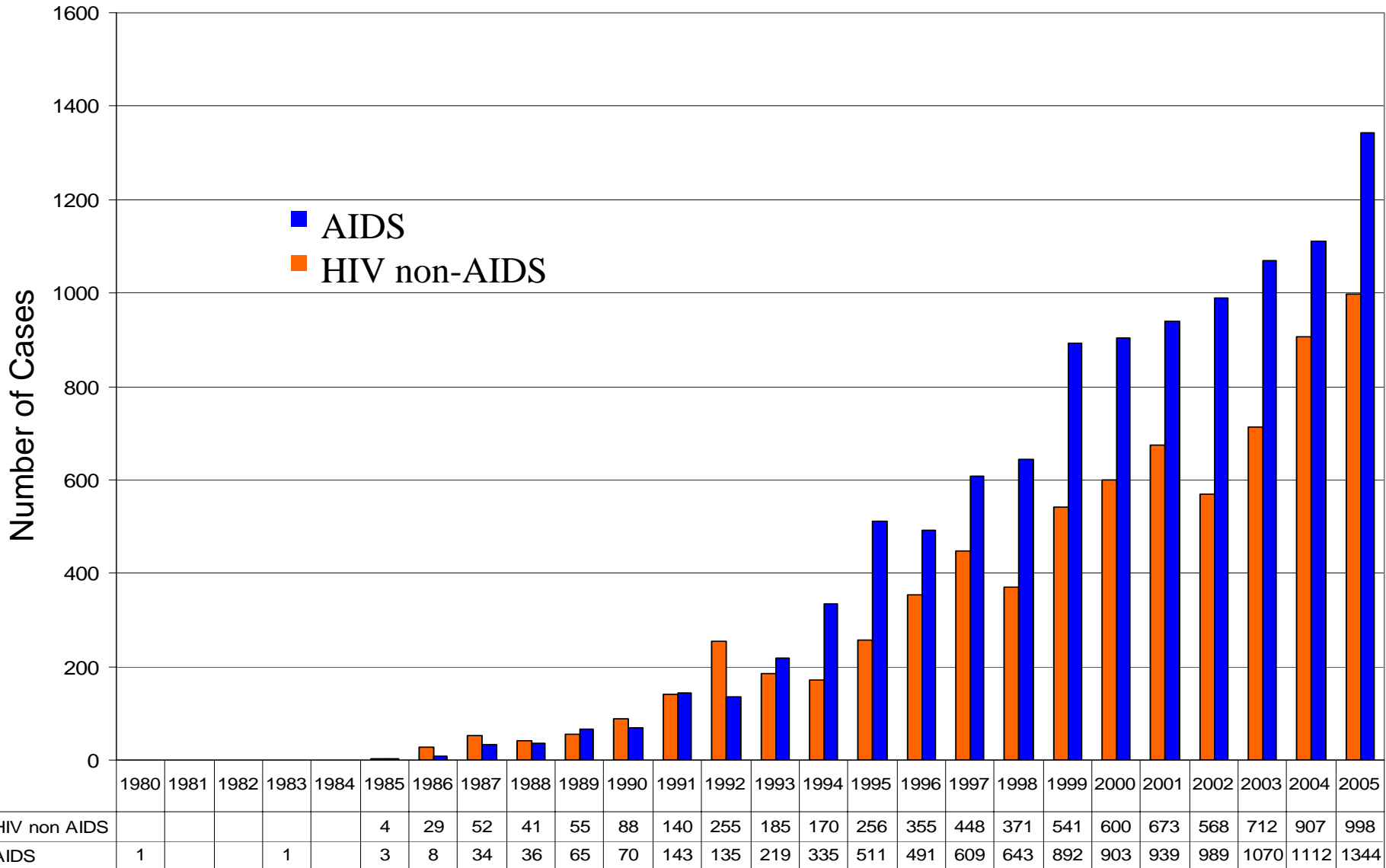
JAMAICA

HIV Seroprevalence among Antenatal Clinic Attendees: 1989 - 2005



Source: National HIV/STI Control Program, MOH,

AIDS & HIV (non-AIDS) Cases by Year 1980 – 2005

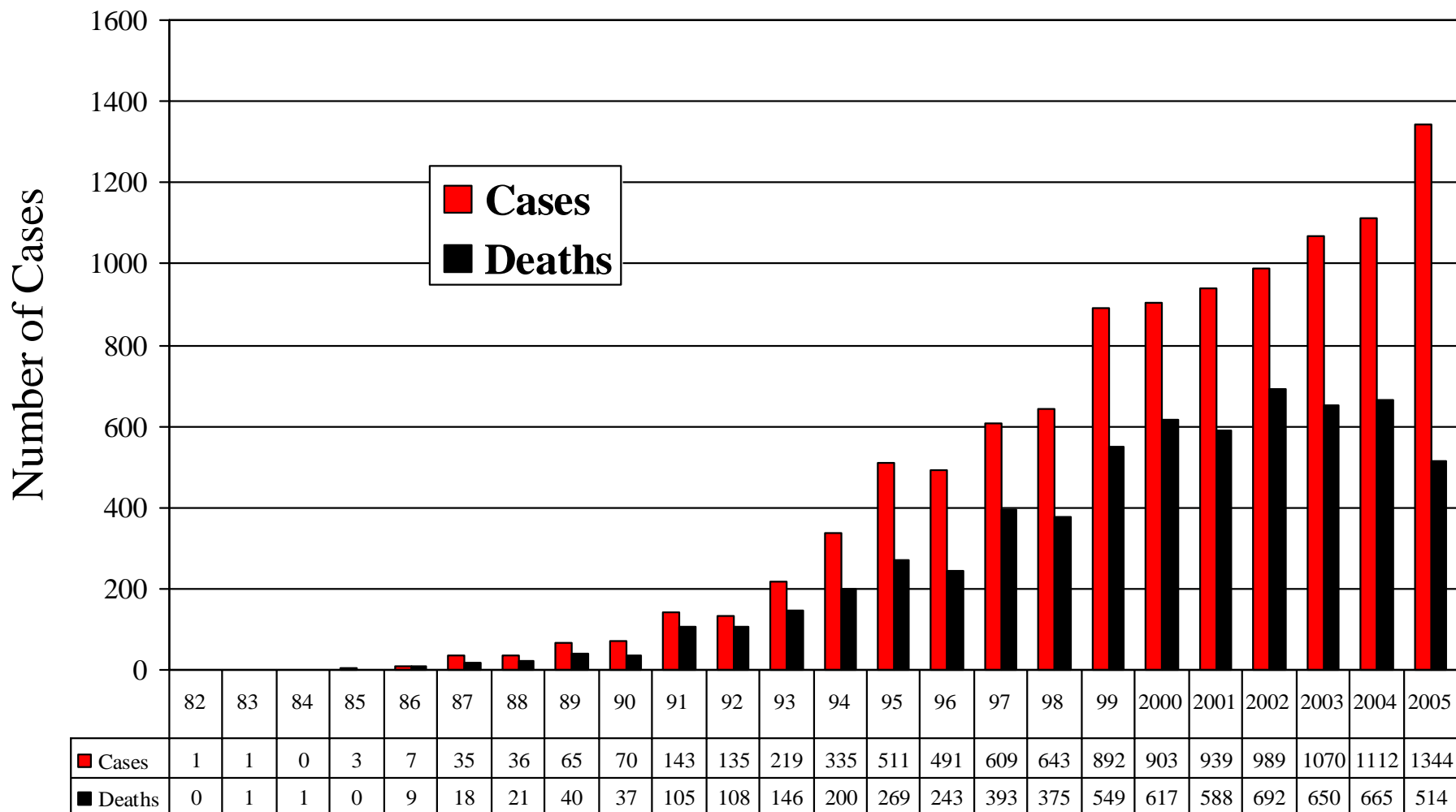


AIDS definition includes advanced HIV disease in 2005

Jamaica

AIDS Cases & Deaths

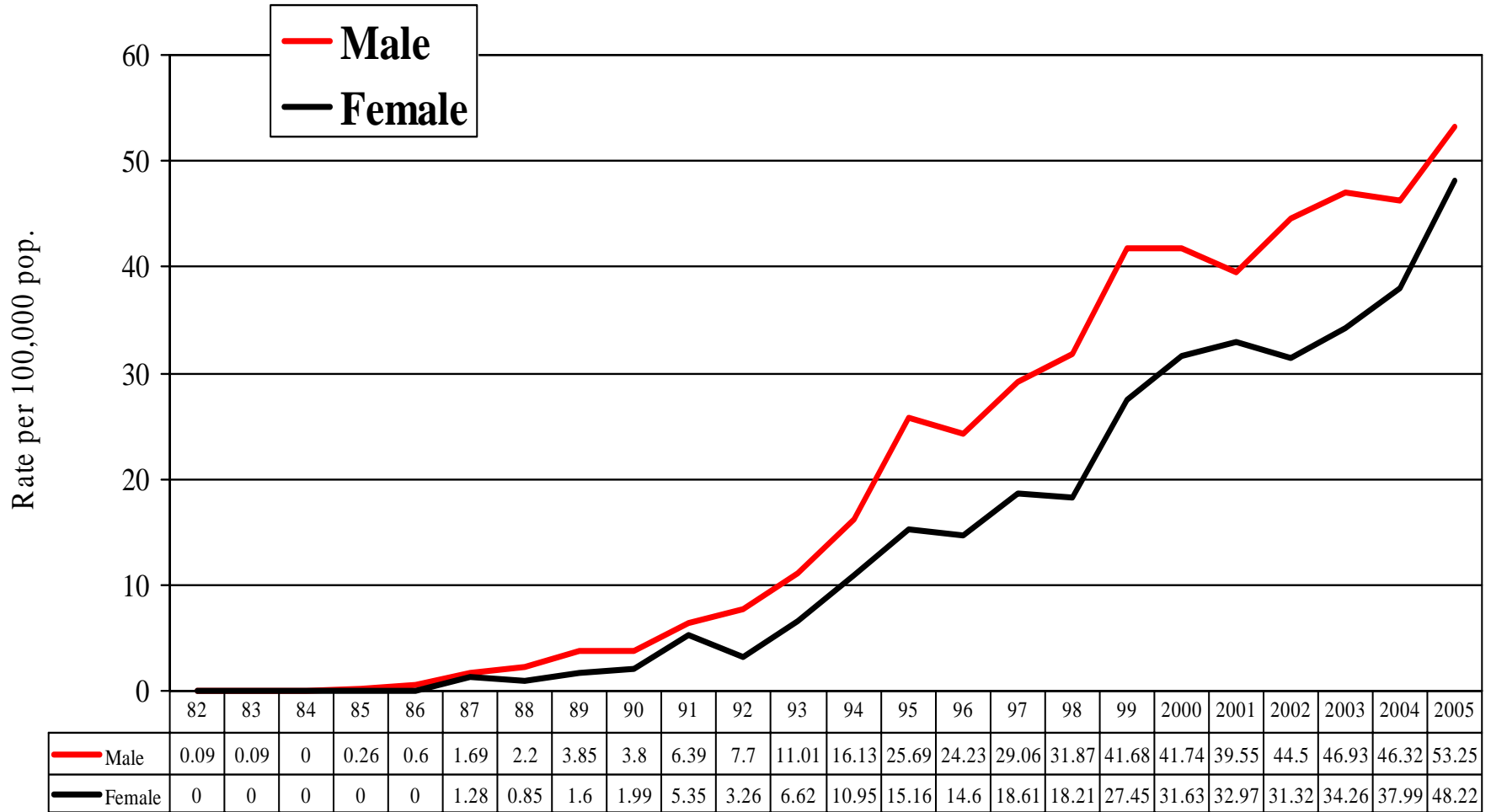
Reported Annually in Jamaica (1982 to 2005)



AIDS definition includes advanced HIV disease in 2005

Jamaica

Annual AIDS Case Rates by Sex (Per 100,000 population): 1982 - 2005

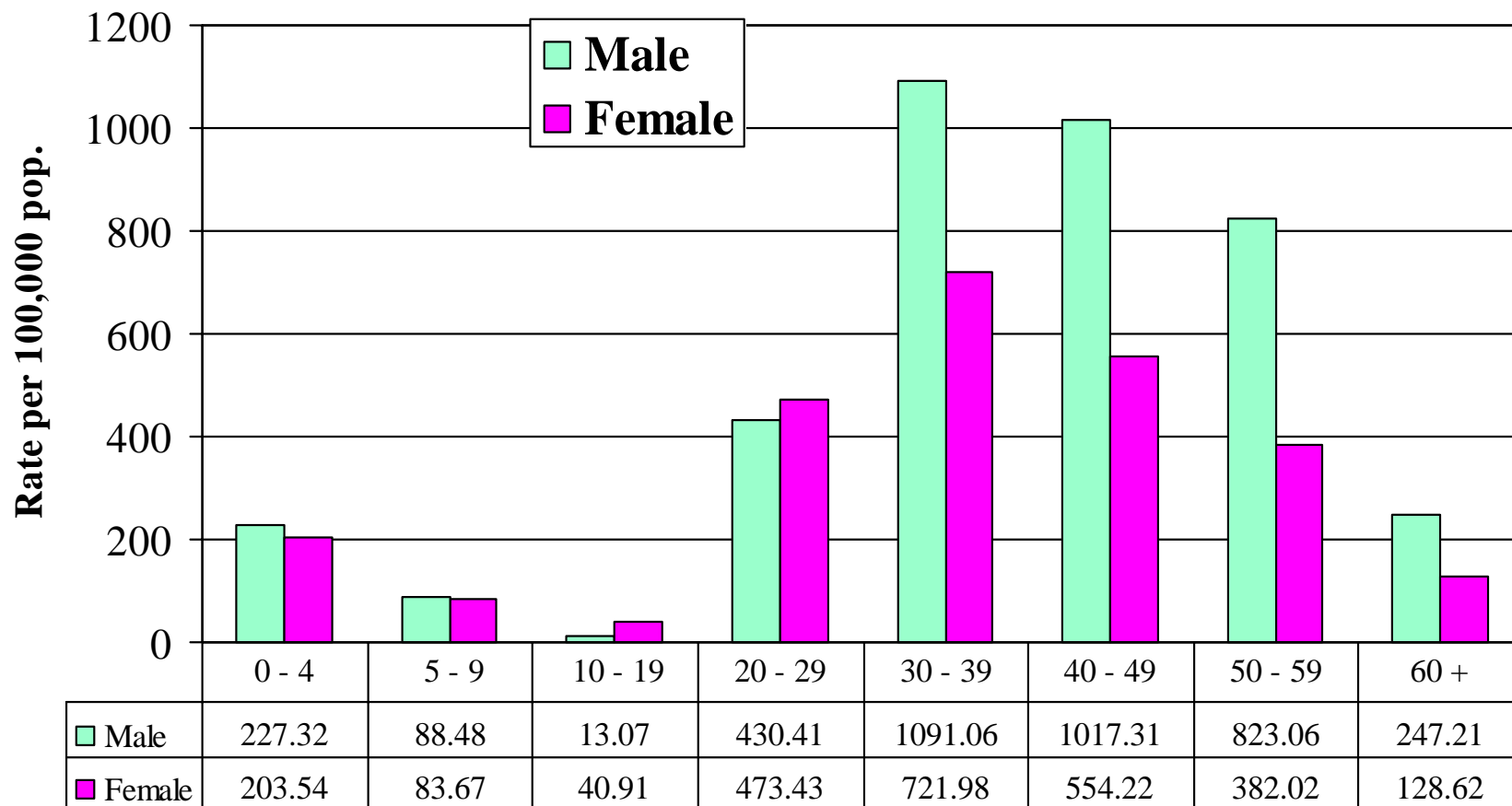


AIDS definition includes advanced HIV disease in 2005

JAMAICA

AIDS CASE RATE PER 100,000 POPULATION*

BY AGE AND SEX: 1982 - 2005

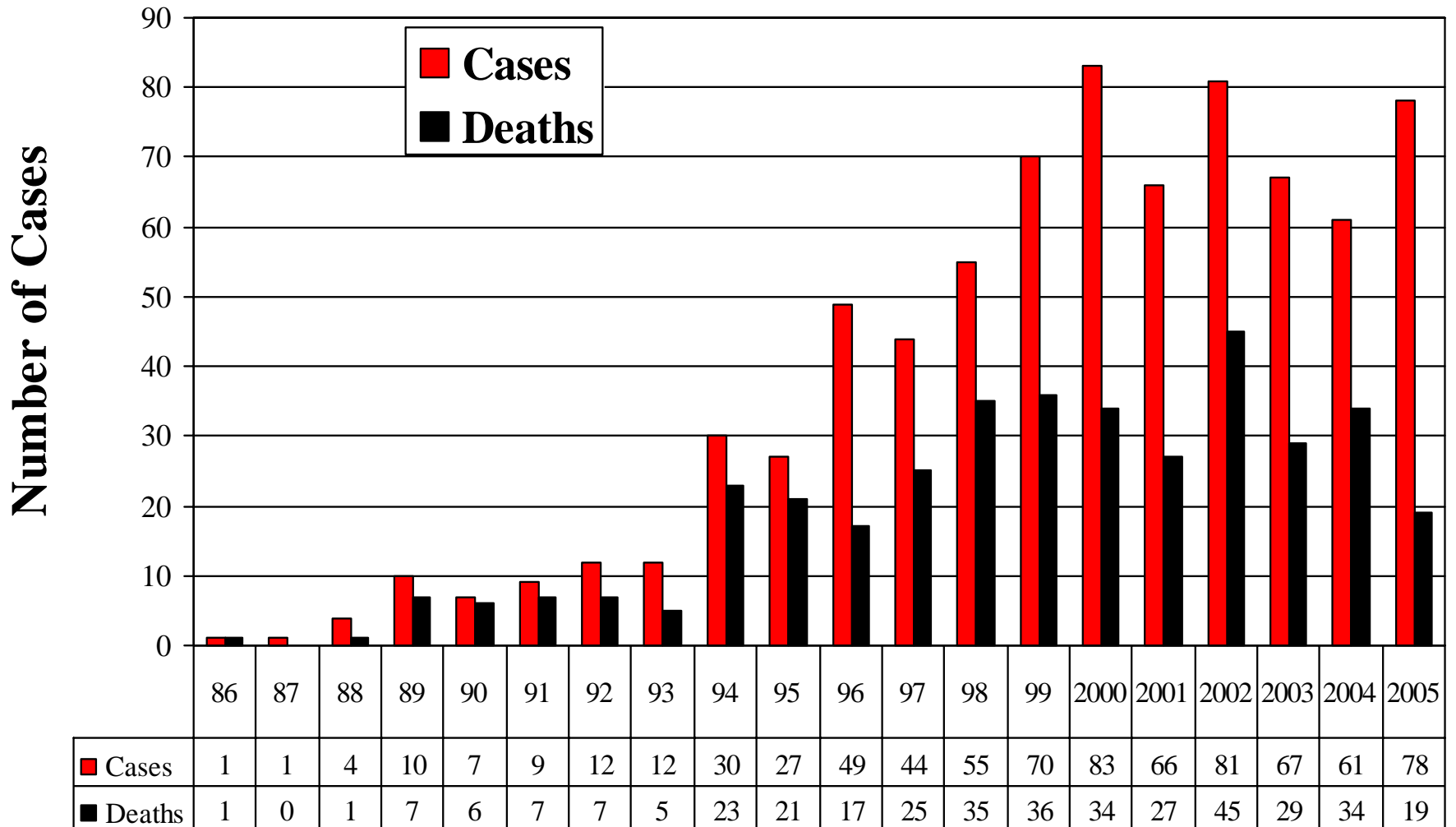


Age Group

Jamaica

Paediatric AIDS Cases & Deaths

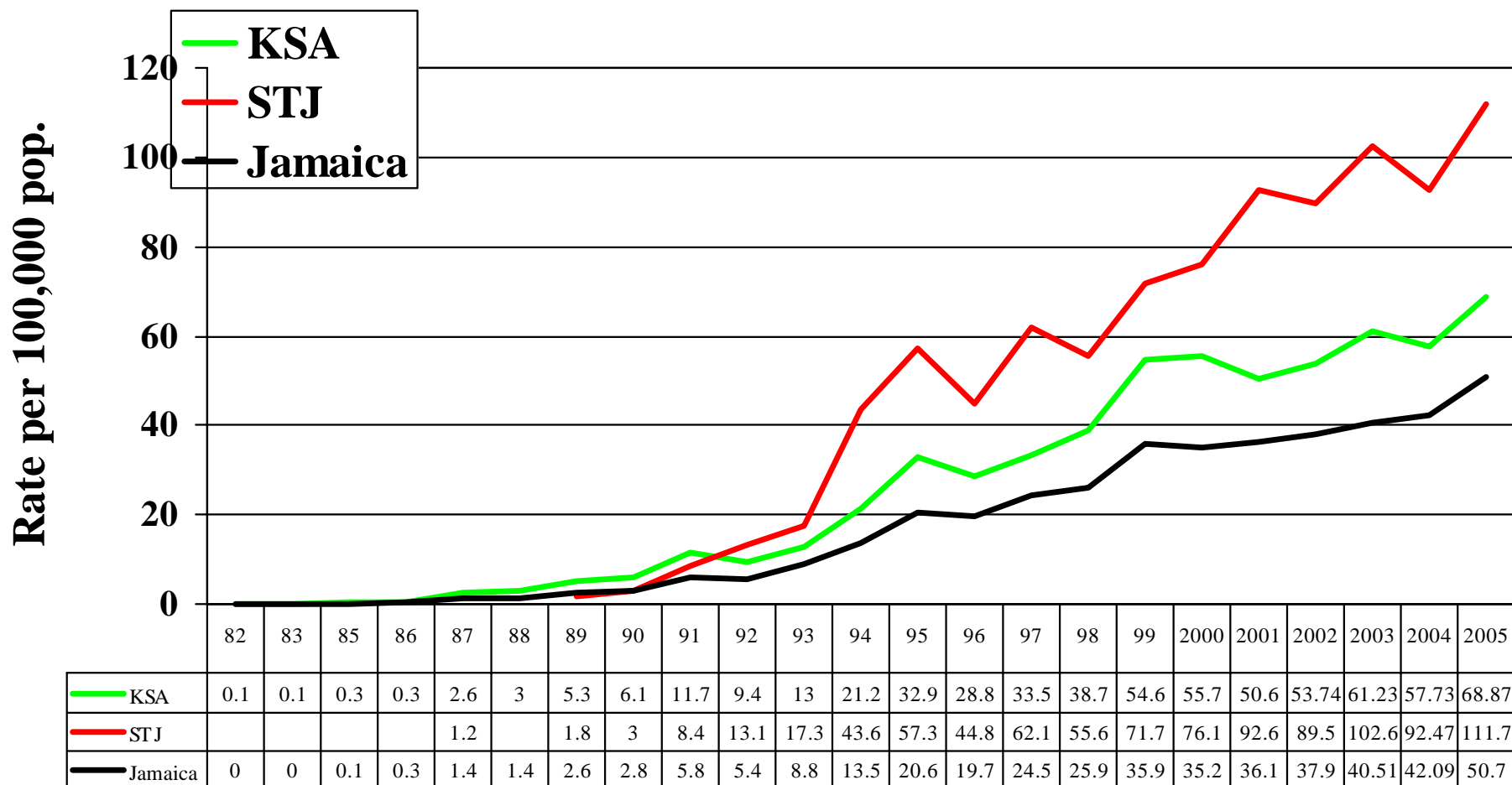
(1982 - 2005)



Jamaica

Annual AIDS Case Rates in Jamaica, St. James & Kingston/St. Andrew

(Rate per 100,000 Population) 1982 - 2005



AIDS definition includes advanced HIV disease in 2005

Reported Risk Behaviour among Persons with AIDS in Jamaica 1982-2005 (n=7,542)

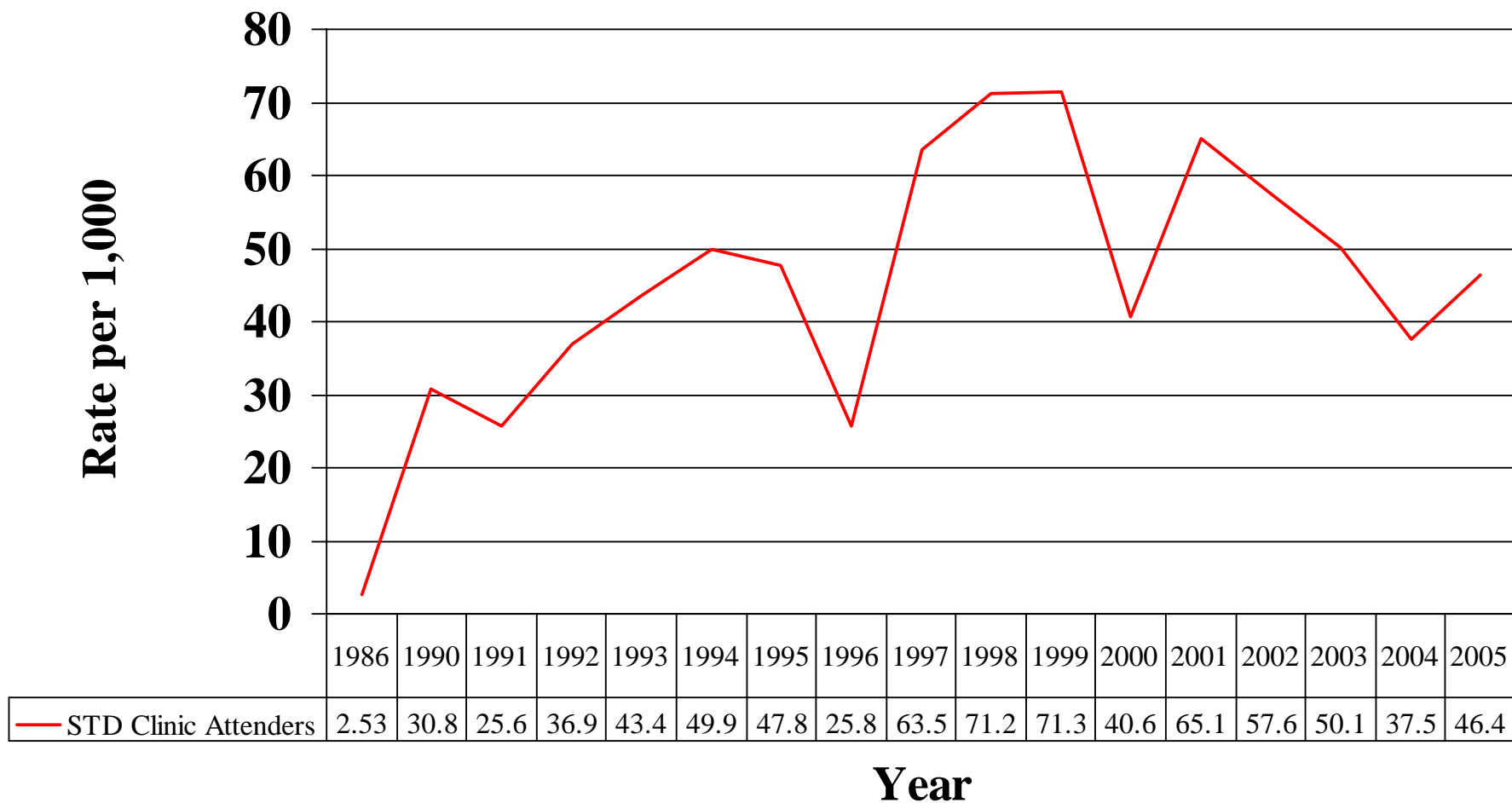
Risk Behaviour	No.	%
Multiple sex contacts		>80%*
Commercial sex	1909	25.3
STD history	3574	47.4
Crack, cocaine	654	8.7
IV drug use	83	1.1
No obvious risk		20%*

HIV Sero-Prevalence among Those Most at Risk - Jamaica

	HIV+
STD clinic attenders - 2005	5%
Female prostitutes - 2005	9%
Prisoners	6%
Homo/bisexual males	25%
Substance abusers - 2001	5.7%

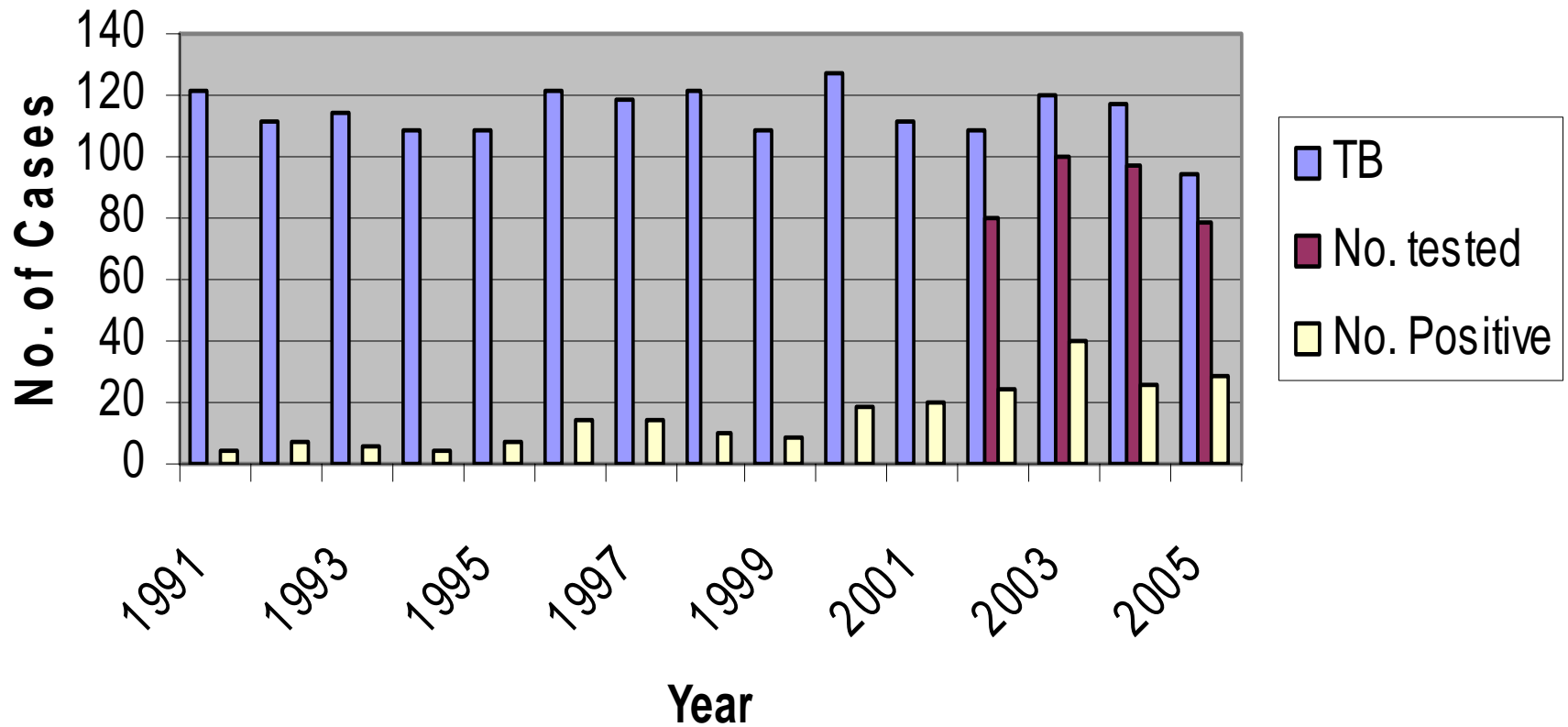
JAMAICA

HIV Seroprevalence among STD Clinic Attendees: 1986, 1990 - 2005



Source: National HIV/STI Control Program, MOH

HIV Testing among confirmed TB cases 1991 to 2005



Jamaica's Response

- 20 years old (1986)
- Led by the National HIV/STI Control Programme within the Ministry of Health
- Partners – National AIDS Committee, JN+, NGOs, CBOs, FBOs, private sector, Gov't sector, media, UN agencies, donor agencies

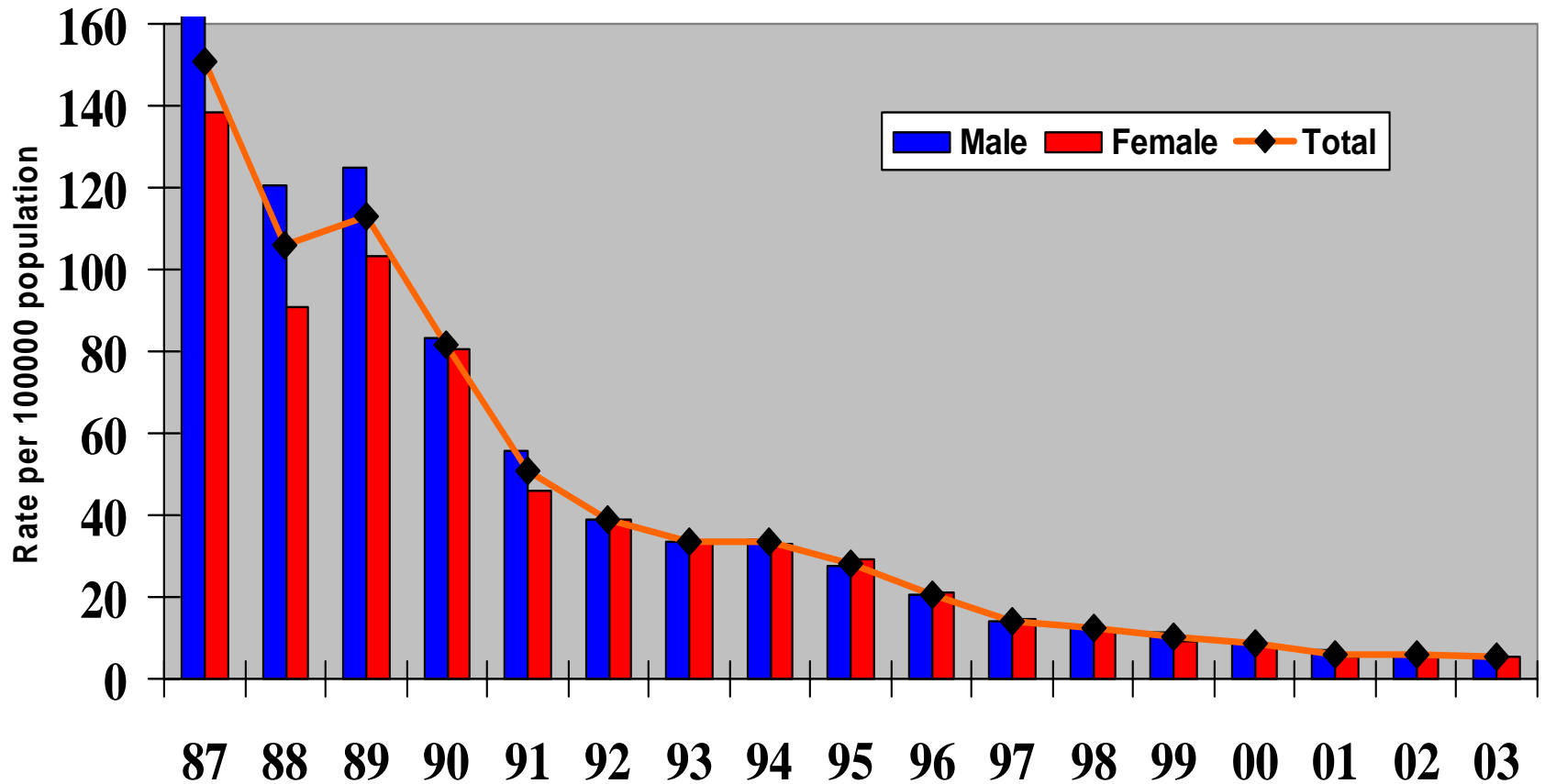
HIV/STI Control in Jamaica

Achievements

- National HIV Policy & Plan and Sector Policies
- Comprehensive program in place
- Prevention programs including media campaigns
- Prevention of Mother-to-child Transmission
- Public access program for ARV treatment
- Reduced HIV stigma and discrimination
- Decline in syphilis & gonorrhoea
- Supported staff training, facility improvement, laboratory services, LIS, & waste management
- Slowed HIV spread
- **Averted over 100,000 HIV infection**

Primary & Secondary Syphilis

Incidence by Gender, Jamaica 1987 - 2003

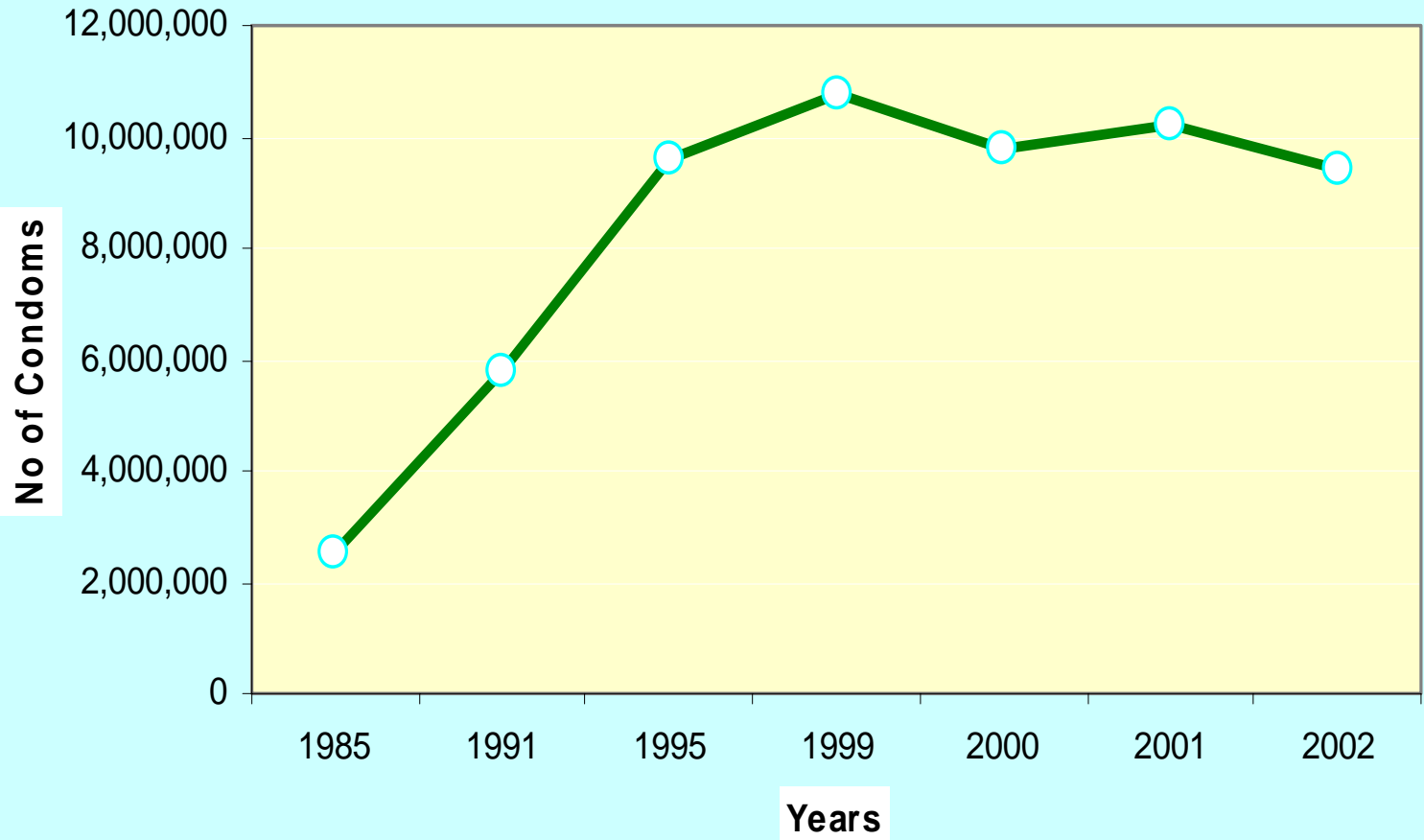


STI testing of male patrons at nightclubs and bars in Kingston 2006

No. of male patrons tested	234	
No. infected with chlamydia	39	16.7%
No. infected with gonorrhoea	5	2.1%

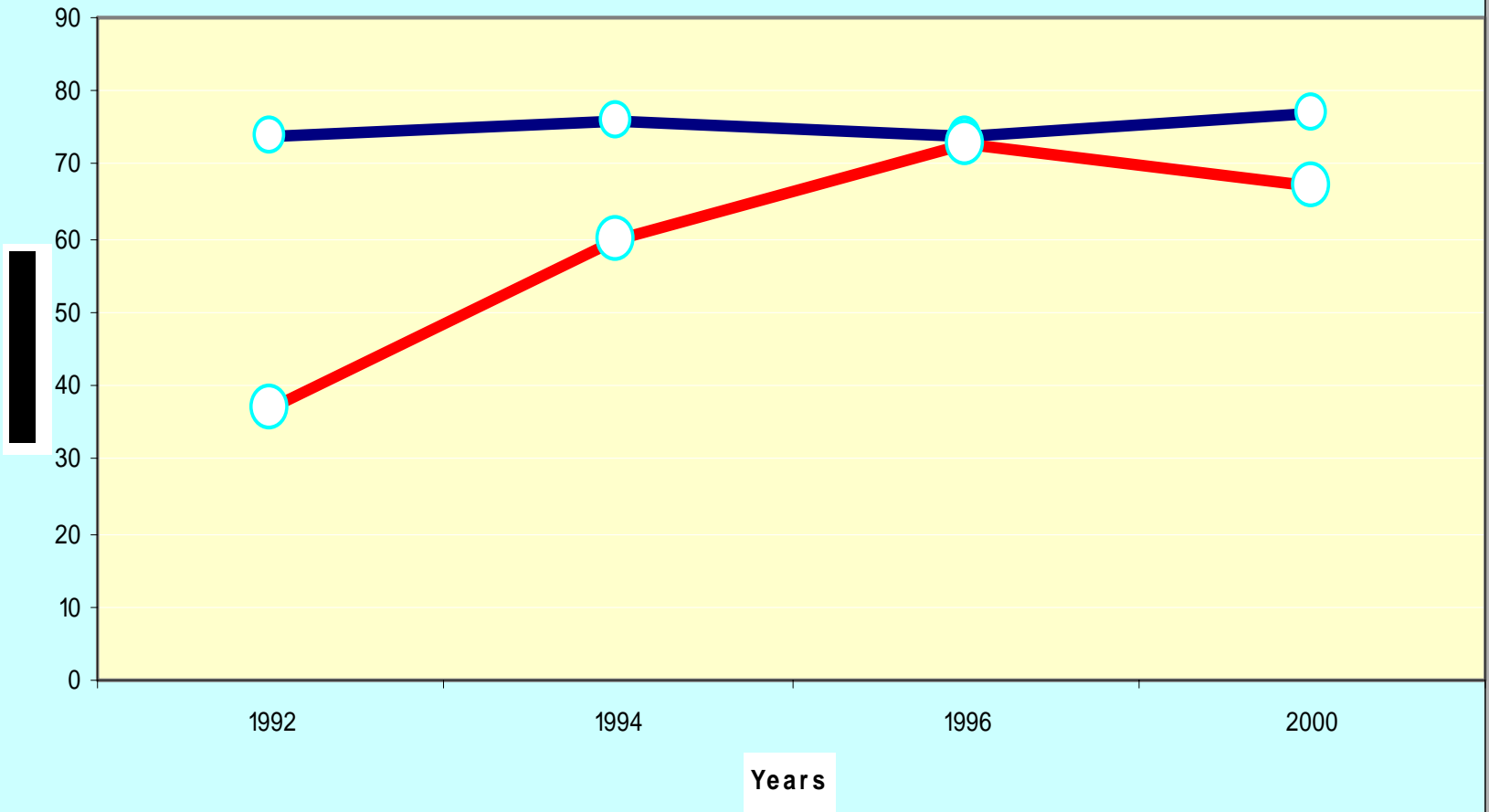
Kingston PLACE RCT 2006

Condom Sales in Jamaica: 1985-2002



Percentage of Adults Reporting Last Time Condom use with Non-Regular Partners: Jamaica

Males Females



Despite the achievements:

**HIV and AIDS
continue to spread
in Jamaica**

For the past 10 years:

**24% of men & 34% of women having sex with
a non-regular partner do not use a condom.**

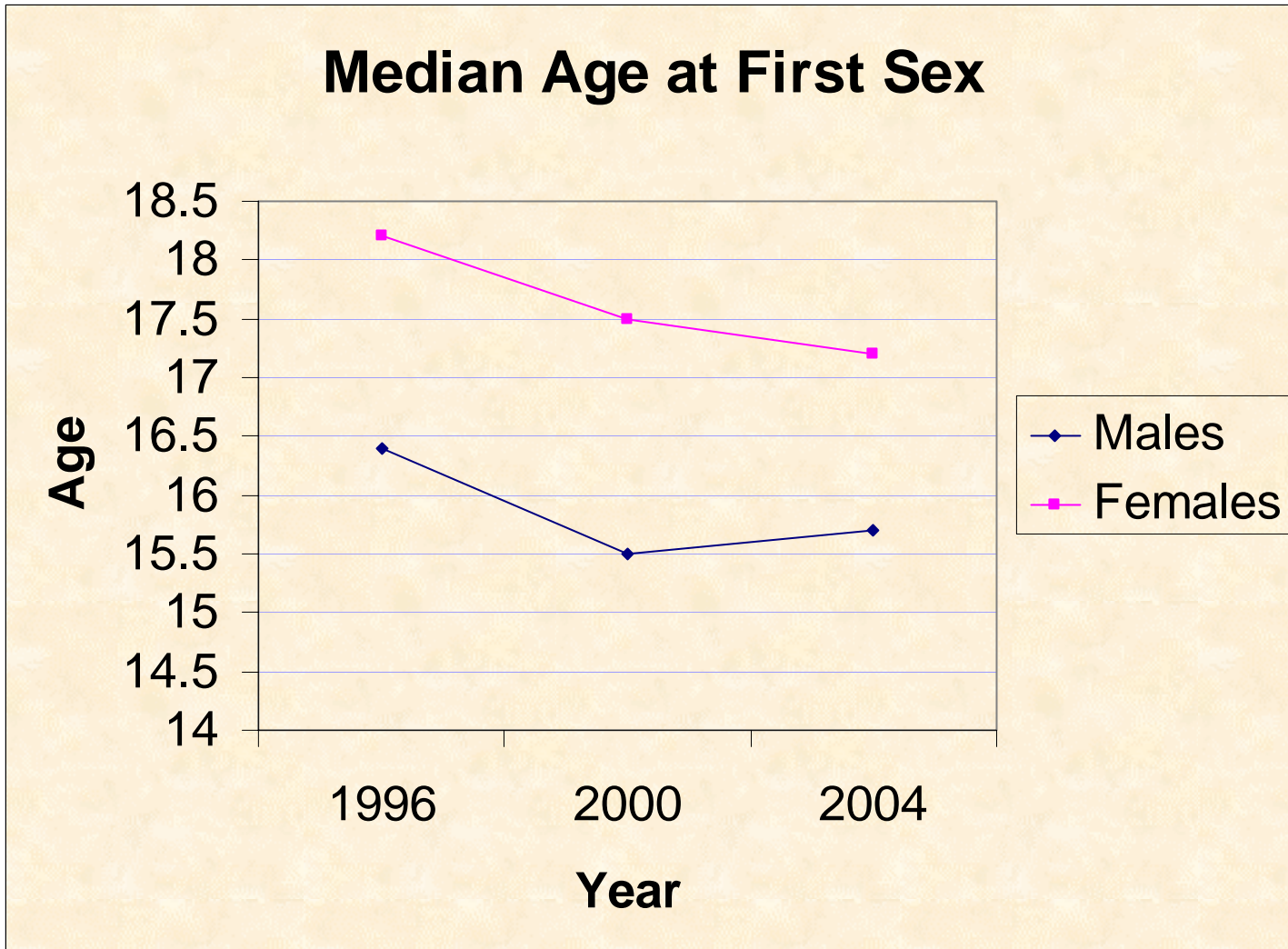
Behaviour change has reached a plateau

FACTORS DRIVING THE EPIDEMIC

Social, Cultural, Behavioural, Economic

- Early initiation of sexual activity
- Limited life-skills and sex education
- Multiple sex partners
- Gender inequity and gender roles
- Men having sex with men & homophobia
- Insufficient condom use
- Substance abuse: crack/cocaine, alcohol
- Poverty and unemployment
- Commercial and transactional sex
- Population movement
- Stigma and Discrimination

Median Age at First Sex has declined between 1996 and 2004



Multiple Partners among Men

Year	% reporting >1 sex partner in past 12 months	Survey
1985	49%	Chevannes
1992	59%	Figueroa
2000	49%	Jamaica Lifestyle survey
2004	50%	National KAP

No. of Reported Sex Partners by Interview Technique (PLACE RCT May 06)

New sex partner past 12 months	No. interviewed	Face to face	Self admin.
Women	1586	35%	46%
Men	1336	56%	66%

Transactional Sex in Jamaica

Persons reporting:	
Having commercial sex	4%
Giving or receiving money for sex	20%
Giving or receiving a gift for sex	20%

National KAP Survey 2004

How many condoms are needed?

- No. of sexually active adults: 1million
- No. of couples 500,000
- No. of couples at risk 250,000

Estimated number of condoms needed annually:

- ‘high risk’ sex monthly: $250,000 \times 12 = 3\text{m}$
- ‘high risk’ sex weekly: $250,000 \times 48 = 12\text{m}$
- ‘high risk’ sex 2 x week: $250,000 \times 96 = 24\text{m}$

Program target: 15million

Controlling the HIV/AIDS Epidemic

Reducing Social Vulnerability

- Social programs & opportunities for the poor including education and employment
- Policies that address critical social needs and rights of vulnerable populations
- Greater gender equity and reorientation of gender roles
- Expanding HIV prevention to the youth and those most at risk eg CSW, MSM
- Safe sex education and life skills in schools
- National program for better parenting

How To Strengthen the Response to the epidemic

in order to achieve

**Universal Access to Prevention,
Treatment, Care and Support**

National HIV/AIDS Program Priorities 2007

- Strategic Planning & Coordination
- Build Capacity & Sustainability
- Expand HIV rapid testing
- Universal access to ARV treatment
- Expand the scope, coverage and quality of prevention programs
- Policy, Human Rights & Stigma Reduction
- Monitoring & Evaluation
- Strengthen the Multi-sectoral Response

Expand HIV Testing

- All ANC attendees
- All persons with a STI
- All adult hospital admissions
- Vulnerable populations eg CSW, MSM
- Selective Family Planning clinics
- Private sector labs on a walk in basis

HIV Rapid Testing of Hospital Admissions: Jan - June 2006

	No. tested	No. positive	Percentage
Jan - March	2404	265	11%
April - June	2715	266	9.8%
Jan - June	5119	531	10%

HIV Testing of Hospital Admissions Jan – March 2007

Hospital	% coverage	No. tested	No. positive	% positive
KPH	12%	216		
Spanish Town	20%			
Black River	41%	466	19	4.1%
Percy Junor	44%	426	20	4.7%
Port Antonio	22%	154		

UHWI, Mandeville – not yet testing; CRH, St Ann’s Bay – no data

No. of PLWHA on ARV Treatment

Sept 04 - March 07

Adults	2727
Children	282
Total Public sector	3009
Private sector	? 300
Total on ARV treatment	3300 (60%)

Public access treatment program supported by Global Fund

Contact Investigation Data - 2005

Indicator	2005	%
Ratio of contacts to HIV/AIDS cases	2:1	
Locatable contacts examined	907/1502	60%
HIV/AIDS contacts positive	382/907	42%
P&S syphilis cases interviewed/reported	74/78	95%
Ratio of syphilis contacts named to cases	2:1	
Locatable contacts treated	44/68	65%
Contacts infected at treatment	24/68	35%

Contact Investigation Coverage - 2005

No. of HIV and syphilis locatable contacts
reported 1580

No. of contact investigators 20

No. of contacts per CI 79

(1-2 contacts per week)

- We need to reach more than 60%

Prevention of Mother To Child Transmission Jan – June 2006

	Jan - June 2006
No. ANC attendees tested	16,103
No. ANC attendees HIV +ve	234
No. of HIV +ve women given ARV	143(79%)
No. of HIV +ve women delivered	180
Percentage of women getting pMTCT	79%
No. of HIV exposed infants	174
No. HIV exposed infants getting ARV	157(90%)
Percentage of HIV infected infants born to HIV infected women	? 10%

PCR Test Results

Jan – April 2007

No. of samples	No. positive	% positive
139	11	7.9%

Prevention

We need a ten fold increase in prevention program coverage & resources:

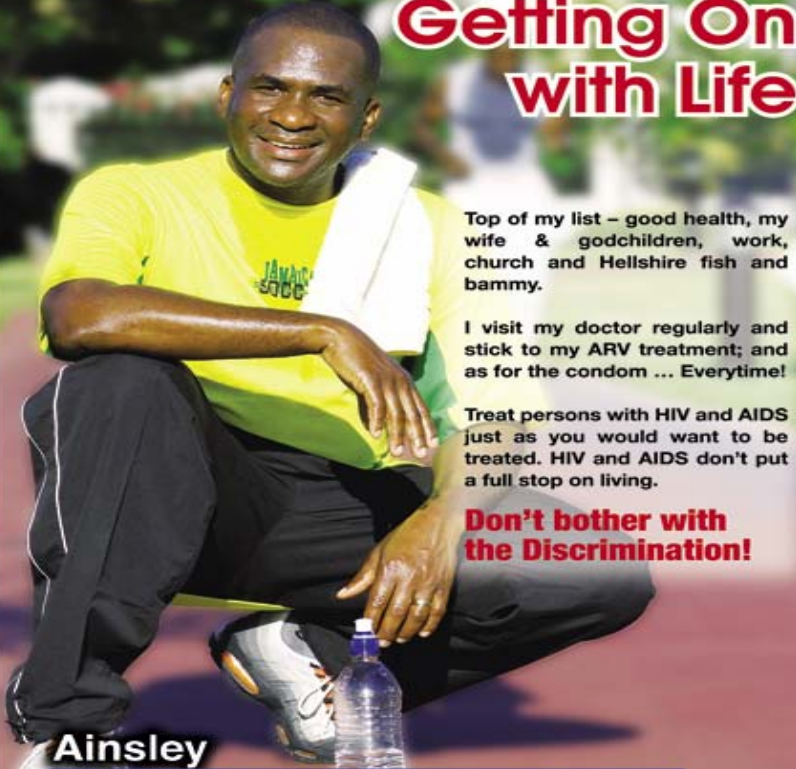
- HIV rapid testing & risk reduction counseling
- Outreach programs to CSW, MSM and sites where persons go to meet new sex partners
- Workplace and targeted community programs

We also need an overall strategy and plan in the education sector to reach the youth

We must build capacity and improve quality

Anti-Stigma Campaign Jamaica

Positive + truly Positive
and
Getting On with Life




Top of my list – good health, my wife & godchildren, work, church and Hellshire fish and bammy.

I visit my doctor regularly and stick to my ARV treatment; and as for the condom ... Everytime!

Treat persons with HIV and AIDS just as you would want to be treated. HIV and AIDS don't put a full stop on living.

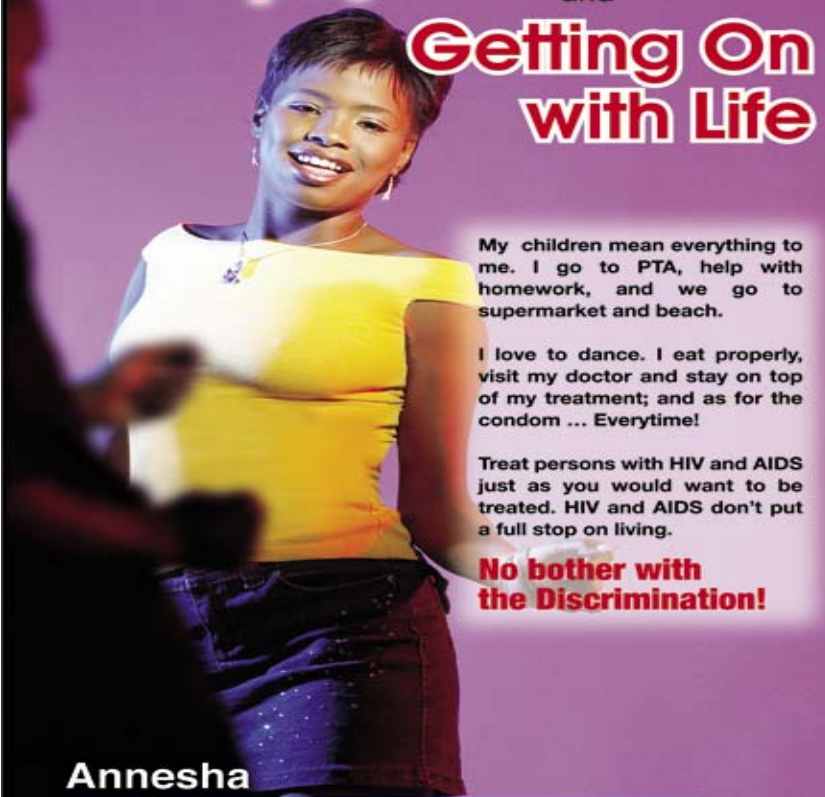
Don't bother with the Discrimination!

Ainsley
- living with HIV for over 13 years.



For more information contact the National HIV/STI Control Programme at the Ministry of Health
AIDS/STD Helpline: 967-3830 • Toll free: 1-888-991-4444

Positive + truly Positive
and
Getting On with Life




My children mean everything to me. I go to PTA, help with homework, and we go to supermarket and beach.

I love to dance. I eat properly, visit my doctor and stay on top of my treatment; and as for the condom ... Everytime!

Treat persons with HIV and AIDS just as you would want to be treated. HIV and AIDS don't put a full stop on living.

No bother with the Discrimination!

Annesha
- living with HIV for over 5 years.



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Critical Policy Issues

- Discrimination against PLWHA
- HIV testing at work
- Sex education and condom access for youth
- Commercial sex work
- Crack cocaine use
- Men who have sex with men
- Prison health

National HIV Strategic Plan 2007-2012

- New National HIV Strategic Plan is being developed
- Series of consultations conducted including three workshops on policy, gender and youth
- National consultation 1-3 Nov 2006
- HIV strategic plan for Education
- Prepare projects to seek funding

National HIV Strategic Plan 2007-2012

**Universal access to HIV prevention,
treatment and care**

Priority Areas:

- Prevention**
- Treatment, Care and Support**
- Enabling Environment & Human Rights**
- Empowerment and Governance**

National HIV Strategic Plan

Universal Access:

- Includes prevention, treatment & care
- Access to services for all
- Full coverage of all those in need
- Adequate quality
- Acceptable and affordable
- Use institutional channels
- Build strategic capacity

National HIV Strategic Plan

Key Issues

- Social vulnerability & policy
- Gender equity and roles
- Civil society ownership, initiative, empowerment & capacity
- Youth empowerment
- Reducing stigma, affirming rights, involving PLWHA & promoting disclosure
- Effective coordination

Strengthen Planning & Coordination

- Develop a new National HIV Strategic Plan
- Establish One Authority for HIV/AIDS
- Finalise a comprehensive M & E system
- Integrate HIV/AIDS into development planning
- Develop a HIV strategic plan, policy & program in the Education sector
- Harmonise the support of the UN and other development agencies

Capacity Building & Sustainability

- Government needs to establish posts for HIV/AIDS
- Establish an HIV Division in the Ministry of Health or a statutory body as the National Authority
- Preserve the present management team & PCU
- Establish funds for HIV in the GoJ recurrent budget
- Prepare new projects for Global Fund & World Bank
- Build the capacity to better guide the national and field response

HIV Program Staff

POSITION	MOH	IBRD	GF	USAID	TOTAL
National Program Staff	2	16	12	3	33
Other National Level Staff	1	7	4	6	17
National AIDS Committee	-	4	2	-	6
Field Staff: WRHA	-	13	9	22	44
SERHA	-	13	51	15	79
NERHA	-	7	20	3	30
SRHA	-	7	7	12	26
Total Field Staff	NA	40	87	52	179
TOTAL	3	67	105	61	236

IBRD ends in 2007, USAID ends March 2008, GF ends May 2009

National Program Staff

POSITION	MOH	IBRD	GF	USAID	TOTAL
Senior Technical Staff	2	4	2	-	8
Senior Administrative Staff	-	2	-	1	3
Finance + Procurement	-	3	2	2	7
Project Assistant	-	2	4	-	6
BCC/VCT	-	2	1	-	3
M.+E.	-	3	3	-	6
TOTAL	2	16	12	3	33

IBRD ends in 2007, USAID ends March 2008, GF ends May 2009

Other National Level Staff

POSITION	GOJ	IBRD	GF	USAID	TOTAL
Line Ministries	-	5	4	-	9
*CHART	-	-	-	6	6
Waste Management	-	1	-	-	1
System Admin. Lab	-	1	-	-	1
TOTAL	-	7	4	6	17

***CHART – Caribbean HIV/AIDS Regional Training Centre, ERTU, Jamaica**

National AIDS Committee

POSITION	IBRD	GF	TOTAL
Executive Director	1	-	1
Program Officers	1	2	3
Admin/Finance	2	-	2
TOTAL	4	2	6

Field Staff employed through the World Bank Project

POSITION	WRHA	SERHA	NERHA	SRHA	TOTAL
HIV Program Coordinator	1	1	1	1	4
BCC Officer	1	-	-	-	1
Social Worker	2	2	1	2	7
Medical Technologist	1	1	-	-	2
LTA	7	8	5	4	24
Project Assistant	1	1	-	-	2
TOTAL	13	13	7	7	40

Field Staff employed through the Global Fund & USAID*

POSITION	WRHA	SERHA	NERHA	SRHA	TOTAL
BCC Coordinator	2	1	1	1	5
BCC Officers	-	1	-	-	1
Targeted Interventions Officers	2	2	1	2	7
Community Peer Educators	0+22*	2+15*	13+3*	1+12*	16+52*
Field Coordinator (PLACE)	-	3	-	-	3
Outreach Officers (PLACE)	3	28	-	-	31
Adherence Counsellors	1	10	4	1	16
Medical Technologist	-	-	-	-	1
Finance Officer	1	1	-	-	1
Sessional Doctors	-	3	1	1	5
Project Assistant		-	-	1	1
TOTAL	9+22*	51+15*	20+3*	7+12*	87+52*
OVERALL TOTAL Field staff	40 + 87 + 52 =				179

Affirming an Effective Response to HIV in Jamaica



Life
is a
gift,
don't
let **H.I.V.**
take it



Prevent HIV/AIDS & other STDs

The National HIV/STD Prevention & Control Programme
Ministry of Health
Call the AIDS/STD Helpline 967-3830/967-3764
1-888-991-4444 (toll free) Mon-Fri 10:00am-10:00pm

