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# Global AIDS Monitoring Report: 2017

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Monitoring the 2016  
Political Declaration  
on HIV/AIDS

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Bahamas Ministry of Health

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## ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>AZT</b>	Azidothymidine
<b>CAREC</b>	Caribbean Regional Epidemiology Centre
<b>CARICOM</b>	Caribbean Community
<b>CBO</b>	Community-based Organization
<b>CCAC</b>	Community Counselling and Assessment Centre
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDC CRO</b>	Caribbean Regional Office of the Centers for Disease Control and Prevention
<b>CHART</b>	Caribbean HIV/AIDS Regional Training
<b>CImPACT</b>	Caribbean Informed Parents and Children Together
<b>CoAg</b>	Cooperative Agreement
<b>DEBI</b>	Diffusion of Effective Behavioural Interventions
<b>DNA</b>	Deoxyribonucleic Acid
<b>DOT</b>	Directly Observed Therapy
<b>DPH</b>	Department of Public Health
<b>ELISA</b>	Enzyme Linked Immunosorbent Assay
<b>FOY</b>	Focus on Youth
<b>GBHS</b>	Grand Bahama Health Services
<b>HFLE</b>	Health and Family Life Education
<b>HIV</b>	Human Immunodeficiency Virus
<b>HTC</b>	HIV Testing and Counselling
<b>ImPACT</b>	Informed Parents and Children Together
<b>KP</b>	Key Population
<b>KPLHIV</b>	KPs Living with HIV
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health, The Bahamas
<b>MSM</b>	Men who have sex with men
<b>NAP</b>	National AIDS Programme
<b>NASP</b>	National HIV/AIDS Strategic Plan
<b>NGO</b>	Non-governmental Organizations

<b>NHSSP</b>	National Health Systems Strategic Plan
<b>NIH</b>	National Institutes of Health
<b>PCR</b>	Polymerase Chain Reaction
<b>PEP</b>	Post-exposure Prophylaxis
<b>PEPFAR</b>	President's Emergency Fund for AIDS Relief
<b>PHA</b>	Public Hospitals Authority
<b>PITC</b>	Provider Initiated Testing and Counselling
<b>PLHIV</b>	Persons Living with HIV
<b>PMH</b>	Princess Margaret Hospital
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>SASH</b>	Society against STI and HIV
<b>SCAN</b>	Suspected Child Abuse and Neglect Unit
<b>SI</b>	Strategic Information
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS

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- The Bahamas AIDS Foundation
- Bahamas Sexual Health and Rights Association (BASHRA)
- Samaritan Ministries
- The Bahamas Red Cross
- Bahamas National Network for Positive Living (BNN+)
- Bahamas Transgender Empowerment for Healthy Living (BTEHL)
- The D’Marco Foundation

**STAKEHOLDER PARTICIPATION IN THE REPORT WRITING PROCESS**

This report was prepared by the staff of the Ministry of Health/President’s Emergency Fund for AIDS Relief (PEPFAR) office with assistance from the National HIV/AIDS Centre (NAC), the Maternal/Child Health Programme, the STI (Sexually Transmitted Infections) Unit and the National Health Information Research Unit (NHIRU) of The Ministry of Health. Stakeholders from across the National AIDS Programme (NAP) and civil society assisted in the provision of data. A draft version of the report was reviewed by representatives of the Ministry of Health (MOH). Feedback from MOH was included in the final draft.

**HIV/AIDS EPIDEMIOLOGIC OVERVIEW**

Between 1985 and 2015, 13,449 persons were reported as HIV positive in The Bahamas. Over a third of those cases (35%) have since died of AIDS. At the end of 2015, 8,667 people were listed as living with HIV as determined through surveillance methods. This means that roughly 1 in 50 persons in The Bahamas in 2015 was HIV positive.

In 2015, 226 persons were diagnosed with HIV in The Bahamas, which represented a 43% decrease from the reported number of 396 in 2006. Most of these cases (84%) had not progressed to AIDS by the end of 2015. Male new diagnoses exceeded female diagnoses (57% vs. 43%), while persons aged 30-39 accounted for the largest age group of new diagnoses (25%). Although new diagnoses have decreased among most demographic groups, cases among 15-24 year olds increased by 38% between 2006 (34 cases) and 2015 (47 cases). Cases among males in this age group tripled between 2006 (11 cases) and 2015 (27 cases).

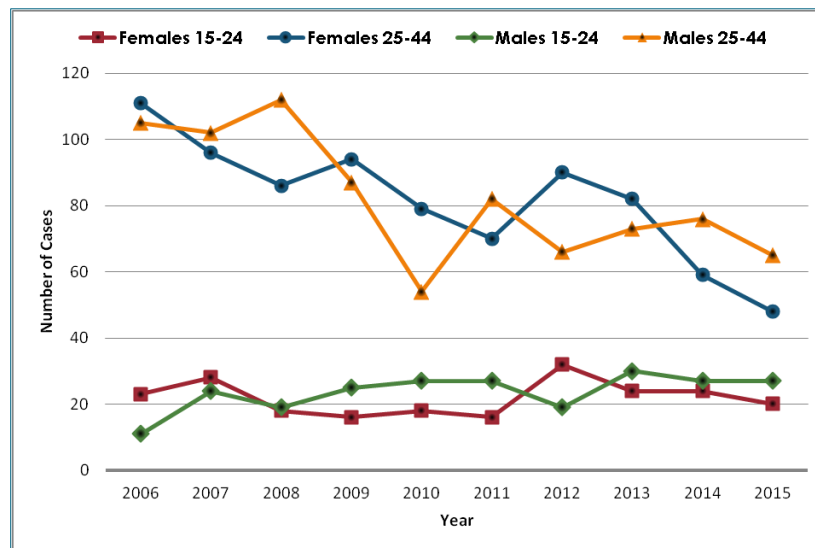


Figure 1: Number of New HIV Diagnoses by Age Group and Gender, The Bahamas, 2006-2015.

Source: 2015 HIV Surveillance Fact Sheet, National HIV/AIDS Centre

Between 2006 and 2015, 1,155 persons died of AIDS-related causes in The Bahamas, with an average of 116 deaths per year. The age-adjusted death rate decreased from 48 to 10 deaths per 100,000 persons in this time period. The majority of AIDS Deaths in 2015 occurred in persons born in The Bahamas (84%) and 40-99 year olds (45%).

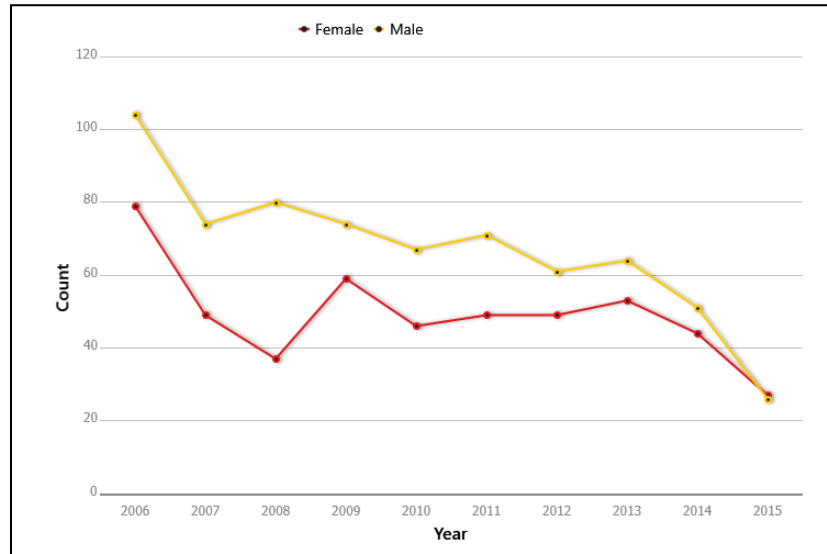


Figure 2: . Number of AIDS Deaths by Age Group, The Bahamas, 2006 – 2015.

Source: 2015 HIV Surveillance Fact Sheet, National HIV/AIDS Centre

## NATIONAL RESPONSE TO HIV/AIDS IN THE BAHAMAS

### HIV POLICIES

#### NATIONAL HEALTH SERVICES STRATEGIC PLAN (NHSSP) 2010 – 2020

The Ministry of Health embarked on the development of a new strategic plan for the National Health Services in 2009. This culminated in the approval of the National Health Services Strategic Plan (NHSSP) 2010 – 2020 which aimed to improve the health of the residents of the nation by focusing on seven strategic components. The components reflect the interactions that occur between integral components of health care organizations that utilize a systems thinking and a public health approach:

1. Public and private sector partnerships with civil society and communities to improve health and well-being;
2. Integrated, people-centred health care services and programmes that are delivered across every stage of life that focuses on health prevention;



3. Improved health outcomes and operational efficiency that is driven by the management of strategic information and evidence-based decisions;
4. Health human resource governance, planning and management that allows the delivery of quality care and services;
5. Optimized planning and management of health facilities, infrastructure, technologies and supplies for sustainable delivery of quality health care and services;
6. Effective and accountable leadership, management and oversight that is focused on improving efficiency and quality; and
7. Sustainable non-discriminatory health services that provide equitable and affordable access to care and services.

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## NATIONAL AIDS STRATEGIC PLAN

The National AIDS Programme finalized the National AIDS Strategic Plan (NASP) 2015-2020 in 2016. The NASP has been used to drive strategic initiatives and programme activities supported by the Ministry of Health and more recently, the United States of America's President's Emergency Plan for AIDS Relief (PEPFAR). The key priority areas remain aligned with the NHSSP 2010-2020:

1. Strategic Planning and Management that focuses on evidence-based decision making and accountability that is reliant on strategic information and research;
2. Prevention that focuses on maintaining healthy lifestyles;
3. Infrastructure and Human Resources that focus on sustainable services with a high quality of care and human resources that can support these services;
4. Care, Treatment and Support Services that are patient-centred and integrated into primary care services for increased access.

## PROGRAMMATIC RESPONSES TO HIV AND AIDS IN THE BAHAMAS

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### PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

The MOH has been in a partnership with PEPFAR through a cooperative agreement (CoAg) with the Centers for Disease Control and Prevention Caribbean Regional Office (CDC CRO) since 2010. The CoAg has provided funding and technical support to the NAP in the areas of Prevention, Care and Treatment, Laboratory Strengthening, Strategic Information, and Health Systems Strengthening, particularly for the improvement of services offered to persons in Key Populations (KPs).

## NATIONAL AIDS CENTRE

In 1988, The Ministry of Health established the National AIDS Secretariat to advise the MOH on HIV policy issues and to mobilize different sectors of society in the fight against HIV and AIDS. The mandate of the AIDS Secretariat was enhanced in 2002, and the Secretariat was re-named the National HIV/AIDS Centre (NAC). The NAC was charged with being the national oversight, planning, training, coordination and evaluation body for The Bahamas' response to HIV and AIDS, and provides the following services for persons at risk of, living with, or affected by HIV:

- HIV Testing
- CD4 and Viral Load Testing
- HIV Prevention Education
- Treatment and Care
- Adherence Support
- Contact Tracing and Partner Notification
- Prevention of Mother-to-Child-Transmission (PMTCT)

The NAC is directly accountable to the Minister of Health. Funds from the national budget, international donors and national donors are coordinated through the Ministry of Health with advisement from the National HIV/AIDS Advisory Committee and prioritized within the framework set by the National HIV/AIDS Strategic Plan. The NAC has six units, each with its own coordinator and staff that report to the Director.

The NAC has broad multisectoral support from other government agencies, people living with HIV (PLHIV), non-governmental organizations (NGOs) and the private sector within The Bahamas, and is recognized among all stakeholders as the coordinating authority. These organizations are actively involved in the delivery of programmes and support services, and work closely with the Director and unit coordinators. The Centre also collaborates with these stakeholders through the Resource Committee, a multi-stakeholder advisory body that meets monthly to review strategic plans, programme activities and outcomes and to collaborate on joint initiatives.

The NAC is the recognized authority for the planning, management and delivery of the National HIV/AIDS Programme. Human resource management and manpower acquisition remains a challenge to the Programme which has responsibility for Programme management throughout the nation.

The NAC remains firmly committed to HIV-related prevention education, treatment, care and support universally accessible to all persons at risk of, living with, or affected by HIV/AIDS in The Bahamas, regardless of sexual orientation, gender, age, language, ethnicity or country of origin, socio-economic status, disability, history of sex work, illicit drug use, or incarceration status. The

NAP Anti-Discrimination policy also ensures the right of persons utilizing NAC services to express grievances without retaliation.

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## SEXUALLY TRANSMITTED INFECTIONS UNIT

There is one Sexually Transmitted Infections (STI) Unit located in Nassau. As a service of the Department of Public Health, the STI Unit has a clinic which serves as a referral centre for individuals with known or suspected STIs and as a walk-in clinic for individuals presenting with complaints. Upon consent, patients are given a physical exam and comprehensive STI screening (including an HIV test). Appropriate treatment is then provided and patients are given a follow-up clinic appointment to return for their test results. HIV positive persons found in the STI clinic are referred to the appropriate PMH Infectious Diseases Clinic for follow-up, evaluation and contact tracing.

The STI Unit also participates in prevention education activities and community outreach events. Physicians and nurses of the STI Unit give lectures in the community as part of overall HIV outreach efforts.

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## NON-GOVERNMENTAL ORGANIZATIONS

NAC partnerships with community based organizations (CBO) such as the Urban Renewal Centres, The Bahamas Urban Youth Development Centre (BUYDC), SASH Bahamas and the AIDS Foundation have focused on bringing HIV prevention interventions and increased access to HIV testing and counselling (HTC) to the general population and key populations. In addition, partnerships with the Haitian Organization for the Prevention of HIV/AIDS and STDs (HOPHAS) and faith-based organization (FBO) such as Real Men Haitian Chapter from Bahamas Faith Ministries are working within the Creole-speaking communities. The Samaritan Ministries continues to provide counselling and support to persons living with or affected by HIV and AIDS.

## UNAIDS TEN COMMITMENTS

### COMMITMENT 1: 90-90-90 TARGETS

The Bahamas has made great strides in improving the health of persons living with HIV. In 2001, HIV treatment was made available free of cost to all PLHIV in the country. Clinical support is also available to all PLHIV throughout the archipelago.

During 2016, 2,534 people received ART through the NAC pharmacy. Ninety percent of these persons were found to be on ART at the end of the year (n=2,280, Table 1). Half of PLHIV on treatment at the end of 2016 were male (50%) and over the age of 15 (93%).

	PLHIV on ART at end of 2016		PLHIV with Suppressed Viral Load	
	n	%	n	%
<b>Male</b>	1,140	50%	469	48%
<b>Female</b>	1,140	50%	497	51%
<b>Unknown Gender</b>	0	0%	13	1%
<b>Under 15</b>	34	1%	15	2%
<b>15 and older</b>	2,124	93%	929	95%
<b>Unknown Age</b>	122	5%	35	4%
<b>Total</b>	2,280	100%	979	100%

**Table 1: Percentage of eligible adults and children currently receiving ARV therapy at the end of 2016 (GAM Indicators 1.2, 1.3).**  
Source: National HIV/AIDS Centre Pharmacy Data, 2016; Spectrum Estimate – 2016

Overall, 42% of persons initiating treatment in 2015 were still on treatment 12 months after starting (Table 2). This number is lower than that reported for 2014 due to changes in the inclusion criteria persons for this indicator. Changes in the indicator definition may also be responsible for the lower number of virally suppressed persons in 2016 (n=979) compared to 2015 (n=1,017).

	Number on Treatment after 12 months	Number Initiating Treatment	Percentage Result
<b>Male</b>	48	106	45%
<b>Female</b>	42	108	39%
<b>Under 15</b>	0	1	0%
<b>15 and older</b>	90	213	42%
<b>Pregnant</b>	3	8	38%
<b>Breastfeeding</b>	0	0	--
<b>Public</b>	68	169	40%
<b>Private</b>	22	45	49%
<b>Total</b>	90	214	42%

**Table 2: Percentage of adults and children with HIV starting treatment in 2016 and completing at least 12 months of ARV therapy (Indicator 1.3).**  
Source: National HIV/AIDS Centre Pharmacy Data 2015 and 2016

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## POLICY AND PROGRAMMATIC RESPONSE TO 90-90-90 TARGETS

The Ministry of Health implemented a 'Treat All' policy in April 2016 for PLHIV in accordance with the *2016 WHO Consolidated guidelines on the use of ARV drugs for treating and preventing HIV infection*. All PLHIV are offered antiretroviral therapy regardless of CD4 level.

A local NGO is offering treatment, care and support services. Administration of ARVs can be initiated by nurses for pregnant HIV positive women in consultation with a physician.

Much progress has been made to increase access to treatment, care and support services. While medication adherence counselling has always been offered to clients, a dedicated adherence has been employed. Additionally efforts to improve contact tracing and defaulter tracing have been strengthened. Focus groups of PLHIV have reported fear of stigma and discrimination as a barrier; efforts to address this as well as general medication literacy are being explored.

The Bahamas formally adopted the "Treat All" policy in April 2016 according to the 2016 WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infections*, which includes a test and start policy for all newly PLHIV. In an effort to facilitate early engagement in care, newly diagnosed PLHIV have bloods drawn for CD4 count and viral load testing and have a physician consultation in many point-of-care facilities. In addition, the NAP currently partners with civil society organisations to strengthen prevention, HTC and treatment, care and support.

## COMMITMENT 2: HIV INFECTIONS AMONG CHILDREN

Routine HIV screening is carried out for all pregnant women in The Bahamas as a part of antenatal services. The MOH also provides ART free of charge to all HIV positive pregnant women. Of the known 48 HIV positive women who were pregnant in 2016, 40 (85%) received ARVs during pregnancy. 20 (50 %) of these women who received ART during pregnancy were newly initiated on ART during pregnancy in 2016, while 20 (50 %) were already on ART before their pregnancy in 2016. All HIV positive pregnant women who newly initiated treatment in 2016 received maternal triple ARV prophylaxis. The remaining 7 women (15%) who received no antenatal care received IV AZT during labour and delivery (Table 3).

	Result
<b>Numerator:</b> <i>Number of pregnant women living with HIV who delivered and received antiretroviral medicines during the past 12 months to reduce the risk of the mother-to-child transmission of HIV during pregnancy and delivery.</i>	53
1. Newly initiated on antiretroviral therapy during the current pregnancy	23
2. Already receiving antiretroviral therapy before the current pregnancy	23
3. Maternal triple antiretroviral medicine prophylaxis (prophylaxis component of WHO option B)	0
4. Maternal AZT (prophylaxis component during pregnancy and delivery of WHO option A)*	7
5. Single dose nevirapine (with or without tail) only	0
6. Other	0
<b>Denominator:</b> <i>Number of women living with HIV who delivered within the past 12 months</i>	<b>53</b>
<b>Percentage:</b>	<b>100%</b>

Table 3: Percentage of HIV positive pregnant women who received ARTs to reduce the risk of mother-to-child- transmission, 2016 (Indicator 2.3).

Data do not include PMTCT data from Grand Bahama.

Source: PMTCT Registry, National AIDS Centre

Two of the 48 babies born to HIV positive pregnant women in 2016 tested positive for HIV, resulting in an MTCT rate of 4.2 % (Table 5). Of the two infants, one was born to a mother who did not present for antenatal/PMTCT services, and the other defaulted from care (and was unable to be located). Both mothers were given IV AZT during labour and delivery.

	Result
<b>Numerator:</b> <i>Number of infants newly infected with HIV from MTCT among children born in 2016 to women living with HIV.</i>	2
<b>Denominator:</b> <i>Estimated number of children delivered by women living with HIV who delivered in the previous 12 months.</i>	54
<b>Percentage</b>	<b>3.7%</b>

Table 4: Percentage of child HIV infections from HIV-positive women delivering in the past 12 months, 2016 (Indicator 2.2)

Source: PMTCT Registry, National AIDS Centre

## POLICY AND PROGRAMMATIC RESPONSE TO MTCT

The public health system in The Bahamas continues to take great strides to ensure that pregnant women receive PMTCT interventions as required. Mother-to-child transmission is in the single digits among women who did not enrol in the antenatal/PMTCT programme or were late presenters for antenatal care.

The Bahamas MOH policy states that combination ARV therapy is initiated in all newly diagnosed HIV positive pregnant women at the time of diagnosis. Further, Option B+ is the national policy as it relates to PMTCT guidelines. Intravenous zidovudine (AZT) is administered to all HIV infected mothers during labour and delivery in hospital. All HIV-exposed infants are given combination ARV prophylaxis. The Bahamas protocol recommends exclusive replacement feeding for all HIV exposed infants. The government provides replacement feeding for those who cannot afford it.

	Result
<b>Numerator</b> Number of infant who received an HIV test within 2 months of birth during the reporting period	<b>54</b>
<i>Positive</i>	<i>2</i>
<i>Negative</i>	<i>51</i>
<i>Indeterminate*</i>	<i>1</i>
<i>Rejected for testing</i>	<i>0</i>
<i>Other</i>	<i>0</i>
<b>Denominator</b> Number of pregnant women living with HIV giving birth in the past 12 months	<b>54</b>
<b>Percentage</b>	<b>100%</b>

**Table 5: Infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth, 2016 (Indicator 3.2)**

\*Confirmation of this infant pending at the time of this report.

Source: PMTCT Registry, National AIDS Centre

There were no HIV positive babies born to HIV positive mothers who received and adhered to appropriate PMTCT ARV treatment in 2016.

ART is provided free of charge to all HIV positive pregnant women in The Bahamas. This policy has contributed to decreased rates of mother-to-child transmission, as evidenced in Figure 3. Due to the extensive antenatal coverage available in the archipelago, and the relatively small number of HIV positive pregnant women in The Bahamas, the MOH can monitor HIV positive ANC clients reliably during pregnancy, post-delivery and post-partum periods and consequently increase adherence to PMTCT interventions.

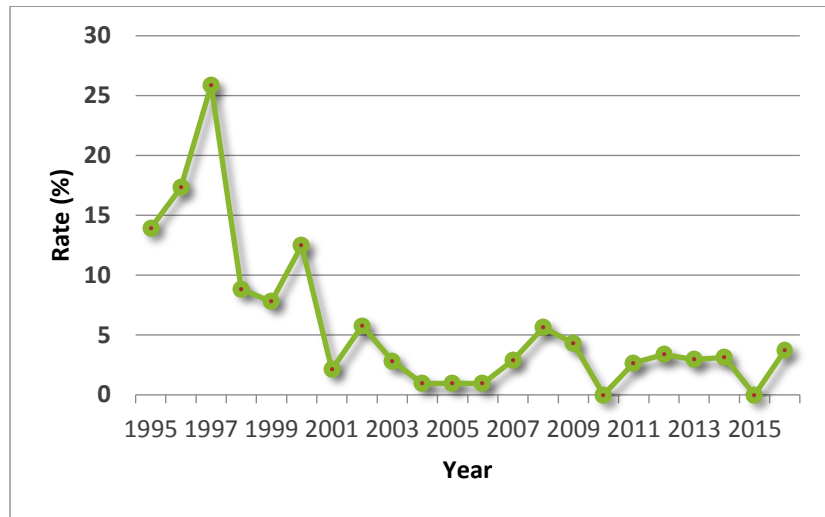


Figure 3: HIV Mother-to-Child Transmission Rates, 1995-2016, The Bahamas.

Source: National HIV/AIDS Centre PMTCT Records

COMMITMENT 3: COMBINATION PREVENTION OPTIONS

EVIDENCE FOR PREVENTION

MEN WHO HAVE SEX WITH MEN (MSM)

The Ministry of Health has undertaken steps in the past decade to understand and document the scope of HIV prevalence and risk behaviours among MSM. A bio-behavioral surveillance study (BBSS) on MSM was conducted in 2014 to assess the distribution of HIV and other STIs in the MSM community to inform prevention policies and activities in this key population group. The study, which employed respondent-driven sampling methodology, indicated that nearly one in five MSM (19.6%) in The Bahamas were living with HIV, while 35.5% of MSM tested positive for active syphilis and 8.9% had indication of exposure to HBV (Table 6). The survey also found that



most MSM in The Bahamas (90.7%) knew their HIV status from an HIV test and were tested in the last year (70%). Seventeen percent (17.1%) of the MSM who had been previously tested had received a positive result, and 36% of those receiving a positive result had received ART in the past 12 months. ART coverage among MSM is consistent with previously reported general ART coverage rates for PLHIV in The Bahamas.

The MSM BBSS did not assess the number of MSM reporting anal sex with a male partner specifically in the past 6 months. However, 54.6% of MSM surveyed indicated that they had used a condom during their last anal sex with a male. Most (95.1%) knew where they could get an HIV test and 30.1% of MSM received condoms from peer educators, outreach workers, health facilities or an NGO in the past 12 months.

	Percent of MSM Testing Positive
<b>HIV</b>	19.6%
<b>Syphilis</b>	35.5%
<b>Hepatitis B Surface Antigen (HBsAg)</b>	8.9%

Table 6. Percentage of MSM testing positive for HIV and specified STIs.

Source: MSM BBSS Final Report, 2015

## PRISONERS

Thirty-nine prisoners received ART in 2016 and 3 prisoners were found to be HIV positive when tested on remand.

## SEX WORKERS

The MOH has conducted many community outreach activities targeting CSW. In 2016, 95 clients who self-identified as CSW received HTC, yielding 0 seropositive HIV cases. All 95 clients consistently reported condom use in their last 3 sexual encounters. Gathering information from this group remains extremely challenging as sex work is illegal and police raids on suspected venues are frequent. Additionally, sex work in The Bahamas has a migrant aspect – that is, sex workers from other Caribbean countries come and stay for short periods of time; this transient aspect poses barriers to tracking for care. Finally, there does not appear to be a significant, stable and visible street-based sex worker industry. Anecdotal and key informant data have consistently pointed to venue-based sex work, with many “brothels” operating under the guise of strip clubs, night clubs and places of residence.

The Priorities for local AIDS Control Efforts (PLACE) Project was launched by the NAP in 2015 to monitor and improve AIDS prevention coverage as well as knowledge and behavioural patterns related to HIV/AIDS in geographic areas where transmission is most likely to occur among sex workers. PLACE is a venue based approach used to identifying locations where sex work and other

risk behaviours take place. To date, the PLACE Project has been helpful in identifying sex workers, their prevalence, and appropriate health education and testing interventions needed. The project provided an opportunity to employ ongoing community consultation that reaches an overlooked segment of the commercial sex industry.

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## PREVENTION METHODS (INCLUDING CONDOM DISTRIBUTION)

Community outreach programmes and small group interventions have always been a cornerstone of prevention strategies in The Bahamas. Recently, steps have been taken to further streamline these approaches to infiltrate and engage KP social networks, and strengthen partnerships with network and community leaders. The overall aim is to sustain trust between KP community leaders and the National HIV/AIDS Centre.

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### HIV TESTING AMONG KPS

To create an enabling environment for the NAP prevention strategy and to sustain trusting relationships with KP communities and individual social network groups, both community outreach workers and clinical staff have been specially trained regarding strengthening “KP friendly” services (including gender diversity and PITC training with assistance from CDC). Through these approaches, both clinical and volunteer workers have been able to bring highly personalised and targeted HIV-prevention education, HTC services, and other referral information to key population members, along with condom and lubricant distribution.

Further, there have been multiple exercises to employ KP members in prevention programmes and include KP organisations in the HIV Resource Committee, which functions as an advisory committee for HIV-related services and as a watchdog group for PLHIV. Additionally, a team of clinicians, community outreach workers and KP leaders, has acted as another supportive resource for transgendered women and MSM clients.

In 2016, a transgendered woman and LGBT advocate was contracted for 6 months to pilot a three-month transgender support group and assist with increasing the demand for HCT, loss to follow-up, and other HIV-related services in the transgender community. This was done to further facilitate uptake in HIV prevention and care services in ways more appealing to transgender women in the country.

MSM community leaders identified in the Popular Opinion Leader (POL) Project were enlisted to host sexual health workshops in the homes of network leaders and at other convenient venues, as part of a men’s sexual health initiative. This strategy has proved especially effective in reaching more “closeted” MSM and those who do not frequent the local gay bar scene.

Finally, a young advocate who has had extensive experience with working with CSW, has been employed to assist with implementing sexual and reproductive health and skill building workshops for CSW. This addition was highly beneficial since CSW have proven to be an extremely hard-to-reach population due to the local criminalization and stigmatization of sex work, despite increases in demand for HIV and STI services. A crucial strategy for CSW has been to foster intimate working relationships with the Urban Renewal Programme, a community-based programme with an objective to reduce the burden of poverty, and link residents to essential public services. With the aid of the Urban Renewal Programme, the Ministry of Health has been able to identify communities and individuals associated with and engaged in commercial sex work, and therefore bring crucial HIV testing, referral services, other sexual and reproductive health services, and commerce and skill building workshops to these communities. The aforementioned have been conducted in a gender-sensitive, human rights and harm-reduction approach.

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#### HIV CARE SERVICES AMONG KPS

Peer and community worker-driven outreach programmes have been critical, not only to bringing prevention messages to KP members, but also to connecting newly diagnosed KPLHIV (Key Populations Living with HIV) to essential care and treatment services, as well as reengaging KPLHIV lost to follow-up. Further, small KP group and individual interventions specifically employed to infiltrate social and friendship networks have accessed and mobilized more elusive MSM subgroups including bisexual, “down-low” and “closeted” MSM. It is strongly believed that this approach is the overarching reason for higher proportionate yields of positive tests than previous approaches, as it uses social and group dynamics to assist in increasing test seeking behaviour. The NAP is exploring more robust strategies to improve existing methods of engagement of both negative and positive KPs to ensure that individuals obtain risk-reduction, prevention, treatment and care across the continuum of care, as needed. For example, negative KP clients are reminded of quarterly testing appointments.

In addition to treatment services offered under the “Treat All” policy, KPs are also offered more extensive, individual counselling, which includes 6 to 10 psycho-social counselling support sessions dealing with grief counselling, HIV literacy, sexual health counselling, nutrition and overall care and self-worth and internal stigma and discrimination – all part of a comprehensive Positive Health, Dignity & Prevention (PHDP) programme. This programme includes an adherence campaign called “Be Here for the Cure” which encompasses the following objectives:

- change/reinforce the knowledge of KPLHIV about the importance of adherence in living a longer, more fulfilling lives;
- change the attitudes of KPLHIV toward adherence and HIV, encouraging them to see their future as hopeful and to have a more positive outlook on living;

- strengthen the likelihood of adherence among KPLHIV;
- increase participation of KPLHIV in prevention and referral activities, especially among partners and friends;
- increase participation of KPLHIV in the discourse about and advocacy around HIV related stigma and discrimination, including that found within KP communities;
- encourage an overall healthy way of living, including proper nutrition and exercise, among KPLHIV.

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### OTHER KP INITIATIVES

The NAP has implemented other initiatives to help combat HIV and AIDS among key populations including the following:

#### **“D-UP: DEFEND YOURSELF!” PROJECT**

The “d-up: Defend Yourself!” project has been a key intervention implemented in 2015 that facilitated HCT in the MSM and transgender communities, and linked many HIV positive MSM and transgender women to care.

Adapted in the United States from the highly effective Popular Opinion Leader (POL) intervention, “d-up: Defend Yourself!” is a community-level intervention that attempts to change the social norms and perceptions of MSM and transgendered women in The Bahamas regarding safer sex and testing behaviour. The programme trains KP leaders who are respected, credible, listened to, empathetic and self-confident to promote regular HIV testing. POLs motivate acquaintances and friends to get tested to increase HCT uptake within their friendship network groups.

Small group interventions like POL are supported through the production of printed materials like pocket-sized cards to be used by MSM within their networks to refer persons for testing and track the referral rate of Community Leaders. It is anticipated that the impact of the POL intervention will be felt for a long time to come for the local HIV/AIDS response.

#### **THE MOBILE VAN - MSM EVENTS**

Traditionally, a mobile van has been used to facilitate HCT at popular events, clubs and venues associated with MSM and CSW activities. It must be noted that the prevention staff is well known in the community, and event organisers appear to welcome (and sometimes request) condom distribution and testing at their functions; it appears that these services add value to the events.

With the implementation of these strategies and activities, the NAP looks forward to successfully reducing the number of new HIV infections among KPs through prevention and retention.

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### HARM REDUCTION

No drug studies conducted in The Bahamas to date have identified injection drug use as a common practice. As such, injection drug use is not considered to contribute to HIV prevalence or incidence in The Bahamas, and no IDU interventions (such as needle or syringe exchange programmes) have been implemented in the country. There is also very little evidence to suggest that illicit use of opioids is also common in The Bahamas. Consequently, no opioid substitution therapy is available on a population scale. As such, harm reduction for persons who inject drugs is not considered a necessary public health measure.

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#### PRE-EXPOSURE PROPHYLAXIS (PREP)

PrEP was made part of the National HIV/AIDS Strategy in 2016. In this policy, PrEP is made available to persons who are at significant risk of acquiring HIV, including MSM, sex workers, transgender people, serodiscordant couples, and high risk, multipartner heterosexuals. PrEP is available to these persons free of charge through the NAP whether or not a person accesses care through public or private sector according to NAC protocol.

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#### VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)

While the Ministry of Health has recognized VMMC as an effective HIV prevention mechanism, VMMC is recommended to males at their own discretion in the National Strategic Plan. A 2015 study on male circumcision prevalence in The Bahamas indicated that 25% of adult males between the ages of 18 and 54 were circumcised.

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### COMMITMENT 4: GENDER INEQUALITIES, VIOLENCE AND DISCRIMINATION

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#### GENDER-BASED VIOLENCE

The Government of The Bahamas has expressed concern about gender-based violence (GBV) and recently developed a Gender-Based Violence Strategic Plan to detail the scope of GBV and outline a national response to sexual violence in the country. Created in 2015 through the Ministry of Social Services and Community Development, this strategic plan details the government's response to domestic violence among girls and women, including access to HIV services. The plan also addresses the need to increase the number of gender-based violence studies in the country.

Currently, victims and survivors of domestic violence may receive services at the Bahamas Crisis Centre, the Suspected Child Abuse and Neglect (SCAN) Unit of the Department of Public Health, the SAFE Clinic at the Princess Margaret Hospital, and the Domestic Violence and Counselling Unit of the Department of Social Services. Safe houses and shelters are made available to rape

victims through the Bahamas Crisis Centre. The Ministry of Health has also developed protocols for dealing with rape victims, which include appropriate HIV and STI testing.

Legal protection for victims of domestic abuse and sexual violence is also provided through Domestic Violence (Protection Orders) legislation. The legislation addresses physical, sexual, emotional and financial abuse in domestic situations. Based on this legislation, court injunctions may be sought by victims of domestic violence and sexual abuse in The Bahamas. Legal aid for victims and survivors is also available at the Eugene Dupuch Law School, and with the assistance of NGOs such as the Bahamas Crisis Centre. Perpetrators of domestic violence can receive interventions through the Community Counselling and Assessment Centre of Sandilands Rehabilitation Centre.

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## DISCRIMINATION

As with many countries worldwide, stigma and discrimination have been observed to act as barriers to accessing healthcare for many key population groups. The 2014-2015 MSM BBSS survey discussed earlier in this report also indicated that 47.9% of MSM respondents experienced general discrimination in the past 12 months, and 9.4% said that they had experienced discrimination from a healthcare provider in the same time period. The NAP continues to conduct KP sensitivity trainings in a PITC curriculum to all staff, and refresher training is also given. The Ministry of Health remains committed to providing quality health care to all persons who present for care, regardless of gender, sexual orientation, nationality, age, occupation, etc. In particular, the National AIDS Strategic Plan outlines continuous human rights training for all healthcare and auxiliary workers, including those in the Family Islands.

## COMMITMENT 5: YOUNG PEOPLE

The Ministry of Education, Science and Technology has enjoyed a successful partnership with the Ministry of Health in incorporating the Focus of Youth (FOY) programme into life skills curriculum at the primary school level. The Focus on Youth is an HIV and AIDS education comprehensive life skills programme within the Ministry of Education's Health and Family Life Education (HFLE) curriculum was implemented in 1998. It involves the development, adaptation and evaluation of interventions targeting youth to prevent and reduce HIV risk behaviours. Focus on Youth is based on the US adolescent HIV prevention programmes, "Focus on Kids" and a parental monitoring programme "Informed Parents and Children Together" (ImpACT), which had been effective in reducing adolescent risk behaviour. Focus on Kids and ImpACT are currently part of the Centers for Disease Control and Prevention's "Diffusion of Effective Behavioural Interventions (DEBI)" Portfolio.

The Ministry of Education, Science and Technology in collaboration with the NAP integrated Focus on Youth (FOY) into its HFLE curriculum in 2012 as part of a comprehensive sexuality education programme, and is currently incorporated in the junior and senior high schools as well. The FOY-Bahamas sexual risk reduction curriculum is introduced to all sixth grade students within the public school system. It is an evidence-based methodology that emphasizes life skills training and includes the following:

- A decision-making model which supports consequential thinking and action.
- HIV knowledge and skills regarding sexual risk avoidance (including, abstinence, delaying sexual debut and condom use)
- Understanding Values and Risks (including risky sexual behaviours such as multiple partners and drug use)
- Skills Building in effective communication, listening and negotiation
- Understanding healthy relationships and recognizing Sexual Abuse and Sexual Harassment)

Feedback from students participating in the programme is used to refine the programme and contributes to the development of education policies.

#### COMMITMENT 6: HIV-SENSITIVE SOCIAL PROTECTION

Empowerment of economically disadvantaged and socially vulnerable persons has been an area addressed by the Bahamian government for a number of years. One example of this would include the R.I.S.E. (Renewing, Inspiring, Sustaining, Empowering) programme of the Department of Social Services. Designed with the overall goal of breaking the cycle of poverty in The Bahamas, the R.I.S.E. programme is a conditional cash-transfer programme in which families receive a cash grant. R.I.S.E. participants qualify for the programme through a proxy means test, and can also qualify for other social protection services through the Department of Social Services upon acceptance, including medical cards for use at public health facilities, the National School Lunch Programme, Burial Assistance and Rent Assistance.

While it is difficult to quantify the number of people living with or affected by HIV who have participated in the R.I.S.E. programme and other social protection programmes, these services are known to be available to all persons who qualify and are expected to contribute to improving the quality of life of participants who are living with HIV.

In addition to the availability of the R.I.S.E. programme, the NAC has established an ongoing relationship with the Department of Social Services to refer clients who are in need.

#### COMMITMENT 7: COMMUNITY-LED SERVICE DELIVERY

The NAC currently collaborates with several NGOs to reach people living with, affect by and at risk of contracting HIV. Since the onset of HIV in The Bahamas, NGOs have played a major role in improving the quality of life for PLHIV and KPs, and areas of partnership with the NAC include prevention education, HIV testing, linkage to care and retention in care.

With the exception of lengthy registration processes, most HIV-focused NGOs do not experience many restrictions in registering with the government. However, some organizations have noted restrictions in HIV-related operations. For example, like all health facilities in the country, many NGOs are not able to distribute condoms to persons under the age of 18. In addition, some NGOs have previously been prohibited from conducting HIV testing and distribution of ART. The MOH continues to explore avenues in these areas to further collaborate with NGOs to improve access to HIV prevention, testing and care in The Bahamas.

#### COMMITMENT 8: HIV INVESTMENTS

The government of the Bahamas has worked to ensure access to HIV testing, treatment and care for all people at risk of and living with HIV. This has included the provision of ART and supplemental medications free of cost to PLHIV, the provision of free antenatal care and PMTCT services for HIV positive mothers, the funding of the National AIDS Programme and its staff (including the National HIV/AIDS Centre and HV Reference Laboratory). As the Bahamian government recognized the fight against HIV/AIDS as a national priority since the 1980's, the MOH has continuously ensured that the majority of HIV services remain funded through the National Budget. Hence, the majority of money dedicated to HIV-related programmes in The Bahamas are funded by the Bahamian government.

While HIV services in The Bahamas are funded mostly with Bahamian dollars, the country has also benefitted from international funding mechanisms. In previous years, The President's Emergency Plan for AIDS Relief (PEPFAR) programme has provided funding for HIV-related testing, prevention, laboratory and strategic information services through the Ministry of Health.

#### COMMITMENT 9: ACCESS TO JUSTICE AND LEGAL SERVICES

While the Constitution of The Bahamas does not specify rights according to sexual orientation and gender diversity directly, KPs (including sex workers) are protected under basic human rights laws which stipulate protection from violence and discrimination based on employment. Also, it is the policy of the Ministry of Health to provide health services to all persons, including KPs and PLHIV, without discrimination.



As stigma and discrimination present real threats to accessing HIV testing and care, the NAC and its partners remain fully committed to ensuring that PLHIV and KPs are aware of their rights. Trainings for medical personnel, other members of government service and the general population are a necessity to this end, and the NAC and many NGOs have taken steps to ensure that such trainings occur. The NAC has previously conducted sensitivity trainings for members of the Defense Force, Police Force and healthcare workers in the public sector. NGOs such as SASH Bahamas have also conducted similar trainings for several private agencies as well in addition to trainings for KPs to know about their own rights. Both the NAC and HIV-focused NGOs expect these trainings to be conducted in greater frequency and to a wider audience, particularly among PLHIV. The NAC is currently exploring avenues to increase knowledge of rights and awareness of means to accessing justice for PLHIV.

Accountability mechanisms and grievance procedures for persons accessing publicly-funded health care are outlined in the Government's General Orders. As it appears that some persons in the Bahamas are unaware of such mechanisms or believe that such mechanisms do not function. The NAC and other NGOs are seeking ways to raise awareness about rights among PLHIV and KPs.

In addition to the presence of grievance procedures in the public health system, PLHIV and KPs may also gain assistance in accessing justice through legal aid services at the Eugene Dupuch Law School, pro bono legal services through some private law firms, and through community paralegals. Pro bono work through private law firms may also be arranged through various NGOs. Despite resources for accessing justice, many KPs and PLHIV do not seek recourse through these means due to stigma and discrimination as well as fear of recrimination for sex workers and undocumented immigrants.

#### COMMITMENT 10: UNIVERSAL HEALTH COVERAGE

Decentralization efforts persist at the NAC, with HIV rapid testing available at certain DPH clinics. PMTCT services are decentralized and the NAC is currently exploring methods for ART distribution at public health clinics.

The Tuberculosis (TB) unit of the Department of Public health has worked closely with the NAC for several years to ensure that all persons with TB are screened for HIV (and vice versa) and that all TB patients co-infected with HIV receive appropriate treatment. The NAC also works closely with the Sexually Transmitted Infections (STI) unit of the Department of Public health to integrate HIV testing into routine STI screening.

Limited integration exists for HTC and non-communicable diseases, PMTCT and ANC services, and HIV care and treatment with nutrition support. The NAC is also seeking to create mechanisms to

further integrate its services with ART delivery and outpatient care, violence screening in HIV services, ART delivery and non-communicable disease, HTC and child health services and cervical cancer screening with HIV services.

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