

Country progress report - Bahamas (the)

Global AIDS Monitoring 2018



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AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

Progress summary

HIV distribution in The Bahamas is generalized, and estimates indicate that 5,287 persons were living with HIV in The Bahamas at the end of 2017. Prevalence among 15-49 year olds estimated at 1.87% for that year. 5,292 persons have died of AIDS in The Bahamas since 1985.

In 2017, 152 persons were diagnosed with HIV in The Bahamas, which represented a 55% decrease from the reported number of 335 in 2008. Most of these cases (82%) had not progressed to AIDS by the end of 2017. Male new diagnoses exceeded female diagnoses (59% vs. 41%), while persons aged 30-39 accounted for the largest age group of new diagnoses (28%).

Between 2008 and 2017, 1,167 persons died of AIDS-related causes in The Bahamas, with an average of 117 deaths per year. The age-adjusted death rate decreased from 43 to 23 deaths per 100,000 persons in this time period.

National Response to HIV/AIDS in the Bahamas

NATIONAL AIDS STRATEGIC PLAN

The National AIDS Strategic Plan (NASP) 2015-2020 was finalized by the National AIDS Programme in 2016. The NASP has been used to drive strategic initiatives and programme activities supported by the Ministry of Health. The key priority areas remain aligned with the Ministry of Health's National Health Services Strategic Plan 2010-2020, and include the following

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.

NATIONAL AIDS PROGRAMME

The National AIDS Secretariat was established by the Ministry of Health in 1988 to advise the MOH on HIV policy issues and to mobilize various 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 Programme (NAP). The NAP was charged with being the national oversight, planning, training, coordination and evaluation body for The Bahamas' response to HIV and AIDS. Under the NAP, the National HIV/AIDS Centre (NAC) 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 NAP 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 NAP is firmly committed to making 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.

The NAP 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 NAC unit coordinators. The National AIDS Programme also collaborates with these stakeholders through the Resource Committee, which is a multi-stakeholder advisory body that meets monthly to review strategic plans, programme activities and outcomes and to collaborate on joint initiatives.

SEXUALLY TRANSMITTED INFECTIONS (STI) UNIT

The Sexually Transmitted Infections (STI) Unit of the Department of Public Health 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. Patients who consent to services are given a physical exam and comprehensive STI screening (including an HIV test). Appropriate

treatment is also provided and follow-up clinic appointments to return test results to patients are arranged. HIV positive persons found in the STI clinic are referred to the 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.

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.

PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR)

The MOH maintained a partnership with PEPFAR between 2011 and 2017 through a cooperative agreement (CoAg) with the Centers for Disease Control and Prevention Caribbean Regional Office (CDC CRO) since 2010. The CoAg 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).

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

HIV treatment is available free of cost to all PLHIV in The Bahamas, and clinical support is also available to all PLHIV throughout the archipelago.

The Bahamian government has provided significant resources to control the epidemic since the discovery of HIV. This has ensured delivery of appropriate prevention interventions, treatment, care and support to all persons infected with HIV and/or AIDS to both Bahamians and non-Bahamians living in the country. Access to health care is also a core tenet of the National HIV response, and is made available regardless of barriers to care such as attitudinal or cultural norms and sexual orientation.

The National HIV/AIDS Programme accounted for 2,968 people who received ART at the end of 2017. Half of these individuals were male (50%) and over the age of 15 (98%). Sixty-three percent of persons who initiated treatment in 2016 were still on treatment 12 months later and 69% of persons who received a viral load in 2017 achieved viral suppression.

The Bahamas has made great strides in improving access to effective and culturally appropriate prevention strategies, testing and care initiatives towards its residents with special emphasis on its vulnerable and key populations. The Ministry of Health remains committed to expanding the reach of free HIV testing in traditional and non-traditional settings coupled with direct linkage to comprehensive care. To this end the Government has extended the provision of ARVs (at no cost to consumers) to all HIV positive patients, whether or not they seek care in the private or public health sector and regardless of their immigration status.

The National HIV/AIDS Pediatric Program provides treatment, care and support to all pediatric clients from birth until the age of eighteen. These services include diagnostics, medications, counseling, care and support. The program also partners with The AIDS Foundation to provide additional resources such as the after school program, which assists children with studies and provides support groups for children infected with and affected by HIV. All of these services are provided free of charge. Once a child has been diagnosed with HIV they are immediately started on triple therapy (zidovudine+lamivudine+kalettra), which they remain on indefinitely.

The Ministry of Health also 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. In an effort to facilitate early engagement in care, newly diagnosed PLHIV receive CD4 count and viral load testing and have physician coverage in all point-of-care facilities. Coupled with a strengthened symbiotic relationship with civil society, the NAP has seen improvements in the uptake of prevention, HTC and treatment, care and support. Several local CSOs assist PLHIV with being linked to care at the NAC through referrals, buddy systems or accompanying PLHIV to appointments.

Much progress has been made to increase access to treatment, care and support services. The NAC ensures that all nursing staff members are trained in adherence counselling, in addition to having three dedicated adherence counsellors. The NAC also implemented an extended clinic in 2015, offering patient friendly services which target newly diagnosed, key populations, patients who experience difficulty in adhering to treatment and defaulters, offering direct linkage or re-entry into care. Administration of ARVs in The Bahamas may be initiated by nurses for pregnant HIV positive women in consultation with a physician. 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.

Policy questions (2017)

Is there a law, regulation or policy specifying that HIV testing:

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

No

d) 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

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, fully implemented

b) For children

Yes, fully implemented

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

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. The Bahamas provides antenatal care at no cost to consumers. All persons attending for care are offered Voluntary Counselling and Testing (VCT) or Provider Initiated Testing and Counselling (PITC), which employ the opt-out strategy. All HIV positive pregnant women who were reported to have given birth in 2017 received ARV either before and/or during delivery. Pregnant women accessing care through the public system receive a general antenatal package inclusive of STI screening. A second screening for HIV/STIs at thirty two weeks gestation was added to the protocol and remains today.

Of the known 51 HIV positive women who gave birth in 2017, 50 (98%) received ARVs during pregnancy. Sixty-three percent of the women who received ART during pregnancy were newly initiated on ART during pregnancy in 2017, while 37% were already on ART before their pregnancy in 2017. One woman did not seek ANC, but received ART during labour and delivery. All HIV positive pregnant women who received treatment in 2017 received maternal triple ARV prophylaxis.

Only one of the 51 babies born to HIV positive pregnant women in 2017 tested positive for HIV, resulting in an MTCT rate of 2.0%. The infant was born to a mother who did not present for antenatal/PMTCT services. The mother was given IV AZT during labour and delivery. There were no HIV positive babies born to HIV positive mothers who received and adhered to appropriate PMTCT ARV treatment in 2017.

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

MOH ANC policy states that combination ARV therapy is initiated in all newly diagnosed HIV positive persons inclusive of 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 per protocol. All

HIV-exposed infants are given ARV prophylaxis. MOH protocol recommends exclusive replacement feeding for all HIV exposed infants. The government also provides replacement feeding for those who cannot afford it.

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. Due 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.

Policy questions (2016)

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

Yes

Target(s) for the mother-to-child transmission rate and year: 2%; 2015

Elimination target(s) (such as the number of cases/population) and year: 50/100,000; 2015

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; Other - Treat All

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

The Ministry of Health, in conjunction with CDC and the National Alliance of State and Territorial AIDS Directors (NASTAD) carried out a bio-behavioural surveillance study in 2014 to understand and document the scope of HIV prevalence and risk behaviours among MSM. The study, which was based on respondent-driven sampling methodology, demonstrated that nearly one in five MSM (19.6%) in The Bahamas were living with HIV, as reported in the 2016 GAM report. The survey also demonstrated high HIV testing uptake among MSM (90.7%) and that ART coverage among MSM is consistent with previously reported general ART coverage rates for PLHIV in The Bahamas.

Thirty-five prisoners received ART in 2017 and 49 prisoners were found to be HIV positive when tested on remand.

Obtaining information on sex workers in The Bahamas remains challenging as sex work is illegal and police frequently raids suspected venues. Additionally, sex workers from other Caribbean countries are transient, which creates barriers to tracking for care. Lastly, anecdotal and key informant data do not indicate a significant, stable and visible street-based sex worker industry, but have consistently demonstrated sex workers operating through “brothels” disguised as 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. The project also provided an opportunity to employ ongoing community consultation that reaches an overlooked segment of the commercial sex industry.

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, strengthen partnerships with network and community leaders, and to sustain trust between KP community leaders and the National HIV/AIDS Centre.

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.

There have been multiple exercises to include KP members in NAP prevention programmes. 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.

The NAP has undertaken multiple programmes to address HCT, loss to follow-up, and other HIV-related services HIV among KPs, including the following

- A transgender support group and assist with increasing the in the transgender community.
- The Popular Opinion Leader (POL) Project, which enlisted MSM community leaders 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 project included the “d-up: Defend Yourself” programme which is a community-level intervention that attempts to change the social norms and perceptions of MSM and transgendered women regarding safer sex and testing behaviour.
- A CSW advocate to assist with implementing sexual and reproductive health and skill building workshops for CSW conducted in a gender-sensitive, human rights and harm-reduction approach, and to foster working relationships with a community-based programme to reduce the burden of poverty, and link residents to essential public services.
- Utilization of a mobile van to facilitate HCT and condom distribution at popular MSM and CSW events, clubs and venues associated.

The NAP has also used peer and community worker-driven outreach programmes to bring prevention messages to KP members, to connect newly diagnosed KPLHIV (Key Populations Living with HIV) to essential care and treatment services, and reengage KPLHIV lost to follow-up, including more elusive MSM subgroups including bisexual, “down-low” and “closeted” MSM. 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.

In addition to treatment services offered under the “Treat All” policy, KPs have also been offered more extensive, individual counselling under the Positive Health, Dignity & Prevention (PHDP) programme. This programme includes 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. The programme also includes a

“Be Here for the Cure” campaign which seeks to improve attitudes of KPLHIV concerning adherence and to increase adherence and other health-related behaviours among KPLHIV.

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.

As drug studies conducted in The Bahamas to date have not identified injection drug use or illicit opioid drug abuse as a common practices, injection drug and opioid abuse is not considered to contribute to HIV prevalence or incidence in The Bahamas. Therefore, no IDU interventions or opioid substitution therapy have been implemented in the country. VMMC is also recommended to males at their own discretion in the National Strategic Plan.

Policy questions: Key populations (2016)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling and buying sexual services is criminalized

Men who have sex with men

Laws penalizing same-sex sexual acts have been decriminalized or never existed

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

Possession of drugs for personal use is specified as a criminal offence

Legal protections for key populations

Transgender people

Prohibitions of discrimination in employment based on gender diversity

Sex workers

No

Men who have sex with men

Prohibition of discrimination in employment based on sexual orientation

People who inject drugs

No

Policy questions: PrEP (2017)

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed and are being implemented

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

The Government of The Bahamas has expressed concern about gender-based violence (GBV) and has 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. The Ministry of Health has developed protocols for dealing with rape victims, which include appropriate HIV and STI testing. The Bahamas Crisis Centre also makes safe houses and shelters available to rape victims.

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. 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.

Stigma and discrimination have inhibited persons in key populations from accessing healthcare. Results from the 2014-2015 MSM BBSS survey 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 provided. 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.

Policy questions (2016)

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

What protections, if any, does your country have for key populations and people living with HIV from violence?

General criminal laws prohibiting violence

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exist but are not consistently implemented

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

The Focus on Youth (FOY) Programme is an HIV and AIDS education comprehensive life skills programme within the Ministry of Education's Health and Family Life Education (HFLE) curriculum of the Ministry of Education, Science and Technology. The programme was integrated into the life skills curriculum at the primary school level in 1998 in collaboration with the Ministry of Health. The programme addresses 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 collaborated with the NAP to integrate Focus on Youth (FOY) into its HFLE curriculum in 2012 as part of a comprehensive sexuality education programme. The curriculum 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.

Policy questions (2016)

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

Yes

b) Secondary school

Yes

c) Teacher training

Yes

Community-led service delivery

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

Progress summary

The National HIV/AIDS Programme (NAP) currently collaborates with several non-governmental organizations (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. 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 experienced restrictions in HIV-related operations, such as inability 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.

Policy questions (2017)

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

No

What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

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

a) Male condoms:

138872

b) Female condoms:

13684

c) Lubricants:

-

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

While the Constitution of The Bahamas does not specify rights according to sexual orientation and gender diversity directly, persons in Key Populations (including sex workers) are protected under basic human rights laws which stipulate protection from violence and discrimination based on employment. Also, the Ministry of Health, Department of Public Health, and Public Hospitals Authority abide by policies to provide health services to all persons, including KPs and PLHIV, without discrimination.

Stigma and discrimination in The Bahamas present actual threats to accessing HIV testing and care. In light of this, 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 routine, 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 Defence Force, Police Force and healthcare workers in the public sector. NGOs such as SASH Bahamas have also conducted similar trainings for several private agencies and have also implemented 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 about rights and access to justice for PLHIV.

The Government's General Orders outline accountability mechanisms and grievance procedures for persons who access publicly-funded health care. As some persons in the Bahamas appear to be unaware of such mechanisms or believe that such mechanisms are non-functional, the NAP and other NGOs continuously seek ways to raise awareness about rights among PLHIV and KPs.

PLHIV and KPs may also be assisted in accessing justice through legal aid services at the Eugene Dupuch Law School. Pro bono legal services through some private law firms and community paralegals also offer free access to legal aid. Some NGOs connect KPs to private law firms who provide pro bono work. Despite resources for accessing justice, some KPs and PLHIV choose not to seek recourse through these means due to potential stigmatization and discrimination such actions may bring, as well as the fear of recrimination for sex workers and undocumented immigrants.

Policy questions (2016)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

No

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

General Orders (Section 10.45) grievance procedure for MOH; NAC process; Employment Act; Secrets Act

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

Mechanisms do not function

Mechanisms are not sensitive to HIV

Awareness or knowledge of how to use such mechanisms is limited

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

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

The Tuberculosis (TB) unit of the Department of Public health works closely with the NAC 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 with the Sexually Transmitted Infections (STI) unit of the Department of Public health to integrate HIV testing into routine STI screening. Data for syphilis among pregnant women will be made available later on in 2018.

Limited integration exists for HTC and non-communicable diseases, and HIV care and treatment with nutrition support. The NAC is also developing 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.

Policy questions (2016)

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

Yes

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

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis