



NATIONAL HIV AND AIDS RESPONSE PROGRAMME SEMI-ANNUAL GAP REPORT 2015



National HIV/AIDS Response Programme
21 Hanover Street, Roseau. Commonwealth of Dominica

Acknowledgment

The Coordinator and staff of the National HIV and AIDS Response Programme wish to express gratitude to all the many departments and organizations which made 2014 the success that it was. Special mention must be made of the Dominica Planned Parenthood Association, the members of the Country Coordinating Mechanism (CCM), the district health teams, Director Primary Health Care, Senior Community Health Nurses the director, Quality Assurance officer, and Princess Margaret Hospital Laboratory. The staff of the Health Information Unit, especially Dr's Ricketts and Ahmed, for your invaluable contribution to data analysis and interpretation.

Dominica Red cross, National Youth Council, thank you for your continued collaboration.

The Health Promotion department for always being available to edit PSAs and cover activities. The Hospital Medical Director, Matron, Ward Sisters and Departmental Sisters.

Our civil society organizations like the service clubs and Faith Based Organizations your support has been constant.

Heads of Department for your understanding during training for the release of staff to participate we are truly thankful.

To the Permanent Secretary and Chief Medical Officer thank you for providing support and guidance when needed.

La Falaise Medical laboratory and Pre Labs Plus for your understanding of the importance of data collection and dissemination.

Thanks all for your continued support as we look forward to a productive 2015

May God continue to bless you as we aim towards achieving 90/90/90.

Introduction

This is a summary report of the activities conducted in 2014 by the National HIV and AIDS Response Programme which has been modified for the Global AIDS Progress Report (GAPR) mid-term report.

The National HIV and AIDS Response Programme continues to provide high level responses to HIV and AIDS programming to the Dominican Populace.

The Response is based on evidence with targeted interventions to key populations.

The approach used is multisectorial which provides for the maximum use of scarce resources.

2014 despite the many challenges faced, appeared to have held its own.

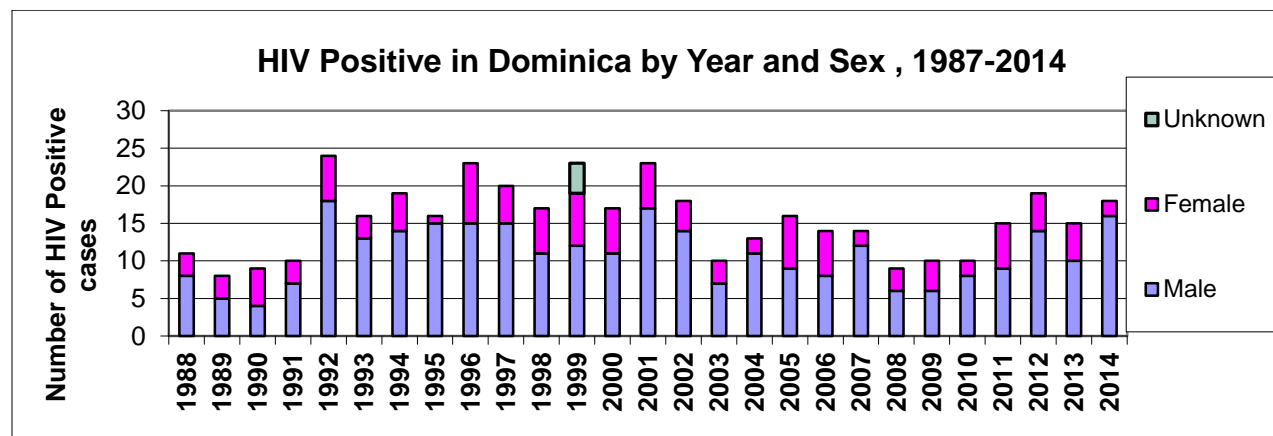
Two new staff joined the department in March, Miss Allison Samuel, as Health Educator and Miss Jennifer Joseph as PMTCT Coordinator.

The Country Coordinating Mechanism (CCM) provides oversight and advice to the programmatic arm of the response. The new committee has been installed and have been supportive during the development of the NSP as well as the Validation Report. The CCM is also working towards finalizing the National Policy for HIV for its submission to Cabinet.

The NHARP will look to set new targets for 2015 and beyond given the new UNAIDS suggested targets of 90/90/90. This new thrust is expected to minimize the negative impact of HIV on countries.

Status at a Glance

Dominica's epidemic remains under one percent with a continued trend of 70/30 male to female ratio. The most productive population, 25 to 49 remains the most affected group.



Number of HIV Positive Cases by Age-group,
Dominica, 2014

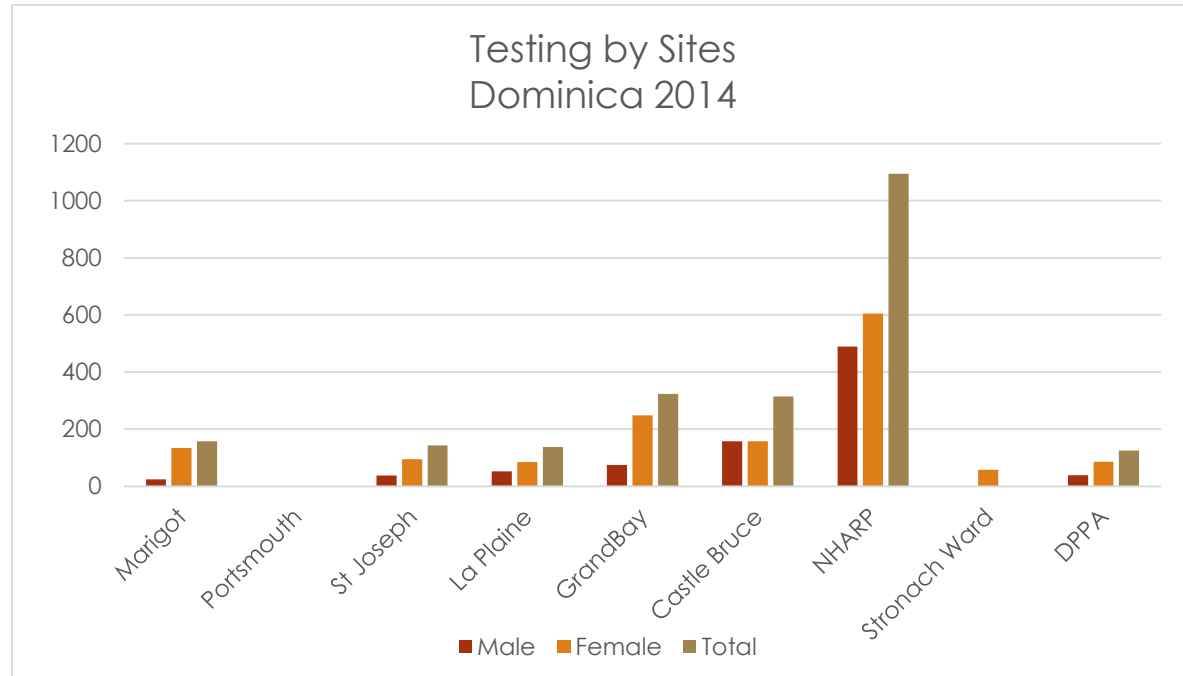
Age group	Male	Female	Total	
			n	%
<1				
1-4				
5-9				
10-14				
15 - 19				
20 - 24	2	0	2	11.1%
25 - 29	0	0	0	0.0%
30 - 34	3	1	4	22.2%
35 - 39	3	1	4	22.2%
40 - 44	2		2	11.1%
45 - 49	2		2	11.1%
50 - 54	1		1	5.6%
55 - 59			0	0.0%
60+	3		3	16.7%
Total	16	2	18	100.0%

Programmes

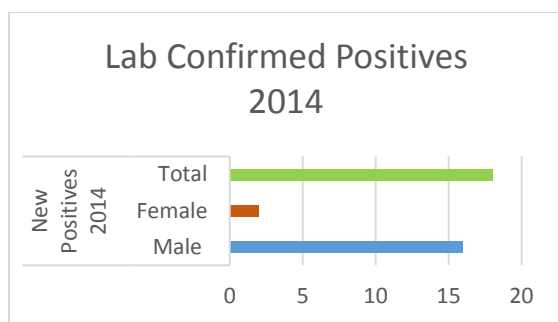
HIV Testing and Counselling Services (HTC)

The provision of high quality testing and counselling services to all those needing this service continues to be a priority. Testing sites are established in all seven health districts with qualified Testing and counselling providers. This service is supervised by the Testing and counselling Coordinator and the Quality Assurance Officer. The trend continues with over 70% of those testing positive being male. The age range for this reporting period was 21 to 57. The total number of confirmed HIV positives for 2014 from Princess Margaret Medical Laboratory is 18, 16 males and 2 females.

In recent times there has been an increase in persons from high prevalent countries in the region taking up residence in Dominica. The National Policy indicates that all persons accessing care, more so Primary Health Care must be provided with the service at no cost. Therefore all migrants wishing to know their status are encouraged and if treatment is required this is provided at no cost.



Source: Testing Site Log Books/ NHARP Testing Reports



Source: Princess Margaret Laboratory

The absence of a unique identifier prevents verification of confirmed positive cases.

The client code used is not adhered to by all testing and counselling providers.

The La Falaise Medical Lab reported five confirmed new cases for 2014 four (4) males and one (1) female; however it still remains a challenge to validate from the public and private laboratories.

Voluntary Counselling and Testing Training remains an essential component of the HIV Counselling and Testing services.

During 2014 a cadre of 18 persons across sectors participated in this five day training programme. They were health care providers, Laboratory technicians as well from the NGO Sector (Dominica National Council of Women)



Participants and facilitators; VCT Training 2014

Regional Testing Day 2014 was observed on Friday 27th June, under the theme “**Men on Board: Getting to Zero**”. The NHARP offered testing and counselling services at its secretariat on that day for those persons from the target population who desired to know their HIV status. The seven health districts were invited to provide testing and counselling services to the men in their districts on that day.

The NHARP also collaborated with a faith-based organization and on Saturday, June 28th, counselling and testing was offered at an evangelical church. This initiative served the men from the congregation as well as men within that vicinity who were interested in knowing their HIV status.

The Castle Bruce Health Team was supported by NHARP staff for a targeted men's testing day in observance of Regional Testing Day,

Regional Testing Day

Tests performed on Regional Testing day

Age Group	Gender	Status		Gender	Status		No. of Clients Tested
	Male	Positive Cases	Negative Cases	Female	Positive Cases	Negative Cases	
15-19	5	0	5	4	0	4	9
20-24	27	1	26	5	0	5	32
25-29	21	0	21	6	0	6	27
30-34	15	0	15	8	0	8	23
35-39	14	0	14	3	0	3	17
40-44	15	0	15	0	0	0	15
45-49	18	0	18	3	0	3	21
50+	49	0	49	5	0	5	54
TOTAL	164	1	163	34	0	34	198

World AIDS Day (WAD)

World AIDS 2014 was observed in Dominica under the World AIDS Campaign: **Getting to Zero: Zero New Infections, Zero Discrimination, and Zero AIDS Related Deaths.**

In collaboration with partners Dominica Planned Parenthood, Bureau of Gender Affairs and the health teams of St. Joseph and Pointe-Michel, targeted testing was provided in two communities.

The response in both communities was impressive, 69 persons were tested in one, from all age groups with no reactive results, however in the second, 30 persons tested with one reactive result. The goal for WAD 2014 was to have at least 10% of persons testing to be first time testers. This target was exceeded with 40 percent being first testers.

Group education as well as one on one counselling was provided to clients.

Bureau of Gender Affairs provided sensitization on gender based violence.



World AIDS Day in Pictures

Treatment Care and Support

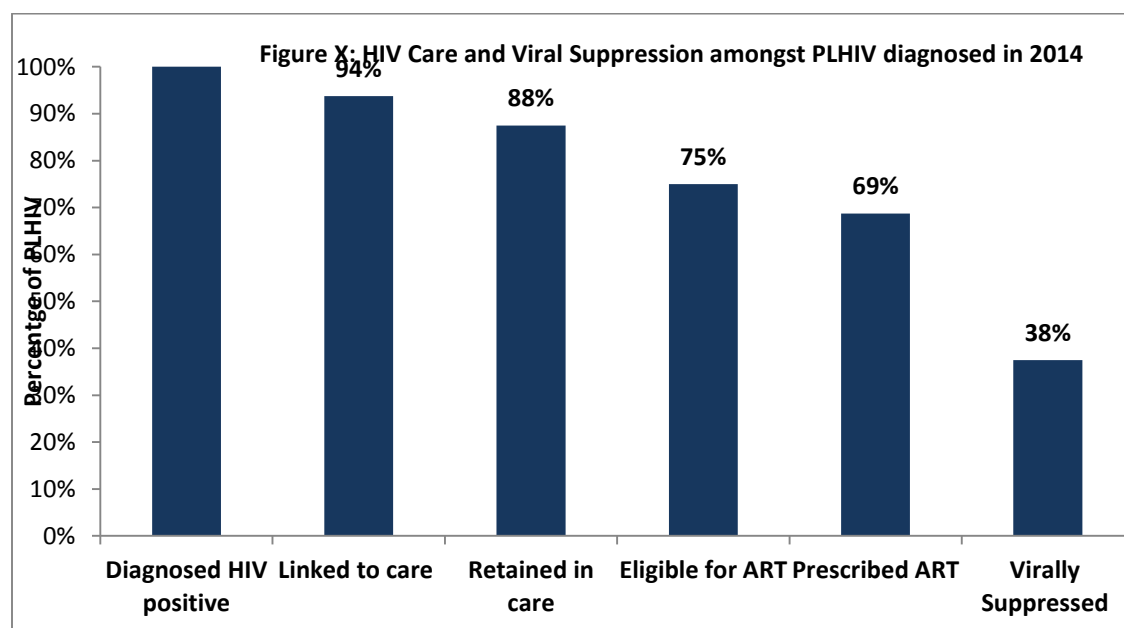
The Clinical Care Team continues to provide quality treatment care and support to all clients attending the Infectious Disease Clinic (IDC). All clients receive clinical care, adherence counselling, positive prevention, and psychosocial support which includes nutritional support from a government and civil society supported food bank.

At the end of 2014 there were 87 clients in care. Fifty three (53) receiving antiretroviral therapy and 19 of those are on second line treatment. 12 new clients enrolled in care during the reporting period. This indicates a gap of six persons who tested positive who are not enrolled. Two persons died right after diagnosis. This is an indication of late diagnosis and efforts are being made to encourage persons to access care early. The clients who tested during the latter part of 2014 and enrolled in care early 2015 will not be part of this report.

The challenge though still remains of migrant populations who test positive and are reluctant to access treatment, care and support and others indicating that they plan to return to their country of origin.

All clients had CD4 done as this is done internally. Viral load testing which is key for monitoring viral suppression and is the main indicator of treatment success, remains a difficulty. The country accesses viral load testing from Lady Meade Reference Unit (LMRU) in Barbados. The challenge remains with cost and transportation due to irregularity with flights.

The goal of providing quality HIV care is based on the continuum of care where the indicators provide guidance from diagnosis to retention and adherence leading to viral suppression.



In an effort to provide decentralized care and support to clients on a district level, DMOs and FNP's were exposed to a training session on the revised guidelines on the management of HIV/STIs. They were presented with a pocket guide to be used during every day practice. The main facilitator was Dr Clive Anderson of UWI/CHART.



Participants at HIV, STI Training

Psychosocial Training for Health Care Providers

Health care providers in all seven Health Districts were exposed to techniques in providing psychosocial support to all clients, not only for HIV clients. These skills can be used to enhance health care delivery.



Some nutritional support is provided to unemployed people living with HIV on HAART. Some service clubs and Faith based organizations provide support to the food bank



The Caribbean HIV Alliance (CHAA), Kiwanis Club and the Methodist church support this activity in 2014.

Prevention of Mother to Child Transmission (PMTCT)

The Prevention of Mother to Child transmission of HIV remains a priority as the country has 100% success rate in this area. All pregnant women identified as positive for HIV were treated with HAART and for the past 10 years there has been no seroconversion of exposed infants. The district midwives have been doing an excellent job in getting pregnant women to have at least one test during their pregnancy depending on the booking date. The aim to have a second test for early bookers as well as encourage partner testing of these women who attend ante natal clinic.

There was no reported positives among pregnant women in 2014.

We have improved from 70% acceptance rate in 2004 to a 96% in 2013. The data from the public sector for 2014 revealed that 758 pregnancies were detected with 636 first tests and 260 second tests done. Of those tested for HIV there were no positives. In an effort to capture persons who did not test with their primary provider a testing site was set up at the maternity unit. During 2014 58 tests were performed on women who presented for delivery with no prior indication of an HIV test. It must be noted here that HIV testing among pregnant women is not mandatory. The number of pregnant women during that same period who tested RPR positive were 21.

The Ministry of Health hosted the OECS sub region to a PAHO/UNAIDS sponsored meeting geared towards assisting countries to achieve the elimination of vertical transmission of HIV and Congenital Syphilis. If this were the case this sub region would be the first to achieve such a milestone.

The ministry has convened a Validation committee and is working towards developing a report to PAHO for validation on the elimination of vertical transmission of HIV and Congenital Syphilis.

Outreach/BCC/IEC

Behaviour change communication remains a critical aspect of the prevention programme through community and workplace sessions.



Collaborative activity with DPPA and Grandbay Health Team

Dominica Social Security (DSS)

The DSS provided its staff with sensitization on Sexual Health and HIV.

The staff of the organization were treated to a retreat where HIV education sessions were conducted to include Prevention, Stigma and Discrimination as well as workplace issues related to HIV/AIDS.



Ministry of Education

The Ministry of Education's, Curriculum, Measurement and Evaluation Unit is scaling up the National Health and Family Life Education (HFLE) training focussing on the Sexuality and Sexual Health Strand for the HFLE teachers across the country. The teachers in the Kalinago Territory, LaPlaine/Delices and the Roseau Valley areas were provided with the skills to provide HIV education from grades K to 6. It is expected that the other areas will be covered in 2015.

Jollys Pharmacy

Jollys Pharmacy provided HIV sensitization to staff as well as interested persons from the public during their week of activities. The session was provided under the theme, "Safe sex is your Responsibility not another's".

Faith Based

The Deliverance Church was also supported during its Health Fair.

Council on Aging

The Council on Aging held a health Fair in the Windsor Park Sports Stadium, during which the NHARP provided HIV information and condom demonstration.

MARPS

The department participated in outreach testing in collaboration with CHAA for MARPS in the Portsmouth area and with Caribbean HIV/AIDS Partnership (**CHAP Dominica**).

Schools and community Groups

Students of the following schools were provided with HIV education:

Goodwill Secondary School

Isiah Thomas Secondary school.

Castle Bruce Secondary School

Centre Where Adolescents Learn to Love and Serve (**CALLS**)

Social Centre: From Offending To Achieving (**FOTA**) programme



Grandbay Secondary School collaborative activity with DPPA, MoE,

The Trafalgar Village council as well as the Morne Prosper Village Councils solicited the support of the NHARP to provide community sessions.

Roseau Health District Health Fair at Woodbridge Bay

Catholic Youth sensitization at the Youth centre

West Dominica Children Federation/St Maarten Secondary School

Condom distribution

Condom use remains a key aspect of Behaviour Change. The NHARP continues to promote condoms among all populations more so among the MARPS.

The figures below represent condoms distributed during 2014 from the NHARP Office.

There were stock outs of female condoms, lube sachets and dental dams. Male condoms were always available.

Male	Female	Dental Dams	Lubricant (sachets)
10,270	423	22	1342

The National Strategic Plan for HIV

The National strategic Plan(NSP) for HIV which ran from 2010 – 2014 remained in draft form as a result of issues with the consultant as well inadequate funding.

The plan though in draft form was used to guide programme planning for the response.

The new planning cycle began with a consultation with key stakeholders. The Ministry of Health in collaboration with United States Agency for International Development (USAID), President's Emergency Plan for AIDS Relief (PEPFAR), Strengthening Health Outcomes through the Private Sector (SHOPS) and Health Finance & Governance provided the support for the process to begin the development of the new NSP.

Abt Associates provided the necessary data for projections which was taken from the NHA and HIV sub Accounts conducted in 2013.

The stakeholders provided guidance on the way forward for the new NSP. The process needs to continue. The ministry may have to seek funding to complete the process.

Consultation pictures

Hon. Julius Timothy then Minister for Health participating actively in the consultation



Stigma and discrimination

A study among health care workers at all levels was conducted in 2012; **“Understanding Stigma and Discrimination among Health Care Providers.”**

The findings of the study were significant enough to warrant training of health care providers.

In this light the NHARP conducted training for all health districts. Teams were expected to come up with their code of practice as to how they would treat with Stigma and Discrimination on their districts.

The response from all teams was excellent. The next phase of training is to be conducted at PMH.

Attached to this report is the complete report of the training activities among health districts.

Training photos of the Seven Health Districts



Monitoring and Evaluation

Supportive visit to testing sites remain a critical component of the NHARP. This is in an effort to clarify difficulties as well as maintain quality.



Despite a number of persons receiving basic training on the concepts of Monitoring and Evaluation, this remains a challenge. The M&E culture needs to transcend all levels of health care workers for data quality to improve.

In order to improve on Case reporting of HIV, TB and other STIs a multisectorial Regional workshop was conducted to review existing reporting forms and as well as costing the roll out of a Case based Surveillance in the OECS sub region



Reporting Process

The Global AIDS Progress Report (GAPR) is submitted every biennium before March 31st. Despite challenges with timely data from departments the 2014 Global AIDS Report was submitted on time.



Key stakeholders Consultation to inform Global AIDS Report 2014

The country recognises the importance of the Global AIDS Report, however for countries like Dominica with limited human capacity it poses a challenge to have to provide a midterm report.

The definition of indicators needs to be adjusted for smaller populations.

There has been some attempt to adjust spectrum however there is some degree of inaccuracy with the data projected.

Annex A

Indicator Table

Indicator No	Indicator	Results	Comments
1.15	Number of health facilities that provide HIV, testing and counselling services	13	Public sector 9 and NGO 1, and 3 private health facilities
1.16.1	Rapid HIV test kits stock-outs	0	
3.1 3.1a 3.2 3.3	PMTCT PMTCT During Breast Feeding Early Infant Diagnosis Mother - to- child transmission of HIV (modelled)	0 0	There were no Pregnant women identified with HIV in 2014 as per antenatal reports
4.1 4.2a	HIV Treatment: ART Percentage of adults and children receiving antiretroviral therapy Percentage on treatment 12 months after initiating ARV	15.8 100	According to the Patient Monitoring system 6 persons started and all six were retained.
5.1	TB HIV Co management	0	There were no HIV/TB co-infection in 2014