

Survey Response Details

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Response Details

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- 1) **Country**
Antigua and Barbuda (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**
Delcora Williams
- 3) **Postal address:**
Weathered Complex Suite #5 Redcliffe Street St. John's ANTIGUA
- 4) **Telephone:**
Please include country code
(268)462-5975 (268)462-9605
- 5) **Fax:**
Please include country code
(268)462-5039
- 6) **E-mail:**
aidssec@antigua.gov.ag
- 7) **Date of submission:**
Please enter in DD/MM/YYYY format
22/03/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**
A meeting to discuss the importance of the UNGASS Report to include the NCPI data gathering tool was convene with partners and stakeholder, the NCPI form was discuss and guidance given to the respective representatives on how to complete the form.

9) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

Upon completion of the NCPI data collection process partners and stakeholder were brought together to discuss the challenges they faced in completing the form and to resolve disagreements that arise during the process. At the end of the discussion there was general consensus.

10) **Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

Some partners and stakeholders did not fully understand some of the information the NCPI data tool was seeking to obtain.

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11) **NCPI - PART A [to be administered to government officials]**

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Delcora Williams	Ag. AIDS Programme Manager	A,I

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Maureen Lewis	Ministry of Education	
Respondent 3	Norma Jeffery	Sunstance Prevention Officer - Substance Abuse Division	
Respondent 4	Brenda Thomas - Odium	Director Community Development	
Respondent 5	Shelia Roseau	Director - Directorate of Gender Affairs	
Respondent 6			
Respondent 7			
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			

- Respondent 14
- Respondent 15
- Respondent 16
- Respondent 17
- Respondent 18
- Respondent 19
- Respondent 20
- Respondent 21
- Respondent 22
- Respondent 23
- Respondent 24
- Respondent 25

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Karen Brotherson	Office Coordination - 3H Network	B.I

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Louise Tilistson	Programme Manager - Caribbean HIV/AIDS Alliance	
Respondent 3	General Secretary	Antigua & Barbuda Workers Union	
Respondent 4	General Secretary	Antigua & Barbuda Trades and Labour Union	
Respondent 5	President	Antigua & Barbuda Union of Teachers	
Respondent 6	Henderson Bass	Antigua Employers Federation	
Respondent 7	John Cole	Anglican Youth Department	
Respondent			

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Respondent
25

Page 5

15)

Part A, Section I: STRATEGIC PLAN**1. Has the country developed a national multisectoral strategy to respond to HIV?**

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

No (0)**Page 6****16) Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)**IF NO or NOT APPLICABLE, briefly explain why**

The life of the strategic plan ended in 2005 and since then the NAP have been operating under the Business Plan of the Ministry of Health. Presently discussion is ongoing with technical staff of UNAIDS in providing assistance to the Country in developing a new multisectorial plan and costing it.

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17)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

No (0)

Page 16

18)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

No (0)

Page 17

19)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

Page 18

20)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes

Care and support

Yes

Other: Please specify

Page 19

21)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing specifically for the military remains mandatory while for other uniform services it remains voluntary and this is because of differences in policies re: uniform services

22)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 21

23)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

24)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

25)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

26)

7.2 Have the estimates of the size of the main target populations been updated?

No (0)

Page 25

27)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

No (0)

28)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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29)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

30)

(b) IF YES, is coverage monitored by population groups?

No (0)

Page 28

31)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

No (0)

Page 29

32)

7.5 Has the country developed a plan to strengthen health systems, including

infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

33)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

5 (5)

34)

Since 2007, what have been key achievements in this area:

Updating of several pieces of policies (PEP/PMTCT/Universal Treatment/ART). Expansion of VCT service provision to eight testing sites. An aggressive outreach programme to all communities where testing and counselling can be access. Quarterly HIV/AIDS in the workplace programme to reduce S&D. Staff development and capacity building workshops. Improve collaboration with partner and stakeholder. Research on S&D by health care workers and adoption of recommendations.

35)

What are remaining challenges in this area:

Development of a multisectoral strategic plan for the NAP. Non-development of Laws and Policies to address intentional transmission of HIV/AIDS and Stigma & Discrimination in Antigua & Barbuda. Unwillingness of MARPS to participate in research and educational programmes due to fear of Stigma & Discrimination.

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36)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	No

37)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

No (0)

Page 32

38)

Part A, Section II: POLITICAL SUPPORT**Question 2 (continued)****IF NO, briefly explain why not and how AIDS programmes are being managed:**

Present committee is non-functional. The AIDS Programme is being by a Minister, Permanent Secretary, Chief Medical Officer to whom the AIDS Programme Manager reports to. Discussion are ongoing at the Ministry level to revitalize the National HIV/AIDS advisory committee.

Page 34

39)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

Page 35

40)

Part A, Section II: POLITICAL SUPPORT**Question 3 (continued)****IF YES, briefly describe the main achievements:**

Memorandum of understanding regarding modalities to be used in implementing HIV activities using a inclusive and consultive approach are in place to facilitate HIV programmes.

41)

Briefly describe the main challenges:

Deployment of adequate human and financial resources to provide comprehensive coverage of HIV related activities.

42)

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?

Please enter the rounded percentage (0-100)

3

43)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

44)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

No (0)

Page 38

45)

Part A, Section II: POLITICAL SUPPORT**Question 6.1 (continued)**

Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

46)

Since 2007, what have been key achievements in this area:

Review of existing laws and policies with a view of recommending changes to bring them inline with the rest of the region

47)

What are remaining challenges in this area:

Technical and financial resource to analyse and to make appropriate changes as is required

Page 39

48)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

49)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

50) In addition to the above mentioned, please specify other key messages explicitly promoted:

Behaviour Change Communication

51)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

No (0)

Page 41

52)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

53)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
 secondary schools? Yes
 teacher training? Yes

54)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

55)

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes (0)

56)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

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57)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
Condom promotion	Men having sex with men, Sex workers, Clients of sex workers, Other populations
HIV testing and counselling	Men having sex with men, Sex workers, Clients of sex workers, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Vulnerability reduction (e.g. income generation)	Men having sex with men, Sex workers, Clients of sex workers, Prison inmates
Drug substitution therapy	
Needle & syringe exchange	

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58) Part A, III. PREVENTION**Question 3.1 (continued)**

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Women who are victim of rape

Page 44**59)****Part A, III. PREVENTION****Question 3.1 (continued)**

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

60)

Since 2007, what have been key achievements in this area:

Several Meetings with the Country Attorney General (AG) to discuss issues of willful transmission of HIV

61)

What are remaining challenges in this area:

Consideration of recommendation and updating of Laws

Page 45**62)****Part A, III. PREVENTION**

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46**63)****Part A, III. PREVENTION****Question 4 (continued)**

IF YES, how were these specific needs determined?

Through review of data collected by the NAP and from information presented by partner and stakeholders

64)

4.1 To what extent has HIV prevention been implemented?

**The majority of people in need
have access**

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Agree
Other: please specify	

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65)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

66)

Since 2007, what have been key achievements in this area:

Integration of PLWHA in the NAP as resources
Development of community base HIV outreach and testing
Capacity building of Human resource
Closer working relationship with partners and stakeholders
Intraining of human resources

67)

What are remaining challenges in this area:

Attaining an increase in budgetary support to the NAP
Insufficient trained human resource

Page 48

68)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

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69)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

70)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

71)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

72)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

They are stated in the policy and procedural guides for Antigua & Barbuda

73)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree

Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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74)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

No (0)

75)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

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76)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

ARV and Condoms General medication

Page 53

77)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

78)

Since 2007, what have been key achievements in this area:

Free access to ARV became available to all persons infected with HIV or living with AIDS. Free OI treatment for all persons infected with HIV or living with AIDS. Free specialized care and support for all persons infected with HIV or living with AIDS.

79)

What are remaining challenges in this area:

limited financial resource allocation Person not accessing care and treatment due fear of S&D

Page 54

80)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

Yes (0)

Page 55

81)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

No (0)

82)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

83)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 56

84)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

85)

Since 2007, what have been key achievements in this area:

Government have establish a care project for OVC

86)

What are remaining challenges in this area:

Financial support Harmanization of social services policies to address OVC

Page 57

87)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

88)

1.1 IF YES, years covered:

Please enter the start year in yyyy format below

2006

89)

1.1 IF YES, years covered:

Please enter the end year in yyyy format below

2011

90)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

91)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

92)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners (0)

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93)

Part A, Section V: MONITORING AND EVALUATION**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

94)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

95)

3. Is there a budget for implementation of the M&E plan?

No (0)

Page 64

96)

4. Are M&E priorities determined through a national M&E system assessment?

No (0)

Page 65

97)

IF NO, briefly describe how priorities for M&E are determined:

On a adhoc basis

98)

5. Is there a functional national M&E Unit?

No (0)

Page 66

99)

Part A, Section V: MONITORING AND EVALUATION

Question 5 (continued)

IF NO, what are the main obstacles to establishing a functional M&E Unit?

Human resource (no trained M&E officer or Project Manager at the NAP)and finance

Page 69

100)

What are the major challenges?

Trained human resource and finance

Page 70

101)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, but meets irregularly (0)

102)

6.1 Does it include representation from civil society?

No (0)

Page 71

103)

7. Is there a central national database with HIV- related data?

Yes (0)

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104)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

All HIV data is collected, manage and disseminated to the general public through the NAP

105)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, but only some of the above (0)

Page 73**106) Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

the content of the HIV services (0)

target populations (0)

implementing organizations (0)

107)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	No

Page 74

108)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

109)

9. To what extent are M&E data used**9.1 in developing / revising the national AIDS strategy?:**

3 (3)

110)

Provide a specific example:

Gaps are looked at in determining areas of the programme in need of upgrade/development

111)

What are the main challenges, if any?

No M&E unit and trained M&E officer to analyse and coordinate reviews

Page 75112) **Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

2 (2)

113)

Provide a specific example:

Codom use serves as an indicator on the amount of finance needed to be allocated for purchasing of condoms on a yearly basis

114)

What are the main challenges, if any?

No M&E unit due to human resource shortage and financial constraints

Page 76

115)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

116)

Provide a specific example:

Use of risk assessment data to determine vulnerability among general population

117)

What are the main challenges, if any?

No M&E unit due to human resource shortage to undertake review and analysis

Page 77118) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

Page 78

119)

10.1 In the last year, was training in M&E conducted

At national level?	No
At subnational level?	No
At service delivery level including civil society?	No

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120)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

No (0)

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121) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)

Overall, how would you rate the M&E efforts of the HIV programme in 2009?

5 (5)

122)

Since 2007, what have been key achievements in this area:

efforts were made by the NAP to improve data collection across Ministries and civil society and use it in decision making to target MARPs with HIV activities and programmes.

123)

What are remaining challenges in this area:

No M&E unit due to human resource shortage to undertake review and analysis

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124)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

No (0)

Page 84

125)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

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126)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 88127) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

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128)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

- The Strategic Plan for the National Response to HIV & AIDS in Antigua & Barbuda 2002-2005 Pg. 11 unequivocally states the need for the law on discrimination to be reviewed in order to address HIV & AIDS effectively. These laws as it stands may have implications for the prevention and control of HIV & AIDS, therefore the Strategic Plan necessitates a continuous process of law review and policy development to address the national response, and capture the STI/HIV & AIDS situation in as it relates not only to access to treatment, the rights of the child, patient's rights and AIDS in the workplace. The policy seemingly will address adherence to basic human rights

reflecting HIV & AIDS ethical factor. An anti-discrimination policy on HIV in the workplace was approved by the Antigua & Barbuda Cabinet in 2001. This document has not been circulated to the public and private sector resulting in non-implementation of its contents. The government website neither has a copy of this document on the page designated for policies, laws and legislations. The policy is the only document which speaks directly to HIV & AIDS discrimination within the workplace.

129)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

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130)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

There is a human rights desk setup by the NAP and is located in the 3H Network a support group of PLWHA. Report are collected and documented case by case. Interview are conducted to determine breaches in human right violation.

131)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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132)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

The Government has been one of the major financial supporters for the implementation of the National Network of PLWHA the 3H Network Program PLWHA are in the employ of Government within the NAP and plays an integral part in programme design and HIV outreach activities. Government cover cost of rental for the 3H Network to also include water, electrical and telephone services

133)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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134)

Part B, Section I. HUMAN RIGHTS**Question 7 (continued)**

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

There is no restriction to access of treatment, care and support for different populations

135)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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136)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

137)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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138)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

The HIV Policy and Procedures manual under the heading "Care Of Persons Living with HIV/AIDS" pg. 12 states, " The principle upon which prevention, treatment, care and support efforts are based

include the following: o PLWHAs have a right to comprehensive health care including clinical, medical, counselling and social welfare. o Institution and community based care providers have a duty to care for PLWHAs without discrimination on the basis of sero-status. o Institutions shall provide quality care following existing institutional and treatment guidelines issued by the Ministry of Health. This policy, even though it doesn't identify most-at-risk populations and other vulnerable subpopulations specifically does not present any obstacles to care, Treatment and Support of vulnerable groups.

139)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

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140)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

No (0)

141)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No (0)

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142)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes (0)

143)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

144)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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145)

Part B, Section I. HUMAN RIGHTS**Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

Human Rights • Through the Ministry of Legal Affairs here is legal aide services • There is an ombudsman who is available to hear complaints and give judgement if cases are brought to him/her • Antigua & Barbuda Final Draft Work Plan – Global Fund Grant Indicator 5.1 – 5101, Programme Area – Prevention & Education, Expenditure Category – Monitoring & Evaluation, Activity - to collect and analyze data from human Rights Desk on stigma and discrimination. Quarterly review of data is collated in a report and sent to National AIDS Secretariat for further review and evaluation for Global Fund. The Human Rights Desk is situated in the 3H Network office.

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146)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

147)

– Legal aid systems for HIV casework

Yes (0)

148)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

Yes (0)

149)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

150)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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151)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	

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152)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

5 (5)

153)

Since 2007, what have been key achievements in this area:

Universal access to Care , treatment and support

154)

What are remaining challenges in this area:

decriminalization of Laws addressing bugery and prostitution

Page 102

155)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)****Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

1 (1)

156)

What are remaining challenges in this area:

There is a work place policy but it is not an established document as a great number of locals are not aware of this policy. It is not easily available which presents a barrier resulting in stigma and discrimination in the workplace of PLHIV. This policy is not available on the Antigua & Barbuda Government website. The public and private sector at large is not conscious of this policy and thereby has no responsibility to adhere to its principles

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157)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

3 (3)

158)

Comments and examples:

The Red Ribbon Coalition (RRC), which comprises of civil society organizations, was established in 2009. The main goal of RRC is the development of the National Strategic Plan of Antigua & Barbuda, as the previous plan expired in 2005, and the implementation of UNAIDS Principle of the Three Ones. A close relationship has been established with the Chief Medical Officer, as recommendations were submitted to her and also to the Cabinet of Antigua & Barbuda.

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159)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

3 (3)

160)

Comments and examples:

Civil society has been involved in the recent planning meetings geared towards the implementation of the National Strategic Plan in all aspects thereby creating a comprehensive document

Page 105

161)

a. the national AIDS strategy?

2 (2)

162)

b. the national AIDS budget?

2 (2)

163)

c. national AIDS reports?

3 (3)

164)

Comments and examples:

Civil society working in implementing HIV activities submits a quaterly report to the NAP

Page 106

165)

a. developing the national M&E plan?

3 (3)

166)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

3 (3)

167)

c. M&E efforts at local level?

3 (3)

168)

Comments and examples:

Some of the civil society organization carries out their own M&E activities for example: Caribbean HIV AIDS Alliance (CHAA) provides M&E support to its partners and provides quarterly data reports to the NAP. The 3H Network provides report on Human Rights Violation to the NAP 3H Network monitors and report on human rights violation

Page 107**169) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

4 (4)

170)

Comments and examples:

Civil society works with the NAP to carry out training in VCT, Risk reduction among vulnerable population, HIV Rapid testing and DOTS

Page 108

171)

a. adequate financial support to implement its HIV activities?

4 (4)

172)

b. adequate technical support to implement its HIV activities?

4 (4)

173)

Comments and examples:

Access to funds to carry out HIV activities by civil society and other organisations are done under the OECS Global Fund and they utilises Staff and Services of the NAP in their activities

Page 109**174) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	25-50%
- Sexworkers	25-50%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	25-50%
Programmes for OVC**	<25%

Page 110

175)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)**

Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

176)

Since 2007, what have been key achievements in this area:

Civil Society has been included in the National HIV & AIDS Response and specific Outreach and has been made aware of the various projects under the Global Fund that requires their commitment for coordination.

177)

What are remaining challenges in this area:

Human and financial resource shortages

Page 111

178)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

179)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

ANTIGUA AND BARBUDA NATIONAL HIV/AIDS CARE, TREATMENT AND PREVENTION GUIDELINES Pg.36/37 PREVENTING THE TRANSMISSION OF HIV This aims to o Reduce the rate of transmission from HIV infected mothers to their babies (PMTCT). o Reduce the rate of transmission among Health Care workers through work related incidents (Post Exposure Prophylaxis, PEP). o Reduce the rate of sexual transmission. This is one of two pillars, which comprise the National AIDS Programme. It aims to promote the adoption of safer sexual practices among the "adult population" and includes

- The delay of first sexual intercourse by men and women.
- Active promotion of sexual abstinence among youth periodic episodes of sexual abstinence in special circumstances
- Mutual fidelity among sexual partners known to be HIV-ve and over extended Periods of time.
- Reduction in multiple partnering either sequentially and/or at the same time.
- Correct and consistent use of latex condoms if one or both partners' HIV status is unknown.
- Correct and consistent use of condoms if one or both partners is/are HIV infected.

o Provide VCT services to all persons of the general public especially partners of HIV infected persons wishing to know their HIV status and thus reduce the rate of transmission

180)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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181)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

Page 114

182)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 115

183)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)**

IF YES, how were these specific needs determined?

ANTIGUA AND BARBUDA NATIONAL HIV/AIDS CARE, TREATMENT AND PREVENTION GUIDELINES Pg.9/10 This is based on the recommendations of the World Health Organization (WHO) (Scaling up Antiretroviral Therapy Resource-Limited Settings, 2002) and should be guided

by monitoring the laboratory parameters of plasma viral load (RNA particles/copies of HIV) and CD 4 + T cell count As well as the clinical condition of the patient. 1. Viral load above 30,000 copies/ml 2. CD4 count, less than 200 cells/mm³ 3. CD4 count between 350 and 200 cell/mm³ depending on symptoms 4. Total lymphocyte count of 2500/mm and below (in the absence of Nos.1-3) above and/or In the presence of symptoms. Prior to the initiation of Antiretroviral therapy (ART), patients must be thoroughly examined by the physician and o Counselling as to the expectations of ART, the importance of nutrition to facilitate absorption of drugs, their continuing and precise compliance with the prescribed regimen, (adherence), need to report any side-effects and keep appointments, make the decision to Begin and maintain therapy with the support of the care and treatment team. o Advised by/discuss with the physician as to the rationale for their starting the regimen o Determine the time to start the regimen. ART can be initiated at the first physician/patient contact Based on the clinical manifestation and physician's judgment. Patients who present with Opportunistic Infection(s) should Be treated prior to starting Antiretroviral.

184)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Other: please specify	

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185)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

8 (8)

186)

Since 2007, what have been key achievements in this area:

Access to all who access care, treatment and support
Appointment of a Clinical Care Coordinator
Free treatment for Opportunistic Infection (OI)

187)

What are remaining challenges in this area:

Fear of Stigma and discrimination prevents clients from accessing care, treatment and support

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188)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

No (0)