

Antigua and Barbuda Report NCPI

NCPI Header

COUNTRY

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Describe the process used for NCPI data gathering and validation:

-

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

-

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

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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
-	-	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

A - 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):

Yes

IF YES, what was the period covered:

2012 - 2016

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

The first strategic plan did not involve key stakeholder in a meaningful way when it was being developed and therefore did not address many of the key issues. The new strategic response used a methodology of inclusion of all key stakeholders and other partners in its development through many consultations and it therefore reflects the vision of all involved in the reduction of HIV, for this reason the final document expresses a multi-sectorial approach.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

AIDS Secretariat, Ministry of Health,

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy Earmarked Budget

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:

-
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

-

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

Discussion were held with key informants and gatekeepers of MSM, SW, Persons with Disabilities among others, and drawing from other work done by other interest groups with our general populations.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Persons with Disabilities, MSN, SW, Youth, Transgender, Uniform services, Exotic dancers, Boys on the blocks,

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

Through country wide consultation with all key state holders, representative from MARP's, FBO, CBO, NGO and government organizations.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

No

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

-

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?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

-

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

-

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

-

Other[write in below]:

-

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

-

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

-

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

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

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

-

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

Att all Parish levels across Antigua and Barbuda

Briefly explain how this information is used:

To assess programme reach and impact in order to adjust strategies to improve general HIV/AIDS programming.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

That care and support services are decentralized across the country.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Development of a new costed multisectoral strategic and action plan covering the period 2012 to 2016.

What challenges remain in this area:

Funding to carry out strategic activities developed in the new strategic and action plan

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

The Hon. Dr. Baldwin Spencer spoke extensively about the need to improve the quality of life for all persons infected and or affected by HIV/AIDS, making ARV treatment accessible to all persons in need and government commitment to supporting HIV response within the Island state of Antigua and Barbuda. Additionally the Prime Minister has been advocating for the general population to get tested for HIV.

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

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

No

Have a defined membership?:

No

Include civil society representatives?:

Yes

IF YES, how many?:

-

Include people living with HIV?:

Yes

IF YES, how many?:

-

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

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

IF YES, briefly describe the main achievements:

Presently the mechanism is before the Cabinet of Antigua and Barbuda awaiting approval before the committee can be installed to govern the day to day activities as outlined in the new strategic plan.

What challenges remain in this area:

The time the process is taking to operationalize the instrument to give way to the setting up of the committee.

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

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

-

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

-

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

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

Through the NAP we were able to reinitiate dialog with key policy and decision making personnel to reexamine the country existing laws to determine what kind of amendments may be needed as well as whether there is a need for technical support in this area.

What challenges remain in this area:

The time in which it takes to see these kinds of reviews undertaken, recommendations made and the necessary framework and instrument developed and passed through the relevant state bodies

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

-

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

• An anti-discrimination policy on HIV in the workplace was approved by the Antigua & Barbuda Cabinet in 2001. This policy is not a living document due the fact that there is no legislation to make it binding. • In 2001 the AIDS Secretariat, Ministry of Health in collaboration, with Public and Private Sector, Organizations and Workers Unions developed the initial HIV Workplace Policy. This policy was designed to define the employers' HIV position and practices, elimination of mandatory HIV testing, and employ and retain HIV positive individuals. • Subsequently, in 2011 the Labour Division with funding from the International Labour Organization (ILO) has developed a National HIV Workplace Policy. A core group comprising of stakeholders from government ministries, unions and civil society organizations were the key contributors to this process. The policy provides the framework for action to reduce the spread and impact of HIV Infection, provides the standard of behaviour for all employees (whether infected with or affected by HIV), defines the rights of all workers, gives guidance to managers and promote specific provisions geared towards prevention through information, education and training The law speaks only to general non-discrimination of all citizens. See below. LAWS OF ANTIGUA AND BARBUDA The Antigua and Barbuda Constitution (CAP. 23 2 5 Order 1981 Chapter 2 Protection of Fundamental Rights and Freedoms of the Individual Number 14: Protection from discrimination on the grounds of race, sex etc. 14. (1) Subject to the provisions of subsections (4), (5) and (7) of this section, no law shall make any provision that is discriminatory either of itself or in its effect. (2) Subject to the provisions of subsections (6), (7) and (8) of this section, no person shall be treated in a discriminatory manner by any person acting by virtue of any law or in the performance of the functions of any public office or any public authority. (3) In this section, the expression "discriminatory" means affording different treatment to different persons attributable wholly or mainly to their respective descriptions by race, place of origin, political opinions or affiliations, colour, creed, or sex whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are not made subject or are accorded privileges or advantages that are not accorded to persons of another such description. (4) Subsection (1) of this section shall not apply to any law so far as the law makes provision- (a) for the appropriation of public revenues or other public funds; (b) with respect to persons who are not citizens; or (c) whereby persons of any such description as is mentioned in subsection (3) of this section may be subjected to any disability or restriction or may be accorded any privilege or advantage that, having regard to its nature and to special circumstances pertaining to those persons or to persons of any other such description, is reasonably justifiable in a democratic society. (5) Nothing contained in any law shall be held to be inconsistent with or in contravention of subsection (1) of this section to the extent that it makes provision with respect to qualifications (not being qualifications specifically relating to race, place of origin, political opinions or affiliations, colour, creed or sex) for service as a public officer or as a member of a disciplined force or for the service of a local government authority or a body corporate established by any law for public purposes. (6) Subsection (2) of this section shall not apply to anything that is expressly or by necessary implication authorised to be done by any such provision of law as is referred to in subsection (4) or (5) of this section. (7) Nothing contained in or done under the authority of any law shall be held to be inconsistent with or in contravention of this section to the extent that the law in question makes provision whereby persons of any such description as is mentioned in subsection (3) of this section may be subjected to any restriction on ' the rights and freedoms guaranteed by sections 8, 10, 11, 12 and 13 of this Constitution, being such a restriction as is authorised by paragraph (a) or (b) of subsection (3) of section 8, subsection (2) of section 10, subsection (4) of section 11, subsection (4) of section 12 or subsection (2) of section 13, as the case may be. (8) Nothing in subsection (2) of this section shall affect any discretion relating to the institution, conduct or discontinuance of civil or criminal proceedings in any court that is vested in any person by or under this Constitution or any other law.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

Government will first have to through a cabinet decision or through an act of parliament give guidelines to how these laws and or policies will be implemented and enforced in accordance with best practices and commitments made.

Briefly comment on the degree to which they are currently implemented:

Presently there is a review of existing laws and policies to strengthen their effectiveness.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

No

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

Presently men who have sex with other men is against the laws of Antigua and Barbuda and is seen as an act of Buggery and carries a prison sentence. Sex work for exchange of money or other gains is also against the law of Antigua and Barbuda and is seen as an act of Prostitution and carries a prison sentence.

Briefly comment on how they pose barriers:

Any person who fits the above mentioned groups can be prosecuted in a court of law and if found guilty can be imprisoned

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

No

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

No

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

Yes

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

Yes

Briefly describe the content of this policy or strategy:

-

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	No	Yes	-
No	No	No	No	No	-
No	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
No	Yes	Yes	Yes	No	-
No	Yes	Yes	Yes	Yes	-
No	Yes	Yes	Yes	Yes	-
No	No	No	No	Yes	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

8

Since 2009, what have been key achievements in this area:

The PMTCT programme has achieved a 99% uptake of HIV testing services among pregnant women during the last two years (2010 -2011). Surveillance of HIV data from Antenatal Clinic and Maternity Ward has shown an increase in the prevalence from repeat pregnancies. In addition, HIV-positive mothers are given free infants formula and discouraged from breast-feeding. Antiretroviral therapy is given to all pregnant women at 28 weeks gestation to delivery. The infant receives Post Exposure Prophylactic (PEP) for six weeks after delivery and Cotrimoxazole (Bactrim). The mother is discouraged from breastfeeding and is provided with replacement feeding until the child is weaned. The infant is followed up by the NAP and the Paediatrics clinic. A DNA PCR Dry Spot Specimen is collected from the infant 1 month to six weeks after birth for HIV Testing and an Eliza test is done at eighteen (18) months. Voluntary Counselling and Testing (VCT) services are also available free of cost at Eight (8) community health centres, the National AIDS Secretariat, Antigua Planned Parenthood, and laboratory of the public

hospital in Antigua and Barbuda. In 2010 in collaboration with Centre for Disease Control (CDC), Antigua and Barbuda was assisted in the development of their Rapid testing algorithm. The process of decentralization of HIV Rapid testing has begun with the certification of six VCT HIV Rapid Test Counsellors and testers within the National AIDS Programme. A standard drug kits for managing STIs are provided free of charge by the Ministry of Health. Treatment of STIs' is done in the public Main Health Centre. The clinic is staffed with a Medical Doctor and two Nurses. During festive occasions, the NAP in collaboration with its partners distribute free condoms to persons on the streets, night clubs, recreation grounds, Carnival Mass Troupes and Carnival Shows to persons desirous of receiving them. Condoms can also be accessed at Community outreaches conducted by the NAP and other supporting agencies. The NAP HIV Prevention programme interventions are strengthened through quarterly outreach programmes which involve educational sessions, HIV counselling and Testing, Condom demonstrations and distribution. The sister island of Barbuda is also included with the NAP making quarterly HIV prevention outreaches. On each quarterly visit, HIV prevention messages are taken to the primary and secondary schools, churches, the streets, hospital and the office of the Barbuda Council. Public education and awareness efforts continue to be a major intervention in the fight against HIV since prevention through educational programmes is crucial to the prevention and control of transmission of the HIV virus. There have been intensive behavioural change communication campaigns with increasing collaboration between the NAP, the media, non-governmental organizations, community based organizations and other governmental bodies. In 2010 forty three education sessions were facilitated by NAPS staff in schools, colleges, other government organizations and FBOs whilst thirty two were conducted in 2011. This intervention was further enhanced by the increased capacity of the NAPS through the attendance of its staff to local, regional and international workshops and training sessions. Caribbean HIV AIDS Alliance (Antigua) through funding from USAID continues to target the Most-At-Risk-Populations (MARPs) through community outreach effort by Animators. Their outreach activities to the vulnerable include education on HIV/AIDS; other STIs' and Voluntary Counselling and Testing (VCT), and condom use continues to work with the AIDS Secretariat. During these visits they distribute condom, and other commodities such as Dental Dams and lubricants.

What challenges remain in this area:

-

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

Yes

IF YES, how were these specific needs determined?:

-

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Strongly Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Government sees the management of HIV as a priority area which can impact the country human resource capacity, because of this the following services and support is given to all person affected. Free ARV, Free medical checks, Free specialized services such as: ophthalmology, ENT, Dermatology, Free treatment for Opportunistic Infections, Case management, Free dental care, among other. Government has assisted HIV/AIDS support groups. In their function by providing free infrastructure (accommodation), transportation and assist with capacity build of their constituents.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Over the past years all of the treatment and care and support were centralized, the latter part of 2011 the government saw it fix by employing a new CCC who operates out of the public system. Doctors are being given training by the new CCC in the effective treatment and management of PLHIV so as to ensure full decentralization of the service provision across primary health system.

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

N/A

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

The government of Antigua and Barbuda provide those infected and affected with HIV/AIDS by giving assistance through a number of programmes such as: Invalidity Benefit 1200 (aligned to contribution to the scheme), Petrocaribe subsidy of 250, School Meal Feeding programme, Subsidy from Government and other FBO, CBO support.

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

Yes

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

Yes

IF YES, for which commodities?:

ARV through OECS PPS and sponsored by Global Fund and the Brazilian Government.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Since 2009 the care and treatment has been improved with PLHIV living longer and Healthier with care , treatment and support. Over the past years all of the traement and care and supoport were centralized, the latter part of 2011 the government saw it fix by employing a new CCC who operates out of the public system. Doctor are being given training by the new CCC in the effective treatment and management of PLHIV so as to ensure full decentralization of the service provision accross primary health system.

What challenges remain in this area:

Antigua and Barbuda Global Fund round 3 was completed and alots of service offered to PLHIV under these areas came to and end . The Government is trying to maintain specilized medical services but are sometme challenge to meet the expenditure since we are under a present IMF restructuring programme.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

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

Yes

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

No

IF YES, what percentage of orphans and vulnerable children is being reached? :

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

5

Since 2009, what have been key achievements in this area:

Government presently provide housing for OVC due to HIV and free education.

What challenges remain in this area:

Finacial support for staffing of the project.

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

Getting stakeholder and other intereset groups to buy in to importance documenting and evalute programme actives and reporting to the NAP on the same

1.1 IF YES, years covered:

2012 to 2016

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

No

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveilliance:

No

HIV surveilliance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

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

No

4. Is there a functional national M&E Unit?:

No

Briefly describe any obstacles:

-

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No

In the National HIV Commission (or equivalent)?:

No

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

-

What are the major challenges in this area:

Is getting partner to move from just implementing programmes to the collection of data and reporting

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

No

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

Yes

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

All data relating to HIV/AIDS are managed from within the NAP

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

-

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

No

IF YES, at what level(s)?:

-

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

No

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

-

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

At national level?:

Yes

IF YES, what was the number trained:

15

At subnational level?:

No

At service delivery level including civil society?:

Yes

IF YES, how many?:

5

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

review and update of the Ministry of Health Monitoring and Evaluation plan

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

Training and capacity building and updating of our Patient Monitoring System and getting some partner to start reporting to the NAP about their activities, successes and challenges in there implations of their HIV related programmes.

What challenges remain in this area:

developing an M&E culture amogn principle stakeholders and other interest groups. Human resoure deficite of a designated person person within the NAP

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

-

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") 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)?:

4

Comments and examples:

-

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

1

c. The national HIV reports?:

3

Comments and examples:

-

4.

a. Developing the national M&E plan?:

1

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

:

1

c. Participate in using data for decision-making?:

1

Comments and examples:

-

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

-

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

1

b. Adequate technical support to implement its HIV activities?:

5

Comments and examples:

-

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

<25%

Men who have sex with men:

<25%

People who inject drugs:

-

Sex workers:

<25%

Transgendered people:

<25%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

-

Home-based care:

25-50%

Programmes for OVC:**

<25%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

5

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

Through public forum engagement and consultaion with relevant stakeholders and oter interest groups including Ministries of Education, Labour, Youth, Gender with commitment and support being given from all the aforementioned grouping.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No
Orphans and other vulnerable children:
 No
People with disabilities:
 No
People who inject drugs:
 No
Prison inmates:
 No
Sex workers:
 No
Transgendered people:
 No
Women and girls:
 No
Young women/young men:
 No
Other specific vulnerable subpopulations [write in]:
 -

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
 The Antigua and Barbuda Constitution (CAP. 23) Order 1981 Chapter 2 Protection of Fundamental Rights and Freedoms of the Individual Number 14: Protection from discrimination on the grounds of race, sex etc. This document provides the legal provisions to protect the rights of citizens and residents of Antigua and Barbuda and establishes an individual's right to family life and privacy. The expression "discriminatory" means affording different treatment to different persons attributable wholly or mainly to their respective descriptions by race, place of origin, political opinions or affiliations, colour, creed, or sex whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are not made subject or are accorded privileges or advantages that are not accorded to persons of another such description. Antigua and Barbuda Labour Code, Cap 27, Division C4 No employer shall discriminate with respect to any person's hire, tenure, wages hours, or any other condition of work, by reason of race, colour, creed, sex, age or political beliefs: Provided, however that this shall not be construed as forbidding the taking of personnel actions genuinely related to that person's ability to discharge the duties of the employment in question.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Ombudsperson - consider HIV-related issues within their work@@@@@@@@@@@@@@@@

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No
 2.1. IF YES, for which sub-populations?

People living with HIV:
 -
Men who have sex with men:
 -
Migrants/mobile populations:
 -
Orphans and other vulnerable children:
 -
People with disabilities:
 -
People who inject drugs:
 -
Prison inmates:
 -
Sex workers:
 -
Transgendered people:
 -
Women and girls:
 -
Young women/young men:
 -
Other specific vulnerable subpopulations [write in]:
 -

Briefly describe the content of these laws, regulations or policies:

Briefly comment on how they pose barriers:

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Briefly describe the content of the policy, law or regulation and the populations included:

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

Yes

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

• In 2001 the AIDS Secretariat, Ministry of Health in collaboration, with Public and Private Sector, Organizations and Workers Unions developed the initial HIV Workplace Policy. This policy was designed to define the employers' HIV position and practices, elimination of mandatory HIV testing, and employ and retain HIV positive individuals. Unfortunately, this policy is not a living document due the fact that there is no legislation to make it binding. Subsequently in 2011 the Division of Labour with funds from the International Labour Organization (ILO) developed a Antigua & Barbuda National Tripartite Workplace Policy on HIV. 3.2 Non-discrimination In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV and AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV inhibits efforts aimed at promoting HIV prevention. Antigua & Barbuda National Strategic Plan for HIV & AIDS 2012-2016 articulates clearly measures to address the Human Rights violations and protection of all individuals (pg 6 NSP Action Plan) PRIORITY AREA 1. AN ENABLING ENVIRONMENT THAT FOSTERS UNIVERSAL ACCESS TO HIV & AIDS PREVENTION, TREATMENT, CARE, AND SUPPORT SERVICES STRATEGIC OBJECTIVES: 1.1: To develop policies, programmes, and legislation that promote human rights, including gender equality, and reduce socio-cultural barriers in order to achieve universal access. EXPECTED NATIONAL RESULTS: Legislation that addresses issues related to the legal, ethical, and human rights of those infected with, or affected by HIV. ACTIONS: Lobby the leadership of stakeholders in the human rights movement to promote legislation enforcing anti-discriminatory behaviour in the public sphere and to ensure that actions to reduce discriminatory practices relating to HIV and AIDS are included. STRATEGIC OBJECTIVES 1.2: To mitigate stigma and discrimination associated with HIV and AIDS. EXPECTED RESULT: The advocacy of national opinion leaders for the human rights of persons living with HIV and AIDS secured. ACTION: Present media programmes featuring the advocacy of national opinion leaders for human rights in promotion of the human rights of PLWHA as established in legislation

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

Yes

IF YES, briefly describe this mechanism:

□ The HR Desk has been successful as all PLWHA, including MARPS, accesses the services of the desk without reservations. The mechanism used are as follows: Receipt of Complaints (1) Complaints may be received by the Desk or other designated person from a PLWHA or a person or organization acting in the best interests of the PLWHA. If the complaint is being made by a person or organization other than the PLWHA then the express consent of the client is obtained, unless the person making the complaint is a parent or guardian of a child. (2) Complaints are received by walk-in clients or a HR Advocate may go to the setting most convenient for the client in order to receive the complaint. (3) All complaints are recorded in handwriting on a prescribed Antigua & Barbuda Human Rights Desk Detailed HIV-Related Complaint Report – Form 1A. (4) File PLWHA complaints to the relevant bodies for redress (5) Follow up to ensure that the process reaches a resolution (6) Recommendations and further referrals and follow up when necessary

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	No	No
Yes	No	No
Yes	No	No

If applicable, which populations have been identified as priority, and for which services?:

All citizens and residents can access the services provided free of cost. There is no prioritization of populations- all have equal access

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

Yes

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

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

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.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

No

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

Yes

IF YES, briefly describe the content of the policy or law:

Antigua & Barbuda National Tripartite Workplace Policy on HIV: Final Draft 3.6 Screening for purposes of exclusion from employment or work processes HIV and AIDS screening should not be required of job applicants or persons in employment. That is, an employer may not request any job seeker to undergo testing for HIV as a condition of offer of employment. Additionally, an employer may not request any employee to undergo testing for HIV as a condition of selection for training, promotion, or any other employee benefit or tenure. In addition, food handler screening and certain industries e.g. restaurants, kitchens, hospitals should not include HIV test as part of their requirements.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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

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

Yes

IF YES on any of the above questions, describe some examples:

• Through the Ministry of Legal Affairs PLHIV have full access to legal aid services • There is an ombudsperson who is available to hear complaints and give judgement if cases are brought to The human Rights Desk on stigma and discrimination is now under the Ministry of Health. Quarterly review of data is collated in a report and sent to National AIDS Secretariat for further review and evaluation. The Human Rights Desk continues to operate in the 3H Network office.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

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

Yes

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

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

Programmes for FBOs Programmes for PLHIV Programmes for MSM & SW

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

5

Since 2009, what have been key achievements in this area:

• Through the Ministry of Legal Affairs a PLHIV has full access legal aide services • There is an ombudsperson who is available to hear complaints and give judgement if cases are brought to him/her The human Rights Desk on stigma and discrimination is now under the Ministry of Health. Quarterly review of data is collated in a report and sent to National AIDS Secretariat for further review and evaluation. The Human Rights Desk continues to operate in the 3H Network office.

What challenges remain in this area:

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

Since 2009, what have been key achievements in this area:

What challenges remain in this area:

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

Antigua and Barbuda undertook a number of consultations across a number of communities involving key stakeholders

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

-

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Strongly Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

-

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

-

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

-

Since 2009, what have been key achievements in this area:

-
What challenges remain in this area:

-

Source URL: <http://aidsreportingtool.unaids.org/18/antigua-and-barbuda-report-ncpi>