



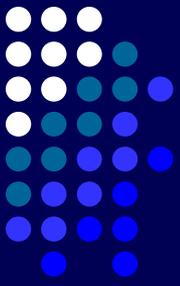
Epidemiology, Treatment care and Support of HIV in Jamaica

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Ministry of Health



Presentation Outline

- Overview of the Epidemic
- Jamaica's response to Treatment Care and Support for PLHIV
- Major challenges to achieving universal access in treatment
- Key recommendations in moving forward



Overview

- First case of HIV imported into Jamaica in 1982
- Very little was known about the behaviour of the virus.
- The only message we had was that “AIDS kills”.
- Stigma and discrimination – a challenge
- The absence of adequate treatment, care and support for PLWHA.

HIV/AIDS IN JAMAICA



Sero-prevalence among adults 1.6%

Estimated No. with HIV/AIDS 27,000

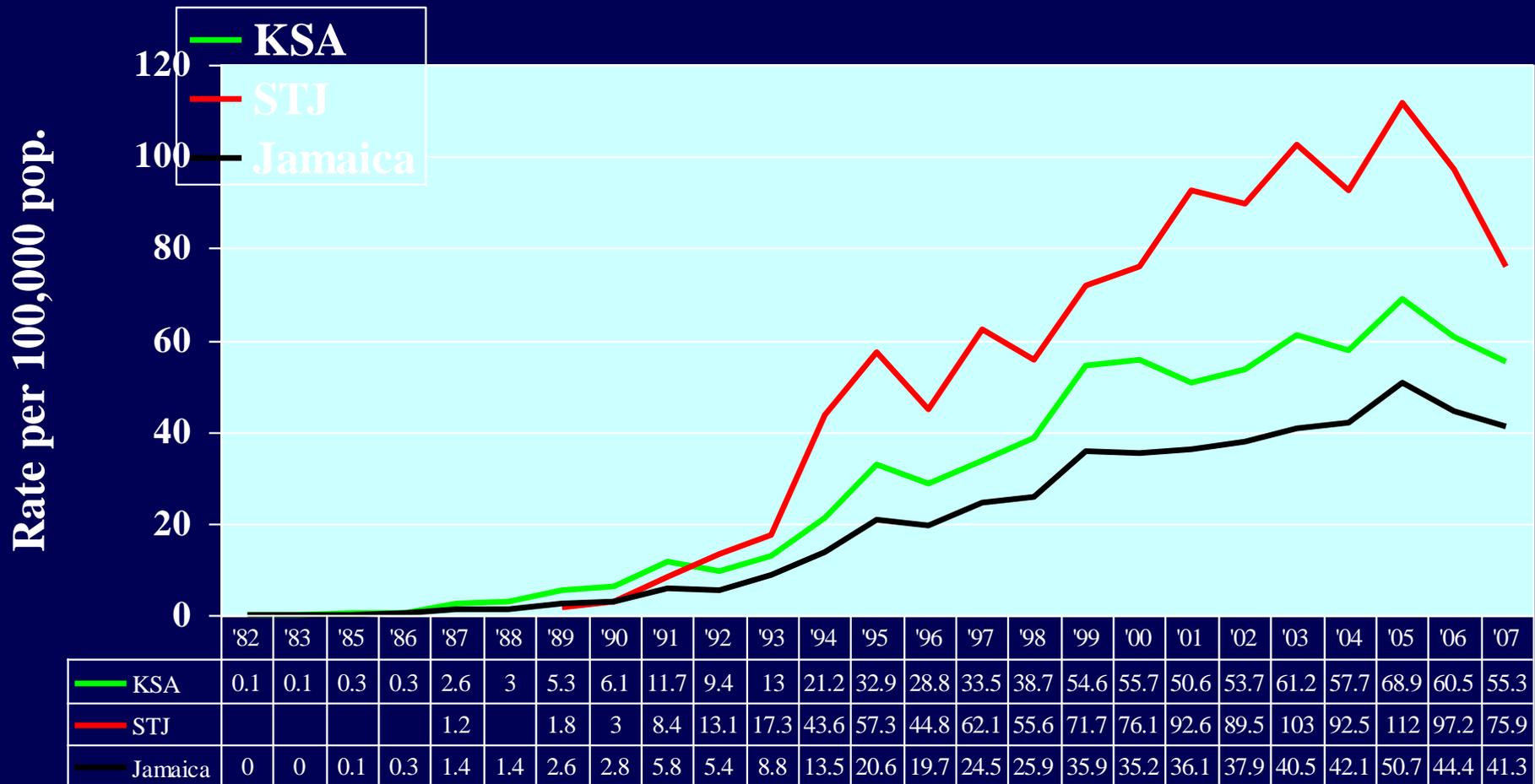
Est. No. unaware of HIV status 18,000

No. of persons in need of ARV 6-7000

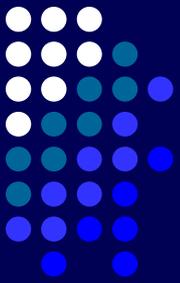
No. of persons currently on ARV >5,500

Jamaica

Annual AIDS Case Rates in Jamaica, St. James & Kingston/St. Andrew (Rate per 100,000 Population) 1982 - 2007

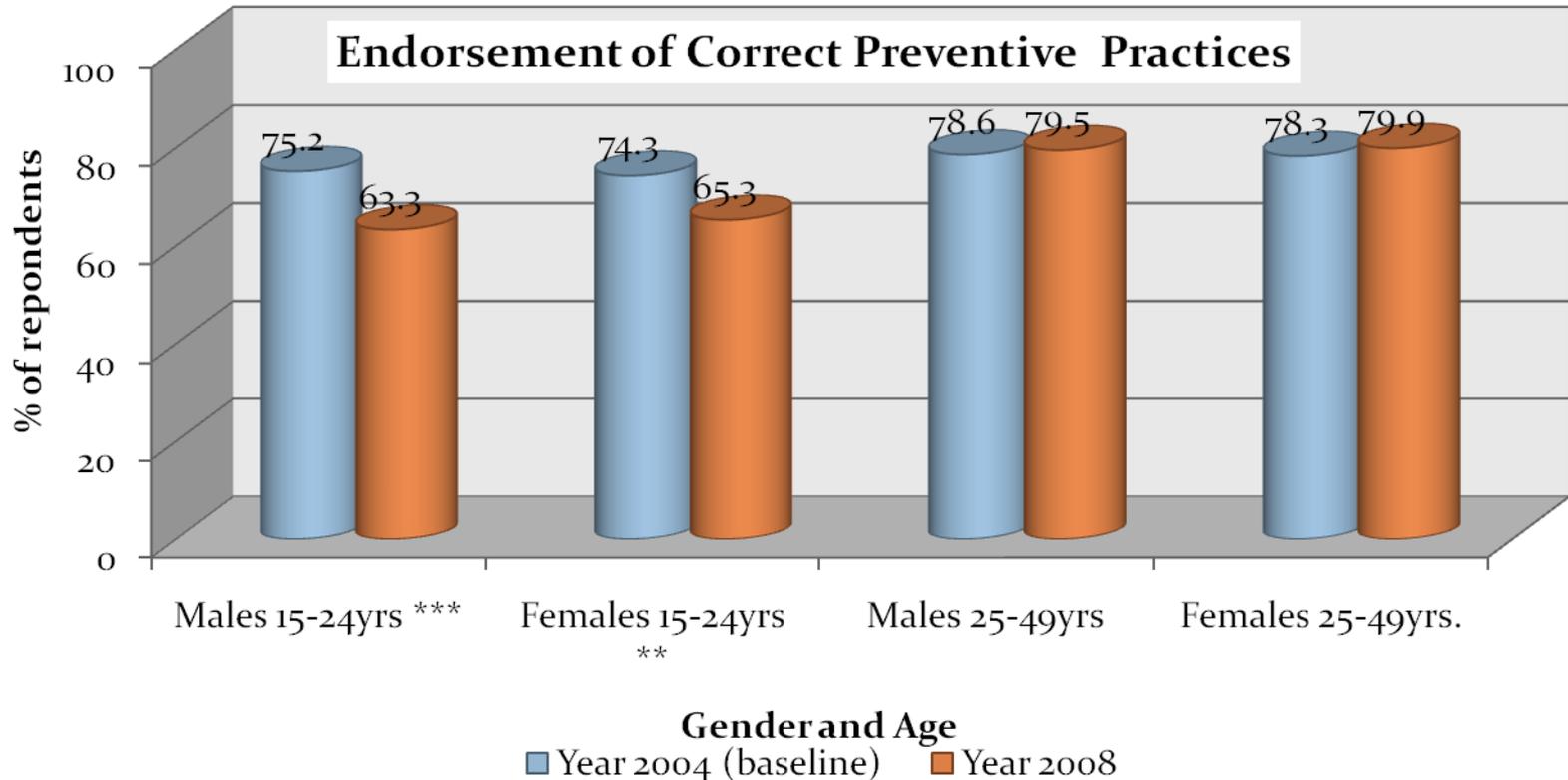


A Comprehensive Response



- Treatment, care and support a key strategic line for Jamaica towards achieving universal access by 2010
- Prevention is critical to success and this includes implementation of behaviour change strategies with their foundation in knowledge, attitudes and practices.
- A study in 2008, demonstrated that there was no knowledge change between 2004 and 2008 in the 24-59 age group but there was a decline in knowledge in the youth group where approx. 10% were not able to endorse the 3 preventive practices.
- This is a challenge for us and contributes to the gap between those who are infected and those who know their status.

HIV/AIDS KNOWLEDGE



*Correct preventive practices is a Ministry of Health HIV/AIDS Program indicator which measures the proportion of the population able to endorse correct HIV/AIDS preventive practices. The younger age cohort (15-24 year olds) must endorse 3 preventive practices: condom use always, one faithful partner, abstinence while the older age cohort (25-49 year olds) must endorse 2 preventive practices: condom use always, one faithful partner.



Jamaica's Response to Treatment Care and Support for PLHIV

Major pillars of our response



- Increased access to Anti retrovirals
 - pMTCT programme
 - testing
 - access for all infected persons living with HIV
- Health system strengthening
 - An integrated programme with treatment, care, and support and prevention
 - Community involvement and empowerment
 - Strengthening Leadership
 - Improving health infrastructure including laboratory capacity and laboratory information system
 - Capacity building
 - Strengthened monitoring and evaluation
- Building Partnerships and creating a supportive environment
- Communications



ARV Access

- Pro poor health policy
- Abolition of user fees providing universal access to all
- More than \$1.2 B savings to the population
- ARV's free
- Visits to health centres increased
- This has implications for early detection and for treatment, care and support.



Access to ARVs

- Jamaica's Treatment Programme started in 2003 with support from the Clinton Foundation and was later augmented by a Global Fund Grant of US\$23 Million
- This provided the opportunity to establish a decentralised treatment programme seeing the establishment of 18 Treatment sites across the Island



Protocol development

- Treatment protocols were developed which provided the clinician with guidelines on how to treat, monitor and manage challenging issues such as adherence.
- Clinicians were trained in the use of protocols.

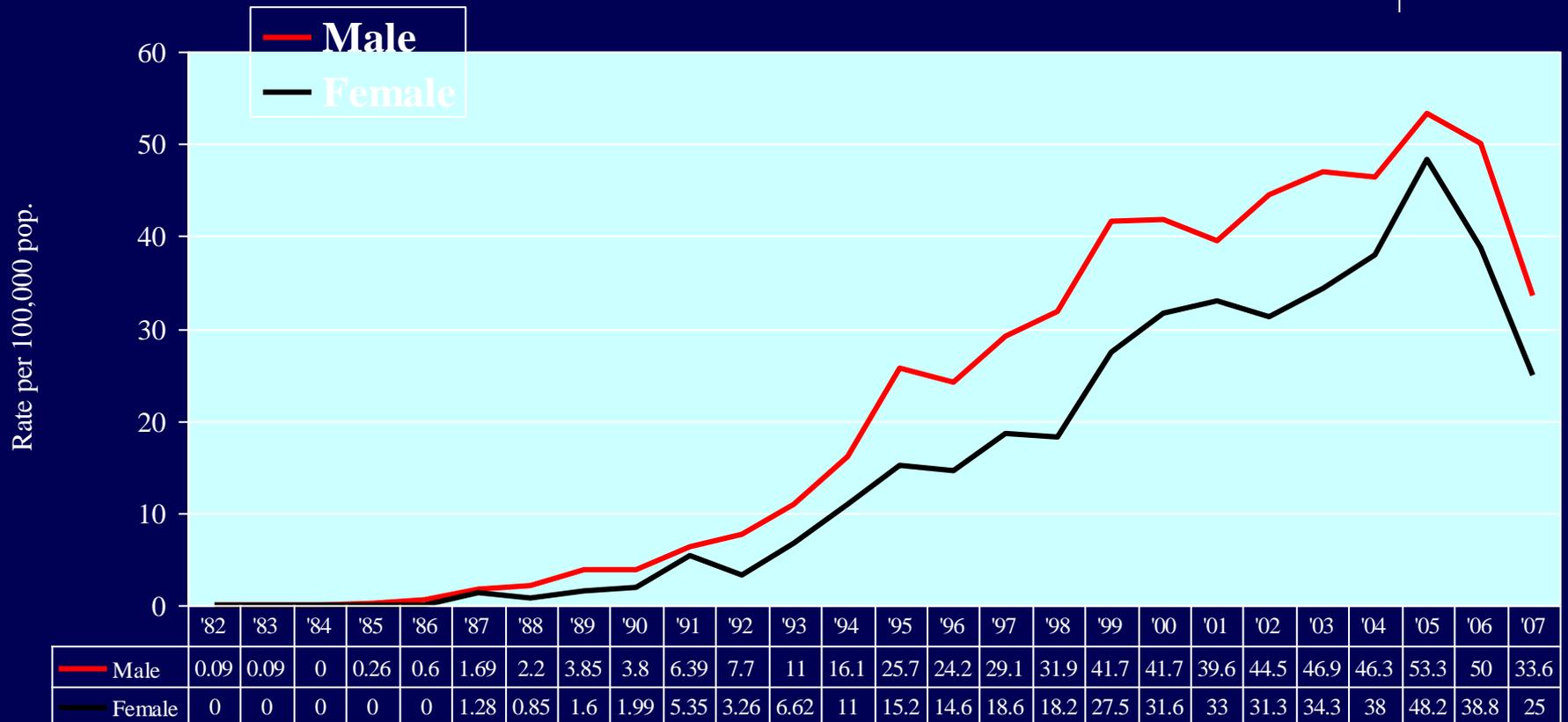
Access to ARV's



- Access to ARV's scaled up through our network of Primary health care facilities focusing on the 18 access sites and the procurement/distribution of ARV's through the National Health Fund/Health Corporation Ltd. systems. (Decentralization model)
- Improvement in quality of care – reducing the waiting time at health facilities, the quality and ambience of the workplace, using patient flow analysis and space planning.
- Contact Investigators, and Community Peer Educators provide the community support.
- Voluntary, testing and counselling at treatment sites.
- Collaboration with supportive partners e.g. NGO's, other agencies

Jamaica

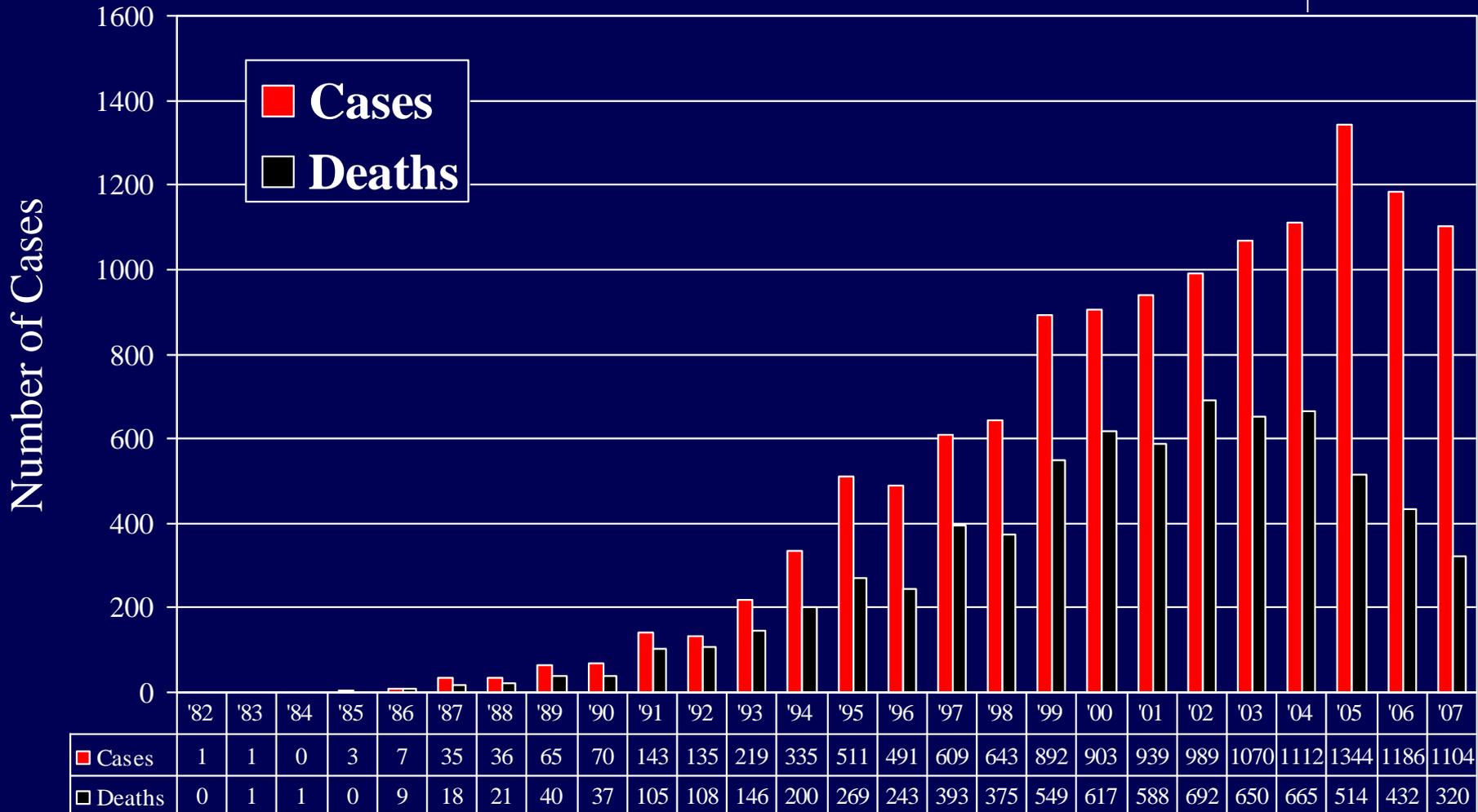
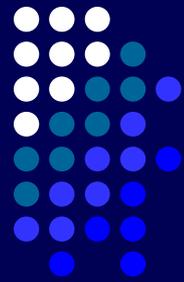
Annual AIDS Case Rates by Sex (Per 100,000 population): 1982 - 2007



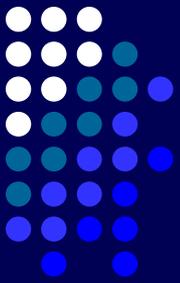
Jamaica

AIDS Cases & Deaths

Reported Annually in Jamaica (1982 to 2007)



Estimation of HIV MTCT Rate with Maternal HAART in Jamaica



- **Jamaica:** > 85% receive maternal HAART,
- > 90% infant receive ARV's

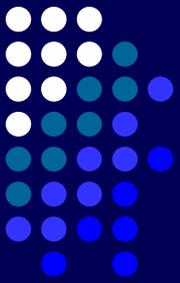
- During Jan 2006 – Dec 2007, (2 years), estimated **MTCT rate was 4.75%** (with 19 of 400 PCR's positive)

Prevention of Mother to Child Transmission – Best Practice



- One of our best practices is the PMTCT programme in the South Eastern Region which is a collaborative programme between the following partners:
 - (KPAIDS) –University of the West Indies,
 - Kingston and St. Andrew Health Department and
 - SERHA.
- Mothers who are HIV positive are identified and treated with combination therapy (Combivir/nevirapine, combivir/nelfinavir or combivir/kaletra).
- At birth, the infant is treated with AZT/NVP
- This best practice was the first pMTCT programme in Jamaica which was funded through a grant from the Elizabeth Glaser Pediatric AIDS Foundation to the UWI

pMTCT programme

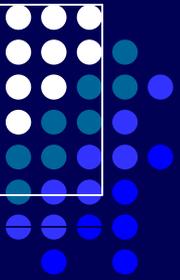


- There is a strong referral mechanism between PHC and the Hospital and even where a client is missed in one setting, they are picked up at the other.
- Physicians provide high risk clinical services as an outreach of the hospital
- Decentralization of testing (along with counseling) for pregnant females at PHC facilities augments the process
- A positive factor is good team synergy
- While the national MTCT rate is 4.75%, the South Eastern Region has been able to achieve a 1.6% prevalence rate as reported at November 2007.



CHALLENGES & FACTORS DRIVING THE EPIDEMIC

FACTORS DRIVING THE EPIDEMIC

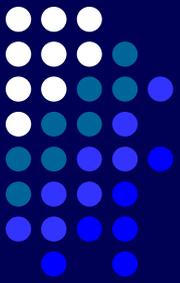


- Early initiation of sexual activity
- Limited life-skills and sex education
- Insufficient condom use
- Multiple sex partners
- Stigma and Discrimination
- Commercial and transactional sex
- Substance abuse: crack/cocaine, alcohol
- Men having sex with men & homophobia
- Gender inequity and gender roles

Health System challenges



- Health Work Force
 - Lack of Pharmacists
 - Nurses
 - Medical technologists
- HIV Testing and Partner Notification
 - Limited Partner Notification Programmes
 - Limited capacity to provide counselling
 - Limited response to Domestic Violence
 - Limited testing (25%) of Hospital Admissions
- Inadequate Health Systems to facilitate M&E
 - HIS Hardware and Software in Key areas
 - ARV& adherence tracking
 - Drug Resistance Surveillance (TB&HIV)
 - Health Information – lack of computerization of key areas and the need to improve in security and confidentiality



Jamaica's Response

The Way Forward to universal Access

Highly Active HIV Prevention



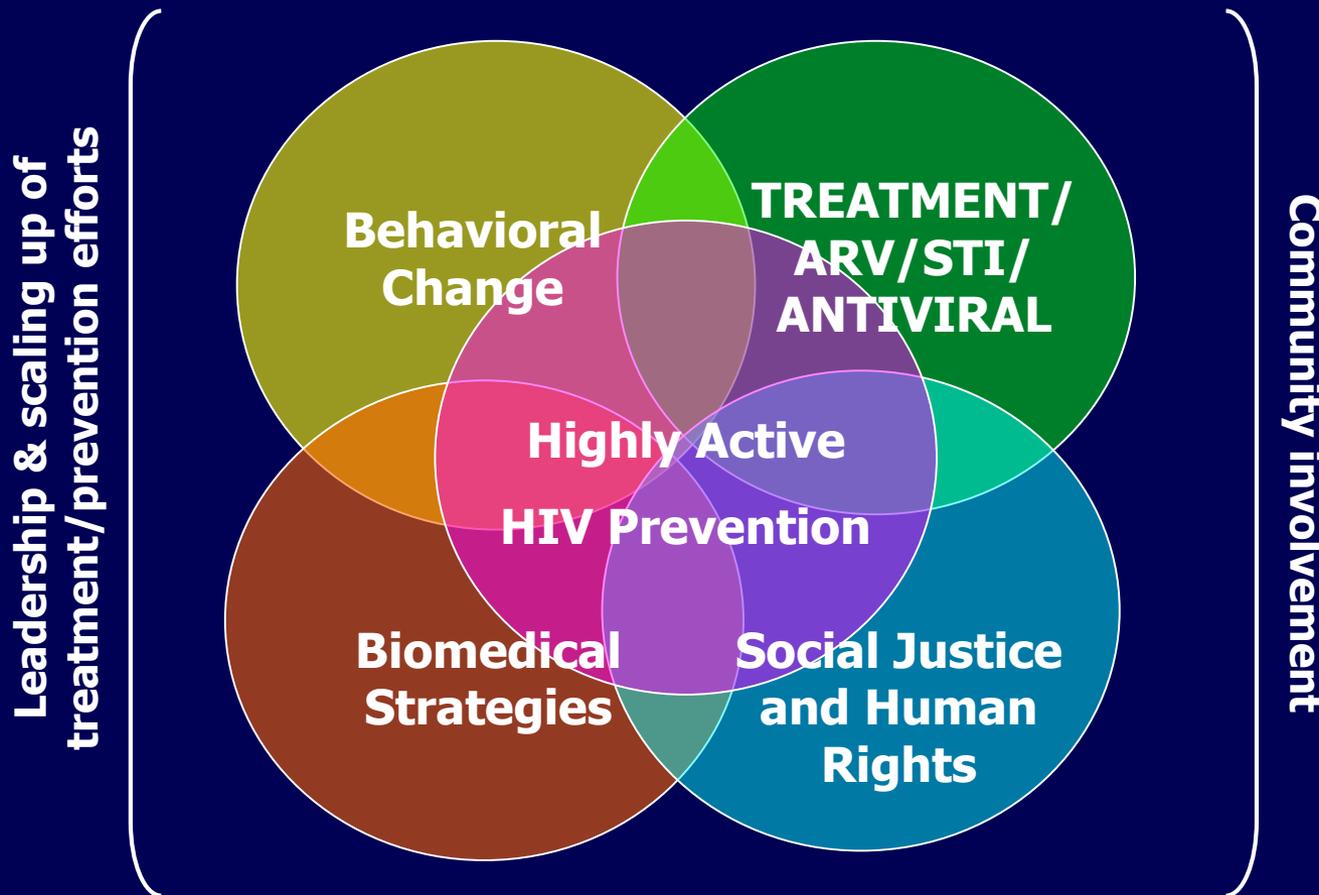
Strategic Way Forward 2007-2012

Goal

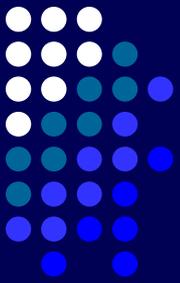


- Universal access to Prevention, treatment care and support services

Combination Prevention



Strategic Areas 2007-2012



- Prevention
 - Building Capacity for HIV prevention in all sectors
 - Structured targeted interventions among vulnerable populations- MSM, CSW & IEW
 - Comprehensive HIV/AIDS response in the Education sector
- Treatment Care and Support
 - Testing
 - HAART
- Enabling Environment and Human Rights
 - Amendment of the Public Health Act
 - Anti-discrimination Legislation
 - Stigma reduction activities



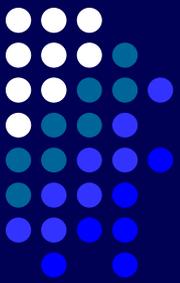
Strategic areas

- Empowerment and Governance
 - Strengthened capacity and commitment of the Health Sector
 - Strengthened capacity of other key sectors
 - Three ones (M&E, Strategic plan, One Authority)
 - Effective Procurement
- Monitoring and Evaluation
 - Comprehensive and standard data collection tools
 - Routine availability and utilization of reports for programme planning



Major Treatment Initiatives

Screening and Diagnostic Services –Target 250,000



- Provider initiated testing at all hospitals
- Integration into other services - Family Planning and Outpatient Clinics.
- Screening of un-booked pregnant women on labour wards.



Treatment and Care – Universal Access to Treatment for 7500 PLWHAs on ARVs

- Scaling up of ARV Therapy by providing access to updated treatment regimes (150 new cases per month)
- Provision of support, targeting 95% adherence
- Strengthening linkages between TB and HIV programmes including prophylactic therapy and TB prevention
- Enhancing STI case management at point of first contact

Policy

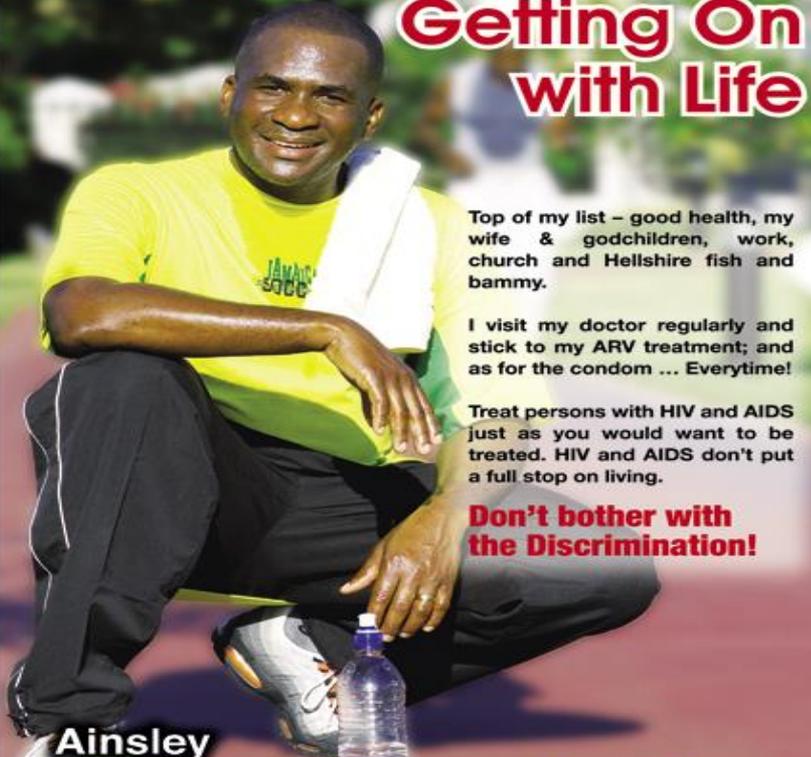


- Advocacy for Supportive Policy and Legislative Framework to
- Facilitate interventions among key populations -MSM,CSW, Youth, Young Men, the Homeless, Drug users, PLHIV etc.



The face of AIDS in Jamaica

Positive, **+ruly** Positive and **Getting On with Life**



Top of my list – good health, my wife & godchildren, work, church and Hellshire fish and bammy.

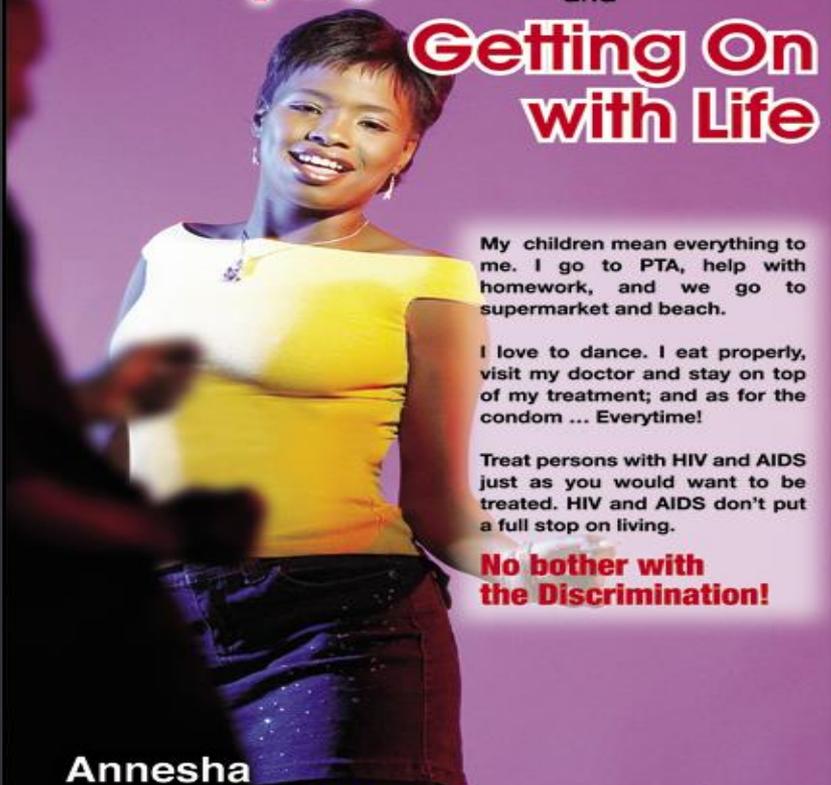
I visit my doctor regularly and stick to my ARV treatment; and as for the condom ... Everytime!

Treat persons with HIV and AIDS just as you would want to be treated. HIV and AIDS don't put a full stop on living.

Don't bother with the Discrimination!

Ainsley
- living with HIV for over 13 years.

Positive, **+ruly** Positive and **Getting On with Life**



My children mean everything to me. I go to PTA, help with homework, and we go to supermarket and beach.

I love to dance. I eat properly, visit my doctor and stay on top of my treatment; and as for the condom ... Everytime!

Treat persons with HIV and AIDS just as you would want to be treated. HIV and AIDS don't put a full stop on living.

No bother with the Discrimination!

Annesha
- living with HIV for over 5 years.

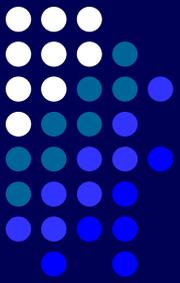


For more information contact the National HIV/STI Control Programme at the Ministry of Health
AIDS/STD Helpline: 967-3830 • Toll free: 1-888-991-4444



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"Investment in AIDS will be repaid a thousand-fold in lives saved and communities held together." - Dr. Peter Piot, Past Executive Director, UNAIDS

Thank You!



Discussion