UNGASS 2010

COUNTRY PROGRESS REPORT

ANTIGUA and BARBUDA

Reporting period: January 2008-December 2009

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TABLE OF CONTENTS

Acknowledgements

The AIDS Secretariat of the Ministry of Health acknowledges the contributions of government Ministries, civil society organisations, including PLHIV networks, NGOs and faith-based Organisations in the preparation of this report.

Information for the report were obtained from reviewing relevant documents, interviewing Stakeholders and convening a meeting with stakeholders

Acronyms

AIDS Acquired Immune Deficiency Syndrome

ABHAN Antigua and Barbuda HIV/AIDS Network

ART Antiretroviral Therapy

ARV Antiretroviral

BSS Behavioural Surveillance Survey

CHAI Clinton Foundation HIV/AIDS Initiative

CHAA Caribbean HIV/AIDS Alliance

CMO Chief Medical Officer

DFID Department for International Development of the United Kingdom

FBO Faith-based Organisation

FSW Female Sex Worker

HIV Human Immunodeficiency Virus

3H Health, Hope and HIV Network

M&E Monitoring and Evaluation

MSM Men who have Sex with Men

NAC National AIDS Committee

NAP National AIDS Programme

NGO Non-Governmental Organisation

OVC Orphans and Vulnerable Children

PLHIV People Living with HIV

PMTCT Prevention of Mother-to-Child Transmission

PSI Population Services International

STI Sexually Transmitted Infections

TB Tuberculosis

UNGASS United Nations General Assembly Special Session on HIV and AIDS

UNICEF United Nation Children's Fund

VCT Voluntary Counselling and Testing

I. Status at a glance

Inclusiveness of stakeholders in the report writing process

The 2001 Declaration of Commitment (Doc) of the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) calls for national periodic reports on the progress of the national response to the HIV/AIDS epidemic. The Government of Antigua and Barbuda has signed up to this commitment. The preparation for the report involved discussions with stakeholders and partners involved in the national response to AIDS as well as a review of relevant documents. The documents reviewed is attached as Annex 1and the list of those who participated in the discussions are attached as Annex 2

Status of the epidemic

In Antigua and Barbuda, since the first case of HIV was diagnosed in 1985 and up to the end of December 2009, the total number of persons who tested positive for HIV was 815, with a male to female ratio of 1:1. The data for the reporting period indicate that the major mode of HIV transmission is through heterosexual contact and that the economically active population as well as persons in the reproductive age group are most affected. A review of the HIV notification by age clearly indicates that the epidemic is concentrated within the age group 15-49 years. Women out number males in the age group 15 – 34years.

Report from the Clinical Care Coordinator office the one facility that offers ART records indicate that in 2008, there were one hundred and five persons with advance HIV, who started taking ART. Fifty-six (56) clients completely adhere to their medication. The number of people who died, stopped treatment or was lost to follow up in 2008 is forty-nine (49).

In 2009, there were one hundred and twenty-six (126) adults and children with advance HIV. The number of adults and children with HIV who received and continued ARV's is ninety-eight. The number of people who died, stopped treatment or was lost to follow up is twenty-eight (28). Deaths from HIV-related causes are among the eight (8) leading causes of deaths in the age group 20-59 years.

The factors that are driving the spread of the epidemic include the following: movement of people because of immigration and migration, sex tourism, commercial sex worker, unprotected sex, gender inequality and transactional sex among the youth seeking additional money because of poverty or the pressure for a fashionable consumer lifestyle.

Policy and programme response

The national response to HIV is under the direction of the Chief Medical Officer and the Permanent Secretary in the Ministry of Health through the functioning of the AIDS Secretariat headed by an AIDS Programme Manager and operates as a unit within the Ministry of Health. The AIDS Secretariat is the coordinating body for all HIV and AIDS efforts and works closely with other government ministries, PLHIV and civil society to implement HIV/AIDS strategies and programmes. It also serves as the focal point for the collection and dissemination of information about HIV and AIDS, other STI and related issues.

In keeping with the Strategic Plan for the National Response to HIV/AIDS 2001-2005 and the Business Plan for the Ministry of Health 2008-2010, the National AIDS Programme has been incorporated into the existing public health infrastructure. Several policies and procedural manuals have been developed to guide the operations of the NAP. Provision has been made for the establishment of the Office of an Ombudsman to deal with issues pertaining to workers rights including those associated with HIV and AIDS.

Prevention

The PMTCT programme put in place has been successful and in the last two years (2008 & 2009), 100% prevention has been achieved. HIV testing is available free for all pregnant women and their partners. The programme has a success rate of 99% of pregnant women who are tested for HIV and those testing positive receive antiretroviral drugs free of cost.

In addition, HIV-positive mothers are given free infants formula and discouraged from breast-feeding. VCT services are 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. HIV testing is provided at private medical offices and private laboratories.

Standard drug kits for managing STI are provided by the Ministry of Health. Condoms are available free of cost at government Health Centres, CHAA and the AIDS Secretariat. They are sold at pharmacies, supermarkets, places of entertainment, the Antigua Planned Parenthood Association and through PSI/SFH.

Treatment, care and support

A Clinical Care Coordinator who heads the Clinical Care Team were appointed in 2005, this appointment serves to standardise and improve the quality of care, treatment and support for PLHIV as well as strengthen surveillance, monitoring and evaluation of the NAP. ARV and opportunistic infection drugs are available at no cost to PLHIV from the hospital pharmacy at the public hospital. Free Specialist is offered covers eye care, ear care, skin care and dental care are given to clients on a need basis.

The Health, Hope and HIV Network (3H Network) and Antigua & Barbuda HIV AIDS Network (ABHAN), are support groups for PLHIV, and are active and continues to work with the NAP in HIV/AIDS educational activities, especially the aspect of putting a face to HIV and AIDS. Caribbean HIV AIDS Alliance (Antigua) a group who target the most at-risk population and educate them on HIV/AIDS, other STI and condom use, continues to work with the AIDS Secretariat and are involved in the response to the AIDS epidemic at a national level.
Activities continued in the following areas:

Treatment care and support interventions

INTERVENTION	**COMMENTS**
Social marketing of condoms	The NAP continues with social marketing of male/female condoms among other prevention commodities.
School-based HIV education for youth	The NAP continues with it collaboration with the Ministry of Education towards ensuring HIV/AIDS education and life-skills are delivered in all Schools.
Voluntary Counselling and Testing	The NAP continues with is training and health care providers and staff development.
Programmes for sex workers	Caribbean HIV/AIDS Alliance and Gender Affairs continues it collaboration with the NAP in the area of programming for CSW.
MSM and other most-at-risk populations	Caribbean HIV/AIDS Alliance continues it collaboration with the NAP in the area of programming for CSW.
HIV counseling and testing community outreach	The NAP has intensified its efforts in providing expanded services for the country population through outreach programme at community level
Blood safety	The laboratory continues to ensure quality assurance is achieved.
PMTCT	The Country High Risk Clinic continues with its PMTCT service provision for HIV Positive mothers.

Programmes to ensure safe injections in health care settings	There is no reuse policy of needles and syringes
Mechanism to ensure that PLHIV receive appropriate medical care, home care and supportive palliative care	The NAP continues its work in collaboration with the Health, Hope and HIV Network (3H Network) and Antigua & Barbuda HIV AIDS Network (ABHAN) thus ensuring PLWHA receive needed and appropriate care. There is a Human Rights Desk to report violation of HIV positive persons

International, non-governmental and national agencies continue to provide support for the NAP through grants, loans and technical cooperation.

Overview of UNGASS indicator data

INDICATORS	ACHIEVEMENTS
1. Domestic and international AIDS spending by categories and financing sources	Government. Expenditure – 2008 - EC $702.000.00 2009 - EC $700.000.00 • Global Fund Project – EC $355, 053,07 (expenditure during fiscal year Jan 1, 2008 – Dec 31, 2009). **Exchange rate: EC $2.7 = US $1**

Policy Development and Implementation Status

2. National Composite Policy Index	See Annex 2

National Programme

3. Percentage of donated blood units screened for HIV in a quality assured manner	• 2006 – 32.8% • 2007 – 31.9% • 2008 – 100% • 2009 –100%
4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	• 2006-2007 - 60% - (88 out of 148 adults and children) • 2008 - 53.3% -(56 out of 105 adults and children) 2009 - 77.8% - (98 out of 126 adult and children)
5. Percentage of HIV-positive pregnant women who received antiretroviral therapy to reduce the risk of mother-to-child transmission	• 2006 – 83% • 2007 – 60% • 2008 –100% (2 positive clients) • 2009 –100% (1 positive clients)
6. Percentage of estimated HIV-positive incident TB cases that received treatment	• 2008 - No HIV positive patients had TB 2009 – No HIV Positive patients had TB

for TB and HIV	
7. Percentage of women and men aged 15-49 years who received an HIV test in the last 12 months and who know their results	No population surveys have been done, since 2005 – 2006. • 15-24 yrs – 8% • 25-49 yrs – 17% However data from NAPS shows in 2008 – 3.19 % (1,357 persons in this age group 502 males and 855 female) 2009 - 3.54 % 2009 (a total of 1555 persons in this age group 525 males and 1030 females) received an HIV test and know their status.
8. Percentage of most-at-risk populations (female sex workers) that have received an HIV test in the last12 months and who know their results	• For 2008 and 2009 Data not available
9. Percentage of most-at-risk (female sex workers) populations reached with HIV prevention programme	Data not available from BSS or population survey. However data collected by the NAP from CHAA Quarterly report indicate a reach of 1.97% in 2008 and 4.69% in 2009
10. Percentage of orphaned and vulnerable children aged 0–17 years whose households received free basic external support in caring for the child.	• For 2008 and 2009 Data not available
11. Percentage of schools that provided life skills-based HIV education in the last academic year	• 85% HFLE coverage in schools

Knowledge and behaviours

12. Current school attendance among orphans and among non-orphans aged 10–14 years	• Not relevant for the country as education is free and compulsory for all children between the ages of 5 and 16 years
13. Percentage of young women and men aged 15–24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	15 -24 yrs – 48% No BSS has been done since 2005- 2006
14. Percentage of most-at-risk populations (sex workers) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	For 2008 and 2009 data not available due to BSS not done since 2005-2006.
15. Percentage of young women and men aged 15–24 years who have had sexual intercourse before the age of 15 years	2005 – 2006 - 15 – 24 years 25% NO BSS done 2008 and 2009 Data not available.
16. Percentage of adult (women and men)	Data for 2006 and 2007 indicates

aged 15–49 years who have had sexual intercourse with more than one partner in the last 12 months	• 15-24 yrs – 41% • 25-49 yrs – 14% In 2008 and 2009 Data from National risk assessment indicates 15 – 49 yrs - 1.5% reported as having had more than one partners.
17. Percentage of women and men aged 15–49 years who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	• 15-24 yrs – 8% • 25-49 yrs – 17% For 2008 and 2009 Data not available.
18. Percentage of female and male sex workers reporting the use of a condom with their most recent client	• For 2008 and 2009 Data not available
19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	• For 2008 and 2009 Data not available
20. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	For 2008 and 2009 Data not available.
21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they Injected	For 2008 and 2009 Data not available.

Impact

22. Percentage of young women and men aged 15–24 years who are HIV infected	• 2006 – 0.07% (9 out of 13,586 pop. 15-24 yrs) • 2007 – 0.08% (11 out of 13,841 pop. 15-24 yrs) • 2008 – 0.14% (20 of 14,099 pop. 15-24 yrs) • 2009 – 0.07% (10 out of 14,362 pop. 15-24 yrs)
23. Percentage of most-at-risk populations who are HIV infected	• Data not available
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	• 53.3% (56 out of 105 persons with advanced HIV infection are on ARV drugs)
25. Percentage of infants born to HIV-infected mothers who are infected	• 2008 – 0% - 5 babies tested= 5 Negative 0 positive 2009 – 0% - 5 babies referred for testing = 2 negative 3 results outstanding.

II. Overview of the AIDS epidemic

Antigua and Barbuda, a three-island chain comprises the inhabited islands of Antigua (108 square miles), Barbuda (68 square miles) and the uninhabited island of Redonda (½ square mile) which is a nature reserve. Known as the 'gateway to the Caribbean' since the end of the 18th century because of its advantageous location, Antigua and Barbuda is considered a minor transshipment port for the illegal passage of narcotics bound for the US and Europe. It appears that the existence of this gateway has had an impact on drug use and other social behaviours, especially among the country's youths.

The economy depends heavily on tourism for foreign exchange, employment and government Revenue. This dependence, coupled with the introduction of casinos and gambling spots, has resulted in the growth of sex work. The 2001 Census of Population and Housing projected a resident population for the years 2008 of 87,506 with a male estimate of 41,095 and female of 46,411 and 2009 of 89,138 persons with a male estimate of 41,861 and a female of 47,277 respectively.

The estimated resident population for 2010 is projected to be 90,801 persons (42,642 males and 48,159 females). In 2008 and 2009, life expectancy was estimated at 69.5 years for males and 74.4 years for females. In 2008 and 2009, the crude birth rate was 16.43 and 15.69 infant per 1,000 populations; infant mortality rate 17.39 and 15.73 per thousand live births; the crude death rate in 2006 was 5.9 per 1,000 population; maternal mortality rate of 0.00 and 1.43 per 1000 population and the Total Fertility Rate was 61.02 and 58.76.

Approximately 18.3% of the population lives in poverty of which 3,144 or 3.7% were indigent, while 12,341 0r 13.84% were poor but not indigent. The Health Information Division data rank deaths from HIV-related causes among the eight (8) leading causes of death.

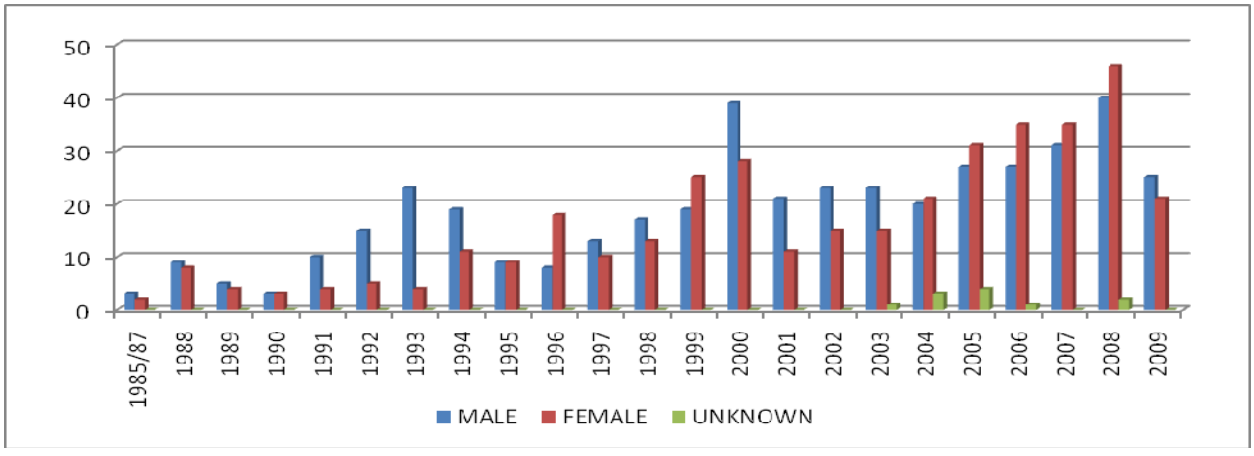
The health system is finance through public taxation, levies, private insurance and the Social Security Fund. User fees, the main source of revenue in the private sector, have a negligible role in public sector financing. During the period 2008-2009, government expenditure on health averaged 8.8% and 10.2% of the national budget respectively, the recurrent expenditure in health in 2008 was EC $91,375,885.00 and 2009 was EC $85,848,545.00 the estimated recurrent, International, non-governmental and national agencies continue to provide technical and financial support for the NAP.

The first case of AIDS was reported in December 1985 in a homosexual male and since then and up to the end of December 2009, a cumulative total of 815 persons have tested positive for HIV and a cumulative total of approximately 201 persons have died from AIDS-related causes, giving a 24% case fatality rate. AIDS is the eight leading cause of death in Antigua & Barbuda. Since the advent of free ART in September 2004, the death rate among HIV-positive persons who access care and treatment and adhere to their medication has shown a slow progression to AIDS and death due to AIDS related illnesses. Heterosexual transmission remains the leading mode of HIV transmission.

The available data indicate that the economically active population is most affected by the AIDS epidemic with the majority of notified cases of HIV occurring in persons between the ages of 15 and 49 years. In most age group women out-number men among HIV-positive Persons (see figure 3 and four) and among the reported cases of AIDS, there are more males compared to females. Anecdotal evidence suggests that the most at-risk groups are the youth, MSM and FSW.

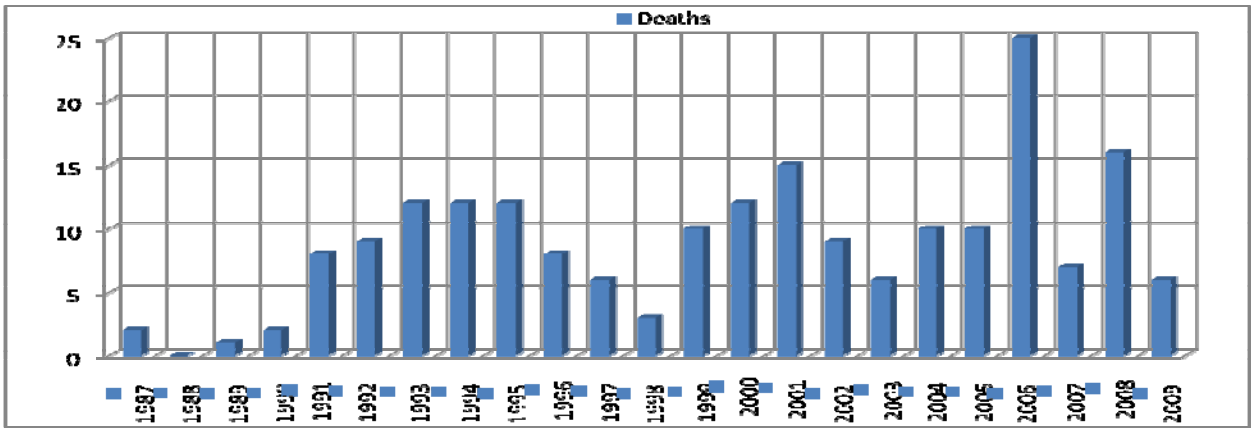
There has been a steady exponential increase in the cumulative number of people infected with HIV over the years. This is likely due to the increase in the number of new infections as well as the decrease in the mortality in those infected since the introduction of an ART programme. There has been a drop in 2009 which if sustained in the coming years will be attributed to behaviour change as a result of the information, education and communication programmes.

Figure one (1) below shows total number of HIV Cumulative Cases from 1985 to 2009 was 815 of that amount approximately 52.65% or 429 cases were Males, 45.95% or 374 were Females while 1.40% or 11 were Unknown.



Source: AIDS Secretariat – Ministry of Health, Social Transformation and Consumer Affairs

Figure three (2) below shows total number of HIV/AIDS related Deaths in Antigua and Barbuda from 1987 to 2009 were 201. For a peak in 2006, there has been a rapid drop in the number of deaths, which is a result of the effective establishment of a treatment programme.

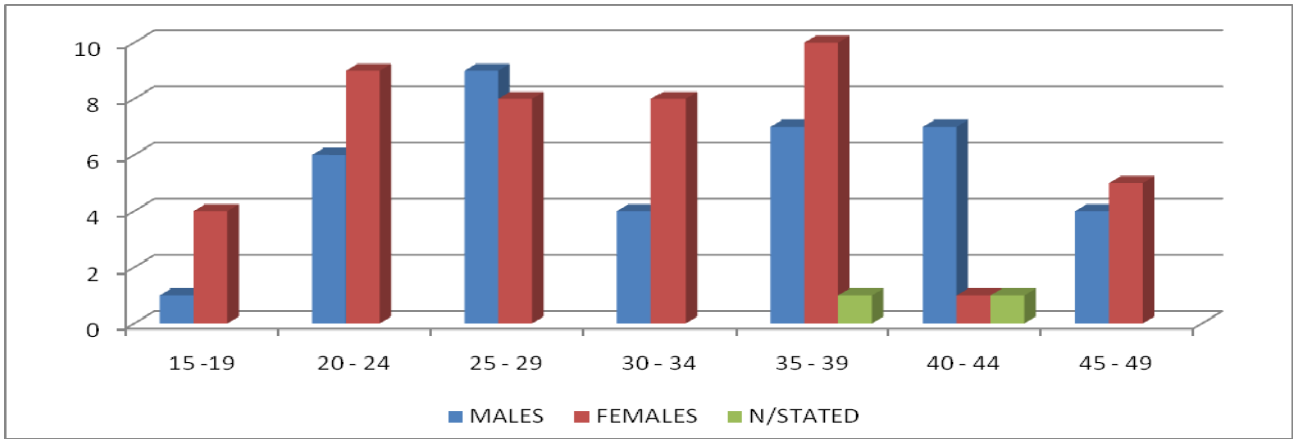


Source: AIDS Secretariat – Ministry of Health, Social Transformation and Consumer Affairs

For the period 2008 -2009, there were one hundred and thirty-four (134) reported cases of HIV. There were sixty-five (65) males and sixty-seven (67) were Females. In two cases, the sex was not stated. The majority of persons with HIV infection are in the Age group 15-49. Of the were one hundred and thirty-four (134) confirmed HIV cases, one hundred and twenty-five (125) persons were between the ages of 15-49 years and of these 58 persons were males and 67 persons were females; eight persons were over the age of 49 years and there were 0 children in the age group 0-14 years. Two persons the ages are not stated. The data also showed that the number of reported HIV cases is higher in women than in men.

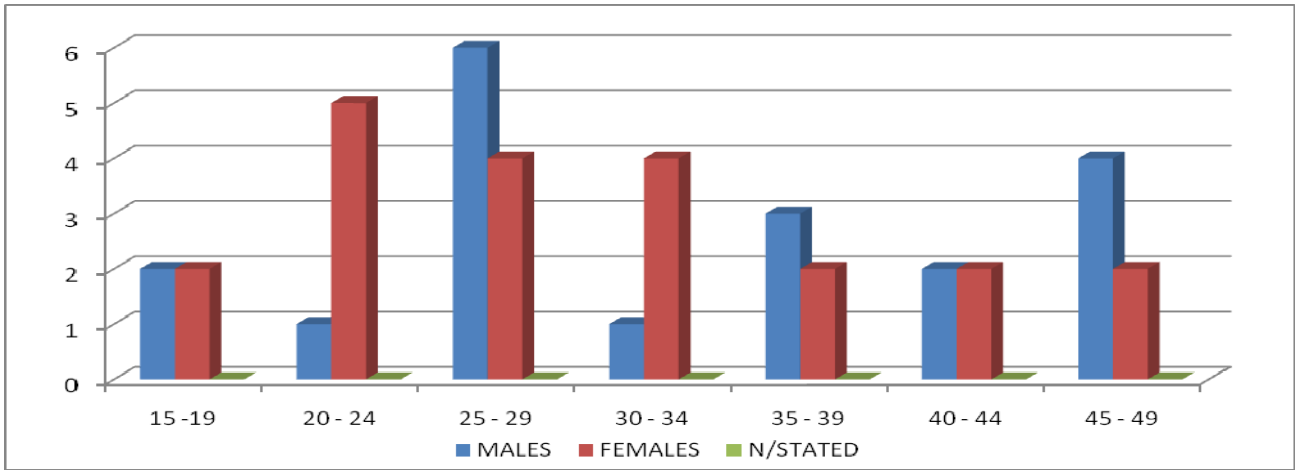
Between the ages 15 - 24 years, there are a greater proportion of females infected than males. This is likely due to girls having more opportunities for high-risk activities like commercial sex work, transactional sex, and inter-generational sex. Females are also physiologically more vulnerable to infection than males.

Figure three (3) below shows total number of HIV reported Cases in 2008. There were eighty-eight (88) cases of HIV, 96.5% or 85 cases were found to be in the age group 15-49 years.



Source: AIDS Secretariat – Ministry of Health, Social Transformation and Consumer Affairs

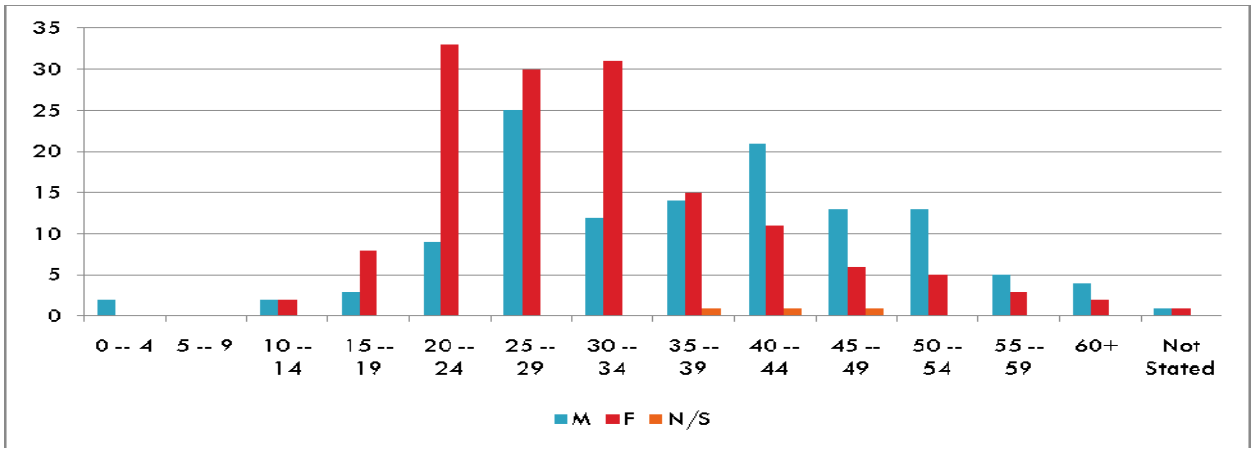
Figure four (4) below shows total number of HIV Cases in 2009. There were forty-six (46) of HIV, 86.95% or 40 cases were found to be in the age group 15-49 years.



Source: AIDS Secretariat – Ministry of Health, Social Transformation and Consumer Affairs

The graph shows a trend of higher female infections up to the age of 30 years this is due to the reasons outlined. The higher ratio of males to females after this age is likely due to their increased high-risk behaviour because of transactional sex, MSM, intergenerational sex and the culture, which make it fashionable to have multiple sexual partners.

Figure five (5) below shows distribution of HIV cases by age group 15-49 years from 2005-2009.



Source: AIDS Secretariat, Ministry of Health, Social Transformation and Consumer Affairs

Data for newly diagnosed cases of AIDS are not available. Information on hospitalisation of Persons with advanced HIV infection indicated that thirty-four (34) persons were hospitalised in 2008 and 31 persons in 2009. Of these persons hospitalised, there were sixteen (16) deaths in 2008 and seven (7) deaths in 2009.

Screening tests for HIV in 1998 indicated a sero-prevalence rate of 0.92% among pregnant women. Based on voluntary counseling and testing, the average sero-prevalence rate among pregnant women who agree to be tested in 2007 - 1.6%, 2008 - 0.17% and 2009 - 0.10% respectively.

Persons attending antenatal clinics, at which HIV screening is carried out routinely, represent the only sentinel population that has been monitored. The table below shows the percentage of HIV-positive persons attending antenatal clinics 2008-2009.

Table one (1) shows the number pregnant women tested for HIV at Antenatal Clinic (ANC)

PMTCT	**2007**	**2008**	**2009**
No. tested	186	1112	989
No. positive	3	2	1
HIV pos. %	1.6	0.17	0.10

Source: AIDS Secretariat, Ministry of Health, Social Transformation and Consumer Affairs

The percentage of HIV positives among the women tested was highest in 2007 with 1.6% and is lower for the subsequent years. This is in line with the regional estimated prevalence for the Caribbean which was estimated at 1.0% for the ages 15 – 49 by the estimates update for 2009 that is published by UNAIDS.

III. National response to the AIDS epidemic

A. National Commitment and Action

Indicator 1: Domestic and international AIDS spending by categories and financing Sources:

The sources of funds for the NAP are the government, OECS Global Fund Project. For the period 2008-2009, a review of the Antigua and Barbuda's Estimates indicated that Funds for the NAP were allocated as shown below.

Table two (2) shows government financial commitment for the NAP

Year	Amt. allocated	Amt. spent
2008	**776,528.00 ECD**	**702,576.00 ECD**
2009	**703,751.00 ECD**	**700,000.00 ECD**

Source: AIDS Secretariat, Ministry of Health, Social Transformation and Consumer Affairs

Information on actual expenditure is not itemised into the categories recommended by UNAIDS and as requests are made to carry out activities of the NAP, funds are released from the Programme Sub-Head of the Annual Estimates of the Ministry of Health. A similar situation exists for funds from the OECS Global Fund Project. However, arrangements have been made for providing periodic reports on expenditure by categories in the Global Fund Project.

For the financial year 2008 to 2009, the Government of Antigua and Barbuda received EC **$440,318.07** from the Global Fund Grant for scaling up prevention, care and Treatment to fight the AIDS epidemic in the OECS. Of this amount EC$**355,053.07** was spent.

Table three (3) shows funds from International Agencies

Source of Funds	Amt. allocated	Amt. spent
OECS Global Fund Project	**$440,318.07**	$355, 053,07

Source: AIDS Secretariat, Ministry of Health, Social Transformation and Consumer Affairs

Eight Audit of the Global Fund Grant were executed through the HIV/AIDS Programme Unit of the Organisation of Eastern Caribbean States (OECS).

Indicator 2: National Composite Policy Index (Areas covered gender, workplace Programmes, stigma and discrimination, prevention, care and support, Human rights, civil society involvement, and monitoring and evaluation):

B. Prevention

Indicator 3: Percentage of donated blood units screened for HIV in a quality assured Manner:

There is one public health laboratory (a department of the Mount St. John's Medical Centre (MSJMC), the only public hospital in Antigua) and four private laboratories. Screening of blood and blood products for HIV and other STI is carried out at the public and private laboratories and reports are submitted to the AIDS Secretariat on a regular basis. The report includes information on age, sex, reasons for requesting the test and the results of the test. The table below shows the number of units of blood collected and screened during 2008 and 2009.

Table five (5) shows number of blood units collected and screened – 2008 and 2009. From the data collected the percentage of donated blood units screened for HIV for 2008 and 2009 was 100% and 100% respectively.

Sources of Referral	**2008**		**2009**	
	Blood screened	**HIV pos.**	**Blood screened**	**HIV pos.**
Blood donors	912	0	907	1
STI patients	71	0	11	3
Antenatal clients	275	0	276	3
Insurance clients	1354	0	1308	17
Total	**2612**	**0**	**2502**	**24**

Source: MSJMC Laboratory quarterly report , Ministry of Health, Social Transformation and Consumer Affairs

Indicator 5: Percentage of HIV-positive pregnant women who received antiretroviral Drugs to reduce the risk of mother-to-child transmission:

During the period 2008-2009, eight health facilities initiated Voluntary Counselling and Testing services - all health centres and the Mount St. John's Medical Centre (MSJMC) in Antigua and the Hannah Thomas hospital in Barbuda. PMTCT Services are provided in conjunction with antenatal services and delivery services and in Antigua, and these services are offered primarily through the antenatal clinic and delivery ward at the MSJMC.

The health centers offer some aspects of the PMTCT services which includes pre-test and post-test counselling; providing HIV-positive pregnant women with counselling on infant feeding and the importance of family planning to prevent HIV transmission; and the provision of prophylactic ARV to the HIV-positive mother and to her newborn (within 72 hours of birth). The information presented is mainly from the hospital's records and is shown in the table below.

Table six (6) shows number of HIV positive women receiving ARV drugs in the PMTCT programme 2008 2009:

	2008	2009
No. of patients seen at Antenatal Clinics	1310	1119
No. of patients pre-test counseled for HIV	234	171
No. of patients tested for HIV	233	171
No. of patients testing positive for HIV	2	0
No. of patients on ART	2	2

Source: AIDS Secretariat, Ministry of Health, Social Transformation and Consumer Affairs

From the data collected, the percentage of HIV-positive pregnant women who received ART in 2008 and 2009 is 100% and 100% respectively.

Indicator 9: Percentage of most-at-risk (female sex workers) populations reached with HIV prevention programmes:

There have not been any Behavioural Surveillance Survey (BSS), or Population Survey to identify the percentage of MARPs who were reached with HIV IEC programmes in 2008 and 2009. However, data captured in Caribbean HIV/AIDS Alliance (CHAA) QRT report to the National AIDS Programme indicates that 1.97 % of MARPs and 4.69% in the general population were reached in 2008 and 2009 respectively.

Table seven (7) below shows number of most at risk population reached in 2008 and 2009 respectively.

Categories	**2008**	**2009**
Number of people reached through HIV prevention activities (Males)	659	1408
Number of people reached through HIV prevention activities (Females)	887	2340
Number of condoms distributed	57,892	185,636

Source: Caribbean HIV/AIDS Alliance (CHAA) QRT report

C. Treatment, care and support

Indicator 4: Percentage of adults and children with advanced HIV infection receiving Antiretroviral therapy:

Table eight (8) shows number of adults and children with advance HIV/AIDS receiving ARV therapy.

	2008		**2009**	
	Number	%	Number	%
Advance HIV Cases	105	12.9	126	15.5
Number Adhering to ARV	56	53.3	98	77.7
Number Lost to follow-up	33	31.4	22	17.5
Deaths	16	15.2	6	4.8

Source: Clinical Care Coordinator report

The table above indicates an increase in the number of persons accessing and adhering to ARV Therapy in 2009 and shows a decrease in the number of persons lost to follow-up in the corresponding period.

Indicator 6: Percentage of estimated HIV-positive incident TB cases that received Treatment for TB and HIV:

Report from MOH indicated that there were no reported cases of HIV positive client with co-infection of TB. WHO estimates that the incidence was zero in 2008.

Indicator 10: Percentage of orphaned and vulnerable children aged 0–17 whose households receive free basic external support in caring for the child:

Although there are reports that there are orphans and vulnerable children (OVC) resulting from the AIDS epidemic in Antigua and Barbuda there are no records or official data to confirm these Reports. Presently there are three HIV orphans in government care.

Indicator 11: Percentage of schools that provided life skills-based HIV education in the last academic year:

The education system in Antigua and Barbuda comprises 54 public schools and 43 private Schools. During the period 2005-2009 Antigua and Barbuda has been participating in a UNICEF and CARICOM- funded HFLE project.

- Thirty two (32) government primary schools have more than 30 hour per academic year
- Ten (10) government junior secondary schools have at least 3 sessions per week of 35 minutes duration.
- Eleven (11) Government Secondary Schools form 1-2 have least 1 sessions per week of 35 minutes duration

Presently HFLE have coverage in our schools is 85%.

(***Source Ministry of Education, Sports, Youths & Gender Affairs)***

Indicator 12: Current school attendance among orphans and non-orphans aged 10–14 Years

In Antigua and Barbuda, education is free and compulsory for all children aged 5 to 16 years. Therefore, the indicator is not relevant for the country.

Knowledge and behaviour change

Indicator 7: Percentage of women and men aged 15-49 who received an HIV test in the Last 12 months and who know their results

Although there have been no BSS or Population Survey has being done since 2006, data collected from the NAPS shows that in 2008 a total of 3.19 % (1,357 persons 502 males and 855 female) and 3.54 % in 2009 (a total of 1555 persons 525 males and 1030 females) of the age group15 – 49years have being tested and know their results.

Indicator 8: Percentage of most-at-risk populations (female and male sex workers), that have received an HIV test in the last 12 months and who know their results.

Table nine (9) shows number of persons who received HIV test in 2008 and 2009.

CATEGORY	2008	2009
Number of persons	340	2476
percentage	0.43%	3.1%

Source: Caribbean HIV/AIDS Alliance (CHAA) QRT report

There are no official records containing information on the use of the health services by most-at risk populations (FSW) as they are included in the general population with respect to health care services. Data for this indicator are not available.

Indicator 13: Percentage of young women and men aged 15–24 years who correctly Identify ways of preventing Sexual Transmission of HIV and who reject Major Misconceptions about HIV Transmission.

The information for this indicator is from a Behavioural Surveillance Survey (BSS) in six Countries of the Organisation of Eastern Caribbean States (OECS) 2005-2006 No other BSS has being done so there are no new data available. Antigua and Barbuda is included in the six countries. The findings of the survey indicate that 48% of the Population aged 15-24 years identified correctly ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission.

Indicator 14: Percentage of most-at-risk populations (sex workers) who both correctly Identify ways of preventing the sexual transmission of HIV and who reject Major misconceptions about HIV transmission.

The pilot Behavioural and HIV Sero-prevalence Surveillance (BSS) Survey among MSM and FSW in Antigua and Barbuda and St. Vincent and the Grenadines was not completed as the Methodology used was not able to reach a sufficient number of participants.

Indicator 15: Percentage of young women and men aged 15–24 years who have had sexual intercourse before the age of 15 years

Information from the BSS survey 2005-2006 indicates that 25% of the respondents in the age group 15-24years had sex (oral, vaginal or anal penetrative sex) before the age of 15 years. No other BSS was done since 2006 so no new data is available.

Indicator 16: Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months

Although no BSS or Population Survey has being done since 2006 data collected from the Risk reduction forms at the NAPS shows the number of persons with more than one partner.

Table ten (10) below shows men and women who have had more than one partner in the last twelve months by category. According to the data collected 40% of persons had only 1 partner in the last year and the next table (indicator 17) on condom use shows that 8.5% always use a condom–this shows that there is likely to be a significant proportion of people who have had sex with more than one person who are not using condoms frequently.

	NUMBER OF PARTNERS BY CATEGORY				
Age Group	**1**	**2 -- 4**	**5 -- 9**	**10 -- 20**	**21**
15 - 19	126	108	14	15	11
20 - 24	105	93	35	30	10
25 - 29	156	105	26	27	11
30 - 34	104	86	15	30	25
35 - 39	58	40	44	24	28
40 - 44	78	45	12	24	16
45 - 49	68	36	6	0	0
	695	**513**	**152**	**150**	**101**

Source: AIDS Secretariat, Ministry of Health, Social Transformation and Consumer Affairs

Indicator 17: Percentage of women and men aged 15–49 who had more than one sexual Partner in the past 12 months reporting the use of a condom during their last Sexual intercourse

The BSS survey (2005-2006) indicate that 60% of respondents in the age group 15-24 years and 53% in the age group 25-49 years reported using a condom the last time they had sexual Intercourse.

Table eleven (11) below shows men and women who have used condoms in past twelve months in 2009 in age group categories. Accordingly, data collected from the Risk reduction forms at the NAPS shows the number of persons reporting the use of condoms with each sexual encounter.

	FREQUENCY OF CONDOM USE BY CATEGORY			
Age Group	**Always**	**Usually**	**Sometime**	**Never**
15 - 19	45	32	75	25
20 - 24	42	41	120	28
25 - 29	43	45	95	54
30 - 34	35	24	82	63
35 - 39	25	16	68	50
40 - 44	17	9	42	52
45 - 49	21	12	42	42
	228	**179**	**524**	**314**

Source: AIDS Secretariat, Ministry of Health, Social Transformation and Consumer Affairs

Indicator 18: Percentage of female and male sex workers reporting the use of a condom With their most recent client

Data for this indicator are not available because of the challenges experienced with surveys in small at-risk populations and as outlined in the pilot BSS survey among MSM and FSW done in 2006. However, data collect from CHAA quarterly report who works with MARPs indicated that 57,892 condoms in 2008 and 185,636 condoms in 2009 were distributed. Please refer to table 7 for additional information.

Indicator 19: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner

Information on this indicator is not available for reasons mentioned above.

Indicator 20: Percentage of injecting drug users reporting the use of a condom the last Time they had sexual intercourse

Information on injecting drug users is not available.

Indicator 21: Percentage of injecting drug users reporting the use of sterile injecting Equipment the last time they injected

As with Indicator 20, information on injecting drugs users is not available.

D. Impact

Indicator 22: Percentage of young women and men aged 15–24 years who are HIV infected

The guidelines in UNGASS data report gathering recommends that data from pregnant women attending antenatal clinics should be used to calculate this indicator. However, the require data for pregnant women using antenatal services is not collected and collated, thus it is not possible to calculate this indicator using data from these clinics. Calculation of the indicator used the numerator as the number of HIV-positive young persons aged 15-24 years in the general population and the denominator as the total number of persons aged 15-24 years in the general population

Table twelve (12) shows the estimated projected population in the age group 15-49 years for 2008 and 2009.

AGE GROUP	2008			2009		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**
All Ages	41,095	46,411	87,506	42,861	48,159	90,801
15 - 24 yrs	6,711	7,388	14,099	6,801	7,525	14,362

Source: 2001 Census of Population and Housing

Based on the 2001 Census of Population and Housing, the projected estimated resident population for 2008 is 87,506 persons comprising the age group 15-24years is 14,099 comprising of 6,711 males and 7,388 females; for 2009 the estimated resident projected is 90,801 persons comprising the age group is 6,801 males and 7,255 females.

For the period 2008 to 2009, there were 134 persons testing positive to HIV. Data collected from the MSJMC Lab indicate that there were 88 persons tested positive to HIV in 2008, twenty (20) young women (13) and men (7) tested positive in 2008. In 2009, 46 persons tested positive to HIV, ten young women (7) and males (3) tested positive.

For the period 2008 to the end of December 2009, the percentage of persons aged 15-24 Years who were infected with HIV in 2008 is 0.14% (20 persons) and 2009 0.06% (10 persons) respectively.

Indicator 23: Percentage of most-at-risk populations who are HIV infected

* There is no information to report on this indicator

Indicator 24: Percentage of adults and children with HIV known to be on treatment 12 Months after initiation of antiretroviral therapy:

Table thirteen (13) shows number of persons known to be HIV positive and receiving is ARV treatment, it also shows an increase of 24.4% over what was seen in 2008.

	2008		2009	
	Number	%	Number	%
Number Adhering to ARV	56	53.3	98	77.7

Source: Clinical Care Coordinator report

Indicator 25: Percentage of infants born to HIV-infected mothers who are infected:

There were no infant born to HIV infected mothers who are infected. In 2008 and 2009, ten babies were tested for HIV DNA PCR. Seven (7) tested negative and three results are outstanding.

IV. Major challenges to achieve the UNGASS targets

The AIDS response for Antigua and Barbuda identified the following challenges in carrying out activities of the NAP 2008-2009:

CHALLENGES	RECOMMENDATIONS
Programme Coordination and Management	
1. An out-dated National Strategic Plan which was developed in 2001 for the period 2002-2005.	1. Strengthen the structure of governance of the NAP by reappointment of the National AIDS Committee.
2. Lack of skilled and appropriately trained staff to collect and analyze the data collected by the NAP efficiently and effectively.	2. Develop and cost a new five-year National Strategic Plan for the period 2010-2015
3. The Lack of a monitoring and evaluation officer at the naps to collect empirical data on the HIV epidemic and disseminate it on at regular and timely intervals to the general	3. Ensure that human resource capacity in the public sector is sustained.

public.	
4. Fragmentation of services	4. Strengthen collaboration and coordination of services between partners in the public and private sectors with greater involvement of civil society in the design and implementation of the NAP.
	5. Integrate gender issues into the HIV/AIDS policies and programmes (all components of the NAP).
Policy and Legislation	
1. Unavailability of updated policies, guidelines and protocols on HIV and AIDS.	1. Build an enabling framework of legislation and rights by reviewing and revising existing policies and laws relating to insurance and HIV testing; immigration and HIV positive persons; and the protection of human rights including those of prisoners.
2. Lack of legislation to address deliberate and reckless transmission of HIV; access to medication by client who are afraid to come forward because of stigma and discrimination; disclosure of HIV status; and access to health services by youth.	2. Revise and update the existing Policy Framework on HIV/AIDS and disseminate widely to all stakeholders involved in the response to AIDS.
3. Lack of anti-discriminatory legislation for the protection of PLHIV especially with respect to housing and employment.	3. Review and revise existing policies and programmes which relate to access to health services by youth; the deliberate and reckless transmission of HIV; access to medicines; and disclosure of HIV status.
4. The need to remove de-criminalize laws on buggery and prostitution	4. Revise the Labour Code to include policies on HIV and AIDS.
5. Lack of knowledge about the monitoring mechanism to promote and protect human rights as it relates to HIV and AIDS.	5. Implement the HIV/AIDS Workplace policy in private sectors.

	6. Develop anti-discriminatory legislation by revising existing legislation and policies that promote or reinforce stigma and discrimination. Decimalization of buggery and prostitution laws.
	7. Promote the existence of a Human Rights desk.
HIV Education and Prevention	
1. Lack of information or the misconceptions related to drug use and risky sexual behaviour such as early sexual experience and multiple partners among the youth.	1. Develop an effective behaviour change programme for the population through a comprehensive BCC Strategy which aims to bring about lifestyle changes in the population.
2. Lack of applying knowledge about HIV, and its link with substance abuse and sex, to personal life and behaviour especially among the youth.	2. Design and disseminate age-appropriate messages using various art forms; involving target populations and popular artistes (especially in the music industry) in the design of these messages.
3. Methods used to transmit preventive messages are viewed as inadequate and do not have the desired impact on youth.	3. Ensure that messages (posters and brochures) are displayed in non-traditional outlets and places frequently used by the population.
4. Limited use of popular artistes and other art forms to disseminate information about HIV and AIDS	4. Train teachers in sexual and reproductive health so that they can discuss these topics comfortably with students.
5. Discomfort among some teachers in discussing sexual and reproductive health with students.	5. Improve the coverage of PMTCT by meeting the minimum requirements for facilities providing PMTCT services. The components of routine PMTCT for a facility include: • HIV testing with pre- and post-test counselling; • ARV prophylaxis for the mother

	and new-born; • Infant feeding counselling; and • Provision of family planning services.
6. Limited promotion of the female condom as a barrier method for preventing HIV transmission and other STI among sexually active individuals.	6. Provide standardized VCT services at easily identifiable sites.
7. Limited finance to purchase condoms for distribution to the general public.	7. Improve collaboration between the agencies involved in the distribution of condoms.
8. The high cost of testing reagent to continue offering the general public free and confidential HIV testing.	8. Increase the number of sites for the distribution of condoms using non-traditional outlets.
Treatment, care and support	
1. Fragmented treatment and care services for PLHIV especially in the areas of monitoring and follow-up care.	1. Establish a comprehensive treatment, care and support unit for PLHIV.
2. Breaches in confidentiality regarding disclosure of HIV status. This acts as a deterrent for HIV testing and for treating HIV-positive persons with ARV drugs.	2. Establish a system for follow-up care for PLHIV on ARV drugs in the 3H foundation.
3. Lack of youth-friendly services.	3. Re-establish services for adolescents and youth in a user-friendly environment.
4. Low uptake of HIV testing, with more women than men being tested.	4. Provide standardised services for inaccessible vulnerable groups in a more comfortable environment.
5. Unwillingness of male and female sex workers to attend clinics for VCT services.	5. Conduct an island-wide assessment of OVC as well as develop and implement policies for the management of OVC.
6. Lack of knowledge about OVC.	6. Strengthen and coordinate services for OVC involving relevant agencies e.g. Big Brother/Big-Sister Association and the Child and Family Guidance Centre.

7. Under-use of VCT services and Care and treatment by nationals.	7. Develop systems and train staff to ensure high-quality HIV testing and counselling services.
8. Limited number of trained staff to provide ART services and a low number of HIV positive clients accessing available services.	
Monitoring and Evaluation (M&E)	
1. Lack of a Monitoring and Evaluation System which will provide technical assistance to ministries and agencies to maintain applications of Operational and Procedural manuals; as well as provide quality management of information.	1. Establish a Monitoring and Evaluation Framework and System to track the performance impact of the NAP as well as provide evidence-based information to local Stakeholders for decision-making and to international donors for funding.
2. Lack of a monitoring and evaluation officer assigned to the National programme	2. Improve M&E skills (capacity building).
3. Lack of funds to conduct population surveys, BSS and research associated with vulnerable and most at-risk groups including Youth, MSM, CSW, orphans and vulnerable children in the population.	3. Develop procedures and guidelines for the M&E Framework so that the efficiency and effectiveness of interventions of the NAP can be documented and reported.
	4. Request technical support to develop the M&E Framework and System.
	5. Strengthen the data collection process of the NAP - ensure that information is collected, collated and disseminated on a timely basis to local, regional and international partners/ stakeholders involved in the response to AIDS

ANNEXES

1. Documents reviewed
2. List of Participants interviewed

Annex one
Documents reviewed

1. Strategic Plan for the National Response to HIV/AIDS, Antigua and Barbuda, 2002-2005
2. UNGASS Country Report 2005, Antigua and Barbuda
3. Guidelines on Construction of Core Indicators, 2010 Reporting
5. Behavioural Surveillance Surveys (BSS) in Six Countries of the Organisation of Eastern Caribbean States (OECS), 2005-2006.
6. Caribbean HIV AIDS Alliance (CHAA) quarterly reports to the AIDS Secretariat.
7. Antigua and Barbuda population Census 2001.
8. Risk reduction forms for HIV testing at the AIDS Secretariat
9. Living Conditions in Antigua & Barbuda: Poverty in a services economy in Transition (volume 1 August 2007).

Annex two
List of Participants

Name	**Organisation**
Hon. Willmouth Daniel	Minister of Health
Mr. Edson Joseph	Permanent Secretary - Ministry of Health
Mrs. Sara Joseph	Principal Assistant Secretary, Ministry of Health
Dr. Rhonda Sealy-Thomas	Chief Medical Officer
Ms Delcora Williams	Ag. AIDS Programme Manager
Louise Tilistson	Caribbean HIV AIDS Alliance
Mr. Oswald Hannays	HIV Counsellor and Educator
Pas. Karen Brotherson	Health, Hope and HIV Network
Mrs. Brenda Thomas - Odlum	Director Community Development - Ministry of Health
Ms. Shelia Roseau	Director - Directorate of Gender Affairs
Ms. Norma Jeffery	Substance Prevention Officer
Mr. David Massiah	General Secretary – Antigua Workers Union (AWU)
Mr. Wriggle George	General Secretary – Antigua Trades & Labour Union (ATLU)
Mrs. Vernice Mack	President – Antigua & Barbuda Union of Teachers (ABUT)
Mr. John Cole	Coordinator – Anglican Youth Department
Mr. Henderson Bass	Antigua Employers Federation