

COUNTRY PROGRESS REPORT



ANTIGUA AND BARBUDA

REPORTING PERIOD:

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STATUS AT A GLANCE

The inclusiveness of stakeholders in the report writing process:

The Government of Antigua and Barbuda embraces fully to the Millennium Development Goal of 'fighting disease epidemics such as HIV and AIDS' and its specific objectives of: 'having halted by 2015 and begun to reverse the spread of HIV/AIDS; and 'having achieved, by 2010, universal access to treatment for HIV/AIDS for all those who need it'.

The MOH recognises that the Global Response Progress Report reflected programmes and development. These aforementioned positions each country in setting ambitious national HIV & AIDS targets that will reflect the scaling up of HIV prevention, treatment, care and support and move closer to universal access.

Government shares the vision vocalised by the PANCAP Model Condom Policy of protecting 'the rights of all sexually active people in the Caribbean by creating an environment which enables them to acquire condom related information and skills, access and use condoms as an option to prevent the transmission of STIs, including HIV and undesirable pregnancies.

The fulfilment of these objectives demands the involvement of a wide cross section of society such as: Civil Society Organizations - inclusive of FBOs, and Government. Antigua & Barbuda recognises the importance of collaboration between key stakeholder in the development and implementation of HIV programming. A reflection this collaborative partnership is evident in this report as its preparation is the consultative effort of all relevant stakeholders thereby fulfilling of the requirement for a multi-sector approach to HIV Prevention interventions.

The status of the Epidemic:

The first case of HIV was diagnosed in 1985; since then the number of people diagnosed has increased to a cumulative total of 1052 by the end of December 2014. There are slightly more males infected than females with an approximate ratio of 1:1.7. As of the end of 2014 there has been a cumulative 257 AIDS related deaths in Antigua and Barbuda. There were 795 cumulative HIV cases as of December 2014. New HIV cases increased by twenty two (22) cases giving an accumulated total of fifty five (55) new HIV infections.

The HIV epidemic in Antigua and Barbuda can best be characterized as a low-level epidemic with potential for becoming a more concentrated epidemic based on data available. That is, HIV appears not to have reached significant levels in any population that could be considered most at risk for HIV infection. But, data on risk factors and anecdotal information suggest that there is potential for higher prevalence among populations for whom there is no prevalence data available yet. Risk behaviors presumed to be contributing to the HIV and AIDS epidemic include unprotected sex, sex work and transmission among men who have sex with men although, data from integrated biological-behavioral surveillance (IBBS) are needed to confirm these assumptions.

Based on available census data from 2011 it is known that the population in Antigua and Barbuda has grown by 10.14% over the past decade, possibly due to increasing migration rates, particularly among females. Additionally, education and literacy levels are high among the population. Anecdotal view suggests there is almost universal awareness about HIV and AIDS in Antigua and Barbuda, however, there are large gaps in knowledge among young Antiguan and Barbudans based on evidence in terms of who can correctly identify ways of preventing sexual transmission of the disease and reject major misconceptions about transmission.

In terms of commercial sex work, an IBBS was undertaken in the latter part of 2012 among SW on transactional sex and its associations with HIV was undertaken to better understand the scope and nature of transactional sex in Antigua and possible associated risk factors for HIV infection. Preliminary report shows that of the 312 persons studied an HIV prevalence rate of

1.1% was observed which is not very different from the general prevalence among women. The estimated population for FSW in Antigua and Barbuda is 768.

Antigua and Barbuda has had an impressive increase in prevention, care and treatment programs for HIV and AIDS since 2005. Although VCT testing sites are not available in every parish, and given the limited geographic size of the island, access to testing should be readily available to the entire population. The number of people tested through the National AIDS Programme (NAP) programs for HIV in Antigua and Barbuda has been increasing every year.

In terms of care, the primary facility dispensing of ART care is the Mount St John's Medical Centre (MSJMC), the lone public hospital government. The number of persons enrolled in care and treatment services and on ART in Antigua and Barbuda in 2014 is

The PMTCT program in Antigua and Barbuda is strong and the number of pregnant women tested for HIV in 2014 was 1000. The highest proportion of pregnant women being tested for HIV in 2014 was in the age group of 25-34. There were seven cases of HIV, four (4) of which were new cases. The age group with the highest number of HIV-positive pregnant women was 15-34, which is not surprising given these women also, have the highest uptake in services.

Table 1: HIV and AIDS incidence 2014, Antigua & Barbuda.

YEARS	2014
CASES	55
TOTAL POPULATION	89,391
PERCENT incidence*	0.61

Source: AIDS Secretariat- MOH

AIDS RELATED MORBIDITY

The total hospitalization for 2014 was fifty three (males 29, females 24) cases. In 2013, there were thirty nine (males 26, females 13) cases. This shows an increase in HIV related morbidity between the two years. The Ministry of Health over the past year has focused its attention on strategies to target males with HIV prevention messages. This strategy is expected to result in better health-seeking behaviour among our males while increase access to VCT services.

MORTALITY AMONG HIV POSITIVE PERSONS

Table 2: HIV/AIDS Mortality Rate 2013- 2014 Antigua-Barbuda.

Years	No. Cases	Death		TOTAL	Mortality Rate
		F	M		
2013	33	2	6	8	0.36
2014	55	4	10	14	0.61
Total	88	7	16	21	0.98

Source: AIDS Secretariat–Ministry of Health and the Environment.

The policy and programme response:

Antigua and Barbuda remains a signatory to, and compliant with the major international and regional conventions, protocols and agreements dictating the country's response to the HIV and AIDS epidemic. The country continues to acknowledge the new 2011 Political Declaration on AIDS, which affirms the epidemic as a global emergency and one of the most daunting challenges to human existence and dignity.

The Government subscribes fully to the Millennium Development Goal of addressing disease epidemics such as HIV and AIDS and the specific objective of: "having halted by 2015 and begun to reverse the spread of HIV and AIDS.

Further, the AIDS Secretariat- Ministry of Health hosted a consultation to examine the achievements weakness, treat and strength of the HIV response on the 17th and 18th September, 2014. Participants came from partner and stake-holders such as Government, FBO, CBO and NGO, who shared their view regarding the national response.

The National strategic Plan of Antigua and Barbuda 2012 - 2016 maintains the acceptance of the "Three Ones" principles as the appropriate organizational framework for scaling up access to services. These principles aim to achieve the most effective and efficient use of resources and greater harmonization and coordination of the national response through:

- ✓ One agreed HIV Action Framework that provides the basis for coordinating the response for all partners,
- ✓ One National AIDS Coordinating Authority, with a broad-based multi-sector mandate, and
- ✓ One agreed country level Monitoring and Evaluation System.

Government remains firmly committed to the Caribbean Cooperation in Health (CCH) as established by the Heads of Government/CARICOM Secretariat and the enactment of the regional health framework for HIV and AIDS by way of the shared regional actions of PANCAP. As a result, the approach to HIV and AIDS intervention in the country was adapted from the health agenda established in the PANCAP Caribbean Regional Strategic Framework (CRSF) on HIV and AIDS (2014 – 2018). Government continues to share the vision articulated by the

PANCAP Model Condom Policy which protects ‘the rights of all sexually active people in the Caribbean by creating an environment which enables them to acquire information and skills in relation to correct condom acquisition and use as an option to prevent the transmission of STIs, including HIV and undesirable pregnancies.

The methodology used in the preparation of this report involved a consultation, discussions with stakeholders and partners directly involved in the national response to HIV and AIDS as well as a review of relevant documents. The documents reviewed are attached as Annex 2 and the list of those who participated in the discussions are attached as Annex 3.

Antigua and Barbuda remains committed to its mission of substantially reducing the transmission and impact of HIV through sustainable systems of universal access to HIV prevention, treatment, care and support.

Political involvement in HIV and AIDS prevention interventions has increased during the period under review. There is a drive to ensure programme sustainability and the maintenance of an enabling environment. This is driven by the formulation of policies which are supported by the political directorate.

The national response to HIV remains under the direction of the Permanent Secretary and Chief Medical Officer within the Ministry of Health. Activities are conducted through the AIDS Secretariat which is the government’s focal point for HIV and AIDS related matters. The department works closely with other government ministries, PLHIV and Civil Society to implement HIV & AIDS strategies and programmes.

Collaboration between these organisations and individuals continues to enhance the HIV and AIDS advocacy and prevention efforts. The Ministry of Health has collaborated in public-private partnership with different agencies, one of which was with PANCAP, Scotiabank and Caribbean Broadcast Media Partnership (CBMP) to organise annual HIV Regional Testing Day.

Indicator table:

INDICATORS	ACHIEVEMENTS
<p>Target 1. Reduce sexual transmission of HIV by 50% by 2015</p> <p>1.5 HIV Testing in the General Population (GARPR)</p> <p>1.9 HIV testing in sex workers (GARPR, UA,DD)</p> <p>1.16 HIV Testing and counselling in women and men aged 15 and older (UA)</p> <p>1.17.9 Number of men reported with urethral discharge in the past 12 months (UA)</p> <p>1.19.1 Number of HIV cases diagnosed by age and sex from 2010-2014 (UA)</p>	<p>310 FSW were tested for HIV</p> <p>Accessed HIV testing</p> <p>Twenty four (24) were reported</p> <p>238 HIV cases were confirmed</p>
<p>Target 2. Reduce transmission of HIV among people who inject drugs by 50% by 2015</p>	
<p>Target 3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths</p> <p>3.1 Prevention of Mother-to-Child Transmission (GARPR, UA)</p> <p>3.4 Pregnant women who were tested for HIV and received their results (UA)</p> <p>3.11 Number of pregnant women attending ANC at least once during the reporting period (UA)</p>	<p>One Thousand (1000) women were tested</p> <p>Eight hundred and ninety seven (97)</p>
<p>Target 4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015</p> <p>4.2a Twelve-month retention on antiretroviral therapy</p>	<p>Three hundred and thirty six (336)</p>

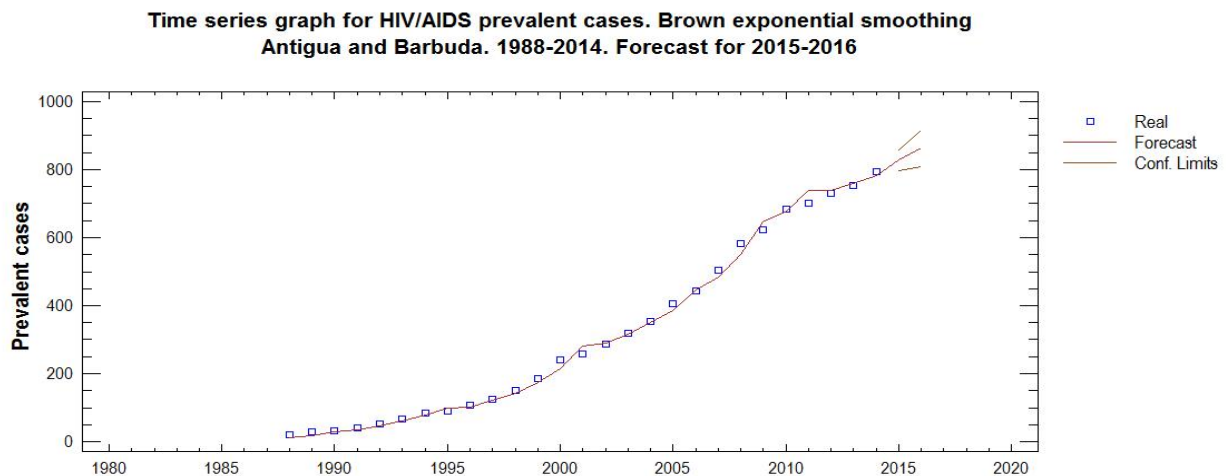
(GARPR, UA) 4.3 Health facilities that offer antiretroviral therapy (UA)	One (1) due mainly because of centralization access of ARV
Target 5. Reduce tuberculosis deaths in people living with HIV by 50% by 2015	
Target 6. Close the global AIDS resource gap by 2015 and reach annual global investment of US\$22–24 billion in low- and middle-income countries 6.1 AIDS Spending (GARPR,DD) 28 UNAIDS <i>Global AIDS response progress reporting 2015</i>	
Target 7. Eliminating gender inequalities 7.1 Prevalence of recent intimate partner violence (IPV) (GARPR)	
Target 8. Eliminating stigma and discrimination 8.1 Discriminatory attitudes towards people living with HIV (GARPR)	
Target 9. Eliminate Travel restrictions	
Target 10. Strengthening HIV integration 10.1 Orphans school attendance (GARPR) 10.2 External economic support to the poorest households (GARPR) Government HIV and AIDS policies P.1b Policy and Programmatic Questions (UA)	

Overview of the AIDS epidemic:

The first case of HIV was diagnosed in 1985, since then the number of people diagnosed has increased to a cumulative total of 1052 by the end of December 2014. There are slightly more males infected than females with a ratio of 1:1.16. As of the end of 2014 there have been a cumulative 257 deaths from AIDS-related illnesses and 795 cumulative HIV cases in Antigua and Barbuda. Additionally the number of new HIV cases has increase from 2013 to 2014 among both males and females, while 2014 on the other hand reflect an increase with 55 new cases documented through the end of December, 2014.

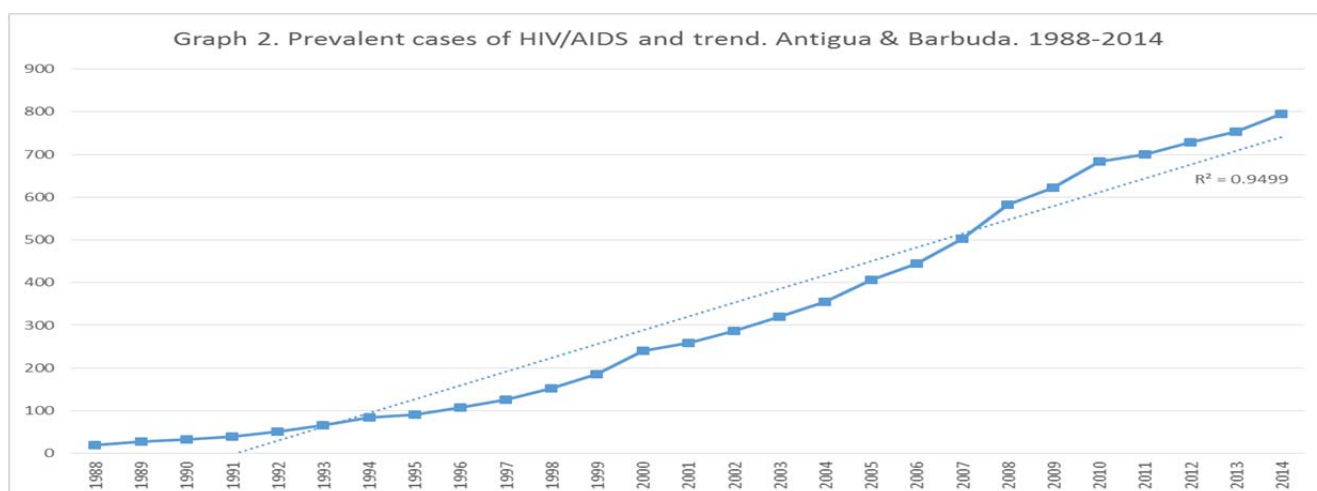
Data from Time Series analysis and forecasting model (Brown exponential smoothing) have shown that HIV/AIDS cases are projected to increase. It is expected that there will be cumulative total of 826 cases in 2015 and 863 in 2016.

Graph 1:



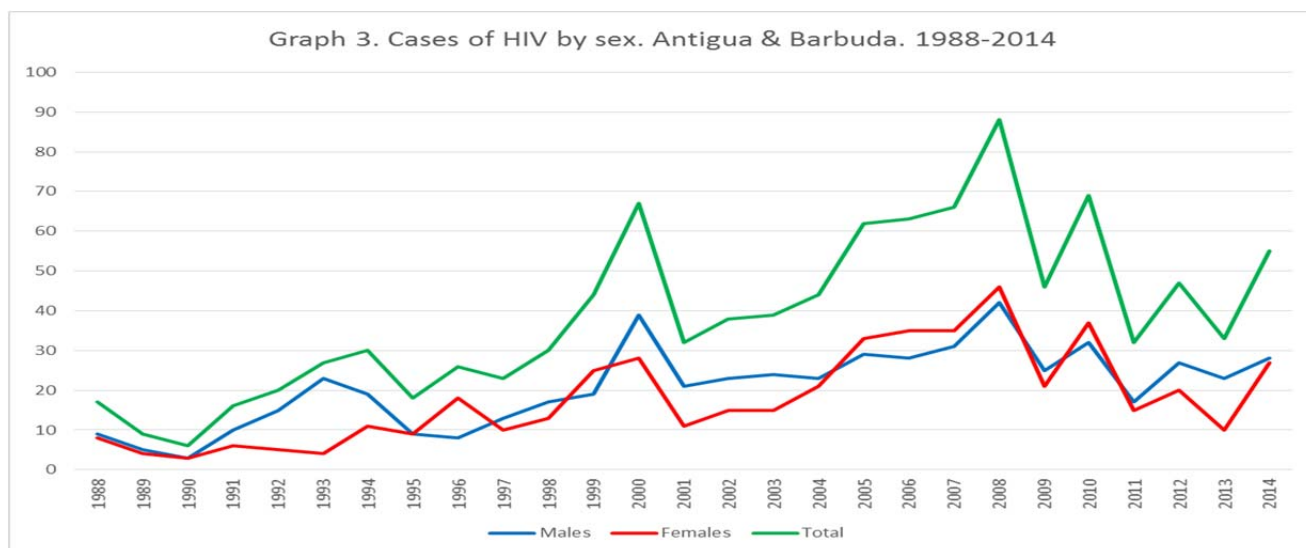
Source: AIDS Secretariat. STATGRAPHICS Centurion XVI.

Graph 2:



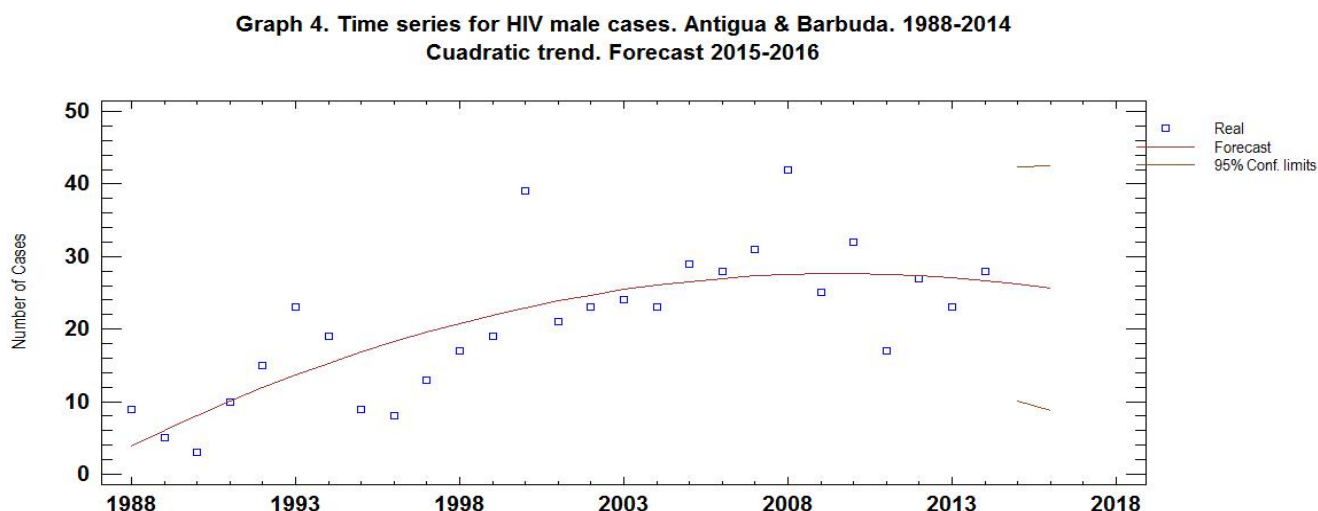
Source: AIDS Secretariat.

As seen in Graph 2, there is a strong trend moving up (linear trend, $R^2=0.9499$), which support the previous analysis. This spoke about the effectiveness of the treatment care in Antigua & Barbuda. The incidence had shown an unstable movement during the whole epidemic, but in the last five years the data is showing a tendency to decrease. This indicates that it is the duration of the disease which is playing a major role in this trend. It is also important to note that the number of People Living with HIV/AIDS is increasing and so does the risk of an increase number of new HIV cases.



Source: HIV Secretariat

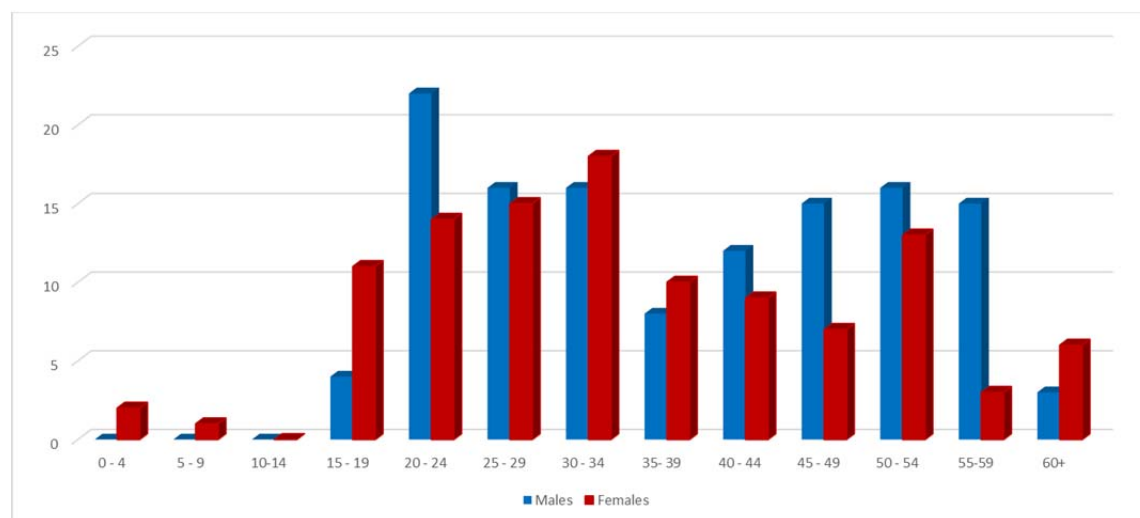
The analysis of the incidence showed an unstable movement of the time series of HIV cases **(Graph 3)**. The trend analysis showed that there were no trend for females and the total population. A more stable movement was found for the male population **(Graph 4)**.



Source: AIDS Secretariat. STATGRAPHICS Centurion XVI.

More male cases were identified for almost all age groups. Females were predominant in the age groups of 0 to 4, 5 to 9, 30 to 34 and 60 years and over. No cases were diagnosed in the age group of 10 to 14 years. **Graph 5**.

Graph 5. HIV cases by age groups, Antigua & Barbuda, 2010-2014



Source: AIDS Secretariat

National Response to AIDS epidemic:

The national response to the HIV epidemic in Antigua and Barbuda constitutes a number of strategic interventions targeted at reducing the spread and impact of HIV through sustainable systems of universal access to HIV Prevention, Treatment, Care and Support.

PUBLIC EDUCATION AND AWARENESS:

Intensive efforts continue to be undertaken to sensitise and increase awareness about HIV and AIDS prevention and control among general and sub populations (MARPs, Migrants, Young Girls, Out of School Youth, and Uniform Services) through sustained outreach activities. Free and confidential HIV counselling and testing were offered and accepted. While a notable increase in uptake of HIV testing was observed, only a marginal increase was seen among men.

BEHAVIOURAL CHANGE COMMUNICATION:

There have been wide spread BCC intervention efforts with civil society partners and other stakeholder involvement, using appropriate BCC activities with culturally sensitive innovative strategies to engage various groups in reducing HIV risk behaviours.

BARBUDA

Increased efforts were made to mobilise the Barbuda community to become more involved in the HIV prevention and control interventions while at the same time enabling them to take ownership of the HIV intervention in their island. In an effort to build capacity and give support the decentralization of HIV services on Barbuda, a number of medical staff were trained in HIV rapid testing.

VOLUNTARY COUNSELLING AND TESTING (VCT)

Voluntary Counselling and Testing (VCT) services remain available free of cost at Eight (8) community health clinics, the National AIDS Programme, Antigua Planned Parenthood Association, Antenatal clinic (MSJMC), Laboratory at MSJMC and Hanna Thomas Hospital

Data accessed from the lab at MSJMC and the national AIDS programme indicates that a total of 5,097 HIV tests were done during the period 2014.

The main driver of the economy is tourism which attracts foreign exchange, increased employment and government revenue. This dependence, coupled with the introduction of casinos and gambling spots, has resulted in the growth of sex work. The 2011 Census of Population and Housing projected a resident population for 2014 to be eighty-nine thousand, three hundred and ninety one (89, 391) comprising of forty two thousand, eight hundred and ten (42,810) or fifty seven percent (47%) males and forty-six thousand, five hundred and eighty one (46,581) or fifty three percent females (53%).

Table 6: HIV Cumulative total 15-49 2013

Age Group	Male	Female	Total
15-19	1	1	2
20-24	2	0	2
25-29	2	4	6
30-34	3	2	5
35- 39	3	0	3
40 - 44	2	1	3
45 - 49	1	1	2
TOTAL	14	9	23

Source: AIDS Secretariat – MoH

Antigua and Barbuda have conducted IBBS with FSW. The Ministry of Health in an effort to understand vulnerable population is currently collaborating with the University of California and CDC in conducting an IBBS to estimate the population size of female sex workers.

OTHER SEXUALLY TRANSMISSION INFECTION

During 2014, 100% of the women accessing antenatal care were tested for syphilis. Three women tested positive and were treated. (See table 7 below).

Table 7: Cases of syphilis among ANC clients in Antigua and Barbuda- 2014

Tested	Number	Positive	% Positive
Number	897	3	0.33
% Treated	100%	0.33	100%

Source: Community Clinic STI Data-HID.

A total of fifty-eight (58) persons tested positive and treated for syphilis at the STI clinic in St. John's Health Centre. A total of nine (9) males were diagnosed and treated for Gonorrhea and twenty-eight (28) males with urethral discharge. (See table 8 below)

Table 8: Sexually transmitted infections diagnosed at the ST. Johns Health Centre - 2014.

Year	Syphilis		Gonorrhea		Urethral discharge	
	M	F	M	F	M	F
Total	20	38	9	0	28	0

Source: St. John's Health Centre STI Clinic Record-2014

PMTCT

The PMTCT programme has achieved a 98% uptake of HIV testing services among pregnant women during 2014. Surveillance of HIV data from Antenatal Clinic and Maternity Ward continue to show increase in repeat pregnancies among HIV positive women. In addition, HIV-positive mothers are given free infants formula and discouraged from breast-feeding.

Option B plus is utilized in the management of HIV positive pregnant women. Infants born to HIV positive women continue to receive Post Exposure Prophylactic and Cotrimoxazole (Bactrim) for six weeks after delivery. All infants were followed-up by the PMTCT coordinator within the NAP and at the Pediatrics clinic MSJMC for care and treatment.

A Dry Blood Spot for DNA PCR Specimen was collected from the infant at about six weeks and sent to Lady Meade reference unit Barbados for testing. An Eliza Test is done at eighteen (18) months. If the infant is negative, he/she is transferred for follow-up in the District clinic. If positive, the infant continues to be monitored by the pediatrician.

PMTCT Services are provided at the antenatal clinic at MSJMC, while after delivery, the mothers are followed up the HIV Care and Treatment outpatient clinic. Breast feeding is not encouraged instead the mothers are given free supplies of infant formula for the first six months of the baby's life. Seven (7) HIV positive mother gave birth during the period under discussion, no infants tested positive.

Best practices:

The consistent offering of Free Confidential HIV Testing and Counselling addressing the prevention needs of individuals and providing the necessary risk reduction approach to ensure that they are not engaged in risk behaviour. The *Advancing HIV Prevention* is concerned with reducing the barriers to early diagnosis of HIV infection and providing increased access to quality medical care, treatment, and ongoing prevention.

Sustained community-based outreach prevention programs aimed at identifying high-risk groups who have not yet been reached and developed a good understanding of their risk behaviors and social environments. This usually involves locating members of these groups so as to begin the process of recruiting them into BCC prevention activities, care, and treatment services. Further, the effort reaches out to existing health services and systems in different health districts and sees the inclusion of partners who assist in identifying and gaining access to at-risk populations (MARPs).

Capacity building training of nurses in HIV rapid testing and voluntary counselling and testing as part of Antigua and Barbuda efforts of scaling-up HIV prevention programmes and decentralization of HIV Rapid Testing, thus making access more readily available to all persons at the community and district levels. The Advancing HIV testing and prevention initiative is intended to lessen obstacles to early diagnosis of HIV infection and increase early access to care, treatment, and services. It further aims to highlights the use of established public health strategies to reducing HIV incidence and controlling its spread.

The Health promotion officer with the National AIDS Programme continues to work in collaboration with HIV prevention planning groups, local HIV prevention providers and community-based organizations, and networks of PLHIV to develop appropriate prevention messages in both English and Spanish. The result was the development of a culturally-appropriate, multi-media prevention campaign directed toward English and Hispanic persons of all ages who are at risk for HIV. The campaign used posters, public service announcements on, newspapers, radio and TV advertisements to communicate messages to increase awareness of the risks of HIV and STD infection.

Progress made on key challenges reported in 2014:

Antigua and Barbuda was challenge for many years to report on work carried out and service offered to FSW due mainly to many being underground, coupled with issues of residential status, the latter made it more difficult to provide adequate services and interventions.

To address the aforementioned challenge the Ministry of Health (MOH) conducted an Integrated Biological Behavioural Survey (IBBS) in collaboration with UCSF and CDC to first determine the population size and examine factors and possible issues which may be affecting FSW and to establish the HIV prevalence rate of FSW.

The national HIV programme embarked on a collaborative drive with PAHO to move towards comprehensive decentralization of HIV rapid testing into community clinics to better manage scarce resources and making testing more accessible to all persons in Antigua and Barbuda.

Antigua and Barbuda has increase its human resource capacity through the training of nurses at the district level in HIV rapid testing, Voluntary Counselling and Testing and Provider Initiated Counselling and Testing as the Ministry of Health and the Environment move to make HIV testing more accessible to all persons.

Challenges faced throughout the reporting period:

Country

- The country currently faces some fiscal challenges which restrict its ability to offer some laboratory services and reproductive commodities on a sustainable basis. These include CD4 reagent and Viral Load testing which are required to monitor the mother's response to treatment and condoms
- There exists a challenge in regards to the timeliness of the Viral Load results from Lady Meade Reference Unit to ensure the right decision is made regarding the best mode of delivery for the mother.
- There is also no policy or legislation framework which mandates the mother responsibility toward the unborn foetus or infants who are born to HIV positive mothers.
- Likewise, there is also no policy or legislative agenda which mandates HIV to be a reportable disease. Consequently, the private sector does not provide the state with any information which enables the programme to execute the required services.
- Access to HIV testing is available to the entire population but is sometimes inaccessible by some people. This is due to opening hours which is not conducive to the hours which some people work. VCT testing sites are not available in every parish, and given the limited geographic size of the island, access to testing should be readily available to the entire population.

Organizational

- Due to the mobility of clients and the practice of not informing the health team or NAP about their new address and phone number; mothers and their babies who have relocated to a different village or change their address are difficult to find sometimes for years. This problem is further compounded by the fact that the staff is mandated to

maintain the confidentiality of all clients which restricts their ability to ask families, friends and or neighbours about the clients.

- PMTCT Coordinators have been accused by clients of harassing them when they seek to carry out their responsibilities in the community.

Intrapersonal

- Most partners of HIV positive women either refuse to be seen by the Contact Tracer at the AIDS Secretariat or refuse to access HIV testing. As a result, many of these HIV positive people remain in relationships where either their partners' HIV status is unknown or they do not seek care. Likewise, there is no knowledge as to whether these clients access testing and treatment services privately.
- Some mothers, even though they are able to access employment, do not have the necessary family and community support which enable them to hold a sustainable job. Consequently, they are unable to maintain themselves and their children.

Individual

- Some mothers reportedly access care in the private health sector, therefore, the programme is unable to determine the wellbeing of these mothers and their babies. .
- Some mothers refuse to take their babies for pediatrics follow-up which inhibits the programme's ability to carry out the required post exposure DNA PCR at the correct time intervals.
- Many mothers refuse to disclose their HIV status to their sexual partners. As a result, they repeatedly have unprotected sex with the same partner and the partners have been known to become infected after a while. Additionally, there have been occasions where these couples separate and become involved in new relationships without disclosing their HIV status to the new partners.
- The language barrier which exists inhibits effective communication between some nurses and clients. This is particularly evident when counselling members of the Spanish speaking community.,

- Similarly, the migrant population is highly mobile and while they may be living in one village during the pregnancy, there are occasions when they cannot be found after the babies are born.
- There have also been occasions where mothers with knowledge of their HIV status refuse to access ANC early during the pregnancy and show up in the last trimester or during labour for care. Most times despite all efforts to access the necessary investigations, some commence labour before the return of crucial blood investigations, particularly the Viral load Test.

Concreate remedial actions that are planned to ensure achievement of agree targets:

REMEDIAL

- To address the challenges, the following recommendations may be embarked upon.

Country

- Policy and Legislation to address the reporting of HIV and parents responsibility to the unborn foetus and infants as far as HIV is concerned.
- Policy and Legislation to address partner disclosure of HIV status.
- Timely disbursement of funds to strengthen the HIV and AIDS response.

Organizational

- Increase efforts to decentralise HIV care and treatment by training all community medical and nursing personnel in clinics in the HIV Care and Treatment Guidelines.
- Equip the community clinics to serve HIV positive clients with the necessary infrastructure to support such an activity.
- Devise some means of protection for the NAP staff that must visit clients in their homes and arrange a risk allowance for these personnel.

Intrapersonal

- Reporting of HIV incidence from the private sector will increase the programme's ability to capture all HIV cases diagnosed in the country.

Individual

- Make available language interpretation services for those clients who are unable to speak English.
- Recommend that an introductory Spanish training course be introduced as part of the Nursing Education Programme.

Support from the country development partners:

Antigua and Barbuda continues to receive support from developmental partners such as: PAHO who have given unwavering commitment towards the decentralization of HIV rapid testing as well as provision of support for the development of a Behavioural Change Communication strategy for key populations. In addition we received funding for HIV rapid testing training which supported partner and other stakeholder capacity build of the respective human resource development.

Further, assistance was also received through collaboration with U.S. Centre for Disease Control and Prevention (CDC) and University of California, San Francisco in the conducted of the first population-based survey of HIV among FSW in Antigua and Barbuda using standardized methods for integrated biological-behavioral surveillance (IBBS).

U.S. Centre for Disease Control and Prevention (CDC) also provider technical support through specific training of HIV rapid tester who supported the IBBS conducted in Antigua and Barbuda, in addition they provided the HIV confirmation Test kit Bio Rad.

Monitoring and evaluation environment

(a) an overview of the current monitoring and evaluation (M&E) system

The Antigua and Barbuda Monitoring and Evaluation (M&E) Plan (2013 – 2016) was developed to assist the AIDS Secretariat at the Ministry of Health and HIV stakeholders in promoting greater accountability, more efficiency and more effective programming. It allows for all stakeholders to understand how the current National Strategic Plan (2012 – 2016) and current reporting structures feed into the collection, reporting and use of HIV and AIDS information in the country. The intention of this document is to capture the existing structures and processes and to identify resources needed for instituting an effective and functional M&E system.

(b) challenges faced in the implementation of a comprehensive M&E system

The absence of comprehensive policy and legislative framework which mandates HIV to be a reportable disease. Consequently, the private sector does not provide the state with any information which enables the programme to execute the required services. The former has led to Antigua and Barbuda not being to monitor effectively the HIV situation and response

(c) remedial actions planned to overcome the challenges,

Antigua and Barbuda has formed a M&E grouping to address the growing need for monitoring and evaluation of all HIV programmatic activities and this group is tasked with the periodic review and providing recommendation for improving the efficacy of the M&E strategic framework.

(d) highlight, where relevant, the need for M&E technical assistance and capacity-building.

The assistance need is in the area of designing a national HIV strategy that can monitor all activities across multiple agencies thus ensure better monitoring and evaluation.

ANNEXES

ANNEX 1: Consultation/preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV and AIDS

Please submit your complete Global AIDS Progress Report before 31 March 2015 using the recommended reporting tool. Please direct all enquiries related to Global AIDS Reporting to the UNAIDS Secretariat at: AIDSreporting@unaids.org,