

**STRATEGIC PLAN FOR THE  
NATIONAL RESPONSE TO HIV/AIDS  
ANTIGUA/BARBUDA  
2002 - 2005**



*The Situation and Response Analysis and the National Consultation and Strategic Planning Exercise were undertaken on behalf of the government of Antigua and Barbuda by CRF Consulting in collaboration with the Ministry of Health, Antigua and Barbuda and the Caribbean Epidemiology Centre (CAREC).*

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## TABLE OF CONTENTS

Introduction.....	4
The Purpose of the Strategic Plan.....	5
The Development of the Plan.....	6
The Situation and Response Analysis.....	8
Situation Analysis.....	8
Response Analysis.....	9
Treatment and care of people with HIV/AIDS.....	9
Mitigating the impact of HIV/AIDS on vulnerable populations.....	9
Reducing vulnerability on specific population groups.....	10
Promoting safer sexual practices.....	10
Preventing and controlling STIs.....	11
Human rights and policy development.....	11
SWOT Analysis.....	12
Internal and External Review -- National AIDS Programme.....	12
The National Strategic Plan.....	14
Proposed Programme Structure.....	16
Strategy 1: Education and Prevention.....	18
Strategy 2: Care, Treatment and Support.....	19
Strategy 3: Policy and Legislation.....	21
Strategy 4: Employment and Social Mobilisation.....	22
Strategy 5: Surveillance and Epidemiological Research.....	23
Strategy 6: Resource Mobilization and Programme Management.....	25
Monitoring and Evaluation.....	26



## Introduction

Worldwide, the total number of persons with HIV/AIDS is quoted by UNAIDS at 36.1 million, 34.7 million are adults, 16.4 million women and 1.4 million are children. Total AIDS deaths have reached 21.8 million, 17.5 million were adults, 9.0 million women and 4.3 million were children. In the year 2000 only, there were 5.3 million new infections and 3.0 million persons died.

The region hardest hit by the epidemic has been sub-Saharan Africa with life expectancy for many countries in this region dramatically reduced (see figure 1). Notably, the second hardest hit region is the Caribbean.

HIV/AIDS as a major problem in the Caribbean began in the early nineteen eighties. The Caribbean Epidemiology Centre projects some 500,000 persons living with the disease in the wider Caribbean, including Haiti, Dominican Republic and Cuba. Of this, the twenty-one English-speaking countries, which make up CAREC member countries, contribute 147,000 of these cases. The English speaking Caribbean figures 17,719 AIDS cases and 8317 deaths.

The percentage distribution of the cumulative total of reported AIDS cases by exposure places the heterosexual transmission as the major mode of transmission (see figure 2). The epidemic is therefore largely heterosexual, having had its onset primarily in the homosexual population.



In response to the situation, many of the Caribbean countries established national AIDS programmes in the early nineties to address the epidemic and with support from CAREC/PAHO/WHO and UNAIDS, countries have been able to increase knowledge and awareness of HIV/AIDS among all levels of the national population. The challenge is to have this heightened knowledge and awareness serve as an impetus for sustained behaviour change among all sectors and stakeholders in the national community.

## **The Purpose of the Strategic Plan**

The purpose of the plan is to guide the country's response to the ever- increasing HIV/AIDS epidemic. It recognises that: (a) prior efforts of the response have been health sector based; (b) acknowledges that the solutions for reducing the spread of the disease and reducing its impact on the national community are wider than health. Thus all sectors -- governmental, private and business and [the] NGO are challenged to participate in a scaled up response which is based on relevant scientific, behavioural and epidemiological research.

The plan anticipates that all stakeholders will use this document as a basis to develop their own strategic and operational plans so that actions might work in tandem and thus achieve greater efficacy.

The participants in the consultation were broad based in their thinking. They recognised that economic factors related to sex tourism can keep the HIV/AIDS numbers moving upwards and so proposed in their recommendations interventions



which are likely to have a sustainable impact on the prevalence and incidence of HIV/AIDS.

## **The Development of the Plan**

The following factors informed the development of the plan:

1. The continued, steep increase in AIDS cases in the Caribbean including Antigua and Barbuda.
2. The completion of the second medium term plans for HIV/AIDS in Caribbean territories.
3. The mandate from Caribbean heads of government to treat with HIV/AIDS as a health priority and to develop national strategic plans.
4. The increasing availability in the Caribbean of international resources to support national responses to HIV/AIDS.

The plan followed the implementation of a Situation and Response Analysis in mid-2001 followed by a national consultation on HIV/AIDS in October 2001. These two exercises reached constituents way outside of health, including various departments and agencies in government, business, church, youth and several areas of civil society.

The national consultation was opened by a presentation of the findings of the Situation and Response Analysis, addressed by the Prime Minister of Antigua and Barbuda, and included members of the legislative council. The opening of the



consultation was broadcast live on national radio. A participant/invitees list is at Appendix 1.

Given the reach of the Situation and Response analysis, as well as the level of participation in the national consultation, it is anticipated that the content of the plan will achieve wide acceptance from the various sectors of the community. It is also anticipated that each sector will assent to participation in its implementation.

During the consultation, participants

- i) reviewed the Situation and Response Analysis;
- ii) analysed the potential economic impact of the epidemic;
- iii) discussed the epidemiological situation of the epidemic;
- iv) identified the psychosocial and behaviour change issues;
- v) explored the impact of infection on people living with HIV/AIDS.

Working in small groups, participants engaged in a SWOT analysis and based on the presentation, identified priority areas for intervention. (Workshop proceedings can be found at Appendix 2).



## The Situation and Response Analysis

### Situation Analysis

The immediate determinants of the epidemic in Antigua and Barbuda include multiple sexual partners, commercial sex work/sex tourism, and inconsistent condom use.

Some of the underlying psychosocial and economic factors that are influencing the course of the epidemic include:

- Increasing expatriate population with differing value systems (migrant labour).
- Mobility among native Antiguan.
- Deep interest in high-end commodities which stretch earning power.
- Monoscopic economy rooted in tourism.
- Poor sexual relations between genders (preference is for specific sexual acts)
- Increasing underground homosexual population.
- Increasing drug use and trafficking.
- Large Rastafarian community (male) supporting the tourism economy (rent a dread).



## **Response Analysis**

### **Treatment and care of people with HIV/AIDS**

Antigua and Barbuda stands out as a Caribbean territory which has a regionally recognised physician who treats STI and HIV/ The PWA population has indicated that this individual has single-handedly supported a number of them with medication to treat opportunistic infections as well as anti retroviral therapy. Some admit to contributing to their own costs, others have been given medicines free of charge. At the same time, at least one other physician has voiced an interest in treating PWAs.

Antigua and Barbuda has started a pilot programme for the reduction of transmission of HIV/AIDS from mother to child. These three physicians may well form the nucleus of an organised/coordinated clinical management programme.

The PWA community has formed a national network albeit very small. This group needs to be nurtured and strengthened to work with this nucleus of physicians to begin to reduce the impact of HIV disease on the seropositive population.

### **Mitigating the impact of HIV/AIDS on vulnerable populations**

PWAs in Antigua and Barbuda remain reluctant to disclose their status. Stigmatisation is high and public attitudes to PWAs have shown little change over the years. PWAs report support from the secretariat and relatives. Still, with



these optimistic signs, there has been no revision of legislation to address HIV/AIDS nor is there a national policy on HIV/AIDS which has been approved and adopted. AIDS in the workplace programmes are basically non-existent but some large workplaces have had AIDS prevention lectures for their staff.

### **Reducing vulnerability on specific population groups**

The majority of interventions have been targeted to the general population and youth in school. Few specific, vulnerable groups have been identified far less targeted for special intervention. The complete Situation and Response Analysis can be found at Appendix 3. One group that has always had intervention was the commercial sex workers at the Brothels. There is clearly a need to evaluate these interventions based on the Situation and Response Analysis. Vulnerable groups have been identified as commercial sex workers (brothels), males on the beach, men 15 - 35 years, youth in school and migrant populations.

### **Promoting safer sexual practices**

Antigua is the hub of the Eastern Caribbean. The Caribbean family Planning Affiliation is sited there. Condom promotion in the private sector originates in this twin island state. Panther and Rough Rider condoms are preferred in the Eastern Caribbean. The environment will allow strong promotion of safer sexual practices even though the Christian church continues to be vocal about their reservation on this approach. Antigua was the site of early nineties attempts at social marketing condoms; that early success can be achieved and sustained again.



## **Preventing and controlling STIs**

While there is the renowned physician already engaged in STI treatment, one person is not enough. Effort must be made to include treatment of STI at health centres and clinics. As well as to increase the capacity among private sector doctors to improve clinical management and to break the transmission chain. Public/Private sector physicians need to be trained to counsel clients for STI/HVI/AIDS prevention.

## **Human rights and policy development**

There are several laws on the books which may have implications for HIV/AIDS prevention and control. The law on discrimination needs to be reviewed to address HIV/AIDS. Notwithstanding law review, policy development is also needed to address the national response, the reporting of STI/HIV/AIDS, access to treatment, the rights of the child, patients' rights and AIDS in the workplace.



## SWOT Analysis

Consultation participants identified the following internal and external factors as strengths, weaknesses, opportunities and threats. These factors will provide insight into what will influence or hinder the success of the strategic plan.

### Internal and External Review -- National AIDS Programme

STRENGTHS	WEAKNESSES
Support from international and technical agencies.	National AIDS Committee is not functioning.
PWA support group (small)	Structure and staffing for the secretariat cannot adequately address expanded response.
A recognised in-country capacity for treatment of HIV/AIDS (Dr. Ramsey).	The programme is not sufficiently informed by the surveillance data.
High knowledge and awareness of HIV/AIDS among the general population.	Lack of a supportive environment for PWAs.
Strong supportive media -- especially radio.	Insufficient leadership on the issue of HIV/AIDS.
Existing AIDS Secretariat	Little known national policy on HIV/AIDS.
Medical insurance scheme.	Closure of the adolescent health Centre programme.
High levels of promotion of condoms.	Lack of role models in the major institutions in the country e.g. church, parliament or community.
A number of regional sport heroes born and still living in Antigua/Barbuda.	
Strong Prime Minister	
There are no cases of HIV/AIDS in Barbuda	



<b>OPPORTUNITIES</b>	<b>THREATS</b>
It is a small country - easy to reach.	Partisan politics/political polarisation.
Media growth, and an interest and commitment to HIV/AIDS.	Lack of human and financial resources.
Female empowerment.	Gender inequity.
Increasing interest in and knowledge of and through information technology.	Small size of the country.
Growing public forum on social issues.	Continually changing morals and values
Economic divestments through agriculture (pineapples), job creation to counter unemployment and sex trade.	Lack of support from religion on certain aspects of the programme -- condom use.
Thriving music/calypso industry	Lack of confidentiality.
Social mobilisation	A thriving sex trade.
Keen interest in sport and culture among the youth.	Rising social problems including crime, substance abuse and domestic violence.
Review and implement legislation	A downturn in the economy.
Stated commitment of the Prime Minister at the Consultation.	



## **The National Strategic Plan**

Recognising that HIV/AIDS is more than a health problem, the following structures are proposed to manage a scaled up expanded national response to HIV/AIDS in Antigua and Barbuda.

### **Inter-Ministerial Committee**

It is envisaged that the government will establish a standing inter-ministerial committee on HIV/AIDS. This committee will report to the Cabinet on the implementation of the national response. It will comprise ministers with responsibilities for health, education, labour, tourism, youth and gender, social services and legal affairs.

A cabinet appointed National AIDS Advisory Commission (NAAC) would monitor the implementation of the strategic plan and advise the inter-ministerial committee on HIV/AIDS. Membership to this committee will bring together government, private sector and civil society interests. It will comprise senior technical officers in the ministries of health, education, labour, tourism, youth, gender, social services and legal affairs with authority to address the inclusion of HIV/AIDS issues in their Ministries' activities as outlined in the strategic plan. Other members will include executive member representation of the business, hotel and tourism and media associations as well as the Council of Churches.



These representatives of the business and civil society will be expected to carry a high level of influence among their community so as to enlist their sectors in including HIV/AIDS in their activities as articulated in the national plan. The position that heads the commission (commissioner) will have the same rank as the permanent secretary in a government ministry. The commissioner will also have the authority to speak to the entire country on matters related to the implementation of the national response to HIV/AIDS.

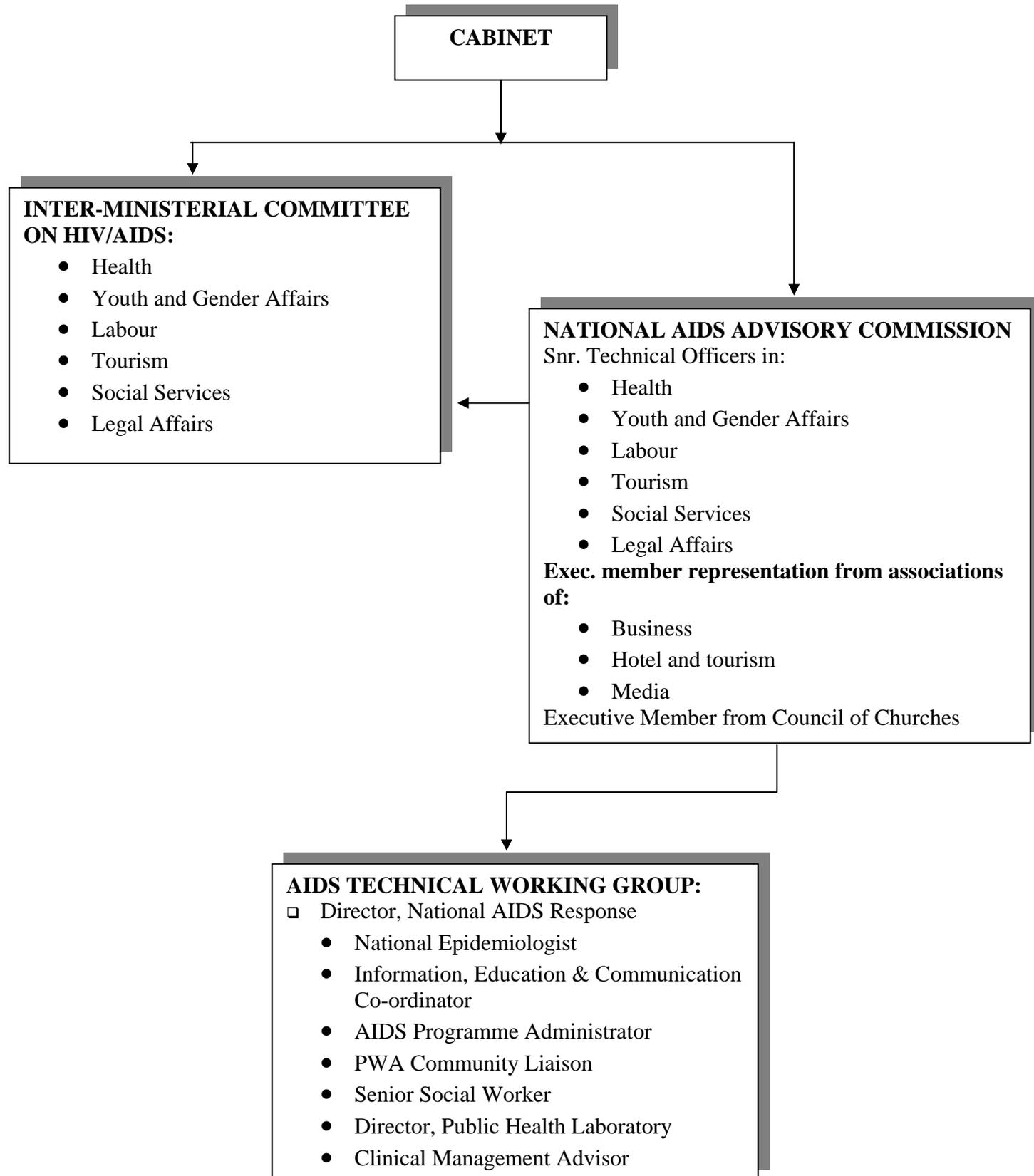
The national expanded response will be implemented multi-sectorally with technical support from the AIDS Technical Working Group (ATWG) which will be led by the Director of the National AIDS Response. The ATWG will include the national epidemiologist, information, education and communication (IEC) co-ordinator, PWA community liaison, director of the public health laboratory, clinical management adviser, and senior social worker with administrative support from the AIDS programme administrator and the existing administrative staff of the AIDS secretariat.

The proposed new structure can be seen at figure 3.



**FIGURE 3**

**PROPOSED PROGRAMME STRUCTURE**



The primary goal of the strategic plan is to significantly reduce the incidence and impact of HIV/AIDS.

The following general strategies will be emphasised:

- Increased opportunity for and acceptance of voluntary counselling and testing.
- Care, treatment and support of those already affected to reduce stigma and discrimination and to improve quality of life.
- Effective, culturally-sensitive information, education and communication using indigenous art forms, local role models and heroes and state of the art information technology.
- Improved surveillance and epidemiological research to ensure accurate tracking of disease incidence and prevalence and measurement of the impact of targeted interventions.
- Social mobilisation to impact on gender imbalances (especially in the case of women) and to encourage value of all forms of work in the society.
- Inclusion of persons living with HIV/AIDS in the planning and implementation of the national HIV/AIDS response.

The strategic plan is structured according to the following five priority areas:

- Education and Prevention
- Care, treatment and support
- Policy/legislation
- Employment and social mobilisation
- Surveillance and epidemiological research
- Resource mobilisation and Program Management



## BROAD STRATEGIC AREA 1: EDUCATION AND PREVENTION

STRATEGIC ACTIVITIES	INDICATORS	LEAD AGENCY	STRATEGIC PARTNER/SECTOR
1.1 Develop and implement a national IEC programme targeting the general population and at-risk populations.	1.1.1 IEC programme implemented consistently in Antigua and Barbuda by end 2002.	National AIDS Advisory Committee (NAAC)	All sectors represented on the NAAC
1.2 Promote safer sexual practices.	1.2.1 30% increase in the number of persons reporting consistent condom use.	NAAC	NAAC
1.3 Implement the CARICOM approved Health and Family Life Education (HFLE) programme in all schools in the country.	1.3.1 HFLE programme implemented in all schools by September 2003.	Ministry of Education	AIDS Technical Working Group (ATWG)
1.4 Ensure the infusion of HIV/AIDS education in all subject areas at school for which it is appropriate.	1.4.1 HIV/AIDS addressed in at least 3 subject areas in secondary school system by end March 2003.	Ministry of Education	NAAC ATWG
1.5 Encourage HIV/AIDS and lifestyle education in the workplace.	1.5.1 At least 3 new major businesses in Antigua and Barbuda implementing AIDS in the workplace programmes annually.	NAAC	ATWB



## BROAD STRATEGIC AREA 2: CARE, TREATMENT AND SUPPORT

STRATEGIC ACTIVITIES	INDICATORS	LEAD AGENCY	STRATEGIC PARTNER/SECTOR
2.1 Promote positive behaviour for sexual and reproductive health.	2.1.1 100% coverage and compliance with the MTCT programme by end 2002.	Ministry of Health	ATWG Medical Association
2.2 Strengthen the health care system to cope with HIV/AIDS.	2.2.1 At least 6 workshops on HIV/AIDS completed for health care personnel by September 2003.	Ministry of Health	NAAC/ATWG
2.3 Promote safer sexual practices.	2.3.1 20% increase in the number of persons reporting consistent condom use by July 2003.	Ministry of Health	NAAC representative orgs. ATWG
2.4 Ensure that recommended treatment protocols are available to those infected with HIV/AIDS	2.4.1 Phased implementation of antiretroviral therapy in place by July 2003.	Ministry of Health	Ministry of Finance Medical Association ATWG
2.5 Promote and encourage the complete treatment of CSTI.	2.5.1 50% decrease in repeat contact with STI services by end 2003.	Ministry of Health	NAAC Medical Association
2.6 Provide support to the HIV/AIDS PWA network.	2.6.1 HIV/AIDS national PWA network receiving government subvention by march 2003.	NAAC	Ministry of Finance National PWA Network
2.7 Train PWA care support groups for patient/client management and caregiver support.	2.7.1 At least 3 workshops to train PWAs in counselling and home and community management of HIV/AIDS by end 2003.	Ministry of Health	NAAC PWA National Network



<b>STRATEGIC ACTIVITIES</b>	<b>INDICATORS</b>	<b>LEAD AGENCY</b>	<b>STRATEGIC PARTNER/SECTOR</b>
2.8 Develop community health care programme for those infected with HIV/AIDS - hospice.	2.8.1 At least two community based approaches to health care for PWAs functioning by end 2004.	Ministry of Health	NAAC Social Services NGO PWA National Network
2.9 Reinstate-revamp the adolescent health programme and clinic.	2.9.1 Adolescent health clinic functional by end 2002.	Ministry of Health	NAAC Ministry of Finance Ministry of Youth Affairs
2.10 Establish support services for families of PWAs (affected persons).	2.10.1 Counselling services available for those affected by end 2002.	Social Services	ATWG NGO PWA National Network



### BROAD STRATEGIC AREA 3: POLICY AND LEGISLATION

STRATEGIC ACTIVITIES	INDICATORS	LEAD AGENCY	STRATEGIC PARTNER/SECTOR
3.1 Revise the national health policy to include HIV/AIDS	3.1.1 HIV/AIDS included in national health policy by end 2003.	NAAC Inter-Ministerial Committee	Ministry of Health
3.2 Ensure inclusion of employers and unions in national workplace policy drafting and implementation.	3.2.1 Tripartite discussion/consultation completed with draft plan of action by end 2003.	Ministry of Health	NAAC Trade Union Association Employers' Association
3.3 Review and enact legislation and policy, which impacts on the national AIDS situation e.g. discrimination, employment, child rights, and domestic violence.	3.3.1 Revised legislation in at least 3 areas of impact on the national HIV/AIDS situation enacted by end 2004.	Ministry of Legal Affairs	NAAC ATWG
3.4 Make HIV/AIDS a listed condition for medical benefits.	3.4.1 People with HIV/AIDS receiving medical benefits by July 2003.	Inter-ministerial committee	NAAC ATWG Medical Association
3.5 Encourage creative ways for medical insurance protection for PWAs.	3.5.1 Special medical insurance products developed for PWAs by end 2005.	Social Services	NAAC Insurance Companies/Assoc.



## BROAD STRATEGIC AREA 4: EMPLOYMENT AND SOCIAL MOBILISATION

STRATEGIC ACTIVITIES	INDICATORS	LEAD AGENCY	STRATEGIC PARTNER/SECTOR
4.1 Encourage youth and adult forums on HIV/AIDS	4.1.1 At least two national forums on HIV/AIDS (youth and adult) completed by end 2004.	Ministry of Youth Affairs Ministry of Community Development	NAAC
4.2 Encourage cultural/social sensitivity to people affected by HIV/AIDS	4.2.1 Advocacy programme to support people living with HIV/AIDS in place by end 2002.	Ministry of Culture and Sport.	NAAC/ATWG
4.3 Develop and implement a demand reduction programme for substance abuse.	4.3.1 20% reduction in the number of new cases of substance abuse by end 2005.	National Drug and Alcohol Programme Ministry of National Security	Ministry of Education Social Services Youth and Sport
4.4 Develop and implement a programme to reduce domestic violence.	4.4.1 20% reduction in reported incidents of domestic violence by end 2004.	Ministry of Gender Affairs	Ministry of National Security Ministry of Culture Ministry of Community Development
4.5 Increase collaboration/interface between relevant agencies for labour, immigration and national human resource development policy reform.	4.5.1 Revised guidelines for work permits and immigration in use by end 2003.	Ministry of Labour Ministry of National Security	
4.6 Develop programmes to diversify the economy and encourage self-employment.	4.6.1 5 - 7% increase in number of new types of businesses, entrepreneurship and agriculture based revenue by end 2005.	Ministry of Finance Ministry of Agriculture	Business and commercial sector Ministry of Community Development.
4.7 Create a youth volunteer service corps.	4.7.1 Youth volunteer service corps established and functional by 2004.	Ministry of National Security.	Ministry of Community Development Ministry of Youth and Sport



## BROAD STRATEGIC AREA 5: SURVEILLANCE AND EPIDEMIOLOGICAL RESEARCH

STRATEGIC ACTIVITIES	INDICATORS	LEAD AGENCY	STRATEGIC PARTNER/SECTOR
5.1 Strengthen surveillance system for STI/HIV/AIDS	5.1.1 Surveillance data collected from active as well as passive sources by year-end 2003.	Ministry of Health	ATWG Medical Association
5.2 Strengthen laboratory system to support improved surveillance	5.2.1 Quality assurance programme for HIV/AIDS in place by year end 2002.	Ministry of Health	ATWG
5.3 Provide increased opportunity for HIV/AIDS voluntary counselling and testing (VCT)	5.3.1 Programme promoting voluntary counselling and testing in place by first quarter 2003.  5.3.2 50% increase in the number of sites providing HIV/AIDS VCT by end 2003.  5.3.3 25% increase in the number of PWAs reporting pre- and post test counselling by end 2003.	NAAC	Ministry of Health NGO community.
5.4 Evaluate programme impact.	5.4.1 At least 3 studies on social and behavioural impact of the HIV/AIDS programme complete by year end 2004.	NAAC	ATWG NGO Business Community





## BROAD STRATEGIC AREA 6: RESOURCE MOBILIZATION AND PROGRAMME MANAGEMENT

STRATEGIC ACTIVITIES	INDICATORS	LEAD AGENCY	STRATEGIC PARTNER/SECTOR
6.1 Adopt new organisational structure for the national expanded response to HIV/AIDS	6.1.1 Inter-ministerial Committee for HIV/AIDS, National AIDS Advisory Committee and the AIDS Technical Working group functioning by end 2002.	Government of Antigua and Barbuda.	Regional technical assistance agencies.
6.2 Ensure sector planning and costing for the implementation of the expanded response.	6.2.1 Sector plans completed by September 2002.	NAAC/ATWG	Regional Technical Assistance Agencies. University of the West Indies.
6.3 Establish budget allocations for HIV/AIDS.	6.3.1 Budget allocations effective 2002.	Ministry of Finance	
6.4 Establish an AIDS Foundation to support funding for an expanded response to HIV/AIDS.	6.4.1 AIDS foundation registered as a charity by end 2002.	Business Community.	
6.5 Monitor and evaluate expanded response to HIV/AIDS.	6.5.1 Internal evaluation completed by year end 2004.  6.5.2 Second Situation and Response Analysis completed by year end 2005.	NAAC	Regional Technical Assistance Agencies.



## **Monitoring and Evaluation**

The success of the strategic plan can only be realised through the availability of human, financial and institutional resources necessary for implement. The sustainability and efficacy of the response will depend on efficient monitoring of the process to ensure policy and institutional development, service delivery, partnership building and inter-sectoral collaboration.

