

Global Program Country Profile: CARIBBEAN REGION

NASTAD

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents U.S. state AIDS directors (health agency directors who have programmatic responsibility for HIV/AIDS programs) and strives to facilitate united policy and sound programmatic decision making.

NASTAD's Global Program works to build the organizational, programmatic and human resource capacity of its public sector HIV/AIDS program counterparts across the world. The Global Program uses a peer-to-peer capacity building framework, to enhance local leadership to gather and use data to plan, manage, and evaluate HIV programs, and to strengthen organizational capacity for sustainable and effective programs. The Global Program focuses on building the human resource capacity of national, regional, and local health departments through the exchange of experience and skills.

CARIBBEAN REGION: Defined

In the Caribbean Region, NASTAD works in partnership with the U.S. Centers for Disease Control and Prevention's Global AIDS Program (CDC/GAP) as part of the unified U.S. response to the HIV pandemic, via PEPFAR¹. Per CDC/GAP's partnership agreements with countries in the Region, for the purpose of NASTAD's work and this profile, the Caribbean Region is defined to include Antigua and Barbuda; the Bahamas; Barbados; Belize; Dominica; Grenada; Jamaica; St. Kitts and Nevis; St. Lucia; St. Vincent and the Grenadines; Suriname; and Trinidad and Tobago.² Haiti and the Dominican Republic are excluded from this 'Region' as they are large countries that are directly supported by CDC/GAP.



HIV/AIDS in the CARIBBEAN REGION

UNAIDS estimates that there are approximately 257,000 people living with HIV (PLWHA) in the Caribbean region.³ While three quarters of these infections may be resident to Haiti and the Dominican Republic, some 60,000 PLWHA live in the rest of the region. The country with the highest estimated HIV prevalence in the Caribbean is the Bahamas (3%).⁴ Three countries have an estimated prevalence of 2% (Suriname (2.5%), Guyana (2.3%), and Haiti (2.2%)), with others around 1% (Jamaica (1.5%), Trinidad and Tobago (1.5%), and the Dominican Republic (1.1%)).⁵ There are seven countries in the region without published HIV prevalence data.

³ UNAIDS Report on the Global Epidemic (2010)

⁴ UNAIDS Epidemiological Country Profile on HIV and AIDS, Bahamas (2008) Epidemic estimates

⁵ UNAIDS Epidemiological Country Profiles on HIV and AIDS, Barbados, Dominican Republic, Guyana, Haiti, Jamaica, Suriname, Trinidad and Tobago (2008)

¹ President's Emergency Program for AIDS Relief

² CRO Partnership Framework

HIV TRANSMISSION in the REGION

Overall, the main route of HIV transmission in the Caribbean is assumed to be heterosexual sex, likely associated with commercial sex; sex between men is also a major factor in some countries' epidemics, although strong data do not yet exist.⁶ Among female sex workers, an HIV prevalence of 4% was found in the Dominican Republic, 9% in Jamaica, and 27% in Guyana.⁷ Little research has been conducted among men who have sex with men (MSM), but available data suggest that up to 12% of reported HIV infections in the Caribbean are from unsafe sex between men.⁸ A recent study in Trinidad and Tobago found HIV prevalence of 20% among MSM, 25% of whom said they regularly also had sex with women,⁹ and an HIV prevalence of 32% was found among MSM in Jamaica.¹⁰ UNAIDS' 2010 Global Epidemic Update states there is evidence of increasing HIV infections among MSM in Cuba and the Dominican Republic.

REGIONAL PRIORITIES for HIV/AIDS

One priority for all countries in the Caribbean Region is to better understand their HIV epidemic. There is great interest in understanding how Most-at-Risk Populations (MARPs) may drive national and regional epidemics, and what significance they have related to the whole epidemic. These data are critical to planning and monitoring activities related to the prevention of HIV transmission and the treatment of those with HIV.

NASTAD: SUPPORTING SUSTAINABLE SURVEILLANCE SYSTEMS

NASTAD has been involved in behavioral surveillance studies since 2002 when U.S. states began National HIV Behavioral Surveillance to monitor behaviors that put people at risk for HIV. NASTAD is supporting Regional work with this model where different MARP groups will be surveyed on a regular basis to assess trends, where the system will grow from existing resources in each country, and where the data will be triangulated with other available data sources.

⁶ UNAIDS Report on the Global Epidemic (2010)

⁷ Ibid.

⁸ Caribbean Technical Expert Group(2004); Inciardi (2005)

⁹ Lee et.al., 2006

¹⁰ UNAIDS Report on the Global Epidemic (2010)

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NASTAD ACTIVITIES in the REGION

In line with the Regional priorities, NASTAD is supporting the development of HIV surveillance systems that provide data about populations at higher-risk for HIV, or Most-at-Risk Populations (MARPs), including rates of HIV, knowledge, attitudes, and behaviors related to HIV and its transmission, health seeking behavior, and size of the population. Work is well underway in Trinidad and Tobago, and is expected to expand to two or more neighbor countries in the next year. To date, NASTAD's focus has been on:

- *Knowledge Transfer for Sustainability*

From the inception of this project, NASTAD has acted as an invited partner at the table. While NASTAD has content and process expertise, and has the ability to support development and implementation work, all work is planned and put into action in close collaboration with the local MoH. NASTAD is committed to local sustainability and indigenous expertise, and works to ensure both through clearly defined training, targeted technical assistance, and side-by-side applied capacity building.

- *Training & Operational Support for Local Design and Ownership*

To support knowledge transfer and capacity building, NASTAD provides formal and informal training related to HIV/AIDS surveillance, MARPs surveillance, surveillance survey methodology, protocol development, and community engagement. Following data collection, NASTAD will extend this to include training and support for data analysis, data presentation and summarization, and the use of data for program planning and decision making.

- *Product Development* (see www.NASTAD.org)

- *Two day MARPs Surveillance 'Bootcamp'*
- *Component guides: Planning and implementing integrated biological/ behavioral surveillance studies*
- *Sample Formative Assessment Framework*
- *Sample Formative Assessment Operations Manual*

CONTACT INFORMATION

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