



Key Population Surveillance



Goal and Proposed Outcomes

For the last three years, NASTAD has been helping to strengthen the capacity of ministries of health in the Caribbean to have and use effective surveillance systems that show where HIV programs and resources need to be focused. To that end, NASTAD is providing TA and guidance during planning and implementation of case-based surveillance (CBS) and bio-behavioral surveillance surveys (BBSS) among key populations. Following CDC priorities for the region, NASTAD has worked with four countries to improve their capacity to lead, manage and use quality surveillance information for public health programming.

Strategy and Approach Used

In the Caribbean, NASTAD's capacity building approach has focused on four key elements.

- NASTAD prioritized partnerships with ministries of health such that all activities were theirs, designed to meet their needs, and wherever possible, integrated into their existing public health system and making use of existing resources and staff. To that end, NASTAD helped to create and support effective use of technical working groups comprised of community (key populations), government and non-government partners to provide guidance, and ensure buy-in and advocacy for surveillance activities.
- NASTAD worked to develop local human resources to be able to lead the surveillance activities (see figure 7). NASTAD used U.S. state peer TA providers from five U.S. states to develop and implement competency-driven trainings, to share and help refine or develop tools, and to provide hands-on mentorship for system development, optimized function, and effective use. Capacity building initiatives targeted – and were adapted to the needs of – national-level MoH staff, sub-national public health leaders, implementers, and steering committee members. Where the MoH did not have sufficient staff to implement the planned surveillance activities, NASTAD hired, trained, and co-located local staff within the MoH office to ensure coordination of all activities. As activities in the region progressed, NASTAD was able to use experienced in-country staff as “south-to-south” TA providers in other countries in the region, which led to faster scale-up. For example, Haiti staff provided TA to Trinidad and Tobago, and Trinidad and Tobago staff provided TA to The Bahamas.

- NASTAD engaged with U.S. state peer TA providers to help improve surveillance system and processes. NASTAD and the TA providers designed and implemented environmental scans of the existing surveillance structures to identify system and process opportunities and gaps, and worked from sample policy and procedure documents to develop or improve national surveillance policies, processes, and structures to meet MOH needs, leveraging current resources. NASTAD helped to develop surveillance protocols, data security and confidentiality policies, standard operating procedures for surveillance, and data collection and management systems.
- NASTAD facilitated generation of surveillance data to describe the HIV epidemic in the Caribbean, including identification of key populations, risk factors, linkage rates, and clinical service gaps and needs. NASTAD and TA providers provided technical assistance for data cleaning, data management, reporting writing, and data dissemination with related community engagement.

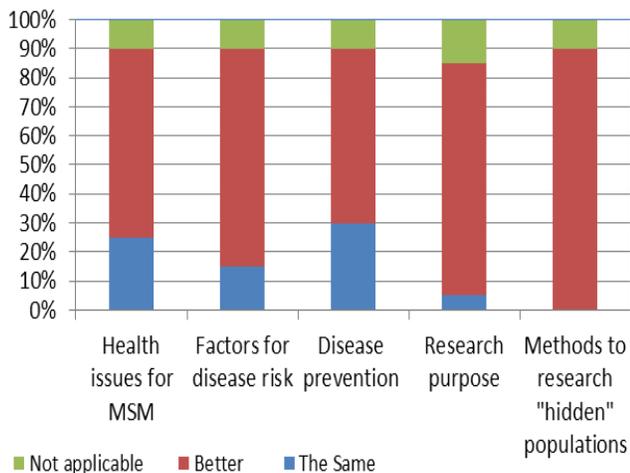
Summary of Outcomes and Impact

In the three years of this project, NASTAD has worked with four local ministries of health to:

- Complete three formative assessments to inform subsequent bio-behavioral surveillance surveys. Data from these assessments has helped to develop an evidence base in the Caribbean to help drive more effective programming. sharing the results of these assessments with local
- Complete one bio-behavioral surveillance survey with MSM in Trinidad and Tobago (a second is underway in The Bahamas, as is protocol development for a third in Jamaica and fourth (with FSW) in Trinidad and Tobago). These data are helping to highlight critical HIV service needs in the Caribbean – specifically for key populations for which there is very little reliable national or regional information on population size, HIV and STI prevalence estimates, risk behaviors profiles and prevention opportunities.
- Plan and implement a nationwide CBS system in Trinidad and Tobago, including training all facilities to report to the system , and capacitating the MoH to manage and use the system to understand and track HIV trends and identify the program area with the greatest needs. Data from this system has been used to create the 2013 national HIV surveillance annual report, an HIV treatment cascade for Trinidad and Tobago, and data quality report cards for sites reporting to the surveillance system. This work is now being expanded to The Bahamas.

Results

Self-reported Improvement of BBSS Staff on Key Knowledge Areas



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NASTAD's involvement in these strategic information processes has contributed to a cadre of local Caribbean public health experts in case-based and bio-behavioral surveillance (within and outside of the MoH) that are helping to develop and use data to highlight critical HIV program gaps, and to facilitate conversation to improve program design and resource allocation.