ABSTRACT BOOK

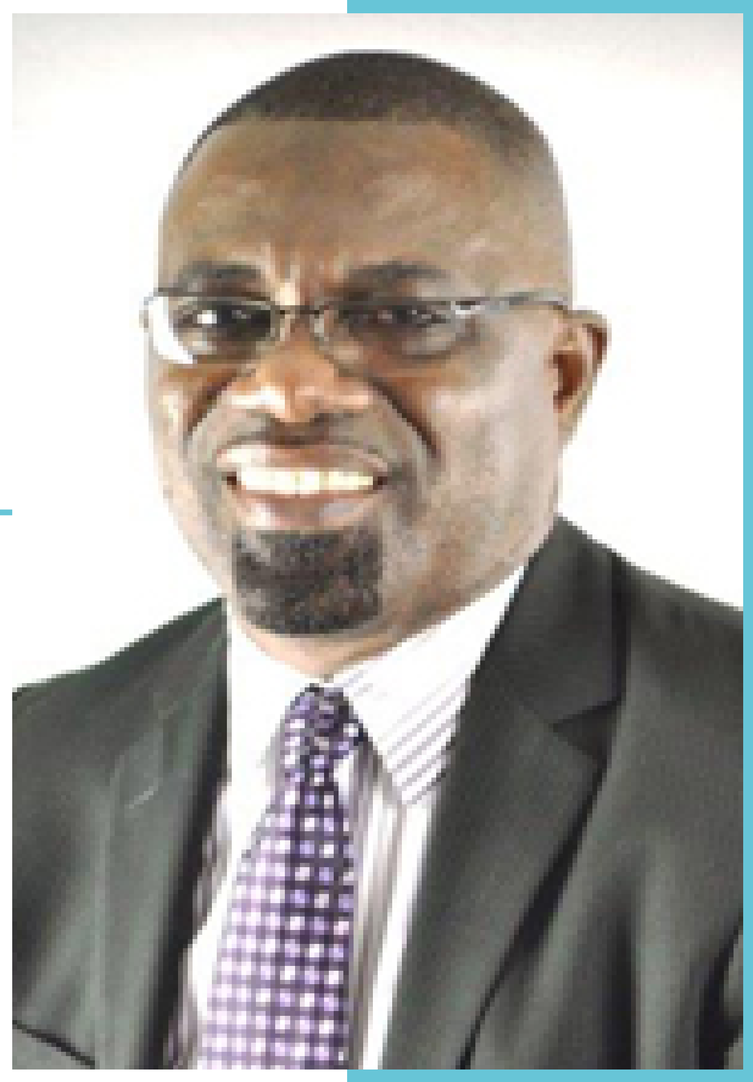
PANCAP-K4Health Share Fair

Port of Spain
Trinidad and Tobago

March 2019

PAN CARIBBEAN PARTNERSHIP
AGAINST HIV & AIDS

Foreword



I am pleased to present the abstract book from the PANCAP- Knowledge for Health Share Fair held in March 2019.

PANCAP, through the Knowledge for Health Project, in preparation for the Share Fair and to ensure relevant and effective sharing, embarked on a capacity-building initiative for National AIDS Programme (NAP) Managers and Civil Society Organisations (CSO) representatives to write programmatic abstracts and design posters.

This was an intentional effort to strengthen capacity in documenting programme successes in an abstract. It was also meant to encourage the culture of sharing implementation experiences, including important lessons that can be applied between countries and programmes and across the Region. The abstracts and posters were displayed at the Share Fair with NAP Mangers, CSO representatives, members of key populations and other PANCAP stakeholders.

This abstract book is a compilation of 17 abstracts submitted by national programmes, civil society and key population organisations, regional organisations and the private sector. I am extremely pleased with the diverse thematic submissions ranging from Pre-exposure Prophylaxis and adherence to antiretroviral therapy to resource mobilization and sustainability of the response. I trust the experiences described will be useful in your programmes.

I feel privileged to be associated with this initiative and wish to express my gratitude to those who have submitted abstracts and to the abstract review team. I trust that this process will serve as a stimulus for more documentation and sharing of experiences in the Region and internationally.

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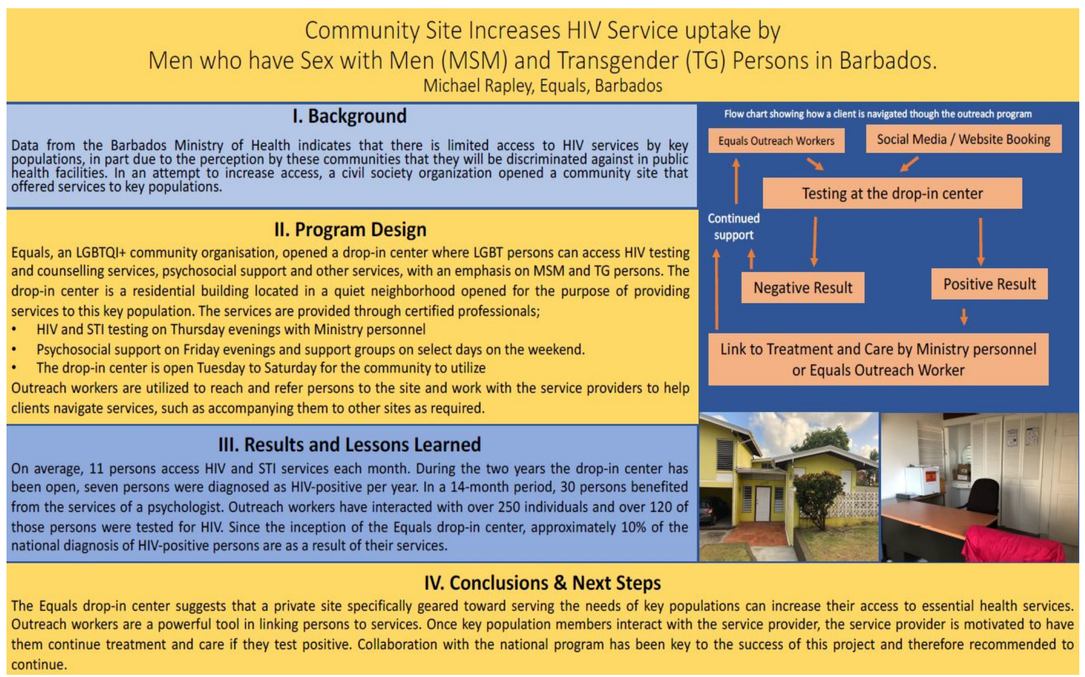
Dereck Springer, MPH

PANCAP Director

List of Abstracts

Barbados

Community Site Increases HIV Service uptake by Men who have Sex with Men (MSM) and Transgender (TG) Persons in Barbados.



Presented by

Michael Rapley

Affiliation

Equals, Barbados

LEARNING OBJECTIVES

To recognise the importance of a community site in the uptake of HIV services by key populations and marginalised groups.

BACKGROUND

Data from the Barbados Ministry of Health indicates that there is limited access to HIV services by key populations, in part due to the perception by these communities that they will be discriminated against by health care workers in public health facilities. In an attempt to increase access, a civil society organization opened a community site that offered services to key populations.

PROGRAMME DESIGN

Equals, an LGBTQI+ community organisation, opened a drop-in center where LGBT persons can access HIV testing and counselling services, psychosocial support and other services, with an emphasis on men who have sex with men and transgender persons. The drop-in center is a residential building located in a quiet neighborhood, near the University of the West Indies, opened for the purpose of providing services to thse key population The services are provided through certified professionals, HIV and STI testing on Thursday evenings with Ministry personnel, psychosocial support on Friday evenings and support groups on select days on the weekend. The drop in center is open Tuesday to Saturday for the community to utilize if they need a safe space to escape from one evening a week. Outreach workers are utilized to reach and refer persons to the site and work with the service providers to help clients navigate services, such as accompanying them to other sites as required.

RESULTS AND LESSONS LEARNT

On average, 11 persons access HIV and STI services each month. During a two-year period, seven persons were diagnosed as HIV-positive per year. In a 14-month period, 30 persons benefited from the services of a psychologist. Outreach workers have interacted with over 250 individuals and over 120 of those persons were tested for HIV. Since the inception of the Equals drop-in center, approximately 10% of the national diagnosis of HIV-positive persons are as a result of their services.

CONCLUSIONS AND NEXT STEPS

The programme at Equals drop-in center suggests that a private site specifically geared toward serving the needs of key populations can increase their access to essential health services. Outreach workers are a powerful tool in linking persons to services. Once key population members interact with the service provider, the service provider is motivated to have them continue treatment and care if they test positive. Collaboration with the national programme has been key to the success of this project and therefore recommended to continue.

Guyana

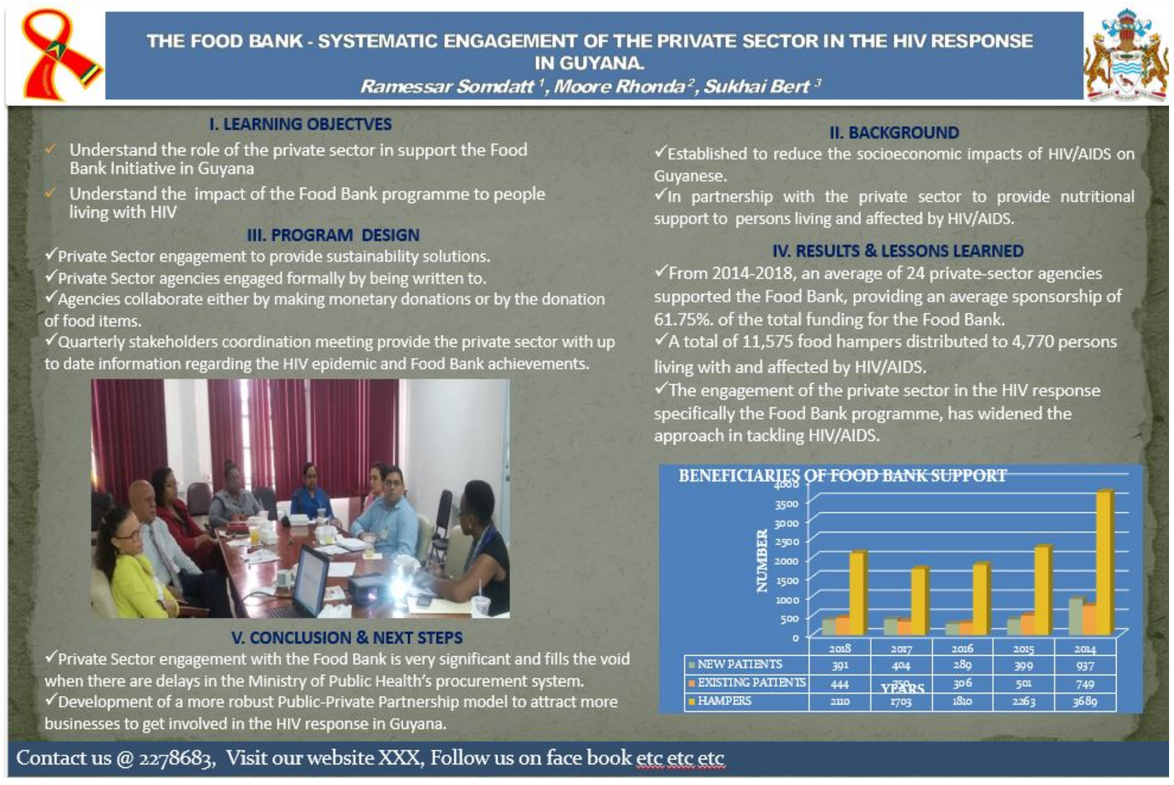
The Food Bank- Systematic Engagement of the Private Sector in the HIV Response in Guyana

Presented by

Ramessar Somdatt, Rhonda Moore, Sukhai Bert

Affiliation

National AIDS Programme Secretariat, Ministry of Public Health Guyana, NAMILCO Guyana



LEARNING OBJECTIVES

To recognise the impacts of the Food Bank programme in Guyana as well as the role of the Private Sector in aiding this programme.

BACKGROUND

One of the main thrusts of Guyana's National HIV programme is to reduce the socioeconomic impacts of HIV/AIDS on Guyanese. In 2006, the Food Bank programme was established in partnership with the private sector to provide nutritional support through monthly food hampers to eligible beneficiaries living with and affected by HIV/AIDS.

PROGRAMME DESIGN

In 2007, the Food Bank programme, facing issues of sustainability, began collaborating with the private sector for their greater engagement. This process commenced by identifying agencies and sending official letters which outlined the details of the Food Bank initiative, how agencies can partner and benefits of the partnership.
Upon formalising the partnership, the agencies either can provide monetary donations or provide food items. Agencies usually make six months to one-year commitments, which are subject to renewal at the sole discretion of the agency.
To honour this partnership, the National AIDS Programme provides the agencies with HIV related materials such as brochures, pamphlets, posters, condoms and lubricants. If there is a request for HIV testing in their agencies, it is provided free of cost to their employees. This is in addition to HIV awareness sessions.
At quarterly feedback sessions, the private sector is provided with updates on the HIV epidemic and more importantly, on the impact of their contribution to people living with HIV and AIDS. They are also assured that their support is utilised appropriately and transparently. The private sector support to the Food Bank is also documented in the Food Bank's Annual Reports and shared on the National AIDS Programme Secretariat's social media platforms.

RESULTS AND LESSONS LEARNT

From 2014-2018, 24 private-sector agencies supported the Food Bank contributing 61.75% of the total funding for the Food Bank. A total of 11,575 food hampers were distributed to 4,770 persons living with and affected by HIV/AIDS.

During the first semester of 2007, prior to the engagement of the Private Sector, the number of food hamper distributed was 448. By the the end of 2007, with private sector engagement, this exponentially increased to 986. Over the years this has progressively increased.

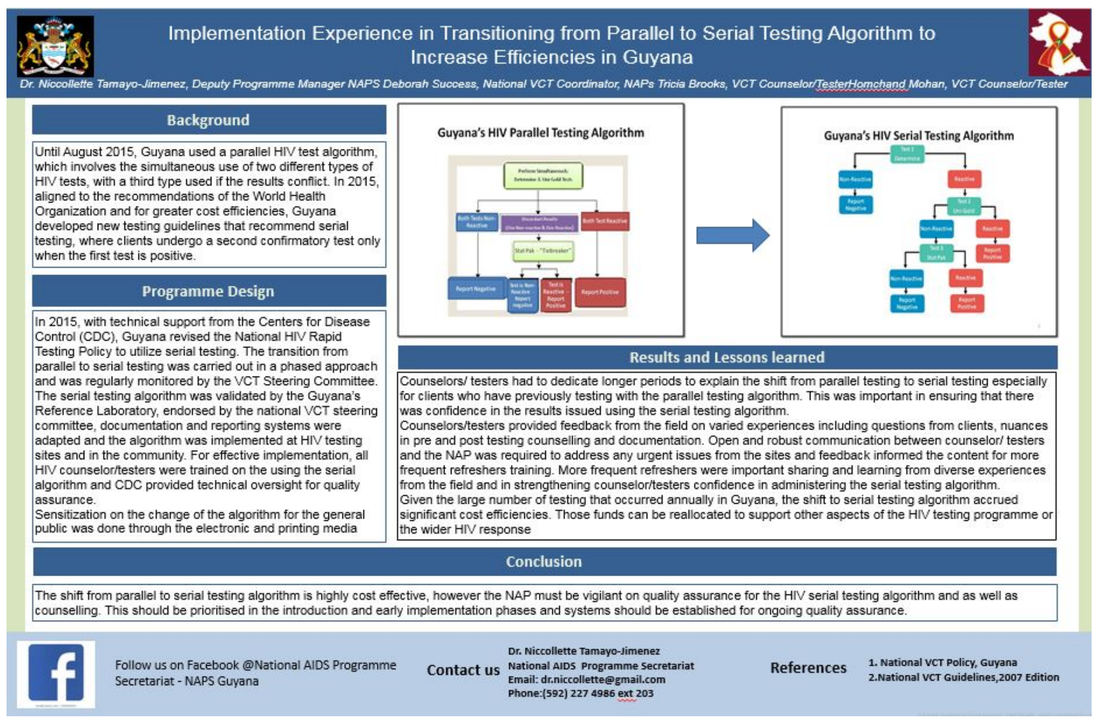
The engagement of the private sector in the HIV response, specifically the Food Bank programme, has expanded the approach in addressing HIV/AIDS. The partnership has created opportunities for HIV awareness and information flow to private sector employees. Communication materials, condoms and lubricants are all accessible to these employees for self empowerment and for safe sexual practices.

CONCLUSIONS AND NEXT STEPS

Private-sector engagement with the Food Bank is very significant in supporting a none-core function of the national programme. While this initiative has been successful, a more robust Public-Private Partnership model needs to be developed so that more businesses can be easily attracted to and be involved in the HIV response in Guyana.

Guyana

Implementation Experience in Transitioning from Parallel to Serial Testing Algorithm to Increase Efficiencies in Guyana.



Presented by

Niccollette Tamayo-Jimenez, Deborah Success, Tricia Brooks , Homchand Mohan

Affiliation

National AIDS Programme Secretariat, Ministry of Public Health

LEARNING OBJECTIVES

To understand the rationale and process for establishing HIV serial testing in Guyana.

BACKGROUND

Until August 2015, Guyana used a parallel HIV test algorithm, which involves the simultaneous use of two different types of HIV tests, with a third type used if the results conflict. In 2015, aligned to the recommendations of the World Health Organization and for greater cost efficiencies, Guyana developed new testing guidelines that recommend serial testing, where clients undergo a second confirmatory test only when the first test is positive.

PROGRAMME DESIGN

In 2015, with technical support from the Centers for Disease Control (CDC), Guyana revised the National HIV Rapid Testing Policy to utilise serial testing. The transition from parallel to serial testing was carried out in a phased approach and was regularly monitored by the VCT Steering Committee. The serial testing algorithm was validated by Guyana's Reference Laboratory, the validated serial testing algorithm was endorsed by the national VCT steering committee, documentation and reporting systems were adapted and the algorithm was implemented at HIV testing sites and in the community. For effective implementation, all HIV counsellor/testers were trained on using the serial algorithm and CDC provided technical oversight for quality assurance.
Sensitisation on the change of the algorithm for the general public was done through the electronic and printing media.

RESULTS AND LESSONS LEARNT

Counsellor/ testers had to dedicate longer periods to explain the shift from parallel testing to serial testing especially for clients who have previously tested with the parallel testing algorithm. This was important in ensuring that there was confidence in the results issued using the serial testing algorithm.
Counsellor/testers provided feedback from the field on varied experiences including questions from clients, nuances in pre and post-testing counselling and documentation. Open and robust communication between counsellor/testers and the NAP was required to address any urgent issues from the sites and feedback informed the content for more frequent refreshers training. More frequent refreshers were important sharing and learning from diverse experiences from the field and in strengthening counselor/testers confidence in administering the serial testing algorithm.
Given the large number of testing that occurred annually in Guyana, the shift to serial testing algorithm accrued significant cost efficiencies. Those funds can be reallocated to support other aspects of the HIV testing programme or the wider HIV response.

CONCLUSIONS AND NEXT STEPS

The shift from parallel to serial testing algorithm is highly cost effective, however, the NAP must be vigilant on quality assurance for the HIV test and as well as counselling.

Guyana

Re-linking Patients with HIV Infection to Care and Treatment Services through a Lost to Follow-up Initiative in Guyana

Presented by

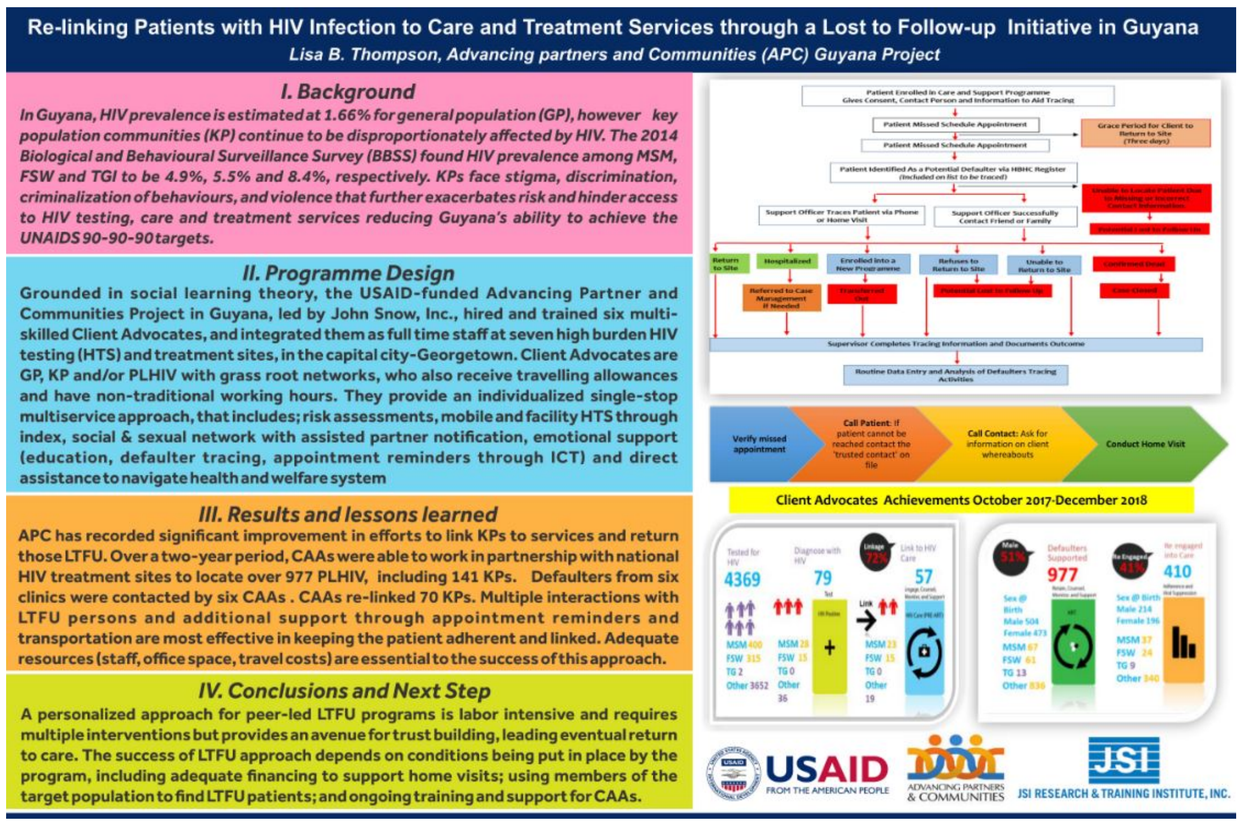
Lisa Thompson

Affiliation

Advancing Partners and Communities, USAID, Guyana

LEARNING OBJECTIVES

To describe a strategy that utilizes members from the target population to improve lost to follow-up (LTFU).



BACKGROUND

USAID's Advancing Partners and Communities (APC) Guyana project employs a combination approach to locate patients LTFU and encourage re-engagement to HIV care, using Client Advocate Associates (CAAs) who are KPs.

PROGRAMME DESIGN

The programme was designed to allow for timely identification of KPs within the larger patient population to initiate counselling and testing, conduct intensive contact and defaulter tracing and provide navigation and appointment reminders. Health care providers reviewed the Patient Monitoring Register (PMS) and generated lists of LTFU clients for CAAs to begin the tracing process. CAAs built relationships with LTFU clients via phone calls before home visits were made. Once a patient was contacted, he/she was supported by CAAs to return to the clinic and restart ART. Referrals were also provided. CAAs documented the outcome of their visits and shared reports with APC and health care providers at the sites.

RESULTS AND LESSONS LEARNT

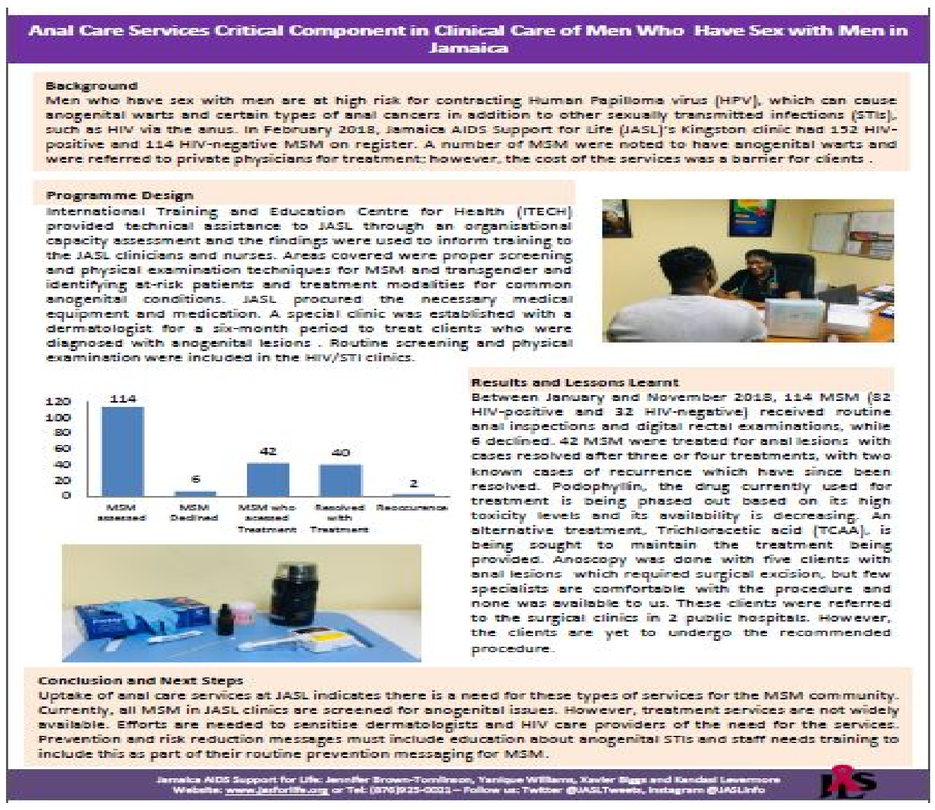
APC has recorded significant improvement in efforts to link KPs to services and return those LTFU. Over a two-year period, CAAs were able to work in partnership with national HIV treatment sites to locate over 1,227 PLHIV, including 163 KPs. Defaulters from six clinics were contacted by six CAAs . CAAs re-linked 82 KPs. Multiple interactions with LTFU persons and additional support through appointment reminders and transportation are most effective in keeping the patient adherent and linked. Adequate resources (staff, office space, travel costs) are essential to the success of this approach.

CONCLUSIONS AND NEXT STEPS

A personalised approach for peer-led LTFU programs is labor intensive and requires multiple interventions but provides an avenue for trust building, leading eventual return to care. The success of LTFU approach depends on conditions being put in place by the program, including adequate financing to support home visits; using members of the target population to find LTFU patients; and ongoing training and support for CAAs.

Jamaica

Anal Care Services Critical Component in Clinical Care of Men Who Have Sex with Men in Jamaica



Presented by

Jennifer Brown-Tomlinson, Xavier Biggs, Kandasi Levermore

Affiliation

Jamaica AIDS Support for Life

LEARNING OBJECTIVES

To recognise the need for anal care services for men who have sex with men (MSM) and ascertain the required steps to offer anal care services as part of a comprehensive clinical programme.

BACKGROUND

Men who have sex with men are at high risk for contracting Human Papilloma virus (HPV), which can cause anogenital warts and certain types of anal cancers in addition to other sexually transmitted infections (STIs), such as HIV via the anus. In February 2018, Jamaica AIDS Support for Life (JASL)'s Kingston clinic had 152 HIV-positive and 114 HIV-negative MSM on register. A number of MSM were noted to have anogenital warts and were referred to private physicians for treatment; however, the cost of the services was a barrier for clients.

PROGRAMME DESIGN

International Training and Education Centre for Health (ITECH) provided technical assistance to JASL through an organisational capacity assessment and the findings were used to inform training to the JASL clinicians and nurses. Areas covered were proper screening and physical examination techniques for MSM and transgender and identifying at-risk patients and treatment modalities for common anogenital conditions. JASL procured the necessary medical equipment and medication. A special clinic was established with a dermatologist for a six-month period to treat clients who were diagnosed with anogenital legions. Routine screening and physical examination were included in the HIV/STI clinics.

RESULTS AND LESSONS LEARNT

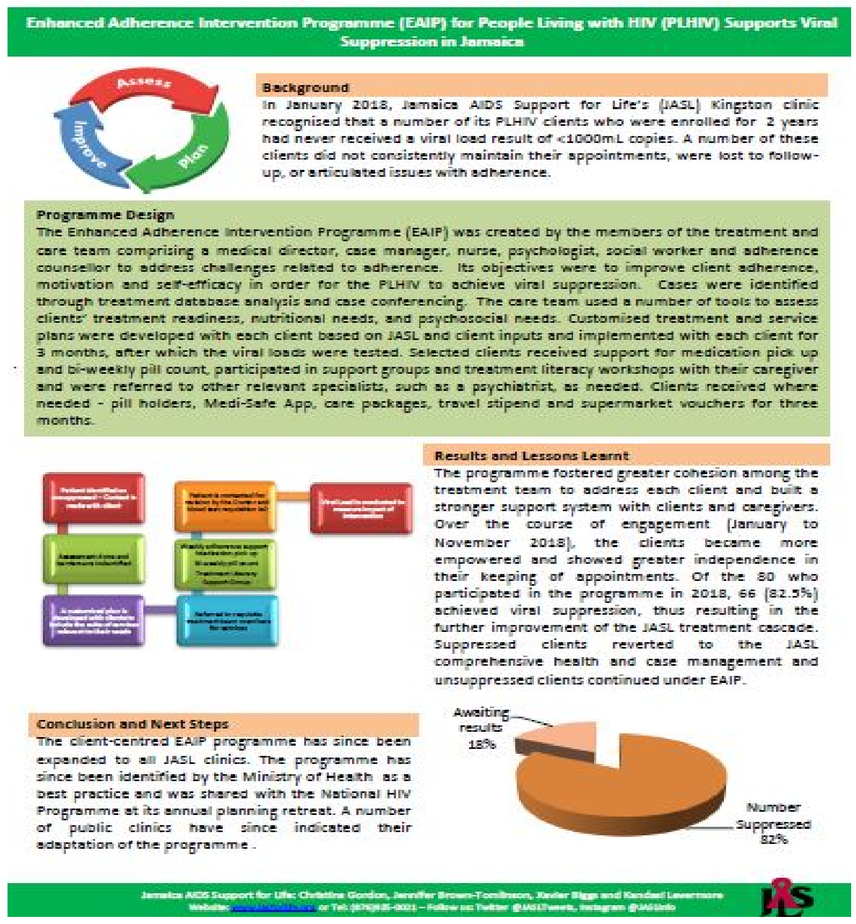
Between January and November 2018, 114 MSM (82 HIV-positive and 32 HIV-negative) received routine anal inspections and digital rectal examinations, while 6 declined. 42 MSM were treated for anal legions with cases resolved after three or four treatments, with two known cases of recurrence which have since been resolved. Podophyllin, the drug currently used for treatment is being phased out based on its high toxicity levels and its availability is decreasing. An alternative treatment, Trichloracetic acid (TCAA), is being sought to maintain the treatment being provided. Anoscopy was done with five clients with anal legions which required surgical excision, but few specialists are comfortable with the procedure and none was available to us. These clients were referred to the surgical clinics in 2 public hospitals. However, the clients are yet to undergo the recommended procedure.

CONCLUSIONS AND NEXT STEPS

Uptake of anal care services at JASL indicates there is a need for these types of services for the MSM community. Currently, all MSM in JASL clinics are screened for anogenital issues. However, treatment services are not widely available. Efforts are needed to sensitise dermatologists and HIV care providers of the need for the services. Prevention and risk reduction messages must include education about anogenital STIs and staff needs training to include this as part of their routine prevention messaging for MSM.

Jamaica

Enhanced Adherence Intervention Programme for People Living with HIV (PLHIV) Supports Viral Suppression in Jamaica



Presented by

Jennifer Brown-Tomlinson, Xavier Biggs, Kandasi Levermore

Affiliation

Jamaica AIDS Support for Life

LEARNING OBJECTIVES

To identify and adopt strategic approaches to support clients to achieve viral suppression.

BACKGROUND

In January 2018, Jamaica AIDS Support for Life's (JASL) Kington clinic recognised that a number of its PLHIV clients who were enrolled for 2 years had never received a viral load result of <1000mL copies. A number of these clients did not consistently maintain their appointments, were lost to follow-up, or articulated issues with adherence.

PROGRAMME DESIGN

The Enhanced Adherence Intervention Programme (EAIP) was created by the members of the treatment and care team comprising a medical director, case manager, nurse, psychologist, social worker and adherence counsellor to address challenges related to adherence. Its objectives were to improve client adherence, motivation and self-efficacy in order for people living with HIV to achieve viral suppression. Cases were identified through treatment database analysis and case conferencing. The care team used a number of tools to assess clients' treatment readiness, nutritional needs, and psychosocial needs. Customised treatment and service plans were developed with each client based on JASL and client inputs and implemented with each client for 3 months, after which the viral loads were tested. Selected clients received support for medication pick up and bi-weekly pill count, participated in support groups and treatment literacy workshops with their caregiver and were referred to other relevant specialists, such as a psychiatrist, as needed. Clients received where needed - pill holders, Medi-Safe App, care packages, travel stipend and supermarket vouchers for three months.

RESULTS AND LESSONS LEARNT

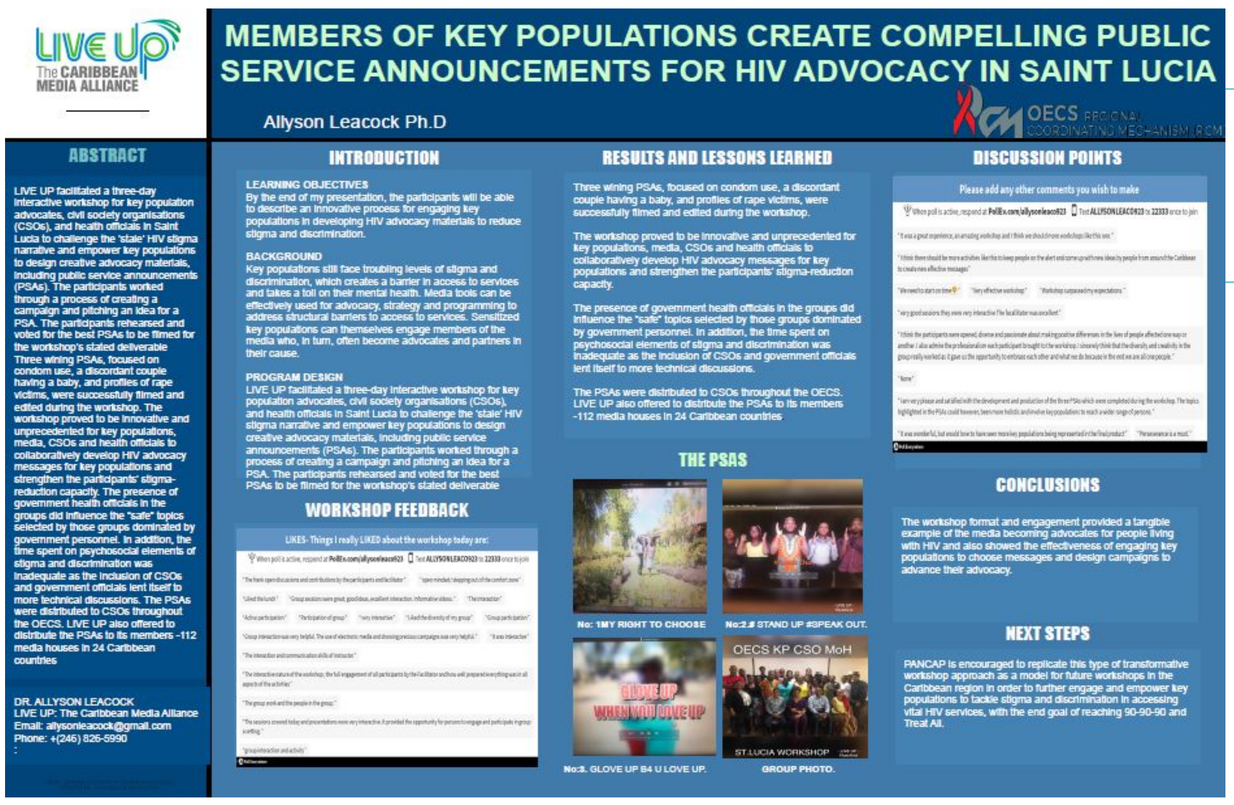
The programme fostered greater cohesion among the treatment team to address each client and built a stronger support system with clients and caregivers. Over the course of engagement (January to November 2018), the clients became more empowered and showed greater independence in their keeping of appointments. Of the 80 who participated in the programme in 2018, 66 (82.5%) achieved viral suppression, thus resulting in the further improvement of the JASL treatment cascade. Suppressed clients reverted to the JASL comprehensive health and case management and unsuppressed clients continued under EAIP.

CONCLUSIONS AND NEXT STEPS

The client-centred EAIP programme has since been expanded to all JASL clinics. The programme has since been identified by the Ministry of Health as a best practice and was shared with the National HIV Programme at its annual planning retreat. A number of public clinics have since indicated their adaptation of the programme.

Saint Lucia

Members of Key Populations Create Compelling Public Service Announcements for HIV Advocacy in St. Lucia



Presented by

Allyson Leacock

Affiliation

Live Up, The Caribbean Media Alliance

LEARNING OBJECTIVES

To describe an innovative process for engaging key populations in developing HIV advocacy materials to reduce stigma and discrimination.

BACKGROUND

Key populations still face troubling levels of stigma and discrimination, which creates a barrier in access to services and takes a toll on their mental health. Media tools can be effectively used for advocacy, strategy and programming to address structural barriers to access to services. Sensitised key populations can themselves engage members of the media who, in turn, often become advocates and partners in their cause.

PROGRAMME DESIGN

LIVE UP facilitated a three-day interactive workshop for key population advocates, civil society organisations (CSOs), and health officials in Saint Lucia to challenge the 'stale' HIV stigma narrative and empower key populations to design creative advocacy materials, including public service announcements (PSAs). The participants worked through a process of creating a campaign and pitching an idea for a PSA. The participants rehearsed and voted for the best PSAs to be filmed for the workshop's stated deliverable.

RESULTS AND LESSONS LEARNT

Three wining PSAs, focused on condom use, a discordant couple having a baby, and profiles of rape victims, were successfully filmed and edited during the workshop. The workshop proved to be innovative and unprecedented for key populations, media, CSOs and health officials to collaboratively develop HIV advocacy messages for key populations and strengthen the participants' stigma-reduction capacity. The presence of government health officials in the groups did influence the "safe" topics selected by those groups dominated by government personnel. In addition, the time spent on psychosocial elements of stigma and discrimination was inadequate as the inclusion of CSOs and government officials lent itself to more technical discussions. The PSAs were distributed to CSOs throughout the OECS. LIVE UP also offered to distribute the PSAs to its members -112 media houses in 24 Caribbean countries.

CONCLUSIONS AND NEXT STEPS

The workshop format and engagement provided a tangible example of the media becoming advocates for people living with HIV and also showed the effectiveness of engaging key populations to choose messages and design campaigns to advance their advocacy.
PANCAP is encouraged to replicate this type of transformative workshop approach as a model for future workshops in the Caribbean region in order to further engage and empower key populations to tackle stigma and discrimination in accessing vital HIV services, with the end goal of reaching 90-90-90 and Treat All.

Suriname

Chances for Life Resource Mobilization Approaches in 2018 towards Sustainable Programming for Key Populations in Suriname

Presented by

Tania Kambel -Codrington

Affiliation

New Beginnings/ Chances For Life

LEARNING OBJECTIVES

To understand the various Resource Mobilization Approaches (RMA) undertaken by Chances for Life (CFL) for sustainable programming.

BACKGROUND

The national HIV testing and treatment cascade of Suriname shows that 80% of People Living with HIV (PLHIV) know their status, 64% are on treatment and 65% are virally suppressed. CFL is a non - governmental organization that contributes towards these achievements. However, with the current trends of reducing funds and concerns around the sustainability of the HIV response over the last five years, CFL embarked on various RMAs as a response.

PROGRAMME DESIGN

CFL institutionalized RMA within the organisation by prioritising sustainability during the programme design phase and adopting a systematic approach through dedicated staff. The approach include strategic planning and implementation of activities that stimulate resources for CFL and its clients. They also focus on collaborative strategic partnerships and leveraging within the established CFL's network of support, services that includes various entities. CFL has established several income generation activities including social marketing and promotion of their services as well as a Work Motivation Programme(WMP), which motivates and supports clients to undertake gardening, furniture and craft making, cleaning, cooking, and peer education/navigation activities.

RESULTS AND LESSONS LEARNT

CFL has learnt that adequate skilled human resources are needed to undertake these approaches. The RMAs have led to meaningful strategic partnerships with supportive institutions providing CFL with free land for gardening and wood materials for making crafts and furniture. The WMP has been successful in income generation and also helps clients to better adapt to society. All income generated is reinvested to support CFL's operations and the unmet needs of clients as they transition back into society.

CONCLUSIONS AND NEXT STEPS

The experiences of CFL in RMAs, while still relatively new, can be adapted and implemented in similar contexts among other civil society organizations (CSOs) in the region, as sustainability planing becomes more urgent to bridge the financial gaps with declining donor funds and scope restrictions.

Suriname

Chances for Life's Cultural Mediation Strategy: An Effective Tool for Reaching and Mobilizing Latino Sex Workers in Suriname with Health Services in 2018

Presented by

Tania Kambel -Codrington

Affiliation

New Beginnings/ Chances For Life

LEARNING OBJECTIVES

To understand the concept, ingredients and benefits of a Cultural Mediation Strategy (CMS), as well as identify paths to incorporate the strategy in their respective programs.

BACKGROUND

Latino Sex Workers (SWs) is one of the main subgroups Chances for Life (CFL) reaches in Suriname. Programmes are designed to increase knowledge, services uptake and support mechanism towards risk reduction. However, this group has unique needs beyond the language barrier; hence, CFL facilitates strategies that increase their feeling of connectivity, self-efficacy and general acceptance of the programmes.

PROGRAMME DESIGN

The ingredients of CMS were customised to address specific needs of Latino SWs in Suriname. These facilitate self-identification, mobilisation, creating enabling and friendly environments at health facilities and establishing support mechanisms that are culturally sensitive. CFL conducts **periodic outreaches** at convenient locations, including homes where family members can also be reached. Weekly knowledge cafés that focus on the group's culture, beliefs, attitudes, values, cuisines, social networks and existing support mechanisms are hosted to facilitate self-identification. The CMS employs **liaison support** at various health care facilities to improve services uptake and focuses on sharing strategic information regarding health and other relevant issues. Lastly, CFL provides **social support** to the Latino SWs through food packages, day care and remedial teaching for children, education and counseling for families.

RESULTS AND LESSONS LEARNT

Over 56% of total known populations reached were Latinos. The group accounts for 56.8% HIV and 86.70 Sexually Transmitted Infection (STI) services provided by CFL in 2018. The CMS highlighted the critical need for self-identification in order to increase service uptake among subgroups, such as Latino SWs. The CMS goes beyond speaking the language and focuses on a total peer engagement model. Through CMS, new, incoming Latinos have faster and easier access to health services.

CONCLUSIONS AND NEXT STEPS

Tailoring health programmes and interventions to foster cultural identity among members of key populations can significantly increase impact in a short period. Implementers should consider utilising CMS to increase uptake of health services.

The Republic of Trinidad and Tobago

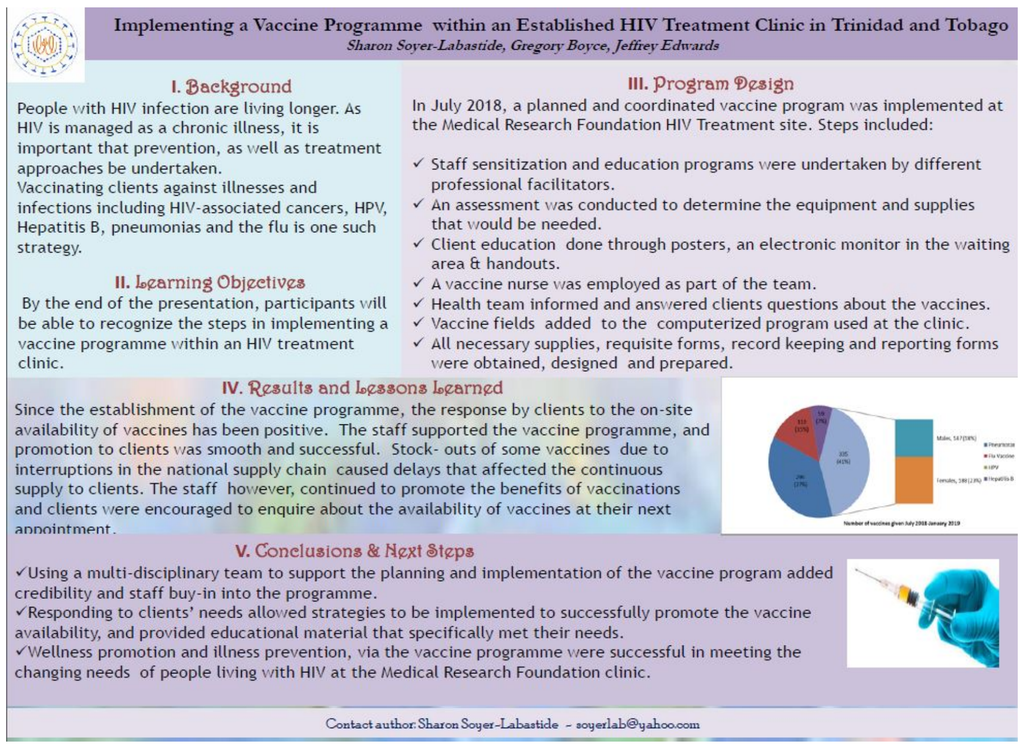
Implementing a Vaccine Programme within an Established HIV Treatment Clinic in the Republic of Trinidad and Tobago

Presented by

Sharon Soyer-Labastide

Affiliation

Medical Research Foundation



LEARNING OBJECTIVES

To recognise the steps in implementing a vaccine programme within an HIV treatment clinic.

BACKGROUND

People infected with HIV are living longer. As HIV is managed as a chronic illness, it is important that prevention, as well as treatment approaches, be undertaken. Vaccinating clients against illnesses and infections including HIV-associated cancers, HPV, Hepatitis B, pneumonias and the flu is one such strategy.

PROGRAMME DESIGN

In July 2018, a planned and coordinated vaccine programme was implemented at the Medical Research Foundation HIV Treatment site. Staff sensitization and education programmes were undertaken by different professional facilitators, and a vaccine nurse was employed as part of the team. An assessment was conducted to determine the equipment and supplies that would be needed. All necessary supplies, requisite forms, record keeping and reporting forms were obtained, designed and prepared, including incorporating an electronic recording system onto the computerised programme used at the clinic. Client education was done through posters, an electronic education presentation in the waiting area, handouts and the health care team informed and answered questions about the vaccines.

RESULTS AND LESSONS LEARNT

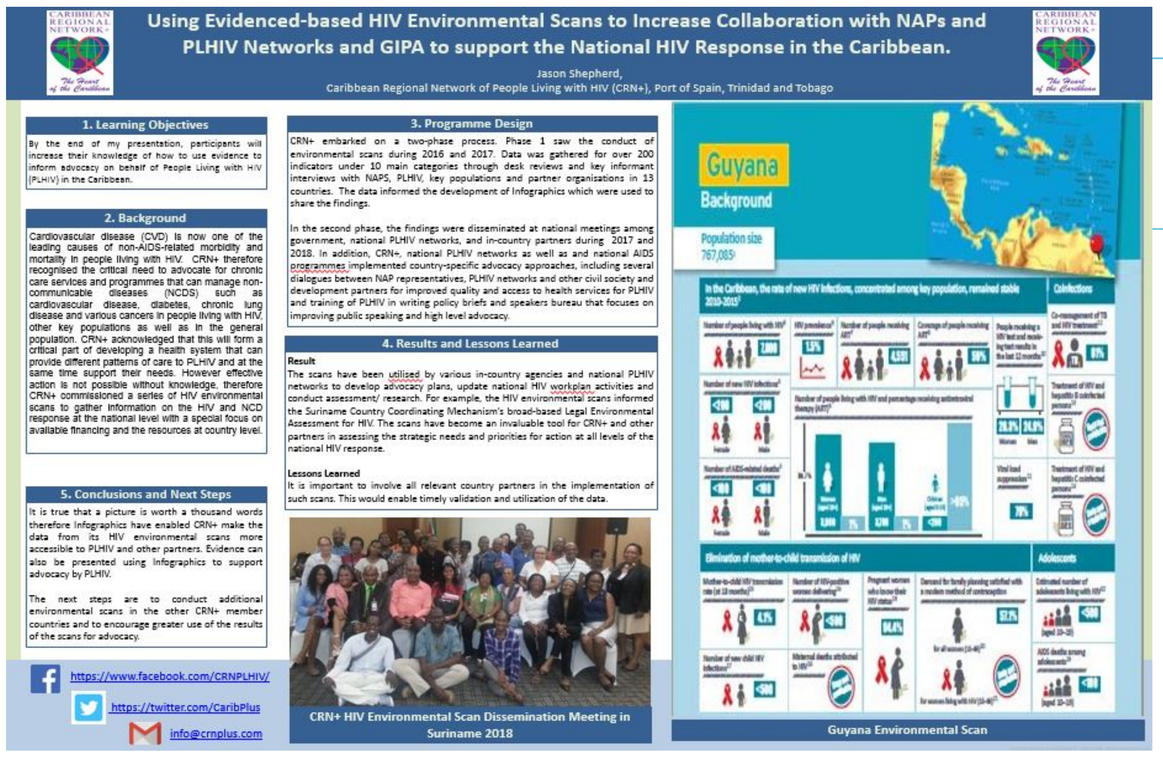
Since the establishment of the vaccine programme, the response by clients to the on-site availability of vaccines has been positive. The staff supported the vaccine programme, and promotion to clients was smooth and successful. Although stock- outs at intervals caused delays that affected the continuous supply, there was still sustained interest in the programme. From July 2018-January 2019, a total of 809 doses of vaccines were administered to clients ages 16-65 year, with 335 (41%) clients (147 males/188 females) receiving the HPV vaccine, 296 (37%) the Pneumovax vaccine, 119 (15%) the flu vaccine and 59 (7%) the Hepatitis vaccine.

CONCLUSIONS AND NEXT STEPS

Using a multi-disciplinary team to support the planning and implementation of the vaccine programme added credibility and staff buy-in into the programme. Responding to clients' needs allowed strategies to be implemented to successfully promote the vaccine availability, and provided educational material that specifically met their needs. Wellness promotion and illness prevention via the vaccine programme were successful in meeting the changing needs of people living with HIV at the Medical Research Foundation clinic.

CRN+

Using Evidenced-based HIV Environmental Scans to Increase Collaboration with NAPs and PLHIV Networks and GIPA to support the National HIV Response in the Caribbean



Presented by

Jason Shepherd

Affiliation

Caribbean Regional Network of People Living with HIV (CRN+)

LEARNING OBJECTIVES

To increase knowledge of how to use evidence to inform advocacy on behalf of People Living with HIV (PLHIV) in the Caribbean.

BACKGROUND

Cardiovascular disease (CVD) is now one of the leading causes of non-AIDS-related morbidity and mortality in People Living with HIV. CRN+ therefore, recognised the critical need to advocate for chronic care services and programmes that can manage non-communicable diseases (NCDS) such as cardiovascular disease, diabetes, chronic lung disease and various cancers in people living with HIV, other key populations as well as in the general population. Caribbean Regional Network of People Living with HIV (CRN+) acknowledged that this would form a critical part of developing a health system that can provide different patterns of care to PLHIV and at the same time support their needs. However effective action is not possible without knowledge, therefore CRN+ commissioned a series of HIV environmental scans to gather information on the HIV and NCD response at the national level with a special focus on available financing and the resources at country level.

PROGRAMME DESIGN

CRN+ embarked on a two-phase process. Phase 1 saw the conduct of environmental scans during 2016 and 2017. Data was gathered for over 200 indicators under 10 main categories through desk reviews and key informant interviews with NAPS, PLHIV, key populations and partner organisations in 13 countries. The data informed the development of Infographics which were used to share the findings.

In the second phase, the findings were disseminated at national meetings among government, national PLHIV networks, and in-country partners during 2017 and 2018. In addition, CRN+, national PLHIV networks as well as and national AIDS programmes implemented country-specific advocacy approaches, including several dialogues between NAP representatives, PLHIV networks and other civil society and development partners for improved quality and access to health services for PLHIV and training of PLHIV in writing policy briefs and speakers bureau that focuses on improving public speaking and high level advocacy.

RESULTS AND LESSONS LEARNT

The scans have been utilised by various in-country agencies and national PLHIV networks to develop advocacy plans, update national HIV workplan activities and conduct assessment/ research. For example, the HIV environmental scans informed the Suriname Country Coordinating Mechanism's broad-based Legal Environmental Assessment for HIV. The scans have become an invaluable tool for CRN+ and other partners in assessing the strategic needs and priorities for action at all levels of the national HIV response.
It is important to involve all relevant country partners in the implementation of such scans. This would enable timely validation and utilisation of the data.

CONCLUSIONS AND NEXT STEPS

It is true that a picture is worth a thousand words therefore, Infographics have enabled CRN+ make the data from its HIV environmental scans more accessible to PLHIV and other partners. Evidence can also be presented using Infographics to support advocacy by PLHIV.
The next steps are to conduct additional environmental scans in the other CRN+ member countries and to encourage greater use of the results of the scans for advocacy.

CMLF

Introduction of GeneXpert Technology in the Organisation of Eastern Caribbean States to Facilitate Tuberculosis and HIV Viral Load Testing for Key Affected Populations

Presented by

Valerie Wilson

Affiliation

Caribbean MedLabs Foundation

LEARNING OBJECTIVES

To describe the justification and introduction of GeneXpert within the Organisation of Eastern Caribbean States (OECS) and apply the process to introduce new technologies into any laboratory.

BACKGROUND

A Pan American Health Organization (PAHO) assessment of TB programmes in 2017 recommended utilisation of GeneXpert technology to strengthen laboratory services in OECS countries. However, countries were not convinced of the cost-effectiveness and potential improvements. The purpose of this intervention was to justify the adoption of GeneXpert technology within the OECS and ensure a process for its introduction that would meet Laboratory Quality Management Systems – Stepwise Improvement Process (LQMS-SIP) Tier 1 requirements for basic laboratory quality.

PROGRAMME DESIGN

In January 2018, the OECS Principal Recipient of the Global Fund Grant and Caribbean Med Labs Foundation (CMLF) presented OECS Chief Medical Officers and Laboratory Directors with evidence illustrating that GeneXpert would provide significant cost savings and improve quality of care for TB patients. Very importantly, GeneXpert would bring capacity also for HIV viral load and many other bacterial and viral infections (e.g. chlamydia, Hepatitis C).

The process for introducing this new technology included training of laboratory staff, validating the methodology, implementing LQMS-SIP Tier 1 requirements, establishing arrangements for warranty and maintenance, and sign-off by the Ministry of Health to allocate the budget for ongoing costs.

RESULTS AND LESSONS LEARNT

Based on the available OECS Global Fund budget, four OECS countries received GeneXpert technology. They completed the validation for TB testing with support from CMLF and the Caribbean Public Health Agency (CARPHA), and are now conducting their own TB testing by this method. They are currently conducting the validation for HIV viral load testing with support from the Barbados HIV Reference Laboratory. The intervention implemented required documentation and processes to meet Tier 1 requirements of the LQMS-SIP - including training and certification of laboratory staff, standard operating procedures, quality control and external quality assessment, equipment maintenance, etc. The OECS PR provided feedback to Ministries of Health to ensure ongoing budgetary support.

CONCLUSIONS AND NEXT STEPS

The introduction of quality-assured GeneXpert technology in OECS public laboratories has the potential to radically improve care and support of persons living with HIV, infected by TB, and/or a range of viral and bacterial infections. The creation of LQMS-SIP requirements for introduction of new tests will serve as a guideline for introduction of new technologies into any laboratory.

CMLF

Conducting an HIV and Syphilis Rapid Test Validation Study in Five Organisation of Eastern Caribbean States (OECS) in 2018: A Strategy for Conducting A Study in a Geographically and Resource Challenging Environment.

Presented by

Wendy Kitson-Piggott

Affiliation

Caribbean MedLabs Foundation

LEARNING OBJECTIVES

To describe the importance of country ownership to achieving study outcomes and to describe how e-technology can facilitate studies in geographically challenging environments and explain how collaborative partnerships with suppliers can help when resources are limited.

BACKGROUND

Expanding access to timely and reliable HIV and syphilis rapid testing at the community level in the OECS is a critical strategy for achieving the UN 90-90-90 targets, including eliminating the transfer of HIV and syphilis from mothers to babies. There was an urgent need to conduct validations and/or re-validations of HIV and syphilis rapid test algorithms being used in five OECS countries, to ensure reliability of test information.

PROGRAMME DESIGN

Conducting validations of HIV and syphilis rapid test algorithms in OECS countries, while maintaining rigor and integrity of the process, presented both geographic and resource challenges. The Caribbean Med Labs Foundation (CMLF) addressed these challenges by providing coordinating leadership for a regional validation process through (1) developing a draft protocol that outlined the importance of validations (2) engaging OECS health decision-makers in the protocol review to encourage ownership (3) ensuring that the protocol met countries' research requirements (4) identifying a country liaison and study team for training & in-country coordination (5) providing detailed implementation guidance (6) using Zoom e-technology and emails for online planning and implementation meetings and process monitoring (7) securing reagent donations through supplier collaboration.

RESULTS AND LESSONS LEARNT

E-technology, country and supplier ownership and collaboration were critical success strategies. Five HIV and three syphilis rapid tests were successfully validated. Study outcomes led to recommendations from the OECS Secretariat to countries for selection of HIV and syphilis algorithms.

CONCLUSIONS AND NEXT STEPS

Conducting rigorous multi-country validations with limited resources is feasible. Geographic and resource challenges can be managed using effective coordinating strategies, e-technology and collaborative partnerships. Next steps will include expansion of validation interventions to four additional CARICOM countries using these strategies.

CVC

The Caribbean Civil Society Shared Incident Database: A Monitoring, Reporting and Redress Mechanism to Strengthen Community Response to Stigma and Discrimination

Presented by

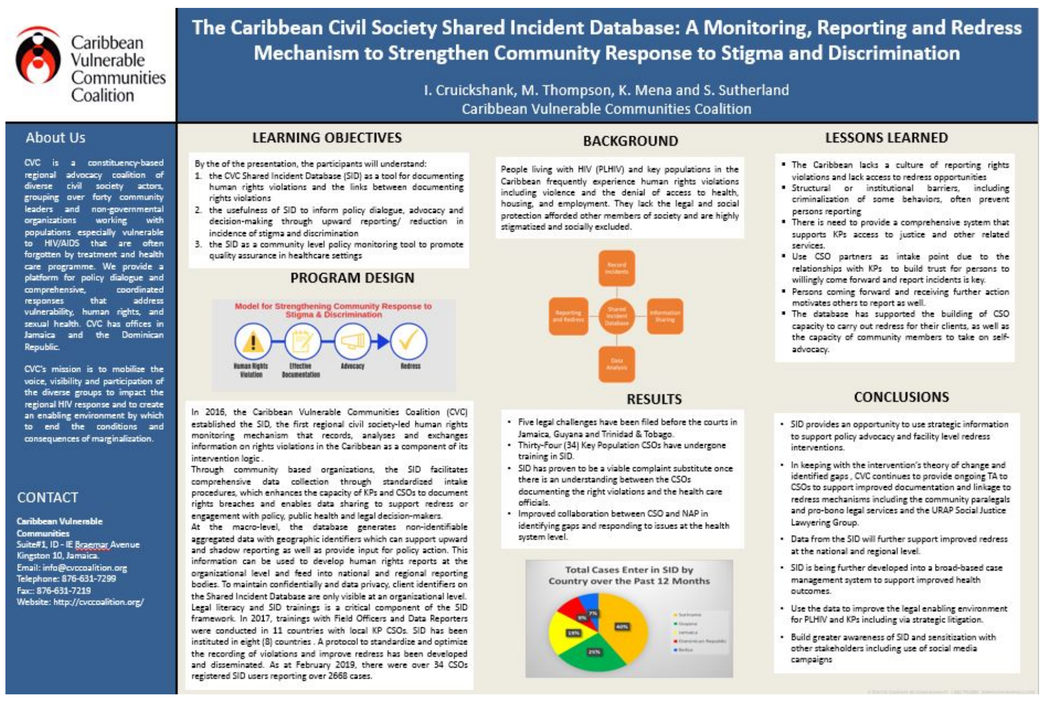
Ivan Cruickshank, Marlon Bristol, Kristina Mena

Affiliation

Caribbean Vulnerable Communities Coalition

LEARNING OBJECTIVES

To understand the CVC Shared Incident Database (SID) as a tool for documenting human rights violations. It will also highlight the links between documenting rights violations, its usefulness of SID to inform policy dialogue, advocacy and decision-making through upward reporting/ reduction in incidence of stigma and discrimination and as a community level policy monitoring tool to promote quality assurance in healthcare settings.



BACKGROUND

People Living with HIV (PLHIV) and key populations in the Caribbean frequently experience human rights violations including violence and the denial of access to health, housing, and employment. They lack the legal and social protection afforded other members of society and are highly stigmatised and socially excluded.

PROGRAMME DESIGN

In 2016, the Caribbean Vulnerable Communities Coalition (CVC) established the SID, the first regional civil society-led human rights monitoring mechanism that records, analyses and exchanges information on rights violations in the Caribbean as a component of its intervention logic.
Through **community-based organizations**, the SID facilitates comprehensive data collection through standardised intake procedures, which enhances the capacity of KPs and CSOs to document rights breaches and enables data sharing to support redress or engagement with policy, public health and legal decision-makers.
At the macro-level, the database generates non-identifiable aggregated data with geographic identifiers which can support upward and shadow reporting as well as provide input for policy action. This information can be used to develop human rights reports at the organisational level and feed into national and regional reporting bodies. To maintain confidentially and data privacy, client identifiers on the Shared Incident Database are only visible at an organisational level.
Legal literacy and SID trainings is a critical component of the SID framework. In 2017, Trainings with Field Officers and Data Reporters were conducted in 11 countries with local KP CSOs. SID has been instituted in eight countries. A protocol to standardise and optimise the recording of violations and improve redress has been developed and disseminated. As of February 2019, there were over 34 CSOs registered SID users reporting over 2668 cases.

RESULTS AND LESSONS LEARNT

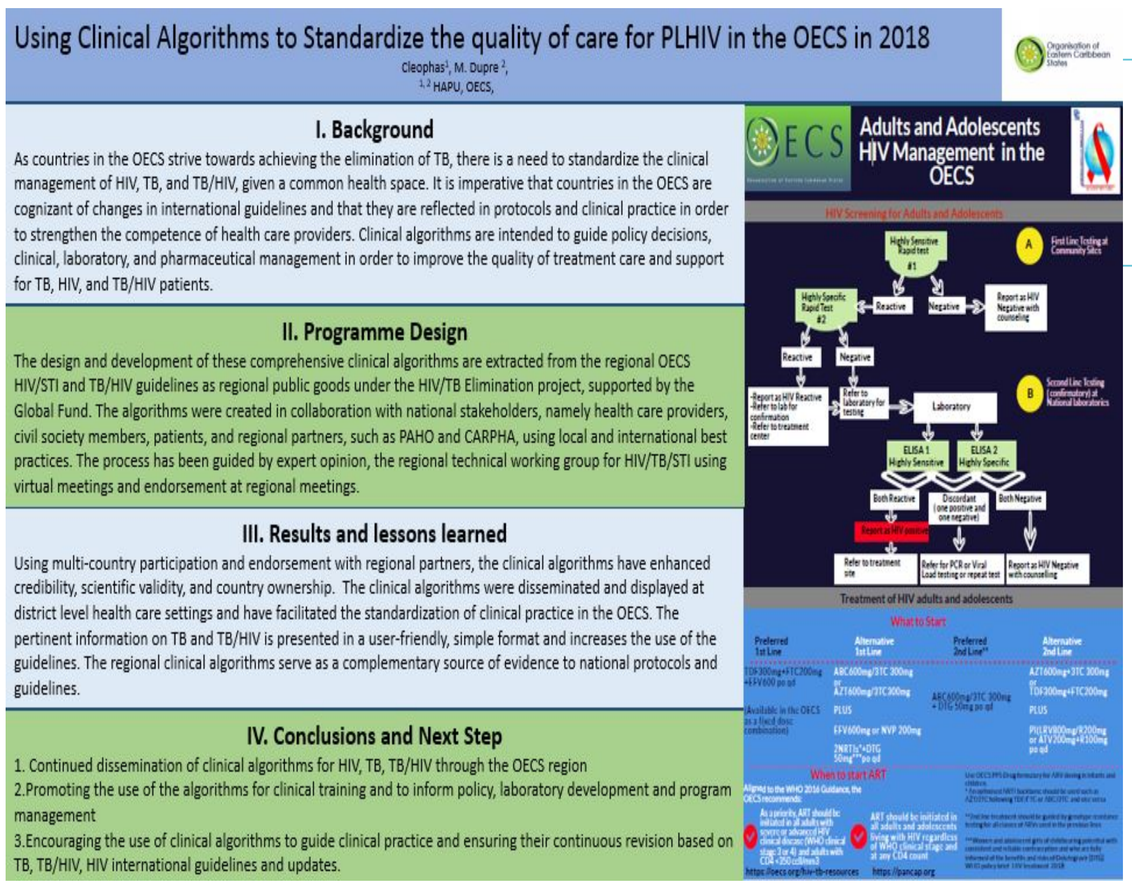
- Five legal challenges have been filed before the courts in Jamaica, Guyana and Trinidad & Tobago.
- Thirty-Four Key Population CSOs have undergone training in SID.
- SID has proven to be a viable complaint substitute once there is an understanding between the CSOs documenting the rights violations and the health care officials.
- Improved collaboration between CSO and NAP in identifying gaps and responding to issues at the health system level.
- The Caribbean lacks a culture of reporting rights violations and lack access to redress opportunities
- Structural or institutional barriers, including criminalization of some behaviors, often prevent persons reporting
- There is need to provide a comprehensive system that supports KPs access to justice and other related services.
- Use CSO partners as intake point due to the relationships with KPs to build trust for persons to willingly come forward and report incidents is key.
- Persons coming forward and receiving further action motivates others to report as well.
- The database has supported the building of CSO capacity to carry out redress for their clients, as well as the capacity of community members to take on self-advocacy.

CONCLUSIONS AND NEXT STEPS

- SID provides an opportunity to use strategic information to support policy advocacy and facility level redress interventions in keeping with the intervention's theory of change and identified gaps , CVC continues to provide ongoing TA to CSOs to support improved documentation and linkage to redress mechanisms including the community paralegals and pro-bono legal services and the URAP Social Justice Lawyering Group.
- Data from the SID will further support improved redress at the national and regional level.
- SID is being further developed into a broad-based case management system to support improved health outcomes.
- Use the data to improve the legal enabling environment for PLHIV and KPs including via strategic litigation.
- Build greater awareness of SID and sensitisation with other stakeholders including the use of social media campaigns.

OECS

Using Clinical Algorithms to Standardise the Quality of Care for People Living with HIV in the Organisation of Eastern Caribbean States in 2018



Presented by

Cleophas D'Auvergne, Lynette Hardy, Marcia Dupre

Affiliation

OECS HIV TB Elimination Project

LEARNING OBJECTIVES

By the end of my presentation, the participants will be able to understand the utility of developing and implementing clinical algorithms to improve screening, quality laboratory testing, diagnosis and clinical management of HIV and TB by health care providers in the OECS.

BACKGROUND

As countries in the OECS strive towards achieving the elimination of TB, there is a need to standardise the clinical management of HIV, TB, and TB/HIV, given a common health space. It is imperative that countries in the OECS are cognizant of changes in international guidelines and that they are reflected in protocols and clinical practice to strengthen the competence of health care providers. Clinical algorithms are intended to guide policy decisions, clinical, laboratory, and pharmaceutical management to improve the quality of treatment care and support for TB, HIV, and TB/HIV patients.

PROGRAMME DESIGN

The design and development of these comprehensive clinical algorithms are extracted from the regional OECS HIV/STI and TB/HIV guidelines as regional public goods under the HIV/TB Elimination project, supported by the Global Fund. The algorithms were created in collaboration with national stakeholders, namely health care providers, civil society members, patients, and regional partners, such as PAHO and CARPHA, using local and international best practices. The process has been guided by expert opinion, the regional technical working group for HIV/TB/STI using virtual meetings and endorsement at regional meetings.

RESULTS AND LESSONS LEARNT

Using multi-country participation and endorsement with regional partners, the clinical algorithms have enhanced credibility, scientific validity, and country ownership. The clinical algorithms were disseminated and displayed at district level health care settings and have facilitated the standardisation of clinical practice in the OECS. The pertinent information on TB and TB/HIV is presented in a user-friendly, simple format and increases the use of the guidelines. The regional clinical algorithms serve as a complementary source of evidence to national protocols and guidelines.

CONCLUSIONS AND NEXT STEPS

1. Continued dissemination of clinical algorithms for HIV, TB, TB/HIV through the OECS region
2. Promoting the use of the algorithms for clinical training and to inform policy, laboratory development and programme management
3. Encouraging the use of clinical algorithms to guide clinical practice and ensuring their continuous revision based on TB, TB/HIV, HIV international guidelines and updates.

OECS

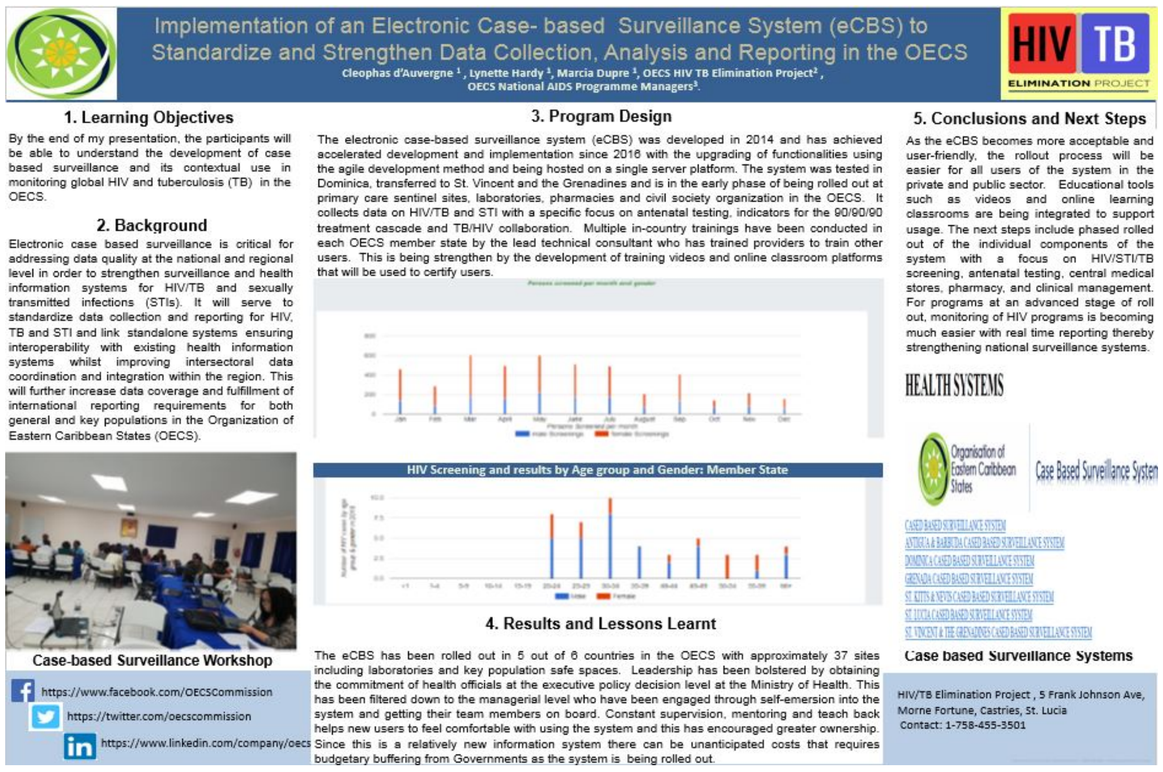
The Organisation of Eastern Caribbean States Electronic Case-Based Surveillance System to Standardize Data Collection, Analysis and Reporting in the OECS.

Presented by

Cleophas D'Auvergne, Lynette Hardy, Marcia Dupre

Affiliation

OECS HIV TB Elimination Project



LEARNING OBJECTIVES

To understand the development of case base surveillance and its contextual use in monitoring global HIV and tuberculosis (TB) in the OECS.

BACKGROUND

Electronic case base surveillance is critical for addressing data quality at the national and regional level to strengthen surveillance and health information systems for HIV/TB and sexually transmitted infections (STIs). It will serve to harmonize disaggregated data systems for HIV, TB and STIs and improve data coordination and integration into a regional OECS reporting system, as well as increase data coverage and fulfillment of international reporting requirements for both general and key populations in the Organisation of Eastern Caribbean States (OECS).

PROGRAMME DESIGN

The electronic case-based surveillance system (ECBS) is designed to collect HIV/STI/TB data from peripheral sites into one central database that will allow for effective analysis and reporting. It will provide the platform for real-time programme monitoring and evaluation inclusive of the public, civil society and the private sector. The installation of the system at sentinel sites including safe spaces for key populations serves to strengthen the coordination of HIV/STI/TB services and facilitates equal access to health care services for all.

RESULTS AND LESSONS LEARNT

Through the implementation of case-based surveillance, it was recognised that leadership at the political level and ownership at the district level facilitates sustainability. The concomitant use of the paper-based and ECBS is necessary to ensure a well-functioning system. Lastly, continuous quality improvement should be considered as the costs for implementation can be exorbitant.

CONCLUSIONS AND NEXT STEPS

As the ECBS becomes more acceptable and user-friendly, the roll-out process will be easier for all sectors of society. Case-based surveillance provides a mechanism for multi-sectoral collaboration on data collection, analysis and reporting on HIV/STI/TB for national surveillance. The data generated from case-based surveillance can help to improve the real-time monitoring and evaluation of the HIV/TB/STI situation across the region.

OECS

Size Estimation of Key Populations in the Organisation of Eastern Caribbean States to Guide Programming and Resource Allocation of the HIV Response

Presented by

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Affiliation

OECS HIV TB Elimination Project

LEARNING OBJECTIVES

To describe the process of conducting a size estimation study for small multi-island states.

BACKGROUND

For many years, it has been difficult to characterise key populations in the Organisation of Eastern Caribbean States (OECS) region in terms of their numbers, geographic distribution and access to health care services. This unfortunately affected the countries' ability to meet international reporting requirements for key populations. The purpose of this study was to provide an estimate of key populations using various methodologies that are best suited to the OECS context, as well as to understand the knowledge, attitude and behaviors that may serve as barriers to accessing health care services.

PROGRAMME DESIGN

A comprehensive study was conducted in six member states of the Eastern Caribbean between March 2017 to June 2018 to ascertain the size of key populations in the OECS and characterise the diverse sub-populations. It began with inception meetings with countries to conduct formative assessments, including obtaining country IRB approvals, multi-stakeholder participation in the preparatory work, and meticulous in-country visits. Some of the key methodologies involved adaptation of the standard approach to conducting population size estimates (PSE) to account for the small country context of the OECS, use of innovative sampling techniques such as indigenous field worker sampling, and a participatory action research approach.

RESULTS AND LESSONS LEARNT

The study found that adherence to standardised protocols are important for success. Obtaining early IRB approval for the study was critical for accelerating implementation. Lastly, multi-sectoral collaboration between civil society and Ministry of Health is important in coordination, planning, and study implementation.

CONCLUSIONS AND NEXT STEPS

The OECS PSE results provide comprehensive data on sub-populations most-at-risk for acquiring HIV and the size of the populations where new infections are occurring. The results of this groundbreaking PSE study will be used as baseline targets for health planning and meeting international reporting requirements. Members of key populations that are trained on this methodology can be deployed to support national operational research. Lastly, issues surrounding the Transgender Community in the region need to be given greater priority in the OECS.

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