National HIV/AIDS Strategic Plan

Ministry of Health
Commonwealth of The Bahamas

National AIDS Programme

2016-2021

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Acknowledgments

The National HIV/AIDS Strategic Plan (NASP) 2016-2021 is the result of contributions of many key stakeholders including the committed staff of the National HIV/AIDS Centre, other governmental agencies, the HIV/AIDS Resource committee, national organizations, people living with HIV/AIDS, members of key populations, civil society partners, and external partners including PAHO/WHO, CDC/PEPFAR, and CARPHA.

The National AIDS Programme wishes to thank all partners who have contributed their time and dedication to the creation of this plan and appreciate their ongoing commitment in the fight against AIDS in The Bahamas.

Foreword

The National HIV/AIDS Programme (NAP) is delighted to present the National HIV/AIDS Strategic Plan (NASP) 2016-2021. The NASP will serve as a practical guide to inform the development of work plans to ensure that the NAP activities are aligned with key priorities.

The NASP 2016 – 2021 is the result of a process that began with Steering Committee meetings that occurred in early 2015 to outline the framework for the development of the plan. The outgoing NASP 2007- 2015 (Draft) was reviewed in detail by the Caribbean Public Health Agency (CARPHA) in the latter half of 2015. This provided feedback on the NASP 2007-2015 (Draft) and informed the NASP 2016-2021. The Pan American Health Organization/World Health Organization provided support and collaboration to the NAP for the drafting of the NASP 2016-2021. In the months that followed, partners including the CDC/PEPFAR, advocates, community members, state and non-state collaborators engaged in discussions and provided feedback to produce a collaborative plan. At several points along the way, members of national organizations, private partners and civil society partners were offered the opportunity to provide input, including participation in key stakeholders meetings to comment on the goals, objectives and strategies of the NASP.

The NASP 2016-2021 reflects the NAP's commitment toward the goal of ending AIDS, including new strategies for HIV prevention, early treatment initiatives and maximizing our effect on the epidemic at every level including internal coordination, collaboration, resource allocation and the use of strategic information.

Already, the plan is making a difference including the implementation of treatment for all as a part of the early HIV treatment initiative.

This plan is the way forward in achieving the end of AIDS and we are committed to its implementation.

Dr. Nikkiah Forbes
Director, National HIV/AIDS and Infectious Diseases Programme

Executive Summary

As of the 31st of December 2014, The Bahamas had a cumulative total of 13,366 reported cases of HIV/AIDS. An estimated 8,630 persons were living with HIV in The Bahamas at the end of December 2014. Two hundred and sixty-seven (267) persons were newly diagnosed with HIV infections in 2014. This represents a reduction of newly-reported HIV cases by 28% and 51% compared to the years 2005 and 2000, respectively. HIV adult prevalence rate was reported as 3% in 2012 and decreased to 2% in 2014. New diagnoses have decreased among most demographic groups; however, cases among youth have increased and late diagnosis remains a challenge.[1]

In 2009, The Bahamas entered into an agreement with the government of the United States of America (U.S.) for the introduction of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) cooperative agreement. As a result of the PEPFAR grant, The Bahamas has been able to scale up HIV testing to reach persons who would not traditionally come to health care settings for testing, allowing more persons to know their HIV status.

The National AIDS Programme (NAP) has been the action framework for the response to AIDS epidemic in the Bahamas since the detection of the disease in the country in the early 1980's. With the Ministry of Health as its backbone, the National AIDS Programme embraces many of the best practices embodied in the Three Ones Principles.

The National AIDS Programme is guided by the National HIV/AIDS Strategic Plan (NASP). The NASP was initially developed in 2000 and integrated into the National Health Services Strategic Plan. This document updates previous iterations of the National AIDS Strategic Plan.

The National AIDS Secretariat was established in 1988 to advise the Ministry of Health on policy issues and to mobilize different sectors of society in the fight against HIV/AIDS. In 2002, the mandate of the AIDS Secretariat was enhanced and was re-named the National HIV/AIDS Centre, charged with being the national oversight, planning, training, and coordination and evaluation body for The Bahamas' response to HIV/AIDS.

The delivery of HIV/AIDS prevention, treatment, care and support services is coordinated by the National HIV/AIDS Centre in Nassau, and delivered through clinics in the Princess Margaret Hospital (PMH) in New Providence and at the Rand Memorial Hospital (RMH) in Grand Bahama. There are multiple entry-points, generally through voluntary counselling and testing services provided at most public health clinics and many private clinics.

The NASP 2016-2021 addresses the challenges of continuing the scale-up efforts toward universal access to comprehensive prevention, treatment, care and support services, including decentralization and integration of comprehensive care with an enhanced focus on accelerating the response in an effort to fast track to the end of the AIDS epidemic.

The development of the NASP 2016-2021 benefited and was informed by a formal end of term evaluation of the outgoing NASP 2007-2015 (Draft). The end of term evaluation documented lessons learned and informed the development of the NASP. It also identified challenges and facilitating factors of key targets in the outgoing NASP. The NASP 2016-2021 builds on the strengths and best practices of the previous plan and strategically addresses the challenges.

[1] Ministry of Health. 2016. *HIV/AIDS Surveillance Fact Sheet – 2014*. Nassau.

The evaluation of the previous NASP 2007-2015 (Draft) revealed notable achievements:

- Government commitment to financing the national response (including antiretroviral therapy (ART)
- Improved access to HIV Testing, CD4 and Viral Load monitoring(VL)
- Dedicated and knowledgeable staff within The HIV/AIDS Centre
- General willingness and commitment of Civil Society to support the national response, increased collaborations thereof
- Public Health system prioritizes the protection of citizens
- Timely reporting on annual HIV surveillance and epidemiology
- Increased collaboration with international stakeholders, e.g. Caribbean Public Health Agency (CARPHA), PEPFAR and the Pan American Health Organization (PAHO)

The challenges currently faced by The Bahamas in achieving the goals set out in the previous NASP 2007-2015 (Draft) are identified below.

Challenges:

- Gaps in knowledge of HIV and Sexually Transmitted Infections (STI) status among key populations (youth, Men who have sex with Men (MSM), sex workers, migrants)
- Perceived stigma and discrimination during HIV-related services among key populations as well as concerns related to alleged breaches in patient confidentiality
- Barriers to access to healthcare services for undocumented migrants
- Community clinics are at physical capacity for all patient categories, even without treating HIV patients and there have been complaints of long wait times at clinics and hospitals.
- Human resources and infrastructure limitations
- Requirement for human resource development and staff training across multiple Governmental sectors
- Need for the implementation of the decentralization plan of care and treatment services with full integration of HIV services into the primary care level throughout the Bahamas
- Need for the development and implementation of improved quality of life initiatives for persons living with HIV
- Need for ongoing sustainable funding for the implementation of the NASP
- Lack of development of a national Monitoring & Evaluation (M&E) Plan aligned to the NASP
- Meeting the requirement for an integrated information management system
- Strengthening comprehensive prevention services
- Mechanisms for regularly updated clinical guidelines and sensitisation of physicians on the importance of national guidance documents based on local data, resources, and disease outcomes
- Need for the development and dissemination of Treatment Guidelines for the management of HIV disease and opportunistic infections and other co-infections

The priority areas addressed in the NASP include specific strategies and work plans to address these challenges.

1.0 Introduction and context

1.1 Strategic Planning Process

The National HIV/AIDS Strategic Plan (NASP) 2016-2021 has been developed during a series of multi-stakeholder consultations from January 2015 to March 2016.

The strategy builds on the NASP 2007- 2015 and is aligned with the National Health Services Strategic Plan 2010-2020 (goal 1, inter-sectoral action for protecting and maintaining health, area 1.2, area 1.3; goal 2 integrated people-centered services focused on maintaining health; goal 3 improved information for decision making; and goal 7 sustainable health systems).It is also closely aligned to the World Health Organization (WHO) Global Health Sector Strategy on HIV, 2016-2021, which served as a blueprint for the development of this plan. The Pan American Health Organization (PAHO) Regional HIV/STI Plan also informed key aspects of the NASP 2016-2021. A detailed review of existing reports, documents, national strategic plans and consultations with stakeholders are identified accomplishments to date. Status of key initiatives and plans, key barriers and informed priority areas for action, objectives, key outputs, strategies and indicators are all components of this NASP 2016-2021.

The development of the NASP 2016-2021 benefited from a formal end-of-term evaluation of the outgoing NASP 2007-2015 (Draft). The end of term evaluation documented lessons learned and informed key developments of the NASP 2016-2021. The evaluation also identified challenges and facilitating factors of key targets in the outgoing NASP. In essence, NASP 2016-2021 builds on the strengths and best practices of the previous plan and strategically addresses the challenges identified from past activities.

The National HIV/AIDS Programme is proud to have met with a broad section of stakeholders with support from PAHO. Stakeholder consultations included the following:

- The Ministry of Health and the Department of Public Health
- The National HIV/AIDS Centre coordinating units
- PAHO
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Caribbean Regional Program
- Civil Society including The AIDS Resource Committee

1.2 Why we need to step up the HIV response quickly using a Strategic Plan

1.2.1 The purpose of the National HIV/AIDS Strategic Plan 2016-2021 serves:

- To guide the national HIV/AIDS response;
- To promote a coordinated, integrated, multi-sectoral national response to HIV/AIDS;
- To reduce and minimize duplication of efforts and maximize the use of appropriate resources;
- To facilitate the expansion and development of work plans by all sectors;
- To mobilize all players to participate in the planning, implementation, and evaluation of a national strategic plan

1.2.2 **Why we need to accelerate the HIV response so quickly**

The Bahamas has seen major declines in new HIV infections and AIDS-related deaths since the start of the epidemic in 1983. These successes demonstrate the commitment, resources and innovations that have been directed at the epidemic. In 2014, 279 persons were diagnosed with HIV infection in the Bahamas, a decrease of 25% between 2005 and 2014. Fewer people are dying of HIV-related causes: between 2004 and 2014: 1,255 persons died of AIDS-related causes in The Bahamas, with an average of 126 deaths per year. The age-adjusted death rate decreased from 38 to 22 deaths per 100,000 persons in this same time period. The majority of AIDS Deaths in this time period occurred in males (58%), persons born in The Bahamas (84%) and 30-39 year olds (29%).[2]

Gains are being made in the fight against HIV and AIDS however challenges still exist. In order to meet the UNAIDS 2020 targets, the HIV response will need to grow considerably, including expansion of HIV testing and diagnosis, and large scale-up of the provision of antiretroviral therapy.

The Bahamas is well known for its strong Prevention of Mother-to-child-transmission (PMTCT) programme and was a regional best practice. The number of newly infected infants is low and is still observed in women who had refused to take or adhere to HIV treatment during pregnancy. Addressing this issue will require new innovations to encourage women to seek and utilize antenatal care and antiretroviral therapy early in their pregnancies.

Secondly, the national HIV response will need to focus on ensuring that human rights violations and stigma and discrimination are addressed. The national HIV response will also need to be targeted to the national epidemiological situation to ensure that the greatest impact is obtained.

Thirdly, rapid accelerations will have to be made to end the HIV epidemic. Maintaining the current response will result in a rebound of new HIV infections. The Bahamas joins the UNAIDS shared vision of the end of HIV and AIDS by 2030 by way of fast-tracking and accelerating efforts to break the trajectory of the epidemic, including the introduction of the 2014 WHO Consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations

[2] Ministry of Health. 2016. HIV/AIDS Surveillance Fact Sheet – 2014.

1.3 Poised for the Fast Track response to the end of the AIDS epidemic

To end AIDS, we will need to continue to build on programmatic successes and incorporate innovative and current interventions to accelerate the HIV response effectively.

The prevention of new infection can be achieved by way of interventions to prevent new infections, early diagnosis using pertinent testing methodologies and the use of antiretroviral drugs in the form of Pre-Exposure Prophylaxis (PrEP) to reduce HIV transmission in sero-discordant couples. Antiretroviral therapy has been a pivotal point in the fight against HIV and AIDS. The early initiation of antiretroviral therapy (ART) will be paramount to effectively halting the epidemic.

1.4 The Strategy's Structure

The NASP 2016-2021 builds on programmatic successes and lessons learnt from the NASP 2007-2015. It is aligned with the draft WHO Global Health Sector Strategy on HIV 2016-2021, Universal Health Coverage and the UNAIDS strategy 2016-2021. It is also aligned with additional regional health strategies including the PAHO Regional HIV/STI Plan for the Health Sector.

The strategy describes the priority actions that The Bahamas needs to take in order to scale up a response using strategies and opportunities to end the AIDS epidemic. The eight priority areas are:

Priority Area 1: Planning and Management

Priority Area 2: Infrastructure and Human Resources

Priority Area 3: Essential, quality services and interventions

Priority Area 4: Achieving equity and impact: Populations and locations

Priority Area 5: Advocacy and creating enabling environments

Priority Area 6: Innovation for acceleration

Priority Area 7: Financing for sustainability

Priority Area 8: Monitoring and Evaluation

1.4a Values, Goals and Targets and Guiding Principles

This plan outlines the vision, goals, and actions for the National HIV/AIDS Strategic Plan.

-Vision statement

Zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination in a world where people living with HIV are able to live long and healthy lives.

1.4b Goals and Targets

-Goal:

End the AIDS epidemic by 2030 and ensure healthy lives by promoting wellbeing for all at every age.

The global targets for 2020

The global strategy to end the AIDS epidemic by 2030 is predicated on achieving 8 targets that bring the world to three milestones (fewer than 500,000 new HIV infections; fewer than 500,000 AIDS-related deaths; and elimination of HIV-related discrimination) that results in the end of the AIDS epidemic as evidenced by zero new infections, zero discrimination and zero AIDS-related deaths.

- **AIDS deaths:** The strategy seeks to reduce global AIDS deaths to below 500 000 for 2020 and below 200 000 for 2030.
- ***Treatment:***Ensure that 90% of people living with HIV know their HIV status; 90% of people living with HIV eligible for treatment are on antiretroviral therapy; and 90% of people living with HIV on treatment achieve viral suppression.
- ***Prevention:***75% reduction in new HIV infections, including among key populations, down to less than 500 000 (compared to 2010); zero new infections among infants.
- **Discrimination (Leave no one behind)*:***90% of people living with or affected by HIV enjoy protection within their communities and equal access to health services.

The national targets for 2020

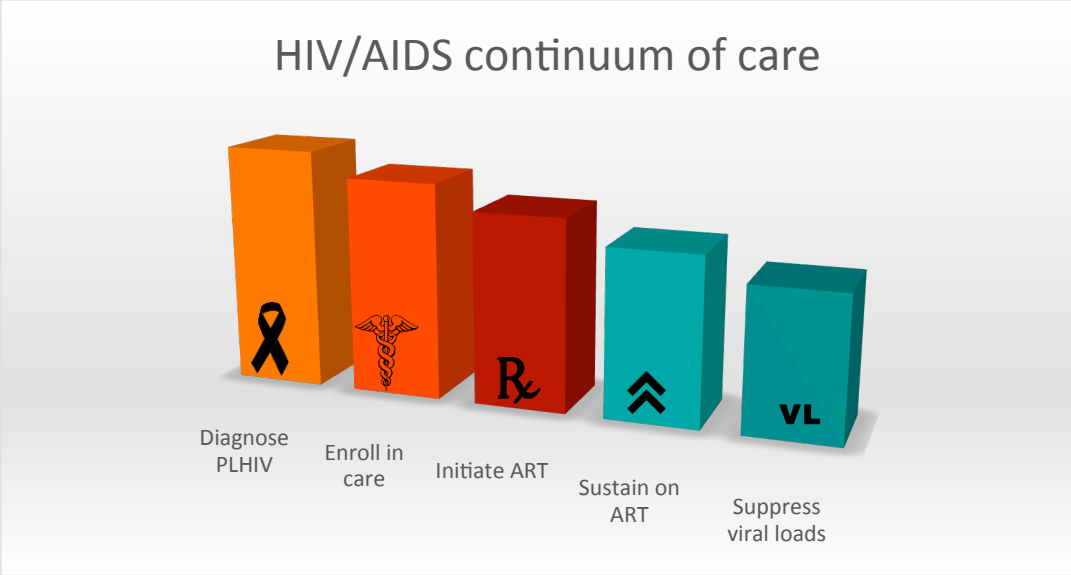
Available research and reports indicate that approximately 15% of the number of persons living with HIV and AIDS in the Bahamas have been undiagnosed[3]. A cohort study of the HIV continuum of care in the Bahamas in 2012 informed that approximately 61 % of patients are linked to care. Further, there were gaps in retention in care and viral suppression was suboptimal.[4] A third of persons who tested positive for HIV in 2014 received a diagnosis of AIDS by the end of 2014 (33%, n=63).[5]

The Bahamas stands in unity with the UNAIDS global action plan of embarking on Fast-Track strategies to end the AIDS epidemic by 2030. Achieving this goal after three decades of the most serious epidemic in living memory, will require use of powerful tools, accountability for results and to make sure that no one is left behind.

The Fast Track targets for the Bahamas for 2020 are:

- 90-90-90 (90% of all Persons living with HIV and AIDS (PLWHA) diagnosed, 90% linked to care, and 90% virally suppressed)
- 70 (number of new infections diagnosed annually extrapolated based on local Ministry of Health (MOH) surveillance[6])
- Less than 10% concurrent AIDS diagnosis for new infections
- ZERO (discrimination)

[3] Robert Remis Report
[44] IDSA poster
[5] Ministry of Health. 2016. HIV/AIDS Surveillance Fact Sheet – 2014.
[6] Ibid.



The broader impact

Introducing universal HIV testing at the primary care level provides an opportunity for early HIV diagnosis and the acceleration of HIV testing. Providing for fully integrated HIV services at the primary care level will have a broader impact on all strategies to prevent and treat HIV/AIDS.

The strategy will also contribute to health-related Sustainable Development Goal (SDG) targets by 2030, including:

- reducing the global maternal mortality ratio to less than 70 per 100 000 live births;
- ending preventable deaths of newborns and children under 5 years of age;
- ending the tuberculosis epidemic;
- eliminating viral hepatitis (Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV);
- reducing by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being;
- ensuring universal access to sexual and reproductive health-care services, including for key populations, family planning, information and education, and the integration of reproductive health into national strategies and programmes; and
- achieving universal health coverage, including financial risk protection (e.g. reducing out of pocket expenses), access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The Guiding Principles

The following principles guide the strategy:

1. Universal health coverage.
2. Government stewardship and accountability.
3. Evidence-based interventions, services and policies.
4. Protection and promotion of human rights, gender equality and health equity.
5. Partnership, integration and linkage with relevant sectors, programmes and strategies.
6. Meaningful involvement of people living with HIV, key populations and affected communities.

1.5 Monitoring and Evaluation

Monitoring and Evaluation (M&E) is a critical component of the National AIDS Strategic Plan(NASP) 2016-2021 implementation because it is necessary to assess whether or not the objectives and strategies outlined have taken place. The M&E framework appended highlights the indicators that will be used to measure the national response and assess if progress has been made – specifically, whether or not the fundamental goal of the National AIDS Programme (NAP) is being reached.

In addition, the M&E framework will facilitate accountability and transparency, because all national HIV functions and operations will be strategically guided by it. The data sources for the various indicators and the responsible programmes and/or units are also mentioned, and these are necessary for a standardised and efficient national response.

The national M&E framework will also contribute to conversations and collaboration between HIV prevention focused faith-based and civil society organisations (CSOs). It will allow the data that has been accrued by these organizations to speak to various national indicators in the specified reporting period. Further, it is anticipated that in doing this a better understanding of the national HIV prevention, treatment, care and support response will be known. There is also the possibility that this framework will serve as a blue print for the generation of CSO specific frameworks, if these entities are without a formalised M&E system. With appropriate tailoring (and support from the M&E Specialist) the M&E framework can reflect the objectives and goals of these organizations.

Overall, the M&E system will contribute to the provision of appropriate data for decision-making. The framework is a living document that can be reviewed often and adjusted when necessary. Moreover, the data accrued from the utilisation of the M&E framework will result in the generation of quarterly, semi-annual and annual reports – thereby enhancing institutional memory within the NAP.

2.0 Country Profile

2.1 Geography and Population

The Bahamas is located at 24.15 N and 76.00 W, southeast of Florida, northeast of Cuba and extending 760 miles to the south-east[7]. The archipelagic chain covers an area of 5,358 sq. miles (13,878 sq. km.). Thirty of the islands are inhabited. Geopolitically, The Bahamas is considered a part of the Caribbean.

Figure 1: Map of The Bahamas

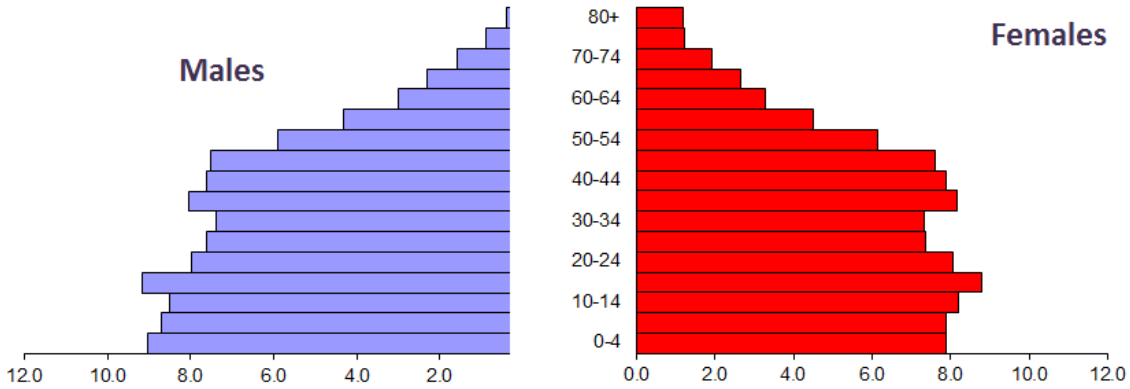
The Bahamas conducted its last decennial census in 2010,[8] which documented 351,461 residents, of whom 170,257 were male and 181,204 were female. Of the total population approximately 85% live on the islands of New Providence and Grand Bahama.

From 2000 until 2010, The Bahamas experienced a population growth of 15.76%. In 2010, the population density was 65.3 persons per square mile, with population density greatly increased in the urban areas of New Providence (3,079 persons per square mile). This is reflected in a report on internal migration, where New Providence experienced a net gain of 1,893 persons from 2000 to 2010. Interestingly, during the preceding period of 1990-2000 New Providence had experienced a net loss of 1,658 persons.

Overall, The Bahamas experienced a decline in internal migration of 7%. Five islands demonstrated net population gains, including New Providence, Abaco, Exuma and its cays, while Harbour Island, Long Island and Eleuthera demonstrated the greatest loss in population.

Population estimates for mid-year 2013 estimated 367,000 people, with 25.5% under the age of 15 years, 68.0% between the ages of 15 and 64 years, and 6.5% of the population aged 65 years and older. The school-aged population (5-19 years of age) accounted for 26.9% of the population.[9] The median age at the time of the 2010 Census was 29.4 years, up from 27.0 during the 2000 census. The population aged 65 years and older experienced the greatest increase, growing by 37.1% compared to the population in 2000. This shift toward an aging population, as demonstrated in the Figures 2 below, has implications for the health situation in The Bahamas.

[7] Caribbean Magazine. Bahamas Maps. Accessed from http://www.caribbeanmag.com/search/map/Bahamas/ on 27 May 2015.
[8] DOS.Department of Statistics. 2012. Census of Population and Housing 2010. Accessed from http://statistics.bahamas.gov.bs/download/002424600.pdf on 10 March 2014.
[9] DOS.Department of Statistics. 2012. Census of Population and Housing 2010. Accessed from http://statistics.bahamas.gov.bs/download/002424600.pdf on 10 March 2014.



Source: Population Projection Based on 2010 census, Department of Statistics, Bahamas

Figure 2: Population Pyramid demonstrating percentage of population by gender and age group - 2010

2.2 Government and Economy

Having gained its independence from Great Britain in 1973, the Commonwealth of The Bahamas is a constitutional parliamentary democracy, with a bicameral legislative branch and a common law judicial branch based on the British model. The Bahamas is a member of the Commonwealth of Nations, and the United Nations (UN), the Organization of American States as well as the Caribbean Community (CARICOM).

The economy of The Bahamas is dependent on two major industries being tourism and financial services. In 2013, The Bahamas experienced almost 6 million tourist arrivals, up slightly from the previous years due mainly to an increase in cruise ship arrivals; however, stopover visitors have continued to fluctuate around 1.3 million, down from a peak of approximately 1.5 million in 2005.[10,11]The Government presented plans during the 2015/2016 budget debate to improve diversification, including training and implementation of programs in agriculture, marine science and aquaponics, as well as promotion of sports, cultural and religious tourism.

According to the Central Bank of The Bahamas, the financial services sector consists of commercial banks, savings banks, trust companies, offshore banks, insurance companies, a development bank, a publicly controlled pension fund, a housing corporation, a public savings bank, private pension funds, cooperative societies and credit unions, as well as international business companies, mutual funds and insurance services.[12] An economic impact assessment study conducted by Oxford Economics indicated that financial services contributed 15% to The Bahamas economy. The report,

[10]DOS. 2014. Bahamas in Figures 2013. Accessed from http://statistics.bahamas.gov.bs/download/098797200.pdf on 20 April 2015.
[11] The Tribune. 2015. "The Good, the bad, and the ugly." The Tribune Limited. Nassau.
[12] Central Bank of The Bahamas. Accessed from http://www.centralbankbahamas.com/policy_overview.php on 2 June 2015.

published in April 2007, indicates that at that time approximately 27% of Bahamian Gross Domestic Product is directly or indirectly attributable to the financial services industry.[13]

Revenue Generation

Traditionally, The Bahamas has relied on the application of taxes, primarily on imported goods as there is no direct taxation, to produce revenue. According to the *Bahamas' Guide*[14], approximately 70% of government revenue is derived from duty, an importation tax which applies to most imported goods. Stamp tax is levied on businesses. Real Property tax is applied to owner-occupied property over a specified value, as well as to commercial property. There is no taxation on earned income.

Value Added Tax (VAT), is an indirect tax which is considered a broadly based consumption tax charged on the value added to goods and services that was implemented on the 1st of January 2015. It applies to almost all goods and services that are imported, bought and sold for use or consumption. Conversely, goods exported to customers abroad are exempted or zero-rated."[15] The Government of The Bahamas initiated VAT in January 2015 as part of a broader tax reform designed to increase revenues for the Government. VAT has been applied at 7.5% at this time across all consumer goods, including imports for personal or re-sale items, though a rebate system exists for most businesses. According to the 2015-2016 Budget Communication, VAT has resulted in the collection of an estimated $110 million in the first three months of 2015.[16]

2.3 Health System

The health system in The Bahamas is a composition of public and private services that cover the entire country. The Public Hospitals Authority (PHA) which is overseen by a Board of Directors accountable to the Minister of Health has responsibility for the management of the three public tertiary care facilities [Princess Margaret Hospital, Sandilands Rehabilitation Hospital, and the Rand Memorial Hospital, as well as the primary health care system in Grand Bahama (Grand Bahama Health System)] and shared services (Materials Management Directorate, Bahamas National Drug Agency, and the Emergency Medical Services). The Department of Public Health (DPH) has responsibility for the management of the public primary health care clinics in New Providence and the Family Islands, as well as the population-based programmes that support the Ministry of Health's health agenda. The Ministry of Health is responsible for policy and planning, regulation and the administration of the Ministry. This public system is augmented by the private sector, including Doctors Hospital Health System (inpatient and outpatient services), the Lyford Cay Hospital (outpatients only), and less than 100 walk-in clinics, private practitioners and medical offices which also deliver care.

Public Sector

[13] Bahamas Financial Services Board. Accessed from http://www.bfsb-bahamas.com/community.php?cmd=view&id=2091 on 2 June 2015.
[14] The Bahamas Guide. 2015. Accessed from http://thebahamasguide.com/facts/taxes/ on 4 June 2015.
[15] Government of The Bahamas. 2015. Accessed from www.bahamas.gov.bs/Value Added Tax/ on 15 June 2015
[16] Christie, PG. 2015. 2015/16 Budget Communication, Building a Stronger Bahamas. Accessed from http://www.thebahamasweekly.com/uploads/17/PGC_2015-16_Budget_Communication_Final_Doc__27_May_2015__1.pdf on 18 June 2015.

Public health care delivery is carried out by a network of health facilities comprised of the three hospitals and 95 primary care clinics for the provision of primary, secondary, and tertiary care and 2 new mini-hospitals in Abaco and Exuma. There are plans for the construction of additional clinics in Eleuthera, Exuma, and Cat Island.[17] The archipelagic nature of the islands poses a particular challenge for equitable distribution of clinics, although all of the main inhabited islands have at least one government clinic and a report by Kurt Salmon Associates[18]stated that the number of clinics appear to be well distributed across the islands. Additionally, there are a number of satellite clinics providing weekly sessions in very small communities.

The public system currently provides health care free of charge to certain categories of individuals. According to legislation (Health Services Act and Hospital Rules) and public health policy these include:

- indigent individuals;
- the inmates and staff of the prisons and industrial schools;
- the members of the police force;
- urgent cases seeking admission to hospital;
- any patient who requires any ante-natal care, care connected with childbirth, post-natal care, or any other medical care associated with pregnancy;
- Children/High School Students (0-18 years);
- Civil servants;
- Physically disabled;
- Pensioners (65 years and older); and
- Holders of Med-Card

Health care reform has begun to some extent within the government system. The government is moving forward with the introduction of a national health insurance (NHI) scheme with registration set to begin in January 2016. NHI is designed to guarantee access to health care to all legal residents of The Bahamas through increased access to primary care with referrals to secondary and tertiary care as necessary. In preparation for the implementation of NHI, the Ministry of Health is proposing re-structuring the management of its health care institutions into a single governance structure with responsibility for public sector primary, secondary and tertiary care facilities across the country. This re-structuring is designed to increase the efficiency, effectiveness and availability of supplies and services, as well as human resource allocation.

Private Sector

Within the Princess Margaret Hospital (PMH), there are both Public and Private beds available. The PMH has contracted with a consortium of private physicians to manage the Private Medical Ward and the Private Surgical Ward (inclusive of the Private Surgical Theatre). This private service is separate and apart from the management structure of the Public services of the PMH. The primary provider of private inpatient services is the Doctors Hospital Health System with 72 inpatient beds. There is one additional small inpatient private facility focused on births in New Providence and six

[17] Remarks by Mr Algernon Cargill Executive Director, National Insurance Board at the 20th Annual Bahamas Business Outlook Wyndham Nassau Resort, January 13, 2011

[18] Kurt Salmon Associates. 2009. PHA Health Sector Review. San Bruno, CA.

surgical centres (5 in New Providence and 1 in Grand Bahama). In 2013, there were 182 private-for-profit walk-in clinics, private practitioners and medical offices, which also deliver care to the population, spread across five islands.[19] In addition, a growing number of Bahamians are going abroad for care, particularly for inpatient care[20].

3.0 Background to the HIV Epidemic

3.1 Situational analysis

Between 1985 and 2014, 13,366 persons were diagnosed with HIV in The Bahamas. More than a third of these cases have died of AIDS related causes (35%). At the end of 2014, 8,630 persons were listed as living with HIV in The Bahamas as determined by national HIV surveillance methods. This means that roughly 1 in 50 persons living in The Bahamas in 2014 were HIV positive. Males made up approximately half (51%) of persons living with HIV.

Two hundred and sixty-seven (267) persons were newly diagnosed with HIV infections in 2014. This represents a reduction of newly-reported HIV cases by 28% and 51% compared to the years 2005 and 2000, respectively. The majority of these persons had not progressed to AIDS (77%), while 23% developed AIDS by the end of 2014 (Fig 1). The HIV adult prevalence rate was reported as 3% in 2012 and decreased to 2% in 2014.

HIV was shown to affect persons in The Bahamas across a broad spectrum of demographic groups. While males and females have historically experienced similar trends in new diagnoses, males slightly outnumbered females in new diagnoses in 2014 (54% vs. 46%). New cases were mainly diagnosed in the age group 25-44 years. Youth and MSM with unprotected sexual practices have higher risks of HIV transmission rates. Persons aged 30-39 accounted for 24% of new diagnoses and persons born in The Bahamas accounted for 64% of new cases in 2014.

In the past 10 years, AIDS related mortality has declined by 35% largely due to better access to antiretroviral therapy (ART). Ninety-three (93) persons reported to have died of AIDS in The Bahamas in 2014.

The prevention of mother-to-child transmission (PMTCT) of HIV programme has been successful. Vertical transmission has declined from 30% prior to 1995 to 3.1% in 2014 when there were two (2) cases of mother-to-child transmission.

Tuberculosis has been identified as a significant co-infection with HIV and can lead to increased rates of mortality if left untreated. In The Bahamas, the incidence of tuberculosis (TB) has shown a steady downward trend since the 1990's. This has been a result of contact tracing and the introduction of directly-observed therapy. The prevalence notification rate of new cases of TB has decreased from 28.4 per 100,000 population in 1997 to 9.1 per 100,000 population in 2010, the lowest rate in more than 20 years.[21] The percentage of TB cases that are co-infected with HIV has slowly increased over the years as the overall percentage of new cases declines, leaving HIV to account for the majority of the infections.

Table 1: Occurrence of TB and HIV/TB in The Bahamas 2009-2013

[19] MOH. 2015. Verbal communication from the Hospitals and Health Care Facilities Licensing Board. Nassau.
[20] Pan American Health Organization. 2013. The Bahamas: Health Financing Country Profile
[21] World Health Organization.

	2009	2010	2011	2012	2013
TB Cases	**46**	**33**	**42**	**32**	**33**
TB/HIV Cases	**15**	**16**	**12**	**8**	**10**
Percentage TB/HIV Cases	**32.6**	**48.5**	**28.6**	**25.0**	**30.3**

3.2 Response Analysis

There are a number of conditions within The Bahamian context that have contributed significantly to the successes in the response to HIV/AIDS. These conditions have provided an environment that is favourable to the efforts and strategies required for a robust HIV/AIDS response.

The Ministry of Health has consistently provided leadership at the national and sub-regional levels in combating HIV/AIDS. This commitment can be seen in the personal involvement of Minister of Health, the Permanent Secretary, the Chief Medical Officer and the National HIV/AIDS Programme Director in programme planning and implementation. Without this senior level of commitment and support, the level of collaboration, integrated planning and programme execution required for an effective strategy would not have been possible.

3.2.1 National AIDS Programme

The National AIDS Programme has been the action framework for the response to AIDS epidemic in The Bahamas since the detection of the disease in the country in the early 1980s.

The Programme is multisectoral, multidisciplinary and collaborative. Planning, delivery and monitoring of the Programme relies on strong partnerships among government agencies and with community and faith-based organizations, the private sector and national and international non-governmental organizations such as the Samaritan Ministries, The Bahamas AIDS Foundation, PAHO and PEPFAR through The Center for Disease Control and Prevention (CDC) and U.S. Agency for International Development (USAID).

The National HIV/AIDS Programme is guided by the NASP initially developed in 2000 and integrated into the National Health Service Strategic Plan. The NASP was updated in 2002 as *The Strategic Plan for Scaling Up HIV/AIDS Care and Treatment in The Bahamas 2003-2005* with support from the Clinton Foundation and other international partners. The last NASP (Draft 2007-2015) was never formally adopted nor implemented in its entirety.

The NASP provides specific strategies and targets that are being developed in consultation with multisectoral and multilateral partners. These strategies and targets will be translated into work plans which guide the activities of the various partners involved in the delivering the National HIV/AIDS Programme.

The NASP 2007-2015 (Draft) was evaluated formally at the end of its term. The end of term evaluation was an external evaluation process led by CARPHA and developed in partnership with local stakeholders.

The aims of the end of term evaluation were to document lessons learned to inform the development of the new NASP; explore the extent that the activities implemented contributed to the attainment of Key Targets and Expected Results of the NASP 2007-2015; and identify the hindering and facilitating factors in achieving the Key Targets and Expected Results.

In exploring these issues, the evaluation closely followed the Priority Areas and Expected Results articulated in the NASP 2007-2015. They were:

- Priority Area 1: Strategic Planning and Management
- Priority Area 2: Prevention, Treatment, Care, and Support Services
- Priority Area 3: Infrastructure and Human Resources
- Priority Area 4: Advocacy, Public Policy, and Legal

The evaluation took a Utilization-Focused (U-F) Evaluation and Results-Based Monitoring and Evaluation (RBM&E) Approach which sought to produce relevant and actionable recommendations to strengthen the national response. This approach emphasises engagement of local stakeholders – by incorporating them design, execution, review and dissemination of the evaluation – to capture local insight, respond to current priorities and foster buy-in. The data collection for this evaluation was completed by a team of regional experts who worked in partnership with local stakeholders to review activities and outcomes, draw conclusions and generate recommendations.

In general, the evaluation found that several factors have facilitated the national response. These included: the Government of the Bahamas commitment to financing the national response (including ARVs); improvements in access to HIV testing, including CD4 and viral load testing; retention of a small pool of dedicated and knowledgeable health sector staff; a general willingness and commitment from CSOs to support the national response; and, a Public Health system that prioritizes the protection citizens.

The evaluation team believes that the fact that the NASP was not formally approved by Parliament was a major hindering factor and that this had the resulting repercussions:

- The draft NASP was not widely circulated and used as a guiding document among partners to generate a shared vision and commitment to addressing critical HIV-related issues;
- An Operational Plan aligned to the objectives of the NASP was not developed, outlining clear steps and responsibilities towards the achievement of NASP Key Targets and Expected Results;
- An M&E Plan outlining data-requirements and procedures for generating requisite strategic information was not developed;
- Meaningful forums and systems for multi-sectoral communication and collaboration were not adopted;
- Efforts to decentralise and integrate HIV/AIDS services were not pursued as a matter of priority; and,

- Resources were not allocated to scaling-up efforts and targeting key populations with high-impact programming.

These challenges limited the impact the NASP 2007-2015 (Draft) had on the HIV epidemic in The Bahamas.

Three Ones

The concept of harmonization originated in 2004, when UNAIDS, the United Kingdom and the United States co-hosted a Consultation on Harmonization of International AIDS Funding in Washington, D.C.[22] Representatives from donor and host countries and major international organizations formally endorsed the "Three Ones" principles. The basic principles of the "Three Ones" holds true today and allows for countries to provide a coordinated effort that prevents competition for scarce resources and maximizes those resources that are available towards a coordinated AIDS response strategy. The "Three Ones" are:

- One agreed AIDS action framework that provides the basis for coordinating the work of all partners.
- One national AIDS coordinating authority, with a broad-based multisectoral mandate.
- One agreed country-level monitoring and evaluation system.

The National AIDS Programme (NAP) serves as the coordinating authority within The Bahamas working within the framework of the National AIDS Strategic Plan. The NAP is working to strengthen the monitoring and evaluation system to provide a single system through which the NASP and activities can be monitored and evaluated. The Centre has the services of an Epidemiologist and an M&E Officer, and is in the process of improving technical expertise and additional integrated resources to support these positions.

3.2.2 The National HIV/AIDS Centre

The National AIDS Secretariat was established in 1988 to advise the Ministry of Health on policy issues and to mobilize different sectors of society in the fight against HIV/AIDS. In 2002, the mandate of the AIDS Secretariat was enhanced and was re-named the National HIV/AIDS Centre (NAC) – charged with being the national oversight, planning, training, coordination and evaluation body for The Bahamas' response to HIV/AIDS, led by the National AIDS Programme Director.

The HIV/AIDS Centre has direct line accountability to the Minister of Health. Funds from the national budget, international donors and national donors are coordinated through the Centre and prioritized within the framework set by the National HIV/AIDS Strategic Plan.

3.2.3 Multisectoral Mandate

The MOH collaborates closely with the U.S CDC and other CDC programs and CDC-funded organizations. In the past 6 years, CDC has supported the MOH's HIV response through a cooperative agreement (CoAg). The CoAg has provided funding and technical support to the NAP in HIV Prevention, HIV Care and Treatment, Strategic Information, Health Systems Strengthening, and Laboratory Strengthening.

[22]Joint United Nations Programme on HIV/AIDS (UNAIDS). 2005. *The "Three Ones" in action: where we are and where we go from here.* Accessed from http://www.who.int/hdp/publications/7a.pdf on 19 January 2016.

The MOH also collaborates with PAHO and CARPHA.

The HIV/AIDS Centre enjoys broad multisectoral support from other government agencies, PLWHA, community and faith-based organizations and the private sector within The Bahamas, and is recognized among all stakeholders as the coordinating authority.

The Centre collaborates with these stakeholders through the Resource Committee, a multi-stakeholder advisory body that meets monthly to review strategic plans, programme activities and outcomes and to collaborate on joint initiatives. As well, coordinators from the Samaritan Ministries, the AIDS Foundation and other community and faith-based organizations are actively involved in the delivery of programmes and support services, and work closely with the Managing Director and unit coordinators.

3.2.4 Achievements

New HIV Infections

The annual number of newly diagnosed HIV positive cases decreased by 25% from 370 in 2005 to 279 in 2014. Although new diagnoses have decreased among most demographic groups, cases among 15-24 year olds doubled between 2005 (28 cases) and 2014 (56 cases). Cases among males in this age group tripled between 2005 (9 cases) and 2014 (28 cases).

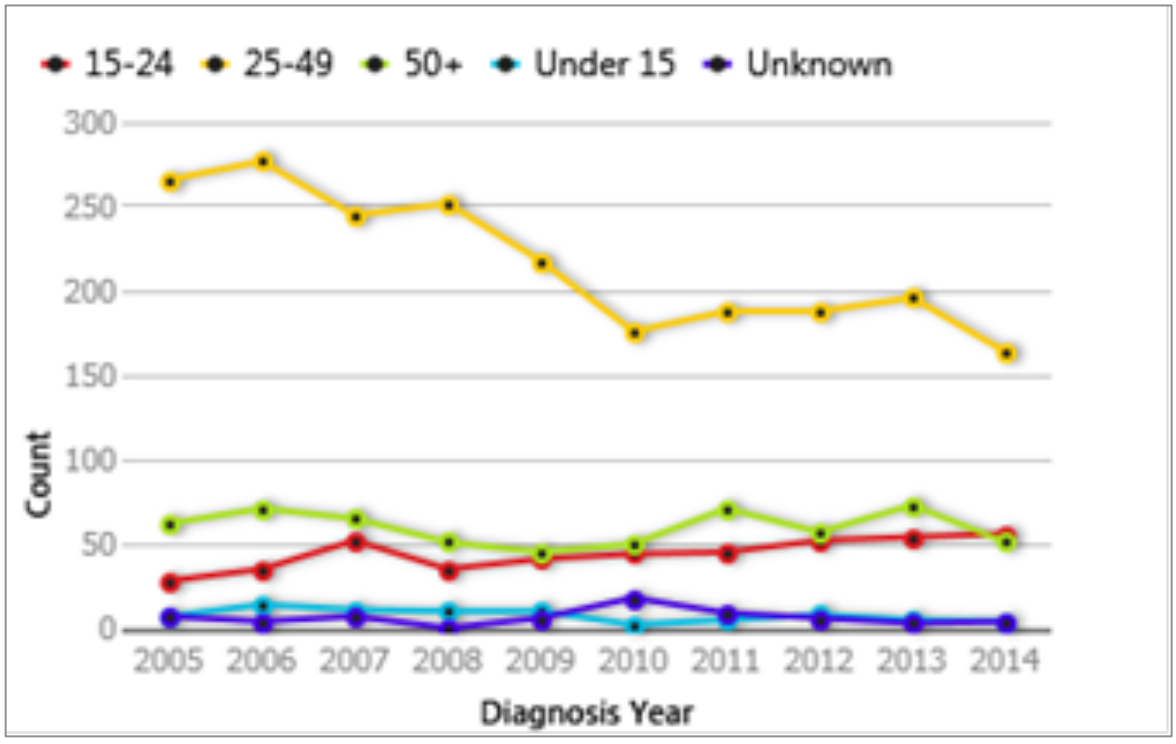


Figure 3: Number of newly reported HIV cases by age group, The Bahamas, 2005-2014.

While the overall number of new HIV diagnoses decreased between 2005 and 2014, the number of cases among persons who identified as being born outside of The Bahamas increased by 22% between 2010 (77 cases) and 2014 (94 cases).

AIDS Deaths

Between 2004 and 2014, 1255 persons died of AIDS-related causes in The Bahamas, with an average of 126 deaths per year. The age-adjusted death rate decreased from 38 to 22 deaths per 100,000 persons in this time period. The majority of AIDS Deaths in this time period occurred in males (58%), persons born in The Bahamas (84%) and 30-39 year olds (29%).

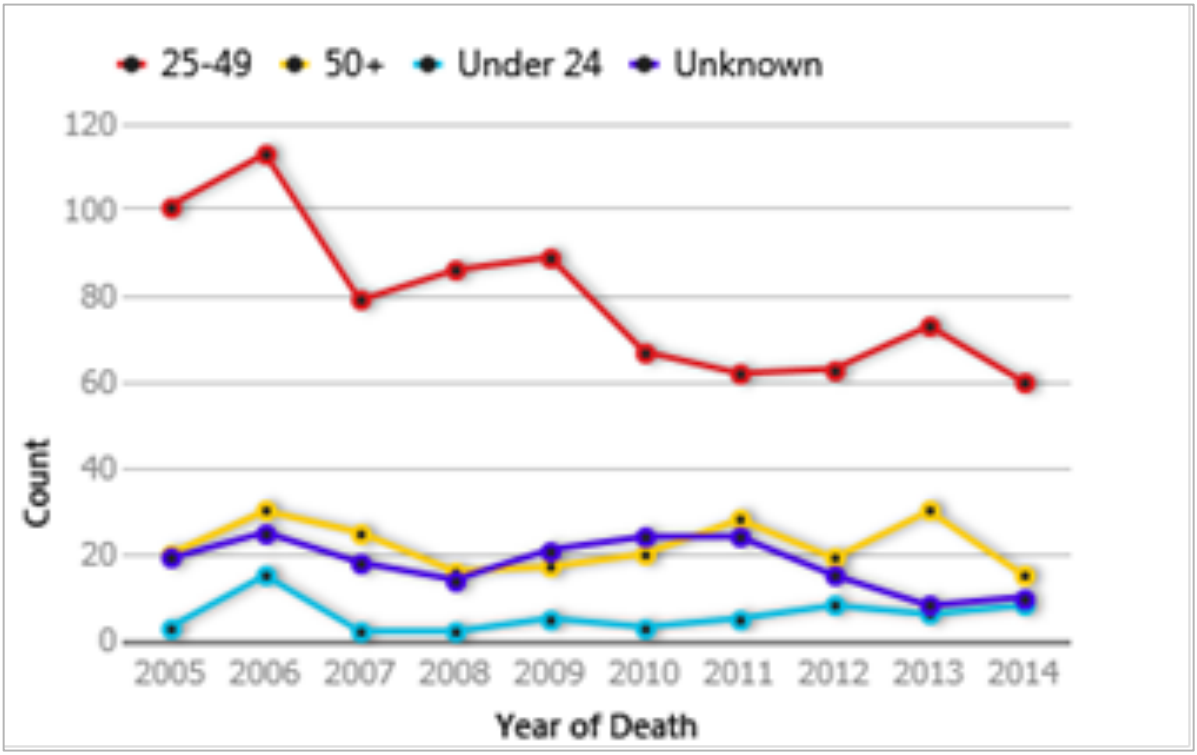


Figure 4:Number of AIDS deaths by Age Group, The Bahamas, 2005-2014

3.2.4.1 PMTCT and the Elimination Initiative

The Bahamas has instituted routine screening for HIV in all pregnant women for several years, in addition to providing ART free of charge to all HIV positive pregnant women through the NAC. Of the known 93 HIV positive women who were pregnant in 2014, 91
(98%) received antiretrovirals (ARVs) during pregnancy. Forty-nine (53%) of these women were newly initiated on ART during pregnancy in 2014, while 43 (46%) were already on ART before their pregnancy in 2014. Of the 43 mothers who newly initiated treatment in 2014, 26 received maternal triple ARV prophylaxis. Two women (2%) received no antenatal care, but received intravenous azidothymidine (IV AZT) during labour and delivery.

Of the 64 infants born to HIV positive mothers in 2014, 2 became infected with HIV. This resulted in a 3.1% mother-to-child transmission rate. Both HIV positive births occurred in women who had refused to take or adhere to HIV treatment during pregnancy.

Figure 5: Rate of mother-to-child HIV transmission by year, The Bahamas, 1995-2014

3.2.5 Decentralization and Integration

Decentralization of HIV services into the primary health care clinics continues to progress slowly. The expansion of counseling and testing services has continued with training of health care workers in Provider-initiated Testing and Counseling and Rapid HIV Testing methodology across the archipelago. The initial decentralization training conducted between 2010 and 2011 for health care workers, primarily nurse and physicians resulted in small, but increasing numbers of clients receiving treatment, care and support for their HIV disease in primary care clinics. In New Providence during 2013, ten primary care clinics followed clients and/or prescribed ART for them. The number of sites providing the HIV Rapid Test methodology also continues to increase slowly. This provides access to HIV care and testing at strategic locations throughout the Bahamas, including health fairs and community outreach events in non-traditional settings. The NAP continues to identify community outreach locations that increased access to HIV prevention activities, including prevention messaging and HIV testing for persons who do not usually seek health care.

3.2.6 Advocacy, Public Policy and Legal Framework

In additional to public policy advocacy conducted by The National HIV/AIDS Centre, there are a number of other community and faith-based organizations that undertake advocacy roles, such as the Bahamas National Network for Positive Living (BNN+), a network and support group for Bahamians living with and affected by HIV/AIDS, the AIDS Foundation, and the Samaritan Ministries. Through their networks, these organizations work to increase awareness of

issues of stigma and discrimination and promote access to treatment and care. However, stigma and discrimination remain a significant barrier to the participation of PLWHA in public advocacy efforts.

From the inception of the AIDS epidemic, The Bahamas recognized the importance of protecting individuals against discrimination through public policy, education and legislation. The AIDS Secretariat was specifically created to promote education and information on HIV/AIDS and to tackle issues of stigma and discrimination.

Several key policies and pieces of legislation have been instrumental in allowing The Bahamas to successfully mount an attack against HIV/AIDS, a direct result of the education of key governmental officials and lawmakers:

- The Employment Act of 2001 states that employees or persons applying for employment may not be discriminated against based on their HIV status, nor can an employee or applicant be required to submit to an HIV test;

- The Ministry of Education has recently submitted draft legislation relating to HIV/AIDS, which includes requirements for treatment, management and education of all persons affected and infected with HIV/AIDS (including students and teachers), and also includes the provision of systematic and consistent information and educational materials on HIV/AIDS to students and school personnel;

- The revised Education Act of 1996 stated that all 5-16 year olds are entitled to free education and this included provisions for children regardless of their HIV status. Children of all ages are properly educated about the disease so they are aware of precautionary measures that should be taken.

The Ministry of Education has adopted specific policies to protect HIV-infected children from discrimination and to protect their confidentiality as it relates to play and sport:

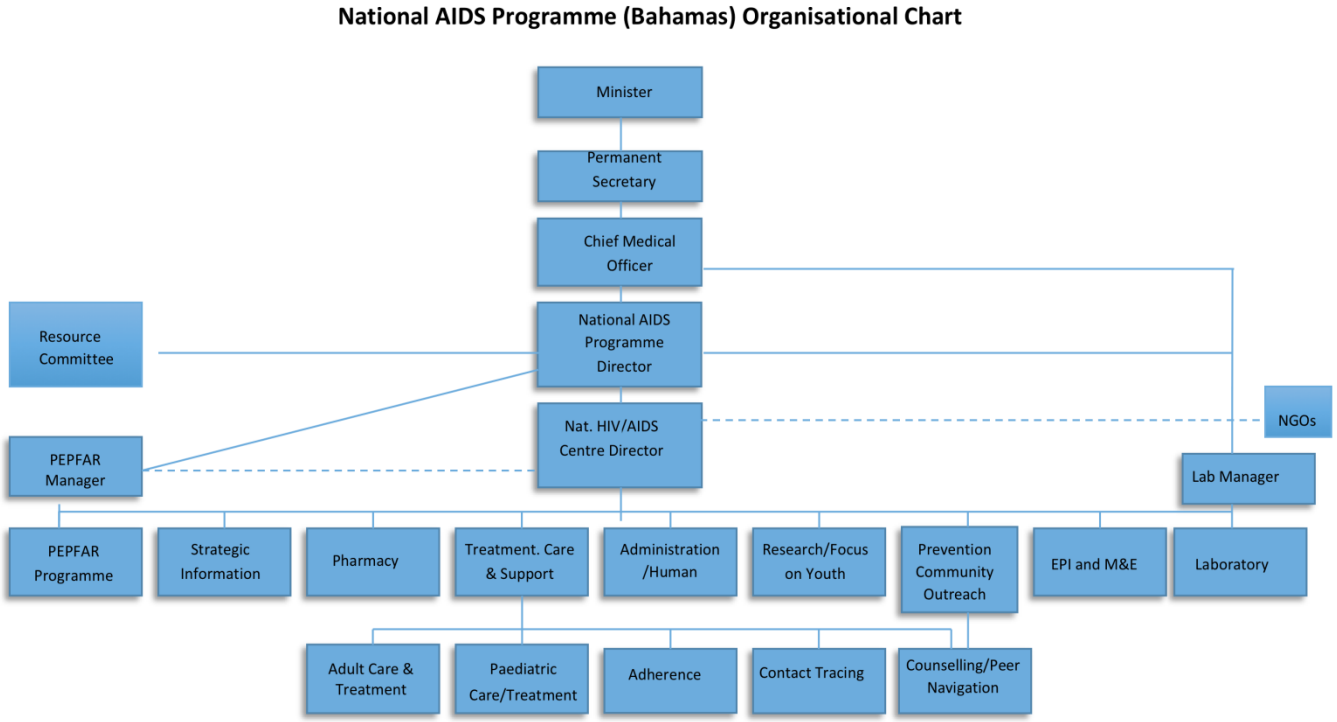
- The HIV/AIDS infected student/athlete participation in sports and other recreational activity has not to date presented sufficiently clear indications that such practices expose others to the infection;

- The HIV/AIDS infected student/athlete has a right to confidentiality and thus his/her medical condition in this instance need not be placed on general medical records in the school.

The Sexual Offences and Domestic Violence Act includes a provision that makes it a criminal offence for a HIV-infected person to engage in sexual intercourse with another person without disclosing his or her status. To-date, no one has been prosecuted under this provision.

While The Bahamas does have strong legislative and policy protections against discrimination in many sectors, there are still gaps, such as protections based on sexual orientation or preference. Fear of stigma, retribution and further discrimination prevent many PLWHA from pursuing redress to discriminatory actions, even when protected by law or policy.

Organizational Chart for NAP



4.0 Priority Areas for Action

Priority Area 1: Strategic Planning and Management

Output 1: Updated National HIV/AIDS strategic plan with an implementation plan, a mid-term evaluation and renewal process for the Strategic Plan.

Objectives:

- To strengthen the existing multi-sectoral and coordinated approach for planning and implementation by updating the strategies for the national response through 2021
- Ensure that the strategic plan and related work plans are guided by evidence-based information and can be adjusted accordingly to improve effectiveness and use of resources

Strategies:

- A strategic planning process will be institutionalized with active involvement of main stakeholders including key populations, people living with HIV and Civil Society Organizations (CSO).
- Develop a mechanism to ensure ongoing review and refocusing of national strategies to adjust the response based on information and evidence gathered through the National HIV Monitoring and Evaluation System

- Mechanisms to review and update health sector strategies for HIV/STI that are implemented within the context of the NASP including the definition of national targets.
- Mechanism to sustain services during public health emergencies and natural disasters (including disaster preparedness SOP)

Priority Area 2: Infrastructure and Human Resources

Output 2: A comprehensive human resource management plan to support the effective implementation of the renewed National AIDS Strategic Plan 2016-2021.

Objective: To ensure the availability of the required human resource capacity with the appropriate skills to effectively implement and sustain the National AIDS strategic Plan 2016-2021 and ongoing national response.

Strategies:

- Strengthen a comprehensive human resource management plan that address critical issues such as level and quantity of personnel required, recruitment, deployment, professional development, performance and retention issues and training with particular emphasis on identified needs and gaps (the right people with the right training in the right place).
- Develop Human Resource Development (HRD) Plan for HIV Services that includes the development of Core Competencies that address the decentralized programme
- Educational programmes for health professionals incorporating prevention, care and treatment of HIV/AIDS/STI in their curricula at all levels and disciplines.
- Sensitize health workers at every level to provide compassionate and quality care in a non-judgmental setting.
- Strengthen HIV/AIDS support capacity through partnerships with volunteers, private partnerships, faith-based organizations, and civil society organizations.
- Strengthen HIV/AIDS support capacity through international Technical Assistance
- Strengthen interpretation availability through innovative mechanisms (e.g. social media)

Output 3: Strengthening of HIV/AIDS and lab-related services

Objectives:

- To provide timely and accurate laboratory data to be used in epidemiological and clinical analysis of the prevention, ,treatment and care of HIV
- To conduct quality laboratory-related research in HIV
- To offer quality diagnostics for STIs, including enhancing national diagnostic algorithms to include rapid tests
- To implement a framework for sustainable development (i.e. funding) of the Reference Lab, including human resource and infrastructural development
- To offer services to the region as part of the Caribbean Public Health Lab Network (CarPHLN)
- Strengthen and integrate expanded molecular technology for TB and other diseases

Strategies

- HIV laboratory information system is implemented and integrated with the Public Health Sector Information System
- HIV drug resistance testing is maintained and a cadre of persons is trained in this procedure
- Implementation of HIV Genetic Research program for analysis of circulating HIV strain sequences and population drug resistance
- Accreditation is maintained and expanded to cover new tests
- Consolidation of national HIV diagnostic algorithm and data gathering for same; inclusive of Grand Bahama and the Family Islands
- Installation of mechanism and/or financial model to support sustainable funding infrastructure
- Validation of point-of-care testing for syphilis and other STIs, including confirmatory algorithms
- Human resource capacity building, including training in molecular diagnostics and quality management
- A mechanism for reliable specimen transportation from the Family Islands is in place
- Explore mechanisms for sharing resources with other research settings, e.g. College of the Bahamas
- Develop linkages to strengthen ART toxicity monitoring
- Implement TB polymerase chain reaction (PCR) technology

Output 4: Improved physical, transportation, communication and information systems infrastructure to support the effective implementation of the renewed National HIV/AIDS Strategic Plan.

Objective

- To ensure that the appropriate physical, transportation, communication and information systems infrastructure in place to the effective implementation of the National HIV/AIDS Strategic Plan.

Strategies

- Upgrade supporting facilities and infrastructure, including medical records storage, treatment and care rooms, Voluntary Counseling and Testing (VCT) sites, medication and specimen storage, communication and information
- Develop an approach to overcome geographic barriers to prevention, treatment, care and support services (eg. mobile clinics/decentralization as appropriate)
- Explore mechanisms to support housing options for Family Island residents attending services in New Providence
- Development and implementation of an Infrastructure and Maintenance Plan
- Develop a strategy jointly with sea and air carriers and appropriate government ministries (e.g. Royal Bahamas Defense Force Air Wing Division) for the safe, non-discriminatory, and reliable transportation of clients, human resources, diagnostic specimens and medications throughout The Bahamas.

Output 5: Strengthened capacity of HIV/AIDS and Infectious Disease Programme Research Unit

Objective: The National AIDS Programme will conduct operational research and participate in investigational trials when suitable.

Strategies

- Strengthen programme to evolve as a department (Department of Comprehensive Immunology and HIV)
- Institute supporting facilities and infrastructure for sustainable research
- Train and retain human resources to support research projects including project and proposal application, grant writing, data collection and analysis
- Strengthen mechanisms to ensure dissemination of findings of research projects
- Multisectoral collaboration including academic and inter-ministerial partnerships, as well as international collaborations
- Identify investigational trials for review

Priority Area 3: Essential Quality Services and Interventions

Defining Core Interventions

Essential HIV interventions and services will be made available where they will have the greatest impact. The interventions will be informed by evidence based on The Bahamas' HIV Epidemic profile and available data. Priority is given to gaps and challenges identified in the end of term evaluation of NASP 2007-2015 (Draft). Interventions across the HIV continuum of care are also prioritized.

Output 6: Prevention through risk reduction interventions tailored to the needs of populations that are most affected are Identified and implemented.

Objective: To reduce vulnerability and risk among most affected populations through the development and/or adaptation of risk reduction interventions that is tailored to key populations (MSM, transgender, sex workers, youth (including orphans) and migrants/mobile populations).

Strategy: Develop innovative risk reduction and health promotion approach targeted to key populations using:

- HIV/STI – removal of all user fees
- Behaviour Change Communication (BCC), prevention education and risk reduction (HIV and STI)
- Novel approaches to delivering effective prevention interventions
- Reducing vulnerability
- Eliminating stigma and discrimination (including youth-friendly spaces)
- Increasing access to sexual and reproductive health services
- Increasing access to mental health and substance use services
- Strengthening gender equality
- Preventing gender based and sexual violence
- Prevention education linked to and associated with the use of Prevention technology
- Supportive legislation
- Public awareness campaigns, including mass media campaign at least once per year (incorporate existing and develop new)

- Strengthen HIV/AIDS education programmes (Focus on Youth) and incorporation into teacher training programmes in partnership with Ministry of Youth

Output 7: Prevention of HIV transmission and acquisition through the application of a comprehensive base of activities.

Objectives: To reduce the incidence of new HIV infections with emphasis on vulnerable and key populations

- MSM,
- transgender,
- sex workers,
- youth (including orphans) and
- migrants/mobile populations
- other vulnerable populations

Strategies:

- Antiretroviral-based prevention (PrEP, Post-exposure prophylaxis (PEP), PMTCT, Treatment as Prevention (TasP), HIV-exposed infants)
- Male and female condoms and lubricants
- Injection and blood safety
- Continue relevant partnerships for the reduction of STI

Output 8 ("Know your Status"): HIV testing expanded through implementation of new approaches and new technologies in traditional and alternative settings

Objectives: to increase the percentage of persons infected with HIV who know their status

Strategies:

- Point of care (POC) testing
    - strengthen POC testing in each health care facility including designated space to perform lab tests
- Explore provisions for Testing in non-traditional settings (mobile vans), task shifting and community-based approaches
- Explore support mechanisms including availability of information, counselling, and linkage mechanisms to be used for testing in non-traditional settings
- Introduce and expand use of complementary rapid tests at the time of HIV testing e.g. rapid syphilis tests
- Strengthen the capacity for contact tracing and partner notification

Output 9 (Leave no one behind): Improved survival and quality of life for persons living with HIV and AIDS.

Objectives: Expand access to treatment (including antiretroviral therapy), care and support for people living with HIV

Strategies:

- Expand antiretroviral therapy:-
  - Maximize access to low pill burden, once a day regimens that are durable, potent, tolerable and cost effective.
  - Enable scale-up of ART
  - Regular evidence on treatment and updates of consolidated ARV guidelines for adults and children

- Prevent and manage Opportunistic infections (OI)
  - Update comprehensive HIV/AIDS and OI treatment protocols and guidelines
  - Strengthen referral processes
  - Expand availability of treatment protocols and guidelines to all primary health care facilities

- Prevent and Manage HIV/TB Co-infections:-
  - TB infection control implemented in all facilities managing PLWHA
  - TB Screening in PLWHAs
  - Isoniazid Preventive Therapy (IPT)
  - Co-trimoxazole prophylaxis
  - Formal linkage systems between TB and HIV Programmes

- Address HIV and Hepatitis B and C co-infection and comorbidities:-
  - Hepatitis B and C screening in PLWHAs
  - Hepatitis B vaccination
  - Treatment of chronic Hepatitis B and Hepatitis C infection
  - Blood tests and other innovative technologies for staging for Hepatitis B and C

- Provide positive health, dignity and prevention (PHDP) care for people living with HIV:
  - Comprehensive Services
  - Adequate nutritional support
  - On-site social services support, including assistance with housing for Family Island residents attending clinic services in New Providence or Grand Bahama
  - Referral mechanism for Spiritual Support
  - Provision of immunization services as applicable
  - Quality support services (including clinic, community and home based care, management of pain and palliative and end of life care)

- Improved integrated mental health services:
  - Incorporation of Mental Health Global Action Plan (MhGAP) protocols
  - Expanding accessible, equitable, affordable mental health services

- PLWHAs will have access to a range of health and support services (including for depression, anxiety, dementia, cognitive disorders, pre-existing mental health issues, smoking, harmful alcohol use, alcohol dependence, substance use, suicide, chronic stress, social isolation and violence)

Ensuring quality of the provision for interventions and services

Output 10: Strengthen and monitor continuum of care for persons with HIV (prevention, diagnosis, treatment and care)

Objective: Continuum of care that monitors the integrity of the cascade to identify barriers and suboptimal outcomes and plans for the implementation of remedial action to improve services

Strategies:

- Strengthen monitoring and evaluation through the identification of key indicators and data collection processes for HIV and STI
- Strengthen ARV adherence monitoring and return to care
- Develop annual continuum of care cascade for general and key populations
- Strengthen information management across the cascade/continuum of care

Output 11 (Strengthening Linkage and Retention to Care/"No Client Left Behind"): Strengthened coordination of care to improve efficiency, effectiveness and outcomes

Objective: Link and integrate services and programmes

Strategies:

- On site linkage to care mechanisms at POC testing sites
- Utilizing social media to improve linkages and retention in care
- Utilize appointment systems with follow up of non-events (no-shows, reschedules, no clinic and deferrals)
- Greater integration of linking of HIV services and programmes with other relevant health areas/one stop shop model including:
    - Sexually transmitted infections
    - Broader sexual and reproductive health
    - Drug dependence
    - Hepatitis
    - Tuberculosis
    - Non-communicable diseases
- Appropriate decentralized models of integration and linkage with appropriate referral mechanisms
- Linkage within HIV services and between HIV and other related health areas
- Implementation of peer navigator support system

- Strengthened civil society partnerships to facilitate linkage and retention to care
- Integrated monitoring

Output 12:Implement quality assurance systems and improvement programmes

Objective: Quality of care optimized through monitoring, improvement and adherence to national and international norms and standards

Strategies:

- Identify appropriate evidence-based guidelines for adaptation and implementation in The Bahamas, including additional training and refresher courses to update skills and knowledge
- Monitor the implementation of evidence-based guidelines and apply quality improvement measures where deficiencies are identified in all service delivery points, including CSO's.
- Establish mechanisms to continuously monitor service utilization and acceptability
- Ensure the provision of quality-assured laboratory services and the procurement of high quality medicines, diagnostics, condoms and other HIV-related commodities
- Develop HRD plan for Decentralized HIV Services that includes the identification of Core Competencies

Priority Area 4: Achieving Equity and Impact: Populations and locations

Output 13: Prevention programmes targeted to populations with highest burden of disease

Objectives: Health information system (HIS) data analysis improved to better identify key populations and locations at increased risk of HIV

Strategies:

- Implement innovative survey methods
- Strengthen modelling tools utilized to provide detailed information and better estimates of key populations
- Strengthen data quality through data validation and verification

Output 14: Services provided to key populations

Objectives: key populations reached with appropriate services

Strategies:

- Identify key populations vulnerable to and most affected by HIV and prioritize implementation of tailored HIV packages to meet their unique needs including linkage to and retention in care
    - Sex workers
    - MSM

  - Transgender
  - Youth
  - Migrant/mobile populations
  - Speak to layers of risk (multiple risk factors/risk stacking)
- Quality Assurance/Quality Improvement: Monitor the access to, uptake of, and quality of health services for key populations,
- Engage community based organizations (CBO), leaders and peer networks in the planning and design of the delivery of services for key populations to improve the reach, quality and effectiveness of HIV services within the regulatory framework
- Integrate evidence-based gender equality interventions into action plans and strategies
- Comprehensive targeted sexual education (expanded) specific to risk factors for each key population as part of a comprehensive prevention care package
- Provide adolescent friendly services that cater to the unique needs of each of the key populations

Output 15: Target special settings

Objective: improved access to basic HIV services in highly vulnerable settings

Strategies:

Strengthen comprehensive HIV services in the correctional settings

- Strengthen continuity of care and support for self-identified PLWHA in the detention centre
- Strengthen comprehensive HIV services in closed or institutional settings (youth homes and orphanages; Industrial Schools)

Priority Area 5: Advocacy and creating enabling environments

Output 16: Strengthen policy and legislationto protect persons living with HIV/AIDS or affected by HIV/AIDS and other vulnerable populations from discrimination

Objective: Legal and social support mechanisms that protect people living with or affected by HIV/AIDS against discrimination are strengthened

Strategies:

- Reviewing laws and existing legislative frameworks
- Advocacy for human rights (include correction settings and detention centre)
- Systems for redress
- No HIV Testing for employment
- Create advocacy platform and strategy
- Enhance confidentiality through training and accountability, and upgraded systems
- strengthening accountability of the Secrets Act (legal framework)

- Mechanism to file complaint (human rights desk and redress mechanism), ombudsman
- Guarantee rights to sexual and reproductive health/Address age of consent for services and medical access to care for adolescents
- Enable access to key population and youth-friendly spaces
- Advocacy for life insurance and health insurance
- Develop a national anti-discrimination strategy

Priority Area 6: Innovation for acceleration

Output 17: HIV Prevention services optimized

Objectives: innovations for implementation of new technologies and proven interventions incorporated in the NAP strategies

Strategies:

- PrEP
    - Including oral, topical, long-acting injectable devices, non-antiretroviral modalities, including novel agents
- Male and female condoms
- Medical male circumcision, including Medical male circumcision devices at the request of clients
- HIV vaccines and cure when available

Output 18:Diagnostics and testing optimized

Objectives: earlier and more accurate HIV diagnosis and strengthened patient monitoring achieved

Strategies:

- Evaluation of home-based HIV testing and self-testing for The Bahamas
- Simple and reliable point of care HIV tests
- Evaluate the feasibility of simplified, reliable point of care viral load tests
- Strengthened early infant diagnosis of HIV testing and tracking
- Strengthened ARV resistance monitoring and surveillance

Output 19: HIV medicines and treatment regimens optimized

Objectives: improve and advance safety, potency and acceptability of ARV medicines and regimens

Strategies:

- Potent regimens to reduce the risk of HIV drug resistance

- Develop HIV Formulary and Standard of Care for Recommended durable and affordable fixed-dose combination regimens
- Explore alternative ways to procure antiretroviral therapy and adjunct medicines
- Strengthen inventory control and supplies management
- Identifying palatable formulations and dosing for children
- Improved paediatric formulations
- Prescribing and administering long-acting oral and injectable agents for the treatment of HIV when approved
- More effective and affordable treatments for prevention and management of co-infections and co-morbidities

Output 20: HIV Service Delivery Optimized

Objectives: A careful balance of services in the right settings that maximize the different levels of health care and is people-centred and fully engages with the community

Strategies:

1. Decentralization
    - Achieving equitable access to services through decentralization through full integration into the primary health care services
        - Simplified, Standardized protocols/consolidated care packages and service delivery
        - Documented referral mechanisms
        - Clinical audits (regularly scheduled)
    - Formalize operational issues (including clinic visit frequency and appointment times, referral and consultation process, patient monitoring approaches, the level of health service required, monitoring of pharmacological stock, ensuring staff adherence to secrecy Act/maintaining confidentiality with redress measures)
    - Strengthen integrated strategic information system
    - Efficient use of the different levels of health services
        - Referral processes
        - Tracking and audit of referrals
2. Effective prevention interventions for reaching greater numbers of adolescent girls and young women
    - Formalize processes for the empowerment of adolescent girls and young women (strategy aligned with key sustainable development goals and appropriate treaties)
        - Create a framework for theoretical and methodological mechanisms for addressing healthy development, social inclusion and a generation of sustainable processes related to their capabilities and needs
        - Promote gender equity, equality, and empowerment
    - Strengthen support for reducing vulnerabilities related to gender
        - Combat Violence against adolescent girls and young women
        - Guarantee rights to sexual and reproductive health services/address age of consent for services and medical access to care for adolescents

3. Achieving equitable access for men and boys
    - Identify appropriate and acceptable health service delivery model for men and boys that increase uptake of health services
4. Strengthen support for reducing vulnerabilities related to youth
    - Guarantee rights to sexual and reproductive health/Address age of consent for services and medical access to care for adolescents
    - Identify Adherence programmes that reach adolescents/youth
    - Develop/Tailor BCC messaging targeted to youth

5. Support Services that meet the needs of PLWHA and at-risk
    - 24-hour service support centre and social media informative and support forum/resource with formal referral mechanisms
6. Strengthen adherence programme
    - evidence-based interventions that includes mobile technology to designed to maximize adherence and peer support (peer navigator)
7. Strengthened HIV commodities management to prevent stock out
8. Strengthened pharmaceutical services
    - Identify appropriate infrastructure to ensure confidentiality for medication counseling, particularly for ARV medication counseling

Priority Area 7: Financing for sustainability

Output 21: HIV funding streams are sustainable in the long term and sufficient to meet programme needs

Objectives: Increased HIV revenue streams identified

Strategies:

- Improved public/private domestic and external sources of funds such as donor grants are raised to contribute to HIV programme
- establish mechanism to pool additional funds to provide HIV related services from the national health insurance scheme collections
- develop and implement financial transition plans from externally to domestically funded streams
- Obtain accurate estimates of investments needed at country level to finance National HIV Programme inclusive of costs associated with complete scale up to 90-90-90 targets

Output 22: Decreased Out-of-pocket medical expenses for persons living with HIV/AIDS

Objectives: Financial risk protection strengthened

Strategies:

- Implement Universal Health Coverage/Universal Access mechanism (NHI)
  - Primary health care
  - Catastrophic care
- Universal application of no-cost for HIV care and treatment at all public health facilities
- Bundle comprehensive STI services with HIV care at no cost to client (no out of pocket expenses)
- Expanded coverage to prevent out of pocket expenses for additional services for non-HIV-related health issues in PLWHA

Output 23: Increased buying power through collective bargaining and regional cooperation

Objectives: Costs for HIV medicines and commodities reduced and service efficiency increased

Strategies:

- Exploration of alternative commodities procurement (e.g. PAHO Strategic Fund)
  - ARVs
  - Laboratory diagnostics
  - Novel agents to treat and prevent HIV when feasible and available
- Control of ARV distribution building on the controlled substance model to enhance security of drug distribution
- Develop a sustainable mechanism for ART distribution across the health system
- Explore alternative ways to procure antiretroviral therapy and adjunct medicines
- Costing of treatment, care and support services

Priority Area 8: Strategic Information

Output 24: Strengthened National HIV Monitoring and Evaluation (M&E) capacity and use of data to inform decision making, programme planning and implementation

Objective: to gather information to identify deviations toward the ultimate goal of halting and reversing the epidemic, including evidence and knowledge for facilitating changes or improvements to refocus the response, and to support resource mobilization efforts.

Strategies:

- Strengthen the National Monitoring and Evaluation Unit in the National AIDS Programme coordinated with the National Health Information and Research Unit.

- Strengthened surveillance of HIV and STI and the risk behaviours associated
- Develop the National HIV Monitoring and Evaluation Framework aligned with relevant national, regional and international M&E Frameworks, including Guidelines and tools, coverage surveys and participation in international reporting mechanisms

- Implement a Public Health Sector Health Information System (HIS), including the use of a unique client identifier (e.g. NIB/NHI number) with appropriate protections for confidentiality.

- Strengthen linkages between National HIV M&E Framework and the HIS

- Strengthen data sharing between partner agencies (including civil society) and programmes to inform information gathering

- Implement annual review of NAP response
- Implement annual review of the continuum of care, including a continuum of care specifically focused on key populations

MONITORING AND EVALUATION LOGICAL FRAMEWORK
THE NATIONAL HIV RESPONSE 2016-2021

Report/ Indicators	On Line access	Attached documentation	Current Report	Comments
Global AIDS Response progress Reporting (UNAIDS- GARPR)	http://www.unaids.org/en/dataanalysis/knowyourresponse/globalaidsprogressreporting	GARPR Guidelines 2016	http://files.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/BHS_narrative_report_2014.p	
Core Indicators for National AIDS programmes Guidance and Specifications for Additional Recommended Indicators	http://www.unaids.org/sites/default/files/sub_landing/files/JC1768-Additional_Indicators_v2_En.pdf			
Caribbean Regional Strategic Framework on HIB/AIDS (PANCAP-CRSF)		CRFS M&E Plan		
PAHO Core Health Indicators (PAHO-CHI)	http://www.paho.org/hq/index.php?option=com_content&view=article&id=9074%3A2013-core-health-data-system-glossary&catid=1775%3Abasic-health-indicators&lang=en			HIV/AIDS indicators extracted from full PAHO CHI document
PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide	http://www.pepfar.gov/documents/organization/240108.pdf			
Caribbean Cooperation in Health (CARICOM-CCH)		CARICOM CCH III HIV/AIDS component		HIV/AIDS components extracted from full CCH III these are to be replaced with CCH IV HIV/AIDS indicators

INDICATOR NUMBER	KEY		N- National R-Regional I- International					1 - Annually 2- Biennially 3 - Every 3 years 5- Every 5 years	
	INDICATOR	**DEFINITION**	**TYPE**	**REQUESTING AGENCY/REPORT**	**NUMERATOR**	**DENOMINATOR**	**DATA SOURCE**	**REPORTING FREQUENCY**	**RESPONSIBLE PROGRAMME(S)/ UNIT(S)**
Priority Area 1: Strategic Planning and Management									
Objective1: **To strengthen the existing multi-sectoral and coordinated approach for planning and and implementation by updating the strategies for the national response through 2021 and ensuring that the strategic plan and related work plans are guided by evidence-based infomation and can be adjusted accordingly to improve effectiveness and the use of resources**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
1.1	An updated NASP 2016-2021	An updated NASP 2016 - 2021 with an evidence-based implementation/operational plan, a mid-term evaluation and renewal process for the strategic plan	N- National	NAP	N/A	N/A	NAP	1 - Annually (reviewed and adjusted accordingly based on pertinent and applicable HIV programme data)	NAP

Priority Area 2: Infrastructure and Human Resources									
Objective 2: **To ensure the availability of human resources with the capacity and appropriate skills to effectively implement and sustain the National AIDS Strategic Plan 2016-2021 and the ongoing national response**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
2.1	An NAP human resource development (HRD) plan	A national HIV response comprehensive human resource development (HRD) plan that addresses crticial issues such as decentralisation, level and quantity of personnel required, recruitment, deployment, professional development, performance and retention issues and training with particular emphasis on identified needs and gaps.	N- National	NAP	N/A	N/A	NAP	1 - Annually (reviewed and adjusted accordingly based on pertinent and applicable HIV programme data)	NAC - Human Resources
2.2	Number of healthcare workers (HCW) and professionals trained in HIV prevention, care, treatment, sensitivity (eliminating stigma and discrimination) and decentalization	Number of HCW and professionals who completed a training or programme within the reporting period in HIV prevention, care, treatment, decentralization efforts and sensitivity (especially towards key populations and other stigmatized and discriminated groups) by select cadre	N- National	NAP	Number of HCW and professionals who completed a training or programme in HIV prevalence, care and treatment	N/A	NAP human resourse training logs, workshop attendance registers	1 - Annually	NAC - Human Resources
2.3	Number of partnerships with volunteers, private doctors, civil society and faith based organisations	Number of volunteers, private doctors, civil society and faith based organisations partnering with the NAP to strengthen the national HIV response and providing data on their outreach, prevention, treatment, care and support efforts	N- National	NAP	Number of volunteers, private doctors, civil society and faith based organisations partnering with the NAP to strengthen the national HIV response	N/A	NGO data collection records/logs/database	1 - Annually	NAC - Strategic Information Unit
Objective 3: **To provide timely and accurate laboratory data to be used in the epidemiological and clinical analyses of HIV prevention, treatment and care**									
Outcome 2: Treatment, Care and Support									
3.1	An integrated HIV laboratory information system	An HIV laboratory information system implemented and integrated with the Public Health Sector Information System	N- National	NAP	N/A	N/A	Lab reports, interview with Lab Director and Staff	N/A	National Reference Lab
3.2	Number of accreditated laboratories	Measures the number of laboratories that are recognized by national, regional, or international standards for accreditation or have achieved a minimal acceptable level towards attainment of such accreditation	N- National	NAP (adapted from PEPFAR monitoring indicators)	Number laboratories that are recognized by national, regional, or international standards for accreditation or have achieved a minimal acceptable level towards attainment of such accreditation	N/A	Number of accredited laboratories (public and private)	1 - Annually	National Reference Lab
3.3	Number of health care workers (HCW) trained in HIV drug resistance testing, molecular diagnostics, ART toxicity monitoring, and quality managment	Measures the number of healthcare workers and laboratory staff trained in HIV drug resistance testing, molecular diagnostics and quality managment	N- National	NAP	Number of healthcare workers and laboratory staff completing training in HIV drug resistance testing, molecular diagnostics and quality managment	N/A	Lab reports, training logs/attendance registers, interview with Lab Director and Staff	1 - Annually	National Reference Lab
3.4	Number individuals receiving a drug resistance test performed by the National Reference Lab	Measures the number of HIV-positive persons receiving drug resistance testing	N- National	NAP	Number of individuals receiving drug resistance testing	N/A	Interviews with Lab Director/Staff, laboratory database	1 - Annually	National Reference Lab
3.5	Number of individuals receiving point-of-care syphilis tests	Measures the number of people receiving a point-of-care syphilis test and results, analysed by the National Reference Lab	N- National	NAP	Number of people receiving a point-of-care syphilis test analysed by the National Reference Lab	N/A	Interviews with Lab Director/Staff, laboratory database	1 - Annually	National Reference Lab

3.6	Number of individuals receiving TB tests (using TB polymerase chain reaction (PCR) technology)	Measures the number of HIV-positive persons receiving TB test results (using TB polymerase chain reaction (PCR) technology) analysed by the National Reference Lab	N- National	NAP	Number of individuals receiving TB tests (using TB polymerase chain reaction (PCR) technology) analysed by the National Reference Lab	N/A	Interviews with Lab Director/Staff, laboratory database	1 - Annually	
Objective 4: **To ensure that the appropriate physical, transportation, communication and information system infrastructures are in place for effective implementation of the National AIDS Strategic Plan**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
4.1	A national HIV response infrastructure and management plan developed	A national HIV response infrastructure and management plan developed to outline an approach to overcoming geographic barriers to prevention, treatment, care and support services (e.g. Mobile clinics/ decentralisation)	N- National	NAP	N/A	N/A	Interview with NAP and NAC Human Resources Manager, NAP Director, NAC Director	1 - Annually	NAC
4.2	Number of supporting facilities to improve prevention, treatment, care and support services offered by the NAP	Measures the number of supporting facilities that include medical records storage, treatment and care rooms, VCT sites, medication and specimen storage, communication and information	N- National	NAP	Number of supporting facilities (with medical records storage, treatment and care rooms, VCT sites, medication and sepecimen storage, communication and information systems) upgraded	N/A	Interview with NAP and NAC Directors, and NAC Staff	1 - Annually	NAC and NAP
Objective 5: **To conduct operational research and participate in investigational trials, when suitable**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
5.1	Number of NAP research reports disseminated and/or published	Measures the dissemination of relevant national HIV/AIDS research findings	N- National	NAP	Number of relevant HIV/AIDS research reports disseminiated and/or published	N/A	NAP	1 - Annually	NAP
5.2	Number of NAP national and international collaborations and partnerships	Measures the number of multisectoral collaborations including academic and inter-ministerial partnerships, as well as international collaborations	N- National	NAP	Number of multisectoral collaborations	N/A	NAP	1 - Annually	NAP
5.3	Number of HIV research facilities/infrastructures supporting sustainable research	Measures the number of HIV facilities supporting sustainable research	N- National	NAP	Number of HIV facilities and infrastructures supporting sustainable research	N/A	NAP	1 - Annually	NAP
5.4	Number of staff trained to support research projects	Measures the number of staff trained to support research projects including project and proposal applications, grant writing, data collection and analysis	N- National	NAP	Number of Staff trained to support research projects	N/A	NAP	1 - Annually	NAP
5.5	Number of reviewed investigational trials	Measures the number of investigational trials identified and reviewed	N- National	NAP	Number of investigational trials identified and reviewed	N/A	NAP	1 - Annually	NAP
Priority Area 3: Essential Quality Services and Interventions									
Objective 6: **To reduce vulnerability and risk among the general population, inluding key populations, through the development and/or adaptation of risk reduction interventions**									
Outcome 3: Prevention									
Key Populations (MSM, transgender, sex workers, youth (including orphans) and migrants/mobile populations)									
6.1	Percentage of key population members completing a Behaviour Change Communication, prevention education and HIV/STI risk reduction intervention	Measures retention in BCC, prevention education, and HIV/STI risk reduction intervention	N - National	NAP	Number of key population members completing BCC, prevention education and HIV/STI risk reduction interventions	Number of key population members enrolled in BCC, prevention and HIV/STI risk reduction interventions	Training logs and registers, interviews with trainers	1 - annually	NAC - Prevention, Health Education and Community Outreach Units

6.2	Percentage of sex workers reached with HIV prevention programmes	Measures the number and percentage of sex workers reached and retained in an HIV prevention programme	N - National	NAP	Number of sex workers completing an HIV prevention programme	Total number of sex workers enrolled in an HIV prevention programme	Training logs and registers, interviews with trainers	1 - annually	NAC - Prevention, Health Education and Community Outreach Units
6.3	Percentage of men who have sex with men retained in an HIV prevention programme	Measures the number and percentage of MSM with men reached and retained in an HIV prevention programme	N - National	NAP	Number of MSM completing an HIV prevention programme	Total number of MSM enrolled in an HIV prevention programme	Training logs and registers, interviews with trainers	1 - annually	NAC - Prevention, Health Education and Community Outreach Units
6.4	Percentage of men who have sex with men reached with HIV prevention programmes	Measures the number and percentage of MSM reached with prevention programmes by community outreach workers or through NAC programmes and services	N - National	NAP	Number of MSM reached with prevention programmes	Estimated number of MSM	Training logs and registers, interviews with trainers, KP estimate reports	1 - annually	NAC - Prevention, Health Education and Community Outreach Units
6.5	Percentage of migrants/mobile populations reached with HIV prevention programmes	Measures the number of migrants/mobile populations reached and retained in an HIV prevention programme	N - National	NAP	Number of migrant/mobile populations completing an HIV prevention programme	Total number of migrant/mobile populations enrolled in an HIV prevention programme	Training logs and registers, interviews with trainers	1 - annually	NAC - Prevention, Health Education and Community Outreach Units
General Population									
6.5	Percentage of men and women referred to sexual and reproductive health services during/after HTC	Measures the amount of men and women referred to sexual and reproductive health services during/after HTC out of the total number of those receiving HTC	N - National	NAP	Number of men and wome receiving HTC who were referred to sexual and reproductive health services	Number of men and women receiving HTC	counselling database, logs, interviews with Staff and NAC Director	1 - annually	NAC - prevention, Health Education and Community Outreach Units
6.6	Percentage of men and women referred to mental health and substance use services during/after HTC	Measures the amount of men and women referred to mental health and substance use services during/after HTC out of the total number of those receiving HTC	N- National	NAP	Number of men and women receiving HTC who were referred to mental health and substance use services	Number of men and women receiving HTC	counselling database, logs, interviews with Staff and NAC Director	1 - annually	NAC - prevention, Health Education and Community Outreach Units
6.7	Percentage of educators teaching an HIV/AIDS risk reduction programme (i.e. Focus on Youth)	Measures the amount of educators teaching an HIV/AIDS risk reduction programme (i.e. Focus o Youth) of all educators trained in the relevant teaching methods	N - National	NAP	Number of educators teaching an HIV/AIDS risk reduction programme (i.e. Focus on Youth)	Number of educators trained in HIV/AIDS risk reduction teaching methods	Teacher training logs, registers, databases, interviews	1 - annually	NAC - Health Education, Focus on Youth programme
6.8	Percentage of schools with at least one teacher trained in, and regularly teaching, life-skills-based HIV/AIDS education	The number and percentage of schools with at least one teacher who has been trained in participatory life-skillsbased HIV/AIDS education and who has taught the subject during the last academic year	I - International	UNGASS	Number of schools with at least one teacher trained in, and regularly teaching, life-skills-based HIV/AIDS education	The number of schools surveyed	Teacher training logs, registers, databases, interviews	1 - annually	NAC - Health Education, Focus on Youth programme
6.9	Percentage of young people aged 15-24 reached with HIV prevention programmes	Respondents have been 'reached' if they gave the correct answer to all questions in a set of questions asked about their knowledge of HIV prevention methods. See Method of measurement Those who never heard about HIV and AIDS should be excluded from the numerator but included in the denominator. An answer of "don't know" should be recorded as an incorrect answer. Scores for each of the individual questions (based on the same denominator) are required as well as the score for the composite indicator	R-Regional	PANCAP - CRSF	Number of respondents aged 15–24 who gave the correct answer to all five questions	Number of all respondents aged 15-24	Training logs, registers, and interviews	1 - annually	NAC - Health Education, Focus on Youth programme
6.10	Percentage of young women and men aged 15–24 who correctly identify both ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Measures the amount of young women and men aged 15–24 who correctly identify both ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission of all respondents in the same age group	I- International	UNAIDS - GARPR	Number of respondents aged 15–24 who gave the correct answer to all five questions	Number of all respondents aged 15–24	Database, training logs, registers, and interviews	1 - annually	NAC - Health Education, Focus on Youth programme

6.11	Percentage of sexually experienced women/men aged 15-49 who received at least one reproductive health service in the last 12 months	Reproductive Health Services for females include a birth control method; birth control counselling; birth control checkup or test; sterilization counselling; emergency contraception counselling; pelvic exam; pap smear; pregnancy test; and counselling, testing, or treatment for sexually transmitted infections Reproductive Health Services for males include counselling about contraception; sterilization counselling; prostate exam; and counselling, testing, or treatment for sexually transmitted infections Sexually experienced refers to women or men who have ever had intercourse (anal, vaginal and oral)	R-Regional	PANCAP - CRSF	Technical Note: Data are provided by WHO/PAHO country offices and technical regional programmes based on information reported by the national systems for disease surveillance and control.	Number of sexually experienced women/men ages 15 to 49 years	Database, training logs, registers, and interviews	1 - annually	NAC - prevention and Community Outreach Units
Gender									
6.12	Number of people referred to post gender based violence external care and services	Measures the number of people referred to post GBV care during/after HTC or other related services from the NAC	N - National	NAP	Number of people referred to post-GBV care during/after HTC	N/A	Staff interviews, logs	1 - annually	NAC
6.13	Number of people receiving post-gender based violence care at the National HIV/AIDS Centre	Measures the number of people receiving post-GBV care at the NAC in the form of PEP	N - National (adapted from PEPFAR)	NAP	Number of people receiving post-GBV care from the NAC in the form of PEP	N/A	Staff interviews, logs, NAC pharmacy database	1 - annually	NAC
6.14	Prevalence of recent intimate partner violence	Measures the proportion of ever-married or partnered women aged 15–49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	I- International; R-Regional	UNAIDS - GARPR; CRSF	Women aged 15–49 who have or have ever had an intimate partner, who report experiencing physical or sexual violence by at least one of these partners in the past 12 months. See numerator explanation below for specific acts of physical or sexual violence to include.	Total women surveyed aged 15–49 who currently have or have had an intimate partner	Counselling records/database, Prevention records/logs	1 - annually	NAC
6.15	Number of men and women completing an intervention pertaining to gender norms	Measures the number of individuals completing an intervention pertaining to gender norms within the context of HIV/AIDS, that meets minimum criteria	I - International	PEPFAR	Number of people completing an intervention pertaining to gender norms within the context of HIV/AIDS, that meets minimum criteria	N/A	Counselling records/database, Prevention records/logs	1 - annually	NAC
Stigma and discrimination									
6.16	Percentage of discriminatory attitudes towards people living with HIV	Measures the number and percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV	I- International; R-Regional	UNAIDS - GARPR; PANCAP - CRSF	Number of respondents (aged 15–49) who respond no to either of the two questions	Number of all respondents (aged 15–49) who have heard of HIV	Counselling records/database, Prevention records/logs	1 - annually	NAC
6.17	Number of Legislative reforms made	Measures the number of legislative reforms for modifying and repealing discriminatory laws that infringe on human rights	R-Regional	PANCAP - CRSF	Number of legislative reforms for modifying and repealing discriminatory laws that infringe on human rights	N/A	NAP	1 - annually	NAP
Objective 7: **To reduce the incidence of new HIV infections with an emphasis on vulnerable and key populations**									
Outcome 3: Prevention									
7.1	Number of men and women using pre-exposure Prophylaxis (PrEP)	Measures the number of people receiving (or prescribed) PrEP as a form of antretroviral-based HIV prevention	N - National	NAP	Number of people receiving PrEP as a form of antretroviral-based HIV prevention	N/A	NAC - Pharmacy	1 - annually	NAC
7.2	Number of men and women receiving Post-exposure Prophylaxis (PEP)	Measures the number of people receiv ing PEP from the NAC pharmacy	N - National	NAP	Number of people receiv ing PEP from the NAC pharmacy	N/A	NAC - Pharmacy	1 - annually	NAC
7.3	Number of Male and female condoms	Measures the number of male and female condoms distrubuted as a form of HIV prevention	N - National	NAP	Number of male and female condoms distrubuted	N/A	NAC - Prevention and Community Outreach Units	1 - annually	NAC
7.4	Number of lubricant distributed	Measures the number of lubicants distributed by the NAC	N - National	NAP	Number of lubricants distrubuted as a form of HIV prevention by the NAC	N/A	NAC - Prevention and Community Outreach Units	1 - annually	NAC
7.5	Percentage of young men and women aged 15-24 who had sex before the age of 15 yeards	Measures the number and percentage of young women and men aged 15–24 who reported having sexual intercourse before the age of 15	I- International	UNAIDS - GARPR	Number of respondents (aged 15–24 years) who report the age at which they first had sexual intercourse as under 15	Number of all respondents aged 15–24	NAC - Research Unit (Focus on Youth)	1 - annually	NAC

7.6	Percentae of men and women aged 15–49 who have who had multiple sexual partnerships	Measures the number and percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	I- International	UNAIDS - GARPR	Number of respondents aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	Number of all respondents aged 15–49	NAC - Research Unit (Focus on Youth), prevention and community outreach units	1 - annually	NAC
7.7	Percentage of women and men aged 15–49 (among people with multiple sexual partnerships) who used a condom at last sex a	Measures the number and percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months who also reported that a condom was used the last time they had sex	I- International	UNAIDS - GARPR	Number of respondents (aged 15–49) who reported having had more than one sexual partner in the past 12 months who also reported that a condom was used the last time they had sex	Number of respondents (15–49) who reported having had more than one sexual partner in the past 12 months.	NAC - Research Unit (Focus on Youth), prevention and community outreach units	1 - annually	NAC
Prevention of Mother to Child Transmission (PMTCT)									
7.8	HIV prevalence among pregnant women	Measures HIV prevalence among women attending antenatal clinics in the general population	I- International	UNAIDS - GARPR	Number of pregnant women who tested HIV positive (including those who already know their HIV positive status) who attended antenatal clinics	Number of women tested for HIV at antenatal clinics (including those who already know their HIV positive status).	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH - HIRU
7.9	Percentage of HIV-positive pregnant women who received antiretroviral medicine (ARV) to reduce the risk of mother-to-child transmission	Measures the number and percentage of HIV-positive pregnant women who received antiretroviral medicine (ARV) to reduce the risk of mother-to-child transmission in women attending antenatal clinics or the labour and delivery ward	I- International; R-Regional	UNAIDS - GARPR;PANCAP-CRSF	Number of HIV-positive pregnant women who delivered and received ARVs during the past 12 months to reduce the risk of mother-to-child transmission during pregnancy and delivery.	Estimated number of HIV-positive women who delivered within the past 12 months	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH - HIRU
7.10	Percentage of early infant diagnoses among infants born to HIV-positive women	Measures the number and percentage of infants born to HIV-positive women receiving a virological test for HIV within two months of birth	I- International	UNAIDS - GARPR	Number of infants who received an HIV test within two months of birth, during the reporting period. Infants tested should only be counted once.	Number of HIV-positive pregnant women giving birth in the past 12 months	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH - HIRU
7.11	Percentage of HIV-positive children born to HIV-infected mothers	Measures the number and percentage of children confirmed positive when confirmatory tests for infection are obtained at 18 months to 2 years (guided by national guidelines for testing that determine type of test and age at which confirmatory tests are given).	R-Regional	PANCAP - CRSF	Number of children born to HIV-infected mothers who received confirmatory testing in the last 12 months and tested positive	Number of children born to HIV-infected mothers who received confirmatory testing in the last 12 months	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH - HIRU
7.12	Percentage of child HIV infections	Measures child HIV infections from HIV-positive women delivering in the past 12 months	I- International	UNAIDS - GARPR	Reported number of children born, in a defined year, to HIV-positive mothers, who were diagnosed as HIV positive	Reported number of infants born to HIV-positive mothers within the defined year with a definitive diagnosis (sum of HIV-positive and HIV-negative)	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH - HIRU
7.13	Percentage of pregnant women with known HIV status	Measures HIV testing coverage in pregnant women accessing antenatal clinics and/or labour and delivery facilities	I- International	UNAIDS - GARPR	Number of pregnant women attending antenatal clinics (ANC) and/or had a facility-based delivery and were tested for HIV during pregnancy, or already knew they were HIV positive	Population-based denominator: Number of pregnant women who delivered within the past 12 months; programme-based denominator: Number of pregnant women who attended an ANC or had a facility-based delivery in the past 12 months	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH - HIRU
7.14	Percentage of pregnant women attending antenatal clinics whose male partners were tested for HIV	Measures the number and percentage of pregnant women attending clinics whose male partners were tested for HIV during the pregnancy	I- International	UNAIDS - GARPR	Number of pregnant women attending ANC within the past 12 months whose male partners were tested or were already known to be HIV positive	Number of pregnant women attending ANC within the past 12 months	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH - HIRU
7.15	Percentage of infants on ARV prophylaxis	Measures the number and percentage of HIV-exposed infants who initiated ARV prophylaxis	I- International	UNAIDS - GARPR	Number of HIV-exposed infants born within the past 12 months who were started on ARV prophylaxis at birth	Population-based denominator: number of HIV-positive women who delivered within the past 12 months; Facility-based denominator: number of HIV-positive women who delivered in a facility within the past 12 months	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH - HIRU
7.16	Percentage of HIV-exposed infants started on CTX prophylaxis	Measures the number and percentage of HIV-exposed infants started on CTX prophylaxis within two months of birth	I- International	UNAIDS - GARPR	Number of HIV-exposed infants born within the past 12 months who started on CTX within two months of birth	Number of HIV-positive women who delivered within the past 12 months	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH - HIRU

Key populations									
7.17	Percentage of sex workers reporting the use of a condom with their most recent client	Measures the number and percentage of f sex workers reporting the use of a condom with their most recent client	I- International	UNAIDS - GARPR	Number of sex workers who reported that a condom was used with their last client	Number of sex workers who reported having commercial sex in the past 12 months	NAC - rapid testing database, key population logs/database	1 - annually	NAC - prevention and community Outreach Units
7.18	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Measures the number and percentage of f sex workers reporting the use of a condom the last time they had anal sex with a male partner	I- International	UNAIDS - GARPR	Number of men who have sex with men who reported that a condom was used the last time they had anal sex	Number of men who have sex with men who reported having had anal sex with a male partner in the past six months	NAC - rapid testing database, key population logs/database	1 - annually	NAC - prevention and community Outreach Units
Objective 8: **To increase the percentage of persons infected with HIV who know their status**									
Outcome 2: Treatment, Care and Support									
8.1	The percentage of respondents aged 15-49 who had an HIV test in the last 12 months and who know their results	Measures the number and percentage and percentage of women and men aged 15-49 who had an HIV test in the last 12 months and know their results.	I - International	PEPFAR	The number of respondents aged 15-49 who had an HIV test in the last 12 months and who know their results	Total number of respondents aged 15-49	NAC databases - rapid testing, key populations; community outrech logs, interviews with Community Outreach Coordinator and Staff, surveys	1 - annually	NAC - prevention and community Outreach Units
8.2	Number of individuals who received HTC services and who received their test results	Measures the number of males and females receiving HIV testing and Counselling (HTC) and received their results (for MSM, FSW, and the general population.)	I - International	PEPFAR	Number of individuals who received HTC services who received their test results during the reporting period	N/A	NAC databases - rapid testing, key populations; community outrech logs, interviews with Community Outreach Coordinator and Staff	1 - annually	NAC - Prevention and Community Outreach Units
8.3	Percentage of people living with HIV who know their status (including data from case-based reporting)	Measures the number and percentage of people living with HIV who know their status (including data from case-based reporting)	I- International	UNAIDS - GARPR	Among people living with HIV, the number who know their HIV status results	Number of people living with HIV	NAC databases - rapid testing, National line list, HIV surveillance database	1 - annually	NAC
8.4	Percentage of persons aged 15 – 49 years newly infected with HIV in the last 12 months	Persons can be counted if aged ≥ 15 or ≤ 49 at the time the test that was confirmed positive was taken 'Infected with HIV' means tested using nationally established algorithm and confirmed to be positive whether results were delivered to client or not Persons should only be counted if the test was both taken and results confirmed positive within the previous 12 months	R-Regional	PANCAP - CRSF	Number of persons (aged 15-49) tested for HIV and testing positive in the last 12 months	Number of persons (aged 15-49) tested for HIV in the last 12 months	NAC databases - rapid testing, National line list	1 - annually	NAC
8.5	HIV incidence rate*	Number of new HIV infections in the reporting period per 1000 uninfected population	I- International	UNAIDS - GARPR	N/A	N/A	Spectrum Estimate	1 - annually	NAC
8.6	HIV Prevalence	Measures the percentage of adullts (15-49 years old) who are living with HIV	I- International	WHO	Number of adults who test positive for HIV	Number of adults living in the Bahamas	NAC databases - HIV surveillance database, national line list. Dept. of statistics (general population size information)	1 - annually	NAC

8.7	Number of health care facilities performing POC Testing	Measures the number of health care facilities where HIV point of care testing is performed	N - National	NAP	Number of facilities performing POC Testing	N/A	Community clinic records/logs, interviews with HCW, NAC records	1 - annually	MOH - Community clinics and health facilities
8.8	Number of persons tested in non-traditional settings	Measures the number of adults who were tested in settings considered non-traditional such as emergency departments, outpatient/primary health clinics, etc.	N - National	NAP	Number pf people tested in non-traditional settings	N/A	NAC - rapid testing database	1 - annually	NAC
8.9	Percentage of individuals receiving an HIV test after being traced and notified (via contact tracing)	Measures the number and percentage of males and females who received an HIV test after being successfully traced and notified of a possible HIV exposure	N - National	NAP	Number of individuals receiving an HIV test after being traced and notified	Total number of partners and contacts notified and traced	NAC - contact tracing logs/databases	1 -annually	NAC
Key Populations									
8.10	Percentage of sex workers who received an HIV test and know their results	Measures the number and percentage of sex workers who received an HIV test in the past 12 months and know their results	I- International	UNAIDS - GARPR	Number of sex workers who have been tested for HIV during the past 12 months and who know their results	Number of sex workers included in the sample	NAC, CSOs	1 - annually	NAC
8.11	Percentage of sex workers who are living with HIV	Measures the prevalence of HIV in sex workers reached with HIV testing and counselling in the past 12 months	I- International	UNAIDS - GARPR	Number of sex workers who test positive for HIV	Number of sex workers tested for HIV	NAC, CSOs	1 - annually	NAC
8.12	Percentage of men who have sex with men who received an HIV test	Measures the number and percentage of men who have sex with men who received an HIV test in the past 12 months and know their results	I- International	UNAIDS - GARPR	Number of men who have sex with men who have been tested for HIV during the past 12 months and who know their results	Number of men who have sex with men included in the sample	NAC, CSOs	1 - annually	NAC
8.13	Percentage of men who have sex with men who are living with HIV	Measures the prevalence of HIV in MSM who were reached with HTC in the past 12 months	I- International	UNAIDS - GARPR	Number of men who have sex with men who test positive for HIV	Number of men who have sex with men tested for HIV	NAC, CSOs	1 - annually	NAC
8.14	Percentage of inmates/detainees who received an HIV test	Measures the number and percentage of inmates/detainees who received an HIV test in the past 12 months and know their results	N - National	NAP (adapted from UNAIDS-GARPR)	Number of inmates/detainees who have been tested for HIV during the past 12 months and who know their results	Number of inmates/detainees included in the sample	NAC, CSOs	1 - annually	NAC
8.15	Percentage of inmates/detainees who are living with HIV	Measures HIV prevalence in inmates/detainees who received an HIV test in the past 12 months	I- International	UNAIDS - GARPR	Number of inmates/detainees who test positive for HIV	Number of inmates/detainees who tested for HIV	NAC, CSOs	1 - annually	NAC
8.16	Percentage of transgender people who received an HIV test	Measures the number and percentage of transgender people who received an HIV test in the past 12 months and know their results	N - National	NAP (adapted from UNAIDS-GARPR)	Number of transgender people who have been tested for HIV during the past 12 months and who know their results	Number of transgender people included in the sample	NAC, CSOs	1 - annually	NAC
8.17	Percentage of transgender people who are living with HIV	Measures the prevalence of HIV in transgender perople receiving an HIV test in the past 12 months	I- International	UNAIDS - GARPR	Number of transgender people who test positive for HIV	Number of transgender people tested for HIV	NAC, CSOs	1 - annually	NAC
Objective 9: **Expand access to treatment, care and support for people living with HIV**									
Outcome 2: Treatment, Care and Support									
9.1	Percentage of adults and children currently receiving antiretroviral therapy	Measures the number and percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	I- International	UNAIDS - GARPR	Number of adults and children receiving antiretroviral therapy at the end of the reporting period	Estimated number of adults and children living with HIV	NAC - pharmacy database	1 - annually	NAC
9.2	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Measures the number of adults and children newly enrolled on antiretroviral therapy (ART)	I - International	PEPFAR	Number of adults and children newly enrolled on ART	N/A	NAC - pharmacy database	1 - annually	NAC - pharmacy
9.3	Number of adults and children currently receiving antiretroviral therapy (ART)	Measures the number of adults and children currently receiving antiretroviral therapy (ART)	I - International	PEPFAR	Number of adults and children with HIV infection receiving antiretroviral therapy (ART)	N/A	NAC - pharmacy database	1 - annually	NAC - pharmacy

9.4	Number of adults and children receiving both antiretrovirals and adjunct medicines	Measures the number adults and children receiving both ARVs and adjunct medicines - increasing the efficacy of treatment in these clients	N - National	NAP	Number of adults and children receiving both antiretrovirals and adjunct medicines	N/A	NAC pharmacy database, interviews with NAC Director, and NAC Physicians and Nurses	1 - annually	NAC Pharmacy
9.5	Number of HIV positive adults and children newly enrolled in clinical care	Measures the number of HIV positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) or CD4 count	I - International	PEPFAR	Number of positive adults and childrem newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) or CD4 count	N/A	NAC - pharmacy and CD4/VL databases	1 - annually	NAC - pharmacy and reference lab
9.6	Number of HIV-positive dults and childrem who received at least one of the following at enrollment: clinical assessment (WHO staging) or CD4 count	Measures the number of HIV-positive dults and childrem who received at least one of the following at enrollment: clinical assessment (WHO staging) or CD4 count	I - International	PEPFAR	Number of HIV-positive dults and childrem who received at least one of the following at enrollment: clinical assessment (WHO staging) or CD4 count	N/A	NAC - pharmacy and CD4/VL databases	1 - annually	NAC - pharmacy and reference lab
9.7	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Measures the number and percentage of HIV-positive adults and children retained on ART 12 months after initiation	I- International	UNAIDS - GARPR	Number of adults and children who are still alive and on antiretroviral therapy at 12 months after initiating treatment in 2014	Total number of adults and children initiating antiretroviral therapy in 2014, within the reporting period, including those who have died since starting antiretroviral therapy, those who have stopped treatment and those recorded as lost to follow-up at month 12	NAC - pharmacy database	1 - annually	NAC - pharmacy
9.8	Percentage of adults and children with HIV known to be on treatment 24 months after initiation of antiretroviral therapy	Measures the number and percentage of adults and children retained on antiretroviral therapy 24 months after initiation	I- International	UNAIDS - GARPR	Number of adults and children who are still alive and on antiretroviral therapy 24 months after initiating treatment in 2013	Total number of adults and children who started antiretroviral therapy in 2013, or a specified period, who were expected to remain in treatment for 24 months within the 2015 reporting period, or 24 months after the specified initiation period. Includes those who have died since starting antiretroviral therapy, those who have stopped the treatment and those recorded as lost to follow-up at month 24.	NAC - pharmacy database	1 - annually	NAC - pharmacy
9.9	Percentage of adults and children with HIV known to be on treatment 60 months after initiation of antiretroviral therapy in 2010	Measures the number and percentage of HIV-positive adults and children known to be on antiretroviral therapy 60 months after initiation	I- International	UNAIDS - GARPR	Number of adults and children who are still alive and on antiretroviral therapy 60 months after initiating treatment in 2010	Total number of adults and children who started antiretroviral therapy in 2010, or another specified period, who were expected to remain in treatment for 60 months within the 2015 reporting period, or 60 months after the specified initiation period. Includes those who have died since starting antiretroviral therapy, those who have stopped treatment and those recorded as lost to follow-up at month 60	NAC - pharmacy database	1 - annually	NAC - pharmacy
9.10	Number and percentage of people currently receiving HIV care	Measures the number and percentage of people currently receiving HIV care	I- International	UNAIDS - GARPR	Number of people enrolled in HIV care in 2015, as proxied by receipt of at least one of the following: -clinical assessment (WHO staging) -CD4 count -viral load -currently receiving antiretroviral therapy.	Estimated number of adults and children living with HIV	NAC - pharmacy database	1 - annually	NAC - pharmacy
9.11	Percentage of facilities experiencing stock-outs of antiretroviral medicines	Measures the number and percentage of ARV dispensing facilities experiencing stock-outs in the past 12 months	I- International	UNAIDS - GARPR	Number of health facilities dispensing ARVs that experienced a stock-out of one or more required ARV medicines in the past 12 months	Total number of health facilities dispensing ARVs	NAC - pharmacy database	1 - annually	NAC - pharmacy

9.12	Percentage of eligible people on ART by treatment line (first, second, third) disaggregated by sex and age group (< 15 and >15)	This is being used as a proxy indicator for morbidity and mortality - Eligible and receiving ART will indicate likelihood of reduced morbidity and mortality and will also yield data to support SPA 4 regarding access and improving adherence REFER TO: Priority Area 4. Care Treatment and Support. Strategic Objective 4.1 Expand and sustain access to high quality care, treatment and support, including management of sexually transmitted infections and co-morbidities	R-Regional and I - International	PANCAP - CRSF; PAHO	Number of patients in each regimen in use, by treatment line. For example, for the first line: Total patients on TDF+3TC+EFV: 300 patients Total patients on AZT+FCT+EFV: 150 patients, etc	Total number of patients in treatment, by line	NAC - pharmacy database, interviews with Physicians and Nurses	1 - annually	NAC - pharmacy
9.13	Percentage of HIV-positive people on ART by treatment line	Measures the number and percentage of eligible individuals on ART by treatment line (first, second, third) disaggregated by sex and age group (< 15 and >15) Eligibility for ART should be determined based on respective national policy which outline the factors, such as low CD4 count, signaling the need for initiation of therapy	R-Regional	PANCAP - CRSF	Number of eligible adults and children who are currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) at the end of the reporting period	Number adults with HIV infection	NAC pharmacy database	1 - annually	NAC - pharmacy
9.14	Percentage of HIV-positive persons with first CD4 cell count < 200 cells/µL	Measures the number and percentage of men and women with late HIV diagnoses	I- International	UNAIDS - GARPR	Number of HIV-positive people with first CD4 cell count <200 cells/µl	Total number of HIV-positive people with first CD4 cell count	CD4 and viral load database	1 - annually	National Reference Lab
9.15	Percentage of adults and children receiving antiretroviral therapy who were virally suppressed in the last 12 months	Measures viral suppression	I- International	UNAIDS - GARPR	Number of adults and children receiving antiretroviral therapy in the reporting period with suppressed viral load (i.e. ≤1000 copies)	Number of adults and children currently receiving antiretroviral therapy	NAC pharmacy and CD4/viral load databases	1 - annually	NAC - Pharmacy and National Reference Lab
9.16	Total number who have died of AIDS-related illness in 2015	Measures the number of AIDS-related deaths	I- International	UNAIDS - GARPR	Number of AIDS-related deaths in 2015	N/A	HIRU database	1 - annually	HIRU
9.17	Percentage of patients on ART tested for viral load (VL) with VL <1000 copies/ml at last test after 12 months of therapy	After 12 months of therapy includes any patient on 12 months or more since their first initiation	R-Regional	PANCAP - CRSF	Number of patients receiving ART for at least 12 months whose viral load is <1000 copies/ml at last test	Number of patients receiving ART for at least 12 months who by HIV management policy should have had a viral load performed Denominator should include patients who are on lifelong therapy	CD4 and viral load database	1 - annually	National Reference Lab
Tuberculosis									
9.18	Proportion of people living with HIV enrolled in HIV care with active tuberculosis (TB) disease	Measures the number of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit, expressed as a proportion of all adults and children enrolled in HIV care during the reporting period	I - International	WHO	Number of adults and children enrolled in HIV care, who had their TB status assessed and recorded during their last visit	Total number of adults and children enrolled in HIV care in the reporting period	Infectious Disease Clinic database	1 - annually	Infectious Disease Unit
9.19	Proportion of people living with HIV newly enrolled in HIV care started on tuberculosis (TB) preventive therapy	Measures the number of adults and children newly enrolled in HIV care who are started on treatment for latent TB infection (isoniazid preventive therapy (IPT)) expressed as a proportion of the total number of adults and children newly-enrolled in HIV care over a given time period	I - International	WHO	Total number of adults and children newly enrolled in HIV care who start (given at least one dose) treatment of latent TB infection over a given time period	Total number of adults and children newly enrolled in HIV care over a given time period	Infectious Disease Clinic database	1 - annually	Infectious Disease Unit
Hepatitis									
9.20	Proportion of persons in HIV care who were tested for hepatitis B virus (HBV)	Measures the number and proportion of HIV-positive persons in care receiving an HBV test	I- International	UNAIDS - GARPR	Number of people in HIV care who were tested for hepatitis B during the reporting period using HBsAg tests	Number of people in HIV care during the reporting period	STI Unit database	1 - annually	STI Unit
9.21	Proportion of HIV-HBV coinfected persons currently on combined treatment	Measures the number and proportion of HIV-positive persons coinfected with HBV and currently on combined treatment	I- International	UNAIDS - GARPR	Number of HIV/HBV coinfected people who receive treatment with ARVs effective against both viruses during the reporting period	Number of people diagnosed with HIV/HBV coinfection in HIV care during a reporting period (12 months)	STI Unit database	1 - annually	STI Unit

9.22	Proportion of people in HIV care who were tested for hepatitis C virus (HCV)	Measures the number and proportion HIV-positive persons in care tested for HCV	I- International	UNAIDS - GARPR	Number of adults and children in HIV care who were tested for hepatitis C during the reporting period using anti-HCV antibody tests	Number of adults and children in HIV care during the reporting period	STI Unit database	1 - annually	STI Unit
9.23	Proportion of persons diagnosed with HIV-HCV infection started on HCV treatment	Measures the number and proportion of HIV-positive persons coinfected with HCV and currently on combined treatment	I- International	UNAIDS - GARPR	Number of people diagnosed with HIV/HCV coinfection started on treatment for HCV during a specified time frame (e.g. 12 months)	Number of people diagnosed with HIV/HCV coinfection in HIV care during a specified time period (12 months)	STI Unit database	1 - annually	STI Unit
Objective 10: **To generate a continuum of care that monitors the integrity of the cascade to identify barriers and suboptimal outcomes and plans for the implementation of remedial actions to improve services**									
Outcome 2: Treatment, Care and Support									
10.1	A cascade monitoring system **(*see the continuum of care tab for specific indicators)**	Develop a monitoring system for the cascade (continuum of care) that tracks key indicators, the data collection process, ARV adherence and return to care.	N- National	NAP	N/A	N/A	National Line List, Rapid Test, Pharmacy, CD4/VL, HIRU databases	1 - annually	The National HIV/AIDS Centre, National Reference Lab, HIRU
Objective 11: **Link and integrate services and programmes**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
11.1	Number of peer navigators trained	Measures the number of peer navigators trained to help link and retain HIV-positive persons into essential medical care and support services	N - National	NAP	Number of peer navigators trained	N/A	NAC - community outreach training logs/database, interview with Community Outreach Coordinator and Staff	1 - annually	NAC - Community Outreach Unit
11.2	Number of civil society organisations sharing data with the NAP	Measures cooperation and partnership (data sharing) between civil society organisations and the NAP, contributing to evidence of a coordinated national response	N - National	NAP	Number of civil society partners (sharing applicable data) with the NAP	N/A	Interviews with CSOs	1 - annually	NAC
Objective 12: **Optimise quality of care through monitoring, improvement and adherence to national and international norms and standards**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
12.1	Number of updated standard operating procedures (SOPs)	Identifies evidence-based updates within the NAC SOPS for monitoring, improvement and adherence to national and international standards	N - National	NAP	Number of updated standard operating procedures (SOPs)	N/A	NAC - interviews with NAC Director and Staff	1 - annually	NAC
Priority Area 4: Achieving Equity and Impact (Populations and Locations)									
Objective 13: **To improve the identification of key populations and their locations**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
13.1	Number of innovative survey methods implemented to identify key populations accessing HIV/AIDS care	Indicates whether or not innovative survey methods have been implemented to better identify and reach key populations (MSM, FSW, youth, inmates/detainees, mobile/migrant populations). The number of innovate surveys implemented along with a correspondinfg explanation should be reported	N - National	NAP	Innovative survey methods implemented to identify key populations	N/A	NAC - Interviews with NAC Director, Community Outreach Coordinator and Staff	1 - annually	NAC

13.2	A methodology implmented to provide better estimates of key population sizes	Measures the ability of the NAC to generate key population size estimates	N - National	NAP	A methodology implmented to provide better estimates of key population sizes Response should be yes or no	N/A	NAC - Interview with Epidemiologist	1 - annually	NAC
Objective 14: **Reach key populations with appropriate services**									
Outcome 3: Prevention									
14.1	Number of programmes (inclusive of community based organisations) implementing interventions and prevention programmes	Measures the number of programmes (inclusive of community based organisations) implementing interventions and prevention programmes to address key populations and locations at increased risk of HIV	N- National	NAP	Number of programmes (inclusive of community based organisations) implementing interventions and prevention programmes to address key populations and locations at increased risk of HIV	N/A	NAC - Interviews with Director, Community Outreach Coordinator and Staff	1 - annually	NAC
14.2	Number of key population specific interventions and prevention programmes	Measures the number of interventions and prevention programmes and packages to address key populations and locations at increased risk of HIV	N- National	NAP	Number of interventions and prevention programmes and packages to address key populations and locations at increased risk of HIV	N/A	NAC - Interviews with Director, Community Outreach Coordinator and Staff	1 - annually	NAC
Objective 15: **To improve access to basic HIV services in highly vulnerable settings**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
15.1	Number of highly vulnerable settings (e.g. correctional and detention facilities, youth homes and orphanages) implementing interventions and prevention programmes and/or providing basic HIV services	Measures the number of highly vulnerable settings (e.g. correctional and detention facilities, youth homes and orphanages) implementing interventions and prevention programmes and/or providing basic HIV services	N- National	NAP	Number of highly vulnerable settings (e.g. correctional and detention facilities, youth homes and orphanages) implementing interventions and prevention programmes and/or providing basic HIV services	N/A	NAC - Interviews with Director, Community Outreach Coordinator and Staff	1 - annually	NAC
Priority Area 5: Advocacy and Creating Enabling Environments									
Objective 16: **Strengthened legal and social support mechanisms that protect people living with or affected by HIV/AIDS against discrimination**									
Outcome 4: A reduction in HIV-related health inequities and disaprities									
16.1	Number of laws and existing legislative frameworks reviewed	Measures the number of laws and legislative frameworks reviewed that protect people living with HIV and those affected by it from discrimination	N- National	NAP	Number of laws and existing legislative frameworks reviewed	N/A	NAC - Interviews with NAC and NAP Director	1 - annually	NAC
16.2	A mechanism to file a complaint (human rights desk, and redress system) on HIV/AIDS discriminiation at the National HIV/AIDS Centre	Identifies whether or not a mechanism to file complaints on HIV/AIDS discrimination is being implemented at the NAC	N- National	NAP	N/A	N/A	NAC - Interviews with NAC and NAP Director	1 - annually	NAC
16.3	National anti-discrimination strategy	A national HIV anti-discrimination strategy	N- National	NAP	N/A	N/A	NAP	1 - Annually (reviewed and adjusted accordingly based on pertinent and applicable HIV programme data)	NAC
Priority Area 6: Innovation for Acceleration									
Objective 17: **Innovations for implementation of new technologies and proven interventions incorporated in the NAP strategies**									
Outcome 3: Prevention									
17.1	Percentage of men 15–49 that are circumcised	Measures the number and percentage of men (15-49 years) circumcised	I- International	UNAIDS - GARPR	Number of male respondents aged 15–49 who report they are circumcised.	Number of all male respondents aged 15–49 years	NAC interviews and databases	1 - annually	NAC
17.2	Number of voluntary male medical circumcisions (VMMC) performed according to national standards during the past 12 months	Measures the number of men voluntarily circumcised, annually	I- International	UNAIDS - GARPR	Number of voluntary male medical circumcisions (VMMC) performed according to national standards during the past 12 months	N/A	Clinic interviews and databases	1 - annually	NAC

Objective 18: **Achieve earlier and more accurate HIV diagnoses and strengthened patient monitoring**									
Outcome 2: Treatment, Care, and Support									
18.1	An HIV home-based/self tests evaluation	An HIV home-based/self tests evaluation that measures the efficacy and impact of HIV home-based/self test.	N - National	NAP	N/A	N/A	Evaluation report, interview with National Reference Lab Director	1 - annually	National Reference Lab
18.2	Number of people tested for HIV using a self-test kit	Measures the number of people who have tested for HIV using a self-test kit	I - International	WHO	Number of people who have tested for HIV using a self-test kit	N/A	Ref Lab and NAC databases	1 - annually	National Reference Lab, NAC
18.3	Number of adults and children receiving a point of care HIV test	Measures the number of adults and children receiving a simple and reliable HIV point of care test	N - National	NAP	Number of adults and children receiving point of care HIV tests	N/A	Ref Lab and NAC databases	1 - annually	National Reference Lab, NAC
18.4	Number of adults and children receiving a point of care viral load test	Measures the number of adults and children receiving a simplified viral load point of care test	N - National	NAP	Number of adults and children receiving point of care viral load tests	N/A	Ref Lab and NAC databases	1 - annually	National Reference Lab, NAC
18.5	An ARV resistance monitoring and Surveillance system	Identifies the implementation of an ARV resistance monitoring and surveillance system	N - National	NAP	N/A	N/A	Interview with National Reference Lab Director, drug resistance database	1 - annually	National Reference Lab, Strategic Information Unit
Objective 19: **Improve and advance safety, potency and acceptability of ARV medicines and regimens**									
Outcome 1: A strengthened and Coordinated National HIV Response									
19.1	An HIV formulary and standard of care guide	An HIV formulary and standard of care guide for recommended durable and affordable fixed dose combination regimens	N - National	NAP	N/A	N/A	HIV formualry and standard of care document, interviews with NAC Director and Staff	1 - annually (reviewed and adjusted accordingly)	NAC
19.2	An inventory control and supplies monitoring and management plan	An inventory control and supplies monitoring and management plan that identifies and forecasts teh flow of supplies and drugs into and out of the National HIV/AIDS Centre	N - National	NAP	N/A	N/A	Inventory control plan, interviews with NAC Director and Human Resources	1 - annually (reviewed and adjusted accordingly)	NAC
Objective 20: **Ensure a careful balance of services that maximize the different levels of health care, and is people-centred and fully engages with the community**									
Outcome 1: A strengthened and Coordinated National HIV Response									
20.1	Number of Physicians, Nurses and health care workers trained in providing HIV treatment, care and support services at primary health clinics for the uncomplicated HIV positive adult patient	Measures the number of Physicians, Nurses and health care workers trained inproviding HIV treatment, care and support services at primary health clinics for the uncomplicated HIV positive adult patient	N - National	NAP	Number of Physicians, Nurses and health care workers trained in providing HIV treatment, care and support services at primary health clinics for the uncomplicated HIV positive adult patient	N/A	Training logs, NAC interviews	1 - annually	NAC
20.2	Number of primary health cinics providing HIV treatment, care and support services for the uncomplicated HIV positive adult patient	Measures decentralisation	N - National	NAP	Number of cinics providing HIV treatment, care and support services for the uncomplicated HIV positive adult patient	N/A	NAC databases	1 - annually	NAC
20.3	Number of uncomplicated clients utilising HIV treatment care and support services at primary health clinics	Measures the number of uncomplicated adults and children reached through decentralisation efforts	N - National	NAP	Number of uncomplicated clients utilising HIV treatment care and support services at primary health clinics	N/A	NAC databases	1 - annually	NAC

Priority Area 7: Financing for Sustainability									
Objective 21: **Increased HIV revenue streams identified**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
21.1	Number of public/private domestic and external sources of funding streams identified and received	Measure the number of additional funding sources identified, contributing to an increase in the national HIV reenue stream	N - National	NAP	Number of public/private domestic and external sources of funding streams identified and received	N/A	MOH accounts and finance records, interviews with NAP and NAC Directors	1 - annually	MOH - accounts and finance department, NAC
21.2	A financial transition plan	A financial transition plan implemented to ensure continuity of testing, treatment, care and support services, etc.	N - National	NAP	N/A	N/A	Sustainability report	1 - annually (reviewd and adapted accordingly)	NAC
21.3	Domestic and International AIDS spending	Domestic and international AIDS spending identified by category and funding sources. Elucidates how funds are spent at the national level and where those funds are sourced in an intended, accurate and consistent manner	I-International	GARPR	N/A	N/A	National AIDS Spending Assessment (NASA) or System of Health Accounts	1 - annually	MOH - accounts and finance department, NAC
Objective 22: **Financial risk protection strengthened**									
Outcome 2: Treatment, Care and Support									
22.1	Universal health care coverage	*National Health Insurance Implementation*	N - National	NAP	Universal health care coverage	N/A		N/A	MOH
22.2	Universal application of no-cost for HIV care at all public health facilities to decrease out of pocket expenditures	*National Health Insurance Implementation*	N - National	NAP	Universal application of no-cost for HIV care at all public health facilities to decrease out of pocket expenditures	N/A		N/A	MOH
Objective 23: **Costs for HIV medicine and commodities reduced and service efficiency increased**									
Outcome 2: Treatment, Care and Support									
23.1	A national HIV costing exercise	Estimates of HIV-related country level investments needed for treatment, care and	N - National	NAP	N/A	N/A	Costing report		External technical assistance
23.2	A Sustainable ART distribution plan	Sustainable ART distribution and security plan developed to ensure the effective dispersal of ARVs across the health system	N - National	NAP	N/A	N/A	NAC	1 - annually (reviewd and adapted accordingly)	NAC
23.3	An alternative commodities procurement plan	This plan explores alternative ways to procure laboratory diagnostics, novel agents to treat and prevent HIV, and ARVs	N - National	NAP	N/A	N/A	NAC	1 - annually (reviewd and adapted accordingly)	NAC
23.4	An ARV and adjunct medicine procurement plan	This plan explores alternative ways to procure antiretrovirals and adjunct medicines	N - National	NAP	N/A	N/A	NAC	1 - annually (reviewd and adapted accordingly)	NAC
23.5	An ART security plan	An ART security plan developed, based on the controlled substance model, to enhance protection from misuse and misappropriation of ARVs across the health system	N - National	NAP	N/A	N/A	NAC	1 - annually (reviewd and adapted accordingly)	NAC

Priority Area 8: Strategic Information									
Objective 24: **To gather information to identify progress towards and deviation from the ultimate goal of halting and reversing the HIV epidemic**									
Outcome 1: A Strengthened and Coordinated National HIV Response									
24.1	A national HIV monitoring and evaluation framework	Develop a national HIV monitoring and evaluation framework aligned with relevant national, regional and international M&E frameworks including guidelines and tools, coverage surveys and participation in international reporting mechanisms	N - National	NAP	N/A	N/A	NAC	1 - Annually (Review and adjustments, if necessary)	NAC Strategic Information Unit (Monitoring and Evaluation)
24.2	Unique client identification numbers	Unique client identifier numbers with appropriate protections for confidentiality	N - National	NAP	N/A	N/A	NAC	1 - Annually (ongoing review and process updates, as needed)	NAC Strategic Information Unit
24.3	Case-based Surveillance/ Centralised and Standardised HIV-positive Client Database	A comprehensive HIV-positive client database (inclusive of UIDs) that ensures each database	N - National	NAP	N/A	N/A	NAC	1 - Annually	NAC Strategic Information Unit
24.4	Number of CSOs and partner agencies sharing HIV related data with the NAC	Measures the strength of data gathering between the NAC and CSOs	N - National	NAP	Number of CSOs and partner agencies sharing HIV related data with the NAC	N/A	Data sharing records, interviews with CSOs and partner agencies	1 - Annually	NAC Strategic Information Unit
24.5	Annual NAC reports generated	Annual NAC reports generated (Surveillance, Continuum of Care and Moniiotring)	N - National	NAP	N/A	N/A	NAC databases	1 - Annually	NAC Strategic Information Unit

OUTCOME INDICATORS								
INDICATOR	**DEFINITION**	**TYPE**	**REQUESTING AGENCY/REPORT**	**NUMERATOR**	**DENOMINATOR**	**DATA SOURCE**	**REPORTING FREQUENCY**	**RESPONSIBLE PROGRAMME (S)/ UNIT(S)**
Outcome: A Strengthened and Coordinated National HIV Response								
Number of CSOs and partner agencies sharing HIV related data with the NAC	Measures the strength of data gathering between the NAC and CSOs	N - National	NAP	Number of CSOs and partner agencies sharing HIV related data with the NAC	N/A	Data sharing records, interviews with CSOs and partner agencies	1 - Annually	NAC Strategic Information Unit
Number of primary health cinics providing HIV treatment, care and support services for the uncomplicated HIV positive adult patient	Measures decentralisation	N - National	NAP	Number of cinics providing HIV treatment, care and support services for the uncomplicated HIV positive adult patient	N/A	NAC databases	1 - annually	NAC
Number of uncomplicated clients utilising HIV treatment care and support services at primary health clinics	Measures the number of uncomplicated adults and children reached through decentralisation efforts	N - National	NAP	Number of uncomplicated clients utilising HIV treatment care and support services at primary health clinics	N/A	NAC databases	1 - annually	NAC
Number of civil society organisations sharing data with the NAP	Measures cooperation and partnership (data sharing) between civil society organisations and the NAP, contributing to evidence of a coordinated national response	N - National	NAP	Number of civil society partners (sharing applicable data) with the NAP	N/A	Interviews with CSOs	1 - annually	NAC

Outcome: Treatment, Care and Support								
Number individuals receiving a drug resistance test performed by the National Reference Lab	Measures the number of HIV-positive persons receiving drug resistance testing	N- National	NAP	Number of individuals receiving drug resistance testing	N/A	Interviews with Lab Director/Staff, laboratory database	1 - Annually	National Reference Lab
Number of drug resistance tests performed by the National Reference Lab	Measures the number of drug resistance tests performed by the National Reference Laboratory, as opposed to the number of the HIV-positive clients receiving a drug resistance test	N- National	NAP	Number of drug resistance tests performed by the National Reference Laboratory	N/A	Interviews with Lab Director/Staff, laboratory database	1 - Annually	National Reference Lab
Number of adults and children receiving antiretrovirals and adjunct medicines	Measures the number adults and children receiving ARVs and adjunct medicines - increasing the efficacy of treatment in these clients	N - National	NAP	Number of adults and children receiving antiretrovirals and adjunct medicines	N/A	NAC pharmacy database, interviews with NAC Director, and NAC Physicians and Nurses	1 - annually	NAC Pharmacy
Number of adults and children newly enrolled on antiretroviral therapy (ART)	Measures the number of adults and children newly enrolled on antiretroviral therapy (ART)	I - International	PEPFAR	Number of adults and children newly enrolled on ART	N/A	NAC - pharmacy database	1 - annually	NAC - pharmacy
Number of adults and children currently receiving antiretroviral therapy (ART)	Measures the number of adults and children currently receiving antiretroviral therapy (ART)	I - International	PEPFAR	Number of adults and children with HIV infection receiving antiretroviral therapy (ART)	N/A	NAC - pharmacy database	1 - annually	NAC - pharmacy
Percentage of HIV-positive persons with first CD4 cell count < 200 cells/µL in 2015	Measures the number and percentage of men and women with late HIV diagnoses	I- International	UNAIDS - GARPR	Number of HIV-positive people with first CD4 cell count <200 cells/µl in 2015	Total number of HIV-positive people with first CD4 cell count in 2015	CD4 and viral load database	1 - annually	National Reference Lab

Percentage of patients on ART tested for viral load (VL) with VL <1000 copies /ml at last test after 12 months of therapy	After 12 months of therapy includes any patient on 12 months or more since their first initiation	R-Regional	PANCAP - CRSF	Number of patients receiving ART for at least 12 months whose viral load is <1000 copies/ml at last test	Number of patients receiving ART for at least 12 months who by HIV management policy should have had a viral load performed Denominator should include patients who are active or inactive (those who have been missing appointments or are lost to follow up). PMTCT patients should be excluded unless they will be on lifelong therapy beyond the pregnancy	CD4 and viral load database	1 - annually	National Reference Lab
Outcome: Prevention								
Percentage of young women and men aged 15–24 who correctly identify both ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Measures the amount of young women and men aged 15–24 who correctly identify both ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission of all respondents in the same age group	I- International	UNAIDS - GARPR	Number of respondents aged 15–24 who gave the correct answer to all five questions	Number of all respondents aged 15–24	Database, training logs, registers, and interviews	1 - annually	NAC - Health Education, Focus on Youth programme
Percentage of young men and women aged 15-24 who had sex before the age of 15 yeards	Measures the number and percentage of young women and men aged 15–24 who reported having sexual intercourse before the age of 15	I- International	UNAIDS - GARPR	Number of respondents (aged 15–24 years) who report the age at which they first had sexual intercourse as under 15	Number of all respondents aged 15–24	NAC - Research Unit (Focus on Youth)	1 - annually	NAC

Percentae of men and women aged 15–49 who have who had multiple sexual partnerships	Measures the number and percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	I- International	UNAIDS - GARPR	Number of respondents aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	Number of all respondents aged 15–49	NAC - Research Unit (Focus on Youth), prevention and community outreach units	1 - annually	NAC
Percentage of women and men aged 15–49 (among people with multiple sexual partnerships) who used a condom at last sex a	Measures the number and percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months who also reported that a condom was used the last time they had sex	I- International	UNAIDS - GARPR	Number of respondents (aged 15–49) who reported having had more than one sexual partner in the past 12 months who also reported that a condom was used the last time they had sex	Number of respondents (15–49) who reported having had more than one sexual partner in the past 12 months.	NAC - Research Unit (Focus on Youth), prevention and community outreach units	1 - annually	NAC
The number of respondents aged 15-49 who had an HIV test in the last 12 months and who know their results	Measures the number and percentage of women and men aged 15-49 who had an HIV test in the last 12 months and know their results.	I - International	PEPFAR	The number of respondents aged 15-49 who had an HIV test in the last 12 months and who know their results	Total number of respondents aged 15-49	NAC databases - rapid testing, key populations; community outrech logs, interviews with Community Outreach Coordinator and Staff	1 - annually	NAC - prevention and community Outreach Units
Percentage of HIV-positive pregnant women who received antiretroviral medicine (ARV) to reduce the risk of mother-to-child transmission	Measures the number and percentage of HIV-positive pregnant women who received antiretroviral medicine (ARV) to reduce the risk of mother-to-child transmission in women attending antenatal clinics or the labour and delivery ward	I- International; R-Regional	UNAIDS - GARPR;PANCAP-CRSF	Number of HIV-positive pregnant women who delivered and received ARVs during the past 12 months to reduce the risk of mother-to-child transmission during pregnancy and delivery.	Estimated number of HIV-positive women who delivered within the past 12 months	NAC - PMTCT and HIRU - ANC Records	1 - annually	NAC - PMTCT and MOH -HIRU

Percentage of schools with at least one teacher trained in, and regularly teaching, life-skills-based HIV/AIDS education	The number and percentage of schools with at least one teacher who has been trained in participatory life-skillsbased HIV/AIDS education and who has taught the subject during the last academic year	I - International	UNGASS	Number of schools with at least one teacher trained in, and regularly teaching, life-skills-based HIV/AIDS education	The number of schools surveyed	Teacher training logs, registers, databases, interviews	1 - annually	NAC - Health Education, Focus on Youth programme
Percentage of sex workers reporting the use of a condom with their most recent client	Measures the number and percentage of f sex workers reporting the use of a condom with their most recent client	I- International	UNAIDS - GARPR	Number of sex workers who reported that a condom was used with their last client	Number of sex workers who reported having commercial sex in the past 12 months	NAC - rapid testing database, key population logs/database	1 - annually	NAC - prevention and community Outreach Units
Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Measures the number and percentage of f sex workers reporting the use of a condom the last time they had anal sex with a male partner	I- International	UNAIDS - GARPR	Number of men who have sex with men who reported that a condom was used the last time they had anal sex	Number of men who have sex with men who reported having had anal sex with a male partner in the past six months	NAC - rapid testing database, key population logs/database	1 - annually	NAC - prevention and community Outreach Units
Outcome: A reduction in HIV-health inequities and disparities								
Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV		I- International; R-Regional	UNAIDS - GARPR; PANCAP -CRSF	Number of respondents (aged 15–49) who respond no to either of the two questions <u>Questions</u>: Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? (Yes; No; Don't know/ Not sure/It depends)) • Do you think children living with HIV should be able to attend school with children who are HIV negative? (Yes; No; Don't know/ Not sure/It depends))	Number of all respondents (aged 15–49) who have heard of HIV	Counselling records/database, Prevention records/logs, surveys	1 - annually	NAC

IMPACT INDICATORS								
INDICATOR	**DEFINITION**	**TYPE**	**REQUESTING AGENCY/REPORT**	**NUMERATOR**	**DENOMINATOR**	**DATA SOURCE**	**REPORTING FREQUENCY**	**RESPONSIBLE PROGRAMME (S)/ UNIT(S)**
Percentage of young women and men aged 15–24 who are HIV infected	Measures the number and percentage of young people aged 15-24 who have been tested for HIV and have positive test results	I- International	UNGASS	Number of young people aged 15-24 tested whose HIV test results are positive	Number of young people aged 15-24 tested for HIV	HIRU database (surveillance), NAC databases - rapid testing, National line list	Final year - year 6	NAC
Percentage of adults (15-49 years old) who are living with HIV	Measures the number and percentage of adults (15-49 years old) who are living with HIV	I- International	WHO	Number of adults who test positive for HIV	Number of adults tested for HIV	HIRU database (surveillance), NAC databases - rapid testing, National line list	Final year - year 5	NAC
Percentage of key populations (sex workers, men who have sex with men, youth, migrants/mobile populations) living with HIV	Measures the number and percentage of key populations (sex workers, men who have sex with men, youth, migrants/mobile populations) living with HIV	N - National	NAP	Number of key populations (sex workers, men who have sex with men, youth, migrants/mobile populations) who test positive for HIV	Number ofkey populations (sex workers, men who have sex with men, youth, migrants/mobile populations) tested for HIV	NAC databases - rapid testing, National line list	Final year - year 5	NAC
HIV prevalence among women attending antenatal clinics in the general population	Measures the number and percentage of HIV-positive women attending antenatal clinics	I- International	UNAIDS - GARPR	Number of pregnant women who tested HIV positive (including those who already know their HIV positive status) who attended antenatal clinics	Number of women tested for HIV at antenatal clinics (including those who already know their HIV positive status).	NAC - PMTCT and HIRU - ANC Records	Final year - year 5	NAC - PMTCT and MOH -HIRU

Percentage of child HIV infections from HIV-positive women delivering in the past 12 months	Measures the number and percentage of child HIV infections from HIV-positive women delivering in the past 12 months	I- International	UNAIDS - GARPR	Reported number of children born, in a defined year, to HIV-positive mothers, who were diagnosed as HIV positive	Reported number of infants born to HIV-positive mothers within the defined year with a definitive diagnosis (sum of HIV-positive and HIV-negative)	NAC - PMTCT and HIRU - ANC Records	Final year - year 5	NAC - PMTCT and MOH -HIRU
Percentage of adults and children with HIV known to be on treatment 12, 24, 36, and 60 months after initiation of antiretroviral therapy	Measures the number and percentage of adults and children with HIV known to be on treatment 12, 24, 36, and 60 months after initiation of antiretroviral therapy (*does not take into account people lost to follow-up*)	I - International	GARPR/UA Indicator	Number of adults and children who continue on ART at 12 months, 24 months, 36 months and 60 months after initiating treatment	Total number of adults and children who initiated ART in the 2012 (who were expected to achieve 12 and 24 month outcomes within the reporting period. At 36 months: total numberof adults and children who initiated ART in 2011 who were expected to achieve 36 month outcomes within the reporting period. At 60 months: total number of adults and children who initiated ART in 2009 and were expected to achieve 60 month outcomes within the reporting period.	NAC - pharmacy database	Final year - year 5	NAC - SIU

CONTINUUM OF CARE INDICATORS							
INDICATOR	**TYPE**	**REQUESTING AGENCY/REPORT**	**NUMERATOR**	**DENOMINATOR**	**DATA SOURCE**	**REPORTING FREQUENCY**	**RESPONSIBLE PROGRAMME (S)/ UNIT(S)**
Diagnosis of HIV Infection							
Total number of people living with HIV (PLHIV): total population and key populations **(first column of the cascade)**	I - International	PAHO WHO	The estimated number of people with HIV who are still alive at the end of a given year	N/A	HIRU database, NAC - rapid testing database, pharmacy database, CD4/VL database, CBS database*	1 - annually	NAC - SIU
Number of diagnosed PLHIV who know their serological status and percentage respect to the total number of PLHIV: total population and key populations	I - International	PAHO WHO	Total population: number of people diagnosed and reported with HIV who are alive at the end of the reference period	Total population: toal estimated number of PLHIV	Spectrum	1 - annually	NAC - SIU
Number of PLHIV in key populations that know their serological status and percentage from the total of PLHIV in key populations **(optional second column of cascade for KP)**	I - International	PAHO WHO (amended)	Number of MSM, SW, etc. Who participated in a survey and who tested positive for HIV or who previously knew their status during the survey	Number of MSM, SW, etc. Who participated in a survey and who tested positive for HIV during the survey	Special surveys, BBS	1 - annually	NAC - SIU
Number of newly diagnosed HIV cases	I - International	PAHO WHO	Number of people diagnosed and reported with HIV infection in the reporting period	N/A	HIRU database, NAC - rapid testing database, pharmacy database, CD4/VL database, CBS database*	1 - annually	NAC - SIU

Percentage of pregnant women who were tested and know their results	I - International	GARPR/UA Indicator	Number of women who received antenatal, labour and delivery, and postpartum health care services and who received ANC for a new pregnancy in the last 12 months	Estimated number of pregnant women in the last 12 month	HIRU - ANC records	1 - annually	NAC - SIU HIRU
Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and know their results	I - International	GARPR/UA Indicator	Number of interviewees aged 15-49 who have had an HIV test in the last 12 months and know their results	Total number of interviewees aged 15-49	NAC	1 - annually	NAC - SIU
Percentage of SW, IDUs, and MSM who received an HIV test in the last 12 months and know their results	I - International	GARPR/UA Indicator	Number of SWs/IDUs/MSM who have had an HIV test in the last 12 months and know the results	Number of SWs/IDUs/MSM included in the sample	NAC - rapid testing database, KP database	1 - annually	NAC - prevention and community outreach, SI units
Linkage with care and retetention in care							
Number of persons with an HIV diagnosis in HIV care and treatment services and percentage of all PLHIV linked to care **(third column of the cascade)**	I - International	UA Indicator	Total number of HIV positive individuals who had a CD4 lymphocyte count and or viral load or who picked up ARVs	Estimated number of people living with HIV in the reporting year	NAC - rapid testing database, pharmacy database, CD4/VL database	1 - annually	NAC - SIU
Number of newly diagnosed HIV cases who are linked to HIV care and treatment services and percentage of all PLHIV	I - International	PAHO WHO	Number of people newly diagnosed with HIV in the reporting year who had one of the following: a CD4 count or VL or picked up ARVs or had a consultation for HIV treatment	Number of newly diagnosed HIV cases in the reporting year	NAC - rapid testing database, pharmacy database, CD4/VL database	1 - annually	NAC - SIU

Number and percentage of PLHIV retained in HIV care and treatment services **(fourth column of the cascade)**	I - International	PAHO WHO	Number and percentages of people with HIV in treatment services who: 1) had two or more consultations in the last 12 months 2) had a CD4 lymphocyte count two or more times in the last 12 months 3) had their viral load measured two or more times in the last 12 months 4) picked up ARVs at least three times in the last 12 months	Estimated number of PLHIV	NAC - rapid testing database, pharmacy database, CD4/VL database	1 - annually	NAC - SIU
ARV Therapy (ART)							
Number of adults and children receiving antiretroviral therapy and percentage of the total PLHIV **(fifth column of the cascade)**	I - International	GARPR/UA Indicator	Number of eligible adults and children currently receiving ART at the end of the reporting period	Estimated number of children and adults living with HIV in the reporting period	NAC - pharmacy database	1 - annually	NAC - pharmacy and SIU
Percentage of HIV positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission	I - International	GARPR/UA Indicator	Number of HIV positive preganant women who received ARVs in the last 12 months to reduce the risk of mtct.	Estimated number of HIV positive pregnant women in the last 12 months		1 - annually	
Percentage of estimated HIV positive incident TB cases that received treatment for both TB and HIV	I - International	GARPR and TB-HIV Indica	Number of HIV positive people whi received ARV combination therapy in accordance with nationally approved protocol and who were started on TB treatment in the reporting year	Estimated number of incident TB cases in people living with HIV	TB data (MOH)	1 - annually	MOH - TB Unit. HIRU NAC - SIU

Retention in ART							
Percentage of adults and children with HIV known to be on treatment 12, 24, 36, and 60 months after initiation of antiretroviral therapy	I - International	GARPR/UA Indicator	Number of adults and children who continue on ART at 12 months, 24 months, 36 months and 60 months after initiating treatment	Total number of adults and children who initiated ART in the 2012 (who were expected to achieve 12 and 24 month outcomes within the reporting period. At 36 months: total numberof adults and children who initiated ART in 2011 who were expected to achieve 36 month outcomes within the reporting period. At 60 months: total number of adults and children who initiated ART in 2009 and were expected to achieve 60 month outcomes within the reporting period.	NAC - pharmacy database	1 - annually	NAC - SIU
Suppression of viral load							
Number and percentage of PLHIV with suppressed viral load **(sixth column of the treatment cascade)**	I - International	PAHO WHO	Number of patients with a VL under 1000 copies/ml in the last test in the reporting year	Estimated number of persons living with HIV	NAC - CD4/VL database	1 - annually	NAC - Reference Lab, SIU
Percentage of PLHIV in ART with a suppressed viral load	I - International	PAHO WHO	Number of PLHIV on ART for at least six months , with a final count of VL<1000 copies in the reporting year	Number of PLHIV on ART for at least six months, with one VL carried out in the reporting year	NAC - CD4/VL database	1 - annually	NAC - Reference Lab, SIU

Appendix A: Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
AZT	Azidothymidine
BCC	Behaviour Change Communication
CARPHA	Caribbean Public Health Agency
CBO	Community-based Organisations
CDC	Centers for Disease Control and Prevention
CoAg	Cooperative Agreement
CSO	Civil Society Organisations
DPH	Department of Public Health
HBV	Hepatitis B virus
HCV	Hepatitis C Virus
HIS	Health Information System
HIV	human Immunodeficiency Virus
HRD	Human Resource Development
IPT	Isoniazid Preventive Therapy
M&E	Monitoring & Evaluation
MhGAP	Mental Health Global Action Plan
MOH	Ministry of Health
MSM	Men who have sex with men
NAC	National HIV/AIDS Centre

NAP	National AIDS Programme
NASP	National AIDS Strategic Plan
NHI	National Health Insurance
OI	Opportunistic Infection
PAHO	Pan American Health Organization
PCR	Polymerase Chain Reaction
PEP	Post-exposure Prophylaxis
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PLWHA	People living with HIV/AIDS
PMH	Princess Margaret Hospital
PMTCT	Prevention of Mother-to-child transmission
POC	Point of Care
PrEP	Pre-exposure Prophylaxis
RMH	Rand Memorial Hospital
SOP	Standard Operating Procedure
STI	Sexually transmitted Infections
TasP	Treatment as Prevention
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
VAT	Value Added Tax
VCT	Voluntary counseling and testing
VL	Viral Load
WHO	World Health Organisation

Appendix B: List of Tables and Figures