Grenada National HIV/AIDS Strategic Plan

2012-2016

Final Version

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PREFACE

"Getting to Zero" was the theme under which World AIDS Day 2011 was observed – zero new infections, zero AIDS-related deaths and zero stigma and discrimination. This is a lofty but highly desirable goal that all nations must embrace and the Government of Grenada pledges its unreserved commitment to the achievement of this ideal.

Indeed, the commitment of Grenada to advancing human development has been steadfast. Ratification of the Millennium Development Goals and embracing the United Nations Declaration on Universal Access to HIV Prevention, Treatment, Care and Support are examples of such commitment.

During the past decade, much progress has been made in achieving universal access to HIV services in Grenada. More than 90% of all persons with advanced HIV infection are enrolled in treatment and care programmes, all HIV-infected pregnant women receive antiretroviral combination therapy and no mother-to-child transmission of HIV has occurred among women in care since 2007.

Despite this undeniable progress, many challenges persist. The number of new infections has been on an upward curve, the level of infection among the most-at-risk population remains an unknown quantity and HIV-related stigma and discrimination continue to fuel the epidemic.

> *"If we succeed, and we must, mankind will be spared the scourge of this dreadful, debilitating and killer disease"*
>
> Prime Minister, Grenada, UN General Assembly Special Session on AIDS, 2011

The strategic priorities and programmatic orientation of the Grenada National HIV/AIDS Strategic Plan, 2012-2016 will confront these challenges. Prevention of HIV transmission has been accorded renewed focus while treatment, care and support of persons living with and affected by HIV remain high on the agenda. Besides, attention will be paid to strengthening the mutisectoral response and enhancing national capacity to define and respond to the peculiar features of the epidemic in Grenada through research, monitoring and evaluation.

In all of this, due recognition has been given to the uncertainties of the global economy that impact adversely on small countries like Grenada. Careful prioritization of need, building efficiencies through integrated services and instituting cost containment measures are key approaches that have been adopted.

I am pleased with the quality of document that has been produced and I commend all stakeholders for their contribution in helping to craft this new strategic vision for reducing the spread and mitigating the impact of HIV in Grenada. Together, let us move forward towards the ideal of "Getting to Zero".

Senator the Hon. Ann Lilon Peters
Minister of Health, Grenada

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
ARV	Antiretroviral Medicines
BSS	Behavioural Surveillance Survey
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CFNI	Caribbean Food and Nutrition Institute
CHAA	Caribbean HIV/AIDS Alliance
CHRC	Caribbean Health Research Council
CSW	Commercial Sex Workers
FHI	Family Health International
FPA	Family Planning Association
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GIPA	Greater Involvement of people living with HIV
HAART	Highly Active Antiretroviral Therapy
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
MARP	Most-at-Risk Population
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoSD	Ministry of Social Development
MoY	Ministry of Youth
MSM	Men who have Sex with Men
NAC	National AIDS Council
NAD	National AIDS Directorate
NAP	National AIDS Program
NGO	Non-Governmental Organization
NIDCU	National Infectious Disease Control Unit
NSP	National Strategic Plan on HIV/AIDS
OECS	Organization of Eastern Caribbean States
OIs	Opportunistic Infections
PAHO	Pan American Health Organization
PANCAP	Pan-Caribbean Partnership against HIV/AIDS
PEPFAR	United States President Plan for AIDS Relief
PICT	Provider Initiated Counseling and Testing
PLWH	People Living with HIV
PMTCT	Prevention of Mother- to- Child Transmission
S&D	Stigma and Discrimination
SGU	St. George's University
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TBD	To Be Determined
UA	Universal Access to HIV-related Services
UNAIDS	United Nations Joint Programme on AIDS
UNGASS	United Nations General Assembly Special Session on AIDS
USAID	United States Agency for International Development
UWI	University of the West Indies
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY

Grenada has achieved the milestone of universal access to ART for adults with advanced HIV infection and HIV-infected pregnant women and does not exhibit the features of a generalized nor concentrated HIV epidemic. This success has been built on the enduring features of commitment to universal access to HIV-related services, adherence to the "Three Ones" principle, commitment to the multisectoral approach and maintaining synergy with regional and international HIV initiatives.

The challenge is to sustain the gains of the past decade while expanding universal access to services. A summary of the key challenges of the future are as follows:

- The HIV infection rate has increased over the past decade.
- HIV prevalence among MARP is unknown, except for prisoners (2.2%).
- AIDS-related mortality remains fairly constant despite high levels of ART coverage.
- Most sexually active persons have never been tested for HIV.
- Less than 50% of youth correctly identify modes of transmission of HIV and reject major myths.
- 25% of all secondary schools do not have an organized HFLE programme.
- S&D and societal taboos around HIV and sexuality are serious barriers to universal access to services.
- The GIPA principle requires renewal.
- Workplace programmes on HIV need a boost.
- Future funding for HIV programmes will become more and more the responsibility of the Government of Grenada.
- Governance and management arrangements need to be reviewed and updated.

The strategic priorities and programmatic orientation of the National HIV/AIDS Strategic Plan, 2012-2016 are intended to address outstanding challenges posed by the HIV epidemic in Grenada. The strategic focus is informed by the policy direction of the Medium Term Economic Strategy of the Government of Grenada and is an expression of the collective will of all stakeholders – public sector, private sector, civil society, non-governmental organizations, faith-based organizations, persons living with HIV, trade unions, media. The NSP will strive towards the attainment of the following goals by 2016:

- Reduction in the number of new HIV infections by 25%
- Reduction in mortality due to AIDS by 50%
- Reduction in the economic impact of HIV/AIDS on households by 25%

The NSP will focus on six (6) Strategic Priorities that are inherently synergistic and will contribute to an energetic and holistic national HIV response. They are as follows:

1) Creating an enabling environment that will promote and protect human rights

2) Prevention of HIV transmission
3) Treatment, care and support of persons living with and affected by HIV
4) Strengthening the multisectoral response
5) Strengthening governance and management systems
6) Research, monitoring and evaluation

The monitoring and evaluation process is an integral component of the NSP and will support the implementation of activities in a standardized and harmonized manner, measure achievements and provide accountability. The specific objectives are as follows:

- Provide a standardized framework that will be used across sectors to monitor and evaluate the national HIV response.
- Generate accurate and timely information to facilitate policy making and programme planning or re-planning as appropriate.
- Report on core and additional indicators that measure progress in the national and regional response to HIV.

The monitoring and evaluation process will build on existing initiatives such as the vital registration system of births and deaths, sentinel surveillance, STI/HIV/AIDS surveillance reports and survey reports. Additionally, information will be garnered from studies on seroprevalence among risk groups, biological/behavioural risk factors, quality of care and vulnerability mapping that are contemplated during the life of the NSP. BSS initiatives will also be undertaken in the first and fourth years of the plan period.

The estimated cost of implementing the NSP is US$8.4 million in the equivalent of EC$22.7 million. The breakdown of costs by Priority Areas demonstrate the renewed emphasis that will be concentrated on Prevention (35.8 %), followed by Treatment, Care and Support (19.8%) and Strengthening Governance and Management Systems (18.5%). Other expenditure categories are Research, Monitoring and evaluation (10.4%), Strengthening the Multisectoral Response (8.6%) and Enabling Environment and Human Rights (6.9%).

The successful implementation of the NSP is premised on the availability of the requisite financial, technical, human and physical resources. This will require the aggressive mobilization of resources from domestic sources as well as from traditional and non-traditional partners.

Given the complex nature of costing exercises in small jurisdictions such as Grenada and the difficulties involved in accessing complete and accurate data, the costing inevitably remains an estimate that must be refined as the NSP is elaborated into annual operational plans. Such refinement will be built on closer alignment with actual unit costs and better approximation of quantities.

The operationalization of the NSP will be guided by the national authority through the development of annual work plans, establishment of baseline data to promote monitoring and evaluation, multisectoral

joint reviews and regular reporting. A mid-term evaluation will be undertaken at the end of 2013 and a final evaluation in 2015, the findings of which will be used in preparing a successor NSP.

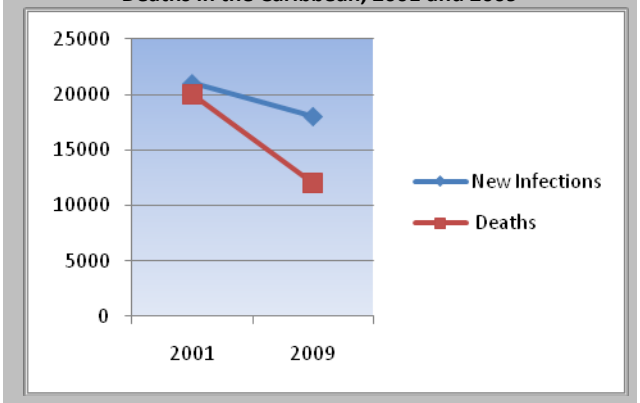
2. HIV AND AIDS: THE CARIBBEAN SCENARIO

Since 2001, the Caribbean region has shown progress in the key areas of improving blood safety and universal precautions, prevention of mother-to-child transmission of HIV and reduction of AIDS-related mortality. However, the rate of decline of new HIV infections has been less remarkable with high levels of infection persisting among MSM, CSW, crack/cocaine users, prisoners and the homeless. Moreover, HIV now affects men and women equally and is the leading cause of mortality among people 20-59 years[1].

Current estimates indicate that there are 260,000 persons living with HIV in the Caribbean with three of the larger countries accounting for 87% of these cases. This estimate represents an increase of 9% in the number of persons living with HIV in the Caribbean since 2001. Overall, the region remains the worst affected in the world outside of Sub-Saharan Africa[2].

ART coverage in the Caribbean now stands at 48% (2009) representing a more than doubling since 2005. This upward trajectory has resulted in a 40% decline in AIDS-related mortality. (Figure 1).Despite this important advancement, the majority of persons in need still do not receive treatment. The deficit is even greater among children with only an estimated 29% coverage.

Figure 1: Estimated New Infections and AIDS-related Deaths in the Caribbean, 2001 and 2009



Twelve countries of the Caribbean reported a combined expenditure of US$497 million on HIV-related activities for the period 2008-2009 with 32% allocated through national budgets and the remainder accruing through grants and concessional funding. Since then, regional economies have suffered setbacks from the global financial contagion and it is projected that the downturn will adversely affect domestic expenditure for HIV programmes in the short to medium term[3].

[1] UNAIDS Global Report, 2010: WHO Library Cataloguing-in-Publication Data
[2] HIV in the Caribbean – Where are we in the Epidemic Now: UNAIDS Publication, 2010
[3] The Impact of the Global Economic Crisis on the Caribbean, Health Economics Unit, UWI, St Augustine, 2010

The vision of PANCAP as enunciated in the Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) is to substantially reduce the spread and impact of HIV in the Caribbean through sustainable systems of universal access to HIV prevention, treatment, care and support[4]. The goals are:

- By 2012, to reduce the number of new infections of HIV by 25%
- By 2012, to reduce mortality due to AIDS by 25%
- By 2012, to reduce the social and economic impact of HIV and AIDS on households by 25%

The CRSF contemplates that these goals will be accomplished through the implementation of six (6) priority actions including creating an enabling environment that fosters universal access, an expanded and coordinated inter-sectoral response, prevention of HIV transmission, treatment, care and support of PLWH, capacity development and research, monitoring and evaluation.

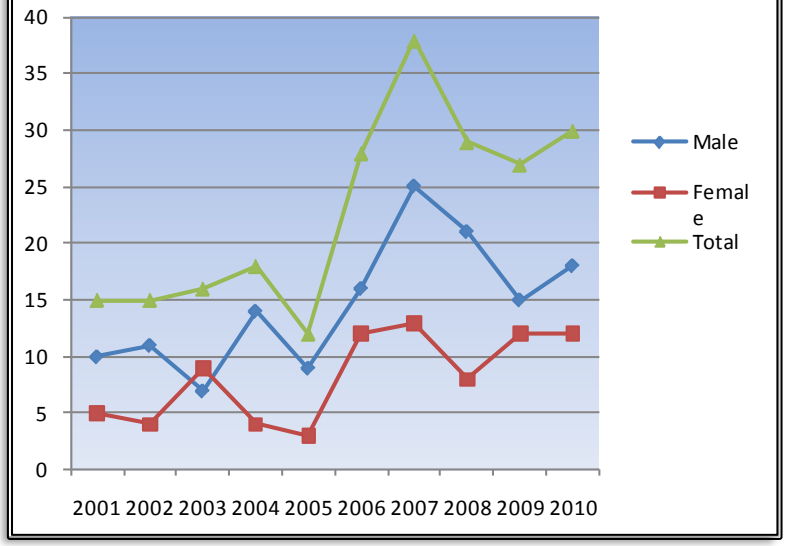
The CRSF places Caribbean countries at the heart of the regional response. Thus, a level of alignment between the regional framework and national strategic plans on HIV and AIDS is mutually beneficial.

3. HIV AND AIDS: THE GRENADA SITUATION

3.1 Epidemiology

HIV prevalence among the adult population in Grenada was estimated at 0.57% in 2009 which compares favourably with the average rate of 1% for the wider Caribbean[5]. Altogether, there have been 433 (2010) confirmed cases of HIV infection recorded since the first case was diagnosed in 1984. The male/female distribution is 1.8:1 which presents a different picture to the regional situation where females account for 53% of all infections. Almost 70% of all cases of HIV in Grenada fall into the age-group of 15-44 years.

Figure 2: Number of New Infections in Grenada, 2001-2010



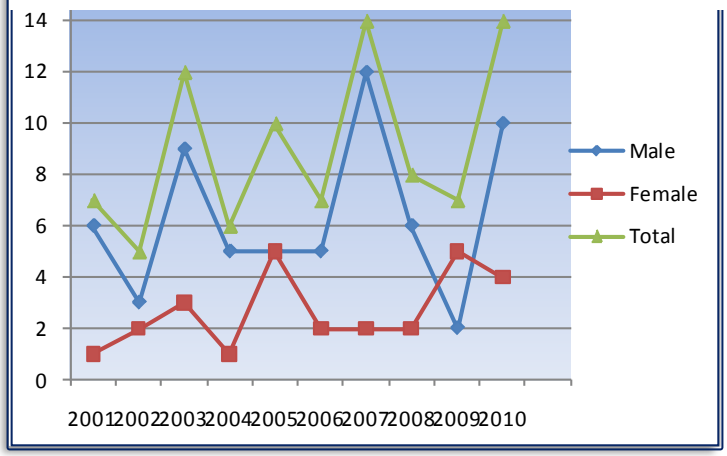
Source: Grenada HIV Surveillance Report, 2010

[4] Caribbean Regional Strategic Framework on HIV and AIDS (2008-2012), PANCAP Document
[5] Grenada UNGASS Country Progress Report, 2008-2009

The past decade has witnessed an upward trend in the number of new HIV infections in Grenada. Furthermore, the total number of new HIV infections recorded in the 5-year period, 2006-2010, was 36% higher than the corresponding earlier period. (Figure 2)

AIDS-related mortality has remained relatively constant during the past decade. (Figure 3) At the same time, failure to reduce case fatality rate despite the introduction of the Highly Active Antiretroviral Therapy (HAART) programme in 2003 raises questions of early detection, adherence to treatment, impact of stigma and discrimination and quality of care. Most of the AIDS-related deaths (86.2%) have been among persons 15-44 years.

Figure 3: AIDS-related Deaths in Grenada, 2001-2010



Source: Grenada HIV Surveillance Report, 2001-2010

Heterosexual transmission remains the predominant mode of transmission with 66.2% of new HIV infections falling into this category. For 23% of all new infections, the mode of spread is reported as "unknown" and this requires further epidemiological investigation. Transmission from mother-to-child and homosexual activity accounts for the remainder of the cases in equal proportion (5.7%).

3.2 Prevention

All HIV-infected pregnant women attending antenatal clinics receive ART at no cost among those in care and no case of vertical transmission of HIV has been recorded since 2007. Voluntary counseling and testing is available at all public and private health facilities but coverage among the sexually active population has been difficult to ascertain. In 2008/9, a total of 5,963 persons were tested for HIV infection.

Data from the wider Caribbean indicate high HIV infection rates among the most-at-risk population such as MSM, CSW, incarcerated individuals, crack-cocaine users and the homeless. No similar seroprevalence surveys have been undertaken in Grenada, except in the case of prisoners, and the scope of the epidemic among these sub-groups remains largely unknown. A survey among prisoners conducted in 2005 revealed a seroprevalence rate of 2.2%.

The results of a Behavioural Surveillance Survey[6] conducted in 2005 and National Household Survey completed in 2007[7] reveal three key issues pertinent to the prevention of HIV infection among youth:

[6] Behavioural Surveillance Survey in OECS Countries, CAREC, 2005
[7] National Household Survey, Ministry of Finance and Planning, 2007

- Limited knowledge of modes of transmission of HIV. Less than 50% correctly identified means of spread and rejected common HIV-related myths.
- Early sexual initiation. One in three males (32%) and one in five females (20%) reported making their sexual debut before the age of 15 years.
- Multiple sexual partners. On average more than 25% of young males between 15 and 24 years reported having more than one sex partner in the preceding year.

All primary schools and 75% of secondary schools implemented the Caribbean Regional Health and Family Life Education Curriculum that focuses on building life skills in relation to HIV, gender sensitivity and violence prevention during the academic year 2008/2009.

Continuous condom distribution has been promoted widely as an effective HIV prevention strategy. This distribution has been done through an increase in the number of non-traditional condom outlets and the training of persons operating these facilities.

In 2009, a Draft National Workplace Policy on HIV and AIDS was developed to promote[8]:

- Protection of the human rights and dignity in the workplace of persons living with and affected by HIV and AIDS.
- Elimination of stigma and discrimination against person living with and affected by HIV and AIDS.
- Intensification of prevention strategies through information, education and training relevant to the workplace.
- Protection of the right of persons living with and affected by HIV and AIDS to engage in productive employment.
- Care and support for workers living with HIV and AIDS and their families.

Although the policy has not yet been formally ratified, it has already been embraced by some public and private sector enterprises in implementing workplace policies and pogrammes.

3.3 Treatment, Care, Support

Grenada has achieved universal access to HIV-related treatment services among adults in line with international standards. Since 2008, 91% of adults with advanced HIV infection have received ART free of cost and 60% of persons were confirmed alive 12 months after initiation of treatment. The emerging challenge is to improve early detection of HIV infection and achieve long-term treatment adherence.

The incidence of TB in Grenada is low with an average annual infection rate of 0.003% recorded over the past decade. At the same time, 19.4% of these TB cases also presented with HIV infection suggesting a growing association between both conditions.

Several practical steps have been taken towards the greater involvement of persons living with and affected by HIV. Foremost examples have been the inclusion of PLWH on the membership on the

[8] National Workplace Policy on AIDS, Grenada, 2009

National AIDS Council, training PLWH as VCT providers and utilization of their services in outreach programmes, strengthening the capacity of the Grenada Network of PLWH (Hope Pals) and targeted economic and social support through the government's safety net programme.

There have been no studies on stigma and discrimination in Grenada. However, there is very strong anecdotal evidence to suggest that the phenomenon remains pervasive and may be a major factor in inhibiting persons from becoming tested for HIV as well as limiting the greater involvement of PLWH and the fuller engagement of most-at-risk population groups.

3.4 Social and Economic Conditions

In 2006, the Government of Grenada articulated a Poverty Eradication Strategy designed to eliminate the significant gaps and shortcomings in the social sector of the economy that were identified during a Poverty Assessment Survey conducted in 1999[9]. One of the key strategies was the strengthening of the safety net programme for poor and disadvantaged households.

The correlation between poverty and social vulnerability in general is well established. Although no links have yet been established between poverty and HIV and AIDS in Grenada, it is a phenomenon that bears careful on-going assessment especially in an environment where structural reforms to support improved economic development are being pursued[10].

4. THE NATIONAL RESPONSE AND FUTURE CHALLENGES

4.1 Organization and Management

The organization of the national response in Grenada has gone through several phases. In 2002, the National AIDS Council was created with responsibility for policy-making and management oversight and technical guidance. The 16-member body was comprised of representatives from government agencies, private sector, academic institutions, faith-based organizations, trade unions, youth, persons living with HIV and the media.

The National AIDS Directorate was established within the Office of the Prime Minister during that same period with the responsibility for managing the execution of the World Bank-funded project and coordinating the national response. The Ministry of Health was assigned responsibility for implementing the technical areas of treatment, care and support. Upon the expiration of the financing agreement with the World Bank in 2009, the National AIDS Directorate was dissolved and its functions re-assigned to the Ministry of Health.

[9] Poverty Eradication Strategy Paper, Government of Grenada, 2006
[10] Statement by IMF Staff Mission to Grenada, 30 March 2009

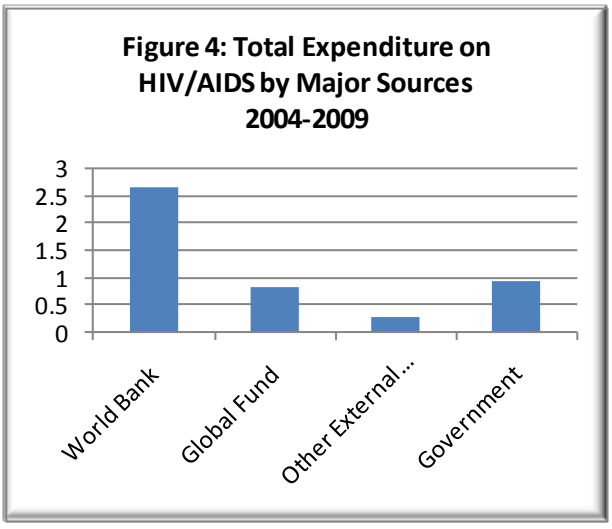
4.2 Key Features of the National Response

There have been several enduring features of the national response which have been credited for much of the progress made in fostering a harmonized and integrated national response. These features are:

- Commitment to universal access to HIV-related prevention, treatment, care and support services.
- Adherence to the "Three Ones" principle – one national authority, one national programme and one monitoring and evaluation framework – has been adopted in policy and executed in practice.
- Commitment to the multisectoral approach that was exemplified in the constitution of the National AIDS Council and the active engagement of a broad spectrum of implementing partners from among the public, private and NGO sectors.
- Creating synergy by establishing and maintaining close links with regional and international initiatives such as spearheaded by PANCAP, UNAIDS, PAHO/WHO, World Bank, PEPFAR.

4.3 Financing

Three-quarters of all funding for HIV/AIDS in Grenada during the period 2004-2009 originated from external sources. The main sources were a 5-year loan and credit facility from the World Bank (56%), direct contribution from the OECS/Global Fund Round 3 Grant (17.6%) and other grant contributions from PAHO and PANCAP (6%)[11] [12]. (See Figure 4)



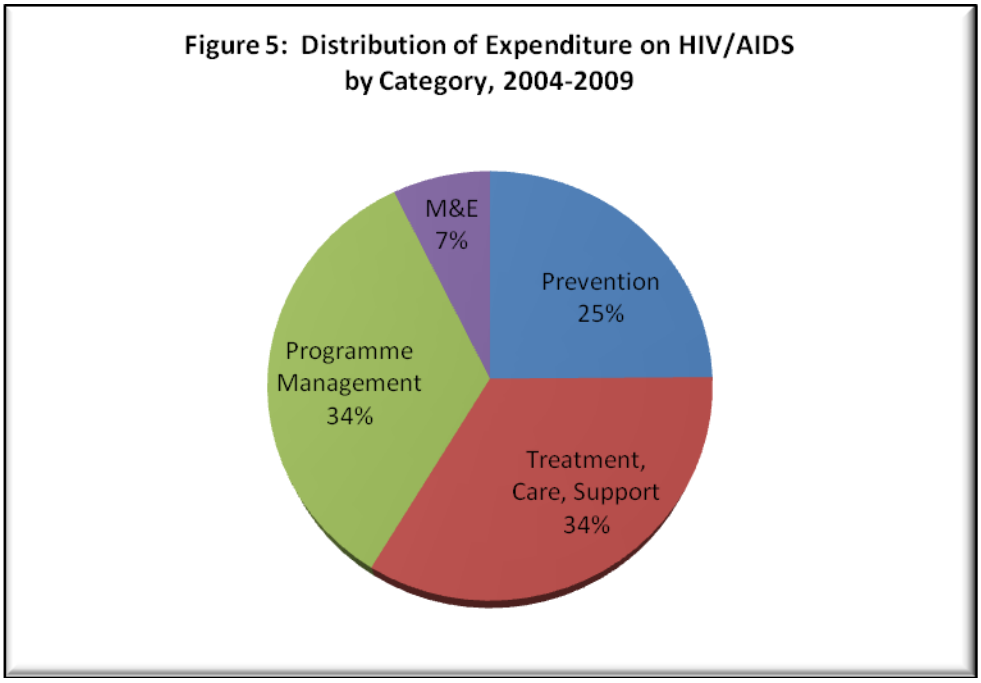
The World Bank loan and credit facility expired in December 2009 while the agreement for the OECS/Global Fund Round 3 Grant ended in June 2010. In 2010, Grenada became a signatory to the 5-year PEPFAR Partnership Framework Agreement that provides support to regional and national efforts to combat HIV/AIDS[13].

A measure of inefficiency has been detected in the utilization of external resources. For instance, only 43% of the funds earmarked by the World Bank were utilized and 20% of the allocated Global Fund resources remained unspent due to a combination of factors.

The major categories of expenditure for HIV/AIDS in Grenada have been treatment, care and support (34%), programme management and institutional strengthening (34%) and prevention (25%), with

[11] Implementation Completion and Results Report, World Bank Loan/Credit to Grenada in HIV and AIDS, 2009
[12] Scaling-up HIV prevention Services in the OECS, Final Report, GFATM, 2011
[13] PEPFAR Caribbean Regional Partnership Framework Agreement, 2010

monitoring and evaluation accounting for 7%. The level of expenditure on programme management and institutional strengthening appears disproportionately high and rationalization in resource distribution will be a critical factor moving forward. (See Figure 5)



4.4 Summary of Future Challenges

Grenada has achieved the milestone of universal access to ART for adults with advanced HIV infection and HIV-infected pregnant women. It does not exhibit the features of a generalized nor concentrated HIV epidemic. Still, there are challenges to sustaining the gains in ART coverage and achieving universal access to HIV-related prevention, care and support services. These are summarized as follows:

1) An upward trend in the number of new HIV infections has been observed over the past five years and the mode of transmission has not been differentiated for almost one-quarter of infected persons.

2) HIV prevalence among the traditionally most vulnerable cohorts such as MSM, CSW, cocaine/crack users and the homeless is unknown.

3) Despite high levels of ART coverage, there has been no obvious reduction in AIDS-related mortality in the last decade. Early detection, quality of care and adherence to treatment require renewed focus.

4) The vast majority of the sexually active population has never been tested for HIV and this deficit may be masking the true prevalence of the infection.

5) Significant knowledge gaps on mode of transmission and myths surrounding HIV still exist among youth.

6) Early sexual debut and multiple sex partners is a feature among youth, with males showing a greater inclination than females.

7) One-quarter of all secondary schools have not implemented the recommended Health and Family Life Education Curriculum that teaches life skills and coping mechanisms.

8) The multisectoral response requires renewal with special attention paid to the greater involvement of persons infected and affected by HIV and MARP.

9) Workplace policy on HIV requires official ratification to stimulate implementation of comprehensive programmes.

10) Social and economic conditions may be an emerging consideration in the spread of new HIV infections and adherence to ART.

11) Governance and management arrangements require reviewing and the transitional process to the Ministry of Health completed effectively.

Figure 6: Summary of Future Challenges

- HIV infection rate has increased over the past decade
- HIV prevalence among MARP is unknown, except for prisoners (2.2%)
- AIDS-related mortality remains fairly constant despite high levels of ART coverage
- Most sexually active persons have never been tested for HIV
- Less than 50% of youth correctly identify modes of transmission of HIV
- 25% of all secondary schools do not have an organized HFLE programme
- S&D and societal taboos around HIV and sexuality are serious barriers to universal access to services
- Multisectoral response requires a renewal
- The GIPA principle still does not have universal application
- Workplace programmes on HIV need a boost
- Future funding for HIV programmes is uncertain and requires rationalization
- Governance and management arrangements need reviewing and updating

12) Mechanisms for future funding of HIV programmes require urgent exploration given the economic downturn being experienced at the national, regional and international levels. The distribution of resources by category of expenditure will also require rationalization.

5. THE NEW STRATEGIC PARADIGM – MAKING THE DIFFERENCE

The HIV/AIDS landscape has undergone significant transformation in recent years precipitating significant challenges to service delivery. These challenges dictate the adoption of a new strategic paradigm that will advance the national agenda towards universal access. This new paradigm will ensure a reduction in the number of new HIV infections and AIDS-related deaths and confront the socio-cultural determinants of HIV-related stigma and discrimination. The pillars of this new strategic approach will be as follows:

5.1 Integration of Services

Integration of HIV services into the mainstream health and social services network will be pursued to achieve greater synergy and efficiency without compromising quality of care. This integration will be done at the level of primary care services, sexual and reproductive health services, infectious disease prevention and control, treatment and care, laboratory support and safety net services. The transition will be accomplished through consistent application of approved policies and protocols, training and re-training of health and health-related workers, public information and education and documentation of processes and lessons learned.

5.2 Prevention

Prevention efforts will be intensified utilizing structured and targeted interventions focusing on the population groups with the highest prevalence – youth, MSM and CSW. Such an approach will achieve the dual objective of reducing the number of new HIV infections and contain the pool of persons requiring treatment, care and support services. Emphasis will also be placed on early detection of new cases of HIV infection through an expanded VCT programme and on positive prevention interventions among PLWH to reduce re-infection and protection of their sexual partners.

These efforts will be supported by new policy initiatives, training and re-training of health and health-related workers and increased resource allocation consistent with the heightened emphasis on prevention.

5.3 Quality of Care

Quality of care will be a centre-piece of the new strategic response that will be concentrated on providing optimum treatment, care and support to persons diagnosed with STI/HIV/AIDS, TB and OI. The main elements will include development of quality assurance standards, quality control in relation to drugs, provision of laboratory supplies and other commodities, training and re-training of health and health-related professionals, renewed emphasis on confidentiality, stigma and discrimination reduction among health and health-related professionals, re-engineering service delivery mechanisms and measuring outcomes.

Importantly, this approach will also build community capacity and participation in delivering services among persons living with and affected by STI/HIV/AIDS, especially in the area of adherence counseling and support.

5.4 Human Rights

Human rights issues that are known to impede progress towards universal access will be tackled within the framework of the existing socio-religious realities in Grenada. This multi-faceted approach will involve the adoption of appropriate anti-discrimination policies that ensure unencumbered access to health and social services by PLWH and MARP as well as the initiation of peer-led interventions and community outreach programmes that foster an environment that is tolerant of all vulnerable groups.

5.5 Sustainable Financing

External resources for HIV programming have declined markedly in the recent past and indications are that national governments will be required to assume greater fiscal responsibility in the future. Grenada will respond to this challenge through a combination of strategies. These include:

- Significant increase in government allocation through the national budget.
- Stimulating increased contributions from the private and NGO sectors to support HIV activities.
- Broadening the resource mobilization base to include traditional and non-traditional donors.
- Concentrating resources on high impact interventions.
- Ensuring efficiency gains in programme implementation.

5.6 Strategic Information

Emphasis will be placed on generating comprehensive and accurate information that define the peculiar features of the epidemic in Grenada that may be used to inform policy-making and enhance programme planning, monitoring and evaluation. This objective will be accomplished by strengthening technical capacity across sectors to undertake qualitative research and analysis.

The features of the new paradigm are inter-linked and will be implemented in a systematic manner to achieve the goals of the NSP. (See Figure 7)

Figure 7: Elements of New Strategic Paradigm – Making the Difference

6. VISION, GOALS, GUIDING PRINCIPLES AND STRATEGIC PRIORITIES

The strategic priorities and programmatic orientation of the NSP are informed by three over-arching factors and represent an expression of the collective will of all stakeholders – public sector, private sector, civil society, non-governmental organizations, faith-based organizations, persons living with HIV, trade unions. These over-riding factors are as follows:

- Adherence to the socio-economic policy direction of the Government of Grenada as articulated in its Medium Term Economic Strategy Document.
- Recognition of the peculiar epidemiological features of the HIV epidemic in Grenada and the prevailing social, cultural and economic realities.
- Imperative of pursuing bold and innovative approaches that will propel the national HIV response.

6.1 Vision

Vision
A nation committed to an effective, integrated and sustainable response to HIV/AIDS where information, prevention, treatment, care and support services are accessed by all.

6.2 Goals

In the pursuit of this Vision, all stakeholders commit to the achievement of the following goals by 2016:

Goals

- Reduce the number of new HIV infections by 25%
- Reduce mortality due to AIDS by 50%
- Reduce the economic impact of HIV and AIDS on households by 25%

6.3 Guiding Principles

The national response will be guided by a core set of inter-related principles. These are:

Political Commitment
Political leadership will be required in enacting necessary policies and legislation and allocating requisite resources to sustain the HIV response.

Good governance and accountability
All programmes and resources will be managed in an open, transparent and accountable manner.

Universal access
Everyone should have equal and unimpeded access to HIV-related services consistent with need.

Multisectoral approach
HIV is more than a health issue and all partners have a stake in policy formulation, programme implementation and monitoring and evaluation.

Meaningful participation of PLWH
PLWH should be encouraged and facilitated in contributing towards planning, implementation, monitoring and evaluation of the response

Evidence and results-based strategies
Policy-making and resource allocation should be informed by empirical data as a far as possible.

Sustainability
Programmes should be tailored to ensure medium to long-term viability

Adherence to regional and international commitments
All conventions and declarations acceded to should be honoured in the planning, implementation, evaluation and reporting on the national response.

6.4 Strategic Priorities

The National HIV/AIDS Strategic Plan, 2012-2016 will pursue six (6) Strategic Priorities that are defined as follows:

1) Enabling environment and human rights
2) Prevention of HIV transmission
3) Treatment, care and support of persons living with and affected by HIV
4) Strengthening the multisectoral response
5) Strengthening governance and management systems
6) Research, monitoring and evaluation

These Strategic Priorities are inherently synergistic and will contribute to an energetic and holistic national HIV response within the framework of the Guiding Principles outlined in Section 6.3. Although the National AIDS Council and the Ministry of Health will provide leadership, the active participation of all other sectors will be indispensable to effective performance.
Each Strategic Priority will be supported by a logical flow of strategic objectives, activities and corresponding expected results. In turn, the activities and expected results will be detailed in Annual Work Plans that will be used as basis for coordination, monitoring and evaluation of the NSP.

7. Strategic Objectives and Results Framework

7.1 Strategic Objectives

Six Priority Areas have been identified for concentrated attention in the national HIV response. This section will elaborate the strategic objectives and major activities to be pursued by individual Priority Area. They are as follows:

Priority Area 1: Enabling Environment and Human Rights

This Priority Area will address the development and ratification of policies that support the effective delivery of HIV-related services within the health setting, schools and the workplace; and amendment or enactment of legislation as appropriate that protects the rights of persons living with HIV, vulnerable and marginalized groups and the general population. The strategic objectives are:

Strategic Objectives

- ❑ To develop culturally-sensitive policies and legislation which promote and protect human rights of MARP, including PLWH, as it relates to the delivery of HIV services.
- ❑ To promote sexual and reproductive health rights of all persons, including youth, to access contraceptives, condoms and VCT.

Strategic Objective 1.1: To develop culturally-sensitive policies and legislation which promote and protect human rights of MARP, including PLWH.

Major Activities

- NAC will update the National HIV and AIDS Policy and secure official approval.
- NAC will finalize Draft National Workplace Policy on HIV and AIDS and obtain formal ratification.
- MoE will finalize Draft Education Sector Policy on HIV and AIDS and secure official approval.
- MoE will adopt policies that enforce the implementation of HFLE curriculum in all public and private schools and vocational and tertiary institutions.
- MoT, in collaboration with the Tourism Authority, will develop a Tourism Sector Policy on HIV/ AIDS focusing on workers and tourists.
- MoH, in collaboration with the Ministry of Legal Affairs, will develop and implement a National Anti-Discrimination Policy using the CARICOM/PANCAP Model Anti-Discrimination Policy as a guide.

Strategic Objective 1.2: To promote the sexual and reproductive health rights of all persons, including youth, to access contraceptives, condoms and voluntary counseling and testing.

Major Activities

- MoH will develop a National Condom Policy using the Model Regional Condom Policy developed by CARICOM/PANCAP as a guide.
- MoH will develop a Charter for SRH Rights for all individuals and special groups, including sexually active minors, on issues such as access to contraceptives, condoms and VCT.
- MoH will actively promote the implementation of the National Condom Policy and Charter for SRH Rights in all relevant sectors.

Strategic Objective 1.3: To develop innovative advocacy and public education programmes which promote human rights.

Major Activities

- MoSD will spearhead the development of a national "Champions for Change" programme that utilizes influential persons such as political and community leaders, youth leaders, sports and cultural icons, media personalities and PLWH as advocates for human rights and the reduction of stigma and discrimination.
- MoH will implement annual anti-S&D multi-media campaigns utilizing all available forms of available media, including social media, with messaging built around research findings on behaviour change.
- MoH will build alliances with all media managers and media houses to obtain discounts in placement costs for multi-media campaigns as well as in dissemination of HIV information material free or at concessionary rates.
- MoH will conduct annual HIV advocacy training workshops for members of NAC, managers and senior officials of public and private sector organizations, media managers and leaders of PLWH networks.

Priority Area 2: Prevention of HIV Transmission

This Priority Area will deliver a comprehensive programme of preventive services designed to achieve full coverage and empowerment of all sexually active persons. These services will cater to the needs of persons made particularly vulnerable to HIV infection due to lack of education, poverty, gender inequities and sexuality and life-style choices. The programme will focus on analyzing and implementing the most effective strategies for achieving sustained behaviour change. The strategic objectives are:

Strategic Objectives

- ❑ To reduce sexual transmission of HIV infection through innovative and targeted prevention programmes.
- ❑ To reduce vulnerability to HIV through early detection and treatment of STI and continuous information and education for behaviour change.
- ❑ To promote behaviour change among the general population through evidence-based information, education and communication activities.

Strategic Objective 2.1: To reduce sexual transmission of HIV infection through innovative and targeted prevention programmes.

Major Activities

- MoH will conduct thorough investigation into mode of transmission of HIV in Grenada with special reference to the 23% of new cases who report their mode of infection as “unknown” and devise and implement strategies that will ensure full data capture.
- MoH will conduct seroprevalence studies among MSM and CSW to determine HIV prevalence among these population groups.
- MoH will train a core of “Community Animators” with special skills in reaching MSM and CSW with targeted HIV prevention programmes.
- MoH will expand male and female condom distribution by increasing the number of traditional and non-traditional outlets. This initiative would also include specialized training for workers who operate these outlets.
- MoH will implement targeted prevention programmes for prisoners and prison officers, including information and education and provision of services.
- MoE will conduct educational and youth leadership training programmes among school population to facilitate involvement HIV-related community peer outreach programmes. These programmes will emphasize the importance of delayed sexual debut, reduction in number of sexual partners and empowerment of women to negotiate safe sex.
- MoY will conduct educational and leadership training programmes among out-of-school population to facilitate involvement HIV-related community peer outreach programmes. These programmes will emphasize the importance of delayed sexual debut, reduction in number of sexual partners and empowerment of women to negotiate safe sex.
- MoE will implement comprehensive HFLE in all primary, secondary, vocational and tertiary educational institutions using the approved HFLE curriculum as a guide.
- MoT will implement a comprehensive programme of education, training and provision of services for hotel workers and tourists based on the National Tourism and HIV Policy and utilizing the Toolkit for the Tourism Sector developed by CHAA.
- MoH will conduct annual training programmes for health and health-related professionals in the public, private and NGO sectors in the management of STI, including issues of confidentiality.
- Ministry of Labour will conduct workplace programmes in public, private and NGO enterprises using the approved National Workplace Policy on HIV and AIDS as a guide.
- MoH will implement a rigorous PITC programme for all persons presenting at accident and emergency departments and on admission to public and private secondary care institutions.
- MoH will develop strategic partnership with private sector health providers and institutions to facilitate exchange of data on outcome of HIV tests undertaken and new HIV infections recorded.

Strategic Objective 2.2: To reduce vulnerability to HIV through early detection and treatment of STI and continuous information and education for behaviour change.

Major Activities

- MoH will scale-up VCT services for sexually active population, especially 15-44 year age-group, by increasing the number of trained VCT providers, community peer outreach activities and expanding the number of VCT sites.
- MoH will develop and implement protocols/guidelines for effective treatment of STI patients, including VCT for HIV.

Strategic Objective 2.3: To promote behaviour change among the general population through evidence-based information, education and communication activities.

Major Activities

- MoH will implement key recommendations emerging from the KAPB study conducted in 2011[14].
- MoH will implement annual mass media campaigns on HIV utilizing all forms of traditional and non-traditional media – radio, television, newspapers, pamphlets, posters, facebook, twitter, theatre, local cultural forms.

Priority Area 3: Treatment, Care, Support

This Priority Area will deliver a comprehensive package of services that will sustain full access to ART for all persons with advanced HIV infection and promote adherence. The package of services will also include psychological and social support for persons infected and affected by HIV. The strategic objectives are:

Strategic Objectives

- ❑ To achieve universal access to effective treatment and care for PLWH.
- ❑ To strengthen the management of TB, OI and STI through early detection and treatment.
- ❑ To improve access to nutritional, social and psychosocial services for PLHIV.

Strategic Objective 3.1: To achieve universal access to effective treatment and care for PLWH.

Major Activities

[14] KAPB Survey on HIV/AIDS Survey in Grenada, OECS/HEU/UWI, 2011

- MoH will improve forecasting, procurement, storage and distribution practices to ensure steady availability of ART and laboratory supplies.
- MoH will upgrade laboratory capacity to provide CD4 and Viral Loads in accordance with international treatment guidelines.
- MoH will update HAART treatment protocols to reflect changing international standards and practices.
- MoH will conduct annual in-service training programmes for medical doctors and public health/community health nurses to enhance capacity to delivery of PMTCT services, including issues of confidentiality.
- MoH will maintain a rigorous system of follow-up care to ensure that HIV positive women receive complete course of ARV prophylaxis for PMTCT.
- MoH will institutionalize Annual HIV/AIDS Clinical Management Workshop targeting medical doctors, nurses, pharmacists, psychosocial practitioners and laboratory technologists.
- MoH will maintain a confidential register of all persons on ART to facilitate follow-up and adherence counseling as appropriate.
- MoH will establish support groups from among providers of care, HIV infected persons and their families and responsible community members to serve as adherence counselors.

Strategic Objective 3.2: To strengthen the management of TB, OI and STI through early detection and treatment.

Major Activities

- MoH will maintain adequate supplies of drugs for the treatment of TB, OI and STI and strengthen laboratory capacity to provide the requisite diagnostic services.
- MoH will update protocols and guidelines for treatment of TB, OI and STI, including appropriate follow-up and contact tracing and quality assurance sysytems.
- MoH will conduct annual training programmes for medical doctors, nurses, pharmacists and laboratory technologists in medical management of persons infected with TB, OI and STI consistent with regional and international protocols and guidelines.
- MoH will develop strategic partnership with the private health care system to facilitate exchange of expertise and information to improve treatment and management of TB, OI and STI and infection control and prevention.
- MoH will institute a vigorous programme of follow-up care and contact tracing for persons diagnosed with TB, OI and STI.

Strategic Objective 3.3: To improve access to nutritional, social and psychosocial services for PLHIV.

Major Activities

- MoH will develop national guidelines for nutritional management of PLWH using regional protocols developed by CFNI as a model.
- MoH will conduct annual training in nutritional management of PLWH for medical doctors, nurses, nutritionists, counselors consistent with national guidelines.
- MoH will conduct annual nutritional management workshops for PLWH.
- MoSD will formalize the system of referral for enrollment of PLWH in national "safety net" programme.
- MoH will develop national guidelines for use by doctors, nurses, social workers and psychologists in providing counselling support to persons infected with and affected by HIV using the CARICOM/PANCAP model as a guide.
- MoH will conduct annual training programmes for medical doctors, nurses, social workers and psychologists on the application of the national psycho-social counseling guidelines, including issues of confidentiality.

Priority Area 4: Strengthening the Multisectoral Response

This Priority Area will pursue measures to develop and sustain strategic partnerships between the public and private sectors, civil society, non-governmental organizations, persons living with HIV and bilateral and multilateral partners to advance the effective planning, implementation and evaluation of the national HIV response. The strategic objectives are:

Strategic Objectives

- ❑ To strengthen national ownership of HIV response through the active partnership with government ministries, NGOs, CBOs, FBOs, PLWH, private sector, trade unions, academic institutions.
- ❑ To enhance capacity of all partners to undertake effective performance of their designated responsibilities.

Strategic Objective 4.1: To strengthen national ownership of HIV response through the active partnership with government ministries, NGOs, CBOs, FBOs, PLWH, private sector, trade unions, academic institutions.

Major Activities

- NAC and MoH will engage representatives of key governmental and non-governmental sectors in effective planning, implementation and evaluation of the national HIV response through their active involvement on policy making bodies, technical committees and task forces that may be established from time to time.
- Line Ministries, private sector organizations and NGO will appoint HIV focal points to perform coordinating functions within individual sectors and submit quarterly activity reports .
- MoH will conduct annual symposia involving focal points and other sector representatives to provide update on the HIV situation in Grenada, progress in implementation of work plan and key issues and challenges. These symposia will also receive feedback and guidance from the various sectors.
- MoH will prepare and disseminate quarterly newsletters to all sectors which provide summary information on key developments within the national HIV response.

Strategic Objective 4.2: To enhance capacity of all partners to undertake effective performance of their designated responsibilities.

Major Activities

- MoH will conduct annual training programmes for HIV sector focal points in performing their functions of coordination and reporting.
- MoH will maintain an active segment on the Government of Grenada website that displays current HIV information with respect to protocols, guidelines, performance reports and other educational material that may be accessed by all sectors and the general public.

Priority Area 5: Strengthening Governance and Management Systems

This Priority Area will focus on the development of appropriate organizational structures and strengthening management arrangements to advance the national HIV response and ensure its sustainability. The strategic objectives are:

Strategic Objectives

- ❑ To establish a clearly-defined organizational structure to achieve the most effective and efficient management and operations of the national HIV/AIDS response.
- ❑ To provide adequate resources – financial, human, physical - to ensure the effective delivery of HIV-related prevention, treatment, care and support services.

Strategic Objective 5.1: To establish a clearly-defined organizational structure to achieve the most effective and efficient management and operations of the national HIV/AIDS response.

Major Activities

- Political directorate will commission a comprehensive organization and management review to determine the most effective systems and arrangements needed to propel the national HIV response in the most sustainable manner. This review will also clearly define the mandate, terms of reference, functions and reporting requirements for all proposed organs.
- Political directorate will constitute the various components of the organizational structure and management arrangement consistent approved recommendations.

Strategic Objective 5.2: To provide adequate resources – financial, human, physical - to ensure the effective delivery of HIV-related prevention, treatment, care and support services.

Major Activities

- MoF will allocate adequate financial resources to support personnel, programme implementation, commodities and supplies and operational costs associated with effective implementation of national HIV response.
- NAC and MoH will develop and execute a technical assistance strategy and plan of action to attract technical support from regional and international organizations and bilateral and multilateral partners.
- NAC and MoH will develop a financial resource mobilization strategy to garner extra-budgetary resources from private sector, development partners and non-traditional donors.

Priority Area 6: Research, Monitoring and Evaluation

This Priority Area will generate data that will better define the epidemic in Grenada and provide strategic information to inform policy making and guide programme planning and implementation. A monitoring and evaluation system will be developed for use across sectors to track progress towards universal access and identify challenges. The strategic objectives are:

Strategic Objectives

- ❑ To conduct quantitative and qualitative research and analysis to better define the national dimensions of the HIV epidemic.
- ❑ To strengthen HIV/AIDS/STI surveillance systems.
- ❑ To strengthen national capacity to conduct behavioural research and monitoring and evaluation.

Strategic Objective 6.1: To conduct quantitative and qualitative research and analyses to better define the national dimensions of the HIV epidemic.

Major Activities

- NAC and MoH will establish a multidisciplinary and multi-partner technical committee that will develop an HIV/AIDS/STI research agenda for Grenada and spearhead the mobilization of technical and financial support to execute the identified research studies.
- NAC and MoH will undertake the following baseline studies to facilitate the implementation of key elements of the NSP:
  - HIV seroprevalence among MSM, CSW and prisoners
  - Vulnerability mapping
  - Access to and quality of care
  - HIV biological/behavior risk factors for HIV
- NAC and MoH will produce summary documents from main reports of research studies that provide strategic information of special interest to policy makers, programme managers and practitioners, media and general public.

Strategic Objective 6.2: To strengthen HIV/AIDS/STI surveillance systems.

Major Activities

- MoH will operationalize STI/HIV/AIDS Surveillance Manual that defines types and method of data collection, reports to be generated, links to private sector, roles and responsibilities and dissemination strategy.
- MoH will produce quarterly HIV/AIDS/STI surveillance reports for widespread dissemination.
- MoH will conduct annual in-service training in HIV surveillance methods for professional staff, including issues of confidentiality.

Strategic Objective 6.3: To strengthen national capacity to conduct behavioural research and monitoring and evaluation.

Major Activities

- MoH will establish strategic partnerships with technical agencies and academic institutions such as CHRC, SGU and UWI in building national expertise in research, monitoring and evaluation.
- MoH will, in conjunction with strategic partners, develop and execute certification courses in research methods and monitoring and evaluation for practitioners from the public, private and NGO sectors.
- MoH will organize attachments and study visits to technical and academic institutions on the cutting edge of research, monitoring and evaluation for national professionals working in the disciplines.

7.2 Results Framework

The results framework is a component of the monitoring and evaluation process and will serve as a "living" management tool to gauge progress in the achievement of the strategic objectives the NSP as outlined in Section 7.1. In addition, the results framework will assist in building consensus and ownership among all stakeholders and implementing partners and function as an effective communication apparatus.

The matrices presented below (Table 1) set out the expected results, output/outcome indicators and values for each of the six (6) Priority Areas outlined at Section 6.4.

Table 1: Results Framework for Grenada National HIV/AIDS Strategic Plan, 2012-2016

Priority Area 1: Enabling Environment and Human Rights				
Strategic Objectives	**Expected Results**	**Indicators**	**Value**	
			Baseline	**2016**
1.1 To develop culturally-sensitive policies which promote and protect human rights of MARP, including PLWH	Improved policy framework supporting the delivery of HIV-related programmes in public, private and NGO sectors	Number of HIV sector policies approved officially	0	4
		Anti-discrimination policy formally approved	0	1
1.2 To promote SRH rights of all persons, including youth, to access contraceptives, condoms and VCT	Enhanced SRH services offered by key providers in health, education and social sectors and FPA	Number of agencies implementing the Charter for SRH Rights	0	5
1.3 To develop innovative advocacy and public education programmes which promote HIV and human rights	Champions for Change actively engaged in advocating for HIV and human rights at the national and community levels	Number of Champions for Change reporting involvement in at least one advocacy activity per quarter	0	30
	Community-based activities advocating human rights and reduction in HIV-related S&D undertaken routinely	Number of HIV advocates reporting involvement in at least one promotional activity quarterly	0	70

Priority Area 1: Enabling Environment and Human Rights				
Strategic Objectives	**Expected Results**	**Indicators**	**Value**	
			Baseline	**2016**
	in all parishes Widespread dissemination of HIV information through mass media free or at discount costs	 Number of media houses disseminating HIV information at least four times per year on a pro bono basis or at reduced cost	 2	 10

Priority Area 2: Prevention of HIV Transmission				
Strategic Objectives	**Expected Results**	**Indicators**	**Values**	
			Baseline	**2016**
2.1 To reduce sexual transmission of HIV infection through innovative and targeted prevention programmes.	HIV prevalence among MSM and CSW defined	HIV seroprevalence rate among MSM and CSW	TBD	TBD
	"Community Animators" actively engaged in providing information, counseling and other support services to MSM and CSW through targeted interventions	Number of MSM receiving services through targeted interventions	60	200
		Number of CSW receiving services through targeted interventions	20	75
2.2 To reduce sexual transmission of HIV infection through innovative and targeted prevention programmes	Increased condom distribution among general population through traditional and non-traditional condom outlets	Number of traditional and non-traditional condom outlets operational	60	80
	Routine HIV prevention services established in male and female prisons	Number of monthly HIV prevention sessions held at male and female prisons	12	60
	Youth peer educators actively engaged in HIV prevention activities at the	Number of peer educators reporting interacting with a minimum of 10 young	0	70

Priority Area 2: Prevention of HIV Transmission				
Strategic Objectives	**Expected Results**	**Indicators**	**Values**	
			Baseline	**2016**
	community/parish level	people 15-24 years monthly		
	Comprehensive HFLE programme implemented in all primary, secondary and tertiary educational institutions	Percentage of secondary and tertiary educational institutions with specially trained teachers in HFLE and implementing the curriculum	75	100
	Comprehensive peer education programme in schools	Number of peer educators trained	0	110
		Number of secondary students reached	0	1300
	Workplace programmes implemented in public and private sector enterprises, including the hotel sector	Number of enterprises adopting workplaces policies and implementing programmes	5	30
2.3 To reduce vulnerability to HIV through early detection and treatment of STI and continuous information and education for behaviour change.	Protocols for treatment of STI developed and implemented, including PITC for HIV.	Percentage of STI patients tested for HIV	40	100
	Health and health-related professionals trained in STI management	Number of health and health-related professionals receiving on-going refresher training in STI management	30	150
2.4 To promote behaviour change among the general population through evidence-based	General population exposed to scientific information on HIV prevention	Percentage of sexually active population who used condoms at last sexual intercourse with a non-regular partner	TBD	TBD

Priority Area 2: Prevention of HIV Transmission				
Strategic Objectives	**Expected Results**	**Indicators**	**Values**	
			Baseline	**2016**
information, education and communication activities				

Priority Area 3: Treatment, Care and Support				
Strategic Objectives	**Expected results**	**Indicators**	**Values**	
			Baseline	**2016**
3.1 To achieve universal access to effective treatment and care for PLWH	Adequate range and quantity of ART and laboratory supplies always available and laboratory capacitated to perform CD4 and Viral Load tests	Number of stock-outs of ART and laboratory supplies experienced annually	4	0
	Universal coverage with ART of persons with advanced HIV infection	Percentage of persons with advanced HIV infection on ART	91	100
	HIV positive women receive complete course of ART prophylaxis	Percentage of HIV positive women receiving complete course of ART prophylaxis.	95	100
	Frontline medical doctors, nurses, pharmacists and laboratory technologists trained in clinical management of STI/HIV/AIDS, OI and TB on an annual basis	Number of health professionals receiving on-going training in clinical management of HIV/AIDS	30	150
	Adherence counselors trained and actively involved in counseling and providing psychological support to persons on ART	Number of trained adherence counselors providing support to at least three PLWH per month	6	15

Priority Area 3: Treatment, Care and Support				
Strategic Objectives	**Expected results**	**Indicators**	**Values**	
			Baseline	**2016**
3.2 To strengthen the management of TB, OI and STI through early detection and treatment	Active programme of follow-up care and contract tracing in relation TB, OI and STI rigorously implemented	Percentage of persons diagnosed with TB, OI and STI whose contacts receive follow-up care	55	100
3.3 To improve access to nutritional, social and psychosocial services for PLWH	Frontline medical doctors, nurses, nutritionists, social workers trained in nutritional management and providing psycho-social support of PLWH on an annual basis.	Number of frontline medical doctors, nurses, nutritionists, social workers trained in nutritional management and providing psycho-social support of PLWH annually	30	150
	PLWH enrolled in the national "safety net" programme and receiving economic and social benefits on a regular basis	Number of PLWH enrolled in the national "safety net" programme and receiving economic and social benefits on a regular basis	6	30

Priority Area 4: Strengthening the Multisectoral Response				
Strategic Objectives	**Expected Results**	**Indicators**	**Values**	
			Baseline	**2016**
4.1 To strengthen national ownership of HIV response through the active partnership with government ministries, NGOs, CBOs, FBOs, PLWH, private sector, trade unions,	Representatives of line ministries and non-governmental sectors participating fully on various established management bodies and technical committees	NAC and other technical committees fully established and functional	1	3

Priority Area 4: Strengthening the Multisectoral Response				
Strategic Objectives	**Expected Results**	**Indicators**	**Values**	
			Baseline	**2016**
academic institutions	HIV focal points appointed and functional in line ministries and non-governmental sectors	Number of line ministries and private and NGO sectors with focal points	4	30
	Quarterly newsletters providing updates on key developments in the national HIV response disseminated to all sectors	Number of quarterly newsletters disseminated to sectors	0	20
4.2 To enhance capacity of all partners to undertake effective performance of their designated responsibilities	HIV sector focal points trained annually in performing functions of coordination and reporting	Number of HIV focal points trained and reporting at least quarterly sector activities	4	30

Priority Area 5: Strengthening Governance and Management Systems				
Strategic Objectives	**Expected Results**	**Indicators**	**Value**	
			Baseline	**2016**
5.1 To establish a clearly-defined organizational structure to achieve the most effective and efficient management and operations of the national HIV/AIDS response	Sustainable organizational structure and management system for the national HIV response fully constituted and operational	Percentage of policy-making, management and technical positions in the new organizational structure filled	60	100
5.2 To provide	HIV response accorded	Budgetary allocation for	0	Annual

adequate resources – financial, human, physical - to ensure the effective delivery of HIV-related prevention, treatment, care and support services	status of a programme area within the national estimates with dedicated budget Financial resource mobilization strategy defined, funding proposals developed and financing options explored	HIV in national estimates Number of funding proposals developed and executed	 0	 10

Priority Area #6: Research, Monitoring and Evaluation				
Strategic Objectives	**Expected Results**	**Indicators**	**Values**	
			Baseline	**2016**
6.1 To conduct quantitative and qualitative research and analysis to better define the national dimensions of the HIV epidemic	Policy making, programme planning and monitoring and evaluation enhanced through empirical data derived from research studies	Number of research reports and summaries completed and used for planning and programming	4	12
6.2 To strengthen HIV/AIDS/STI surveillance systems 6.3 To strengthen HIV/AIDS/STI surveillance systems	STI/HIV/AIDS Operational Surveillance Manual approved and in use by all relevant practitioners and stakeholders Quarterly HIVAIDS/STI surveillance reports produced and disseminated	Number of practitioners from the public and private sector who submit monthly STI/HIV/AIDS surveillance reports Number of quarterly HIV/AIDS/STI surveillance reports produced and disseminated	30 4	45 20
6.4 To strengthen national capacity to conduct behavioural research and monitoring and evaluation	Technical cooperation activities in behavioural research and monitoring and evaluation occurring with national and regional technical and academic institutions National professionals	Number of technical and academic institutions with signed MOU with the national authority to provide technical support Number of national	0 0	5 30

Priority Area #6: Research, Monitoring and Evaluation				
Strategic Objectives	**Expected Results**	**Indicators**	**Values**	
			Baseline	**2016**
	from the public, private and NGO sectors certified in research methods and monitoring and evaluation techniques.	professionals certified in research methods and monitoring and evaluation techniques.		

8. MONITORING AND EVALUATION

8.1 Context

The monitoring and evaluation process is an integral component of the NSP and will support the implementation of activities in a standardized and harmonized manner, measure achievements and provide accountability. The specific objectives are as follows:

- Provide a standardized framework that will be used across sectors to monitor and evaluate the implementation of the NSP.
- Generate accurate and timely information to facilitate policy-making and programme planning to advance the national HIV response.
- Report on core and additional indicators that measure progress towards universal access.

The information gathering component will build on existing data sources such as the vital registration system of births and deaths, sentinel surveillance at antenatal sites, STI/HIV/AIDS surveillance reports and survey reports. Additionally, information will be garnered from studies on seroprevalence among risk groups, biological/behavioural risk factors, quality of care and vulnerability mapping that are contemplated during the life of the NSP.

At the same time, all countries have a commitment to monitor, evaluate and report on a regular basis on progress being made towards the achievement of universal access. Responding to this commitment requires the adoption of a set of standardized indicators that allow for comparison across countries.

8.2 Components of the Monitoring and Evaluation Process

The monitoring and evaluation process will entail two discrete but inter-related components:

1) Monitoring and evaluation of the NSP using the Results Framework outlined at Section 7.2.
2) Monitoring and evaluation of progress towards universal access using the core indicators and targets set out at Table 2 below.

Table 2: Monitoring and Evaluation Core Indicators and Targets

National Indicators	Targets by 2016	Data Source	Frequency of Reporting
% of large public and private sector enterprises, including hotels, that have HIV workplace policies and programmes	50%	Sector reports	Annual
% of reported cases of HIV-related stigma and discrimination receiving redress	60%	Sector reports	Annual
National HIV prevalence rate	< .4%	HIV Surveillance reports	Annual
% young women and men aged 15-24 years who both correctly identified ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission	TBD	BSS	3 years
% of MSM who correctly identified ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission	TBD	BSS	3 years
% of CSW who correctly identified ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission	TBD	BSS	3 years
% of men and women aged 15-49 years who had sexual intercourse with more than one partner in the past 12 months	TBD	BSS	3 years
% of young women and men aged 15-24 years reporting the use of condoms the last time they had sex with a non-regular partner	60%	BSS	3 years
% of sex workers reporting condom use at last sex act with a client	80%	BSS	3 years
% of MSM who are HIV infected	TBD	Survey reports	3 years
% of CSW HIV who are infected	TBD	Survey reports	3 years
% of prisoners who are HIV-infected	<1.5%	Survey reports	3 years
% of adults and children with advanced HIV still alive 12 months after initiation of ART	80%	HIV Surveillance reports	Annual
% f women, men and children with advanced HIV infection who are receiving antiretroviral combination therapy according to national guidelines	100%	HIV Surveillance reports	Annual
% of HIV-infected pregnant women giving birth to HIV-infected babies	<2%	HIV Surveillance reports	Annual

National Indicators	Targets by 2016	Data Source	Frequency of Reporting
% of PLWH on ART reporting at least 90% adherence by pill count	90%	HIV Surveillance reports	Annual
% of women and men aged 15-49 years who received an HIV test in the last 12 months who know their results	100%	HIV Surveillance reports	Annual
% of confirmed TB cases tested for HIV	100%	HIV Surveillance reports	Annual
% of private sector and NGO representatives serving on established advisory bodies and task forces/technical committees	40%	Progress reports	Annual
% of registered private sector and NGO enterprises that have designated HIV focal points	50%		Annual
% of expenditure on HIV generated from domestic sources	60%	Programme implementation reports	Annual
% of established staff positions filled	80%	Programme implementation reports	
% of core UNGASS indicators reported on annually	90%	UNGASS reports	Annual

9. IMPLEMENTATION STRATEGY: THE WAY FORWARD

Several operational aspects will be addressed in order to achieve optimal results in the implementation of the NSP. These operational components are indicated as follows:

9.1 One National Authority

Grenada embraces the concept of "The Three Ones" as a guiding principle in the pursuit of universal access. However, the component of one national authority has been in transitional mode since the closure of the World Bank-funded project in 2009 and finalizing the new organizational arrangements will be addressed as an urgent prerequisite.

It is understood that the Ministry of Health will be vested with the responsibility for management and coordination of the response and will be provided with a core of dedicated staff and a stand-alone budget. The NAC will function as the multisectoral arm of the national authority ensuring the active involvement of all partners.

9.2 Operational Planning

Detailed Annual Work Plans will be developed to allow for systematic implementation of the NSP. The development of these Work Plans will be led by the national authority with input from the broad base of stakeholders who will function as implementers.

Work Plans will be finalized during the final quarter of each year and will detail planned activities by priority area and strategic objective, timing of activities, primary responsible organization, cost and expected outputs. Annual progress reports will be compiled.

9.3 Review Processes

Annual joint reviews will be undertaken during the final quarter of each year and preceding the preparation of the Annual Work Plan. The basis of these joint reviews will be the progress report on the implementation of the Annual Work Plans. The results of the joint reviews will be used for making adjustments to the planning process as necessary.

A mid-term evaluation of the NSP will be undertaken at the end of 2013 and the results and recommendations factored into the planning process for the remaining period.

9.4 Establishing Baselines

Many of the core and additional indicators contained in the results framework and monitoring and evaluation matrix require the establishment baselines as a function of measuring progress. However, much of this data is absent. Key elements of the research agenda will be implemented during the first year to generate relevant baseline data. A BSS will also be undertaken in the first year and repeated three years later.

10. COSTING THE NATIONAL STRATEGIC PLAN

10.1 Costing Methodology

The costing of the NSP is premised on the strategic objectives, major activities and expected results outlined in Section 7 and the requirements of the Monitoring and Evaluation Framework presented in Section 8. The cost of activities is estimated using the variables of unit costs and quantitative projections in combination. Two further assumptions were factored into the cost estimates. The efficiencies to be derived from the integration of HIV into the mainstream health and social system were assessed and applied, while due consideration was given to the anticipated challenges in stimulating national economic growth over the next five years.

Several data sources were used in arriving at cost estimates. These sources included recent national budgetary estimates, data from the OECS Pharmaceutical Procurement Service, PAHO and PANCAP and the expenditure profile of the recently-concluded World Bank-funded HIV/AIDS prevention project. As far as possible, cross-references were done to arrive at a measure of consistency in the data utilized.

10.2 Summary of Costing

The estimated cost of implementing the NSP is EC$22.7 million or the equivalent of US$8.4 million. The breakdown of costs by Priority Areas demonstrate the renewed emphasis that will be placed on Prevention (35.8 %), followed by Treatment, Care and Support (19.8%) and Strengthening Governance and Management Systems (18.5%). The other categories are Research, Monitoring and evaluation (10.4%), Strengthening the Multisectoral Response (8.6%) and Enabling Environment and Human Rights (6.9%). (See Figure 8 and Table 3)

Given the complex nature of costing exercises in small jurisdictions such as Grenada and the difficulties involved in accessing accurate data, the costing inevitably remains an estimate that must be refined as the NSP is elaborated into annual operational plans[15]. Such refinement will require closer alignment to actual unit costs and more precise approximation of quantities.

Figure :8 Estimated Cost of NSP by Priority Areas

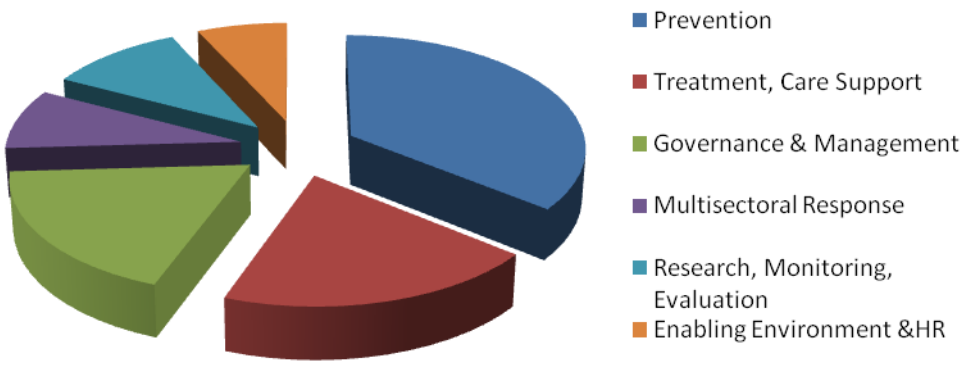


Table 3: Breakdown of Estimated Cost of NSP by Priority Areas

[15] Costing Health Projects in Small States: Issues and Challenges, Health Economics Unit, UWI, 2009

Activity Category	Total Cost (US$ '000)	Average Annual Cost (US$ '000)	% of Total Costs
Enabling Environment and Human Rights			
Development of policies/guidelines and enactment of legislation	264.0	52.8	3.1
Advocacy programmes	140.3	28.06	1.7
Multi-media campaigns – human rights, S&D	173.3	34.66	2.1
Sub-Total	577.6	115.52	6.9
Prevention of HIV Transmission			
Training of health and health-related professionals	428.6	85.72	5.2
Training for private and NGO sectors	241.1	48.22	2.8
Interventions for out-of school youth	256.6	51.20	3.1
HFLE in schools	248.2	49.60	2.9
Workplace programmes	364.4	72.88	4.4
Interventions for MARP (prisoners, MSM, CSW)	247.2	49.44	2.9
Surveillance	364.8	72.96	4.4
VCT	227.7	45.54	2.7
Multi-media campaigns – general population	224.2	44.84	2.7
Commodities and supplies	396.8	79.36	4.7
Sub-Total	2,999.6	599.92	35.8
Treatment, Care and Support			
Drugs, laboratory supplies and commodities	980.6	196.12	11.7
Training for health and health-related professionals	246.2	49.24	2.9
Community interventions	234.8	46.96	2.8
Support to PLWH – nutritional, psycho-social, institutional strengthening of networks	198.4	39.68	2.4
Sub-Total	1,660.0	332.00	19.8
Strengthening the Multisectoral Response			
Advocacy programmes	118.4	23.28	1.4
Training for multisectoral bodies	297.2	59.44	3.5
Programme support to line Ministries	200.0	40.00	2.4
Materials production and dissemination	103.8	20.76	1.3
Sub-Total	719.4	143.88	8.6

Activity Category	Total Cost (US$ '000)	Average Annual Cost (US$ '000)	% of Total Costs
Strengthening Governance and Management Systems			
Systems development and strengthening	134.7	26.94	1.6
Salaries and other staff support	866.9	173.38	10.4
Travel and subsistence	298.7	59.74	3.6
Equipment and supplies	125.4	25.08	1.5
Operational and maintenance costs	122.0	24.4	1.5
Sub-Total	1,547.7	309.54	18.5
Research, Monitoring and Evaluation			
Research studies	358.0	71.6	4.3
Operating monitoring and evaluation systems	388.8	77.76	4.6
Production of reports	124.2	24.84	1.5
Sub-Total	871.0	174.2	10.4
Grand Total	**8,372.3**	**1,674.46**	**100.0**

10.3 The Financing Gap

Apart from a modest PEPFAR commitment, there are no earmarked external financial resources for for HIV for Grenada. This means that financing the NSP will essentially be a national responsibility with government paying the leading role with support from the private and NGO sectors.

Given this consideration, very stringent criteria were applied in arriving at the budget estimate of EC$22.7 million (US$8.3 million) and there is virtually no room for contraction without adversely affecting core elements of the national HIV response. At the same time, one of the strategic objectives of the NSP is to pursue vigorous measures in mobilizing external technical and financial resources from traditional and non-traditional partners.

Appendix 1

ORGANIZATIONAL ARRANGEMENT
GRENADA NATIONAL HIV/AIDS RESPONSE