

## Case Study on Comprehensive Clinical Services for Men who have Sex with Men in Jamaica: A Focus on Anal Care Services

### Introduction

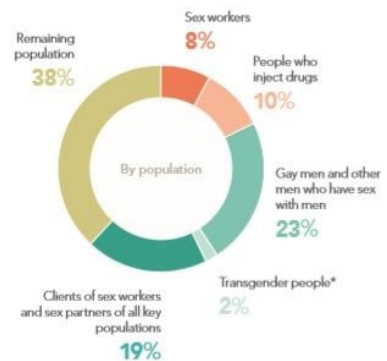
UNAIDS trends show steady global progress in the reduction of AIDS-related deaths over the last decade, and more gradual progress in the reduction of new HIV infections.. Key populations (KP) make up a small proportion of the general population but are at extremely high risk of HIV infection. In 2019, UNAIDS reported that more than two-thirds of new HIV infections were among KPs and their sexual partners. Gay men and other MSM accounted for an estimated 23% of new HIV infections globally. The risk of HIV acquisition among gay men and other men who have sex with men (MSM) was 22 times higher than among all adult men

In 2019, the HIV prevalence in the Caribbean was 1.1%, with an estimated 330,000 people living with HIV. KPs and their sexual partners accounted for 60% of new infections. Gay men and MSMs accounted for 26% of new infections. The HIV prevalence of MSM is significantly higher in Caribbean countries; the Dominican Republic 4%, Guyana 4.9%, Jamaica 29.8%, Haiti 12.9% and Trinidad and Tobago 26.6%.

To comprehensively address prevention, UNAIDS recommends implementing combination prevention defined as rights-, evidence-, and community-based programs that promote a combination of biomedical, behavioural, and structural interventions. These interventions are to meet the HIV prevention needs of specific people and communities to reduce the number of new infections through activities with sustained impact. The World Health Organisation developed consolidated guidelines for KPs. It defined, beyond prevention, a comprehensive package of services that focused on essential health sector interventions that included combination prevention, HIV treatment, care and support and strategies for an enabling environment.

MSM remains disproportionately affected in Jamaica, with an HIV prevalence of 29.8%. There is a paucity of data on access to health care services for MSM. However, in 2018, of the estimated 42,400 MSM in Jamaica, 88.2% know their status and 66.8% reported using condoms. Data is unavailable for MSM on anti-retroviral therapy (ART) and those on ART who are virally suppressed.

**Distribution of new HIV infections by gender and population, global, 2019**



# Jamaica AIDS Support for Life

Jamaica AIDS Support for Life (JASL) beginnings are arguably like many in the Region, where it began with a group of friends responding to a peer- an MSM- who had become infected with the highly stigmatised HIV and was facing double discrimination in the healthcare system. In 1991, the organisation was officially established as Jamaica AIDS Support (JAS) and was the first non-governmental organisation (NGO) responding to HIV. The agency opened "Life", in 1992, an AIDS hospice which provided treatment and care for People Living with HIV (PLHIV) when individuals were unable to source acceptable treatment at clinics and hospitals in Jamaica. As the government's health response at the time was focused on prevention of sexually transmitted infections and did not target the most vulnerable groups, JAS was encouraged by the Ministry of Health and Wellness (MoHW) to work with PLHIV, MSM and SWs.

## Essential health sector interventions

1. HIV prevention
2. Harm reductions interventions for substance use (in particular needle and syringe programmes and opioid substitution therapy)
3. HIV testing and counseling
4. HIV treatment and care
5. Prevention and management of co-infections and comorbidities
6. Sexual and reproductive health

## Essential strategies for an enabling environment

1. Review and revision of laws, policies and practices
2. Antidiscrimination and protective laws to address stigma and discrimination
3. Available, accessible and acceptable health services for key populations
4. Enhanced community empowerment

*JASL provides services to all people irrespective of sexual orientation, gender, race, occupation, colour, class, economic status or religion.*

Twenty-five years later since its inception, the organisation, now Jamaica AIDS Support for Life (JASL), has developed into the largest HIV/AIDS-focused, human rights civil society organisation (CSO) ensuring the preservation of the rights and dignity of the most vulnerable. As a key implementing partner of the MoHW, JASL has consistently supported the development of its national HIV/AIDS strategic plans and contributed to the national HIV programme particularly in relation KPs. With a goal of being the lead civil society partner to the government in the national response to HIV/AIDS through rights-based programme implementation, JASL's work has expanded to include services focused on HIV education, prevention and linkage to care, treatment, care and support and advocacy for an enabling environment and the preservation of human rights. The organisation focuses on delivering comprehensive package of services to MSM. Services are also offered to sex workers (SW), hearing impaired (HI)/deaf, women of trans experience, orphan and vulnerable children (OVC) including Adolescents living with HIV (ALHIV), key groups of women affected by violence in the context of HIV and the general population.

JASL is governed by a Board of Directors with specific competencies to provide governance, financial and technical oversight to the organisation's work. The Board of Directors provide high- level, policy and strategic guidance to JASL, support resource mobilisation, and lend their voices to communication initiatives as part of JASL's advocacy programme. The Board of Directors also established several working committees to provide hands-on support to JASL's team. For example, the finance committee meets regularly to review the financial status of the organisation and offer advice when needed. Other committees work in a similar manner.

# JASL's Clinical Care Service Delivery Model for MSM: Anal Care Services

MSM account for a significant proportion of JASL's client base. Over the years, JASL has improved and expanded its programming to provide comprehensive health care services for the MSM community. These services are aligned to UNAIDS combination prevention framework and WHO essential package of health services for KPs.

JASL recognised that the MSM community are at high risk for contracting Human Papilloma Virus (HPV), which can cause anogenital warts and certain types of cancer. HPV increases the risk for other sexually transmitted diseases, including HIV. In providing health services to the community, JASL observed that MSMs were presenting with and requesting treatment for anogenital warts. Moreover, MSM were advocating for health care services that were not limited to HIV prevention and treatment, but rather a differentiated, comprehensive and holistic approach to their care.

In 2018, JASL introduced anal care services to its suite of clinical services for MSM. JASL enlisted technical support from the International Training and Education Centre for Health to start this initiative to conduct an organisational capacity assessment. Based on the findings of the assessment, JASL's clinicians and nurses were trained on the protocols for screening and physical examination of MSM and transgender persons, including the identification of persons at-risk for and treatment of common anogenital conditions.

JASL clinical team revised and updated their clinical management tools to integrate anal health care services in their overall suite of clinical services. For example, JASL updated treatment guidelines, protocols, standard operating procedures, client intake forms, and counseling checklists to standardize care. They also updated the monitoring and reporting tools to capture critical information to guide policy and programmes.

JASL procured medical equipment and medication to establish a specialised outpatient clinic to diagnose and treat anogenital warts. MSMs visiting JASL for the first time undergo a comprehensive physical examination, are counseled and screened for HIV and other STIs, and routine ano-genital and digital rectal examinations are done. JASL administers podophyllin and cryotherapy (cold temperature to freeze a wart) on smaller warts. For larger warts, refers clients to the Public Health Care System for anoscopy, surgical excision, and other appropriate treatment modalities.

“ Delivering a high quality of care for everyone is our priority at JASL. ”

Dr. Jennifer Tomlinson  
Care and Treatment Director  
Jamaica AIDS Support for Life



JASL recognises that clients' social needs such as employment status and education can act as barriers to access health care services and consequently negatively impact their health outcomes. Accordingly, in addition to anal care services and clinical services, the JASL case manager conducts a comprehensive assessment to understand other factors influencing the client's health outcomes. The case manager, jointly with the client, develops a management plan to address economic, social, and psychological needs based on the client's particular needs.

Ongoing assessments of clinical service delivery are essential. Accordingly, JASL conducts case conferences regularly to review complex cases and discuss solutions to improve health outcomes. The team, which comprises of the physician, nurse, social worker, case manager, psychologist, and adherence counselor, discusses and develops strategies to address challenges in managing the client. Many of the challenges are often socio-economic and result in missed appointments, poor adherence, and loss-to-follow-up.

## Facilitating factors

- 1. Trust and Acceptability:** JASL has a reputation for delivering competent, non-discriminatory, and confidential services to MSM and vulnerable communities. Consequently, they have gained the trust of their target communities. Therefore, scaling up services to include anal care was readily accepted by the community as an essential component of their care.
- 2. Engagement of the MSM Community:** JASL recognised that MSM are more readily accepted by their peers. JASL hired and trained members of the community to serve as prevention outreach workers, who initiate conversations with their community on new services, and in this instance, anal care services. Consequently, MSM who attend JASL's clinic for the first time are already informed of the suite of services offered by the organisation. With additional interventions from the case manager and other clinical staff, the acceptability of anal care services among MSM is high.
- 3. Systems development and integration of services:** Embracing a system-wide approach that included an initial situational assessment, training of staff, upgrading infrastructure, and updating clinical systems resulted in the seamless integration of the anal care services.
- 4. Availability of clinical infrastructure:** The infrastructural adjustments to JASL's clinical examination rooms and the procurement of equipment and supplies facilitated the delivery of holistic and confidential screening and treatment of ano-genital conditions.
- 5. Human Resource Capacity:** Building human resource capacity of the clinical team ensured that competent and standardised care was delivered. This resulted in high acceptance of the services by the MSM community.
- 6. Collaboration with the MoHW:** JASL's collaboration with the MoHW resulted in referrals to the public health system for surgical and other treatments not offered at JASL.
- 7. Case Conferences:** JASL case conference focused on improving care for individual MSM and for the community. Case conferences were critical in addressing adherence to treatment, loss to follow up and others issues that can adversely affect treatment outcomes. Importantly, case conferences resulted in the cohesive and holistic management of the client.
- 8. Inter-departmental Collaboration:** The collaboration between JASL's clinical team and other departmental teams, such as the enabling environment and human rights, prevention, and monitoring and evaluation teams, facilitated an in-depth understanding of the socio-economic and cultural challenges of clients. Importantly, it allowed for the shaping of management approaches that address the client's overall needs.

# Recommendations

1. **Develop roadmap to strengthen the organisation's capacity:** Integrating and delivering anal care services will require additional competencies and infrastructure. To understand the organisational needs, a situational analysis is recommended. The analysis should include, at a minimum, an assessment of human resources, clinic infrastructure, availability and accessibility of pharmaceutical and medical supplies and documentation and reporting systems. Based on the gaps identified, a road map or an action plan should be developed and implemented.
2. **Build on existing platforms of clinical service delivery:** Anal screening services should be integrated into existing clinical services for MSMs. CSO who provide clinical services such as STI screening and ART treatment, should integrate anal care services into the existing systems.
3. **Deliver comprehensive and holistic care:** CSOs working with the MSM community should deliver a comprehensive package of health care services based on WHO guidance on essential health sector interventions for key populations. CSO should define the essential package of services for different key populations based on their priorities and local context. This could include anal services for MSM.
4. **Standardise care:** CSOs should review all local and national policies, technical guidelines, standard operating procedures and protocols to ensure service delivery is standardised and are delivered based on evidence, established norms and aligned to national protocols.
5. **Standardise programme documentation, monitoring and reporting:** CSOs should review their documentation systems to ensure that anal care services are incorporated. This could include client intake form on first visit, forms for repeat visits and clinical management and others. Monitoring systems should be reviewed to capture aggregate data for programme planning.
6. **Collaborate with the Ministry of Health (MoH):** it would be prudent to leverage the competencies and support of other agencies to develop and maintain a comprehensive package of service. CSOs should collaborate with the MoH to align anal care services with national guidelines, standards and protocols. Moreover, the MoH will be instrumental in supporting start-up and implementation. This support could include but not limited to providing medical supplies and consumables and training of staff to delivery anal care services, as well as facilitating referrals to the public system for surgical and other forms of management that are not available at the CSO level. For CSOs that have existing and ongoing relationships with the MoH, this should reviewed and renewed, and if necessary, amended to include anal care services for MSM.
7. **Collaborate with partners:** CSOs should identify and collaborate with partners who can support their process in providing comprehensive services to MSM. These could include technical agencies, donor agencies, other CSOs, the private sector and others.
8. **Engage the MSM community:** MSMs are the gatekeepers to their community. To create trust, build awareness and generate demand for anal care services, MSMs who work with CSOs should be trained to engage with their community. Their capacity should be built to effectively sensitise their communities to the importance of anal health and to navigate MSM to access the services.
9. **Solicit active client feedback:** With any new service, feedback is important. As part of its monitoring and evaluation agenda, CSOs should actively seek feedback from clients to understand their satisfaction/dissatisfaction with service provision. Multiple modalities can be used to solicit this feedback, such as client exit surveys and focus group sessions.

For additional information, visit the  
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JASL website: [www.jaslforlife.org](http://www.jaslforlife.org)



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