NATIONAL HIV/STI/TB ANNUAL REPORT

2021

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ACRONYMS

ADR	Alternate Dispute Resolution
AHF	AIDS Healthcare Foundation
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
ARVs	Antiretrovirals
BA	Behaviour Activation skills
BCC	Behaviour Change Communication
CBM	Community-Based Monitoring
CCM	Country Coordinating Mechanism
CD4	Clusters of differentiation 4
CMS	Client Complaint Management System
CSO	Civil Society Organisation
CVCC	Caribbean Vulnerable Communities Coalition
CPFSA	Child Protection and Family Services Agency
DHIS	District Health Information System
DOT	Directly Observed Therapy
DPP	Director of Public Prosecution
DRF	Dispute Resolution Foundation
EEHR	Enabling Environment and Human Rights
EFAF	Equality for All Foundation Jamaica Ltd
EPOC	Enhanced Package of Care
ELISA	Enzyme-linked Immunosorbent Assay Test
EMTCT	Elimination of Mother to Child Transmission
FAMPLAN	Jamaica Family Planning Association
FMS	Faculty of Medical Sciences
FSW	Female Sex Worker
GBV	Gender-Based Violence
GF	Global Fund
HIV	Human Immunodeficiency Virus
HIVDR	HIV Drug Resistance
HPP	Health Promotion and Prevention
HRMAJ	Human Resource Managers Association of Jamaica
IDEVAW	International Day for the Elimination of Violence Against Women
IPC	Infection Prevention and Control
JADs	Jamaica Anti-Discrimination System
JASL	Jamaica AIDS Support for Life
JCC	Jamaica Council of Churches

JCF	Jamaica Constabulary Force
JCSF	Joint Civil Society Forum on HIV and AIDS
JCW+	Jamaica Community of Positive Women
JFJ	Jamaicans for Justice
JMEA	Jamaica Manufacturers & Exporters Association
JN +	Jamaica Network of Seropositives
KP	Key Population
KSAMC	Kingston & St. Andrew Municipal Corporation
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
LPRC	Legal & Policy Review Committee
LS	Living Support
LTFU	Loss To Follow Up
MI	Mental Illness
MH	Mental Health
MOEYI	Ministry of Education, Youth, and Information
MoHW	Ministry of Health and Wellness
MLGRD	Ministry of Local Government and Rural Development
MSM	Men who have sex with Men
NCDA	National Child Development Agency
NFPB	National Family Planning Board
NGO	Non-Governmental Organisation
NPHL	National Public Health Laboratory
OPD	Office of the Public Defender
PIOJ	Planning Institute of Jamaica
PITC	Provider Initiated Testing and Counselling
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSOJ	Private Sector Organisation of Jamaica
PPD	Purified protein derivative
PrEP	Pre-Exposure Prophylaxis
RHA	Regional Health Authority
SAM	Sexually Active Males
SAF	Sexually Active Females
SAY	Sexually Active Youth
S&D	Stigma and Discrimination
SDC	Social Development Commission
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SW	Social Worker
TB	Tuberculosis
TB NSP	National Strategic Plan for Tuberculosis Prevention and Control

TG	Transgender persons
TGF	The Global Fund
TPDCo	Tourism Product Development Company
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UPR	Universal Periodic Review
UWI	University of the West Indies
VAW	Violence Against Women
WCJF	Women's Centre of Jamaica Foundation
WLD	Women Living with Disabilities
WLHIV	Women Living with HIV
YIC	Youth Innovation Centres

MESSAGES

Minister of Health

The arrival of COVID–19 on the island threw into sharp focus the capacity of the Ministry of Health and Wellness to manage a pandemic. It is a fact that the pandemic tested human and material resources in a way unfamiliar to us in this century, it also fast tracked the addition of new ways of working in the management of the HIV/AIDS epidemic.

The national targets for managing this epidemic remains focused on the 2030 elimination of HIV/AIDS. Achieving this objective will look like global target of 90% of persons living with HIV (PLHIV) diagnosed;

2021 was a challenging year for healthcare systems worldwide, certainly for Jamaica, as we navigated the COVID-19 pandemic. Infection Prevent and Control (IPC) measures implemented and necessitated by the pandemic, including lockdown measures, initially reduced access to healthcare facilities, and diversion of resources, presented significant obstacles to the delivery of essential services for HIV/AIDS, STI, and Tuberculosis. However, I am proud to highlight the resilience and adaptability of our healthcare system, which responded to these challenges with innovation and dedication.

Despite the challenges, significant achievements were made in the fight against HIV/AIDS, STI, and Tuberculosis in Jamaica in 2021. We continued to make progress towards achieving the global targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS) for the 90-90-90 targets. This includes ensuring that 90% of people living with HIV know their status, 90% of people diagnosed with HIV receive antiretroviral therapy (ART), and 90% of people on ART achieve viral suppression. These targets are crucial in our efforts to eliminate the HIV/AIDS epidemic by 2030, as outlined in the global strategy of UNAIDS.

Efforts were also intensified to reduce new HIV infections, improve access to testing and treatment for STIs, and enhance tuberculosis case detection and management. Innovative strategies were implemented, such as the use of rapid diagnostic tests and telemedicine, to overcome barriers to access and ensure that people receive timely and appropriate care. We also expanded antiretroviral therapy (ART) coverage, retained people living with HIV in care, and achieved viral suppression for a significant proportion of patients. Furthermore, we enhanced contact tracing and case management for STIs, and ensured that tuberculosis patients received timely diagnosis and appropriate treatment.

As we continue our efforts to address HIV/AIDS, STI, and Tuberculosis in Jamaica, I want to express my appreciation to our dedicated healthcare providers, international partners, civil society organizations, and other stakeholders who have played a critical role in this fight. I also extend my gratitude to the people of Jamaica for their resilience and cooperation, particularly in the face of the challenges posed by the COVID-19 pandemic.

Jamaica's Annual Report on HIV/AIDS, STI, and Tuberculosis for 2021 reflects our commitment to addressing these diseases and achieving the global objective of eliminating the epidemic. While we

have made significant progress, we acknowledge that there is still much work to be done. We remain steadfast in our efforts to reduce and eventually eliminate new infections, improve access to testing and treatment, and ensure that those living with these diseases receive comprehensive and compassionate care. Together, we can continue to make strides towards a healthier Jamaica.

Dr. the Hon. Christopher Tufton, MP
Minister of Health & Wellness

Permanent Secretary

Historically, 2021 will be remembered as the year of innovation particularly with the National HIV/AIDS response impacted by the COVID-19 pandemic.

Despite the challenges posed by the ongoing COVID-19 pandemic, we continued to make significant strides towards our goal of reducing the burden of HIV, STIs, and TB in our country.

One of our key achievements has been the expansion of HIV testing and treatment services. Despite the disruption to healthcare services caused by the pandemic, we have continued to provide HIV testing and treatment to those in need. This has been made possible by our investment in telemedicine and other digital health technologies, which have allowed us to provide remote care and support to patients.

We have also made progress in the area of STI prevention and treatment. We have worked closely with our partners in the private sector to expand access to STI screening and treatment services, particularly among key populations such as men who have sex with men, sex workers, and people who use drugs. This has been critical in helping to reduce the transmission of STIs and prevent the development of drug-resistant strains.

Despite these achievements, we have faced several challenges in the past year. The COVID-19 pandemic has had a significant impact on our ability to provide healthcare services, particularly in the early stages of the pandemic when we had to redirect resources to support the national response. We have also seen a rise in stigma and discrimination towards people living with HIV, which has made it more difficult to engage and retain patients in care.

Looking ahead, we remain committed to our goal of reducing the burden of HIV, STIs, and TB in our country. We will continue to work closely with our partners in the public and private sectors to expand access to testing, treatment, and prevention services, and to address the challenges posed by the Covid-19 pandemic.

The collaborative efforts of our staff and partners for their hard work and dedication over the past year. Together, we can make a difference in the lives of people living with HIV, STIs, and TB, and help to build a healthier, more resilient country.

Dunstan E. Bryan
Permanent Secretary

Senior Medical Officer

2021 was the year of re-engineering. The dedicated efforts of our team, along with the collaborative work of the National Family Planning Board, have played a crucial role in combating HIV, STIs, and TB within our nation. Responding to the threat of COVID-19 pandemic on all aspects of society including the National HIV programme demanded that new strategies be implemented to ensure maintained service delivery. Through these strategies, there has been an uninterrupted supply of antiretroviral medication, reduction in mortality of HIV related deaths, and improvements in the prevention of mother to child transmission (PMTCT).

Statistics for 2021 show that of the 32,000 individuals estimated to be living with HIV infection in Jamaica, approximately 86% were diagnosed. The figure has remained static when compared to this indicator in 2020. Of the estimated patients living with HIV, 58% have never been linked to care, 46% retained in care, 44% retained in care on ARVs and 34% being virally suppressed. This highlighted some of the challenges encountered in HIV treatment and care that the country faces lie in retaining patients in care on ARVs and attaining viral suppression.

The Unit has made substantial progress in ensuring the effective treatment of individuals affected by these diseases, however gaps persisted in the continuum of care in the areas of linkage and retention in care. A raft of activities was initiated to improve retention and viral suppression. Activities employed included: evening clinics and extended clinic hours and tactics such as appointment reminders and the implementation of retention templates to track related activities at the site, parish and regional levels, and Loss to follow up (LTFU) activities proved effective despite limitations brought on by the COVID-19 pandemic and associated islandwide curfews.

In 2021, we continued to expand our reach through collaboration with private laboratories and establishing additional treatment and enhancing existing facilities to provide comprehensive care. There was a significant decrease in the number of tests conducted and reported by private laboratories, when compared to 2020. 8,389 tests were reported with a yield of 0.4% (33). Through the utilization of evidence-based treatment protocols, we have improved patient outcomes and quality of life. Moreover, our commitment to the training and capacity building of healthcare professionals has resulted in enhanced service delivery and better patient management.

The COVID-19 pandemic continued to disrupt supply chains globally, however the HSTU maintained an uninterrupted supply of ARVs at the national level in 2021. This achievement was due in large part to the ongoing monitoring of stock levels, appropriate quantification and forecasting of ARV needs. Additionally, the ARV tracking tool developed by the Treatment Care and Support (TCS) unit provided quick review of current stock levels, orders in the pipeline, and expiration dates. Collaboration between the unit and the National Health Fund's (NHF) Warehouse and Drug Serv divisions were effectively maintained.

The HSTU's resolve to serve the people of Jamaica and those directly impacted by the HIV epidemic was unwavering in the face of the novel coronavirus. In conclusion, I express my deepest gratitude to all the members of the HIV/STI/TB Unit, the National Family Planning Board, and our many partners for their unwavering dedication and hard work throughout the year. Together, we have made significant strides in the prevention, treatment, and support of those affected by HIV, STIs, and TB. The team effort and partner response to pivot and deliver care to all populations under our mandate is worthy of applause. As we press on in 2022, let us remain steadfast in our commitment to achieving our goals and strive for a healthier and more inclusive future for Jamaica.

Executive Director - National Family Planning Board

For 2021, the National Family Planning Board (NFPB)continued its work as the government agency responsible for sexual and reproductive health information and services in Jamaica. Despite the effects of COVID-19, our team pursued assiduously our mandate to conduct research, develop campaigns and disseminate information, deliver and monitor sexual and reproductive health services, distribute contraceptives and contributed to the development of an enabling environment for all Jamaicans.

Predominantly, partnership remained a key contributor behind the achievements of the NFPB. Our key populations benefited from successful collaborations with Regional Health Authorities (RHA), International Funding agencies, and technical partners. The following are some of the key highlights of the year:

We embarked on HIV Self Testing (HIVST) in Jamaica in 2021, successfully staging a launch event with promotion on traditional and digital media. The roll-out provided information on the 30 locations providing HIVST services across the island.

Creating an enabling environment and protecting human rights remain vital aspects of our work. The NFPB has been at the forefront of promoting a supportive atmosphere, ensuring that the rights of individuals affected by HIV, STIs, and TB are respected and upheld. Even under the unique circumstances of the pandemic, through community engagement, advocacy, and policy development, we have fostered an environment that encourages acceptance, reduces stigma, and promotes access to healthcare services. This collaborative approach has significantly improved the overall well-being and inclusivity of affected populations.

Justice and community settings accounted for five per cent (5%) and seven per cent (7%) of interventions. Other key and vulnerable populations (not specified) accounted for twenty-three per cent (23%) or 679, of the total number of people reached in 2021.

The team delivered yeoman work in the areas of monitoring, evaluation and learning for EEHR during the year. Of note, the Human Rights Scorecard was completed and disseminated to stakeholders in the national HIV response. A total of one hundred and thirty-eight (138) interventions across ten (10) entities aligned to the UNAIDS social indicators, The Global Fund (TGF) Baseline Assessment and the Operational Plan for EEHR. Trainings on monitoring, evaluation and learning for EEHR were conducted with civil society and government stakeholders implementing interventions to remove human rights barriers. In addition to these, the NFPB and UNAIDS and UNDP worked together to develop an online reporting dashboard to streamline the collection and reporting of data regarding human rights programming.

EXECUTIVE SUMMARY

The Annual Report on HIV/AIDS, Sexually Transmitted Infections (STIs), and Tuberculosis (TB) in Jamaica for the year 2021 highlights the significant challenges and impact of COVID-19 on the management and control of these infectious diseases. Despite the unprecedented challenges posed by the ongoing pandemic, Jamaica has made remarkable achievements in its efforts to combat HIV/AIDS, STIs, and TB.

The report provides a comprehensive overview of the state of these infectious diseases in Jamaica, including an analysis of the epidemiological trends, target audiences, diagnosis, and treatment. It showcases the collaborative efforts of the government, non-governmental organizations (NGOs), and other stakeholders in the healthcare sector to address the challenges and progress towards achieving the national targets for HIV/AIDS, STIs, and TB.

COVID-19 has presented significant challenges to the management and control of HIV/AIDS, STIs, and TB in Jamaica. The disruptions caused by the pandemic, including restrictions on movement, reduced access to healthcare services, and diversion of resources, have impacted the delivery of prevention, diagnosis, and treatment services. These challenges have further exacerbated the vulnerabilities of key populations, such as persons living with HIV/AIDS, sex workers, men who have sex with men (MSM), transgender persons, and persons who use drugs, who face increased risks of infection and limited access to care.

Despite these challenges, the Unit has made significant strides in its efforts to combat HIV/AIDS, STIs, and TB. The report highlights the progress made in the implementation of prevention programmes, including behaviour change campaigns, condom distribution, and harm reduction initiatives. The report also showcases the improvements in access to testing, diagnosis, and treatment services, with expanded coverage of antiretroviral therapy (ART) for persons living with HIV/AIDS and effective treatment regimens for STIs and TB.

2021 was a successful year for the HIV response, where creating an enabling environment and promoting human rights were concerned. Approximately fifteen thousand (15,000) people, including over five hundred (500) duty-bearers, were directly engaged by stakeholders in HIV prevention and treatment and care services for people living with HIV and key and vulnerable populations.

The national human rights campaign, implemented by the government, continued to raise awareness about human rights and encourage people to report and seek redress when their rights were violated. Through this, and other efforts including the Jamaica Anti-Discrimination System (JADS), scores of PLHIV and key populations received legal and other forms of assistance, having been a victim of a human rights violation. Critically, the mapping of interventions among stakeholders served to strengthen the work being done, by ensuring alignment to national priorities and enhancing coherence and coordination. This was further bolstered by the development of the online reporting dashboard to strengthen monitoring and evaluation over time. It emphasizes the need for targeted interventions to address the specific needs and challenges faced by each group, taking into account the social, cultural, and economic factors that influence their vulnerability to infection and access to care.

The report provides an overview of the diagnosis and treatment strategies for HIV/AIDS, STIs, and TB in Jamaica, including the use of rapid diagnostic tests, syndromic management approaches, and directly observed therapy (DOT) for TB. It also highlights the importance of early detection, prompt treatment initiation, and adherence to treatment regimens to ensure effective disease management and reduce transmission.

In conclusion, the Annual Report on HIV/AIDS, STIs, and TB in Jamaica for the year 2021 highlights the significant challenges posed by COVID-19 and the achievements made in the prevention, diagnosis, and treatment of these infectious diseases. It underscores the importance of continued efforts to address the unique needs and challenges faced by key populations and vulnerable communities, and to ensure access to quality healthcare services for all. The report provides valuable insights and recommendations to inform policy decisions and programmatic interventions aimed at achieving the national targets for HIV/AIDS, STIs, and TB in Jamaica.

Key Achievements

In 2021, the National HIV/STI/TB Unit made significant achievements in addressing the HIV, STI, and TB epidemics in the country. One of the key achievements was the establishment of strong partnerships with various stakeholders, including civil society organizations, community groups, and development partners, to expand access to HIV prevention, care, and treatment services. These partnerships played a crucial role in the Unit's efforts to reach the country's targets for all target populations, including key populations, adolescents, and women.

Another significant achievement was the Unit's focus on treatment and care of people living with HIV (PLHIV). The Unit implemented innovative strategies to improve access to antiretroviral therapy (ART) and viral load testing, which helped to increase the number of PLHIV on treatment and improve viral suppression rates. Additionally, the Unit provided support to PLHIV through a range of services, including psychosocial support, adherence counselling, and opportunistic infection management. These efforts helped to improve the quality of life of PLHIV and reduce the transmission of HIV in the country.

Finally, the National HIV/STI/TB Unit made significant progress in addressing TB/HIV co-infection, which remains a major challenge in the country. The Unit implemented a comprehensive strategy to improve TB case detection and strengthen TB/HIV collaborative activities, including the provision of isoniazid preventive therapy to PLHIV. These efforts contributed to a reduction in TB/HIV co-infection rates and improved TB treatment outcomes among PLHIV.

In conclusion, the National HIV/STI/TB Unit made significant strides in addressing the HIV, STI, and TB epidemics in the country in 2021. The Unit's strong partnerships, focus on treatment and care of PLHIV, and efforts to address TB/HIV co-infection were key factors in achieving these successes. However, there is still much work to be done, and the Unit must continue to innovate and collaborate with partners to sustain these gains and achieve the ultimate goal of ending the HIV, STI, and TB epidemics in the country.

Lessons from 2021

The year 2021 has been a challenging yet transformative year for the National HIV AIDS STI TB Unit in Jamaica. Despite the ongoing COVID-19 pandemic, the Unit has continued to provide vital services to the Jamaican community affected by HIV/AIDS, STIs, and TB. Throughout the year several important lessons that will guide the programme's efforts to combat these diseases were learnt.

Firstly, the pandemic reinforced the importance of being adaptable and flexible in our approach to healthcare management. We quickly realized that we needed to pivot from traditional face-to-face interactions to virtual healthcare services. Virtual platforms were used to boost support in the provision of sexual reproductive health information to the population to provide remote care to patients who could not attend in-person appointments due to lockdowns or restrictions. This allowed us to continue providing critical healthcare services to patients while keeping them and our staff safe.

Secondly, we learned that effective communication is key to successfully implementing public health interventions. This year, we focused on developing clear and concise messaging to reach different groups of people in Jamaica. We collaborated with community leaders and local organizations to ensure that our messages were culturally appropriate and resonated with the population. This helped to dispel myths and misconceptions about HIV/AIDS, STIs, and TB and encourage people to seek treatment and care.

Thirdly, the pandemic has underscored the importance of collaboration and partnerships in public health. We worked closely with other healthcare providers, government agencies, and civil society organisations to share information, resources, and best practices. This allowed us to expand our reach and impact and to better coordinate our efforts to address the challenges posed by the pandemic.

Finally, this year has highlighted the importance of resilience in the face of adversity. Despite the challenges posed by the pandemic, the National HIV AIDS STI TB Unit has continued to provide high-quality care to those affected by HIV/AIDS, STIs, and TB. We remain committed to our mission of improving the health and well-being of the Jamaican population, and we will continue to adapt and innovate to meet the changing needs of our patients.

Chapter 1 –
Health Promotion and Prevention

Overview

The effects of the global pandemic shift experienced in 2019 continued to be felt in 2021 as the country navigated the health crisis triggered by COVID-19.

Infection, prevention and Control protocols including social distancing were maintained, and the stay-at-home orders were gradually lifted over time. The Health Promotion and Prevention (HPP) programme operated without the mobile unit, as the resource was reallocated to support the COVID 19 response effort. However, the integrated approach of the HIV prevention team continued.

The interventions under the Prevention component delivered key messages such as:

- Delaying debut of sexual activity
- Promotion of rapid HIV and syphilis testing
- Promotion of appropriate treatment seeking behaviour
- Promotion of consistent and correct condom use and condom negotiation
- Navigating new and previous clients to care
- Referral for treatment, care and support
- Promotion and integration of C-19 prevention messages

Support from longstanding partners of the HIV Prevention efforts continued with Government Ministries, Departments and Agencies, private financial Institutions, non-government organizations (NGO) and community-based organizations (CBOs).

These partnerships strengthen the programme response in addressing some of the socioeconomic, political and cultural challenges that could have impacted implementation and achieving programme performance targets.

The epidemic continues to be generalized within segments of vulnerable populations, with a concentration observed in sexually active male and female populations.

The current HIV prevalence rate among sexually active men and women is 1.6% (as at 2019). However, there are sub-populations that are considered most at risk with higher prevalence. These include Men who have Sex with Men (MSM) – (29.6%), Female Sex Workers (FSWs) – 2%, Persons of Trans-experience (TG) – 50%, Inmates (both males and females) (6.9%) and the homeless – 13.6%. Upon recording that HIV prevalence was much higher than within the general population, special efforts were made to target these key and vulnerable populations and stem this trend.

The strategic objectives to reach these target groups were:

1. To improve the package of HIV prevention services to include vulnerable populations

2. To design and Implement a PrEP programme
3. To expand the delivery channels for HIV prevention services using:
    - Mass & social media
    - CSO and multi-sectoral partnerships
    - Peer-led risk conversations
4. To expand HIV testing services
5. To improve access to Sexual and Reproductive Health (SRH) services for men, boys and low risk women
6. To expand condom social marketing

However, the ease of access to testing and counselling did not eliminate the occurrence of some key and vulnerable population refusal to access the services especially those who have never tested.

The use of virtual platforms was boosted to support the provision of sexual reproductive health information to the population. We continued to Covid-19 infection prevention and control protocols with work from home measures during the pandemic. This approach was part of programme mixed method engagement, where on-line and face to face interactions were facilitated.

Outreach Testing

HIV Testing

The demand for HIV testing has been consistent, with individual uptake of outreach services affected by the availability of HIV self-testing options.

Routine HIV and Syphilis testing are in place in low income, high prevalence and volatile communities including: town centres, transportation hubs, places where people go to meet new sex partners (PLACE sites) and socialising sites in and around high prevalence communities. This has assisted the prevention teams to design innovative strategies for identifying risk behaviours, promoting and increase testing uptake.

Increasing availability and access to HIV testing is integral to achieving the target number of persons knowing their HIV status. The National Programme's mobile units continue to support the COVID-19 response.

For the period under review, the total number of persons tested during outreach activities totalled 50,048 of which 401 were positive.

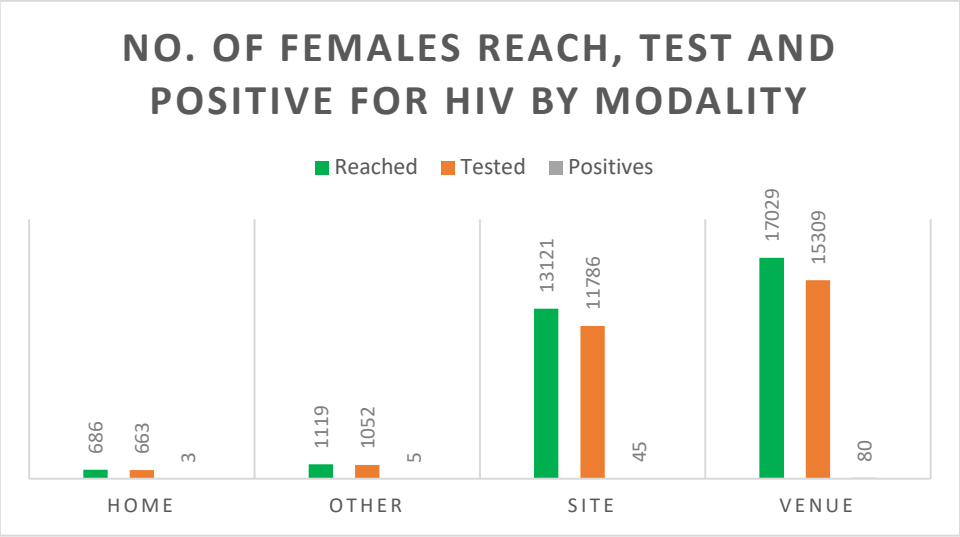


Figure 1. Females reach, test and positive for HIV by modality

Figure 1 (above) shows a breakdown of sexually active females reached and tested by modality. (modality: category used to describe PLACE location for accessing/offering reach and test services). The testing age range for females is sixteen (16) years to fifty and over (50+). A total of 28,810 females were tested of which 133 were positive.

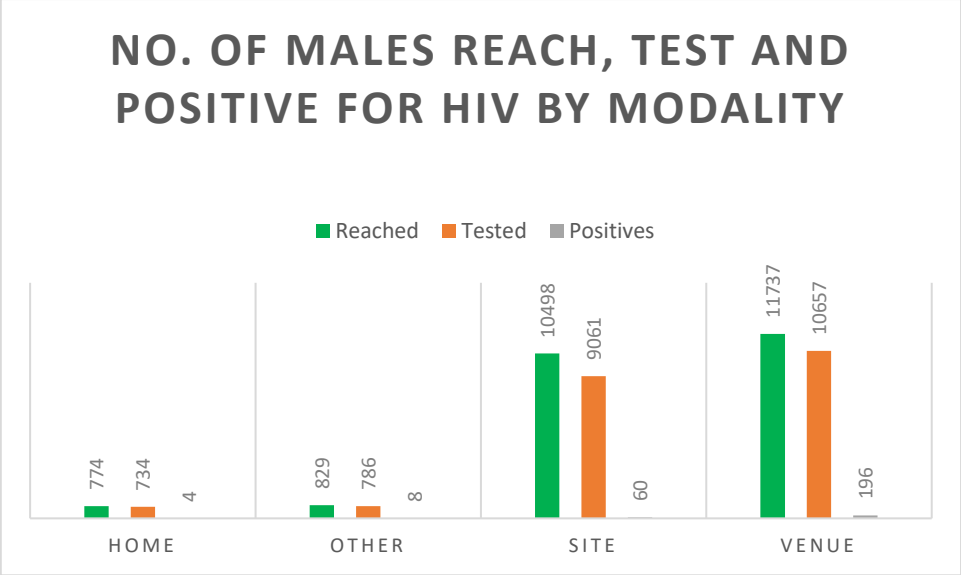


Figure 2. Males Reach, Test and Positive for HIV by modality

Figure 2 (above) shows a breakdown of sexually active males reached and tested (modality: category used to describe PLACE location for accessing/offering reach and test services). The age range for males tested is sixteen (16) years to fifty +(50+) years. A total of 21,238 males were tested of which 268 were positive.

Syphilis testing

The National Prevention team conducted 49,713 Syphilis testing using the SD Bioline guided by the Ministry of Health and Wellness testing protocol. As syphilis is reported as a Class 1 notifiable disease, the programme continues to test and refer.

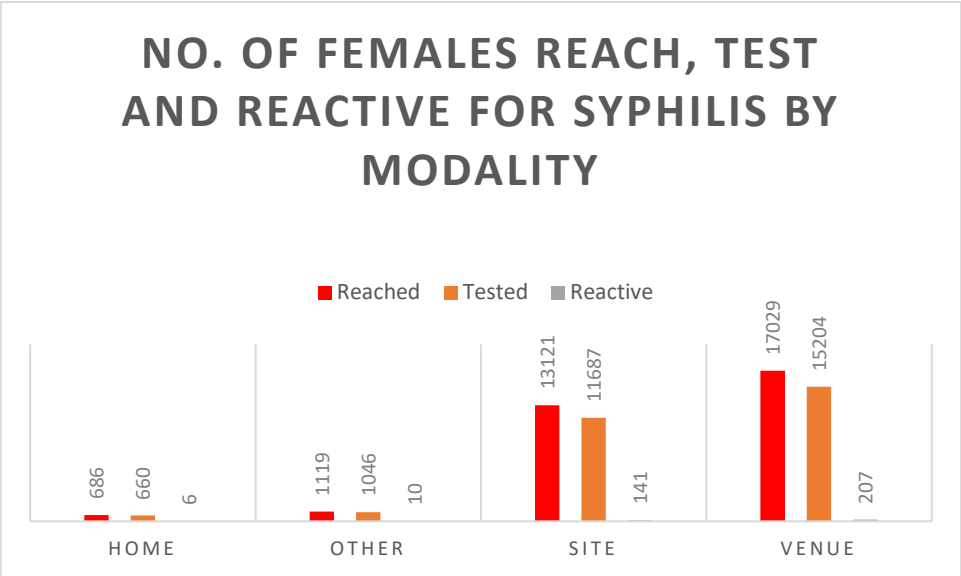


Figure 3: Persons tested for Syphilis.

Figure 3(above) shows a breakdown of locations where sexually active females were reached and tested for syphilis (modality: category used to describe PLACE location for accessing/offering reach and test services). The testing age range for females is sixteen (16) years to fifty and over (50+) A total of 28,597 females were tested of which 364 were reactive for syphilis.

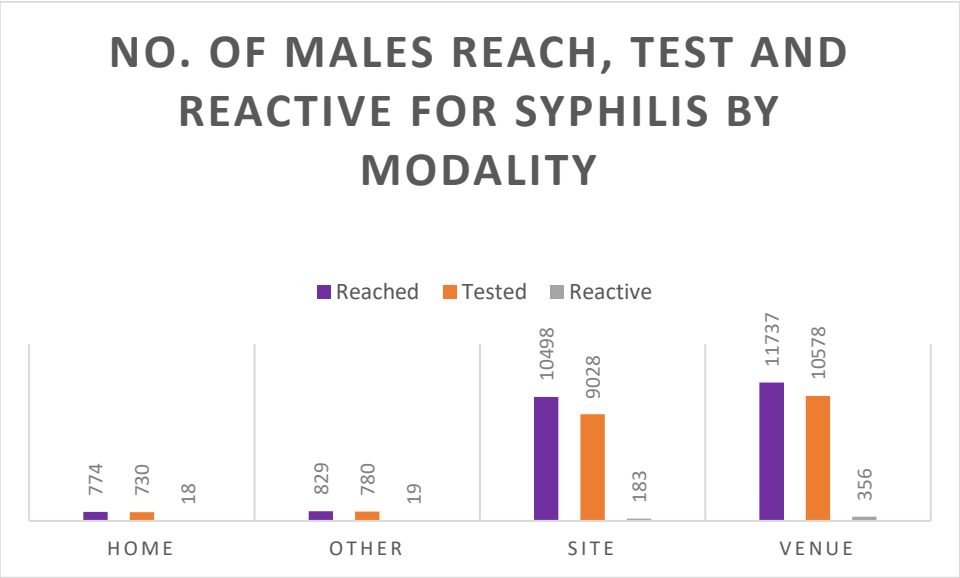


Figure 4: Persons tested for Syphilis

Figure 4 above shows a breakdown of where sexually active males were reached and tested for syphilis (modality: category used to describe PLACE location for accessing/offering reach and test services). The testing age range for males is sixteen (16) years to over fifty (50+) years. A total of 21,116 females were tested of which 576 were reactive for syphilis.

Self-Testing

Background: HIV Self-Test (HIVST) Pilot - HIVST pilot was conducted in August 2020 to determine the uptake of self-test kits as another option to determining HIV status for unreached key and vulnerable population. A total of five hundred and ninety-five (595) HIVST Kits were distributed to participants island wide, 422 were unassisted while 173 were directly assisted.

HIV Self-Test (HIVST)

The National Family Planning Board embarked on HIV Self Testing in Jamaica in 2021. The following activities were completed under this initiative:

- **Internet Live**: The team engaged two (2) host pharmacies, the Acting Senior Medical Officer, the Minister of State in MOHW along with the director of HPP and PD in a live session broadcasted on NFPB's IG page; further supported by a series of radio interviews with the host pharmacies and the Director of HPP. The session provided information on:
    - ✓ Available treatment sites if individuals received a reactive screening result
    - ✓ Follow up procedure for a reactive screening result
    - ✓ Step to properly administering the test
    - ✓ Pharmacies with the kits available
    - ✓ Importance of knowing one's status

- **Public Private Partnership (PPP):** 21 pharmacies across the island that were already a part of the HIV response (offering testing and counselling and/ or Antiretroviral (ARV) were provided with a start-up package of 6 to 10 Ora-Quick kits, posters, fliers with treatment sites and sold here signs for the promotion of the services.

  100 additional HIVST Kits were purchased to further support public private-private partnership. Seven (7) private pharmacies and two (2) private practitioners across SERHA were engaged and provided with start-up packages consisting of 7 – 10 kits, sold here signs and Information Education and Communication (IEC) materials (posters on HIVST and fliers with treatment site information).

- **Site visits:** All the pharmacies (21) included in the HIVST programme across the island were visited to assess the uptake of the Self-Testing kits. These pharmacies were selected because they are in the HIV response either by dispensing HIV medications (ARVs) or was already conducting counseling and testing for HIV. No challenges were identified, promotional materials (posters, leaflets with island

wide treatment sites information and “Sold Here”” signage) had been placed in visible areas. All pharmacies had restocked at least twice. Restocking quantity unknown.

- HIV Self- Screening Standard Operating Procedures (SOP) – A draft SOP was developed and submitted for graphics and final production.

- Demand Creation: A total of three (3) 30 seconds videos were produced for traditional and social media to promote HIV self-testing. These videos were shown on the two (2) major local television stations. Clips of the HIV self-testing launch activity was also aired on JIS during their scheduled programming throughout the year.

These partners were selected based on the representative(s) ability to engage members of the key and vulnerable population, being centrally located and their willingness to participate in this initiative.

There are 30 locations providing HIVST services across the island.

- HIVST Training Plan: Training Plan have been developed and submitted to the Director of HPP for review and then it is to be submitted to CDC.

HIV self-testing launch event

From left to right: Dr. Lovette Byfield -Principal Director NFPB, Ms. Denise Samuels-Proprietor, Cornmed Pharmacy (Western Region), the Hon. Juliet Cuthbert-Flynn - State Minister in the Ministry of Health and Wellness, Miss Michelle Reid, Pharmacist, The Medicine Chest Pharmacy and Dr. Alishia Robb-Allen – Senior Medical Officer(Acting).

Key Population (KP)

Key populations are defined groups who, due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. The key populations targeted through the HIV Prevention programme are men who have sex with men, (MSM), transgender persons (TG), sex workers (SW) and prisoners.

Additionally, there are structural barriers that increase their vulnerability to HIV which leads to higher prevalence - For MSM - 29%, Transgender Women – 50% (876 Study, 2017), SWs 2% (FSW study 2017), inmates - 6.9% (Inmates study 2018) and homeless persons – 13.9% (Skyers 2016). Targeted effort was made to reduce infection rates within these populations, as they outstripped per centages within the general population.

2021 Key & Vulnerable Populations Targets

The targets to reach and test the key populations are calculated based on the estimated size of each population. The size estimates for each population were equal to the estimates of the last reporting period. As such the targets are as follows:

Groups	Reach	Test
MSM	21340	19206
FSW	16800	15120
TGW	2530	2277
SAM	30,303	27,272
G	56,856	51,170
SAY	42,689	38,421
INMATES	1200	1200

Table 1: Key & Vulnerable Population Reach and Test Estimates - 2021

Female Sex Worker (FSW)

The effects of the COVID 19 pandemic continued to affect the interventions for female sex worker (FSW) target group interventions. Infection, Prevention and Control (IPC) protocols under the Disaster Risk Management Act (DRMA), including isolation, quarantine, social distancing and curfew measures impacted the effective execution of intervention activities to reach and test the target group in year 1 of the pandemic.

Mobile Testing Units continued to support the national COVID – 19 testing drive, therefore unavailable for the FSW target group testing.

COVID-19 IPC restrictions forced FSWs to shift working spaces and work out of their homes and use online strategies to contact their regular clients (predominantly text messaging and WhatsApp) and engage new clients through online dating sites. These online engagements substituted the street sites activities on no movement days and

during C-19 curfew hours. Venue owners who were able to reopen facilitated FSW reengaging patrons in familiar spaces.

The outreach teams visited FSW's transitioned workspace and encountered challenges to reach the target group through community interventions. Fulsome risk assessments and risk reduction conversations were conducted with every female within the community.

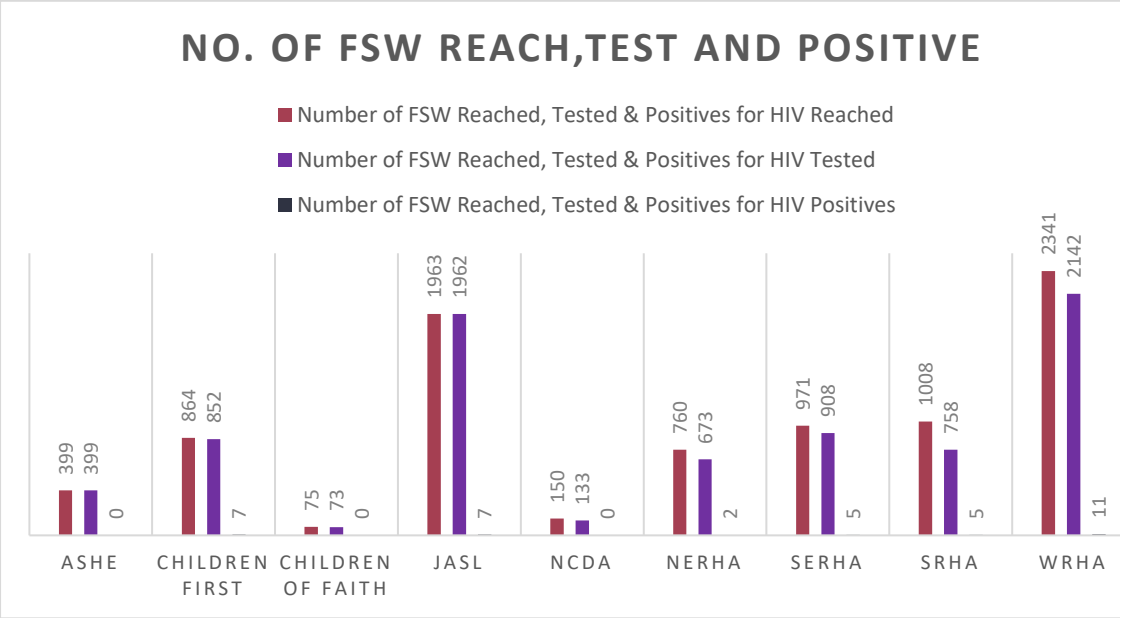


Figure 5: FSW reached and tested for HIV

Figure 5 (above) shows a breakdown by regions and Civil Service Organisation (CSO) of female sex workers (FSW) reached and tested. The Western Regional Health Authority (WRHA) recorded the highest reach and test figures, 2341/2142. Both WRHA and Children First recorded the highest number of positive cases with 11 and 7 new cases recorded, respectively.

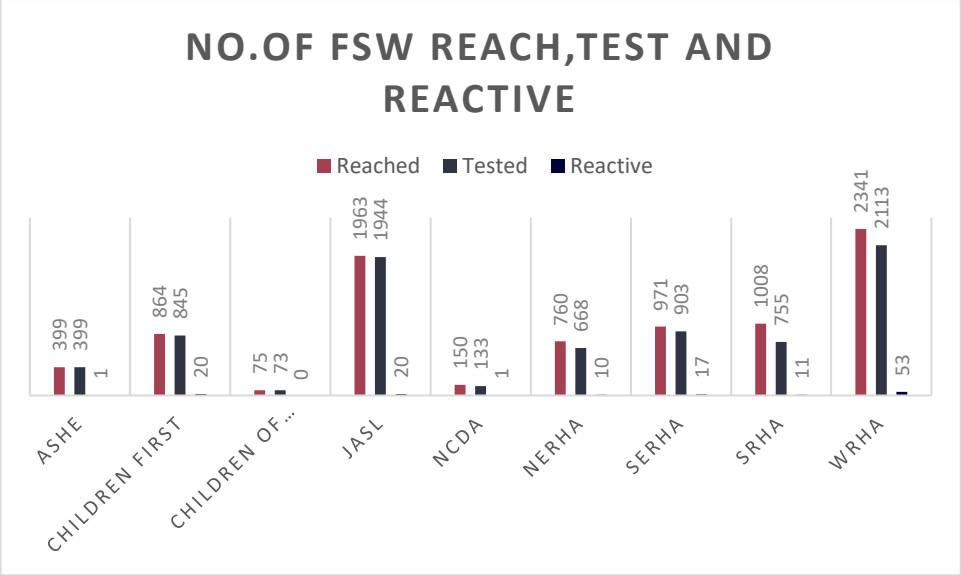


Figure 6: FSW reached and tested for Syphilis

Figure 6 shows a breakdown by regions and CSO of female sex workers reached and tested for Syphilis. WRHA recorded the highest reach and test figures, 2341/2113 and the highest number of positive cases with 53 cases recorded.

Men Who Have Sex With Men (MSM)

Online outreach and the use of Peer Links was utilized to reach and test the MSM population. This strategy helped to boost the numbers reached and tested. Strategies to reach this population for the reported period included:

- ✓ Empowerment session – capacity building to build resiliency in order to make informed choices
- ✓ Peer Approach – MSM to introduce their network to the programme
- ✓ Skill building – engaging persons in training of employable skills
- ✓ Site based interventions – engaging with persons where they were located
- ✓ Workplace interventions in hotels and call centres
- ✓ Social media - to engage and offline to access HIV testing services

The MalEgo approach was utilized to reach and test the existing networks of higher SES MSM the as it showed strong results during its pilot stage.

This approach engaged a mobilizer from the SES to reach and engage persons within his network and the network of others. To be eligible to participate, patrons should not have been tested within the last 12 months or never have been tested. Participant details were checked in the District Health Information System (DHIS) were verified before testing at which point they were invited to participate to an insightful session facilitated by professionals. Participants received a gift bag with MalEgo branded novelties.

There were four main areas of focus for the event:

- Financial Management and Wealth Creation
- Fashion and dressing for success
- Fitness and Wellness
- Motivation and Empowerment

Three events were staged, hosting 222 MSM, of that number, 144 were tested and a total of 3 HIV and 9 syphilis positive cases recorded.

MalEgo Invitation

MalEgo Sip and Paint session (Motivation and Empowerment)

During the reporting period, six MSM benefited from Skills-upgrading initiatives within the North-east region of the island. The participants were enrolled in the following programme:

- Three persons were enrolled at St. Monica College where two participants completed and were certified in Food and Beverage service.
- Two persons enrolled, completed and were certified in a Safety and Security course at NICAD Limited.
- One person was enrolled at UWI Open Campus where they the completed a Supervisory Management course.

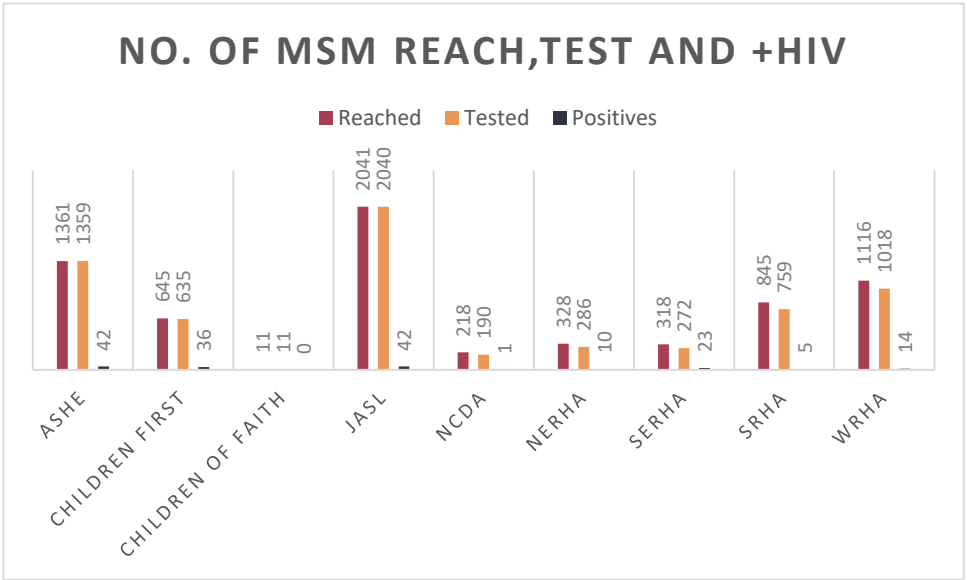


Figure 7: MSM reached and tested for HIV

A total of 6883 men were reached and 6570 were tested nationally. Jamaica AIDS Support for Life (JASL) and the Ashe company reported the highest reach and test, 2041/2040 and 1361/1359 respectively. (*See Figure 7 above*). Both JASL and Ashe recorded the highest number of positive results, with 42 new cases each.

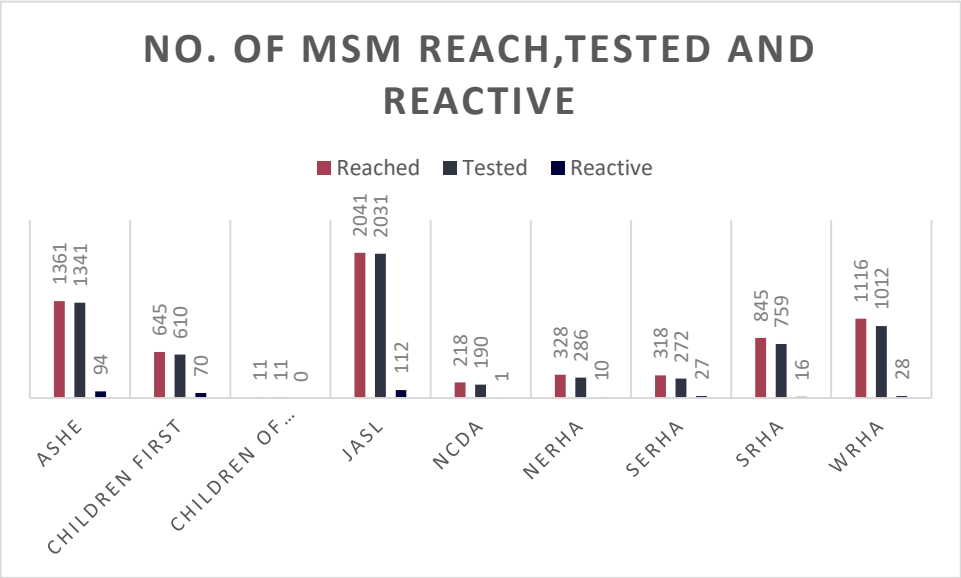


Figure 8: MSM reached and tested for Syphilis

A total of 6883 men were reached and 6512 were tested for syphilis. Jamaica AIDS Support for Life (JASL) and the Ashe company reported the highest reach and test, 2041/2031 and 1361/1341 respectively. (See figure 8 above). JASL recorded the highest number of cases reactive for syphilis with 112 cases confirmed.

Persons Of Trans Experience (TG)

The community of persons with Trans experience continues to stretch the capacity of the national prevention teams to provide optimal health solutions while promoting safer sex practices to the segment. As some persons report to be gender fluid (not wanting to be identified as a specific gender) the ability to engage persons of the community has proven to be a challenge for the programme. Additionally, the skills of the prevention teams have improved with practical experience engaging with members of the community, and the Behaviour Change Communication team maintains a hands-on approach while working with the population.

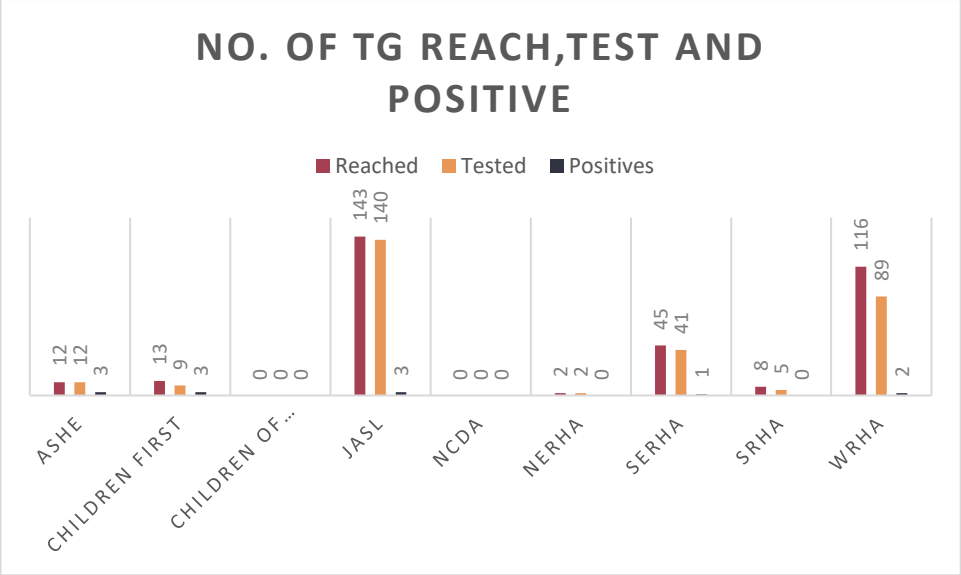


Figure 9: TG reached and tested for HIV

A total of 339 TG were reached and 298 tested for the period nationally. JASL and the WRHA reported the highest number of persons reached and tested, 143/140 and 116/89 respectively. JASL, Ashe and Children First, all had a high yield of 3 TG persons testing positive.

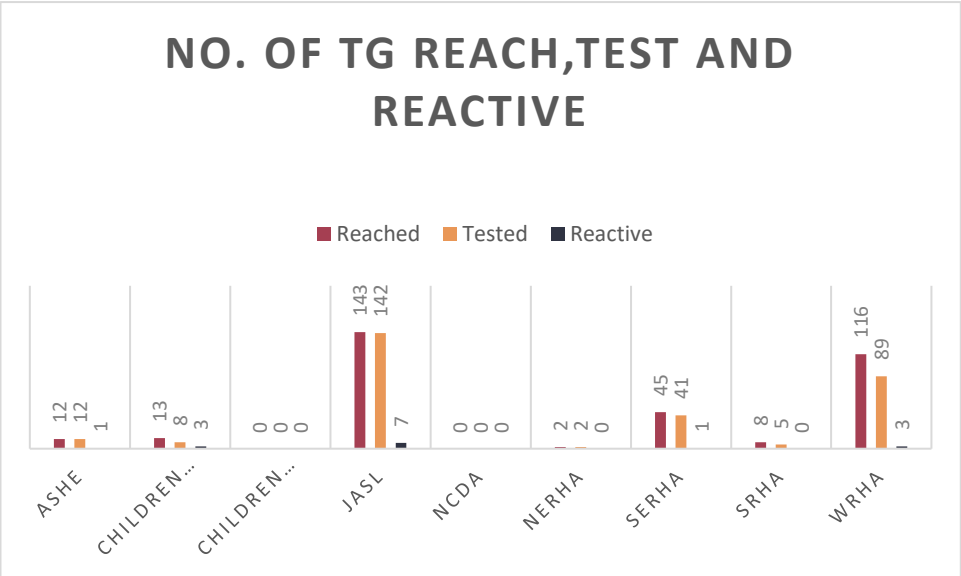


Figure 10: TG reached and tested for Syphilis

A total of 339 TG were reached and 88% (299) tested for the period. JASL and the WRHA reported the highest number of persons reached and tested, 143/142 and 116/89 respectively. JASL had the highest yield of 7 TG persons being reactive for syphilis.

Vulnerable Population (VP)

According to the Center for Disease Control, Vulnerable population is defined as People who live/work in settings that put them at increased/higher risk of becoming infected or exposed to hazards. This includes our sexually active males, females, and youth. The current HIV prevalence rate among sexually active men and women (general population) is 1.6%.

Sexually Active Males and Females

The reporting period saw an increase in the number of sexually active males and females reached and tested - 24,111 reached and 21,696 tested for HIV. Persons were reached/tested via targetted community intervention, health centre testing, hot spot mapping and influencers/gate keepers/mobilizer.

In the reporting period Jan-Dec 2021, males reached was 8,524 and 7,407 (87%) tested, while reach for women was 14,508 reached and testing 13,509.

The CSO partners contributed to male reach with 782, and test 780 (99.7%), while the women reached was 999 and test was 986.

It should be noted that the CSO partners do not have a mandate to target the sexually active population.

The overall reach for men was 9,306 and 88% were tested, while reach for women was 14,805, and of that number 91% was tested.

Sexually Active Female (SAF)

	HIV			Syphilis		
Entity	Reached	Tested	Positive	Reached	Tested	Positive
ASHE	0	0	0	0	0	0
Children First	0	0	0	0	0	0
Children of Faith	99	99	1	99	99	1
JASL	880	879	8	880	867	2
NCDA	20	20	0	20	20	2
NERHA	1106	1095	3	1106	1094	6
SERHA	5474	5392	21	5474	5340	59
SRHA	3668	2829	13	3668	2809	24
WRHA	3558	3195	10	3558	3183	38

Table 2: SAF reached, tested and positive for HIV and Syphilis

The table above reflects the number of sexually active female reached, tested and positive for HIV and Syphilis within the region and CSO.

Sexually Active Male (SAM)

HIV				Syphilis		
Entity	Reached	Tested	Positive	Reached	Tested	Positive
ASHE	30	30	1	30	30	0
Children First	0	0	0	0	0	0
Children of Faith	87	87	0	87	87	0
JASL	637	637	4	637	630	8
NCDA	28	26	0	28	26	0
NERHA	705	684	3	705	679	8
SERHA	3518	3395	19	3518	3385	26
SRHA	2152	1375	6	2152	1367	8
WRHA	2176	1953	12	2176	1950	21

Table 3: SAM reached, tested and positive for HIV and Syphilis

The table above reflects the number of sexually active male reached, tested and positive for HIV and Syphilis within the region and CSO.

Adolescent and Youth

The World Health organization, (WHO) defines 'Adolescents' as individuals in the 10-19 age group and 'Youth' as the 15-24 age group.

To enable a supportive environment and improve service delivery of HIV Testing and Counselling (HTC) services to adolescents and youth, the Adolescent HIV HTC protocol has been finalised and is slated for printing and dissemination to health care providers from facilities and outreach settings that had received training on using the manual.

The total number of adolescents and youth reached and tested for the reporting period is as follows;

Age category	Reached	Tested	Reactive/Positive
HIV			
16-19yrs	M: 1018	850	2
	F: 1630	1447	8
20-24yrs	M: 2419	2181	2
	F: 4137	3882	19

Age category	Reached	Tested	Reactive/Positive
Syphilis			
16-19yrs	M: 1018	845	3
	F: 1630	1440	5
20-24yrs	M:2419	2160	9
	F:4137	3846	17

All adolescent and youth activities during the period under report were executed within a collaborative effort with partners and stakeholders (Teen Hub, MoHW, Famplan, Jamaica Family Planning Association Department of Correctional Services, Jamaica (DCS), UWI School of Dentistry).

Activities included:

I. Virtual Health Fair- "Let's Flex n' Chill": The day's activity allowed each participating organisation to conduct vibrant sessions that provided information about their company and the services provided for the target audience. Based on the analysis provided, the activity saw approximately 343 interactions with the content, 2,304 accounts reached (1,127 followers and 1,177 non-followers) and 44 profile activity.

II. Sexual Reproductive Health Rap sessions:
Individuals aged 10-24 years old were engaged through chill chat sessions that would have lasted for approximately 1 hour to an hour and half (based on the discussion and the questions the participants would have asked). Sessions were a mix of face-to-face and online based on the partner's request. A total of 453 persons were engaged (355 adolescents, 94 youth and 4 adults) from seven (7) organisations. Of

the 453 individuals that participated in the sessions, 20 participants (youth) volunteered and demonstrated the proper use of a condom.

- NHT Social Development Unit (20 adolescents and 4 adults in the Victoria Courts)
- HEART Trust NTA/National Youth Service (NYS) Empowerment Programme (45 youth)
- Department of Correctional Services (180 adolescents)
- Claude McKay High School (100 adolescents)
- Trench Town CDC Benevolent Society (15 adolescents and 4 youth)
- Jamaica Association for Guidance Counsellors – St. Thomas Chapter (40 adolescents)
- UWI STAT Training Session (45 youth)

III. Virtual Health session

In the continuous search to find creative ways to reach young people, the team conducted 9 online chill n chat rap sessions reaching 424 adolescents between the ages of 15 and 19 years. Individuals were recruited from WhatsApp groups that were formed for focus group discussion sessions.
Each individual recruited was asked to recruit and submit the names for 3 to 5 persons to join the rap session. Participants were provided with credit as incentives for their participation and $100 phone credit for each recruit that joined and participated in the session.

The sessions improved weekly; with participants openly engaged in discussions surrounding:

- ✓ Basic facts on STI/HIV
- ✓ Family Planning
- ✓ Safer Sexual Practices

Based on the feedback provided, 100% of the respondents found the presentations very impactful. More than 50% of the respondents are motivated to follow up with and support the work of the organization. All participants expressed satisfaction with the relevance of content covered and recommended increased promotion and frequency of the sessions among adolescents and youth.

Expanding Reach to Adolescents & Youth through Social Media Engagements

The National Family Planning Board, with financial support from UNICEF, coordinates interventions to reduce the risk of HIV, STIs and early pregnancy among adolescent boys and girls in Jamaica. Two UNICEF projects were conducted in the year under review, focused on improving reach within the adolescent population by reinforcing prevention messages for desired sexual and reproductive health (SRH), (HIV/STI/FP) behaviours.

Content was developed in collaboration with adolescents and youths that was used in a social media campaign for the target population. Social media influencers were used to promote HIV prevention messages on their pages utilizing the four (4) adolescent avatars (Kimmie, Sean, Renaldo and RiRi). The SRH prevention message videos gained 338,218 views, and static content received (posters & banners) 8,056 likes, and 537 comments.

Inmates

During the pandemic interventions with the Adult Correctional facilities were reduced in some and halted in other facilities. Tower Street Adult Correctional Centre (TSACC), St. Catherine Adult Correctional Centre (ST. CACC) and Horizon Remand Centre were the facilities that permitted access, and where the Prevention team continued to implement the programme . All persons reactive for HIV and Syphilis are linked to care and the necessary follow up tests were carried out.

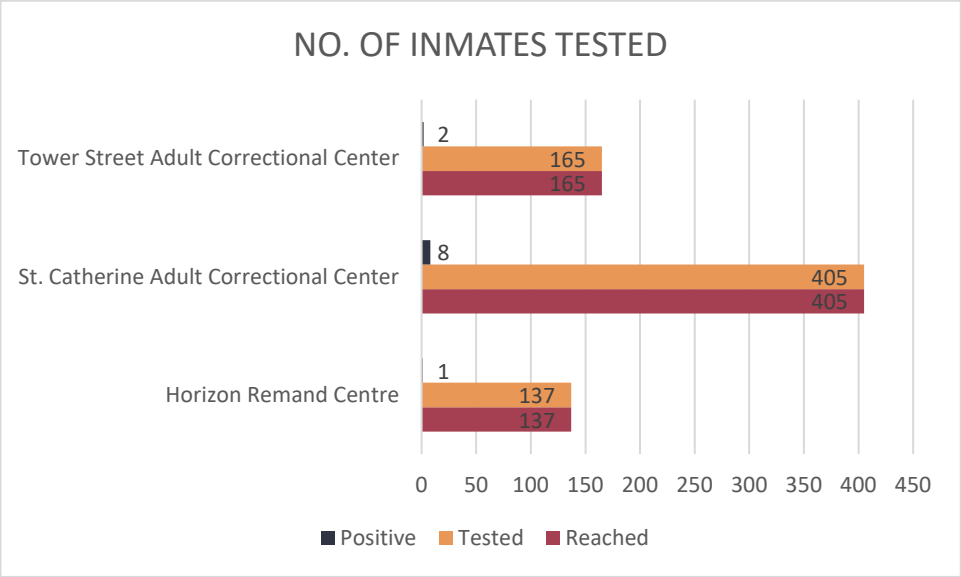


Figure 11: Inmates reached and tested for HIV

The programme reached 721 inmates, of which 718 were tested and 11 tested positive (reactive for HIV). St. Catherine Adult Correctional Centre and Horizon Adult Remand Centre reported the highest number of persons reached and tested, 405/405 and 137/137, respectively.

Condom Distribution

The National HIV Programme distributed 1,870,332 single condoms and 670,967 sachets of lubricant. The prevention team through outreach efforts, utilized all reach; testing and counselling activities; requests from external stakeholders and entities; established condom distributed sites (traditional and non-traditional sites) and national commemorative events to distribute condoms and lubricant.

Themed Events

The National HIV/STI Programme annually commemorates 2 special events. The special events are: Safer Sex Week around Valentine's Day - February 14th, and World AIDS Day on December 1 each year. These are hallmark events that boost awareness around HIV transmission, condom use, Family Planning and other Sexually Transmitted Infections (STI).

Safer Sex week 2021

Safer Sex Week 2021 was observed during the week of February 8-14, 2021 under the theme: 'Safer Sex is Greater Sex' with the flagship event hosted on February 12, 2020 focusing on adolescent and youth. This flagship event took the form of a panel discussion exploring Sexual Reproductive Health (SRH) issues affecting adolescents and youth. Panellists were vibrant and energetic social media influencers, who were relatable and relevant to the target groups and shared positive SRH messages. The panel discussions were streamed live on the NFPB's Instagram and Facebook pages.

The HPP Unit placed the following traditional media content for the week. Two (2) interviews: one on Television Jamaica's -Smile Jamaica programme on **February 10, 2021** and the other on 'Miss Kitty Live' on Nationwide radio **February 8th, 2021 at 3pm**. There were two (2) print advertisements in The Star on **February 12, 2021** and the Sunday Gleaner on **February 14, 2021**.

Commemorative Activities for Adolescents and Youth - Safer Sex Week

RHAs: SRHA & NERHA

To commemorate Safer Sex Week in 2021, the team collaborated with the Clarendon Health Department Behaviour Change Communications (BCC) team and St. Ann Health Department BCC team to conduct two (2) outreach activities reaching members of the sexually active population and adolescents and youth, respectively.

St. Ann's team organized virtual activities under the theme 'Chat Bout! Yout Konnect' to reach students at the Marcus Garvey High School. While Clarendon's team reached approximately **50** persons and **tested 20** through their community activities in Portland Cottage. The team conducted a brief SRH session surrounding:

- ✓ Condom use
- ✓ HIV and Syphilis Testing
- ✓ Basic facts on HIV

Both teams had a full day's activity that included partnership with organizations such as Child Protection and Family Services Agency (CPFSA), National Child Development Agency (NCDA), Women's Centre of Jamaica Foundation (WCJF) and their respective Public Health Nurses, among others. St. Ann's team also had a testimonial session from a social media influencer, Deandra Wallace and a panel discussion on teenage pregnancy. The panel discussion:

- ✓ Defined Teen pregnancy and provided country and parish specific data
- ✓ Explored the impact it had on the teen parents and their immediate social systems
- ✓ Explored the importance of abstinence and how it can be achieved.
- ✓ Identified organisations that provide support services

Penwood High School

To commemorate Safer Sex Week, the team engaged approximately **110** Grades 7 (65) and 11 (45) students in a session themed 'Sex can Wait, why the haste.' The students engaged in a lively discussion about Abstinence. The sessions further provided age appropriate SRH information, general knowledge and testimonials about adolescent development and the impact those decisions will have on their lives in the present and for the future.

World AIDS Day (WAD)

The Enabling Environment and Human Rights Unit, the Health Promotion and Prevention (HPP) Unit as well as the Monitoring, Evaluation and Research Unit collaborated to execute the 2021 WAD commemoration.

WAD 2021 was executed in two (2) phases in collaboration with the Regional Health Authorities and Civil Society Organisations: (i) Part One - "Mek It Loud!" and; (ii) Part Two - "Pon Di Ground."

This region wide commemorative initiative began on November 29, 2021 and culminated on December 1, 2021, and contributed to the following NFPB goal and objectives:

1. J.I.S. "Think Tank"– A Thematic Review of Social Development Goal's (SDGs) numbers 5 and 10, to highlight the government's commitments to social protection and its programmes. The representatives were drawn from the Ministry of Labour and Social Security (MLSS) and Ministry of Local Government and Rural Development (MLGRD), Planning Institute of Jamaica (PIOJ), National Family Planning Board (NFPB) and the Ministry of Finance and the Public Service (MoFPS).

2. Traditional (print and radio) and social media placements to promote the WAD event including: Promotion on HITZ 95 (Member station RJRGleaner Communication Group) –with host Jenny Jenny.

3. Partnership with select government entities, namely the Office of the Public Defender (OPD), Ministry of Labour and Social Security, Social Development Commission (SDC) and Regional Health Authorities to mobilise participants.

Part Two - "Pon Di Ground"

1. December 1, 2021, HIV/STI screening services and family planning services were offered at Maxfield Park Health Centre. The following services were offered by the listed entities:

UPTAKE

Registrar General Department (RGD) provided registration service of vital events such as births, stillbirths, deaths, adoptions, marriages, and deed polls - 92 applications were received.

National Health Fund (NHF) - 70 persons accessed services provided (blood pressure, glucose, cholesterol, BMI overall)

HIV Testing - 60 persons were tested.

HEART | NSTA Trust – 6 application forms were accepted.

Family Planning – 8 persons were provided with injection (Mygesty) and 5 persons received pills.

1. Sensitization session on HIV, Human Rights and Gender-Based Violence (GBV) with employees of select entities under the Sandals Group in collaboration with the RHAs and CSO partners.

Chapter 2 - Enabling Environment and Human Rights

Main Achievements in Ending HIV-related Stigma and Discrimination

The interventions undertaken in 2021 were successful in helping to break down barriers that impede people's access to health, social and other services geared towards improving health outcomes.
The following are some of the key highlights of the year:

In health settings: Equality for All Foundation (EFAF) Jamaica Ltd. partnered with the Faculty of Medical Sciences (FMS) at the University of the West Indies to conduct a comprehensive review and assessment of six programmes, including nursing and medicine. The review was conducted to ascertain whether the programmes included modules on LGBT people. The review provided recommendations to address the health experiences and needs of LGBT Jamaicans.

In community settings: The Prime Minister, Most Honourable Andrew Holness, was featured in the Jamaican Network of Seropositives' (JN+) Live Positively Campaign. The campaign seeks to promote respect for people living with HIV. The Minister and State Minister of Health & Wellness, along with social influencers, also participated in the campaign which was broadcast in traditional and social media. The Kingston & St Andrew Municipal Corporation (KSAMC) declared World AIDS Day, celebrated each year on December 1, as a day of interest and public awareness in the City of Kingston. The resolution received bipartisan support and was passed unanimously. The Jamaica Council of Churches (JCC) conducted seventeen (17) sensitisation sessions, which reached three hundred and ninety-four (394) faith leaders and congregants, to sensitise persons about gender-based violence, human rights and HIV-related stigma and discrimination. The National Family Planning Board (NFPB) continued its partnership with the Office of the Public Defender (OPD) to roll out the national human rights campaign, *Everybody Have Rights*. The campaign is funded by both the Government of Jamaica (GOJ) and The Global Fund. Seven campaign products were developed in 2021 and were placed in traditional and social media.

In justice settings: Fifty-two per cent (52%) (or 75) of the one hundred and forty-three (143) human rights violations reported to four (4) civil society organisations in 2021 were supported with legal advice and/or representation by Jamaicans for Justice and Jamaica AIDS Support for Life. Parliamentarians also came together to review evidence on stigma and discrimination and its impact on health outcomes of key and vulnerable populations. The legislators reaffirmed their commitment to tackle all forms of HIV-related stigma and discrimination and explored creating a working group to, inter alia, challenge harmful laws and policies, and host dialogues with people living with and affected by HIV.

In education settings: Children First implemented its anti-bullying initiative which targeted schools and children's homes. Sixty-one (61) wards and one hundred and thirteen (113) educators, social workers and other caregivers were reached with information about bullying and its impact on children and youth.

In workplace settings: The Jamaican Network of Seropositives (JN+) launched its Stigma-free Spaces (SFS) Initiative which seeks to make public, private and community spaces free from stigma, discrimination, and violence more accessible to people living with HIV and key and vulnerable populations. The pilot commenced at the KSAMC.

In addition to the progress in these settings, there were also efforts to engender greater coordination, coherence, and accountability in the response. Through the Jamaica Partnership to Eliminate HIV-related Stigma and Discrimination, a retreat was convened to review progress, identify strategies to address bottlenecks and develop a research agenda, among other things. The Partnership also conducted activities to promote alignment with the EEHR Operational Plan and developed an online reporting dashboard to improve data collection and reporting among stakeholders.

Scorecard

January – June 2021
Ten entities provided reports on the interventions undertaken to promote human rights and an enabling environment for HIV and other health and social services during the period January to June 2021. There was a total of two hundred and fifty-six (256) interventions/activities for the period with two hundred and thirty-four (234) of them being planned and twenty-two (22) being ad hoc. Notably, TransWave Jamaica and Equality for All Foundation reported having the most interventions/activities for the period with ninety-five (95) and forty-one (41), respectively. Ashe, which primarily works around HIV prevention, had the least with two (2). Key population-led organisations, i.e., Equality for All Foundation, TransWave Jamaica, Jamaica Community of Positive Women and Jamaican Network of Seropositives accounted for sixty-one per cent (61%) of all activities/interventions.

The overall implementation rate for the period was fifty-seven (57%) of all interventions/activities being initiated with Children First, National Family Planning Board, Jamaica Youth Advocacy Network and Ashe having a one hundred per cent (100%) implementation rate. The lowest implementation rate was TransWave Jamaica with twenty-two per cent (22%) of its ninety-five (95) activities implemented during the period. No setting was reported for eighty-four per cent (84%) of the activities during the period. However, for those in which the settings were reported, justice and community settings accounted for five per cent (5%) and seven per cent (7%) of interventions. Only thirty-nine per cent (39%) of interventions that were implemented were completed during the reporting period.

During the period, entities were able to directly engage a total of two thousand nine hundred and ninety-eight (2,998) people through in-person and virtual sessions. Of note, thirty-two per cent (32%) of them were members of the public, three per cent (3%), or 100, were people living with HIV, nine per cent (9%), or 262, were gay, bisexual, and other MSM, five per cent (5%), or 158, being sex workers and five per cent (5%), or 155, being healthcare workers. Other key and vulnerable populations (not specified) accounted for twenty-three per cent (23%) or 679, of the total number of people reached during the period. Overall, twelve per cent (12%) or 356, of all people reached were duty bearers with one hundred and fifty-five (155) being healthcare workers. Overall, Jamaica AIDS Support for Life accounted for most persons reached during the period with one thousand two hundred and seventy-seven (1,277) or forty-three per cent (43%) of the two thousand nine hundred and ninety-eight (2,998) people reached. Key population-led organisations accounted for eight hundred and sixty-two (862) or twenty - nine per cent (29%) of all people reached between January and June with eighty-one per cent (81%) of them, or 701, being reached by Equality for All Foundation.

Table 4 - Enabling Environment & Human Rights Operational Plan Scorecard Six-Month Review – January – June 2021

Enabling Environment & Human Rights Operational Plan Scorecard Six-Month Review		
Performance Summary		
	No	**%** of target
Total Number of Activities Planned	234	
Total Number of Activities Initiated	125	53%
Total Number of Activities Completed	78	33%
Total Number of Ad Hoc Activities	22	9%
Total Number of Activities	256	
Implementation Rate	57%	
Completion Rate	39%	
Total Number of Activities Not Initiated	104	41%
Total Number of Activities Moved to July-Dec	109	43%
Intervention Summary by Partnership Settings		
	No	**%** of target
Health	5	2%
Communities	18	7%
Workplaces	2	1%
Justice	13	5%
Humanitarian	0	0%
Education	4	2%
Unspecified	214	84%

Number of Persons Reached (Jan-June 2021)		
	No	**%** of target
Total Number of Persons Reached	**2998**	
Total Number of Gay, Bisexual and other MSM	262	9%
Total Number of PLHIV	100	3%
Total Number of Sex Workers	158	5%
Total Number of Adolescents & Youth	52	2%
Total Number of Transgender Persons	127	4%
Total Number of Other Key & Vulnerable Populations	679	23%
Total Number of General Population	949	32%
Total Number of Policy & Decision-makers	6	0%
Total Number of Healthcare Workers	155	5%
Total Number of Justice Stakeholders (e.g. JPs)	92	3%
Total Number of Law Enforcers	71	2%
Total Number of Social Service Providers	12	0%
Total Number of Other Duty-bearers	20	1%
Total Number of Unspecified Persons	315	11%

July – December 2021

Nine (9) entities provided reports on the interventions undertaken to promote human rights and an enabling environment for HIV and other health and services during the period July to December 2021. There was a total of three hundred and eighty-eight (388) interventions/activities for the period with two hundred and forty-one (241) of them being planned, ninety-eight (98) brought over from the January to June period, and forty-nine (49) being ad hoc. Notably, TransWave Jamaica and Eve for Life reported having the most interventions/activities for the period with one hundred and fifty-three (153) and ninety (90), respectively. Key population-led organisations (i.e., Equality for All Foundation, TransWave Jamaica,

Jamaica Community of Positive Women and Jamaican Network of Seropositives accounted for sixty-one per cent (61%) of all activities/interventions).

The overall implementation rate for the period was sixty-three (63%) of all interventions/activities being initiated, with Children First and Jamaica Council of Churches both reporting a one hundred per cent (100%) completion rate. Jamaica AIDS Support for Life and National Family Planning Board implemented ninety-six per cent (96%) and ninety-three per cent (93%) of their interventions/activities respectively. The lowest implementation rate was TransWave Jamaica with thirty-six per cent (36%) of its one hundred and fifty-three (153) activities implemented during the period. No setting was reported for seventy per cent (70%) of the activities during the period. However, for those in which the settings were reported, health and community settings accounted for ten per cent (10%) and fourteen (14%) of interventions. Sixty-seven (67%) of interventions that were implemented were completed during the reporting period. Children First at one hundred per cent (100%), Jamaica Council of Churches at one hundred per cent (100%), and the National Family Planning Board at ninety-three (93%) recorded the highest completion rates among all entities.

During the period, entities directly engaged a total of eleven thousand seven hundred and sixty-four (11,764) people through online and in-person activities. Of note, seventy-eight per cent (78%) of those engaged were members of the public, four per cent (4%) or 480, were people living with HIV, one per cent (1%) or 139, were gay, bisexual, and other MSM, and one per cent (1%) or 179, were faith-based leaders and congregants. Other key and vulnerable populations (not specified) accounted for six per cent (6%) or 679, of the total number of people reached during the period. Overall, six per cent (6%) or 755, of all people reached were duty bearers with three hundred and twenty-seven or 327, being healthcare workers. Overall, Jamaica AIDS Support for Life accounted for most persons reached during the period with six thousand six hundred and eleven (6,611) or fifty-six per cent (56%) of the eleven thousand seven hundred and sixty-four (11,764). Key population-led organisations accounted for two thousand four hundred and forty-one (2,441) or twenty-one per cent (21%) of all people reached between July and December with seventy-one per cent (71%) of them or 1,725, being reached by Equality for All Foundation.

Table 5 - Enabling Environment & Human Rights Operational Plan Scorecard Six-Month Review – July – Dec 2021

Enabling Environment & Human Rights Operational Plan Scorecard Six-Month Review		
Performance Summary		
	No.	**%**
Total Number of Activities Planned	241	
Total Number brought forward from Jan - June	98	
Total Number of Activities Initiated	197	82%
Total Number of Activities Completed	210	87%
Total Number of Ad Hoc Activities	49	13%
Total Number of Activities	388	
Implementation Rate	63%	
Completion Rate	67%	
Number of Activities Not Initiated	31	8%
Number of Activities Moved to 2022	14	4%
Intervention Summary by Settings		
	No	**%**
Health	40	10%
Communities	55	14%
Workplaces	1	0%
Justice	8	2%
Humanitarian	0	0%
Education	11	3%
Not Stated	273	70%

Persons Reached (Jul - Dec)		
	No.	**%**
Total Number of Persons Reached	**11764**	
Total Number of Gay, Bisexual and other MSM	139	1%
Total Number of PLHIV	480	4%
Total Number of Sex Workers	30	0%
Total Number of Youth	154	1%
Total Number of Transgender Persons	79	1%
Total Number of Other Key & Vulnerable Populations	679	6%
Total Number of General Population	9223	78%
Total Number of Policy & Decision-makers	8	0%
Total Number of Healthcare Workers	237	3%
Total Number of Justice Stakeholders (e.g. Justices of the Peace (JPs))	0	0%
Total Number of Law Enforcers	74	1%
Total Number of Social Service Providers	100	1%
Total Number of Other Duty-bearers	254	2%
Total Faith-based Leaders and Congregants	172	1%
Other	45	0%

Coordination

i. Enabling Environment & Human Rights Retreat

The Enabling Environment for Human Rights (EEHR) Retreat provided an opportunity for stakeholders to learn about the work being done to address human rights barriers to HIV prevention, treatment, and support services in the country. The retreat was geared towards learning along the themes of law making, human rights, anti-discrimination legislation and the community-led monitoring process.

Twenty-eight persons, including the Minister of State in the Ministry of Health & Wellness (MOHW), Honourable Juliet Cuthbert Flynn and Senator Natalie Campbell Rodrigues, participated. EFAF, JASL, and JCC shared information on the work they have been doing to promote human rights awareness and engender political leadership. Presentations were done around the Universal Periodic Review (UPR), proposed anti-discrimination legislation, and the National Human Rights Institute (NHRI). The learning sessions were useful in broadening participants' understanding of these critical aspects of the human rights framework. An informational session on community-led monitoring was also included in the proceedings. Minister Cuthbert-Flynn and Senator Campbell Rodrigues coordinated a session on engaging and working with Parliamentarians to create social, legislative, and political change. The other sessions delivered at the retreat included community-led monitoring in action, in which JN+ and EFAF shared their experiences implementing the scorecard and mystery shopper assessments respectively and understanding the policy and law-making process. The retreat also focused on developing a research agenda and sharing information on plans for the upcoming year as well as areas in which collaboration with other partners will be necessary. The retreat participants shared that there is a need for additional research around issues of discrimination, where it is perpetrated and, on the perpetrator(s).

ii. Jamaica Partnership

The *Jamaica Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination* focuses on ensuring coordination, coherence, and accountability among stakeholders implementing human rights interventions to bolster efforts to end HIV-related stigma and discrimination. The Jamaica Partnership provided support to the national HIV response in Jamaica. This formed part of efforts to strengthen the response to promote an enabling environment, in which people living with, and those most affected by HIV, have access to HIV prevention, treatment, care services and other health and social services. In 2021, the Jamaica Partnership embarked on an ambitious mission to promote the alignment of the human rights interventions with the EEHR Operational Plan, engage key political actors and business leaders around HIV and AIDS, strengthen the work of partners on EEHR and monitor and evaluate efforts to create an enabling environment and promote human rights.

During the year, there were a total of thirty-one (31) activities for which all but nineteen per cent (19%) of them were not completed. With sixty-eight per cent (68%) of activities for the year completed, The Partnership has been successful in its efforts to help promote greater coherence and accountability in the national HIV response. Among the highlights for the year were:

1. Parliamentarians agreed to the establishment of a bipartisan caucus to address HIV-related stigma and discrimination.
2. Launch and publication of the 2020 Annual Report on Enabling Environment Human Rights.
3. Review of the Annual Work Plans of several partners and the development of the scorecard showing alignment to the Operational Plan, UNAIDS 10-10-10[1] targets and TGF human rights baseline programme areas.
4. High Level Meeting on HIV-related Stigma and Discrimination to mobilise Parliamentarians' commitments to address HIV-related issues.
5. Publication of a Human Rights and Law Fact sheet.

[1] UNAIDS 10–10–10 targets for societal enablers: Reduce to less than 10% the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence. Ensure that less than 10% of countries have restrictive legal and policy environments that lead to the denial or limitation of access to HIV services. Ensure that less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination.

6. Proposal Writing and Budgeting capacity building workshop for community-led organisations.
7. Monitoring and evaluation training for EEHR stakeholders.
8. Sensitisation sessions on engaging political leaders for human rights and social justice.
9. Meetings with political leaders from both Parliament and Local Government in which the persons who were met with committed their support to be champions in ending HIV and a public health concern.
10. Commencement of the review of the Joint Civil Society Advocacy Plan.
11. The mid-term assessment of scorecard for EEHR interventions was published which highlighted the total number of interventions among organisations, implementation and completion rates and the number of persons reached.
12. Development of the online reporting dashboard for EEHR with up-to-date meta data.
13. Preparation and dissemination of packages of HIV-related advocacy materials to eighty-four (84) Members of Parliament to encourage them to be champions for HIV-related issues.
14. Development of a video featuring the Prime Minister, Most Honourable Andrew Holness, as he encourages Jamaicans to respect the rights of people living with HIV (for the Jamaican Network of Seropositives (JN+) Live Positively campaign).
15. Meetings with the Jamaica Manufacturers and Exporters Association of Jamaica (JMEA), the Private Sector Organisation of Jamaica (PSOJ) and the Human Resource Managers Association of Jamaica (HRMAJ).
16. Workshops on communication bias and designing and evaluating human rights-based interventions for HIV.
17. Participation of the Co-Chair of the Partnership, Minister of State for Health, Honourable Juliet Cuthbert-Flynn, at the UNAIDS Programme Coordination Board where she shared information on Jamaica´s progress tackling stigma and discrimination.

iii. Legal & Policy Review Committee

NFPB convened eleven (11) meetings of the Legal & Policy Review Committee (LPRC). The LPRC was formed in 2020 to review policy and legislative issues and develop policy briefs in this regard. Six (6) briefs were developed and reviewed by the LPRC. NFPB also worked with the MoHW towards the finalisation of the SRH Policy Concept Paper and Cabinet submission.

Outputs of the Legal and Policy Review Committee

1. Cabinet Submission and Concept Note on Anti- Discrimination – April
2. Policy Brief – "Amend the Law: Dissecting the Savings Law Clause" – May
3. Policy Brief – "Addressing the Practical Challenges associated with Prosecuting Domestic Violence cases without victim participation." – June
4. Policy Brief and Cabinet Submission completed on "Task sharing for mi-wives to increase access to long-acting reversible contraceptive".
5. Policy Brief – "Delimiting the Responsibilities of Duty Bearers in the Context of fulfilling General Legal Obligations in Operationalising Human Rights Commitments " – August
6. Policy Brief – "Regulating Surrogacy: Ethical and Legal Considerations" – September and October.

iv. Civil Society Forum for HIV

Five (5) meetings of the Civil Society Forum on HIV/AIDS were convened to look at various areas of collaboration and capacity building of members. One hundred and one (101) persons attended the meetings. The meetings provided an opportunity for members to review and refine their vision and mission as well as core values of the Forum. The final drafts of both the model anti-discrimination legislation and the policy paper were presented to members for them to interrogate aspects of the model legislation proposed. Civil society leaders also met to review and make amendments to the anti-discrimination advocacy strategy and agree to a consensus on the way forward.

v. High Level Meeting of Parliamentarians on HIV-related Stigma & Discrimination

At a meeting co-hosted by UNAIDS and Juliet Cuthbert-Flynn, the Minister of State for Health and Wellness and Chair of the Jamaica Partnership, parliamentarians from both the ruling and opposition parties, came together to review evidence on stigma and discrimination and its impact on health outcomes. Through discussions facilitated by the Minister of State and Opposition Spokesperson on Health, Dr Morais Guy, there was an opportunity to craft a way forward in which their role as lawmakers can contribute to eliminating stigma, discrimination, and violence. They reaffirmed their commitment to tackle all forms of HIV-related stigma and discrimination in Jamaica and to help enhance efforts to create an enabling environment for people living with and affected by HIV. The Parliamentarians explored creating a working group tasked with performing periodic reviews of relevant data, supporting the enactment of protective legislation, challenging harmful laws and policies, and hosting permanent dialogues with communities of people living with and affected by HIV. They discussed some of the challenges that they face as legislators to perform their duties, and the contributions that UNAIDS can make in facilitating a more efficient, effective, and transparent law-making process in Parliament. Moreover, options to mobilize and engage citizens at the community level to challenge stigma were also discussed in response to the critical need of raising more awareness, tolerance and respect towards people living with and affected by HIV.

vi. Improving Monitoring & Evaluation for EEHR

Significant work was done around monitoring, evaluation and learning for EEHR during the year. A Human Rights Scorecard was completed and disseminated to stakeholders in the national HIV response. The scorecard features one hundred and thirty-eight (138) interventions across ten (10) entities. The report shows the interventions are aligned to the UNAIDS social indicators, TGF Baseline Assessment and the Operational Plan for EEHR. Training in monitoring, evaluation and learning for EEHR were conducted with civil society and government stakeholders implementing interventions to remove human rights barriers. In addition to these, the NFPB and UNAIDS and UNDP worked together to develop an online reporting dashboard to streamline the collection and reporting of data regarding human rights programming. The dashboard was developed using the M&E Framework for the EEHR Operational Plan and includes baseline and targets for indicators at varying levels. The dashboard has been included in the M&E framework for EEHR component of the TGF grant for 2022-2024. The online reporting dashboard was the focus of a working group session at the National HIV Retreat and Planning Meeting in November. The session was used to promote the dashboard among stakeholders and solicit feedback on use and promotion of the dashboard as well as learn about potential challenges that may impact on take up.
To view the dashboard visit: www.eehr.org

Data Gathering and Analysis

i. Human Rights Violations

One hundred and forty-three (143) human rights violations related to physical and verbal assault, sexual violence, forced displacement, and unauthorized disclosures, among others were reported in 2021.

The breakdown showed one hundred (100) human rights violations were reported to the Jamaican Network of Seropositives (JN+) through the Jamaica Anti-Discrimination System (JADS) with eighty-one (81) of them being from PLHIV who are from key population groups. Fifty-nine (59) of the human rights incidents reported to the JADS were perpetrated in community settings. Sixteen (16) human rights violations were reported by LGBT persons to EFAF. Five (5) of them were reported to the police. Twenty-seven (27) violations were reported to TransWave Jamaica. Three (3) of them were reported to the police and four (4) referred to JFJ.

ii. Review of legal cases

JASL developed a technical report titled 'Accessing Justice through Health', which is a retrospective review of fifty-two (52) legal cases. The report found that thirty-nine (39) or seventy-five per cent (75%) of the parties in the cases experienced physical violence from their partner, and twenty-one (21) or forty per cent (40%) were sexually assaulted or raped by current/previous partner, as well as family members. Nineteen of the fifty-two (52) women were sexually assaulted or raped at least once before, as early as thirteen (13) years old for one woman.

iii. Research

A Rapid Assessment and Community Needs Assessment was conducted by EFAF to document the mental health needs of the LGBT community, and the readiness of mental health providers to provide non-discriminatory and responsive services to the community. Four hundred and twenty (420) persons including Psychologists, Psychiatrists, General Practitioners and LGBT Jamaicans participated in the study. Five (5) recommendations emanated from the report that are geared toward improving the mental healthcare system for the LGBT community. They are as follows: (i) identify service providers who are also part of the LGBTQ+ community as they would offer a deeper understanding of experiences and challenges; (ii) increased conversation and specialized training in mental health organizations and among practitioners about the specific needs of the LGBTQ+ community, including college and university mental health care systems; (iii) development of LGBTQ+ specific policy and programmes; (iv) public diversity and/or LGBTQ+ awareness programmes to help to reduce stigma; and (v) standardizing the inclusion of gender identity and sexual orientation questions on mental health service intake forms and in intake interviews. Additionally, an output of the assessments is a listing comprising twenty (20) individuals and five (5) organisations of LGBT-friendly and competent mental health services and service providers. This list includes information about each service providers' areas of expertise.

EFAF commissioned a study to assess LGBT Inclusivity and Diversity in select government based-youth programmes to help increase the number of safe spaces for LGBT youth. Data were collected from sixty-five (65) participants across Jamaica's fourteen (14) parishes. The study sought to glean information on knowledge, attitudes, and practices about LGBT inclusion and diversity in government-run youth institutions. The respondents included the Ministry of Education, Youth, and Information (MOEYI), Youth Innovation Centres (YIC), and other governmental spaces dedicated to youth development that engaged in awareness and sensitization programmes.

EFAF also commissioned a qualitative assessment aimed at identifying the challenges faced by police officers when interacting with LGBT people. This assessment explored the interaction between members of the LGBT community and the police from the perspective of members of the

Jamaica Constabulary Force (JCF). The assessment examined the implementation of the Diversity Policy by members of the JCF when working with members of the LGBT community and how it could be improved. It revealed that ninety-four (94%) of officers surveyed are familiar with the Diversity Policy but sixty-six-point five per cent (66.5%) of them had limited knowledge about individuals who fall in the 'diversity' category. The assessment found that there are challenges on the part of the police officers which need to be addressed to enhance service delivery and to reassure LGBT persons that they will be treated respectfully by the police. Importantly, note must be made of the impact of officers' belief system and their experiences with some members of the LGBT community.

A rapid assessment was conducted by EFAF to identify the challenges faced by LGBT people when interacting with members of the police force. This assessment explored the interaction between members of the LGBT community and the police from the perspective of members of the LGBT community. This rapid assessment quantified the experiences of the community in making reports to the JCF. It also revealed that the JCF continues to have challenges implementing its Diversity Policy. The slow pace of this implementation has negatively affected the relationship between the LGBT community and the police.

Community-led Monitoring

EFAF coordinated a "Testing the Testers" intervention using Mystery Shopping approach for quality assurance evaluations of the HIV/STI Testing Sites that offer services to the LGBT Community in Jamaica. The assessment sought to examine the performance of the HIV/STI providers at testing sites across Kingston, St. Andrew and St. Catherine. Using the Ministry of Health and Wellness' website, six (6) treatment sites that offered free, rapid HIV testing were selected in Kingston, St. Andrew and St. Catherine. Ten (10) LGBT individuals were recruited and underwent training to conduct mystery shopping. Each testing site was shopped at twice at varying times, (e.g., morning versus afternoon or evening) and days (weekdays vs. weekends when applicable), by at least two (2) mystery shoppers. Seven (7) out of the ten (10) mystery shoppers completed the assessment. A total of twenty-seven (27) assessments were conducted, and the findings and recommendations were summarized in a final report. The report, which is a follow-up to a previous Mystery Shopping Report, provided useful information on the testing sites that were not previously engaged. It also identified areas for improving service delivery. The dissemination of the findings and recommendations will be used to shape points of advocacy within the near future; given the inconsistencies identified in the different approaches taken within the same health region.

Eighteen (18) staff members at EFAF were trained in community-based monitoring as well. Twelve (12) of them in attendance were members of key population groups. Staff were exposed to the principles of community-based monitoring and the standards that exist within the organization; as well as their strategic plans and methods of data collection and research. They were sensitised to the use of the information garnered in routine, as well as research and advocacy activities. In addition to being exposed to the training material, the participants developed soft skills such as analytical skills, understanding perspectives, biases, empathy and how to navigate within politically correct spaces. Most of the participants were satisfied with the training. Importantly, Community-Based Monitoring (CBM) has been mainstreamed as one of the major approaches to be undertaken within the organisation; not solely limited to healthcare settings, but varying sectors within which LGBT persons seek and access services.

Capacity Building

i. Capacity Building Trainings for Duty-bearers

Several training workshops were undertaken with duty-bearers in 2021 to sensitise them about human rights and build their capacity to provide non-discriminatory and responsive services to PLHIV, key and vulnerable populations and survivors of gender-based violence.

One hundred (100) duty-bearers were trained by JASL around human rights approaches to service delivery. An additional one hundred and twelve (112) healthcare workers were trained by NFPB. The training focused on stigma and discrimination, HIV, human rights, gender and sexual diversity, and gender-based violence.

Seventy-six (76) Community Health Aides, Customer Service Representatives, Contact Investigators, Adherence Counsellors, and other stakeholders from the private and public sector, including the Southern and Northeast Regional Health Authorities, ATL Automotive, Jamaica Fire Brigade, Sandals, Christopher Academy of Nursing and the Tourism Product Development Company were sensitised about the JADS.

One hundred and seventy-nine (179) police officers and correctional officers and ninety-two (92) Lay Magistrates and Justices of the Peace were sensitised and trained by JASL and JFJ as part of efforts to reduce discrimination perpetrated against PLHIV and key and vulnerable populations when they seek to access justice. A manual for the training of police officers was also developed to standardise future human rights training.

One hundred and eleven (111) duty-bearers and service providers to survivors of gender-based violence were engaged in training to increase their understanding of gender-based violence. The duty-bearers represented included Lay Magistrates, Justices of the Peace, social workers, and other community-based service providers. By the end of the training, eighty per cent (80%) of respondents were able to correctly identify the difference between both protection and occupation orders.

Two 2-day training sessions were hosted by the Ministry of Labour & Social Security (MLSS) for Labour Officers and Workers' representatives to build their capacity around the complaint and redress mechanisms of the MLSS, Industrial Disputes Tribunal (IDT) and social protection services.

Twenty-three (23) workers and employers' representatives were trained by NFPB around managing cases of HIV-related discrimination; and sensitised about their rights and responsibilities under the National Workplace Policy on HIV and AIDS.

Four (4) capacity building trainings were conducted by NFPB with thirty (30) Health Education Officers from WRHA and NERHA to strengthen their capacity to sensitise persons to reduce discrimination, gender-based violence, harmful gender norms and inequalities against women and girls.

Using the findings and recommendations from rapid assessments and the Community Mental Health Support Handbook for Practitioners, a capacity-building workshop for Mental Health Practitioners was executed by EFAF. The Council of Professions Supplementary to Medicine, in partnership with EFAF, delivered Continuing Education Units around providing for LGBT Mental Health with thirty-two (32) counsellors, psychologists, masters' level clinical psychology students and psychiatrists. The participants were trained to better provide mental health services for LGBT

persons. Mental health practitioners earned thirteen (13) continuing education hours from attending this capacity-building training.

ii. Pre-Service Training for Healthcare Workers and other Duty-bearers

EFAF partnered with the Faculty of Medical Sciences (FMS) at the University of the West Indies (UWI), Mona to conduct a comprehensive review and assessment of six programmes, including nursing and medicine, to ascertain whether they include modules on LGBT people. Best practices were identified regarding LGBT healthcare teaching, training and practice in Jamaica and other regions. Additionally, gaps and opportunities were identified in the current FMS programmes. The final draft of the FMS Curriculum Review included recommendations that address the unique health experiences and needs of Jamaican LGBT. The relationship fostered with the Dean of the FMS has been instrumental in making the information accessible to the Faculty members. The engagement with the consultant and Faculty's Dean led to the establishment of a Memorandum of Understanding (MOU) with the Jamaica Medical Students' Association. Other recommendations included establishing the review regionally and including other Medical Science faculties at the other UWI campuses. EFAF has initiated establishing relationships with the UWI campuses in Barbados and Trinidad and Tobago (Cave Hill and St. Augustine respectively), presenting what was done at the Mona Campus and determining the way forward.

An inclusive programmes guide, entitled 'A Space for Me', was developed by EFAF to assist youth-led and youth-serving groups and organizations in Jamaica to create activities, events, and programmes in an inclusive way. The guide was developed to provide a unique understanding of what it means to be a member of the lesbian, gay, bisexual, and transgender (LGBT) community in Jamaica. It offered seven (7) Strategies for Inclusion. Once implemented, these strategies can help to create a sense of belonging for all LGBT youth, so that they can achieve their full potential.

iii. Sensitisation of Faith-Based Organisations

Seventeen (17) sensitisation sessions which reached three hundred and ninety-four (394) persons were conducted by the Jamaica Council of Churches (JCC) to sensitise persons about gender-based violence, human rights and HIV-related stigma and discrimination.

iv. Social Protection Assessment and Training

The NFPB, in collaboration with MLSS, MLGRD, PIOJ, with support from UNAIDS conducted a HIV and social protection assessment. The assessment sought to enhance the understanding of existing social protection programmes in Jamaica, gaps in coverage within the services being provided, barriers to vulnerable and key populations in accessing existing social protection programmes, and HIV sensitivity of social protection programmes.

The assessment highlighted that there is a variety of HIV and social protection programmatic interventions across the life cycle. However, some Jamaicans were unaware of these programmes or the eligibility criteria. There are also several barriers to accessing them. The barriers included long queues and the challenge experienced by young mothers living with HIV in accessing social protection programmes, among others. The recommendations posited will aid in the advocacy efforts around social protection, among which are the following: (i) increase awareness of existing programmes; (ii) revise the selection criteria for social assistance; (iii) digitise enrolment and transfer payments; (iv) improve coordination between the Registrar General's Department and

local authorities; (v) consolidation of the labour market programmes and (vi) the commissioning of a feasibility study on a social insurance plan for the informal sector.

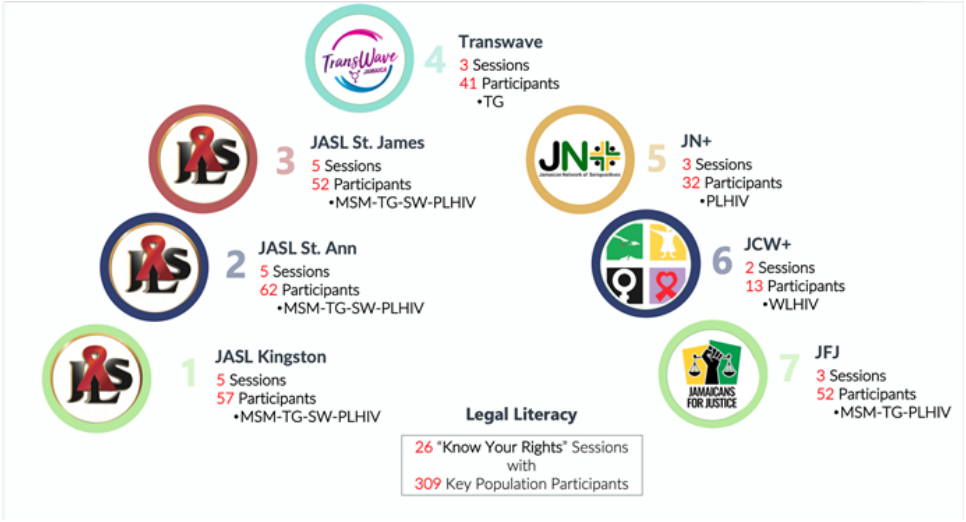
The NFPB conducted two (2) sensitisation sessions with social protection partners where they were sensitised to the: (a) issues faced by some members of key population groups; (b) impact of food and income insecurity on the achievement of positive health outcomes; (c) importance of HIV sensitive social protection and (d) the establishment of a formal referral mechanism among social protection providers. A total of (eleven) 11 social protection partners were reached.

v. Training and Community Empowerment

A Speakers' Bureau training was done by JASL with fifteen (15) individuals who are from key population groups to empower and build their capacity to talk about challenges they experience in their daily lives in different spaces. Through a variety of exercises and approaches, they were engaged around public speaking and writing as advocacy and media engagement. EFAF also hosted its #OutLoudJa Speakers' Bureau training to build the capacity of LGBT Jamaicans and allies to share their lived experiences and speak on diverse social justice issues. Forty (40) LGBT persons and allies were selected and trained to become ambassadors and were equipped with the information and skills to use their stories to increase awareness about the experiences of LGBT Jamaicans. Additionally, #OutLoudJa Your Way allowed for OutLoudJa trained ambassadors to create content (using audio, written, video and/or photographs) about economic, social, and cultural rights and share them on the website blog https://www.outloudja.org.

Three hundred and nine (309) people living with HIV and key and vulnerable populations participated in twenty-six (26) Know Your Rights legal literacy sessions that were done by five (5) organisations- JASL, JFJ, JCW+, JN+ and TransWave Jamaica. The sessions focused on providing participants with information about their rights, human rights violations, deed polls, and asylum processes.

Figure 12: Breakdown of Legal Literacy Sessions and Participant Numbers



vii. Engaging Political Leaders and Influencers

Two (2) webinars were convened with political activists and advisers and legislators in May. There were twenty-nine (29) persons in attendance for the webinar on May 12, and sixty-nine (69) attendees on May 19. A total of eighteen (18) persons completed an evaluation survey and indicated that they found the webinars useful to their work. All persons would participate in future events and would tell a friend about it. Another online seminar was convened in September with Lance Price, current Chief of Staff for Kim Leadbeater in the UK Parliament and former senior adviser to British Prime Minister, Tony Blair between 1998 and 2000. Twenty (20) persons were in attendance from both civil society and government and the Minister of State in MOHW, Hon. Juliet Cuthbert Flynn brought greetings and participated in the discussions. In November, Minister of State and Chair of the Partnership, Hon. Juliet Cuthbert-Flynn and Senator Natalie Rodrigues led a three-hour session on engaging parliamentarians for social and political change. Over twenty (20) persons were in attendance.

Advocacy And Public Awareness

i. Advocacy for Anti-Discrimination Legislation

Civil society organisations continued to advocate for an anti-discrimination legislation to be passed by Parliament. In addition to the drafting of a model anti-discrimination law, an advocacy plan was developed as part of efforts to inform actions toward the introduction and passage of the legislation by 2025. The joint advocacy plan seeks to empower key and vulnerable populations to advocate for change, raise awareness among the public about the importance of the legislation and engender political will.

ii. Human Rights Campaign and other Public Education Initiatives

The National Family Planning Board (NFPB) continued its partnership with the Office of the Public Defender (OPD) to roll out the national human rights campaign. Under the theme, *Everybody Have Rights*, seven campaign products were developed in 2021 and were placed in traditional and social media. Other channels such as buses, billboards, bus stops and electronic boards in offices and in high traffic areas were also utilised. The campaign is funded by both the Government of Jamaica and The Global Fund. The television ad was placed between June and July and in December 2021 on Television Jamaica and CVM Television and seven (7) radio stations were engaged to increase knowledge and awareness of human rights. Four (4) JUTC buses and fifteen (15) bus stops were also used to promote the campaign messages across communities in Jamaica. The campaigns ran for a period of one year and three months respectively; specifically in the corporate area (Kingston), St. James, Manchester, Clarendon, and Portmore/St. Catherine. The bus ads used popular routes for which there is usually an eighty per cent (80%) recall, and a possibility of seventy-one (71%) per cent of persons seeing the ad each week. Social media was also used to amplify the campaign between August and September; these months recorded over three hundred and fifty thousand (350,000) impressions. A “Know Your Rights” radio initiative was also developed by the OPD and NFPB to amplify the campaign to raise awareness. The 10-minute radio feature was aired on Mello FM which is a particularly popular radio station in taxis and Japanese domestic models across the island. Mello FM controls eleven-point five per cent (11.5%) of radio listenership, reaching around 142,000 on the day the interview was aired.

EFAF executed its Sex Positivity in LGBT Sexual Health to feature some online conversations dubbed "Facing the Facts". It was hosted on Twitter Spaces and engaged persons in discussions around health. Six (6) discussions were held around several topics such as: (i) PrEP in Jamaica, which was supported by the JASL, (ii) Sex-Positivity in Health Promotion, which was supported by other civil society organisations such as EVE for Life, iFLEX, Bashy Bus and Transwave and (iii) NCDs and the

LGBT community. Cumulatively, two hundred and one (201) participants joined the discussions online.

Nine sensitisation sessions were undertaken as part of the 'Rispek Tour' to address stigma and discrimination, gender-based violence and human rights violations. A total of four hundred and twenty-nine (429) persons, including fifty-seven (57) healthcare workers, were reached across several parishes. **Table 6** below provides a breakdown of participants information for Human Rights Community Engagement–Stigma and Discrimination

TOPIC / EVENT	VENUE	REACH
Human Rights including the UDHR and aspects of Jamaica's Charter of Fundamental Rights and Freedoms	Alwyn Ashley Centre, Trench Town (Trench Town Youth Empowerment Programme)	15 participants
GBV capacity building workshop (to strengthen the capacity of HCWs to address gender-based violence (GBV) experienced by clients who access services through the network of HIV treatment sites)	IberoStar Hotel, Montego Bay	40 HCWs from the SRHA
GBV capacity building workshop (to strengthen the capacity of HCWs to address gender-based violence (GBV) experienced by clients who access services through the network of HIV treatment sites)	IberoStar Hotel, Montego Bay, St. James	17 HCWs from the parish of St. Elizabeth
Stigma and Discrimination Reduction Session	Comprehensive Health Centre	75 patients
Social Services Fair and outside radio broadcast in marginalised community	Maxfield Park Comprehensive Health Centre	245 community members
Gender-based violence prevention session	Social Development Commission, St. Thomas Parish Office	19 participants from communities in St. Thomas
Gender-based violence prevention train-the trainer workshop	Courtleigh Hotel & Suites	11 participants from Kgn.13
Human Right sensitisation	Bahia Principe	7 participants drawn from social protection agencies (HEART NSTA, NERHA, PATH, RADA) in the North-East Region.

Table 6: Human Rights Community Engagement – Stigma and Discrimination

One hundred and eighty-two (182) persons in St Mary, Hanover, St Thomas were reached with information about human rights toward reducing stigma and discrimination in communities.

Several interventions, including virtual town halls, were convened to raise awareness about HIV-related stigma and discrimination and other issues faced by key and vulnerable populations as well as to build support for the introduction of an anti-discrimination legislation. Between September and November, Jamaica AIDS Support for Life (JASL), in partnership with social media influencer, Trudy Bell, organised ten town halls called 'Justice After Dark' which reached forty thousand four hundred (40,400) people. The discussions focused on issues such as unauthorized disclosure, discrimination, and violence against women.

TOPICS	GUESTS/PANELLISTS	REACH
'Wi Wah Justice: Exploring HIV related discrimination and justice'	1. Joan Stephen-PLHIV (JN+) 2. Nastassia Robinson-Attorney-At-Law (JFJ)	5,500 https://fb.watch/aDd4Bge_gz/
Sexual Harassment	1. Christopher Harper-Attorney-At-Law 2. Sandra McLeish-Private Sector Organisation of Jamaica Representative & Policy Maker	2,400 https://fb.watch/aDd3ELFZFP/
Religion vs Medicine: Can we Pray HIV away?	1. Bishop Romean Facey 2. Father Sean Campbell, Anglican Priest 3. Reverend Annette Brown	5,400 https://fb.watch/aDd2f8mMtg/
Healthcare, Insurance and HIV-related Discrimination	A panel of insurance experts	5,300 https://fb.watch/aDd0NeSTLn/
Unauthorised Disclosure: Need for Protection and Privacy HIV related information	1. Adley Duncan (Deputy Director Public Prosecution(DPP)) 2. Dane Lewis (JN+ Programme Manager) 3. Jade Williams (Legal Support Officer)	5,400 https://fb.watch/aDc_-tu_Cu/
Tackling HIV related Discrimination in the workplace	1. Khadrea Folkes (Attorney-At-Law)	5,600 https://fb.watch/aDcZuF4-QG/
Disabilities, HIV and Discrimination	1. Mary-Angela Fatta (Jamaica Association for the Deaf) 2. Andre Witter (Read to Sign, Executive Director	3,600 https://fb.watch/aDcYgo8QzI/
Dating, Parenthood and Marriage for Persons Living with HIV	1. Mrs Dorraine Cox-Young (Associate Clinical Psychologist) 2. Dr Karen Carpenter (Sexologist & Counselling Psychologist) 3. Dr Terry Hall (HIV Specialist) 4. Bishop Dr Carla Dunbar (Minister of Religion)	3,100 https://fb.watch/aDcWTpeXRw/
Positive Parenting: Talking to kids about their Sexual and Reproductive Health, Rights and Diversity	A panel consisting of mothers and fathers	2,400 https://fb.watch/aDcVNwGwke/
END VAW	1. Kandasi Levermore (JASL, ED) 2. Joy Crawford (Eve for Life, ED) 3. Jade Williams (Legal Support Officer) 4. Joyce Hewitt (Woman Inc, ED) 5. Survivors of Domestic Abuse	1,800 https://fb.watch/aDcT4IhX7Z/

Table 7: Breakdown of Interventions/Town Halls for HIV Stigma and Discrimination Activities

EFAF partnered with The Gleaner Company Limited. to host an Editor's Forum on improving mental health services for LGBT Jamaicans. The forum on 'The State of Mental Health Services for LGBT Jamaicans' was based on an EFAF commissioned study and was hosted in November by Jovan Johnson, Senior Staff Reporter at The Gleaner. The panellists for the Editors' Forum were Glenroy Murray, Renae Green, Alexander Clennon, Shannan Miller and Minister of Health & Wellness, the Hon. Dr. Christopher Tufton. The forum had nine hundred and seventy-nine (979) views and produced five (5) articles on various aspects of the issue, which prodded public debate on the matter.

Two murals – Living Positively with HIV and Love.Action.Support were unveiled in downtown Kingston by JN+ and JASL to encourage greater respect for people living with HIV and commemorate their 30th anniversary, respectively. The JN+ mural was a collaboration with the KSAMC and funded by UNAIDS.

JN+ hosted six (6) discussions – Raw with HIV – via Twitter Spaces which reached over four hundred (400) persons to talk about HIV-related stigma and discrimination and related issues as well as promote JADS.

Topic	Guests Speakers	Description	Participants Reached
Topic: Raw Sex and HIV	Guest speakers: local CSO partners (Jamaica AIDS Support for Life, We-Change, Equality for All Foundation)	The session looked at risks associated with raw sex	Reached 60 persons/ Twitter users
Topic: The Bottom Line	Guest speaker: Fetish Secretz	This session looked at anal intercourse, anal health and risks associated.	Reached 70 persons/ Twitter users
Topic: Access Points– issues faced by at-risk communities accessing health care,	Guest speaker: Local CSO partners (Jamaica AIDS Support for Life, We-Change, Equality for All Foundation, AHF Jamaica)	This session sought to highlight services offered to KP and at-risk groups by CSO partners in the HIV response	Reached 75 persons/ Twitter users
Topic: COVID-19 Vaccine and HIV,	Guest Speaker: Dr. Melody Ennis, Director of Family Health Services, Ministry of Health and Wellness	This session sought to address vaccine hesitancy and increase vaccine trust and therefore increase take-up	Reached 98 persons / Twitter users
Topic: Born with HIV, Guest speakers:	Two (2) Women living with HIV	Understanding of the issues faced by persons born with HIV	Reached 65 persons/ Twitter users
Topic: GBV– HIV and Violence: The Unspoken truth of Women experiences	Guest Speakers: Monique Long – UN Women – Planning and Co-Ordination Specialist – Multi Country Office;	This session was hosted by Kimberly Roach JN+ Policy & Advocacy Officer and addressed the topic of women' experiences with	Reached 79 persons/ Twitter users

	Leanne Leaver – Director of Advocacy – CAPRI; Jade Williams – Legal support Officer at JASL	gender-based violence and HIV	

Table 8: JN+ Sessions Topic and Reach on HIV Stigma and Discrimination

For the International Day of Tolerance, which is observed in November each year, EFAF produced six (6) social media communication materials (2 videos and 4 graphics) which had a reach of twenty-one thousand two hundred and thirty-one (21,231). The campaign had the theme "Things That Sound Like Tolerance But Aren't"; it challenged the problematic thoughts that persons think or voice even when they claim to be progressive and tolerant of the LGBT community.

Multiple activities were hosted to observe the International Day for the Elimination of Violence against Women despite the challenges faced due to the covid-19 pandemic. Media interviews were done with TVJ's "Smile Jamaica", CVM at Sunrise, Power 106, Jamaica Observer, Loop Jamaica, Gospel JA, KOOL 97FM and Sun City Radio. Several organisations joined JASL in painting their social media pages purple by ensuring that their staff and members wore the shirts to whatever activities they were being engaged in on the day. Organisations that supported the initiative included Eve for Life, AHF, JN+, JCW+, Children First, Woman Inc., EFAF, TransWave Jamaica and the Jamaica Family Planning Association. A car which drove around Kingston & St Andrew was also wrapped with messages about VAW.

In recognition of International Women's Day, JASL hosted a virtual symposium under the theme: 'Unmasking Violence Against Women within the context of HIV and AIDS'. The symposium was held on Monday, March 8, 2021 and featured several speakers and two-panel discussions aimed at exploring issues of sexual and gender-based violence and its intersectionality with HIV. It was used to make an urgent call on the government to strengthen legislation to offer greater protection to women. The symposium allowed for four (4) women who experienced intimate partner violence at the hands of their male partners, to share their stories to encourage other women to 'get out' of abusive relationships. Their stories highlighted how women are often further victimised by police when seeking redress. The organisation engaged the following state and non-state actors: the Honourable Alando Terrelonge, Minister of State, Ministry of Culture, Gender Entertainment & Sports; Mrs. Sharon Millwood-Moore, Senior Deputy Director of Public Prosecutions; Dr. Karen Carpenter, Head, Institute for Gender, and Development Studies, UWI Mona; Inspector Jacqueline Dillon, Head, Jamaica Constabulary Force Domestic Violence Unit; and Mrs. Emily Shields, Attorney-at-Law and Broadcaster.

EFAF produced an advertorial in The Jamaica Gleaner called "OUT Jamaica" which highlighted key issues and themes that affect the LGBT community in Jamaica. It also highlighted the community's growth and development over the past twelve (12) years. It featured a list of top ten (10) moments for LGBT Jamaicans since 2010 and reiterated that the community has witnessed great strides in the advancement in advocacy, visibility, and policy. The advertorial received a circulation across Jamaica of fifty thousand (50,000).

JASL hosted an online seminar on the Sexual Offences Act with Senator Donna Scott-Motley, Deputy Leader of Opposition Business in the Senate and Opposition Spokesperson on Justice & Gender Affairs, as well as Hon. Alando Terrelonge, State Minister in the Ministry of Culture, Gender, Entertainment and Sports. The discussion reached one hundred and seven (107) persons and focused on recommendations that were made for changes to the legislation that were made by the organisation. Despite being accepted, these recommendations have yet been debated and passed into law.

iii. Trans Health Strategy Advocacy

TransWave Jamaica launched its Trans Health Strategy Advocacy Plan and suggested legislative approach towards a gender recognition legislation. The strategy was shared with partners in attendance.

iv. Gender-Based Violence

JN+ developed a GBV Guide for HIV Positive Women. The guide provides information on gender-based violence and what to do, as well as where available services and support can be accessed to help PLHIV women in these circumstances.

v. World AIDS Day declared as a day of public interest in Kingston

A public ordinance declaring World AIDS Day a day of interest and public awareness in the City of Kingston was passed in the Kingston & St Andrew Municipal Corporation (KSAMC) on November 10. Several councillors made interventions supporting the motion which was tabled by Councillor Venesha Phillips of the Papine Division in Eastern St. Andrew.

The resolution, which reaffirmed Jamaica's commitment with the Sustainable Development Goals, the Fast Track City Initiative, and the 2021 Political Declaration on HIV and AIDS: *Ending Inequalities and Getting on Track to End AIDS by 2030,* resolves that on December 1st of every year, the City of Kingston, in partnership with the public and private sectors and affected communities, will commemorate World AIDS Day.

To celebrate WAD, social media pages were created on Instagram and Twitter to promote Kingston City in Red as an initiative of the Municipality. IEC materials were developed and published in the dailies and on social media. Light Kingston Red initiative was also undertaken by the Municipality with several key buildings being lit in red for two (2) weeks. Two (2) monuments and more than seven (7) buildings across the city, including the Municipal building and The Downtown Kingston Art District, participated in the initiative. The Mayor also engaged two (2) popular social media influencers to help raise awareness about HIV-related issues and the initiative.

vi. Anti-Bullying Initiative Launched for Schools and Children's Homes

Children First established partnership with caregivers of the Summerfield Girls' Home in Clarendon and Manning Child Care Facility in St Elizabeth to design interventions to address the bullying concerns identified and share information around the impact of bullying. Due to the challenges of the COVID-19 pandemic, two (2) online sessions were conducted with sixty-one (61) wards and eight (8) caregivers. The sessions sought to increase awareness around the several types of bullying, how bullying manifests and coping mechanisms and strategies. Special emphasis was placed on cyberbullying due to the increase in online activities stemming from the COVID-19 pandemic, along with examining the more traditional forms such as verbal and physical bullying.

A blended (virtual and physical) two-day training session was held with seventy-two (72) representatives from schools, social agencies and other institutions. The session was very instrumental in providing a greater understanding of bullying in the Jamaican context; reviewing anti-bullying strategies, as well as developing innovative interventions and realistic action plans for implementation within institutions by the participants present. The sharing, lessons learnt, and

information garnered were noted by the participants as particularly useful given the various contexts within which they work.

Similarly, a residential training session with thirty-one (31) caregivers was held. Participants included guidance counsellors, teachers, and regional leaders from sixteen (16) schools and institutions from the Ministry of Education & Youth (MOEY) - Region III. The main objectives of the session were to increase the participants' awareness of bullying within a Jamaican context, review anti-bullying strategies and create action plans to tackle bullying for various target groups, including young KPs and Adolescents Living with HIV (ALHIV).

In addition to the training, a social media campaign called "I Am Human" which seeks to highlight individuals' experiences to bring awareness to bullying and its impacts in Jamaica was launched. The campaign reached fifty-two thousand five hundred and forty-three (52,543) people and saw many sharing messages/stories about bullying.

vii. Live Positively Campaign Encourages Respect for PLHIV

JN+ launched their #LivePositively campaign to help reduce self-stigma and the stigma and discrimination perpetrated against people living with HIV. By challenging stereotypes about people living with HIV and putting faces and voices to the movement, the campaign gave the community and their allies a platform to share messages about respect, hope, courage, and resilience.

Ten (10) videos featured The Prime Minister of Jamaica, Minister of Health and Wellness, State Minister of Health and Wellness, ZJ Sparks, Disk Jockey from ZIP FM, Fr. Sean Major-Campbell, Anglican Priest of Christ Church, Jodi-Ann Quarrie, International Human Rights Lawyer, Omar Morrison, taxi driver, Marcia Brown, vendor at Papine Market, Mario, owner of Mario's Barber & Beauty Salon, and Joan Stephen, a woman living with HIV and Community Facilitator at JN+. The videos were placed on Instagram, Facebook, Twitter, and YouTube and reached thirty-five thousand (35,000) social media users.

To view the #LivePositively videos, click on the following link:
https://drive.google.com/drive/folders/1U-N6mbQrrQcod_CT4CNMKN0XKjsRNCK?usp=sharing

Under the campaign, a 10-second billboard was placed in Barbican (a popular community in the Corporate Area) for three (3) months. It featured Joan Stephen encouraging Jamaicans to love and support people living with HIV. The billboard had approximately sixty thousand (60,000) rotations (number of times the ad was viewed).

Partnerships

i. Stigma-Free Spaces (SFS) Launched

The Jamaican Network of Seropositives (JN+), with support from UNAIDS, launched its Stigma-Free Spaces (SFS) Initiative which seeks to make public, private and community spaces free from stigma, discrimination, and violence. The initiative also aims to make these spaces more accessible to people living with HIV and key and vulnerable populations. A multistakeholder Steering Committee comprised of individuals from government, private sector, and civil society organisations including JMEA, PSOJ, UNAIDS, KSAMC, HRMAJ and other partners was convened to oversee the initiative. More than ten (10) entities are to participate and be designated stigma-free. The pilot for the SFS initiative commenced at the Kingston & St Andrew Municipal Corporation (KSAMC). On November 29, JN+, UNAIDS and KSAMC launched the stigma-free spaces project and announced that KSAMC

is on its way to become stigma-free. The launch was attended by PLHIV, The Mayor, CEO of PSOJ, CEO or KSAMC, the Urban Development Corporation (UDC) and others. The Mayor, Senator Councillor Delroy Williams, and CEO of KSAMC, Robert Hill, spoke at the event and committed to continuing to do their part to make the city of Kingston stigma-free.

ii. Social Justice Sites Established

Four social justice sites were established by JN+, in partnership JASL and Children First, in Grants Pen, St Andrew, Nannyville, St Andrew, Lilliput, St James, and Linstead, St Catherine. Working with several partners, the initiative targets communities that have a history of stigma and discrimination to conduct sensitisation and other sessions. Through the initiative, sixty-seven (67) persons were reached by the organisation with HIV prevention and treatment information, as well as commodities and information about HIV-related stigma and discrimination.

Improving Access to Justice

i. Mediation Training

Thirty-one (31) persons, including paralegals and attorneys, as well as individuals from civil society completed mediation training and received certification. The training provided a better understanding of the redress mechanisms and the referral processes. It was agreed that: (1) JADS would be the central point for referral of matters which would then be filtered to JFJ and other relevant agencies; (2) JASL will focus on cases related to persons who access their prevention, treatment, and care services; and (3) private attorneys will be used for matters that required specific expertise that was not present with the sector.

ii. Legal Support & Assistance

Of the one hundred and forty-three (143) human rights violations reported in 2021, seventy-five (75) cases were supported with legal advice and/or representation by Jamaicans for Justice and Jamaica AIDS Support for Life. This represents a decrease from the ninety-eight (98) in the previous year. JFJ handled the bulk of cases with fifty-four (54) matters, while JASL had twenty-one (21). JFJ closed twenty-eight (28) cases because they had no legal uptake as the clients either did not want to pursue the matter, or the cases had no legal standing to be pursued. At the end of 2021, there were thirty-five (35) active cases which are heavily represented at the community level (15 cases), physical assault (7 cases); employment discrimination (5 cases) and police settings (6 cases). Health facility discrimination was the least represented with two (2) cases. They involved six (6) men living with HIV and thirteen (13) among women living with HIV; five (5) general population female experiencing violence; five (5) men having sex with other men; four (4) female sex workers and two (2) transwomen. The twenty-one (21) cases being supported by JASL are matters related to physical assault, employment discrimination, sexual abuse, domestic violence, and child custody issues. These were reported by twenty-five (25) PLHIV (17 females and 8 males); one (1) woman who experienced violence, and six (6) gay, bisexual, and other MSM.

iii. Other

Following the assessments conducted by EFAF regarding police and the LGBT community interactions and the JCF Diversity Policy, three meetings were held with police officers at police stations located within the St Andrew Central Police Division. The meetings had members from the LGBT community who experienced human rights violations, sharing their experiences when they have tried to make reports to the police on crimes committed against them. Twenty-two (22) police officers were in attendance and nineteen (19) expressed a willingness to maintain communication with EFAF to act as a liaison for community members to make reports. The meeting allowed

participants an opportunity to examine the relationship between members of the LGBT community and the police from both perspectives.

Challenges and Lessons Learned & Way Forward

2021 was a successful year for the HIV response, where creating an enabling environment and promoting human rights are concerned. There were several impactful interventions that helped to further breakdown barriers to HIV prevention and treatment and care services for people living with HIV and key and vulnerable populations. Almost fifteen thousand (15,000) people, including over five hundred (500) duty-bearers, were directly engaged by stakeholders. The national human rights campaign, implemented by the government, continued to raise awareness about human rights and encourage people to report and seek redress when their rights have been violated. Through this, and other efforts such as the Jamaica Anti-Discrimination System, scores of PLHIV and key populations received legal and other forms of assistance, having been a victim of a human rights violation. Critically, the mapping of interventions among stakeholders served to strengthen the work being done, by ensuring alignment to national priorities and enhancing coherence and coordination. This was further bolstered by the development of the online reporting dashboard to strengthen monitoring and evaluation over time.

However, despite the success of the programme, several challenges were experienced during the year. These impacted negatively on the efforts to address human rights barriers to HIV and other health and social services. Among the challenges noted were:

1. The cultural and political contexts regarding religious beliefs and limited political will, as well as the slow pace of change where human rights are concerned, continued to make it difficult to remove barriers through legislative reforms.

2. COVID-19 was a significant challenge during the reporting period. The government's protocols affected both the financial cost and implementation of several activities, especially those that involved groups. The COVID-19 pandemic, accompanied by curfew hours, as well as the introduction of no-movement days, delayed the implementation of some interventions. Duty-bearers, such as law enforcement officers and healthcare workers, also had challenges participating in activities due to the demand on their respective jobs. There was also limited interest among persons/targets, who may have been more focused on issues related to COVID-19.

3. Due to the pandemic, several activities were moved to online but generally unstable electricity, as well as limited and unstable internet connectivity, especially in rural communities, impacted efforts to conduct sessions online.

4. RHAs were in a period of restructuring of several staff positions which affected their involvement in the staging of the Rispek Tour.

5. Social Site Facilitators experienced difficulties implementing their activities because some of the Community Development Committees were not meeting; some had no telephone lines, the COVID guidelines and limited community participation owing to COVID-19 and the physical distancing requirement.

6. There was a low uptake of persons willing to be a part of the sensitisation sessions done by the JCC as many stakeholders expressed knowledge of the areas owing to over-saturation of information in the areas of HIV, GBV and S&D from other agencies. JCC also experienced a challenge reaching the social media handlers and handles of JCC members.

Based on the experiences, there were several lessons learned. These included:

1. How to mitigate the impact of COVID-19. Implementing partners have shifted modalities to Information and Communication Technologies based activities, such as undertaking online seminar series and using videos as behaviour change strategies. Therefore, this strategy not only allowed by documentation of the training for future use but reached a wider audience.

2. There was an openness/ willingness from Church leaders to start having conversations about GBV and HIV/AIDS, with congregants and some faith-based leaders having incorporated GBV and HIV as agenda items in Church meetings.

3. The monitoring and evaluation of the programmes is an essential element, both at implementation and at scale, to monitor progress and track results of human rights related programming.

To continue improving efforts to reduce human rights barriers and address these challenges, it is recommended that:

1. Technical Support and resources are required for law and policy reform advocacy, as well as capacity building among select civil society organisations.

2. Greater effort must be expended to garner high-level government support for human rights-related advocacy in relation to the establishment of a National Human Rights Institution and the institutionalisation of police and judiciary sensitisation, among others.

3. Advocacy for the removal of punitive laws and policy should continue and be scaled up to engender greater political will among legislators to take action.

4. Capacity building and technical assistance are required to bolster work around an enabling environment, human rights and monitoring and evaluation.

5. The Global Fund should facilitate inclusion of agreed upon relevant and specific outcome indicators for key human rights programmes. Technical assistance should then be provided to implementing partners, as well as the CCM through its oversight monitoring committee, on appropriate indicators for monitoring and evaluating human rights programmes in the context of HIV.

6. It is recommended that programmes to reduce HIV-related stigma and discrimination be integrated into other HIV activities, such as social and behaviour change programmes, community outreach and mobilization, community and health systems strengthening, HIV testing and counselling, treatment, EMTCT, prevention among key populations and home-based care.

Overview of Treatment Care and Support Services of the National HIV/STI/TB Unit

Jamaica's National HIV programme is managed by the HIV/STI/TB Unit (HSTU) which falls within the Health Promotion and Protection (HPP) Branch of the Ministry of Health and Wellness (MOHW). The HIV programme activities are divided into the following broad areas:

i. Prevention – Managed by the National Family Planning Board, an agency of the Ministry of Health and Wellness
ii. Treatment – Managed by the HIV/STI/TB Unit of the MOHW
iii. Enabling Environment and Human Rights - Managed by the National Family Planning Board; and,
iv. Strategic Information - Managed by the HIV/STI/TB Unit of the Ministry

The Treatment Care and Support unit (TCS) is the technical arm of the National HIV/STI/TB Unit. The TCS team provides oversight for the treatment and holistic management of persons diagnosed with HIV/STIs & TB. This involves several key activities and interagency collaborations that ultimately affect the outcome of patients and the National HIV/STI/TB programme. The attainment of targets is necessary for both patient outcomes, and for national validation and continued donor support; making ongoing training, sensitization and evaluation essential.

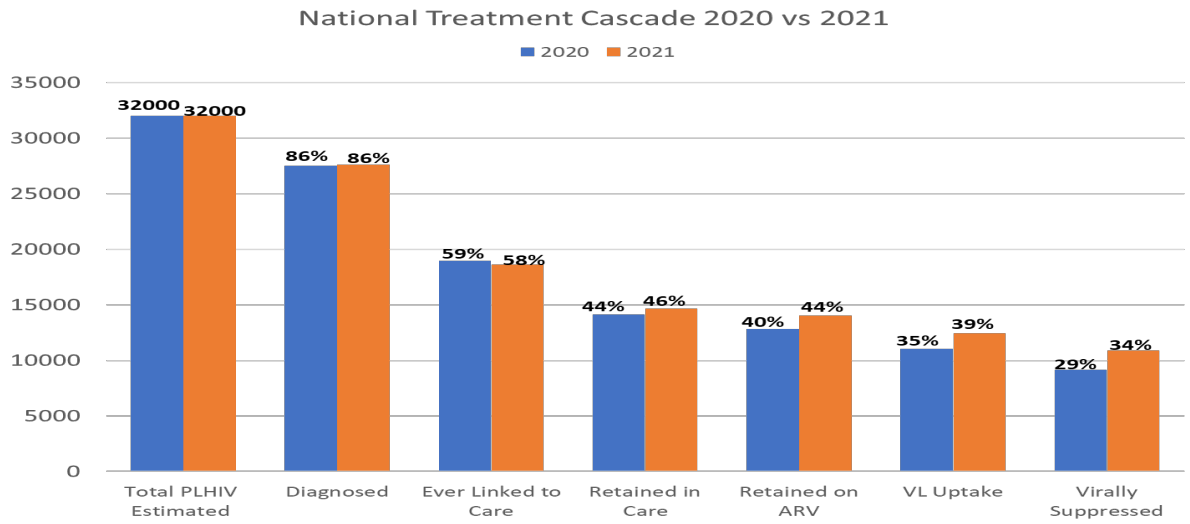
The goals and activities of the TCS unit are guided by the UNAIDS 90-90-90 targets, the Elimination of Mother to Child Transmission of HIV and Syphilis and the END TB Strategy.

National HIV Programme

The COVID-19 pandemic continues to affect the National HIV programme. However, new strategies have been implemented to ensure service delivery is maintained. Through these strategies, there has been an uninterrupted supply of antiretroviral medication, reduction in mortality of HIV related deaths, and improvements in the prevention of mother to child transmission (PMTCT).

The National Treatment Cascades for 2020 and 2021 are shown in Figure 13. The figures illustrate gaps in the continuum of care continue that present a problem, especially in the areas of linkage and retention in care and viral suppression.

Figure 13: The National Treatment Cascade 2020 vs 2021



In 2021, of the 32,000 individuals estimated to be living with HIV infection in Jamaica, approximately 86% were diagnosed. The figure has remained static when compared to this indicator in 2020.

Of the estimated patients living with HIV, 58% have ever been linked to care, 46% retained in care, 44% retained in care on ARVs and 34% being virally suppressed. This highlights the deficiencies in the continuum of HIV treatment and care that the country faces lie in retaining patients in care on ARVs and attaining viral suppression.

Key and Vulnerable Populations

The key populations' treatment cascades are illustrated in Figures 14, 15 and 16.

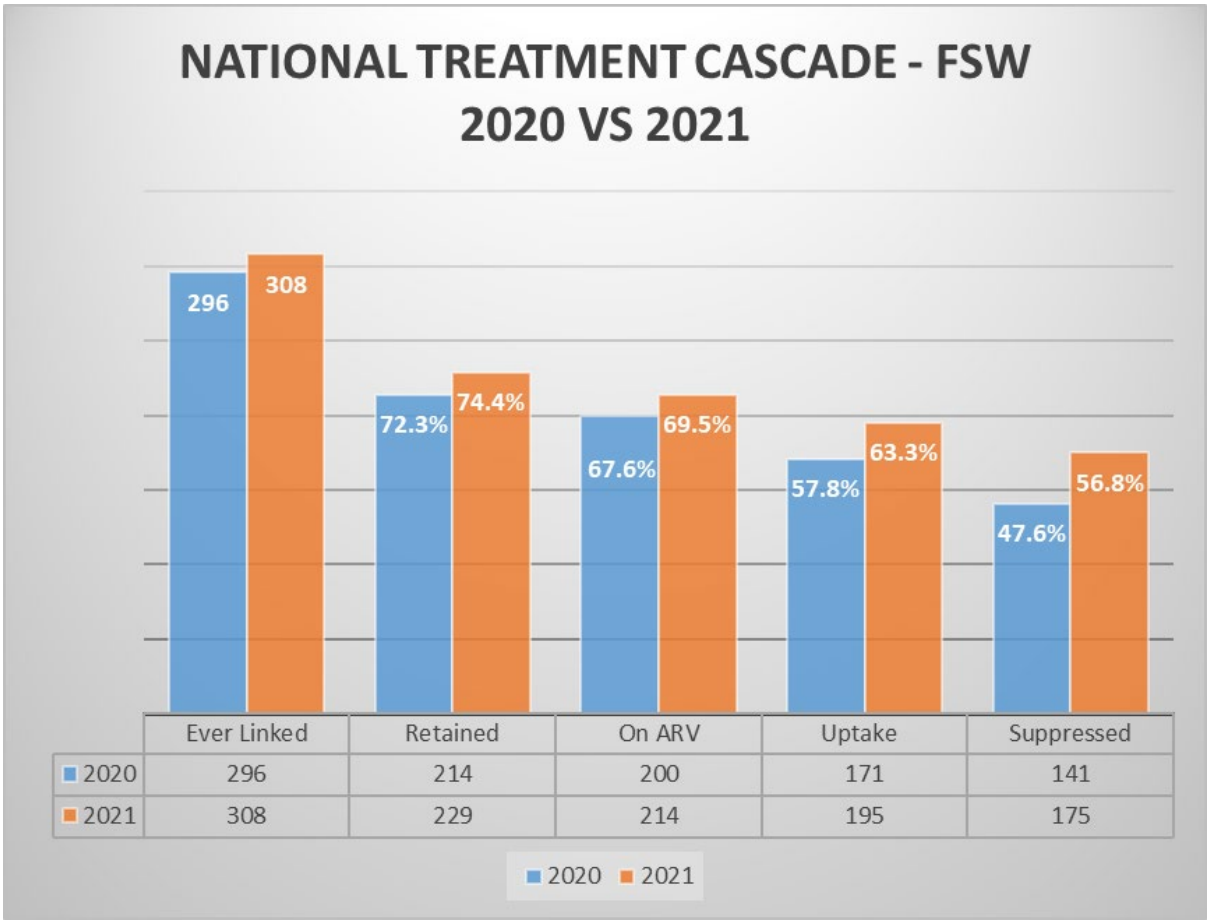


Figure 14: National Female Sex Workers (FSW) Treatment Cascade

Figure 14 shows an increase in all pillars in the cascade for female sex workers for 2021 when compared to 2020. Of the number of patients ever linked, 74.4% were retained at the end of 2021 and 69.5% were retained on ARVs. The population experienced a 9.2 percent increase in suppression when compared to the previous year. While the figure shows that 56.8% of the population has a suppressed result, 89.7% of the persons with a valid viral load had achieved viral suppression.

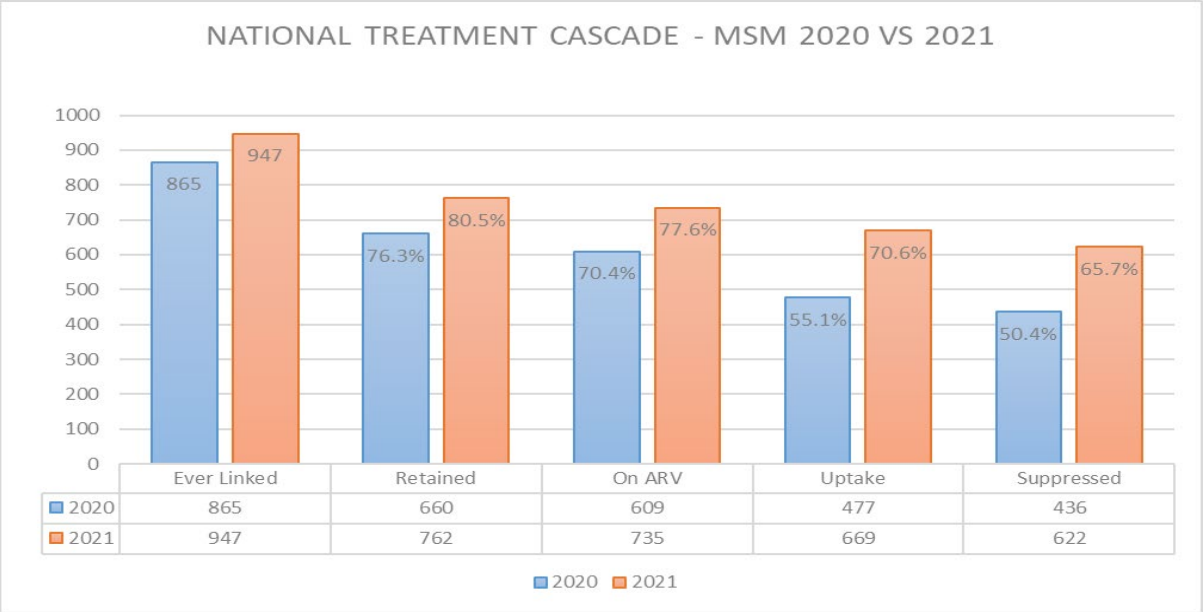


Figure 15: National Men Who Have Sex with Men (MSM) Treatment Cascade

The MSM treatment cascade shown in Figure 15 shows an increase in all pillars for 2021 when compared to 2020, notably an increase of 82 persons ever linked for 2021 when compared to 2020. The cascade shows. 80.5% of the persons linked to care were retained at the end of 2021 and 77.6% were retained on ARVs. Of those who did a recent viral load test 92.9% were suppressed, this translates to 65.7% of the MSM population being suppressed.

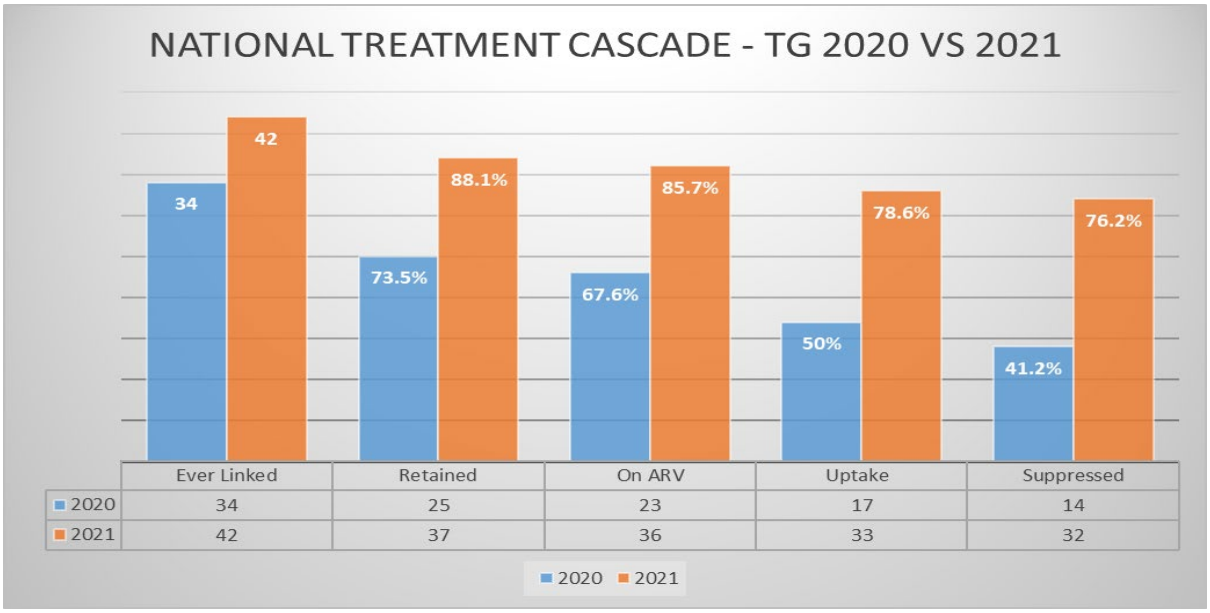


Figure 16: National Transgender (TG) Treatment Cascade

Figure 16 shows the Transgender (TG) treatment cascade. The group showed the smallest increase in population size of all the key population group for 2021 and 2020.This group shows significant improvement for each pillar when compared to 2020, with the highest percentages for all pillars of the cascade for 2021. The figure shows that 88.1% of the TG population was retained in care at the end of 2021 while 85.7% of the total number were retained on ARVs. 76.2% of the population received a suppressed viral load result, 97% of the persons who received a viral load test were suppressed.

Persons with Disability living with HIV/AIDS

Table 9 below shows data for persons with disabilities living with HIV from three RHAs (SERHA, SRHA and NERHA).

Table 9: Persons with Disabilities Living with HIV

Regions	On Register	On ARV's	Retained in Care	Virally Suppressed
SERHA	193	181	175	92
NERHA	146	133	133	104
SRHA*	63	60	60	44
TOTAL	402	374	368	240

*Black River data missing

Intellectual disabilities are the most prevalent disability recorded across the regions, with a reported figure of 170 individuals. Eighty-two (82) persons were reported to have physical disabilities. During the course of the year, staff members were trained in level 1 and level 2 sign language. A consultant was engaged to provide guidance to healthcare workers on the management of persons with intellectual disabilities however, all training sessions for this activity were scheduled for 2022.

Prison Inmates

The consultant Adherence Counsellor continued to provide support to inmates living with HIV and also inmates with chronic diseases. Data gaps identified during the course of the year validated the training of the officer in data collection and data entry. The consultant was scheduled to visit the following facilities on a weekly basis:

- St Catherine Adult Correctional Center
- Horizon Adult Remand Center
- Tower Street Adult Correctional Center
- South Camp Adult Correctional Center

Occasionally, the services of the consultant are requested at other facilities managed by the Department of Correctional Services (DCS). Table 10 below shows data outlining the breakdown of PLHIV within the islands correctional facilities.

Table 10: PLHIV in Correctional Facilities

Indicators	Total
Total number of HIV positive Adults	76
Number of Adults receiving ARV (currently)	74 (97.4%)
Total Number of Adults with Viral loads less than 1000 copies	54 (71%)

Table does not include data for Tamarind Farm Adult Correctional Facility

In 2021, both medical and non-medical staff from the correctional facilities were engaged in the training to improve the quality of services offered by the DCS staff, s:

- Stigma and Discrimination
- HIV Awareness and Rapid Testing
- Sign Language
- Gender Based Violence Awareness and Mitigation

Paediatric Population

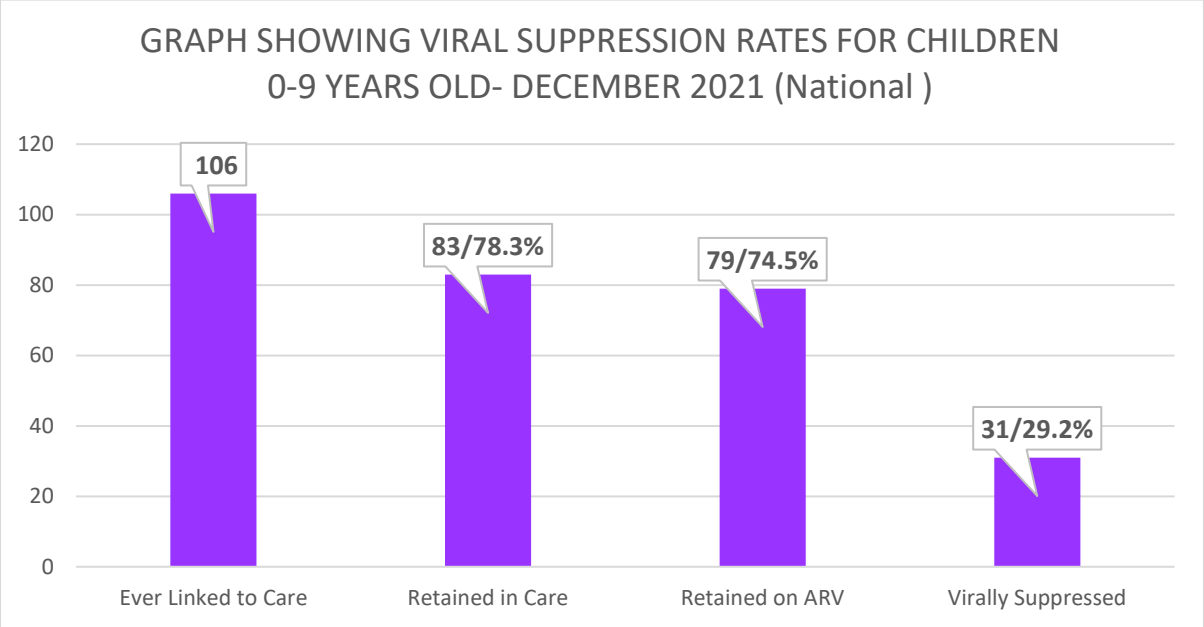
Figure 17 shows the data for the paediatric population (0-9 yrs.) for 2021. The data shows that the parishes with the largest paediatric population are Kingston & St. Andrew, St. James, and St. Catherine. The parishes with the highest suppression rates are: St. James with 66.7% and Westmoreland with 53.3%. Despite having 78.3% percent of the national population retained in care and 74.5% retained on ARVs, only 29.2% are reported to be virally suppressed. Teams have

planned and executed various strategies such as parenting workshops in an effort to assist parents in guiding their children towards better health outcomes.

Table 11: Viral Suppression Rates for Children 0-9 Years as at December 2021

	Ever Linked to Care	Retained in Care	Retained on ARV	Virally Suppressed
St. Elizabeth	3	1	1	1
Manchester	9	5	5	1
Clarendon	11	9	8	1
KSA	41	31	29	13
St. Thomas	1	1	1	0
St. Catherine	13	11	10	4
St. Mary	4	4	4	1
St. Ann	6	3	3	0
St. James	15	15	15	8
Westmoreland	3	3	3	2
Grand Total	106	83	79	31

Figure 17: Nation Viral Suppression Rates for Children 0-9 Years as at December 2021



The data presented in the table and graph reflect a National viral suppression rate of 29.2% for the 0-9 age group. Westmoreland and St. James had the highest viral suppression rates, 66.7% and 53% respectively. All other parishes had suppression rates below 35%.

HIV Testing

The HSTU for 2021, collected testing information from private and public laboratories. There was a significant decrease in the number of tests conducted and reported by private laboratories, when compared to 2020. A total of 8,389 tests were reported with a yield of 0.4% (33). Table 12a indicates testing data received from 4 of 15 private laboratories across the island. For 2021, these labs reported conducting 5,605 HIV tests with 13 (0.2%) being positive.

In 2022, the HIV/STI/TB will seek to reengage the private labs formally to improve the reporting of HIV tests conducted within these entities.

Table 12a: HIV Testing in the Jamaican Private Laboratories, January to December 2021

Month	Total HIV Tests Done	HIV Positive Test Results	% Positive
January	390	1	0.3
February	539	4	0.7
March	462	1	0.2
April	560	0	0
May	618	0	0
June	636	0	0
July	525	0	0
August	395	3	0.8
September	476	1	0.2
October	322	2	0.6
November	400	0	0
December	282	1	0.4
Total	**5605**	**13**	**0.2**

Four of the 15 private laboratories delivered reports during the reporting period. Of the 4, one lab submitted 100% of expected reports, one 75% of expected reports, one 67% and the remaining lab submitted 8% of expected reports.

Table 12b indicates that at least 155,233 HIV tests were conducted in 2021 across the four public health sector regions. This represents an increase of 31,820 conducted tests reported over the previous reporting year. The yield of positive tests in 2021 was 1.6%, a 1.5% increase over to 2020.

Table 12b: HIV Testing in the Jamaican Public Health Sector, January to December 2021

Month	Total HIV Tests Done	HIV Positive Test Results	% Positive
January	13,800	242	1.8
February	14,204	223	1.6
March	13,057	218	1.7
April	12,732	173	1.4
May	13,078	245	1.9
June	13,729	252	1.8
July	14,496	281	1.9
August	9,193	141	1.5
September	11,408	190	1.7
October	12,662	205	1.6
November	14,299	222	1.6
December	12,575	169	1.3
Total	**155,233**	**413**	**1.6**

Provider Initiated Testing and Counselling (PITC) at Public Hospitals

The regional health authorities continue to build the capacity of healthcare workers to conduct PITC. Regional trainers and national representatives conducted training sessions throughout the year for new staff within their respective regions. Table 13 reflects the PITC uptake and yield for 2021.

	SERHA	NERHA	SRHA	WRHA	Total
Total Admissions (Excl. Obstetric Data)	33050	12947	18366	15500	79863
Admissions Tested for HIV	12981	8845	7994	5717	35537
% Admissions tested for HIV	39.3%	68.3%	43.5%	36.9%	44.5%
Admissions tested positive for HIV	266	92	214	92	664
Yield %	**2.0%**	**1.0%**	**2.7%**	**1.6%**	**1.9%**

Table 13: PITC Uptake in Jamaican Public Hospitals January to December, 2021

As shown in Table 13b, Northeast Regional Health Authority (NERHA) was the only region to meet the SLA target from 2019 to 2021 (50% target for 2019 and 2020, and 60% target for 2021). For 2021 NERHA recorded the highest coverage/ uptake and the lowest yield. The Southern Regional Health Authority (SRHA) has recorded its lowest annual uptake over the three-year period shown. For 2021, the region recorded the highest national positivity yield. Sites continue to re-evaluate approaches to PITC and methods of data management to improve uptake.

Table 13b: PITC Uptake and Yield Across the Four Regional Health Authorities

Region	PITC 2019 %		PITC 2020 %		PITC 2021 %	
	Uptake	Yield	Uptake	Yield	Uptake	Yield
SERHA	41.0	4	42.1	3.2	39.3	2
NERHA	48.0	0.6	62.3	0.9	68.3	1
SRHA	59.1	1.7	56.2	1.7	43.5	2.7
WRHA	20.4	2.5	33.0	1.9	37.0	1.6
NATIONAL	**43.0**	**2.4**	**44.0**	**2.0**	**45.0**	**2.0**

Index Testing and Tracing

Index Testing is the process of finding and offering tests to exposed contacts of HIV- positive individuals. Index Testing is conducted by Contact Investigators (CI) by using interview and field records. This process is imperative to HIV/STI/TB programme as it allows for sensitive and timely diagnosis of HIV and other Sexual Transmitted Infections (STIs). For Index Testing in 2021, there was a decline in the number of cases reported in all categories compared to 2020. However, to understand the impact of the decline in numbers, Figure 10 compares the percentage of those clients who were located, the percentage of the individuals tested, and the yield for 2021 compared to 2020.

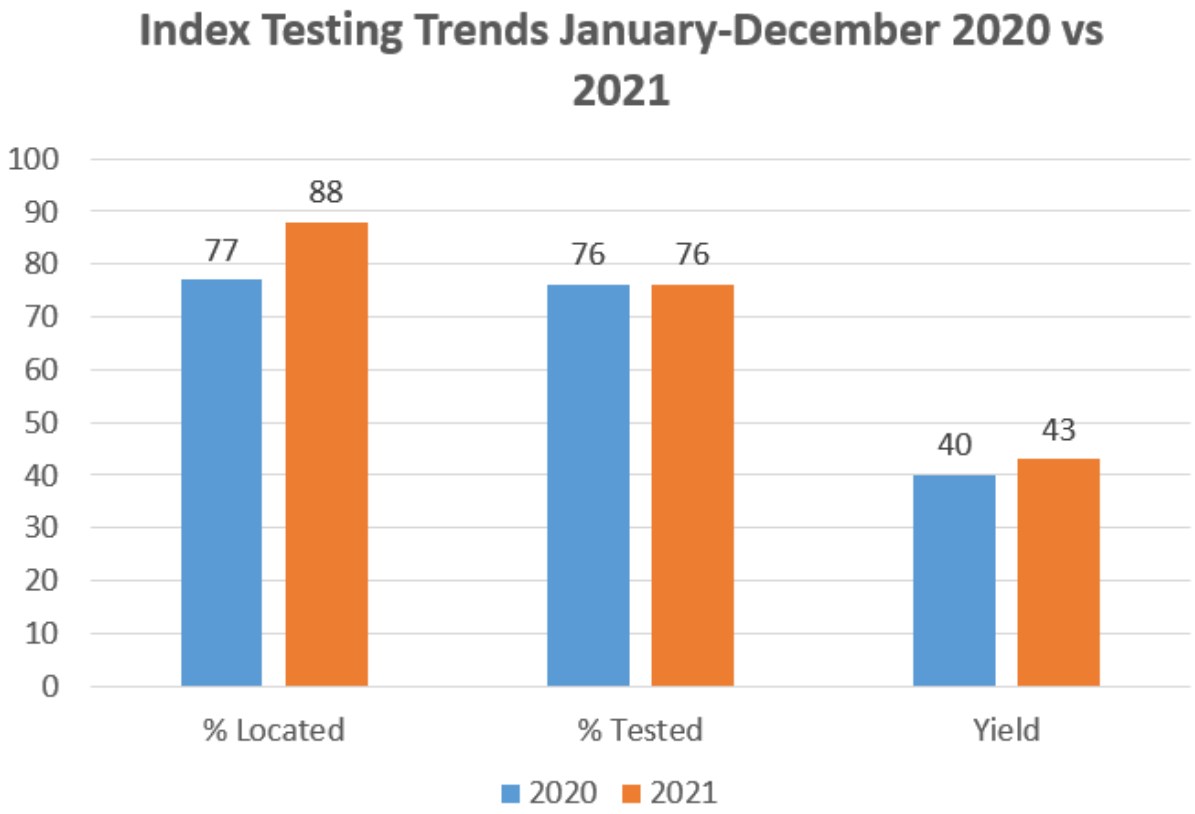


Figure 18: Index Testing Trends 2021 vs 2020

Figure 18 demonstrates that the absolute numbers reported in 2021 were fewer than those reported in 2020 for each category within index testing, and that there was an increase in the percentage of contacts located, the percentage of those tested remained constant, and there was a greater yield in 2020. However, much more is required to meet the targets of 95% located and 90% tested in the upcoming years. These strategies will include:

- The release of the Contact Investigator Field Guide with reference to targets and improved methods in quarter 2, 2022
- Continuation of quarterly CI data review meetings
- Focus on supportive supervision which will include quarterly site visits and immediate feedback to sites
- Finally, the digitization of CI forms and the establishment of the CI Database

for local site data entry and real time monitoring in 2022-2023.

Linkage and Retention in Care

Linkage and retention continue to be challenging areas in the continuum of care as outlined in Figure 13. The activities that were initiated in 2021 to improve retention and viral suppression are outlined below.

Retention Strategies Leading to Viral Suppression

- Reinforced the usage of the Retention and Recovery standard operating procedures (SOPs) in all engagements with the field
- Provided support for evening clinics and extended clinic hours. This was limited by the COVID-19 pandemic due to the island wide curfews
- Reinforced the use of appointment reminders
- Promoted the fast tracking of stable patients and longer appointment dates with multi-month prescriptions
- Developed retention templates to track related activities at the site, parish and regional levels
- Provided living support (food vouchers and travel stipend)
- Facilitated quality improvement collaborative meetings
- Facilitated case conferences for unstable patients
- Developed regional HIV cascade improvement plans with quarterly monitoring activities
- Provided clinical mentoring
- Established viral load monitoring activities
- Expanded DISA web and link access to other sites; increased viral load uptake and shorter viral load turnaround time
- Extension of Community Healthcare Workers (ECHO) sessions
- Provided HIV drug resistance testing
- Provided support for therapeutic and support groups for unsuppressed patients

Treatment with ARVs

The COVID-19 pandemic continued to disrupt supply chains globally, however the HSTU maintained an uninterrupted supply of ARVs at the national level in 2021. This achievement was due to the ongoing monitoring of stock levels, appropriate quantification and forecasting of ARV needs. The ARV tracking tool developed by the HSTU continues to provide a quick review of current stock levels, orders in the pipeline, and expiration dates. Collaboration between the unit and the National Health Fund's (NHF) Warehouse and Drug Serv divisions continue. Bi-annual stock counts have also proved valuable in monitoring inventory.

Monthly reporting of ARV stock levels at ARV dispensing Drug Servs has been ongoing. However, compliance is below 100%. Collaboration between the HSTU and the Drug Serv division continues with quarterly meetings to improve the communal outputs of both entities.
The lengthy national procurement process continues to be a threat to the timely receipt of health products. The merging of the HSTU procurement unit into the general procurement unit has also prolong the process.
Multi-month dispensing of ARVs continued for stable patients, due to stock levels, there were intermittent restrictions on select ARVs to single month dispensing until deliveries were received.

Laboratory Monitoring Tests

Table 14 compares the monitoring test results for PCR, CD4 and viral load for the years 2019 to 2021.

Table 14: Monitoring Tests for 2019 – 2021

YEAR	PCR			CD4			VIRAL LOAD		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
Received	1,091	1,089	1,162	15,485	8,838	7,910	22,433	22,182	23,004
Processed	1,039	1,024	1,093	14,805	8,438	7,631	21,911	21,667	22,553
Positive	14	20*	8**						
Rejected	52	65	64	680	400	279	522	515	451
Rejection Rate %	4.7	6.0	5.5	4.4	4.5	3.5	2.3	2.3	2.0

*of the 20 cases, 6 are new
**of the 8 cases, 4 are new and 4 are repeats and second PCR tests for babies born in 2020

Early Diagnosis of HIV Exposed Infants - DNA PCR Testing

DNA PCR testing is used as a means of early detection for HIV in perinatally exposed infants. The testing algorithm indicates that HIV-exposed infants are given a PCR test at 6 weeks and then 3 months. Additionally, at 18 months, an ELISA test (HIV antibody test) is done to complete the testing algorithm.

In 2021, there were 1,162 DNA PCR tests done with 8 positive results. Of those positives, 4 represented new cases for 2021. The others were for second PCR tests for babies born in 2020 and repeat tests for 2021.

There has been a slight decrease in the number of rejected DNA PCR samples from 2020 to 2021. The HSTU in collaboration with the National Public Health Laboratory (NPHL) seek to constantly engage the field in improving the quality of dried blood spot (DBS) samples in order to avert sample re-take.

CD4 Testing

CD4 testing acts as a means to monitor the stage of HIV disease of the person living with HIV (PLHIV); it is an indicator of the level of immune system impairment. All newly diagnosed persons should receive an initial test to determine their CD4 count upon linkage to the care team for staging.

In 2021, 7,910 CD4 samples were received for testing. This represented a decrease over previous years, which is in accordance with the revised clinical guidelines for the management of HIV. The rejection rate for CD4 tests has reduced by 1% for 2021 when compared to 2020. The NPHL and HSTU continue to engage the field regarding the reasons for rejection.

In terms of capacity building, 4 new PIMA machines were procured to replace ones that were out of commission. Four printers will be procured in 2022 for those machines and a training will be organized for new users of the instruments.

Viral Load Testing

Viral load testing is used as an indicator of how well the immune system is fighting the HIV virus. Viral load assessment should be done six months post the initiation of ART commencement, and then twice annually until the patient is virally suppressed; the test should then be offered annually.

Viral load testing has increased by 3.7% in in 2021, due to LTFU and Entry to Care activities. The rejection rate decreased by 0.3% in 2021, compared to 2020 and turnaround time for results was as low as two weeks for some sites in 2021 due to the following activities:

- Line listing of viral load samples for ease of tracking and accountability
- Expansion of DISA to sites in SERHA, WRHA and SRHA with requisite training
- Equipping sites needing equipment for DISA set up.
- Closer follow up with the NPHL

HIV Drug Resistance Testing

In 2019, the Ministry of Health and Wellness began providing genotypic HIV drug resistance (HIVDR) testing for patients who had proven virologic failure to ascertain the best antiretroviral regimen for these patients that would improve their overall outcomes. A testing protocol was developed and a HIVDR Board was elected from the stakeholders within the National HIV Programme to oversee the testing service. The HIVDR Board convened on the last Friday of each month to review the samples to be processed and reviewed any results from the previous meeting to provide feedback.

HIVDR testing was suspended in 2020, due to COVID-19 testing services being offered by National Public Health Laboratory (NPHL) which had limited staffing and space. This suspension continued in 2021. The HIVDR machine has also become obsolete and needs to be replaced. Discussions

continue with NPHL, and HIVDR testing is expected to resume in 2022. In the interim, samples are being frozen and stored for processing at a later date.

Site Mentoring Team

The Site Mentoring team was conceptualized to focus on the steps needed to achieve the UNAIDS 90-90-90 target. It is comprised of a Clinical Mentor (Team Lead), Programme Development Officer(s), Strategic Information (SI) Officers and Treatment Care and Support Officers from the National Programme.

Site Audit Corrective Measures

To improve the retention in care of PLHIV, various aspects of service delivery were evaluated including perceived privacy and confidentiality at the site, whether the site is Key Population friendly, and how Sexual and Reproductive Health (SRH) has been incorporated in HIV care
During 2021, the TCS component performed treatment site audits for both GOJ and non-GOJ sites. While many good practices were found, there were also gaps in service delivery that needed to be addressed. The identified gaps were: inadequate documentation, especially for data entry team members keying client information dockets; and an underutilization of forms and protocols.

The audit findings were analysed and a site specific plan was formulated to address the gaps identified, which was communicated to the regional health authority (RHA). A combined HIV/STI/PMTCT audit is planned for all regions in the 2nd quarter of the 2022/2023 financial year.

Updates for Service Delivery

In 2020, the HST Unit adapted the antiretroviral regimen for PLHIV to reflect global recommendations that would enhance the quality of treatment provided to clients. The combination of Tenofovir/Lamivudine/Dolutegravir (TLD) became the first choice for first line therapy, Abacavir/Lamivudine replaced Tenofovir/Lamivudine as one of the options for second line therapy and Tenofovir/Lamivudine/Dolutegravir was recommended as the first choice for post exposure prophylaxis (PEP). These guidelines came into effect starting January 1, 2020.

In 2021, a TLD transition plan was developed for the transitioning of all 1st line patients, beginning with the unsuppressed patients on first line, then all suppressed patients on the first line within specific groups and timelines. Job aids on TLD transition were submitted and regional sensitization began in 2021. The complete TLD switch is to take place by year end 2023.

Psychosocial Support

The HST Unit-TCS Component provides support for PLHIV through the psychosocial support team (PST) which includes Adherence Counselors (ACs=34), Social Workers (SWs=35), Psychologists (18), and Case Managers (CMs=13). This cadre of workers assists PLHIV through screening, assessment, interventions, and evaluation geared at addressing the social and psychological challenges that may

present as barriers to initiation and adherence to antiretroviral treatment (ART). The measures also go beyond the HIV diagnosis to include all the other areas of clients' lives as the team seeks to improve their overall quality of life and that of their family members. Face to face activities such as support groups complied with physical and social distancing, and restrictions on gathering - relevant to COVID-19 disaster risk management protocols. However, the commitment and creativity of team members resulted in some social media apps and direct phone calls being used to conduct support groups, pill count, Direct Observation Therapy (DOTS), and other interventions. This was assisted by training in tele-therapy for Psychologists. Training sessions and site meetings were also conducted online.

Areas of focus: (Coping with COVID-19)

The online psychosocial support meetings continued to instruct participants in Motivational Interviewing (MI) and Behaviour Activation (BA) skills. Most meetings took the format of case conferences where staff members presented challenging cases which were analysed by a consultant Psychiatrist from Harvard Medical School engaged by I-TECH. Participants reported having breakthroughs with cases that were presented at these meetings.

MH First Aid

The increased service capacity of the psychosocial support team (PST) was identified as a primary requirement to support PLHIV with mental health and drug misuse challenges To this end, team members from NERHA, WRHA, and JASL, were trained in BA (May 11 & 18, 2021) and all Psychologists in Telepsychology (June 30, 2021). Several clashes in dates caused the postponement of the BA and MI training for SERHA, SRHA, and CHARES. With technical support from ITECH, the MH curriculum for psychosocial support staff was developed and uploaded to the new MOHW learning management system (LMS) for independent learning.

Other activities which took place in 2021 included, the ongoing training in the monthly (4th Mondays) online psychotherapeutic support group (PSG) meeting, where team members learn and practice MI and BA skills under a consultant Psychiatrist engaged by ITECH. The final assessment for CMs (13) and ACs (22) who were trained online in 2020 (June to November), came over into 2021. The planned cross-training that is to precede the integration of HIV into primary care was delayed and is expected to occur in 2022.

Living Support (LS)

This area covers a range of activities geared at assisting PLHIV and their families to improve their quality of life including; food vouchers, travel/refreshment stipend, school attendance support, skills/literacy training, and income generating start-up. This summary is focusing on food vouchers only. Progressive Grocers of Jamaica (plastic swipe cards) and HiLo Food Stores via AHF (paper vouchers) are the two suppliers of these items. This benefit continues to play a critical role in encouraging clinic attendance and ART adherence. The reports from the field continue to be positive regarding this living support. Table 7 quantifies the distribution of food vouchers for 2021. The vouchers/cards are collected by a Social Worker (SW) who then distributes them to other SWs but retains the responsibility for submitting the monthly Living Support (LS) report.

A new LS eligibility assessment form was another outcome of the consultancy that developed standardized packages of care for PLHIV. Each SW, or healthcare worker (HCW) from any other category, assessing patients' eligibility for LS benefit(s), is required to use this form. Stakeholder training in the use of this form will be done in 2022.

Table 15: Cost of PLHIV Food Vouchers distributed by MOHW for PLHIV in 2021

Region/Parish/Entity	Value of Food Vouchers Distributed
SERHA	$3,097,000.00
NERHA	$1,428,000.00
SRHA	$662,000.00
WRHA*	$0.00
UHWI Pediatric Infectious Disease Clinic	$229,000.00
TOTAL	**$5,416,000.00**

**WRHA receives food vouchers from a non-government partner*

Psychosocial Team Challenges

In 2021, the psychosocial team experienced service delivery challenges due to COVID-19 quarantine and isolation of staff members. Mitigating activities included task shifting and task sharing to minimize the impact.

Additional challenges related to supervision and clear demarcation of roles and responsibilities will be addressed through supportive supervision, the completion of the assessments for the cadres of psychosocial staff, and with standard operating procedures in place for each cadre.

Quality Improvement Programme

C-TECH, in collaboration with the Treatment, Care and Support Unit continued to work on Quality Improvement at the HIV Treatment sites. As per the PEPFAR Jamaica work plan, C-TECH worked directly with seven (7) of the twenty-eight (28) treatment sites considered high priority sites participating in Quality Improvement (QI) activities. QI teams that are not supervised directly by C-TECH are allowed to participate in the C-TECH led learning sessions. Quality Improvement activities at all sites were monitored by the QI lead for the site as well as the Treatment, Care, and Support Officers at the regional and national levels. The QI Team at each site was also required to have a member of the PLHIV community as a part of the team so that they would have perspective and input from patients on what services and support the patients identify to be most necessary to improve treatment, care, support and overall quality of life.

For 2021 the focus of the learning session was viral load uptake and viral suppression. The first learning session was held March 22-26, 2021 under the theme "No One Left Behind". The second

learning session was held on August 23 for NERHA, August 24 for WRHA, September 1 for SRHA and September 2&4 for SERHA.

The treatment site teams tested different plan, do, study act (PDSAs) throughout the year. With the increased emphasis on differentiated care, sites were encouraged to test change concepts on stable versus unstable patients. Most sites focused on viral load monitoring and achieving suppression through enhanced adherence support (EAS). This EAS consisted of a holistic approach to patient care where members of the treatment team both clinical and psychosocial developed an adherence plan for the patient that included more frequent visits to the treatment site in the first instance, as well as techniques to identify, and mitigate any barriers to adherence that the patient may have had or that they perceived.

Each month the Strategic Information component provided the sites with a list of unsuppressed patients as well as the viral load uptake for the site. This information was provided using the Patient Tracking Tool. The QI team at each site then investigated why these patients are unsuppressed and for those who did not do a viral load, the patient was directed to go to the laboratory and do the viral load test. Reports were submitted on the 24th of the following month that showed whether the patient did the viral load test and the customized site plan developed to bring each patient to viral suppression.

Enhanced Package of Care

Key populations bear a high burden of HIV infections, and similar to the general population, challenges exist with linkage to care and viral suppression. Stigma and discrimination due to negative social attitudes and legislature affect the retention of key populations in care. In efforts to improve the reach of HIV/STI prevention services to key and vulnerable populations, the Consolidated Guidelines on HIV Prevention, Diagnosis, and Treatment and Care for KPs (2016 Update) were developed by the World Health Organization. From these guidelines, the MOHW Key Populations services framework identified gaps and provided recommendations for improving the responsiveness of health services for key and vulnerable populations. These recommendations led to the Enhanced Package of Care for Key and Vulnerable Populations (EPOC).

The Enhanced Package of Care for key and vulnerable populations (EPOC) uses an interpectoral approach to deliver differentiated care to key and vulnerable populations. The care bundles were conceptualized out of a series of consultations with key experts who were able to identify gaps in the delivery of care to various groups.

In order to address the training needs identified, consultants were engaged by the HST Unit to execute the following trainings:

- Stigma and discrimination (100 persons)
- Conflict resolution (100 persons)
- Mediation (8 persons)
- Gender-based violence identification and mitigation (100 persons)
- Sign language Level 1 and Level 2 (60 persons)

- Management of intellectual disabilities (Period of engagement started in 2021 but sessions were held in 2022)

The COVID-19 pandemic and the disaster risk management restrictions impacted the number of in-person training sessions and the number of persons accommodated at these sessions.

Elimination of Mother to Child Transmission (EMTCT) of HIV and Syphilis

The defining goal of the Prevention of Mother-to-Child Transmission (PMTCT) programme is for the country to attain dual elimination of HIV and Syphilis by the year 2023. Jamaica, a non-breastfeeding population that adopted the World Health Organization (WHO) Option B+, mandated that all pregnant women regardless of CD4 count be started on triple ARV's, such as TLD, as soon as they are diagnosed. The WHO Elimination of Mother-to-Child Transmission of HIV/ Syphilis (EMTCT) targets were subsumed in Jamaican policy. The desired goal for the EMTCT programme is:

1. Annual transmission rate of 2% or less of MTCT for HIV in Jamaica as a non-breastfeeding population
2. Incidence of Paediatric HIV of 50 new cases or less per 100,000 live births per year
3. Incidence of congenital syphilis of 50 cases or less, including stillbirths, per 100,000 live births per year

Both national and sub-national efforts were integral in attaining the targets listed above for 2020 and 2021 as shown in Table 16.

Impact indicators	*Target*	*2019*			*2020*			*2021*		
		Result	*Num*	*Den*	*Result*	*Num*	*Den*	*Result*	*Num*	*Den*
HIV EMTCT rate	*<2%*	*2.20%*	*9*	*410*	*2.04%*	*7*	*343*	*1%*	*4*	*387*
Annual rate of new inf. per 1000 infections	*<0.3 /0.5*	*0.3*	*9*	*32,587*	*0.2*	*7*	*33,788*	*0.1*	*4*	*31,912*

Annual rate of CS per 1000 live births	*<0.5*	*0*	*0*	*32,587*	*0*	*1*	*33,788*	*0.2*	*7*	*31,912*

Table 16: EMTCT Validation Indicators for 2019, 2020 and 2021

Number of confirmed cases of Congenital Syphilis by case surveillance definition and those confirmed by lab were obtained from the HSTU/NSU.

In January 2020, the triple ARV regime of Tenofovir, Lamivudine and Dolutegravir (TLD) was chosen as the first-line option for newly diagnosed antenatal clients and those that were lost to follow-up and returning to care.

The Regional Health Authorities continued to build on the action plan developed from the PMTCT Audits, and programmatic advancement was achieved even in the presence of the COVID-19 pandemic. The EMTCT Oversight Committee continued its quarterly meetings to provide technical guidance that aids the validation process. The oversight committee will also serve as the National Validation Committee as the country continues its efforts toward the goal of elimination.

The HIV/STI/TB Unit (HSTU) in the Ministry of Health and Wellness (MOHW) continued its partnership with the Pan American Health Organization (PAHO) which provides country and regional oversight in the elimination efforts. Through its collaboration with PAHO the HST Unit strategized a way forward.

Quarterly PMTCT Field Meetings and Site Audits strengthened the bilateral communication between the HSTU and the officers in the field. Site audits also facilitated data verification exercises and tracked patients as they moved through the stages of care. In 2020, two other data verification strategies were instituted, (1) the EMTCT Monthly Reporting repository, which allowed remote data entry and real-time access at the national level; and (2) weekly antenatal line listings, which aided in reducing the time between diagnosis and intervention. These strategies proved useful in 2021 where additional capacity-building data entry training were conducted island-wide in collaboration with the Strategic Information Unit.

Quarterly PMTCT Case conferences and PMTCT field meetings were conducted in 2021. Both served as channels to review the paediatric sites, share best practices and offer expert guidance to improve gaps identified.

The sixteen PMTCT sites across the island continue to offer services even in the pandemic, the TCS Unit was tasked with ensuring the continuity of quality service, increasing patient retention, reviewing and ensuring accurate documentation for mother and infant, during the antenatal, intranatal and postnatal stages.

Achievements in the PMTCT programme for 2021 include:

1. Case conferences for all unsuppressed infants and children on register, which improved their viral suppression rates.
2. Staged RHA Quarterly PMTCT meetings
3. All HIV-positive paediatric clients are in care and on ART

4. No disruption in ARV or formula supplies for the PMTCT population during the pandemic
5. Increased in home visits to reduce movement of clients during the pandemic
6. Improvements in documentation, in the relevant PMTCT registers and records
7. Provision of living support, where clients had access to food vouchers, travel stipend and back to school assistance
8. Data entry training and expansion of the use of online platforms for the submission of reports
9. Improvement in the maintenance of EMTCT targets

Sexually Transmitted Infections

For 2021, Jamaica continued to re-sensitize health care workers and the general population on the importance of risk reduction for all STIs, including HIV. The comprehensive management of SRH involved prevention and contraception mechanisms, such as condom use and dual family planning methods from the National Family Planning Board (NFPB) and the Family Health Unit (FHU) respectively; the HST Unit was tasked with programme management of the treatment care and support for all STIs.

The reported numbers as shown in Table 17, of STIs such as Syphilis, and Genital Discharge Syndromes which include Gonorrhea, Chlamydia and Bacterial Vaginosis, continued to emphasize the importance of detecting and treating these curable conditions.

STI Condition	*2021 M*	*2021 F*	*2021 Total*	*2020 M*	*2020 F*	*2020 Total*
All Syphilis			*1390*	*479*	*569*	*1048*
Genital Discharge Syndrome (GDS) *NB: Includes gonorrhea, chlamydia, trichomonas, B.V and candidiasis if they could not otherwise be uniquely identified*	*5615*	*27294*	*32909*	*5,798*	*25,959*	*31,757*
Total			*34,299*	*6,275*	*26,528*	*32,805*

Table 17: STI Conditions for 2020 and 2021

The 2021 values for all Syphilis and GDS are compared to the prior year as depicted in the graphs below. For both categories, there was an increase in the number of cases reported. Figure 19 depicts the increase in the number of all syphilis cases reported in 2021 compared to 2020.

As expected, females presented with GDS more often than males with a ratio of approximately 4:1. The rise in the number of cases in 2021, is largely due to the return of normal clinic operations after a scale down in 2020, during the earlier months of the pandemic, and persons seeking health care.

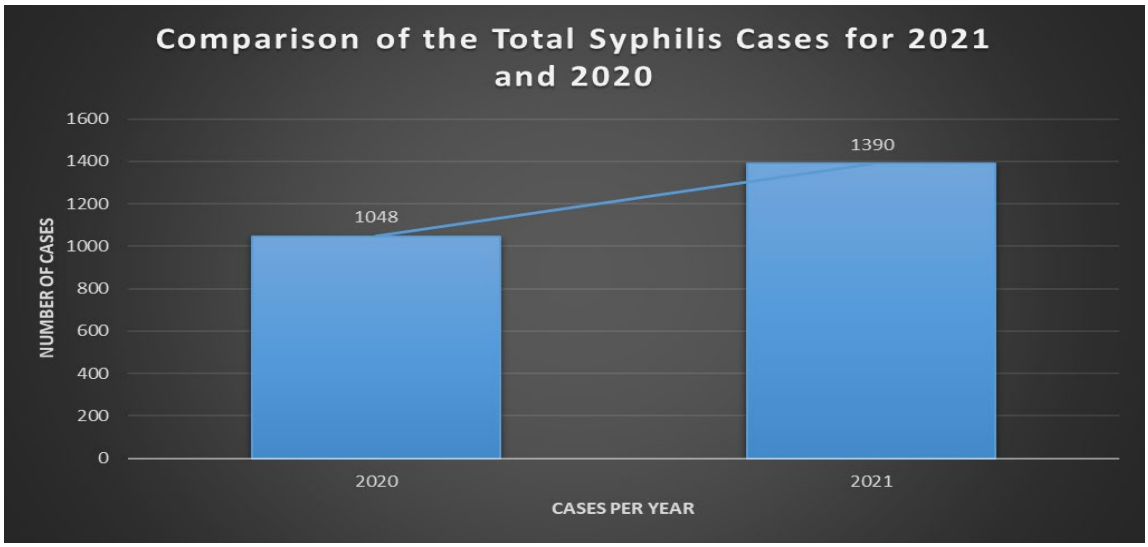


Figure 19: Comparison of the Total Syphilis

Figure 20, Illustrates the 32,909 cases of Genital Discharge Syndromes, the most reported syndrome for 2021.

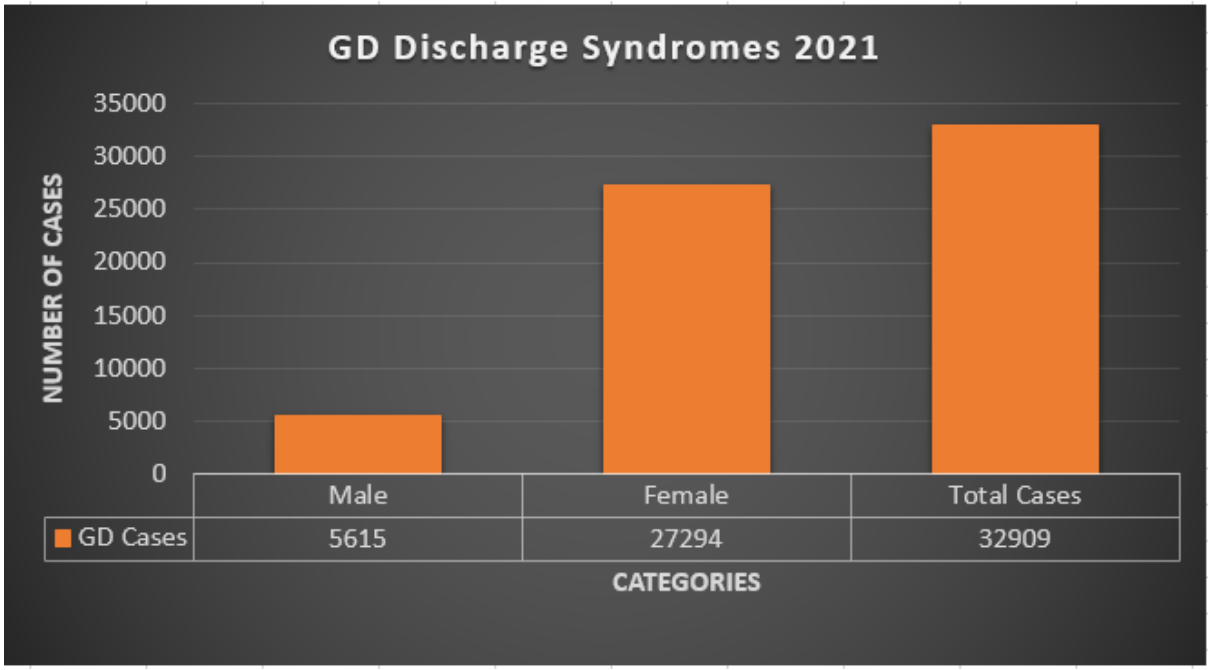


Figure 20: Genital Discharge Syndromes 2021

Technical oversight from the STI Technical Working Group will help to strengthen the national and subnational STI Programme and influence the trends indicated in Figure 13 above.

Tuberculosis

Jamaica remains a low burden Tuberculosis (TB) country with less than 10 cases per 100,000 population per year; as evidenced by the number of annual confirmed cases, 82 in 2018, 69 in 2019, 61 in 2020 according to data from the National Surveillance Unit (Table 18).

Cases	2016	2017	2018	2019	2020	2021
Number of TB cases detected	103	118	82	69	61	57
Number screened for HIV	56	96	65	44	60	18
% of TB cases screened for HIV	54.4	81.4%	79.3%	63.7%	98.3%%	31.6%
Of cases screened, # co-infected	28	17	8	5	15	9
Of cases screened % of cases co-infected	50	17.7	12.3	11.4	25	50

Table 18: Tuberculosis cases in Jamaica 2016 -2021

In 2021 Jamaica had no multi-drug-resistant cases of TB. The country continued to optimize the prevention of drug-resistant TB, through vigilant treatment and monitoring, ensuring patients complete their treatment; and detecting drug resistant TB cases using drug-susceptibility testing as a secondary measure. Consistent improvement of surveillance systems ensured the complete and timely, delivery of valid data sets.

In low-burden TB countries such as Jamaica, the concentration of the disease is likely in vulnerable and at-risk groups, such as the poor, prisoners, and persons living with HIV (PLHIV). TB screening has been institutionalized at HIV treatment sites, where at each clinic visit PLHIV are screened for symptoms of active TB (cough for more than 2 weeks, fever and weight loss). This symptomatic screening was institutionalized in chronic non-communicable disease patients such as diabetics due to their immunocompromised state. Contacts of TB disease patients were screened using Purified protein derivative standard (PPD), and in prisons TB screening was done using a stamp that lists the symptoms of active TB.

The National Public Health Laboratory (NPHL) received 602 samples for 2021, significantly less when compared to 2020 (1,134 samples received). Of the 602 samples received, 544 (90.3%) were processed for smear microscopy and 360 (59.8%) for GeneXpert. Fifty-eight (58) samples were rejected and the annual rejection rate was 9.6%, which was higher than the acceptable range (<1%), an increase over 9.4% recorded in 2020 (9.4%). The annual new case rate from the laboratory services was 7.0% (38 cases) which increased compared to 2020 (6.0%; n = 62 cases).

The National Strategic Plan for Tuberculosis Prevention and Control (TB NSP) 2020-2024 was revised in collaboration with stakeholders internal and external to the Ministry of Health and Wellness. The goals and objectives of the new TB NSP are closely aligned with the Sustainable Development Goals, the World Health Organization's END TB Strategy for low incidence countries, the Pan American Health Organization's Regional Plan of Action for the Prevention and Control of Tuberculosis and the Political Declaration of the high-level meeting of the General Assembly on the fight against Tuberculosis. The objectives of the TB NSP are:

i. To ensure political commitment, funding and stewardship for planning and essential service of high quality.
ii. To address the most vulnerable and hard to reach groups.
iii. Undertake screening for active TB and Latent TB Infection (LTBI) in TB contacts and selected high-risk groups and provide appropriate treatment.
iv. Optimize the prevention and care of drug-resistant TB.
v. Ensure continued surveillance, Programme monitoring and evaluation and case-based data management.

vi. Invest in research and new tools.

The targets of the NSP relate to TB diagnosis and cure, in addition to the epidemiological impact including reducing the incidence, prevalence and mortality rates for TB.

The revision of the Tuberculosis prevention and control manual was completed, and the final draft approved by the senior directorate of the MOHW. Once approved, printing of the manual, training and sensitization sessions will be held to build the capacity of healthcare workers on the revised guidelines in 2022.

Jamaica's TB prevention and control programme is at a critical stage to achieve "pre-elimination" of TB (<10 TB cases per million population) and ultimately to the elimination of TB as a public health problem (<1 TB case per million population). The revision of the guiding documents will help to revitalize the Tuberculosis programme and re-sensitize health care workers to have a high index of suspicion of TB.

Consultancies Conducted in 2021

The TCS component of the HST Unit embarked on several consultancies in 2021. A summary of each is provided below:

1. Pre-Exposure Prophylaxis (PrEP)

A Consultant was contracted by the HIV/STI/TB (HST) Unit to conduct a Pilot to evaluate the feasibility of PrEP in Jamaica using funding provided by the Global Fund in 2021. The consultancy had several delays and concluded in October 2021.

The Jamaica Aids Support for Life (JASL) chapter in Kingston and the Centre for HIV/AIDS Research and Education Services (C.H.A.R.E.S) at the University Hospital of the West Indies (UHWI) were the sites for the PrEP pilot; and the three (3) main Sexually Transmitted Infection (STI) Clinics within the Western Regional Health Authority were the participating sites for the PrEP feasibility study.

In summary, the consultancy showed, that an integrated PrEP service at STI clinics in Jamaica would likely be a cost-effective strategy to reduce HIV transmission. Additionally, the retrospective review component indicates that attendance at public health STI clinics provides an opportunity to implement HIV prevention strategies.

2. Development of a Pre-Exposure Prophylaxis (PrEP) Implementation Protocol and Guidelines for a National PrEP Programme in Jamaica

A Consultant was engaged to develop the PrEP implementation protocol and guidelines for the National PrEP programme in Jamaica under the Global Fund Grant in November 2021, with conclusion of the consultancy in December 2021. This guiding document served to outline the following:

- Clinical protocol for PrEP
- Implementation of services on site
- Training
- Integrate combination prevention
- Monitoring and Evaluation

3. Conduct an assessment of PrEP implementation to identify best practices for scale up, and conduct dissemination of findings

Two consultancies were conducted, one each at JASL and CHARES to assess the implementation of PrEP at both sites. The final reports provided the following:

- Recommendations towards the standard operating procedures for the insertion of PrEP services
- Monitoring and evaluation tools for PrEP
- Recommendations for the scale up of PrEP services post implementation

4. Disclosure Protocol

Non-disclosure of HIV positive status has been identified as a barrier to PLHIV seeking care. The HST Unit recruited a consultant to develop an adult disclosure protocol for HIV status of PLHIV. This protocol was completed in 2021.
In collaboration with I-TECH, the TCS component is also in the process of developing a disclosure protocol for adolescents, it is expected to be completed in 2022.

5. To develop standardized components of living support for PLHIV

The National HIV programme offers living support to PLHIV based on individual assessment and eligibility. The objective of the consultancy was to develop a standard package of care for living support, a monitoring and evaluation matrix and to outline the context within which clients qualify for living support.

Achievements for 2021

The following major achievements were accomplished by the component in 2021.

Treatment Care and Support Annual Forum

The Treatment, Care & Support Component of the National HIV/STI/TB Programme convened its Annual Forum 2021 utilizing a blended approach, of on site, as well as virtually participants from September 20 to 22, 2020 under the theme: *"Retention for Optimization"*. The forum's objective was to analyse and assess strategies aimed at retaining PLHIV in care to ultimately achieve viral suppression. Other objectives were:

- To review and discuss strategies for retention
- To Identify best practices across regions and civil society organizations
- Highlight the efforts of treatment site teams in the HIV response
- To review new and innovative approaches to treatment, care and support

The TCS featured thirteen plenary presentations, and a panel discussion. Participants were from various areas of the programme activities, including:

- Representatives from the four Regional Health Authorities - Clinicians, Social Workers, Psychologists, Case Managers, Contact Investigators, Paediatricians, Treatment, Care and Support Officers, as well as their respective secretariats.
- Ministry of Health and Wellness (MOHW) Partners in the HIV response programme: including Civil Service Organizations(CSOs) and Non-Governmental Organizations(NGOs), Experts in HIV Management, and other technical agencies including the Pan American Health Organization (PAHO), Caribbean Training and Education Centre for Health (C-TECH), Centre for Disease Control and Prevention/President's Emergency Plan for AIDS Relief (CDC/PEPFAR), University of California San Francisco (UCSF) and Centre for HIV/AIDS Research and Education Services (CHARES).

The presenters included representatives from the HIV/STI/TB Unit, Regional Health Authorities, Non-governmental Organizations, Civil Society, and other technical agencies involved in the HIV response.

Health Products

The HSTU continues to quantify and procure health products for the diagnosis, treatment and monitoring of HIV, diagnosis for syphilis and tuberculosis, and the provision of formula and medical disposables, including PPEs. In 2021, there were no out-of-stock periods for ARVs, diagnostic test kits, infant formula and TB GeneXpert cartridges.

Service Delivery

- Maintenance of service delivery through service adaptation
- Facilitation of pharmacy pickups and drop offs
- Saturday clinics (in some RHAs)
- Fast tracking of stable patients
- Longer appointment dates for stable patients
- Multi-month dispensing of the majority of ARV formulations
- Entry to Care activities completed
- Intensive loss to follow up activity
- Enhanced Package of Care (EPOC) for key and vulnerable populations
- Progress towards achieving elimination of MTCT of HIV and Syphilis
- Pilot of Fast Track Online Modules in HIV care

Psychosocial Support

- Provision of increased living support
- Group sessions with treatment teams
- Sessions with the PLHIV community
- Bi-directional communication sessions with the PLHIV community to facilitate transparency as well as education on related topics

Guiding Documents Developed

The TCS component developed and completed the following protocols and guiding documents in 2021.

- Manuals
    - PMTCT
    - Paediatric
    - STI
        - STI pocket guide
    - Contact Investigator's Field Manual
    - Tuberculosis
- Protocols
    - Disclosure
    - Living support eligibility form
- Revision of Tuberculosis National Strategic Plan
- Revised Treatment Readiness Assessment Tool (TRAT)

Completion of Consultancies

- PrEP pilot and feasibility study
- Disclosure Protocol
- Standardization of Living support
- Assessments of PrEP Implementation

Training

- Updated clinical guidelines (HCW)
- Revised/Updated Protocols (HCW)
- DBS Training
- Adherence Counsellors
- Case Managers
- Pharmacy training on ARV management (NHF and private pharmacies)
- Clinical Staff Mental Health Gap (mhGAP)
- Training in stigma and discrimination
- Sign language training of healthcare workers (HCWs)
- Gender-based violence identification and mitigation
- Conflict resolution and mediation
- Correctional officers in rapid testing

Audits

- Audits of treatment sites (RHA, JASL and CHARES)
- Health Products (NHF and NFPB Warehouses, and NPHL)

Collaborative Activities

- Development of Telemedicine SOP (I-TECH)
- Communication with PLHIV Networks (I-TECH, JN+)
- CHAMP protocol (I-TECH)
- Provision of PPEs, pulse oximeters and Xpert Xpress SARS COVID Test Kits (Global Fund)

The Way Forward

The Treatment, Care and Support officers at the national, sub-national and field level are committed to diagnosing and providing treatment and psychosocial support to PLHIV in Jamaica. The programme data has identified areas to which resources and strategies must be targeted to get the required results.

The following challenges were identified from the national treatment cascade:

1. A subset of the estimated PLHIV have not been diagnosed (14%; n= 4,395)
2. Of the PLHIV diagnosed 32.5% (8,959) have never been linked to care
3. Of the PLHIV diagnosed 49.2% (13,575) are not retained in care on ARVs
4. Of the PLHIV diagnosed 60.5% (16,701) are not virally suppressed

This presents the opportunity for improvement in the areas of diagnosis, linkage, and retention in care, commencement, and adherence to ART therapy and viral suppression. To achieve this the following strategies are being maintained, and/or implemented.

Service delivery and Integration of HIV Services

Despite the increase in treatment sites across the island, the TCS unit of the MOHW recognizes the current capacity of the 56 public and private treatment sites island wide is insufficient to serve the PLHIV when all are linked and retained in care, without compromise of service delivery. Consequently, to increase access to HIV service delivery, the MOHW in 2022 will expand HIV services through increased access points to service delivery across the island. This is through integration of HIV services in additional primary health care facilities; and through the MOHW public private partnership (PPP).

The Non-Communicable Disease (NCD) Unit of the MOHW partnered with private practitioners to offer care to chronic disease patients as an extension of the health centres. The HST Unit will be joining this partnership in 2022, to offer care to stable PLHIV.

The provision of increased service delivery points would increase the accessibility and availability of PLHIV facilities and ultimately provide an acceptable delivery of health services. Adding HIV services through the MOHW public-private partnership (PPP) network will also cater to a subset of PLHIV who prefer to access services outside of the public setting. The implementation plan for the HIV PPP and collaborative activities will take place in 2022, with implementation scheduled for August 2022.

Health Products

Global changes coupled with the lengthy procurement process stemming from the COVID-19 pandemic continue to threaten health products supply chain management. The overall control lies outside of the HSTU, however, with improved communication, monitoring, and early initiation the HST Unit has been able to mitigate these challenges.

The HST Unit remains committed to continuously improving the efficiency of the management of healthcare products for PLHIV.

Diagnosis

Continued sensitization and improved governance will improve adherence to the PITC protocol in all government hospitals. PITC will be also expanded in health centres, where PITC will be offered to all health centre clinic attendees and not limited to antenatal and STI clinics in collaboration with the National Family Planning Board. Monthly review of PITC data and quarterly review of PITC work plans will measure for compliance and accountability.

Through continued contact tracing and identification of contacts of index cases, increased index testing can be performed to persons exposed to HIV. This will result in the diagnosis, linkage and provision of treatment for those found to be positive and the delivery of prevention services to those found negative.

Linkage and retention in Care

Once diagnosed the client is linked to the treatment site, ideally within 4 weeks. This process is often managed by the peer navigators who introduces and transitions the client to the treatment team through contact investigators. The role of each team member is essential to retain patients in care, including all cadres of staff including clinical and non-clinical team members.

Through closer interaction with healthcare facilities regionally, as well as case conferencing and clinical mentoring, further improvements will reflect in retention, viral load uptake and viral suppression rates. Technical feedback relating to monthly reports will continue with active follow-up of recommendations. Additionally, through the development of treatment cascade improvement plans that are regional-specific, activities are developed to address gaps in the continuum of care with the intention to improve service delivery and ultimately treatment cascades. Submission of plans was done quarterly, and feedback was submitted accordingly.

Commencement and adherence to ARVs

- The digitization of the revised Treatment Readiness Assessment Tool (TRAT) will increase its utilization and allow the determination of treatment readiness and identification of barriers; allowing concerns to be addressed as warranted.
- Efficient quantification and forecasting with early initiation of the procurement process are required to ensure an uninterrupted supply of ARVs.
- Increasing access to ARVs in partnership with suitable private pharmacies will create more dispensing sites.
- PLHIV will have the option to visit the most convenient location for them to fill their prescription.
- Sensitization of side effects and imparting knowledge on medication therapy will aid adherence.

The revised national treatment guidelines, with introduction to the new first line therapy of Tenofovir/Lamivudine/Dolutegravir (TLD), which reduces the pill burden and has fewer side effects was introduced in 2020. Additional cohorts will be transitioned in 2022, with an expected complete transition of eligible PLHIV to TLD in 2023. Adherence reminders and monitoring through calls and texts will be maintained by providing phone cards to officers. Enhanced adherence monitoring and case management will be implemented where warranted. Psychosocial support through support groups, management of underlying mental health disorders and provision of living support will boost adherence.

Viral Suppression

Re-sensitization of clinical staff to the clinical guidelines related to viral load testing to ensure efficient use of resources was conducted in 2021 and will continue in 2022. Additionally, the development of viral load SOPs (which includes viral load monitoring) for SERHA sites has resulted in significant increases in uptake. This will be replicated at other sites.

The following activities are expected to improve viral suppression in PLHIV:

- Adherence to HIV treatment guidelines
- Use of job aides
- Case conferencing
- DOTS for patients with significant bio-psychosocial issues
- Transition of additional cohorts to TLD
- Resumption of HIV drug resistance testing
- Viral load monitoring
- Clinical mentoring
- Expansion of the laboratory capacity (HIV drug resistance testing)
- Expansion of DISA Web and Link sites, especially in NERHA
- Enhanced adherence monitoring for unsuppressed patients
- ECHO sessions
- Case Management
- Quality Improvement Collaborative Meetings
- Living support

Vulnerable Populations

PLHIV with Disabilities

In 2022, the unit will bolster its engagement with PLHIV with disabilities through:

- Increased client and caregiver support group engagements
- The provision of living support
- Client and Caregiver Capacity-building sessions
- Capacity building sessions for staff
- Assessment of health facilities with the aim to reduce accessibility concerns.
- Engagement of organizations which cater to persons with disabilities
- The provision of teaching aids for staff to engage clients with intellectual disabilities
- Continued expansion of the Enhanced Package of Care activities

Paediatric population

Strategies to reduce paediatric related HIV morbidity and mortality must be developed for this vulnerable and dependent population. The revised paediatric HIV guideline disseminated in 2021 will allow the incorporation of the strategies outlined below:

- Strengthening the PMTCT programme and prevention of vertical transmission of HIV.
- Early linkage to treatment
- Use of paediatric formulations and recommended treatment lines
- Adherence to ARV treatment
- Early identification of possible drug resistance and use of drug resistance testing (once HIV drug resistance restarted)
- Parenting/caregiver workshops, including gender-based violence sessions.

- Disclosure protocols

Adolescent population

The adolescent component will strengthen service delivery to adolescents living with HIV (ALHIV) by piloting a youth ambassador's programme in the Southeast Region. The youth ambassadors programme utilizes the peer mentorship approach to encourage and inspire young people living with HIV to adhere to their ARV treatment regimen, attend support groups as well as maintain their clinic appointments. Eight influential ALHIV with leadership potential were selected as Youth Ambassadors. They will be engaged in regular training opportunities to build their skills to perform specified duties.

The component will also implement a transition plan from paediatric to adult-based care. This plan will address some of the gaps to achieve successful transition of ALHIV clients. Poor management of the transition process can lead to loss to follow-up and negative treatment outcomes. Treatment and care team will receive training and support in transitioning care.

Development of new information education and communication (IEC) materials for various target audiences will continue. These messages will be placed on social and traditional media. Social media interactions and monitoring are the communication channels to be used with ALHIV and other vulnerable young groups.

Prison Inmates

The unit will continue its collaboration with the DCS by:

- Reengaging the consultant adherence counsellor
- Training the adherence counsellor in data management and case management
- Continued engagement of DCS staff in GBV, S&D and other capacity-building sessions
- Provision of HIV rapid test kits
- Continued collaboration with the Department of Correctional Services (DCS) is expected to improve the treatment outcomes of this population. Further improvements are expected in the viral suppression rates amongst prisoners with the adherence counsellor who was reengaged in 2020.

Achieving the elimination of mother-to-child transmission

Observance of the PMTCT protocols is paramount to accomplish the elimination of mother to child transmission of HIV & syphilis in Jamaica. Improved collaboration between treatment teams is essential to ensure all pregnant PLHIV are linked to a high-risk antenatal clinic and are case managed. Adherence to ARVs to ensure viral suppression prior to delivery is critical. Pharmaceutical and nutritional management of the infant, ensuring post-exposure prophylaxis (PEP) and formula

feeding must be followed. Follow-up care of the mother and infant at a treatment site must be ensured.

The PMTCT manual was completed and distributed as anticipated in 2021, which was followed by training of health care workers in both primary and secondary care facilities. Training will occur in 2022 with the dissemination of job aids and the PMTCT standard operating procedures (SOP). Improved data processes, as well as reporting at the field and national level will result in

Data Collection

Primary data collection, collation and reporting at the field level have been problematic resulting in poor data quality. Combating this problem will require improved governance and accountability at the parish and regional levels and follow through on data validation prior to submission. Timely receipt of reports from the field with complete and accurate data will facilitate sufficient technical support and permit bi-directional feedback to improve treatment outcomes for PLHIV in Jamaica.

Telemedicine

Responding to the barriers to care created by COVID-19, the HST Unit collaborated with I-TECH/C-TECH to develop a Telemedicine SOP to provide healthcare in a pandemic environment characterised by: social distancing, curfews, and limitations on public gatherings. The Telemedicine SOP provides guidance on the patient centred approach to service delivery, focusing on patients with the greatest challenges, as well as patients who are stable. It outlines how to maintain regular patient contact and offer clinically appropriate support to those unable to visit the treatment site. Training is expected to be completed in 2022 with the implementation of telemedicine services thereafter.

Online Modules

The HST Unit in collaboration with I-TECH/C-TECH and the International Association of Providers of Aids Care (IAPAC) have developed a learning management system (LMS) that enables access to information on basic HIV management to persons who provide treatment, care, and support to patients living with HIV. The LMS consists of modules that outline the relevant topics necessary to provide HIV care for all cadre of staff from clinicians and nurses to members of the psychosocial support team and contact investigators. Use of this LMS will be expanded in 2022 and will also form a part of training for the private practitioners involved in the HIV PPP.

Additional online modules regarding adherence counselling and case management are expected to be completed and rolled out in 2022.

Sexually Transmitted Infections

The revised STI manual was approved and distributed in 2021 as anticipated. This was followed by the training of health care workers on the updated protocols. Re-sensitizations will take place in 2022 along with STI/TCS combined audits and site supportive supervision visits.

The plans for 2022-2023 include (but are not limited to) the following:

- Assessing and monitoring the reporting system for STIs
- Revising intake tools/forms for STI data
- Improving the surveillance system by assigning Vanguard and Sentinel Sites with associated laboratory support
- Updated STI Manual which was disseminated in 2021
- Updated STI Easy Reference (Pocket) Guide disseminated sub-nationally by Q2 of 2022
- Improved reporting of STI data uptake, surveillance, and analysis through stakeholder commitment to:
    - Capacity-building in the form of knowledge re-sensitization and training of relevant healthcare workers
    - Consistent STI Surveillance
    - Adequate laboratory support
    - Inclusion of decisions and activities in the STI programme reflected in a cohesive health package offered by the MOHW irrespective of the department/unit.
- Decisive recommendations of how STIs should be managed in the Jamaican context with supporting evidence.
    - Analysis of existing STI data on prevalence and drug resistance
    - Analysis of ongoing STI data on prevalence and sexual behaviour and practices
    - Recommendations for the rules of engagement with private sector collaboration to obtain a complete national picture.
- Log frame for the STI programme with short, medium, and long term timeframes
    - Establishing Jamaica as a STI Surveillance site for Latin America and the Caribbean

Tuberculosis

Strengthening of the National Tuberculosis (TB) Programme will continue in 2022. The revised TB manual will be printed and distributed in 2022, after which distribution and training of healthcare workers will be conducted. The Tuberculosis National Strategic Plan completed in 2021 will be in place.

The partnerships with PAHO/WHO, improved data quality, timely closure of case investigations, heightened surveillance, monitoring and evaluation and advocacy for patients affected by TB and their families is expected to improve the TB programme and continue to navigate the country to the elimination of TB in Jamaica.

Conclusion

The Treatment Care and Support Component of the HIV/STI/TB Unit is dedicated to improving the diagnosis and treatment outcome of all patients with HIV, STIs and TB. The Operational Plan for 2022/2023 outlines the key objectives and strategies to improve service delivery and accomplish established targets.

Strategies are aligned with each pillar of the continuum of care. Expansion of PITC to health centres will increase the access to HIV and Syphilis testing, allowing earlier diagnosis of these conditions and consequently earlier initiation of treatment. This coupled with the expansion of service delivery through integration of HIV services, will increase the accessibility of PLHIV services. The introduction of the HIV PPP initiative in 2022, will also serve as additional access points for HIV services for a subset of patients.

Linkage and retention in care will be improved through increased access points to receive care. Other activities to advance linkage and retention include, addressing the psychosocial issues that PLHIV often face, through the standardization of providing living support, rolling out the Disclosure Protocol, and addressing mental health challenges. Entry to Care activities and pursuing loss to follow-up clients will further improve the linkage and retention of PLHIV in care.

Differentiated service delivery including fast-tracking stable patients, multi-month dispensing, and extended clinic hours will continue. Specific services targeted for key and vulnerable populations through the Enhanced Package of Care (EPOC) will provide services to meet the needs of this subset of the PLHIV community. Innovations, such as the use of technology in the rollout of telemedicine and online training platforms will allow further differentiated service delivery to the PLHIV community and build the capacity of health care workers respectively.

Transition to TLD for all PLHIV on 1st line ARV regimens will begin in 2022 with a phased transition of specific cohorts. The utilization of enhanced adherence support and supervision is expected to improve the viral suppression rates of PLHIV.

Ongoing quantification and forecasting exercises for healthcare products proper management of the procurement process will allow uninterrupted supplies of healthcare commodities; equipping patients with the resources to achieve viral suppression.

Pre-Exposure Prophylaxis (PrEP) services will be implemented within the MOHW PPP HIV network in 2022, with the roll out of PrEP within public health facilities in 2023.

EMTCT will be achieved in 2022, with the monitoring of PMTCT activities, and dissemination of the PMTCT manual.

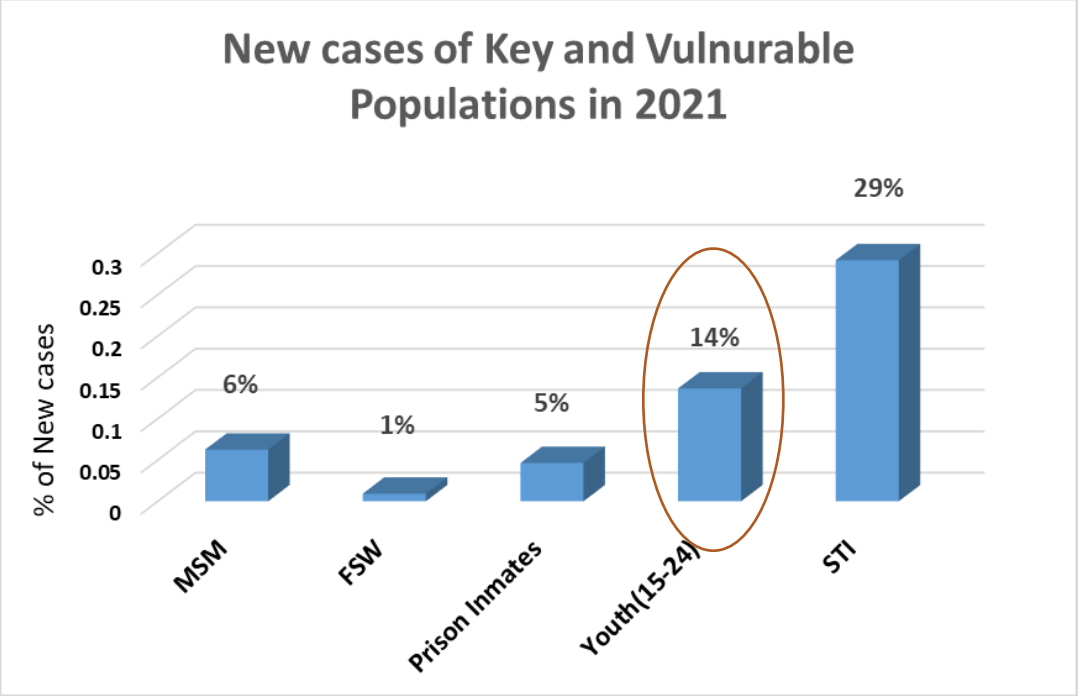
Service delivery will be enhanced, through the dissemination of revised manuals and training of healthcare workers on updated guidelines. Corrective actions outlined in the 2021 audit reports, will be addressed by the RHAs and treatment facilities, resulting in improved service delivery. Corrective action audits will be conducted in 2022 with the Strategic Information (SI) Component, to assess the measures implemented. The development of a research agenda led by the SI component, will facilitate the input of evidence-based interventions.

The collaborative efforts of staff at the parish, regional and national levels, partnerships with external agencies, application of best practices, evidence-based interventions, advocacy and population specific mediations, the National HIV/ST/TB programme will achieve its goals.

Chapter 4 - Adolescent

Adolescence is a unique stage of human development and a critical time for laying the groundwork of good sexual and reproductive health. Many of the HIV risk behaviours practised throughout various phases of the life course are formed during the adolescent period. It is imperative that young people are equipped with the relevant information and skills to protect themselves.

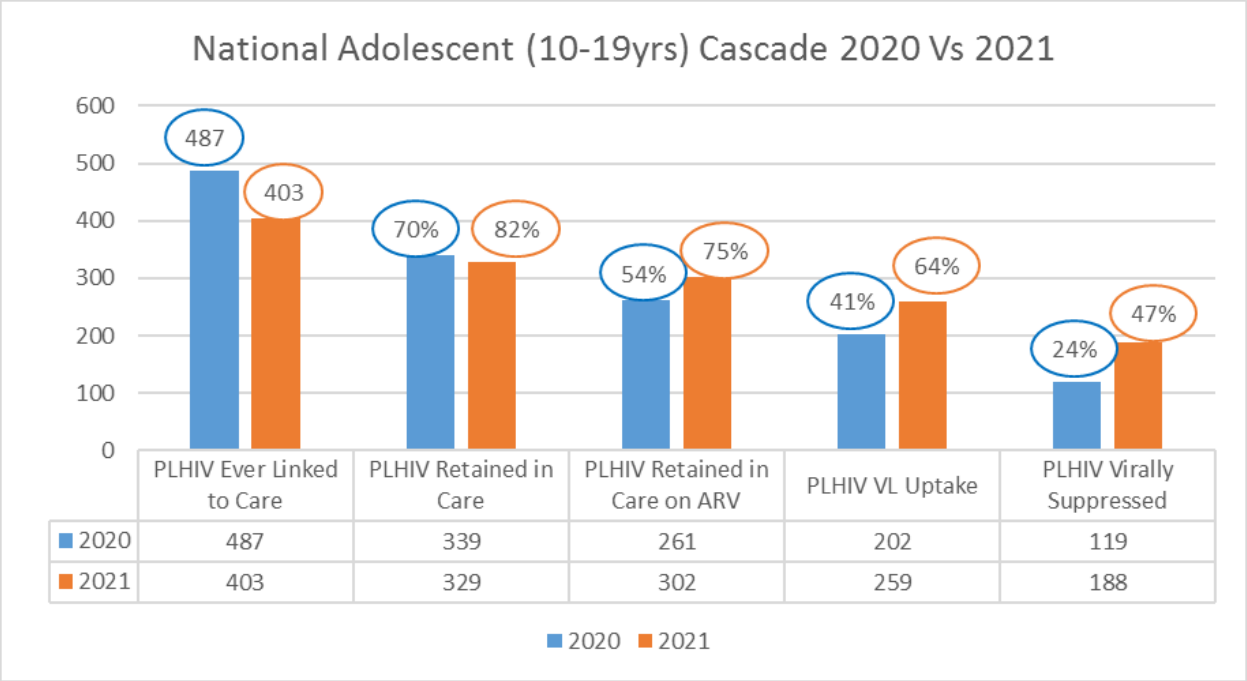
Figure 21: New Cases of Key and Vulnerable Populations in 2021



New HIV infections are still unacceptably high among the cohort of young people ages 15-24 years. Fourteen per cent (14%) of new infections recorded in 2021 were among young people. Women and girls are particularly vulnerable as they account for most new infections. The Adolescent Component continues to implement programmes and strategies to reduce new infections, improve treatment and care outcomes for those living with HIV.

There was a notable increase in the number of adolescents retained in care in 2021 compared to 2020. This trend was seen throughout the adolescent treatment cascade as retention on ARVs and viral suppression also improved. Treatment teams had to increase the number of home visits and medication drop-offs in order to ensure that patients remained in care.

Table 15: National Adolescent (10-19 Yrs.) Cascade 2020 vs 2021



Viral suppression among adolescents 10-19 years, improved from 24% in 2020 to 47% in 2021. This improvement may be associated with reduced fear and anxiety in accessing healthcare that was observed at the early stages of the pandemic in 2020. Treatment and care teams ramped up efforts to encourage persons to maintain clinic appointments and access medication. There was also some resumption of normalcy as curfews were relaxed and some schools and businesses reopened. Psychosocial interventions such as in-person support group meetings and other activities also resumed. These factors combined may have resulted in an overall improvement in treatment outcomes for this group.

Major activities conducted in 2021 are as follows:

1. A situational analysis among adolescents living with HIV (ALHIV) was conducted to ascertain the challenges and bottlenecks in delivering treatment and care to this population.
2. Research conducted to inform a transition plan and policy for adolescents to transition from paediatric to adult care.
3. A media recall survey was conducted to evaluate the impact of the "condom connect" mass media campaign.
4. Virtual Sessions were executed to reach our adolescent population to counterbalance the physical distancing protocols;
    a. Health Fair session streamed from the Teen Hub in Half Way Tree.
    b. Safer Sex Week session streamed from the RKA Building, MOHW.
    c. World AIDS Day
5. Social Media interventions were initiated and continued for two specific groups;
    a. MSM/TGW focused
    b. General Youth focused
6. Adolescent activities in the different RHAs.

Treatment transition plan for adolescents living with HIV

The Ministry of Health and Wellness (MOHW) Jamaica, partnered with UHWI to conduct research to guide the development of a plan to transition adolescent clients from paediatric to adult care. The objectives of the research were to:

- Determine transition readiness among ALHIV
- Determine perception of transition facilitators and barriers by key stakeholders (ALHIV, parents/guardians of ALHIV, HCPs, administrators of MOHW, NGOs, CBOs)
- Assess ALHIVs self-management skills:
    - knowledge about HIV
    - level of adherence with medication
    - managing their appointments
    - ability to communicate with their health care provider
- Explore associations between psychological factors (depression, anxiety and self-esteem) and ALHIVs' transition readiness

Key findings:

Successful Transition to Adulthood with Therapeutics = Rx (STAR x) Questionnaire for adolescents an 18 item self-report tool, was used to assess adolescents' self-management and transition readiness skills (range of the overall STARx score is 0 90)

STARx scores among participants by age and sex

	Total Mean Scores (SD)	10-14 YR MEAN SCORES (SD)		15-19 YR MEAN SCORES (SD)		20-24 YR MEAN SCORES (SD)		p value
		Male	*Female*	*Male*	*Female*	*Male*	*Female*	
Overall STARx Score**	62.24 (10.26)	50.33 (2.08)	55.33 (13.92)	60.69 (8.59)	62.41 (10.30)	63.58 (13.27)	66.15 (6.48)	0.009
STARx Subscales								
Disease Knowledge **	28.55 (6.43)	21.33 (5.69)	24.33 (7.26)	27.23 (6.21)	27.53 (6.51)	30.17 (7.07)	31.65 (4.27)	0.002
Self Management	12.18 (2.34)	8.67 (2.89)	12.33 (2.66)	12.23 (2.65)	12.71 (1.61)	12.00 (1.91)	12.30 (2.56)	0.301
Provider Communication	21.51 (4.95)	20.33 (4.73)	18.67 (5.75)	21.23 (4.68)	22.18 (4.45)	21.42 (6.99)	22.20 (4.09)	0.336

Table 16: Participant STARx Scores by Age and Sex

Overall STARx scores were higher among female AYALHIVs in each age category and scores increased with age for both sexes ($p<0.01$). This difference was primarily attributed to variation in participants' level of disease knowledge ($p<0.01$). Younger adolescent males also had lower scores for self-management than their female counterparts.

Most AYALHIVs reported normal self-esteem using the Rosenberg self-esteem scale, with female AYALHIVs aged 20-24 years, significantly more likely to report normal self-esteem in comparison to male peers. One in three AYALHIVs were categorised as 'at risk' for depression and 1 in 4 with significant anxiety symptoms. No statistically significant sex differences noted.

Youth Ambassadors

The Youth Ambassadors programme utilises the peer approach to build a supportive network of adolescents living with HIV. The goal is for Ambassadors to encourage and motivate their peers to reach their highest potential - socially, and emotionally as it relates to their overall health. Ambassadors assist the treatment team with the planning of support group meetings as well as mobilizing participants to attend. They also have one-to-one interactions with peers to help them navigate the health system and provide adherence support. The objectives of the youth ambassadors programme are tied to the treatment cascade, where we aim to improve retention in care and increase viral suppression rates.

Public Speaking training session for Youth Ambassadors with Terri Karelle Reid

Media Recall Survey 'Condom Use - Dweet Fi Yuh Best Life"

The 'Dweet Fi Yuh Best Life' mass media campaign was developed in 2019 to encourage consistent condom use, promote HIV testing (knowing one's status), and reduce multiple sex partnerships. The primary target audience are adolescents and youth in the 16-24 age group, young people who practice high risk behaviours and young people living with HIV.

In 2021, a research consultant was hired to measure the campaign's reach and recall as well as impact on behaviour change among the target population. The major findings reported that of a total sample size of 414, the campaign message of "Dweet fi yuh best life" was well received and resonated with the majority of respondents.

The interpretation of the message, whether prompted or unprompted (Fig. 21) was a call to "protect yourself".

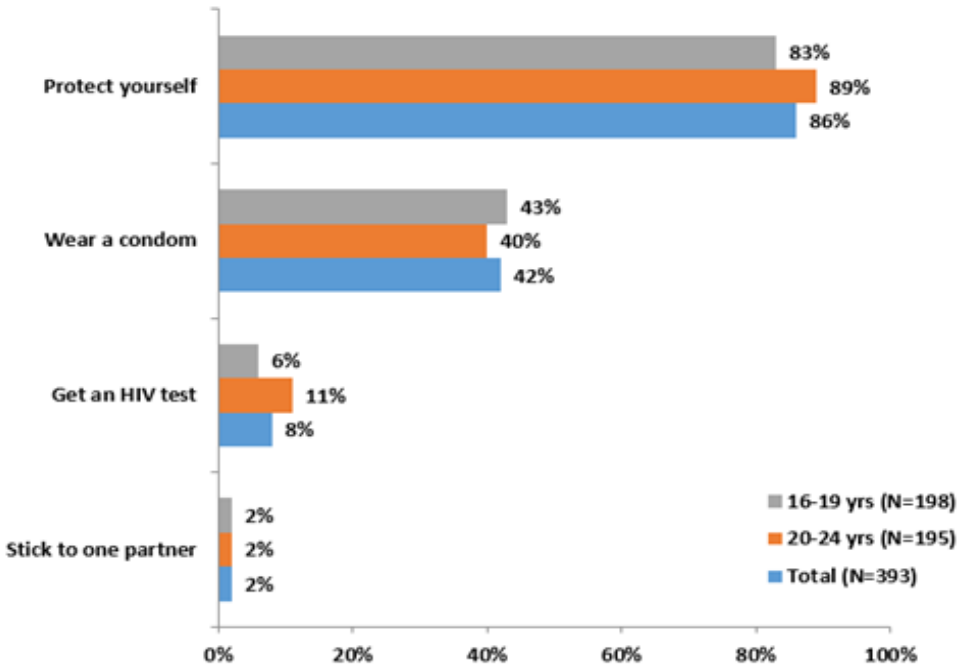


Figure 22: Interpretation of Message Being Shown by Age

The dominant behaviour change reported was condom use (Table 22). This behaviour change was reported by 74% of males, 71% of persons with 2 or more partners, and 73% of persons in the older age cohort of 20-24 years.

Table 6: Impact of Campaign	TOTAL [N=126]*	0-1 partner	2+ partners	Male	Female	16-19y	20-24 y
Started using condom every time/more often	69%	67%	71%	74%	58%	61%	73%
Made me think before acting	17%	17%	16%	17%	16%	18%	15%
Now talk about it	10%	12%	9%	3%	20%	12%	9%
Now protect myself more often or all the time	9%	12%	6%	8%	9%	11%	6%
Get an HIV test	6%	7%	6%	6%	8%	4%	9%
Get check-ups/ take pills	2%	-	3%	2%	2%	1%	2%
Reduce # of partners	1%	-	1%	1%	-	-	1%

*Base= Persons who indicated that the campaign triggered behaviour change

Table 17: Impact of Behaviour Change Campaign - 'Condom Use - Dweet Fi Yuh Best Life"

Virtual Sessions

The HSTU hosted three virtual sessions to reach the adolescent and youth population in light of the face-to-face restrictions caused by the COVID-19 pandemic. The first was **'Talk Di Tings Dem!'** held during Safer Sex Week (February 10, 2021) on the Instagram platform. Four influencers engaged the audience on topics ranging from multiple sex partnerships, to condom and lubricant use, as well as consistent HIV testing. The session attracted over 1 million users with constant interaction by way of comments and messages.

The second virtual session targeted our adolescents and youth living with HIV (A/YLHIV). This was an invitation-only session communicated through the Regional Health Authorities to the A/YLHIV. The event, **'Young People Business'**, was held on December 1, 2021 in commemoration of World AIDS Day. Interactive segments such as 'ask the doc' and 'pon di streets' were used to increase involvement and get feedback from adolescents on their sexual health knowledge. The event was streamed on Instagram, YouTube and Zoom.

The third activity was **'Let's Flex and Chill'** held December 10, 2021. This was a hybrid approach of both virtual sessions with walk-in services. Presentations on sexual and reproductive health, substance abuse, mental and dental health were discussed on Instagram by various governmental and civil society partners. The face-to-face services were done be referrals and this included; family planning counselling, mental health screening, dental education, HIV screening among others.

Social Media Interventions

The HSTU continues to reach our key and vulnerable populations on social media. Currently there are two distinct pages **'Colourfully Proud'** and **'HST Healthy Living'**. These were created to target the MSM/ TGW community and the general population respectively. The pages have had consistent engagement, yielding offline referrals for STI/HIV testing as well as other sexual health services. The social media platforms used are Facebook, Instagram, Twitter and YouTube - this ensures that the message is being heard by a wide cross section of the population.

Chapter 5 - Strategic Information

Overview

The Strategic Information (SI) component of the HIV/STI/TB Unit (HSTU) provides the National HIV/STI/TB Program with data to inform programmatic decisions. The collection, analysis and use of data are the key tenets of the SI component and allow for investigation of the gaps in access, coverage, and quality of HIV/STI/TB services. Through this analysis of data, interventions and courses of action are developed among all stakeholders and directs the programme in achieving its overall impact. The SI component's work is supported by data from Surveillance, Research, Monitoring & Evaluation (M&E) and Health Information Systems.

Monitoring and Evaluation Strengthening

The SI component has placed focus on strengthening the M&E capabilities across all levels of service delivery ensures both aggregate and patient-level monitoring of the programme. The SI component conducted data management and analysis workshops in all regional health authorities to contribute to the M&E capacity of the national HIV programme. Attendees were taken through the steps in cohort analysis to identify gaps and develop interventions. The overall objective of these activities was to equip persons at the subnational levels to collect, analyse and use the data to guide interventions and programs to improve the continuum of care cascade. In addition to these workshops, standard operating procedure were developed to assist treatment sites and Regional Health Authorities to analyse their data. Also, the Treatment, Care and Support Officer (TCSO) responsibilities job aide was created in partnership with UCSF to improve site-level monitoring and data management (*Figure 23*).

Routine data review is a foundational part of the M&E activities that guide programmatic decisions. The SI component continues to facilitate quarterly data review and management meetings with all stakeholders in the National HIV response for both prevention and treatment.

The SI component also performs the M&E activities surrounding key national interventions. In 2021, the Entry-to-Care Campaign and the intensification of the Loss to Follow Up (LTFU) protocol activity both aimed to address the gap in number of PLHIV linked to care and on antiretrovirals (ARVs). The SI component provided the reporting and monitoring support that was required to fully assess if each activity was meeting the desired objectives.

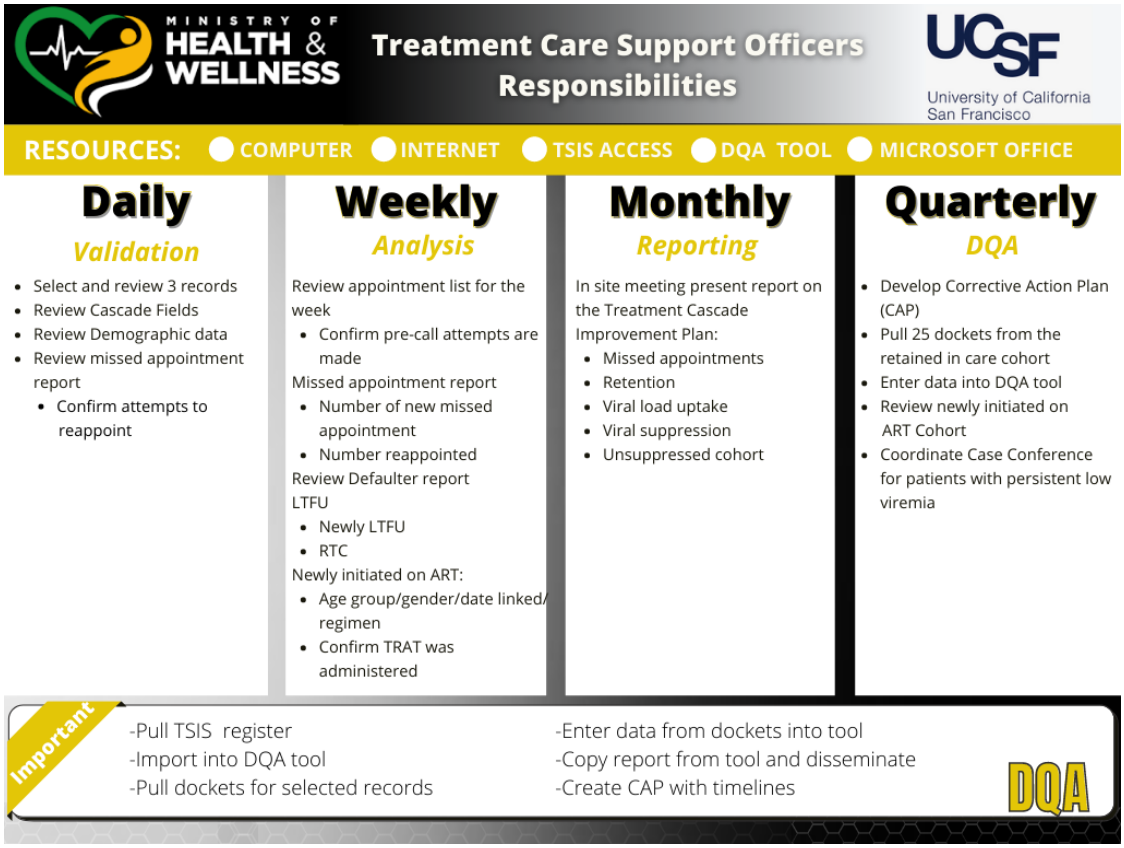


Figure 23: Draft Job Aide for TSC Officers for site-level monitoring and data management.

Research

To enhance the monitoring of the HIV/STI/TB services, additional information is needed from other data sources to ensure correct interpretation of the cascade. To this end the SI component coordinated and conducted two (2) research activities.

1. **An assessment of the treatment outcomes of TLD when used as a first line ART regimen in PLHIV**

   The findings on Tenofovir Lamivudine and Dolutegravir as first line ART regimen were in line with the other studies on TLD usage which showed non-inferiority/superiority of TLD as first line in achieving viral suppression. Also, TLD usage was associated with low level viremia (200 copies/mL < VL < 1000 copies/mL) and lower proportion of treatment failure (2 consecutive VL >1000 copies/mL) when compared to TDF Lamivudine Efavirenz (TLE) as first line therapy. These finding agree with findings in other geographic locations of the feasibility of TLD as first line antiretroviral therapy (ART) regimen within the Jamaican PLHIV population.

2. **HIV treatment failure among PLHIV in Jamaica post "test & start" implementation.**

   In an assessment of never suppressed PLHIV who initiated ART in the "test & start" era, the data highlights that the demographic and clinical profile are not significantly different from other PLHIV. However, there is a large proportion of these never suppressed PLHIV with non-adherence and highlights the need to maintain strengthening and enhancing adherence among PLHIV in Jamaica.

Data Quality Assessment and Improvement

The SI component continues to promote the importance of data quality at national and subnational levels. The 2021 data quality assessment was completed, and reports were generated, and corrective actions proposed. Additionally, a data quality improvement training workshop was conducted to highlight the importance of routine data quality checks from the site level and to further refine and develop the Standard Operating Procedures (SOPs) surrounding data quality improvement activities and data cleaning and reconciliation activities.

The process of data cleaning and reconciliation at the national level continued in 2021 with routine de-duplication and case closure activities of Treatment Site Information System (TSIS) data. These activities surrounding the data can provide a more accurate picture of the treatment and care of PLHIV in Jamaica at any given time.

Health Information Systems

3. Treatment Site Information System (TSIS 2.0)

In efforts to continue to improve data collection and reporting using TSIS there were some changes and additions to the system in 2021. The linkage of the lab information system at the National Public Health Lab and the TSIS 2.0 database allows for the automatic entry of viral load testing data into and the system that minimizes the data entry delays and data entry errors associated with manual entry. Additionally, the streamlining of ARV data entry by including predefined lines available for selection and removes the inconsistent reporting (generic names vs. brand names vs. misspelt drug names) of ARV by data entrant and clearly indicates the lines recommended by the clinical management guidelines. The prevention of mother to child transmission (PMTCT) module in TSIS was finalised in 2021 through collaboration with the PMTCT team and the psychosocial module continued through the developmental stages.

Training of users of the TSIS 2.0 database continues to be a major priority of the SI component. Routine data entry training and use of TSIS reports training occurs at site and regional levels for all different cadre of staff in the HIV treatment and care services. A training repository has since been created to maintain a record of the training sessions conducted and the users that have been trained by the SI component. Additionally, Job Aides (*Figure 23*) and the TSIS 2.0 User Guide (*Figure 24*) were completed to complement the training sessions conducted among TSIS 2.0 users.

A key aspect to the patient-level monitoring afforded by TSIS 2.0 is the security of the information to maintain confidentiality and privacy. The SI component continues to ensure confidentiality and privacy of patient information and to provide recommendation to the sites and users of TSIS for the security of the information in the TSIS database.

1. Central Data Processing Repository

The SI component continues to monitor and offer technical support for the STI, CI, PMTCT and Psychosocial reports. In 2021, the STI/CI reporting database was used at the national level to collect aggregated data from the parish STI/CI reports.

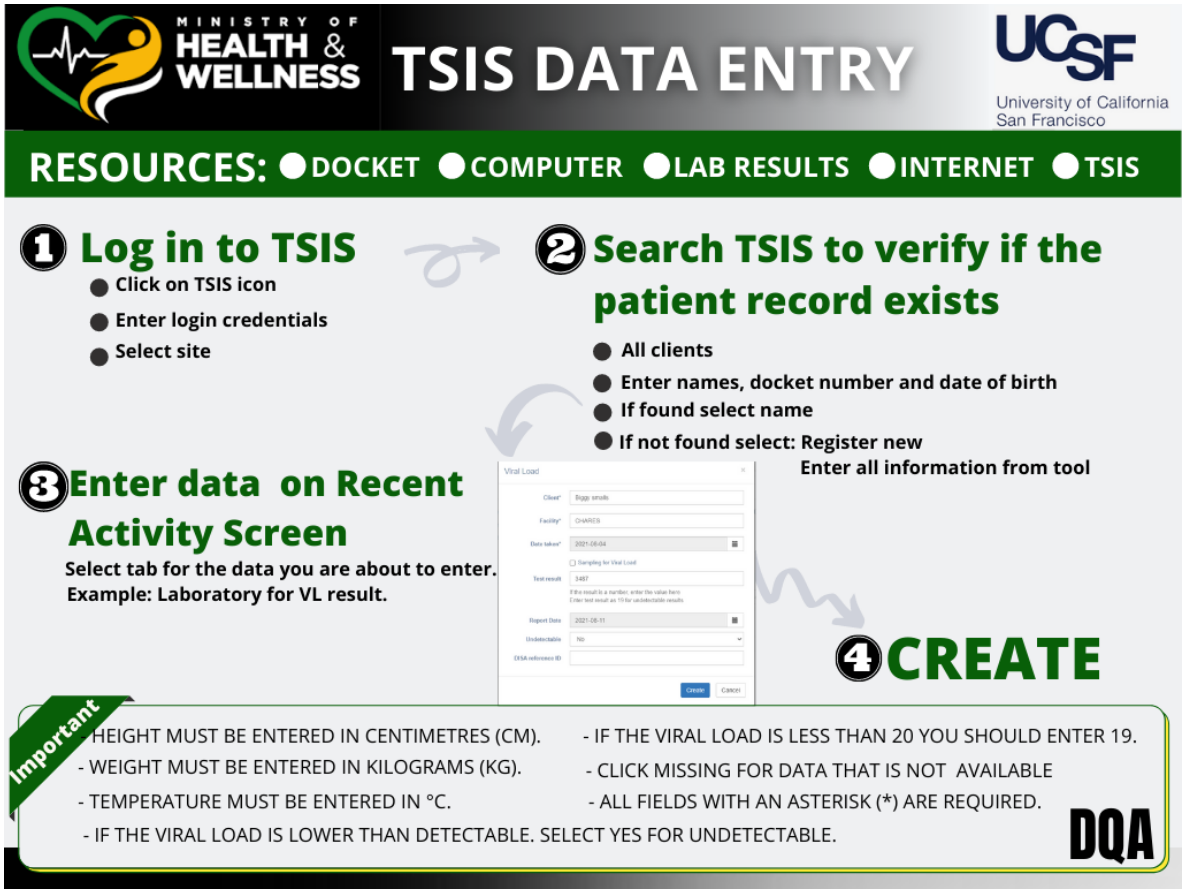


Figure 24: Draft Job Aide for TSIS Data Entry

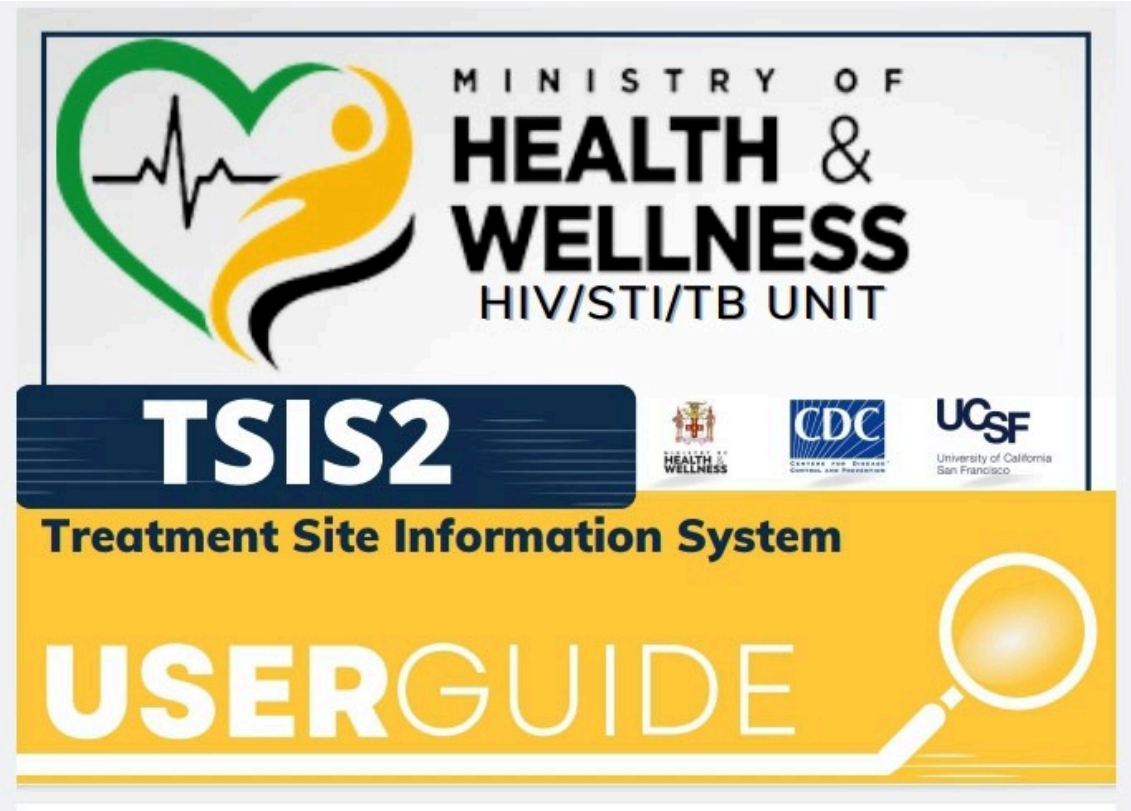


Figure 25: Draft Cover of TSIS User Guide Way Forward

The SI component will continue to promote and build M&E capacity within the HSTU and other stakeholders. Quarterly performance review meetings and data management and analysis workshops will continue in 2022. Additionally, an M&E masterclass will be offered in partnership with UCSF. Also, the SI component will continue to manage and support the M&E activities surrounding the treatment, care and support of PLHIV including the continued entry-to-care campaign of the 2010-2014 cohort and the scale up of the loss-to-follow-up activity (LTFU).

The SI component plans to strengthen its research capacity and output through the development of the research agenda for the HSTU in collaboration with UCSF, I-TECH and Regional Health Authorities. Research studies will be prioritised to address data driven decision making within the HSTU and a strategy and plan for data dissemination will be established.

Data Quality remains a high priority in the SI component in 2022 and a corrective actions data quality assessment will be completed. Additionally, the process of de-duplication and data cleaning will be further enhanced with the development of standard operating procedures for all staff that utilise the TSIS 2.0 database.

TSIS 2.0 will undergo continued development as the use of the database in programme management is expanded. Additionally, in working together with the users of TSIS, both TSIS and TSIS reports will undergo modifications to enhance the usability and functions of the systems. Furthermore, the development of manuals, guides and video SOPs surrounding the use of TSIS will be developed with a plan for digitization for ease of access.

The digitization of other manuals within the HSTU to establish a repository of manuals is planned for 2022 in collaboration with the technical components within the HSTU. Additionally, development of the HSTU app will continue in 2022 to house the repository of manuals, guides, SOPs and job aides for the HIV/STI/TB programme. To facilitate direct data entry of aggregate data for the STI/CI program, SI will introduce the STI/CI reporting database to the parish CIs. Additionally, SI will continue to manage and support the database for psychosocial reports and to digitize PMTCT registers and maintain and manage the PMTCT reporting database. Furthermore, plans will be put in place to develop a central data repository for monitoring of the national TB program.

Overview

Administration is responsible for the strategic coordination of the administrative and human resource management functions of the National HIV/STI/TB (HSTU) Programme. The Component ensures that adequately skilled personnel and functioning resources are on hand to carry out the functions of the Programme. The component also plays a vital role in reinforcing work plan activities with the relevant stakeholders both at the (HSTU) and field levels as well as leading and coordinating the planning of major activities.

Staffing

In 2021, Grant funding and GOJ contribution, approved and included in the Government of Jamaica 'Estimates of Expenditures', supported approximately 350 officers across the public sector working in both technical and administrative areas. The Administration Component continues to play a supportive role for both GOJ established officers as well as contract officers and sub-recipients. Active follow up continues with the various internal departments of the Ministry as well as individual entities to ensure efficiency of the activities being executed.

One of the missions of the HSTU is to ensure the full integration of staff within by their respective home entities. This is critical given the push to transition from donor funding to domestic reliance. For the upcoming calendar year efforts will be increased to collaborate with our government partners to map out their sustainability cost, encourage gradual absorption by their home entity and support efforts to incorporate programme cost, including HR expenditure in their budgetary submissions to the Ministry of Finance and the Public Service.

Employee Training and Development

The GOJ Infection, Prevention, and Control protocols implemented to combat the Covid-19 pandemic instituted work from home measure for many employees for the first time. This measure did not impact essential training as training was delivered through online modality. Despite some teething pains, team subscription and compliance was high. with most individuals completing their activities and meeting their targets.

HIV Administrative Team Meetings

The HIV/STI/TB Unit appreciates that a fully committed and engaged team is an invaluable asset to the Ministry of Health and Wellness. The Administrative Regional Team Meetings were conducted online for the year 2021.

Monitoring and Oversight

For 2021, monitoring and oversight of field stakeholders' HR activities, records, and support functions was maintained. This included the mandatory site visits to reduce the likelihood of adverse audit findings in HR Management and other areas and provide written feedback and meeting support. Improvements were observed in the quality of record keeping and document management.

The site reviews also revealed that there is a delay in the implementation of recommended corrective actions in other areas. The team was encouraged to continue the use of the strategies shared as the HSTU strives to maintain a standard of excellence.

HIV/STI/TB Annual Review

The Ministry of Health and Wellness HIV/STI/TB Unit's 31st Annual Review and Planning Retreat was held at the Jewel Grande Resort & Spa in Montego Bay St. James under the theme: "(Re)Imagine the End of AIDS: Reinforcing Partnerships and Repositioning the HIV Response" on November 9-11, 2022 using used a hybrid approach.

Capacity Building

The Programme continues to build the capacity of the staff by investing in training and development to ensure optimal execution of the duties within the national response. During the year, budgetary support facilitated staff training at the RHAs, NGOs and the HSTU levels. Training is ongoing for HSTU and field officers across the various Components in specialized areas. These are delivered in a group setting and on a one-on-one basis, as needed.

Team Building Initiatives

Throughout 2021, the Administration Component spearheaded the team support the relevant teams to maintain continuous operation of the HIV/STI/TB Programme. We have become more agile in how we engage the relevant teams by adapting hybrid events including staff events.

Chapter 7 - Grant Management

The Ministry of Health and Wellness (MOHW) HIV/STI/TB Unit (HSTU) response to the fight against HIV, STIs and Tuberculosis was supported by five funding sources in 2021. These sources included: (1) the Government of Jamaica, (2) the Global Fund (GF) Grant, through the funding model titled "Support to the National HIV/AIDS response in Jamaica", under its initiative to Fight AIDS, Tuberculosis and Malaria, (3) the University of Washington, under its project entitled "International AIDS Education and Training Center" (ITECH), (4) the Regents of the University of California San Francisco Campus (UCSF) under their project titled "Strategic Information Technical Assistance Consortium" and (5) UNICEF Jamaica, under their initiative for adolescent health and development. As the Principal Recipient of these grants, the MOHW, HSTU oversees the national implementation of activities pertaining to the National HIV Response.

With the support of these donors, the national HIV response serves the following key populations: female sex workers (FSW), men who have sex with men (MSM) and transgender (TG), as well as people living with HIV (PLHIV). This population is attended to with services from the following components under the Project Coordinating Unit: Treatment, Care and Support (TCS); Prevention, Enabling Environment and Human Rights (EEHR); Strategic Information (SI); and Governance and Programme Management.

Stakeholders Register Summary for the HIV/STI/TB UNIT (HSTU) Grants

The Ministry of Finance and Public Service (MOFPS) and the Jamaica Country Coordinating Mechanism (JCCM) are signatories for the Global Fund Grant Agreement. The UCSF and ITECH agreements are signed by MOHW. The MOHW administers all the grants by contracting implementing partners. These Implementing partners are monitored throughout the contract-period by the MOHW who then provides performance reports to the donors. The funds from these grants are disbursed periodically based on project performance in meeting the specified targets and indicators.

Table 18: Summary of Stakeholders under the National HIV Response

Stakeholder	Internal/ External	Description
Ministry of Finance and the Public Service (MOFPS)	External	- Stands as the Legal representative to sign and manage loans, credits and grants on behalf of the GOJ and passes the responsibility of management of loans/grants to the MOHW. - Facilitates waiver of duties and tax exemption according to funder's requirements. - Approves and creates fiscal space to accommodate the GF grant budget - Affords the GOJ contributions budget which stands as counterpart funds to complement GF donations - Issues warrants based on approved budgetary allocation to support PCU's warrant requests. Warrants are non-cash for grant resources and cash for GOJ resources. - Jointly (with MOHW) manages the GF US Currency Special Account

		- Facilitates transfer of funds from the Bank of Jamaica (BoJ) to the MOHW via processing of Withdrawal Applications.
The Ministry of Health and Wellness (MOHW)	Internal	- The preeminent government organisation whose mandate is "To ensure the provision of quality health services and to promote healthy lifestyles and environmental practices". - manages health sector donor-funded projects channeled through the GOJ which includes the funds that support the National HIV response - refers to as the Principal Recipient (PR) under the HIV response - contracts implementing partners under the GF, ITECH and UCSF grants (Implementation Agreement)
The HIV/STI/TB Unit (PCU)	Internal	- Responsible for the National HIV response and is the MOHW arm entrusted with the management, coordination and monitoring of HIV government and donor funded programmes. - Refers to as the Project Coordinating Unit (PCU) that supports MOHW in its capacity as Principal Recipient (PR) of the Global Fund grant resources. - Responsible for the development of the National Integrated Strategic Plan (NISP) for HIV which guides the national response. - Responsible for providing technical support and guidance in Treatment, Care and Support, Prevention, EEHR, Grant Management, Financial Management; Procurement and Supply Management, M&E and HR & Administration - Procures and coordinates the supply and distribution of health products and non-health products which includes ART and test kits for the response - Submits reports/updates to the MOFPS, JCCM, ITECH, UCSF, GF and the Planning Institute of Jamaica (PIOJ)
The Jamaica Country Coordinating Mechanism (JCCM)	External	- Multi-sectoral body that has had oversight for the GF grant since February 14, 2003 - Comprised of representatives from all stakeholders involved in HIV response including international partners, private sector non-governmental organizations, civil society and the Government

		- Provides leadership and direction to the GF programmes in Jamaica - Coordinates the development and submission of concept notes to the GF - Nominates the principal recipient and oversees grant implementation, performance and closeout
Implementing Partners (IP)	Both	- Selected through a transparent and competitive process and undergoes an annual capacity assessment exercise to determine capacity to directly manage funds and implement interventions/activities - Classified as Class A or Class C entity (defines whether the entity directly or indirectly manages funds) - Contracted to implement designated programmatic interventions/activities under GF, ITECH and UCSF grants. - Plays a pivotal role in the implementation of, and reporting on programme activities, management of grant resources and the timely achievement of indicators and targets. - Referred to as Sub-Recipients (SRs), Sub Sub-Recipients (SSRs), Implementing Partners (IPs), other implementing entities and government agencies & statutory bodies. - Submits reports/updates to PR/PCU, NFPB-SHA, and the JCCM

Implementing Partners overview

The services financed by the GF under the National HIV response were administered by four (4) Sub-recipients for the year 2021 through Implementation Agreements between the partner and the MOHW. With the use of service level agreements, these implementing partners manage their own Sub-sub recipients and implementing partners. As for ITECH and UCSF, they both have three sub-recipients each. See the table below for a detailed mapping.

Table 19: Funders Supporting the National HIV Response along with their Implementing Partners and Respective Focus Areas.

Implementing Partner	Service Area
Global Fund (Fight against HIV,TB and Malaria)	
JASL (SR) SSRs UNDER JASL: Equality For All, JN+, JCW+, Transwave, LCHANG, EFL & JFJ	Prevention, EEHR & TCS EEHR & TCS
ASHE (SR)	Prevention

SSR UNDER ASHE: RISE	Prevention

Children First (SR) SSR UNDER CFA: Hope Worldwide Jamaica	Prevention Prevention
MOHW/NFPB (SR) SSR UNDER NFPB: JCC, SDC & MLSS	Prevention & EEHR EEHR & HSS
MOHW/NERHA	TCS & Prevention
MOHW/SERHA	TCS & Prevention
MOHW/WRHA	TCS & Prevention
MOHW/SRHA	TCS & Prevention
MOHW/NCDA	Prevention
MOHW/Children of Faith	TCS & Prevention
Global Fund C-19 Grant	
JASL	Risk mitigation for disease programs
ASHE	Risk mitigation for disease programs
CHILDREN FIRST AGENCY	Risk mitigation for disease programs
MOHW	Risk mitigation for disease programs & COVID-19 control and containment
International Aids Recognition and Training Center (ITECH)	
JN+	TCS
MOHW/WRHA	TCS
MOHW/NERHA	TCS
University of California San Francisco (UCSF)	
CHARES	TCS
MOHW/SRHA	TCS
MOHW/SERHA	TCS

Grant funding for the year 2021

2021 was the final year for implementation under the new Global Fund grant for the period 2019 to 2021. This grant facilitated the support of PLHIVs, MSMs, FSWs and TGs across all fourteen parishes of Jamaica. Additionally, the Global Fund provided a C-19 Grant that spanned the period July 2020 to December 2021 to support risk mitigation for disease programs and COVID-19 control and containment.

UCSF and ITECH provided comparatively smaller funding that catered to specific parishes and treatment sites. The UCSF grant supported PLHIVs attending select facilities in SERHA, SRHA and **Centre for HIV/AIDS Research and Education Services** (CHARES) and the improvement of national level strategic information through interventions. ITECH's grant supported PLHIVs attending select facilities in NERHA, WRHA and JN+ and also national level treatment, care and support improvement interventions.

Table 20: Grant funding for 2021

Funder	Implementation period	Priority Area	Grant Amount	Comment
GF – JAM-H-MOHW-914	January 2021 – December 2021	All 14 parishes PLHIV, MSM, FSW, TGs	USD 4,061,283.00	Final year of the funding agreement that was signed for 3 years (2019-2021). The annual audit for the 2021 financial year of the project will be done April 2022.
GF C-19	July 2020 – December 2021	Selected Parishes and treatment sites PLHIV	USD 810,834.00	Due to the emergence of the COVID-19 pandemic the GF granted funds for risk mitigation for disease programs & COVID-19 control and containment to support the National Response.
ITECH	October 2020 – September 2021	Selected Parishes and treatment sites PLHIV	USD 300,001.00	Annual agreement signed for October 2020 to September 2021.
UCSF	October 2020 to - September 2021	Select Parishes and treatment sites PLHIV	USD 192,025.00	Annual agreement signed for October 2020 to September 2021.
UNICEF	May 2021 – April 2022	All 14 parishes. Supporting Adolescent development and health	JMD 9,734,000.00	Grant slated to last two years (May 2021 – March 2023)

Grants performance under the project year 2021

Project performance under all grants fell below their stipulated targets. Performance reports reflected 71.81% for Global Fund, 35% under the Global Fund C-19, 80% for UCSF and 69% for ITECH. Thus far, the activities under UNICEF reflects a 24% performance rate. When compared to the previous implementation year, activity performance under ITECH increased by 25% and those under Global Fund showed a 5% increase in performance. By contrast, activities under the UCSF grant showed a 5% decrease in performance when compared to the previous period.

Table 21: Grant performance under the project year 2021

Funding Source	Budget	Target	Expenditure	Usage
GFATM	USD 4,061,283.00	100%	JMD 194,350,277.00	72%
GF C-19	USD 810,834.00	100%	USD 279,974.68	35%
UCSF	USD 340,652.41	100%	USD 273,523.09	80%
ITECH	USD 300,001.00	100%	USD 207,522.58	69%
UNICEF	JMD 9,734,000.00	100%	JMD 2,377,019.00	24% (to date)

Several factors contributed to the project performance falling below target:

COVID-19 restrictions/ measures under the Disaster Risk Management Act were the main impediment. The grants shared common challenges to activity implementation, including:

1. Government of Jamaican COVID-19 Mitigation Strategies

   The Government of Jamaica employed several Infection Prevention and Control measures in 2021 to reduce the spread of COVID-19. The measures used included: work from home mandates, nightly curfews, complete lockdown, social distancing protocols, capacity restrictions for public gatherings and the prohibition of social events. These measures directly impacted the implementation of nightly and weekend specialized clinics, reach and test, events promoting HIV prevention, support groups among others, and contributed to the underperformance reported on IP expenditure.

2. Slow Start-up at the Beginning of the Grant

   The unpredictability of the COVID-19 infection rate and the consequent GOJ restrictions impacted the planning and implementation of project activities negatively in the early stages of the grants. As a result, the bulk of the activities were conducted in the final quarter of the grant. Some activities were pushed forward into the new grant period slated for 2022-2024 and a few activities were canceled.

3. Staff Turnover Rate

   There was a significant increase in the project staff turnover rate. As a result, the increased recruitment and training of new staff retarded the implementation process.

4. Lengthy Grant Making Process

   The grant-making process for both UCSF and ITECH surpassed the specified award dates well into the first quarter of both grants. This caused many activities to commence within the second quarter of both grants.

5. Procurement Challenges

   The procurement process pays keen attention to GOJ procurement guidelines and donor requirements to facilitate a fair and transparent process. Procurement encountered challenges associated with the COVID-19 pandemic, which limited supplier availability, impacting the delivery of goods and services etc.

6. Reprogramming

Owing to the dynamic issues posed by the COVID-19 pandemic, several activities were adjusted necessitating the reprogramming of funds. In 2021, four reprogramming activities were carried out to move funds to areas that were able to function despite the pandemic and areas of higher demand. During 2021, the approvals process to reprogramme activities often lasted for months which postponed and prevented the implementation of many activities.

Grant Management Activities/Risk Mitigation Strategies

- Grant-making and Reporting

The grants component engaged donors on behalf of the Implementing partners and programme beneficiaries keeping them abreast with periodic status updates of occurrences under the project. The Global Fund was provided bi-weekly updates via meetings, while ITECH and UCSF were provided quarterly updates by way of written reports. UNICEF reports are completed and submitted per the demand of the funder.

- Financial, Procurement and Risk Management

Periodic site visits were conducted by the PR team, during which the team reviewed the SRs and other implementing partners' procurement and financial management systems. The PR team provided sound feedback to solve issues identified, and provide technical assistance where needed to support the administering of corrective measures. The SRs demonstrated their flexibility and risk management skills responding to the challenges encountered during the project year.

The PR team continues to provide procurement and report writing training on a needs basis to the staff members of SRs to improve implementation. Additionally, risk management trainings were conducted within the year to arm the SRs with the requisite skills to better maneuver risks that hamper implementation.

- Monitoring

Technical Reports - The implementing partners have shown improvements in the accurate completion of their technical management and financial reports. The PR acknowledges all implementing partners for their commitment and efforts to complete the reports correctly and submit them in a timely manner. These reports are reviewed during site visits and technical support is provided to address any deficiencies.

Post Review Support – The Grants component provided post-review support to entities who were finding it challenging to understand and implement the recommendations provided by the Finance team during their quarterly reviews. Significant improvement was observed in how most entities respond to the issues highlighted in the Finance review.

Quarterly Review for Implementing Entities - Quarterly reviews were conducted in collaboration with all the components of the HSTU for all Implementing Partners (IPs) to monitor and support activity implementation.

Monthly Review Meeting for High-Risk Entities - After a thorough analysis of the implementation quality and speed under the project, some IPs were identified by the grants component that require

additional support to attain success. With that, the monitoring of these IPs was done in detail monthly via review meetings and relevant advice and support were provided during the same.

Summary Of HSTU Grants 2022 Operational Plan

The Grants component of the HSTU proposes strategies in its annual operational plan to ensure effective and efficient project activity implementation and to improve performance rates. These strategies include:

1. Monitor Implementers Grant Management Report and Action Plan.
2. Perform on-demand Grant Management & Internal Controls Comprehensive Training.
3. Conduct Monitoring Visits and Review Technical Reports.
4. Ensure timely Budget Preparation and Reprogramming.
5. Facilitate timely Implementation Agreements Preparation.
6. Conduct Quarterly Review Meeting for sub-recipients with fair to high performance.
7. Conduct Monthly review Meeting for sub-recipients with low performance.
8. Prepare and disseminate project status letters to sub-recipients in a timely manner.

Funding, Budgetary Allocation & Expenditures

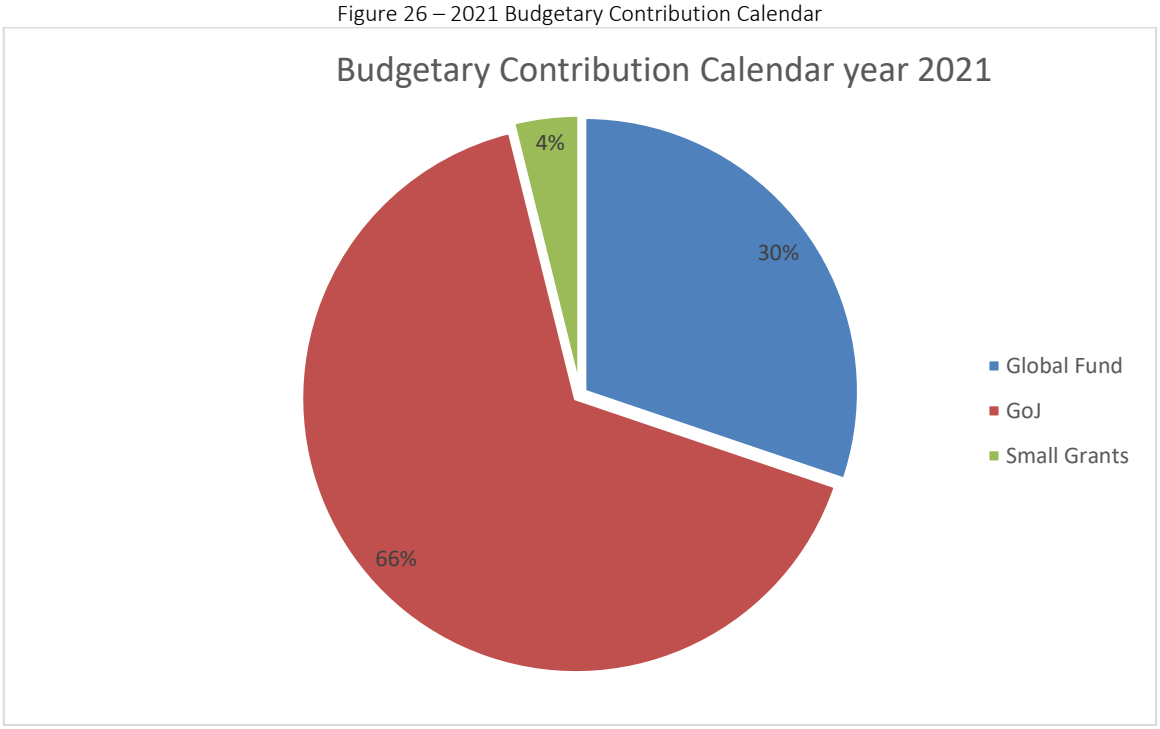
Overview

For Financial Year (FY) 2021, the budgetary contribution was J$2.47B, an increase of J$0.46B in comparison to 2020. The total number of contributors was reduced to five (5). The grant from the National Health Fund ended in 2020 FY.

The Government of Jamaica (GOJ) remained the largest contributor, with 66% of total contribution. The other contributors were Global Fund, contributing 30%, and other small grants from United Nations Children's Fund (UNICEF), International Training and Education Center on HIV (I-TECH), and University of California, San Francisco (UCSF), whose combined contributions was approximately 4%.

The budgetary contribution per funding source is illustrated in Figure 24 below:

Figure 26 – 2021 Budgetary Contribution Calendar



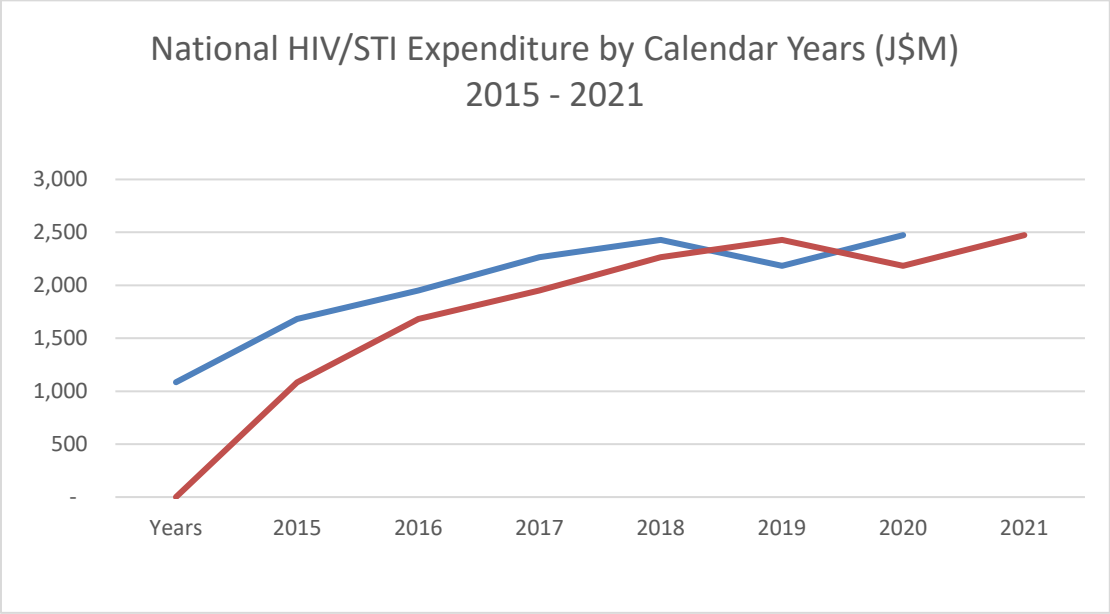
Source: National HIV/STI Programme Financial Statements

The Ministry of Health & Wellness (MoHW), which is the Principal Recipient (PR), along with four (4) Regional Health Authorities (RHAs), three (3) other government agencies, as well as eight (8) non-governmental organizations (NGOs), coordinated to implement the Programme's activities for the year. The implementers expended 73% (or J$1.82B) of the J$2.47B available during the reporting period. The sub-recipients spent $0.86B of their allocation, while MOHW (PR) spent or J$0.96B.

The diagram below shows the budget expenditure comparison for MOHW and the SRs

The diagram below shows the pattern of budget and expenditure over last six (6) years of the project.

Figure 27: National HIV/STI Expenditure by Calendar Year



Source: National HIV/STI Programme unaudited Financial Statements

Figure 27 shows budget and expenditure over the last six years trending upward, except for the year 2020, where there was a sharp decrease in the budgeted allocation. The percentage usage, for the year 2021 was reduced to 73%, 7% less than the previous year.

Programme By Funding Source

Government Of Jamaica – GOJ

GOJ resources were obtained through the recurrent budget and contributions to the Global Fund grant. While the government, through its wider health care budget, provides indirect resources to the programme, the direct cash allocation was $1.62B, making the GOJ the largest contributor to the National HIV Programme, contributing 66%. The resources from the GOJ were mainly to cover health products and staff costs not supported by its donors.

The resources from GOJ were geared to supporting activities for the general population, whilst the grants are allocated to key populations as well as health products and staff costs not supported by other donors. The budget and expenditure comparison per funding source for the year is detailed below.

Recurrent Budget

The recurrent budget contributes 82% of the combined GOJ resources for 2021. During the year, the budget allocation was J$1.32B, which was a 46% increase compared to the J$905.71M approved for 2020. J$922.77M was spent during the period.

The amount of J$471.95M (51%) of the expenditure was to cover health products (Antiretrovirals (ARVs), infant formulas, test kits and salaries for staff) and 49% to cover staff costs.

GOJ Contribution to Global Fund Grant

The contribution to the GF Grant by the GOJ was J$296.99M, an increase of 13% or J$34.98M compared to the previous year. The total expenditure for the period was J$213.24.B, or 72% of the budget. Invoices for health products that relate to the period were received and paid during the first quarter of 2022. The main activities covered during the year relate to staff costs, procurement of health products, fixed assets, and training.

Global Fund Grant-GF

The current Global Fund Grant Agreement, which will be referred to as the New Funding Model Implementation #2 (NFM # 2), in support of the Government of Jamaica's (GOJ's) national HIV response, was signed in 2019 for US$12.03M to be implemented over the three (3) year period, January 2019 to December 2021. At the beginning of its implementation, seventeen (17) implementing partners, along with the Ministry of Health & Wellness (PR), were engaged to implement the approved activities.

In 2020, an additional US$0.81M was approved by the Global Fund to assist in the management of the COVID-19 pandemic, increasing the 3-year budget to US$12.84M.

The goals, strategies, and objectives are listed below.

Goals:

- Reduce AIDS related morbidity and mortality with effective Biomedical and supporting interventions.
- Reduce new HIV infections among key populations through behavioural and structural interventions.

Strategies:

- Increase access to comprehensive prevention services to reduce new HIV/STI infections in key populations.
- Scale up HIV testing targeting key populations to identify new cases and provide timely linkage to treatment and care.
- Improve access to HIV treatment and care services through the protection and promotion of human rights for key populations.
- Provide comprehensive package of care to improve linkage, retention and adherence. Increase capacity of PLHIV, CSOs and key populations to engage in partnerships, advocacy and monitoring of service provision and delivery.
- Improve strategic information to guide programme development, implementation and evaluation.

The objectives of the Grant were aligned to six modules:

- Comprehensive prevention programs for MSM, TGs, sex workers and their clients
- Treatment, care and support
- Human Resources for Health, including community health workers
- Prevention programs for adolescents and youth, in and out of school

- Health Systems Strengthening [HSS] - Health management information systems and monitoring and evaluation (M&E)
- Programme to reduce human rights-related barriers to HIV services
- Community responses and systems
- Programme Management

The target beneficiaries were:

- Female sex workers (FSWs)
- Men who have sex with men (MSMs)
- Transgender (TGs)
- People living with HIV (PLHIV)
- Adolescent and Youth

2021 was the final year of the first phase of the Global Fund's New Funding Model (NFM) Grant. Resources from the Global Fund were primarily used in the procuring of health products and condoms; conducting surveys and assessments; staffing costs, especially at the Sub-recipients; and to scale the prevention and advocacy activities.

The final approved budget for 2021 was J$758.29M, or 30% of the programme's budget. J$259.03M of the year's budget was approved to be utilized by the Principal Recipient (PR), and J$499.26M by the Sub-recipients (SRs). The total expenditure was J$594M, or 73% of the allocated budget. The expenditure for the period was broken down as follows: J$135.78M at the PR level and J$458.22M at the SR level.

Small Grants

The budgeted allocation for the programme for 2021 was US$0.71M (J$103M) for small grants. However, only 68% (J$71M) of the budget was utilized.

International Training & Education Center for Health (I-TECH)

The programme received a reimbursable grant from ITECH valuing J$44.01M. The grant's objectives were primarily focused on the loss to follow-up campaign. The implementing entities for this grant were NERHA, WRHA, and the *Jamaican Network* of Seropositives (JN+). The expenditure was mostly related to staff costs and stipends. The total expended during the period was J$30.09M, 68% of the approved budget.

The University of California, San Francisco Agreement (UCSF)

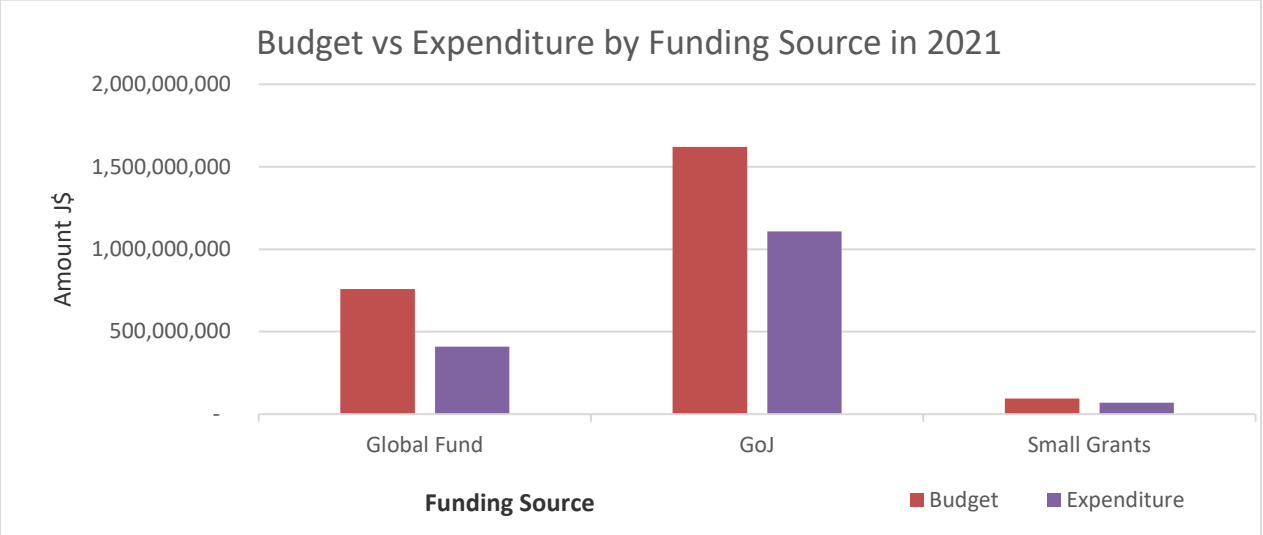
The grant from UCSF was a reimbursable one with a budget contribution of J$48.71M. The amount of J$39.49M, or 81% of the budget, was expended during the period.

The objectives of the grant were primarily focused on strategic information activities and treatment, care and prevention services. The implementing entities were CHARES and the Southern and Southeast Regional Authorities

United Nations Children's Fund (UNICEF)

The expenditure made under the UNICEF grant was J$2.38M which was the total budget for the period. The diagram below shows an analysis of the budget vs. expenditure for the respective funding source for 2021.

Figure 28: Budget vs Expenditure by Funding Source 2021



Source: National HIV/STI Programme Unaudited Financial Statements

Challenges

As a result of COVID -19, the review of the 2019 Progress Update Disbursement Report (PUDR) by the Local Funding Agent (LFA) was virtual. All documents required had to be scanned and emailed.

Other challenges faced were:

- The delay in the approval of the reprogramming requests resulted in implementation delays for some activities.
- Significant delays in the procurement processes, which resulted in the delay of several implementation activities, including consultancies, have a direct impact on expenditure.
- The up-fronting of resources to fund the activities under the reimbursable grants with a limitation of resources.
- The impact of the COVID-19 pandemic

    - Protracted delays in the supply of goods affected the pace at which funds were utilized.
    - Unit and freight costs for health products increased.

Appraisals

Despite the aforementioned challenges, the unit produced timely reports and maintained the monitoring of Sub-recipients to ensure the strengthening of internal controls within the PR & SRs. As a result, the audited financial report for the Global Fund was completed on time and without any findings.

The analysis for the year 2021 uses calendar year figures in keeping with the requirements of the Annual Report. The cash basis of accounting is applied in the Programme's report.