NATIONAL HIV/STI/TB PROGRAMME ANNUAL REPORT 2022

MINISTRY OF HEALTH & WELLNESS

NATIONAL HIV/STI/TB PROGRAMME

ANNUAL REPORT

2022

Published by HIV/STI/TB Unit (HSTU)

Health Promotion & Protection Branch
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This publication presents the National HIV/STI/TB Programme (NHP) report covering the period January to December 2022. It reflects the implementation of the National Strategic Plan (NSP) for HIV 2023-2030 through the outstanding coordination of the HIV/STI/TB Unit in collaboration with the National Family Planning Board (NFPB), other government agencies, civil society organizations and the private sector.

To request additional information or assistance in interpreting the information herein, please contact the HIV/STI/TB Unit.

National HIV/STI Programme

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The Ministry of Health and Wellness (MOHW) acknowledges the following government agencies for their support of the national HIV response in 2022: the National Family Planning Board, the National Council on Drug Abuse (NCDA), and the Ministries of Finance and the Public Service, Education and Youth, Labour and Social Security and Justice.

Special thanks to the civil society organizations (CSOs) that continue providing services to those most in need. Organizations such as the Jamaica Network for Seropositives (JN+), Jamaica AIDS Support for Life (JASL), ASHE, Children First, Children of Faith, Centre for HIV/AIDS Research and Education Services, RISE Life Management, EVE for Life, and the Jamaica Community of Positive Women have provided continuous support to people living with HIV and other key population (KP) groups.

Thanks to The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), 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), the International Training and Education Centre for Health (I-TECH), the University of California, San Francisco (UCSF) and the United Nations Children's Fund (UNICEF), for their continuous technical and funding support throughout 2022.

Special recognition goes to the Government of Jamaica, which, among its Caribbean neighbours, exemplifies dedication and commitment to ending AIDS.

We would also like to acknowledge the support and contribution of our private sector, media partners, and volunteers for their contribution and dedication to the HIV and AIDS response in Jamaica.

Special thank you to the tireless healthcare practitioners, HIV project managers, HIV advocates, and people living with HIV for their dedication and concerted efforts in the continuous prevention, treatment, care, and support for those infected and affected by HIV and AIDS.

This report was compiled through the combined efforts of many individuals in the Ministry of Health and Wellness. The Ministry acknowledges the leadership of the HIV/STI/TB Unit and the National Family Planning Board in completing this report.

Disclaimer

Unless otherwise stated, the appearance of individuals or groups in this publication does not indicate HIV status, sexual orientation, or gender identity.

LIST OF ACRONYMS

AC	Adherence Counsellors
AIDS	Acquired Immune Deficiency Syndrome
ALHIV	Adolescents living with HIV
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCC	Behaviour Change Communication
CBO	Community-based Organization
CD4	Cluster of Differentiation
CDC	Centre for Disease Control
CCM	Country Coordinating Mechanism
CI	Contact Investigator
CLM	Community-led Monitoring
COVID-19	Coronavirus Disease
CPFSA	Child Protection and Family Services Agency
CRH	Cornwall Regional Hospital
CSO	Civil Society Organization
CTO	Community Treatment Observatory
C-TECH	Caribbean Training and Education Centre for Health
DCS	Department of Correctional Services
DISA	Distributed Intelligent Systems Approach
DHIS2	District Health Information System 2
DNA PCR	Deoxyribonucleic Acid Polymerase Chain Reaction
EAS	Enhanced Adherence Support
EEHR	Enabling Environment and Human Rights
EFAF	Equality for All Foundation
EMTCT	Elimination of Mother-To-Child Transmission
EPOC	Enhanced Package of Care
FBP	Faith-Based Organization
FHU	Family Health Unit
FSW	Female Sex Worker
GBV	Gender-Based Violence
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOJ	Government of Jamaica
HARC	Horizon Adult Remand Centre
HCW	Healthcare Worker

HIV	Human Immunodeficiency Virus
HIVDR	HIV Drug Resistance
HIVST	HIV Self-Testing
HSTU	HIV/STI/TB Unit
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
IP	Implementing Partner
I-TECH	IInternational Training and Education Centre for Health
JADS	Jamaica Anti-Discrimination System
JASL	Jamaica AIDS Support for Life
JCCM	Jamaica Country Coordinating Mechanism
JCW+	Jamaica Community of Positive Women
JN+	Jamaica Network for Seropositives
KAPB	Knowledge, Attitude, Practices and Behaviour
KP	Key Population
LTFU	Lost To Follow Up
MDAs	Ministries, Departments and Agencies
MLCA	Ministry of Legal & Constitutional Affairs
MLSS	Ministry of Labour and Social Security
MOEYI	Ministry of Education, Youth and Information
MOFPS	Ministry of Finance and Public Service
MOHW	Ministry of Health and Wellness
MSM	Men who have Sex with Men
MTCT	Mother-To-Child Transmission
NCDA	National Council on Drug Abuse
NERHA	North East Regional Health Authority
NFPB	National Family Planning Board
NGO	Non-Government Organization
NHF	National Health Fund
NHP	National HIV/STI/TB Programme
NPHL	National Public Health Laboratory
NSP	National Strategic Plan
NSU	National Surveillance Unit
NTP	National Tuberculosis Programme
OPD	Office of the Public Defender
PAHO	Pan American Health Organization
PCR	Polymer Chain Reaction

PCU	Project Coordinating Unit
PrEP	Pre-Exposure Prophylaxis
PIOJ	Planning Institute of Jamaica
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
PR	Principal Recipient
PrEP	Pre Exposure Prophylaxis
PST	Psychosocial Team
QI	Quality Improvement
RHA	Regional Health Authority
S&D	Stigma & Discrimination
SERHA	South East Regional Health Authority
SI	Strategic Information
SLA	Service Level Agreement
SNS	Social Network Strategy
SOP	Standard Operating Procedure
SSW	Safer Sex Week
STI	Sexually Transmitted Infection
SR	Sub-Recipient
SRH	Sexual and Reproductive Health
ST. CACC	St. Catherine Adult Correctional Centre
TB	Tuberculosis
TCS	Treatment, Care and Support
TFACC	Tamarind Farm Adult Correctional Centre
TG	Transgender/Persons of Trans-experience
TLD	Tenofovir/Lamivudine/Dolutegravir
TOT	Training of Trainers
TRAT	Treatment Readiness Assessment Tool
TSACC	Tower Street Adult Correctional Centre
TSIS	Treatment Site Information System
UCSF	University of California San Francisco
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VL	Viral Load
WHO	World Health Organization
WRHA	Western Regional Health Authority

Messages

MINISTER OF HEALTH AND WELLNESS

Dr. The Hon. Christopher Tufton, MP
Minister of Health and Wellness

Jamaica is heavily invested in creating a healthcare system that meets the needs of all its citizens. The country has made significant strides in many areas, not the least of which is HIV treatment and care. The Government of Jamaica (GOJ), in collaboration with its partners in the response, has worked tirelessly to curb the spread of the virus and enhance the well-being of persons living with HIV (PLHIV). In the wake of the Coronavirus disease (COVID-19) pandemic, the National HIV/STI/TB Programme is to be commended for demonstrating remarkable resilience in implementing, scaling up, and adapting new strategies to ensure continuous service delivery.

Forty years since the first case of HIV/AIDS was reported, the government has not waned in its commitment to improving the health outcomes and quality of life of PLHIV in Jamaica. This commitment has been matched by significant budgetary support to ensure adequate resources for prevention, testing, treatment, care, and support. Over the year, the Ministry of Health and Wellness leveraged available resources to prioritize HIV prevention and sexual and reproductive health (SRH) and rights services.

Currently, 91% of the approximately 30,000 persons living with HIV in Jamaica have been diagnosed and are aware of their status. Programme data indicates that 64% of the PLHIV population have been linked to care, 52% have been retained in care, 49% are on antiretroviral drugs (ARVs), and 38% are virally suppressed. While there have been some improvements, there are persistent gaps in the continuum of care in linking and retaining patients in care on ARVs and attaining viral suppression. There is still significant work to be done to achieve the targets set. Expanding the accessibility and availability of services to ensure comprehensive treatment and holistic management of PLHIV remains a key mitigating strategy. The number of avenues to access HIV services and care in the public and private arena has increased. Furthermore, additional access points were created for a subset of patients by implementing the MOHW's HIV Public-Private Partnership (PPP) initiative. Implementing innovations, including technology in the roll-out of telemedicine, will allow more differentiated service delivery to the PLHIV community. Additionally, new programmatic activities, such as the planned expansion of HIV pre-exposure prophylaxis (PrEP) services to public sites in 2023, will further reduce the incidence of HIV in Jamaica.

The first of the United Nations' 95-95-95 targets to end the HIV epidemic is for 95% of people living with HIV to know their HIV status by 2025. The provision of HIV testing, therefore, remains a crucial priority for the Ministry. HIV self-testing (HIVST) is now available as a convenient and confidential option to support knowing one's HIV health status. In 2022, 6,858 men who have sex with men (MSM) were reached, and 6,615 were tested, while 7,819 out of the 8,322 female sex workers (FSW) reached were tested. Among the community of persons of trans experience (TG), 400 were reached, and 372 were tested. A total of 364 inmates were tested for HIV. Among vulnerable population communities, 63,759 persons were reached, and 57,431 were tested for HIV.

2022 was a year of repositioning and restructuring as the national response adjusted to the realities of a post-COVID-19 world. The new strategies that were employed ensured a sustained, uninterrupted supply of anti-retroviral medication, a reduction in HIV-related deaths, and improvements in the prevention of mother-to-child transmission (PMTCT). Jamaica continues to adopt and update treatment modalities in keeping with international standards, the most recent being the transition of patients to Tenofovir/Lamivudine/Dolutegravir (TLD). Resources were also directed to improving service delivery and the quality of care provided to clients, removing human rights-related barriers to accessing services, and improving data quality.

Jamaica remains committed to delivering high-quality, evidence-based, people-centred services and will continue to ensure that systems are optimized to allow cross-sector partnerships for maximum impact and to support our international commitments. This is possible through the continued support of the global community, the collaborative efforts of our local stakeholders, and the implementation of best practices, evidence-based population-specific interventions, and advocacy.

PERMANENT SECRETARY

Dunstan E. Bryan

Permanent Secretary,
Ministry of Health and Wellness

The Ministry of Health and Wellness stands behind the work of the HIV/STI/TB Unit and remains deeply grateful for the unwavering support and commitment of the partners in the country's HIV/AIDS response. A total of J$2.96B was contributed to the response in 2022 through contributions from the Government of Jamaica, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Training and Education Centre for Health, University of California, San Francisco, and the United Nations Children's Fund. The funding supported activities and interventions that targeted key and vulnerable populations and people living with HIV, as directed by the various components of the response, including prevention, treatment, care and support services, enabling environment and human rights, and strategic information. The MOHW, as the Principal Recipient (PR) under the HIV response, contracted a total of eighteen (18) Implementing Partners (IP) under the Global Fund, I-TECH, and UCSF grants.

In 2022, the targets for all funders were not achieved due to a mix of implementation challenges affecting performance, including the slow start-up of some grant activities, COVID-19 mitigation strategies implemented by the GOJ, lengthy grant-making processes, procurement challenges, and staff attrition. Despite the obstacles, I-TECH and UNICEF both achieved a performance rate of 100%, which is commendable.

During the year, more support was directed toward improving some Implementing Partners' procurement and financial management systems and implementing corrective measures. A general improvement was observed across the board. The MOHW would like to take this opportunity to acknowledge all implementing stakeholders for their commitment and efforts to ensure the accurate completion and timely submission of monthly reports.

The Ministry continues to prioritize and support smooth Programme implementation. At the level of the Implementing Partners, quarterly and monthly review meetings will remain the primary strategy for improving grant management and timely reallocation of resources to enhance service delivery. At the national level, close monitoring of Implementers' grant management reports, implementation plans, and risk management registers will improve the management of the Programme. This will be underpinned by effective high-level meetings with the technical teams and the administrative arm of the HIV/ST/TB Unit.

The HSTU continues to quantify and procure health products related to the diagnosis, treatment, and monitoring of HIV and Syphilis and the provision of formula and medical disposables, including personal protective equipment. In 2022, there were no stockouts of ARVs, diagnostic test kits, monitoring test kits (viral load and CD4), or infant formula. Several activities were implemented to improve the treatment, care, and support of clients, including multi-month dispensing of the majority of ARV formulations, piloting of fast-track online modules in HIV care, training of key staff in the management of Tuberculosis, and the development of standard operating procedure (SOP) for PrEP and telemedicine. The Tuberculosis Annual Review was also conducted during the year to sensitise public health nurses and epidemiologists to the updated TB guidelines.

The Ministry of Health and Wellness is unwavering in its dedication to providing forward-thinking leadership to the national response. Despite global and local challenges, the Programme will continue to be resilient and persist in efforts to scale up and adapt to improve patient outcomes and attain national validation.

EXECUTIVE DIRECTOR - NATIONAL FAMILY PLANNING BOARD

Ms. Lovette Byfield
Executive Director
National Family Planning Board

Over the years, the national HIV/AIDS response has been defined by challenges and triumphs, advances and setbacks. Nonetheless, the country's commitment to ending the AIDS epidemic by 2030 remains steadfast. The National Family Planning Board is delighted to collaborate with the HIV/STI/TB Unit to spearhead the national HIV/AIDS response, guided by the National Strategic Plan for HIV, 2023 – 2030. This Annual Report not only reflects the progress of the national response but also catalyzes a shared vision for a future free from the burden of HIV. The NFPB's core areas of contribution to the national programme and this report are:

- Prevention and Sexual and Reproductive Health Outreach
- Enabling Environment and Human Rights
- Monitoring and Evaluation
- Sustainability, Governance and Leadership

In 2022, the NFPB prioritized expanding access to prevention and support services among general, key, and vulnerable populations. Population-specific interventions under the Prevention Component delivered key messages focused on delaying sexual debut; promoting rapid HIV and Syphilis testing; appropriate treatment-seeking behaviour; consistent and correct condom use and condom negotiation; navigating new and existing clients to care; and referring clients for treatment, care, and support. Special attention was directed towards the adolescent and youth population, with several consultations convened to develop innovative strategies to address gaps in service delivery. A pivotal outcome of these efforts was the drafting, validation, and dissemination of the *Adolescent HIV/SRH Strategic Action Plan, 2022-2025*. Our work was bolstered by longstanding partnerships with other entities such as Government Ministries, Departments and Agencies (MDAs), private financial institutions, non-government organizations (NGOs), and community-based organizations (CBOs). These partnerships were valuable in addressing social, economic, political, and cultural challenges that would have impacted implementation and, ultimately, the achievement of Programme targets.

The NFPB also initiated advocacy activities targeting the removal of human rights-related barriers to service accessibility. In 2022, a significant number of interventions were implemented by diverse stakeholders, encompassing both government and civil society, including PLHIV and key-population-led organizations, as well as international development partners. These initiatives were designed to safeguard and advance human rights, enhance the capacity of key stakeholders—such as police officers—to deliver non-discriminatory services, and raise awareness among people living with and most affected by HIV about their rights and available support for accessing redress.

The HIV prevalence rate among sexually active men and women (15-49 years) is currently 1.3%. However, some sub-populations are considered most at-risk with higher prevalence rates, including men who have sex with men, female sex workers, persons of Trans-experience, inmates, and the homeless. During the year, sexually active adults were reached and tested through targeted community interventions, health centre testing, workplace testing, mapping hot spots, and using

influencers and mobilizers. Through our efforts, 54,336 sexually active adults were reached, and 48,105 were tested for HIV, while 54,754 were reached and 46,547 were tested for Syphilis.

The NFPB remains committed to our nation's health and resilience and will continue to work with the partners in the response to sustain action through prevention, outreach, and advocacy.

Foreword

Dr. Alisha Robb-Allen

Unit Senior Medical Officer
(Acting) HIV/STI/TB

Jamaica's response to the HIV/AIDS epidemic is coordinated by the National HIV/STI/TB Programme, which is implemented through the combined efforts of the HIV/STI/TB Unit and the National Family Planning Board, in conjunction with key partners and stakeholders including the Regional Health Authorities (RHAs), non-government organizations, community-based organizations, faith-based organizations, and other ministries, departments, and agencies. The goal of the Programme is "To reduce the transmission of new HIV infections while mitigating the impact of HIV/AIDS on the people of Jamaica within a sustained, effective multi-sectoral infrastructure and soliciting the necessary commitment to support the national response to HIV and AIDS." This work is coordinated through five technical components: Prevention and Health Promotion; Treatment, Care and Support (TCS); Adolescent Health; Enabling Environment and Human Rights (EEHR); and Strategic Information (SI).

The national HIV/STI response is funded primarily by the Government of Jamaica. The budgetary allocation for 2022 was J$2.96B, an increase of J$0.53B compared to 2021. The Government of Jamaica contributed 62% of the budget. During the year, GOJ resources delivered through the HIV recurrent budget and contributions to the Global Fund grant totalled $1.83B. The Global Fund contributed J$986.61M. The Programme also received J$146.34M in grants from I-TECH, UCSF, and UNICEF.

Jamaica continues to push forward in the fight to end AIDS as a public health threat by 2030. For more than 35 years, the NHP has worked consistently to improve the well-being of persons living with HIV. More patients have access to prevention and treatment services, and the use of data has continued to drive interventions at the site, parish, regional, and national levels. There has been continuous improvement in data quality at all treatment sites, resulting in an overall improvement of the Treatment cascade. Significant efforts have been made to reduce stigma and discrimination (S&D) and create an enabling environment for all persons seeking to access care through the collaborative actions of various MDAs, NGOs, and CSOs. The Government of Jamaica is the sole provider of antiretrovirals at no cost to PLHIV and has ensured an uninterrupted supply for over four years. The government has also partnered with the private sector to increase access to ARVs.

Despite the advancements over the years, the country's progress continues to be threatened by persistent gaps in the continuum of care, especially in linkage, retention in care, and viral suppression. HIV prevalence among the general population is estimated at 1.4%, which amounts to an estimated 30,000 persons currently living with HIV in Jamaica. Approximately 14% of the population is unaware of their status. Of those diagnosed, 51% are not retained on life-saving antiretroviral treatment, and only 38% are virally suppressed. The reduction of these gaps must be accelerated if the targets set are to be achieved.

Going forward, the National HIV/STI/TB Programme will continue to coordinate and direct all available technical and financial inputs towards improving service delivery and the quality of care

given to those at risk of, infected with, and affected by HIV, STIs, and TB. In 2023, the Programme will incorporate the following:

- Transitioning all PLHIV on first-line to TLD and reviewing patients on second-line therapy for transition to TLD.
- Expansion of HIV PrEP services to the MOHW Public-Private Partnership and public health facilities.
- Training of healthcare workers in critical interventions, including HIV drug resistance (HIVDR) and dried blood spot (DBS) testing, PrEP, and HIV management.
- Validation of eliminating mother-to-child transmission (EMTCT) of HIV.
- Improved reporting of STI data, surveillance, and analysis through stakeholder commitment and the formulation of recommendations, with supporting evidence, on the effective management of STIs in the Jamaican context.
- Establishment of Jamaica as an STI surveillance site for Latin America and the Caribbean.
- Rollout of the Tuberculosis National Strategic Plan, completed in 2021.
- Expansion of research capacity and output by implementing a research agenda in collaboration with UCSF, Caribbean Training and Education Centre for Health, and RHAs.
- Completion of a comprehensive data quality assessment (DQA).

The 2022 Annual Report presents information on the HIV, STI, and TB response between January 1 and December 31, 2022. It describes the trends in the epidemic in Jamaica, the programmatic activities geared at prevention, treatment, care, and support, actions directed at policy and legislative reform, and initiatives to improve information quality and grant management.

1

Health Promotion and Prevention

OVERVIEW

In 2022, the Prevention Component focused on reorganizing and realigning its activities to recover lost ground amidst the challenges posed by the COVID-19 pandemic. The Regional Health Authorities undertook a restructuring exercise while our civil society partners grappled with staff attrition due to migration. Nevertheless, the national response coordinated its efforts to deliver quality service to Jamaicans, including vulnerable populations. Longstanding partnerships with MDAs, private financial Institutions, NGOs, and CBOs supported HIV Prevention efforts.

During the year, the interventions under the Prevention Component delivered key messages focused on:

- Delaying the debut of sexual activity.
- Promoting rapid HIV and Syphilis testing.
- Promoting appropriate treatment-seeking behaviour.
- Promoting consistent and correct condom use and condom negotiation.
- Navigating new and previous clients to care.
- Referring clients for treatment, care, and support.

The epidemic continues to be generalized among some key and vulnerable populations and concentrated among the sexually active male and female populations. The HIV prevalence rate among sexually active men and women aged 15-49 years currently stands at 1.3%. However, some sub-populations are considered most at-risk with higher prevalence rates. These include men who have sex with men (29.6%), female sex workers (2%), persons of trans-experience (50%), inmates (both males and females) (6.9%), and the homeless (13.6%). Special efforts were made to target these key and vulnerable populations to reduce prevalence rates, guided by the following strategic objectives:

- Identify, build relationships, and increase interactions with the MSM/TG population.
- Identify and build relationships with MSM of a higher socio-economic group.
- Identify, reach, and maintain coverage of all known sex work sites (street and clubs/bars).
- Increase reach among discrete (community) female sex workers.
- Increase the opportunity to offer HIV testing during outreach activities.
- Increase outreach HIV testing within the workforce (call centers and high-volume male and female work sites).
- Reduce new HIV infections, especially among the 15-49 sexually active males and females age group.
- Reduce the new HIV infections among sexually active females with high-risk male partners.
- Improve the HIV and sexual reproductive knowledge level among adolescents.

The process of accessing HIV/Syphilis tests in outreach settings remains normalized due to the outstanding efforts of our programme partners. However, even with the ease of access, some key and vulnerable populations remain reluctant to access the services, especially those who have never

been tested. HIV self-testing was introduced as a strategy to engage hard-to-reach individuals, offering a unique option to support knowing one's HIV health status. A key promotion point for self-testing is the added privacy and autonomy it affords the client. Virtual platforms were heavily utilized to support the provision of sexual and reproductive health information to the population.

OUTREACH TESTING

HIV TESTING

The implementation of HIV self-testing offers individuals an innovative method to ascertain their HIV health status. This method complements the testing approaches currently offered in outreach settings. The demand for HIVST remains steady, peaking during commemorative events.

Routine HIV and Syphilis testing is conducted in low-income, high-prevalence, and volatile communities, town centres, transportation hubs, places where people go to meet new sex partners (PLACE sites), and socializing sites in and around high-prevalence communities. However, as HIV testing becomes more normalized, the yield from these efforts decreases. This has motivated the Prevention Component to devise innovative strategies to identify risk behaviours in non-traditional spaces and to promote and increase testing uptake.

The provision of HIV testing remains a priority to achieve the target number of persons knowing their HIV status. During 2022, a total of 81,606 persons were tested through outreach activities. Of this number, 236 were HIV positive, and 803 were Syphilis reactive. Testing was conducted for females and males aged 16 years and older, with individuals over 50 also included. A total of 47,946 females were tested for HIV, resulting in a positivity rate of 0.4% (194) (Figure 1). A total of 33,660 males were tested for HIV, of which 350 were positive, resulting in a positivity rate of 1% (Figure 2).

Figure 1 Females Reached, Tested and Positive for HIV by Modality, 2022

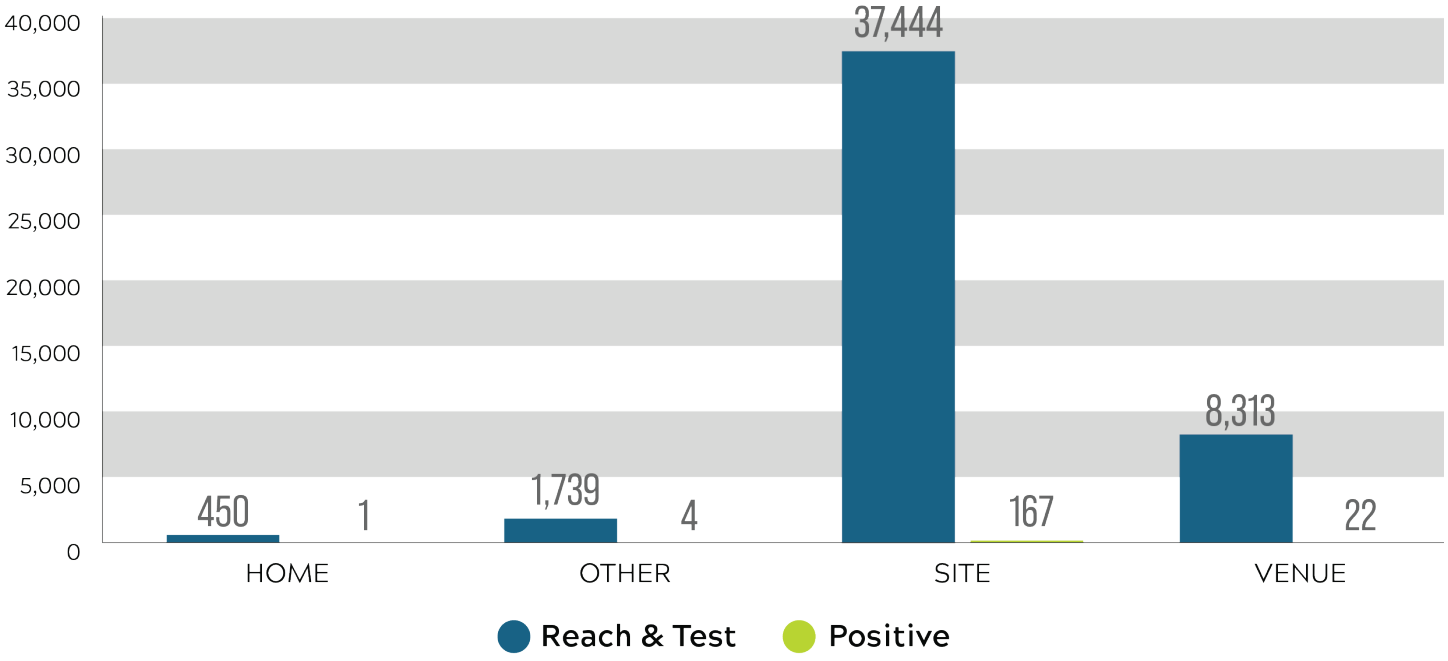
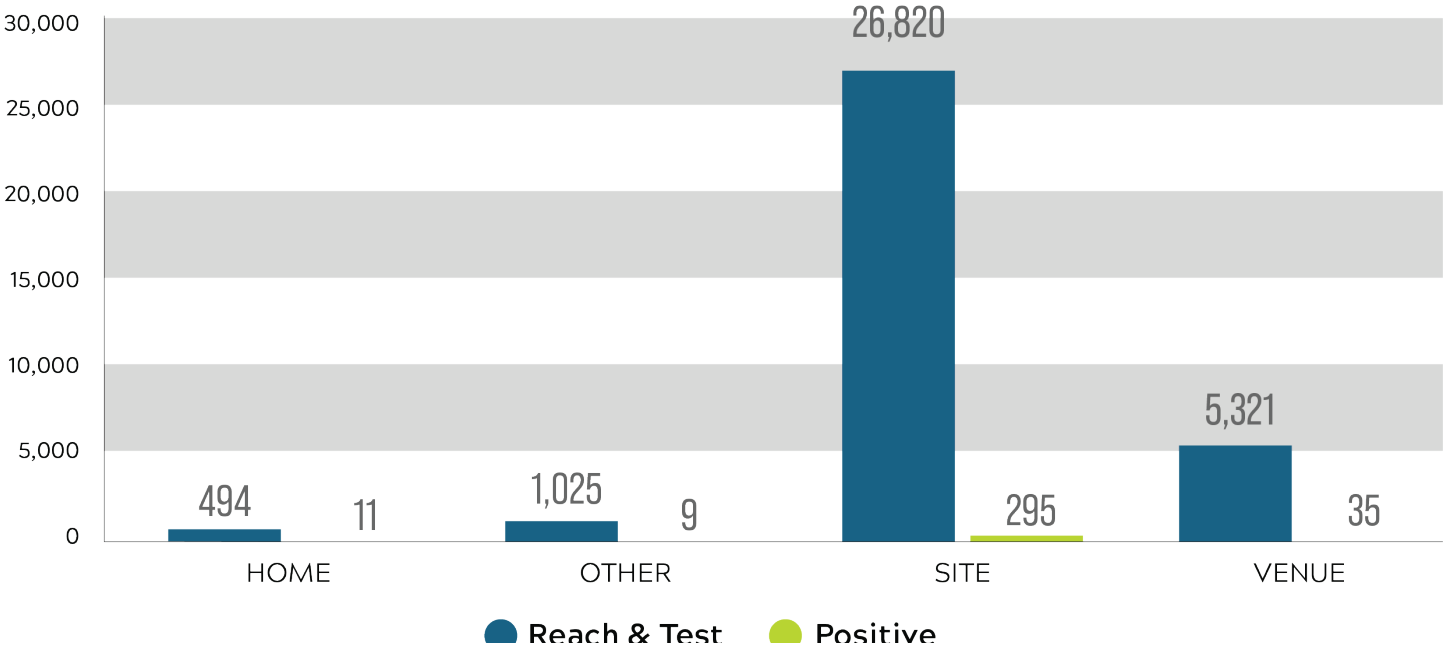


Figure 2 Males Reached, Tested and Positive for HIV by Modality, 2022



SYPHILIS TESTING

In 2022, the national prevention response conducted 70,207 Syphilis tests using the SD Bioline kits, guided by the MOHW's testing protocol and national algorithm. Syphilis is reported among the Class 1 notifiable diseases. The Prevention Component continues to test and make referrals for treatment. Testing was conducted for females and males aged 16 years and older, with individuals over 50 also included. Out of a total of 40,953 females tested, 642 were found to be reactive for Syphilis, resulting in a reactive rate of 1.5% (Figure 3). A total of 29,254 males were tested, of which 351 were reactive for Syphilis, resulting in a reactive rate of 1.2% (Figure 4).

Figure 3 Females Reached and Tested for Syphilis by Modality, 2022

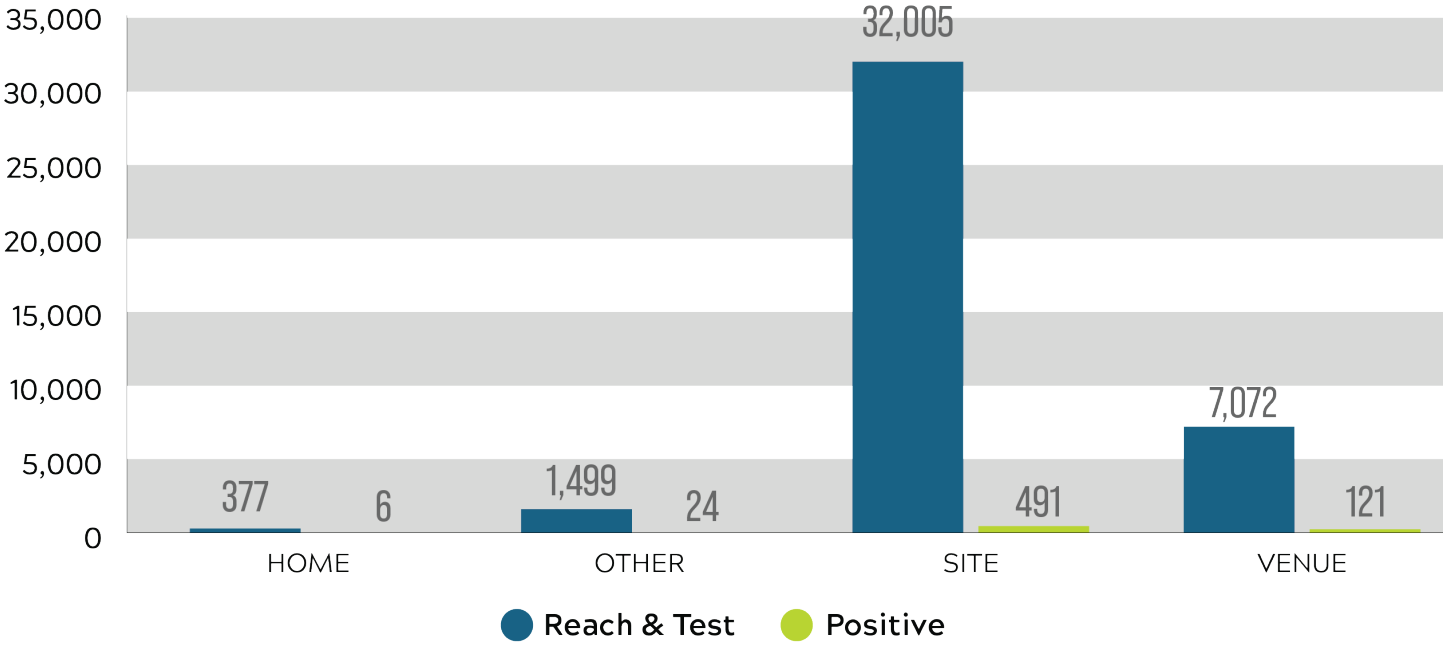
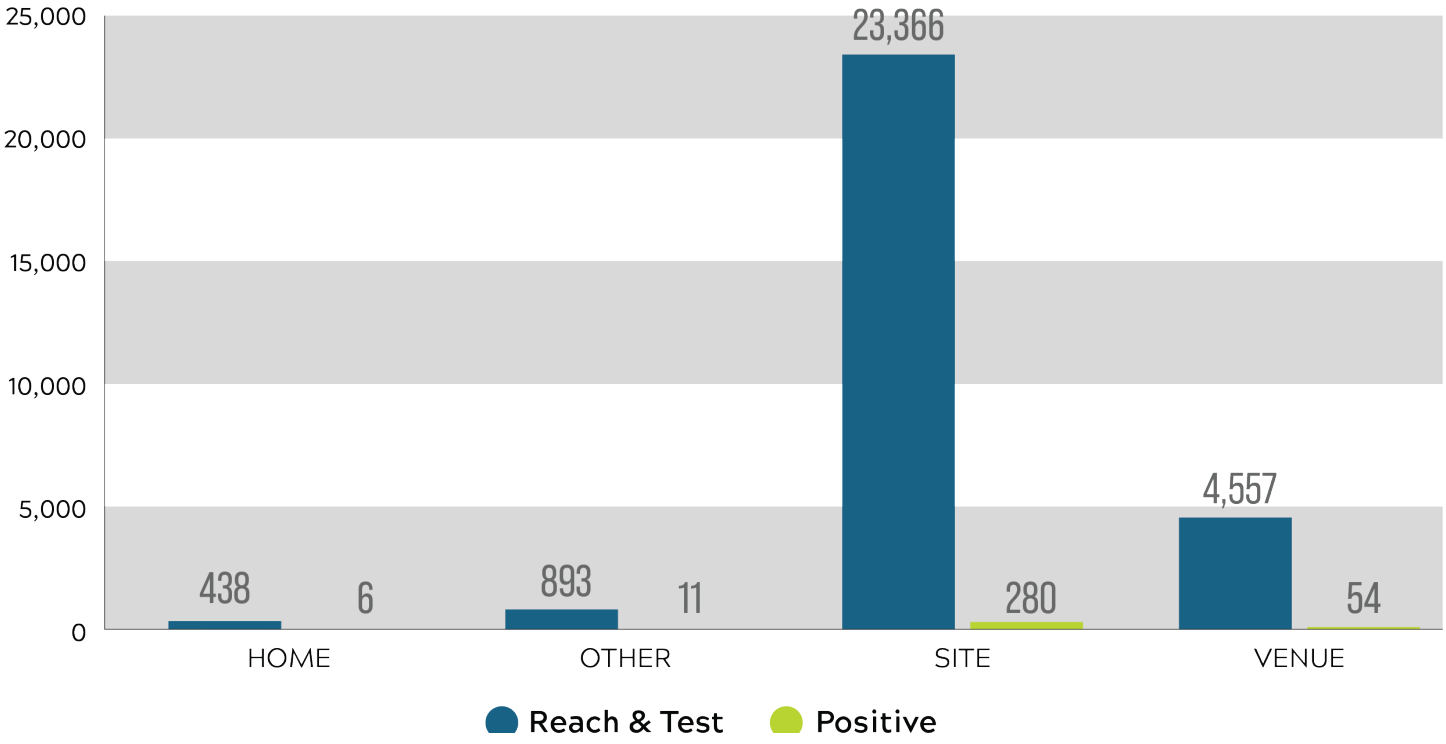


Figure 4 Males Reached and Tested for Syphilis by Modality, 2022



HIV SELF-TEST

Standard Operating Procedures

A collaborative approach was utilized to develop the HIVST standard operating procedures. A series of consultations were conducted to engage the stakeholders in the HIV response. The Ministry of Health and Wellness, Civil Society, and the Center for Disease Control were critical players in the consultations. The SOP underwent a rigorous review process and received approval from the CDC before finalization. One hundred and fifty (150) copies of the HIVST SOP manual were printed and distributed among stakeholders who had undergone prior training. The implementation of the SOP is set to play a critical role in standardizing the approach across agencies, ensuring a unified and consistent execution of the HIV-related protocols.

Training of Trainers

The launch of the HIV self-test spurred extensive implementation initiatives across the country. A comprehensive two-day training of trainers (TOT) workshop was held from April 12 to 13, 2022, to strengthen the capacity of Prevention stakeholders to deliver HIVST services. The training was attended by twenty-four (24) participants representing fourteen (14) organizations, including CSOs, RHAs, and NFPB. The workshop was facilitated by a technical team drawn from the NFPB and CDC Jamaica. The CDC team was enhanced by including two members from the CDC Headquarters, Ms. Tiffany Aholou and Ms. Monique Carry. A pivotal outcome of the training was the revision of the HIVST SOP; the training

facilitated consensus and collaboration among all partners and stakeholders and culminated in a published document. All attendees were presented with Certificates of Participation. The NFPB was subsequently entrusted with coordinating and overseeing a series of 'step-down' training sessions, which the newly trained Master Facilitators partly facilitated.

Step Down Training

Following the TOT workshop, a series of step-down trainings were conducted with various government and civil society organizations to expand the reach of knowledge and expertise, including:

- National Council on Drug Abuse (NCDA)
- South East Regional Health Authority (SERHA)
- Western Regional Health Authority (WRHA)
- North East Regional Health Authority (NERHA)
- South Regional Health Authority (SRHA)
- Teen Hub
- National Health Fund (NHF)
- Children First Agency (CFA)
- ASHE Company
- Jamaica Family Planning Association (Famplan)
- Department of Correctional Services (DCS)
- Centre for HIV/AIDS Research and Education Services (CHARES)
- AIDS Healthcare Foundation (AHF)

The success of these trainings led to an increased demand for partnerships, which prompted collaboration with non-health sector organizations. This strategic engagement with non-health sector organizations aimed to enhance distribution to traditionally hard-to-reach populations and facilitate participation from groups that might not typically engage in community testing activities. Some noteworthy non-health sector partners included:

- Jamaica Urban Transit Company
- Petrojam Limited
- Seprod Group
- Jamaica Constabulary Force
- Royalton Hotel

This diversified approach reflects a commitment to inclusivity and broader community outreach, ensuring that HIV testing resources are extended to all population segments.

Public-Private Partnership

During the year, a dozen new pharmacies were successfully identified and equipped with start-up packages containing five (5) to ten (10) HIV self-test kits, signage, Fast Fact leaflets, and posters. Vigilant monitoring of previously enlisted pharmacies and private practitioners is ongoing to ensure

sustained engagement. With these additions, the number of actively participating pharmacies in the NFPB's Public-Private Partnership initiative stands at forty-three (43).

Notably, authorized distributor Recharge Distributor Limited reported a surge in kit sales, driven by growing demand from other pharmacies seeking to stock up. The company maintained consistent supplies to meet this increased demand, ensuring kits included informative Fast Facts leaflets. This collaborative effort underscored the success of the PPP in expanding accessibility to HIV testing resources and promoting informed health practices throughout the pharmacy network.

Communication Plan

A communication plan was developed to guide efforts to promote and build awareness around HIV self-testing. The main objectives of the plan were to:

- Raise awareness of HIV self-testing through integrated marketing and communications strategies.
- Utilize traditional media outlets to promote HIV self-testing.
- Reinforce condom use as a part of combination prevention.

This plan included developing videos, infographics, and outdoor advertisements. It also developed and implemented the concept of using social media influencers to convey the message that "HIV self-testing is as easy as…."

Social media posts highlighted pharmacy locations where test kits were available and provided information on usage and interpreting test results. State Minister of Health, The Hon. Juliet Cuthbert-Flynn, and Dr. Alisha Robb-Allen, Senior Medical Officer of Health (Acting), facilitated the recording of two insightful television advertisements on how to use and interpret test results. These were boosted during the period under review. Additionally, related posts from partner organisations were reshared on all MOHW social media pages.

Monitoring Mechanism

In consultations with the Prevention partners, two data collection tools, the Outreach Register and the District Health Information Software (DHIS2), were updated to include HIVST. The indicator being monitored is the Number of individual HIVST kits distributed. The data collected can be disaggregated to provide insights on:

- Method of testing (assisted or unassisted)
- Models of distribution (community or facility-based)
- Approach for distribution – the type of sites (workplace, mobile, door-to-door, clinic)
- Modes of distribution (Primary and secondary)
- Age
- Gender

Consultations with the wider Prevention team prompted a review of the eligibility criteria for

distributing kits. Based on discussions with all stakeholders, two (2) criteria were agreed on:

- Persons 16 years and older and able to give consent
- PLHIV who are on ART

During the period, data collection for the HIVST indicator was captured and analyzed monthly. The organisations that received training were provided with the updated registers and instructed on data entry procedures. For 2022, the total number of kits distributed by the NFPB was 2,460. The following indicators were also reported in the DHIS2:

- Tests distributed to individuals - 587
- Method of testing
  - Assisted - 274
  - Unassisted – 313

PRE-EXPOSURE PROPHYLAXIS IMPLEMENTATION

Pre-exposure prophylaxis is a prevention tool that forms part of the package of services offered to prevent the transmission of HIV infection. Antiretroviral drugs are taken daily by an uninfected person who is at a high risk of contracting HIV to reduce the likelihood of transmission in sero-discordant sexual engagements (WHO, 2014). In 2015, the WHO recommended that oral PrEP should be offered as an additional prevention choice for people at substantial risk of HIV. In heterosexual HIV-discordant couples, PrEP is 75% effective in reducing HIV transmission to the uninfected partner and 90% effective in those with the highest levels of adherence. In heterosexual single women and men, PrEP reduces infection rates by 62%-85%; efficacy is closely related to the level of adherence. Currently, Tenofovir/Emtricitabine (TDF/FTC) is the recommended PrEP regimen to prevent HIV for all people at-risk through sexual activity or injection drug use.

In 2022, the Ministry of Health Wellness developed a comprehensive National PrEP Implementation Guide to facilitate its rollout as a pivotal component of the HIV prevention strategy. This foundational guide includes clinical protocols, national indicators, updated STI forms, an implementation matrix, monitoring sheets, and monthly reporting templates. The implementation guide provided a structured framework for the Prevention Component, ensuring alignment with essential prevention databases and monitoring tools to facilitate the seamless incorporation of PrEP.

Standard operating procedures were also developed to provide a stepwise approach to implementing PrEP at the site level. The steps are intended to be a general guide that supports the existing infrastructure at the locations. This document is subject to the National PrEP Implementation Guide, which was developed to advance PrEP as an HIV prevention method.

The national scale-up for PrEP has seen the development of implementation and communication plans supported by the standard operating protocol. A PrEP Technical Working Group and a Communication Working Group were also established to strengthen the expansion.

National Training Rollout

In July 2022, the Jamaica AIDS Support for Life, supported by MOHW and NFPB, conducted a TOT workshop to strengthen the expansion of PrEP by implementing a phased national rollout. The objective of the rollout was to increase access to the service and meet the growing demand for the service among key populations, especially MSM. A cohort of seventeen (17) technical officers involved in the HIV/STI response from prevention, treatment, care, and support and monitoring and evaluation components were trained to facilitate the rollout of a national PrEP programme.

The subsequent step-down training with the Southern Regional Health Authority involved 142 healthcare providers who participated in a two-day training to equip both community and facility-level staff with knowledge about PrEP as an additional tool for prevention. The sessions were facilitated by the Master Trainers from the TOT and sought to enhance the healthcare providers' skills in developing customized prevention plans for their respective beneficiaries. The training also guided medical practitioners on the administration, monitoring, and management of PrEP. Three (3) categories of staff were trained:

- Regional Health Authorities
  - Clinicians
  - Medical Officers of Health
  - Public Health Nurses
  - Midwives
- Treatment, Care and Support Teams
  - Contact Investigators (CI)
  - Psychologist
  - Social Workers
  - Treatment Care Support Officers
- Community Health Workers
  - Health Promotion
  - Behaviour Change Communication (BCC)

Continuous monitoring and evaluation mechanisms were established utilizing indicators such as persons reached with PrEP information, referrals, PrEP initiation, and continuation. Establishing monitoring tools, including modifying the Outreach Register and DHIS2, facilitated data collection and ensured a well-coordinated rollout of PrEP. Since the execution of PrEP as prevention exists outside of the HIV prevention response, coordinated efforts were encouraged, and healthcare workers were sensitised. This allowed for data to be captured for PrEP on the previously established health information documents (clinic STI forms and referral Form B).

KEY POPULATION INTERVENTIONS

Key populations are defined as 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 Component are men who have sex with men, transgender persons, sex workers, and prisoners. Among key populations, there are structural barriers that increase their vulnerability to HIV, which leads to higher prevalence rates (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). With prevalence much higher than the general population, special efforts were made to target these populations to reduce the spread of HIV further.

2022 Key & Vulnerable Populations Targets, Achievement and Positivity

The targets to reach and test the key populations were calculated based on the estimated size of each population. The size estimates for each population remained the same in 2022. Tables 1 and 2 show the reach, test, and positive cases for key and vulnerable populations in 2022.

Table 1 Key Population Target Reached and Tested for HIV with Positivity, 2022

Key Populations								
	Reach			Test			Positive	
Target Groups	Target	Achieved	% Achieved	Target	Achieved	% Achieved	Positive	Positivity
FSW	8,467	8,322	98.2%	6,853	7,819	114%	56	0.7%
MSM	7,532	6,858	91%	5,037	6,615	131.3%	227	3.4%
TG	384	400	104.1%	266	372	139.8%	12	3.2%

Table 2 Vulnerable Population Target Reached and Tested for HIV with Positivity, 2022

Vulnerable Populations								
	Reach			Test			Positive	
	Target	Achieved	% Achieved	Target	Achieved	% Achieved	Positive	Positivity
Homeless	120	98	82.0%	110	89	81.0%	0	0.0%
Sexually Active Females (25 – 49)	120,371	26,395	21.9%	108,336	24,731	22.8 %	84	0.3%
Sexually Active Males (25 – 49)	113,665	17,775	15.6%	102,300	15,351	15%	65	0.4%
At-risk Youths (16 – 24)	23,227	19,491	83.9%	20,904	17,260	82.5%	32	0.18%

Female Sex Workers

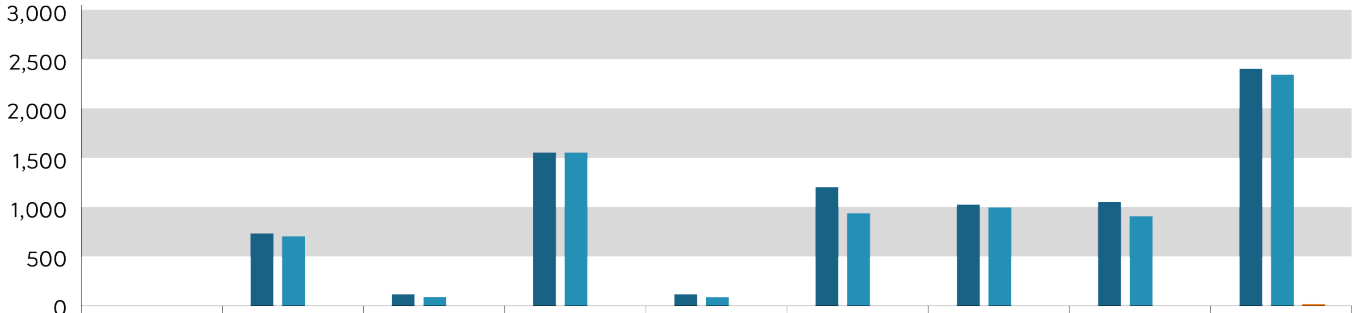
The landscape of sex work has shifted. Female sex workers have pivoted since the onset of the COVID-19 pandemic, increasing their usage of online, mobile, and community-based approaches to engage existing and new clients. These approaches have created a dynamic shift that complements traditional spaces such as street sites, exotic clubs, and bars.

In 2022, FSWs continued to work out of their homes by utilizing more online strategies to reach their regular clients (text messaging and WhatsApp) and engage new clients (online dating sites). Online engagements were utilized because activities at street sites were reduced due to 'no-movement' days and COVID-19 curfew hours. Some venue owners were able to reopen, resulting in some FSWs re-engaging patrons in familiar spaces as in previous years. The outreach teams continued to navigate the new "workspace". However, efforts to reach the population through targeted community interventions required the teams to canvas the geographical community and utilize a broad net approach to engage with FSWs. The teams conducted fulsome risk assessments and risk reduction conversations with females within the communities.

During the year, 7,819 FSWs were tested for HIV by the RHAs and CSOs, with a resulting positivity rate of 0.7% (Figure 5). WRHA recorded the highest reach and test figures (2,418/2,379). Both WRHA and SERHA recorded the highest yield in positive cases: 18 and 10 new cases, respectively.

RHAs and CSOs tested 7,225 FSWs for Syphilis, resulting in a reactive rate of 1.2% (Figure 6). WRHA recorded the highest reach and test figures, 2,418/2,142. Both WRHA and JASL recorded the highest yield in positive cases, 28 and 18 cases, respectively.

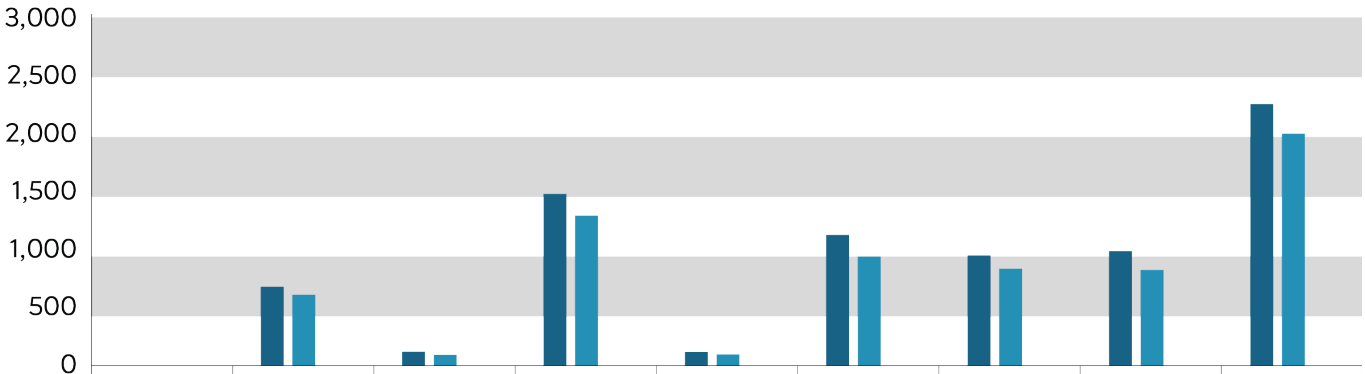
Figure 5 FSWs Reached, Tested and Positive for HIV, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	0	740	119	1,587	127	1,219	1,051	1,051	2,418
TESTED	0	722	115	1,587	109	971	1,013	923	2,379
POSITIVE	0	5	1	7	3	9	10	3	18

REACHED TESTED POSITIVE

Figure 6 FSW Reached, Tested and Reactive for Syphilis, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	0	739	122	1,586	130	1,217	1,051	1,072	2,418
TESTED	0	657	108	1,395	107	1,017	916	883	2,142
POSITIVE	0	6	1	18	1	10	13	16	28

REACHED TESTED POSITIVE

Men Who Have Sex With Men

During the period, CSOs and RHAs utilized innovative strategies such as online outreach and peer links to reach and test MSMs. Several strategies were used to boost the numbers reached and tested, including:

- Empowerment Sessions – To build resilience to make informed choices
- Peer Approach – MSM tell persons in their network about the programme
- Skills Building – Engaging persons to aid MSMs in developing employable skills
- Site-based Interventions – Engaging with persons where they are located
- Workplace Interventions - In hotels and call centres
- Social Media - To engage and offline to access HIV testing services

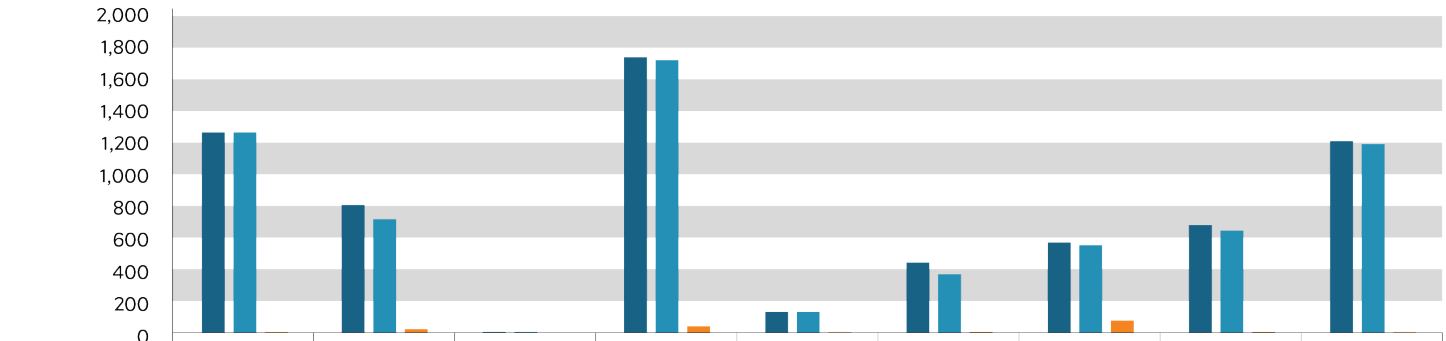
Enhancing the social network strategy (SNS) for HIV testing involves identifying individuals who are HIV-positive or at high risk of HIV (recruiters). These recruiters then recruit members of their social or sexual networks for HIV testing services (HTS). Similar to respondent-driven sampling used in bio-behavioural surveys, SNS operates on the premise that people within the same social and sexual networks share similar risk behaviours. As such, once network members are recruited and undergo an HIV test, they are allowed to recruit their network members who may also be at elevated risk of HIV. The process involves initial recruiters, or "seeds," being identified in the community by outreach workers or at HIV testing facilities by clinic staff. These “seeds” reflect the diversity of high-risk networks in the target area. To be eligible, a “seed” must belong to a key population (such as MSM, PLHIV-MSM, or TG), feel comfortable discussing HIV within their networks, and be able and willing to recruit members who have never tested or do not test regularly.

“Seeds” initiate recruitment among their social networks, and subsequent recruiters are asked to recruit network members for HIV testing, focusing on individuals who have never tested or do not test regularly. Recruiters are given coupons to distribute to their network members, who present the coupon at the testing site. Each coupon is linked to the recruiter, who can claim a monetary or non-monetary incentive for each recruit who successfully undergoes HTS. Inclusion criteria for coupon distribution are specified for “seeds” and “non-seeds. Unique identification codes are used to track the compensation owed to clients for recruiting network members to HTS and to identify repeat participants. The strategy was implemented in line with the CDC year from October to December 2022. During the period, a total of 95 MSM/TG individuals were tested, resulting in three (3) positive HIV screens and one (1) positive for Syphilis.

In 2022, 6,858 MSM were reached, and 6,615 were tested for HIV, yielding a positivity rate of 3.4% (Figure 7). Jamaica AIDS Support for Life and Ashe reported the highest reach and test figures, 1,723/1,721 and 1,262/1,262, respectively. The highest yield for positive cases was among SERHA and JASL, with 82 and 56 new cases, respectively.

A total of 6,870 MSM were reached, and 6,034 were tested for Syphilis (Figure 8). JASL and the Ashe company reported the highest reach and test, 1,722/1,551 and 1,260/1,111, respectively. JASL and WRHA had the two highest yields in cases (19), followed by Ashe, with 17 cases reactive for Syphilis.

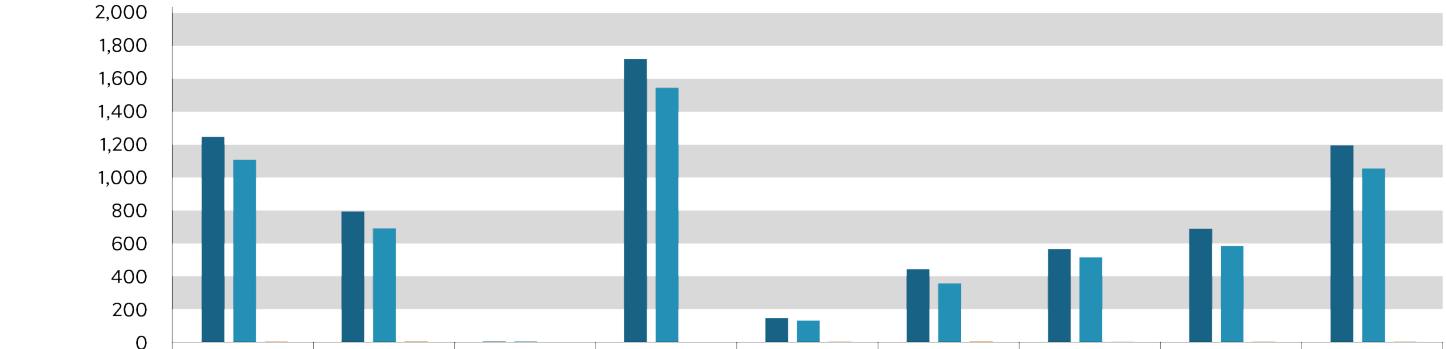
Figure 7 MSM Reached, Tested and Positive for HIV, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	1,262	810	3	1,723	147	445	580	685	1,203
TESTED	1,262	725	3	1,721	135	374	562	647	1,186
POSITIVE	16	36	0	56	3	7	82	9	18

REACHED TESTED POSITIVE

Figure 8 MSM Reached, Tested and Reactive for Syphilis, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	1,260	807	3	1,722	159	445	582	689	1,203
TESTED	1,111	701	2	1,551	133	375	516	589	1,058
POSITIVE	17	9		19	2	6	9	5	19

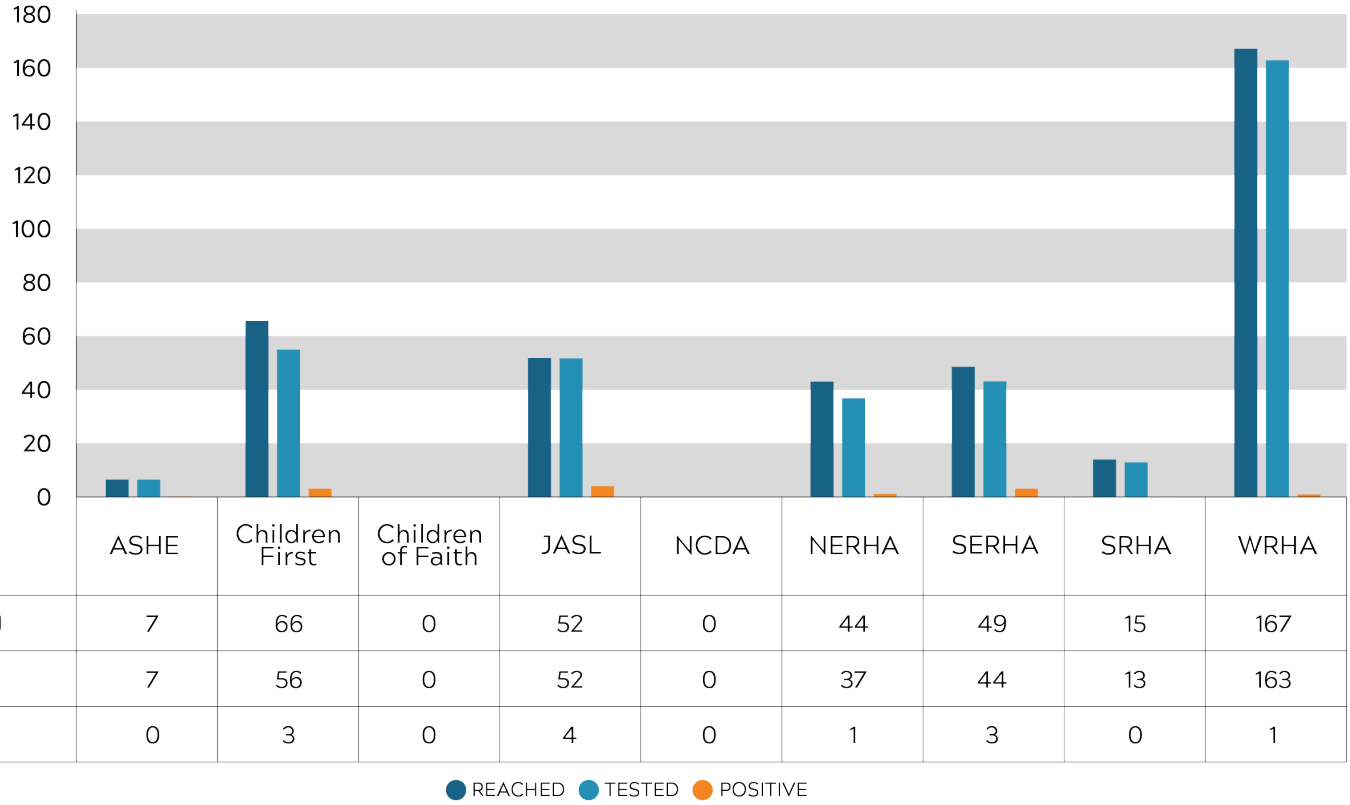
REACHED TESTED POSITIVE

Persons of Trans-experience

The community of persons of Trans-experience continues to stretch the capacity of the national prevention teams as they strive to provide optimal health solutions while promoting safer sex practices. Some persons report being gender fluid (not wanting to be identified as a specific

gender), which creates a challenge in terms of engagement. Nevertheless, the Prevention teams have expanded their skills through practical experience with community members. The BCC team maintains a hands-on approach while working with the population. In 2022, a total of 400 TG were reached, and 372 were tested for HIV with a positivity rate of 3.2% (Figure 9). WRHA and Children First reported the highest number of persons reached and tested, 167/163 and 66/56, respectively. JASL had the highest yield, with four (4) TG persons testing positive.

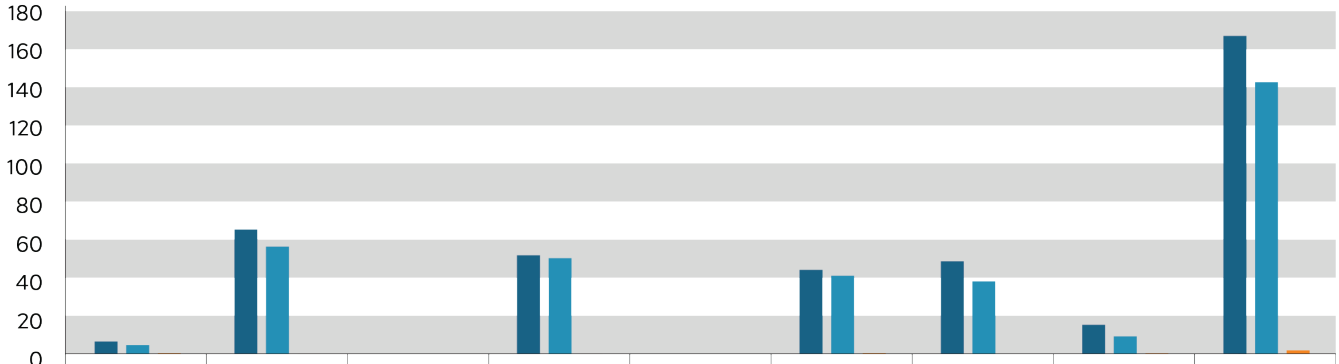
Figure 9 TG Reached, Tested and Positive for HIV, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	7	66	0	52	0	44	49	15	167
TESTED	7	56	0	52	0	37	44	13	163
POSITIVE	0	3	0	4	0	1	3	0	1

A total of 400 TG were reached, and 343 tested for Syphilis over the period (Figure 10). WRHA and Children First reported the highest number of persons reached and tested, 167/142 and 66/57, respectively. WRHA had the only yield among TG persons being reactive for Syphilis.

Figure 10 TG Reached, Tested and Reactive for Syphilis, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	7	66	0	52	0	44	49	15	167
TESTED	5	57	0	51	0	41	38	9	142
POSITIVE	0	0	0	0	0	0	0	0	2

REACHED TESTED POSITIVE

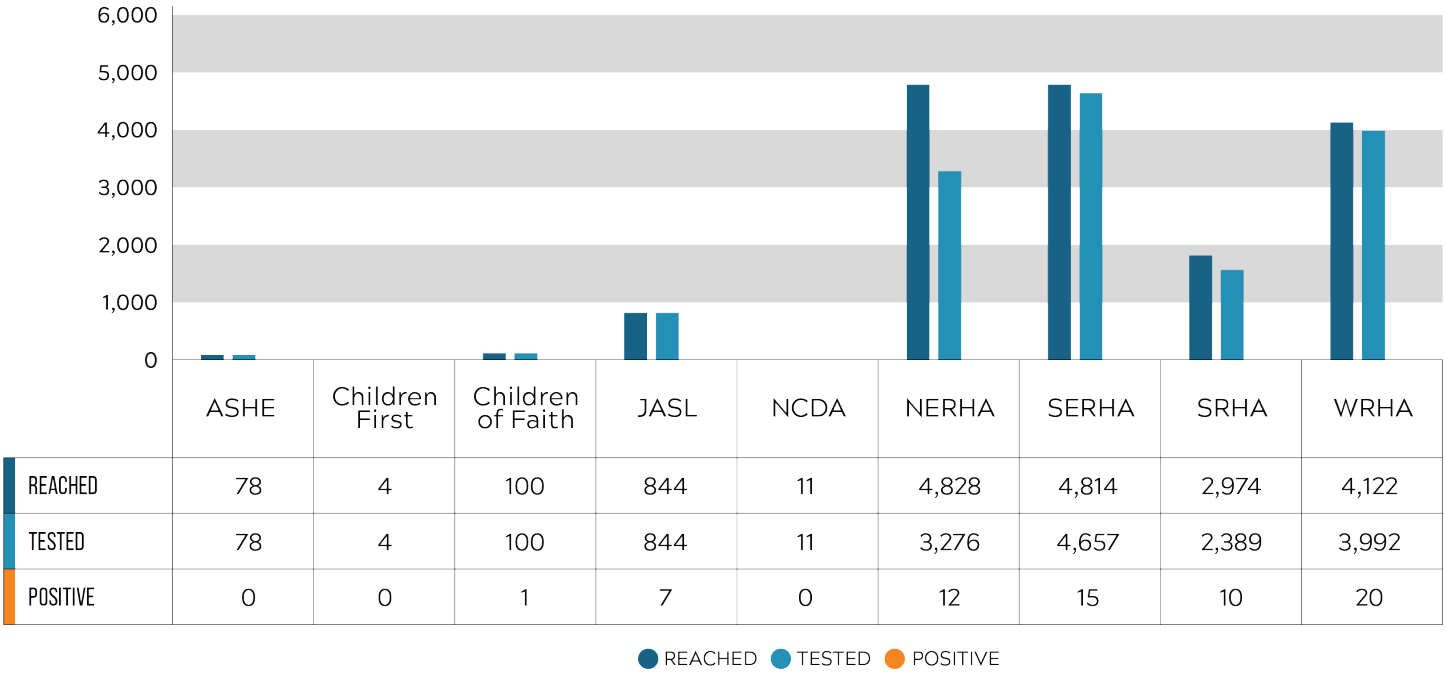
Sexually Active Adults (25-49 Years and Over)

Sexually active adults were reached and tested via targeted community interventions, health centre testing, workplace testing, hot spot mapping, and the use of influencers/gatekeepers/mobilizers. In 2022, 54,336 sexually active adults were reached, and 48,105 tested for HIV, while 54,754 were reached and 46,547 tested for Syphilis. It should be noted that CSO partners do not have the mandate to target the sexually active population. However, they continue to offer testing services to the population to contribute to the national target. Figures 11 - 14 highlight the 25-49 age group as they showed the highest reach and test figures compared to the over-50 age group.

Sexually Active Males

During the period, a total of 17,775 sexually active males (SAM) were reached, and 15,351 were tested for HIV with a positivity rate of 0.4% (Figure 11). NERHA and the SERHA reported the highest number of persons reached and tested, 4,828/3,276 and 4,814/4,657, respectively. WRHA and SERHA had the highest yields, with 20 and 15 new cases, respectively.

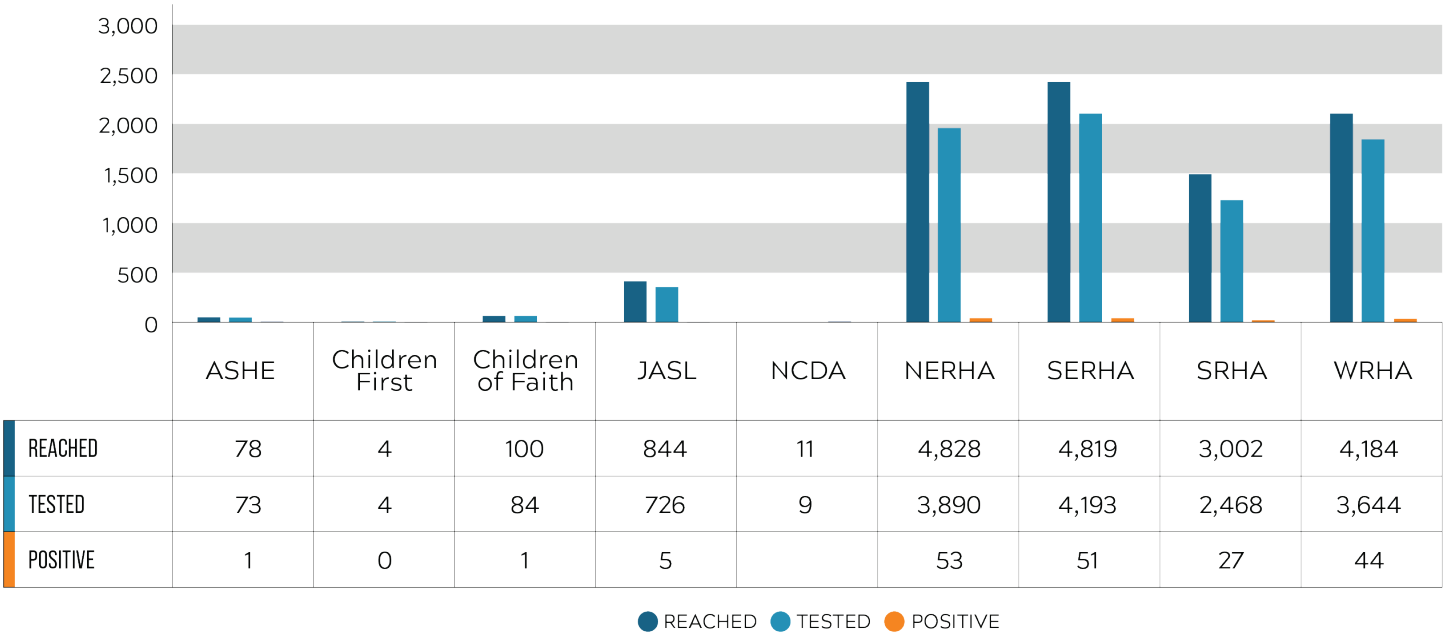
Figure 11 SAM (25-49 Years) Reached, Tested and Positive for HIV, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	78	4	100	844	11	4,828	4,814	2,974	4,122
TESTED	78	4	100	844	11	3,276	4,657	2,389	3,992
POSITIVE	0	0	1	7	0	12	15	10	20

A total of 17,870 sexually active men were reached, and 15,091 tested for Syphilis in 2022. NERHA and SERHA reported the highest number of persons reached and tested, 4,828/3,890 and 4,819/4,193, respectively. NERHA and SERHA also had the highest yields, with 53 and 51 new cases, respectively.

Figure 12 SAM (25-49 Years) Reached, Tested and Reactive for Syphilis, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	78	4	100	844	11	4,828	4,819	3,002	4,184
TESTED	73	4	84	726	9	3,890	4,193	2,468	3,644
POSITIVE	1	0	1	5		53	51	27	44

Men's Health Study 2022: Summary

The Men's Health study[1] conducted in 2022 addressed the often-neglected aspects of men's reproductive health, including contraception, HIV prevention, STI treatment, sexual dysfunction, infertility, and male cancers. Men's sexual and reproductive health needs are frequently unmet due to limited services, men's health-seeking behaviours, and health facilities lacking a "male-friendly" approach. Since men often hold decision-making power in sexual and reproductive health matters, their engagement is crucial for effective HIV prevention, especially in contexts like the Caribbean and Jamaica.

Despite the significance of men's health, it tends to receive insufficient attention in healthcare settings, and men are generally less inclined to seek healthcare compared to women. In the context of HIV infection, men are more prone to engage in risky behaviours such as having multiple partners and substance use. The study aimed to fill the information gap regarding the experiences of heterosexual males in health facilities and outreach settings offering sexual and reproductive health services. The ultimate goal is to enhance HIV/STI prevention programmes, reduce HIV incidence, and promote condom use by understanding male perspectives and developing interventions that healthcare workers can deliver effectively while maintaining gender sensitivity. The specific objectives of the study were to:

- Explore the lived experiences of sexually active heterosexual males aged 18-49, regarding HIV risk behaviours, including multiple partnerships, condom use, risk perception, and accessing health services.
- Determine the barriers preventing sexually active males aged 18-49 from accessing sexual reproductive health services.
- Assess the socio-cultural factors influencing sexual risk perception among males aged 18-49.
- Provide recommendations to enhance male-sensitive sexual and reproductive health service delivery based on the information collected.

The study delved into the perspectives of sexually active heterosexual males aged 18-49 regarding HIV risk behaviours, including multiple partners, condom use, risk perception, and accessing health services. Notably, comparative information was scarce for this population in the Caribbean but parallels with studies in the USA highlighted men's engagement in risky behaviours and their reluctance to seek immediate health care. The research found that traditional male gender roles significantly influence health attitudes, with men often hesitant to seek medical care. While some masculine norms discourage health-seeking behaviour, certain constructs, like being a provider for one's family, can positively impact health habits. The study suggested that challenging and transforming the prevailing masculine orientations can be achieved through targeted health promotion, including male-to-male peer education.

At the organizational level, the study found that perceptions of healthcare workers, particularly doctors, play a crucial role in men's decisions to seek medical attention. Trust issues, skepticism about competence, and economic concerns make men avoid healthcare. Future research was recommended to explore the timing of illnesses and the correlation with healthcare-seeking decisions. Relationship factors emerged as critical predictors of condom use, with trust issues influencing men's decisions. The study recommended intervention programmes that emphasize the

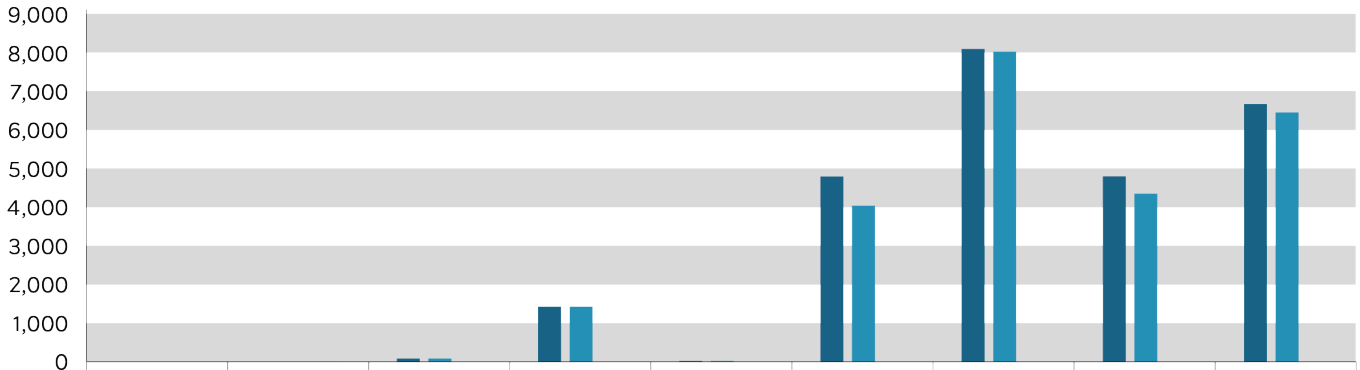
1. *Perspectives of Heterosexual Males 18-49 years related to their Sexual Reproductive Health, Health Seeking Behaviours, Risk Perception for HIV/STI, Unwanted Pregnancy and Access to SRH Services - Althea Bailey*

positive aspects of condom use and leverage individuals' previous experiences with STI scares to motivate safer sex practices. The research contributed valuable insights into heterosexual men's perceptions of HIV risk behaviours, emphasizing the need for tailored interventions at the individual and social levels. Understanding the nuances of condom use resistance and addressing prevailing social norms could significantly enhance sexual risk prevention efforts.

Sexually Active Females

During the period, a total of 26,395 sexually active females (SAF) were reached, and 24,731 were tested for HIV with a positivity rate of 0.3% (Figure 13). SERHA and WRHA reported the highest number of persons reached and tested, 8,188/8,099 and 6,788/6,559, respectively. WRHA and SERHA had the highest yields, with 28 and 19 new cases, respectively.

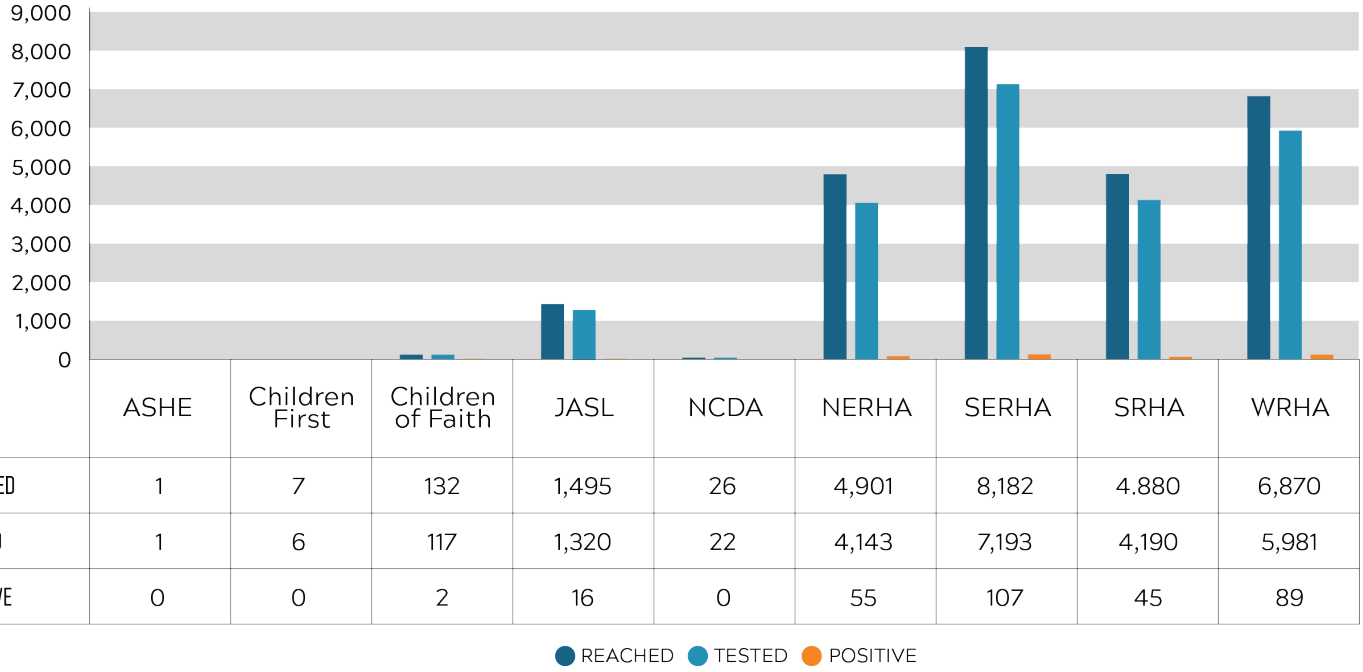
Figure 13 SAF (25-49 Years) Reached, Tested and Positive for HIV, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	1	7	132	1,495	26	4,899	8,188	4.859	6,788
TESTED	1	7	131	1,495	26	4,040	8,099	4,373	6,559
POSITIVE			2	6		11	19	18	28

A total of 26,494 sexually active females were reached, and 22,973 were tested for Syphilis during the period under the review (Figure 14). SERHA and WRHA reported the highest number of persons reached and tested, 8,182/7193 and 6,870/5,981, respectively. WRHA and SERHA had the highest yields, with 89 and 107 new cases, respectively.

Figure 14 SAF (25-49 Years) Reached, Tested and Reactive for Syphilis, 2022



	ASHE	Children First	Children of Faith	JASL	NCDA	NERHA	SERHA	SRHA	WRHA
REACHED	1	7	132	1,495	26	4,901	8,182	4.880	6,870
TESTED	1	6	117	1,320	22	4,143	7,193	4,190	5,981
POSITIVE	0	0	2	16	0	55	107	45	89

ADOLESCENTS AND YOUTHS

The World Health Organization (WHO) defines 'adolescents' as persons in the 10-19 age group and 'youths' as persons in the 15-24 age group. During the year, work was done to create a supportive environment and improve the delivery of HIV testing and counselling (HTC) services to this population. The Adolescent HIV HTC Protocol was finalised and is slated for printing and dissemination to healthcare providers from facilities and outreach settings who were trained to use the manual.

During the period, a total of 19,491 adolescents and youths were reached, and 17,260 were tested for HIV, with a positivity rate of 0.2% (Table 3). The highest number of HIV-positive persons was reported among females. In terms of Syphilis, 19,550 adolescents and youths were reached, and 16,388 tested for the period with a positivity rate of 1.5%. The majority of reactive persons were also females.

Table 3 Adolescents and Youths (16-24 Years) Reached, Tested and Positive/Reactive for HIV and Syphilis, 2022

		HIV			SYPHILIS		
Age Category	Gender	Reached	Tested	Reactive/ Positive	Reached	Tested	Reactive/ Positive
16-19 Years	Males	2,959	2,221	1	2,975	2,451	29
	Females	3,980	3,305	8	3,988	3,370	55
20-24 Years	Males	4,784	4,286	8	4,797	3,766	57
	Females	7,768	7,448	19	7,790	6,801	110
	Total	**19,491**	**17,260**	**36**	**19,550**	**16,388**	**251**

WARDS OF THE STATE

Improving Sexual Health Service Delivery to Youths in State Care

Recognizing the imperative to provide quality SRH services to adolescents and youths, including wards of the state, the NFBP forged a vital partnership with the Child Protection and Family Services Agency (CPFSA). This collaboration is pivotal to addressing the sexual and reproductive health needs of wards. It aims to enhance the capabilities of staff/caregivers to deliver SRH information, engage in meaningful discussions with wards, and support them in making informed sexual health decisions. The overarching goal of this intervention was to improve SRH service delivery to adolescents and youths in state care. Six (6) specific objectives were defined, ranging from increasing caregivers' knowledge through a two-day workshop to assessing the specific reproductive health services needed to assist wards further.

Training

Staff and caregivers from various state facilities were engaged in a comprehensive two-day training initiative during the year. A total of 104 out of 126 persons participated from eight (8) facilities, including Summerfield Girls' Home, St. Augustine Place of Safety, Manning Child Care Facility, Homestead Place of Safety, Glenhope Nursery, Granville Place of Safety, Blossom Gardens Children's Home, and Muirton Child Care Facility. While 104 staff/caregivers completed Day 1 of training and 82 finished Day 2, only 72 completed both days. Encouragingly, 50% of facilities scored 75% and over in the post-test, indicating an 88% increase in knowledge. Mannings Boy's Home exhibited the most improvement, with their pre-test score rising from 49% to 72% by the end of the training. However, Homestead Place of Safety did not improve despite receiving sufficient information on SRH topics.

A comparison of pre and post-assessment results revealed a positive shift in attitudes toward adolescent sexual and reproductive Health. However, the staff/caregivers' religious values posed a challenge. This was particularly evident in activities like Values Clarification. Nevertheless, staff expressed a consistently positive attitude toward promoting SRH services and engaging adolescents in discussions about sex and sexuality. Notably, participants found the session on Human Sexuality to be very useful, especially in addressing challenges related to same-sex relations among wards. The topic of Family Planning/Contraceptives was ranked second in usefulness, though variations existed based on facility characteristics like gender composition. HIV/STI, Human Development, Diversity, and Values Clarification were also identified as useful topics.

SPECIAL PROJECTS

During the year, two projects were developed in collaboration with UNICEF. The first project was the design of a Chatbot to address the decline in knowledge among the adolescent and youth population (KABP 2017). The second project focused on reigniting partner collaboration by revising the HIV Prevention Strategy for Adolescents.

UNICEF-Ask Kimmie Chatbot ("YUTE CHATZ")

During the year, NFBP and UNICEF collaborated to develop a Chatbot to provide rapid access to HIV and SRH information and service referrals to adolescents and youths. The Chatbot will be aimed at boys and girls 10-19 years old and hosted on UNICEF's U-Report Jamaica social messaging platform (operated using RapidPro software). Table 4 provides an update on project activities.

Table 4 Status Update: UNICEF-Ask Kimmie Chatbot, December 2022

Status Update: UNICEF-Ask Kimmie Chatbot		
Activity	Status	Comments
Contract consultant to develop a chatbot.	Not achieved as planned.	Identification and recruitment of a project manager proved to be a challenge. The procurement was completed and submitted on time. However, the responses did not suggest that the candidates appreciated the work required to complete the deliverables outlined in the Terms of Reference (TOR). This prompted the technical team, comprised of UNICEF and NFPB, to review the TOR and reissue the Request for Proposal while ensuring adherence to GOJ procurement guidelines. Overall, the recruitment process was stalled for four (4) weeks.
Contract graphic artist to create graphics for chatbot.	Not achieved as planned.	The graphic artist's start date had to be delayed due to a challenge in identifying a project manager.
Procure equipment (laptops, tablets, and telephone credit) to aid in promotion, support, and online engagement and ensure long-term viability.	Completed	Three (3) laptops, eight (8) tablets, and prepaid telephone credits were purchased. These supportive resources will further strengthen the promotion and engagement of adolescents and youths. They will also facilitate user access during promotional activities. As an incentive, randomly selected users will be provided with telephone credit.

Revision of HIV Prevention Strategies for Adolescents

The second project utilized a multi-tiered approach to formulate new strategies to address the needs of adolescents and youths. These consultations resulted in a revised strategic document. The project activities are outlined in Table 5.

Table 5 Status Update: Revision of HIV Prevention Strategies for Adolescents, December 2022

Activity	Status	Comments
Contract consultant to lead facilitation of workshop and action plan development. Implementation of a two-day consultation workshop.	Completed	▪ Consultant engaged. ▪ Draft framework for HIV Prevention Strategies for Adolescents developed. ▪ Forty (40) stakeholder participants from 7 CSOs, 10 MDAs, and 3 International Development Partners.
Strengthen the monitoring and reporting mechanism in the national HIV response.	Completed	▪ The project distributed sixty-two (62) smart devices to partners (RHAs & CSOs) in the HIV response to support the monitoring mechanism for capturing and analysing data. ▪ The project bought three (3) laptops to help scale up and monitor national strategic activities addressing the needs of adolescents and youths.
Placement of ASRH messages in six (6) high-traffic spaces.	Completed	▪ The project placed ASRH messages in six (6) high-traffic locations (bus stops/shelters/sheds) across three (3) high HIV prevalent parishes (Kingston, St. Catherine, and St. James).
Two (2) one-day adolescent & youth stakeholder consultations implemented and attended by 50 adolescents & youths from urban & rural parishes	Completed	▪ Forty-nine (49) adolescents and youths from Kingston & St. Andrew (urban) and St. Mary (rural) took part in the consultation. A second consultation was held with ten (10) youth leaders and youth advocates. ▪ Draft framework expanded to include recommendations from a mix of young people (in-school (high school/university), out-of-school/ unattached, employed, parents, advocates, leaders, and members of the LGBTQI community).
Validation and dissemination of Adolescent HIV/SRH Strategic Action Plan, 2022-2025.	Completed	▪ Document reviewed as an aspect of the Prevention Component at the 31st HIV/STI/TB Annual Review. ▪ Feedback incorporated from a broader stakeholder group. ▪ Youth Leadership and advocacy was critical to the achievement of the interventions. ▪ The validation workshop was implemented, and recommendations were received for finalization. ▪ Approximately ninety-six (96) stakeholder participants from government, CSO, and IDP stakeholders, including forty (40) members from the adolescent & youth community, were made aware of the Adolescent HIV Prevention Plan.
Informational material for adolescents	Completed	▪ Branded promotional items provided to approximately two hundred (200) adolescents & youth stakeholders to reinforce ASRH messages.

RHA and CSO Partners collecting their tablets and protective case and tempered glass at the event Dissemination Meeting on Dec 2, 2023 at the Jamaica Pegasus.

From left to right: Dr. Lovette Byfield (Executive Director, NFPB), Teresa McKenzie (Programme Coordinator, Children First Agency), Dr. Sandra Chambers (Regional Technical Director-South East Regional Health Authority), Dr. Vitillius Holder (Regional Technical Director-Southern Regional Health Authority), Tanesha Llewelyn (Regional Health Promotion Coordinator – North East Regional Health Authority), Hezekiah Walker (Jamaica AIDS Support for Life), Conroy B. Wilson (The ASHE Company), and Mrs. Novia Condell-Gibson (Health Specialist – UNICEF Jamaica)

INMATES

Owing to its geographical jurisdiction, the South East Regional Health Authority is responsible for healthcare for inmates in correctional facilities, remand, and lock-up. Throughout 2022, SERHA faced significant challenges because of severe understaffing, which impeded its ability to service adult correctional facilities adequately. Despite these obstacles, the Prevention teams demonstrated resilience and ensured the programme's continued implementation within accessible Adult Correctional Facilities. This effort extended to the Tower Street Adult Correctional Centre (TSACC), St. Catherine Adult Correctional Centre (ST. CACC), and Horizon Remand Centre.

Individuals who test positive for HIV and Syphilis within these facilities are promptly linked to care and the necessary follow-up tests conducted. This commitment to comprehensive healthcare delivery underscores the resilience and dedication of the Prevention teams in overcoming operational challenges to prioritize the well-being of incarcerated individuals. During the year, 364 inmates were reached and tested for HIV, of which six (6) tested positive (Figure 15). A total of 363 inmates were reached, and 333 tested for Syphilis, of which two (2) were reactive for Syphilis (Figure 16).

Figure 15 Inmates Reached, Tested and Positive for HIV, 2022

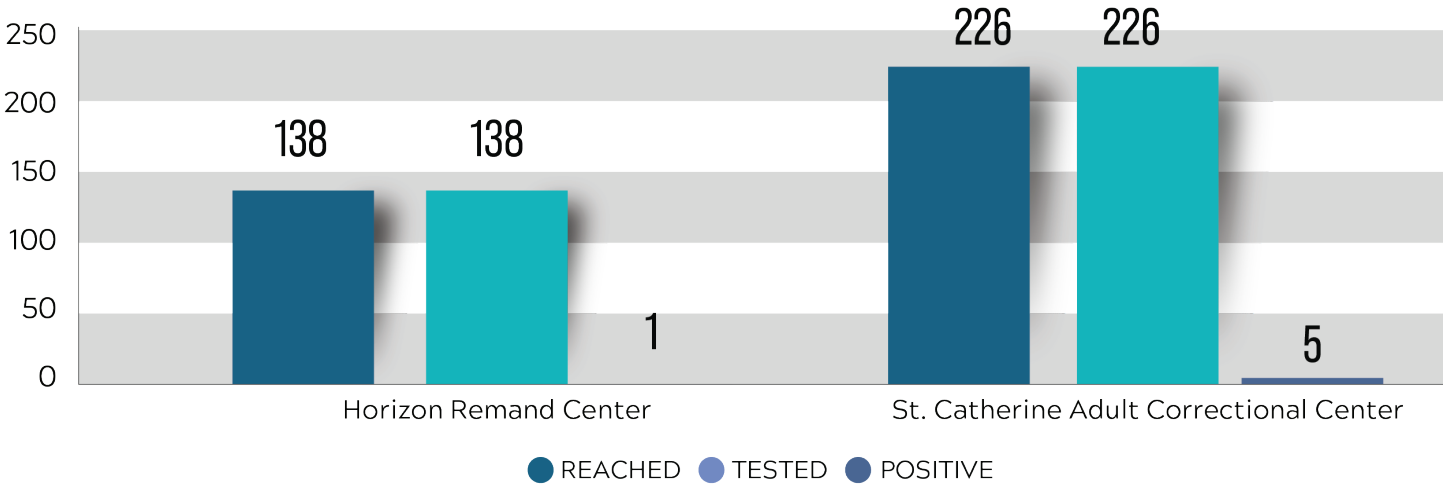
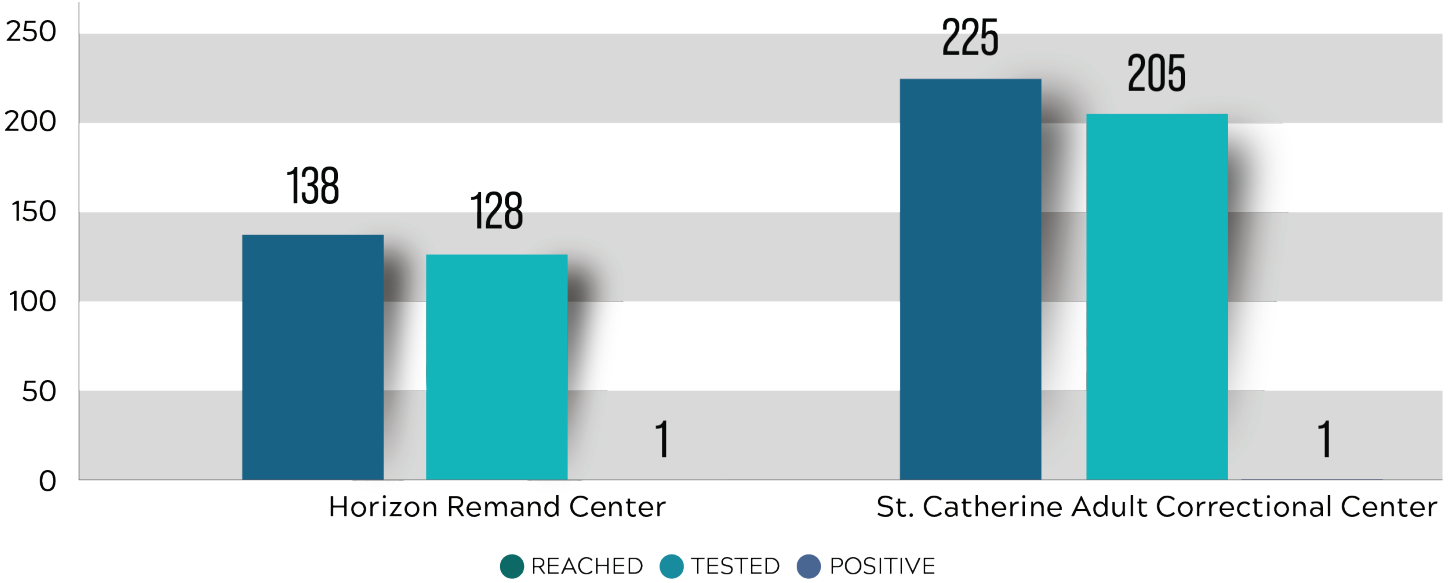


Figure 16 Inmates Reached, Tested and Positive for Syphilis, 2022



CONDOM DISTRIBUTION

In 2022, the National HIV Programme distributed 3,496,230 condoms and 278,000 lubricants. The Prevention team utilized all outreach efforts, including testing and counselling activities, requests from external stakeholders and entities, established condom distributed sites (traditional and non-traditional sites), and national commemoration events to distribute condoms and lubricants.

THEMED EVENTS

The National HIV/STI Programme commemorates two (2) special events each year: Safer Sex Week (SSW) during Valentine's Week and World AIDS Day on December 1. These events are essential as they serve to boost awareness around condom use, family planning, HIV transmission, and other sexually transmitted infections.

SAFER SEX WEEK 2022

The NFPB is Jamaica's lead agency for implementing sexual and reproductive health services across the island. Safer Sex Week activities for 2022 focused on reaching adolescents and youths and were implemented under the theme 'Duh yuh part, Safer Sex is a start!'. This was in keeping with efforts to use data to drive programme activities. Data presented at the HIV/STI Annual Review 2021 indicated an increase in the HIV prevalence rate among youths (16%). National, regional, and parish-level activities for this commemorative initiative began on Sunday, February 13, 2022, and culminated on Friday, February 18, 2022. This included the promotion and distribution of SRH commodities, specifically condoms and lubricants. Activities also included the provision of HIV testing services and demonstration of contraceptive methods. The objectives for SSW 2022 were to:

- Provide contraceptive methods to at least 20 adolescents and youths in the 16-24 age group (NFPB).
- Distribute at least 10,000 male condoms.
- Provide Syphilis and HIV testing services to at least 1500 persons (RHAs & NFPB).
- Promote referral for treatment for adolescents accessing HIV and Syphilis services.
- Provide SRH information on HIV/Syphilis prevention and family planning to at least 3,000 persons.

Outreach Activities

Youth-centered outreach activities promoting HTC sessions were promoted and held via social media platforms and in workplaces, tertiary institutions, communities, youth centers, bus parks, and other adolescent and youth-friendly spaces across the island. The RHAs led these initiatives. The initiatives were implemented to assist in educating and enhancing knowledge of safe sexual practices. Outreach activities incorporated booth set-up and displays, presentations (online and face-to-face), mobile testing, and condom application skills. HIV testing and counselling services were offered to the public but explicitly directed to adolescents and youths. The goal of testing 1,500 people for HIV and Syphilis was shared among the regions based on their national testing target. Table 6 shows the targets per region. During the week, 99 outreach activities were completed, reaching approximately 8,416 persons across the island; 5,101 were tested.

Table 6 HIV/Syphilis Test Target and Achievements by Region, 2022

Region	Test Target for HIV/Syphilis	Test Target Achievement for HIV/Syphilis
South East Regional Health Authority	450	1,906
Southern Regional Health Authority	300	1, 189
North East Regional Health Authority	300	965
Western Regional Health Authority	450	1, 041
Total (4 Regions)	**1,500**	**5, 101**

Several smaller outreach activities were conducted to build momentum for the national event hosted on Friday, February 18, 2022. The national event was hosted virtually on NFPB's social media platforms (IG and FB) and aimed to reach adolescents and youth with SRH information in a fun, interactive way. Young people spend a significant portion of their time on social media platforms. The decision to host a virtual event was supported by local research[2], which indicated that social media is a helpful tool for the younger generation. The study also showed that Instagram (IG) is extremely popular among young people, with 59% using the platform. With this in mind, the team used the Instagram platform (NFPBJamaica) to appeal to millennials' creative side and capture their attention. Instagram stories, social media influencers, daily postings, and multiple giveaways were some of the tools used by the team.

The IG session was hosted at Kingston Creative Hub, Downtown Kingston. The Hub provided a healthy, safe, and energetic environment that allowed for engaging discourse while observing COVID-19 risk management protocols. Three (3) social media influencers (Wayshae, Pretty Pretty, and Rebel) participated in the event. The influencers have a combined total of 53,300 YouTube subscribers and 347,000 Instagram followers, most of whom are adolescents and young people.

Social media analytics reports on the NFPB platform showed that during the livestream:

- A total of 33 posts were made.
- NFPB gained 1,408 new followers.
- SSW messages reached 96,569 accounts, 87.8% of which were reached through advertisements slated to promote the subexpression competition.
- A total of 2,531 accounts were engaged, with 7,163 content interactions.
- The flyer created to advertise the national event on February 18 was identified as the second best-performing post, reaching 4,532 accounts, of which 1,985 were non-followers.

After the livestream, the three influencers advocated safer sex messages, which received 31 shares and a total of 10,645 accounts.

Social media analytics reports on the influencers revealed that 117,683 accounts were reached; 72,353 impressions, 71,747 views, 12,300 content interactions, 11,869 likes, 170 saves, 105 comments, 156 shares, and 1,441 profile activities were received from the safer sex content promoted. Table 7 gives the breakdown per influencer.

2. *Young Jamaicans in a Hyper-Connected World: Life Online at the Papine Campus, University of Technology, Jamaica*

Table 7 SSW 2022 National Event: Social Media Analytics Report by Influencer

Social Media Influencer	Accounts Reached	Impressions	Views	Content Interactions	Likes	Saves	Comments	Shares	Profile Activity
Pretty Pretty	69,876	20,905	43,907	6,574	6,424	42	26	82	1,009
	60,363 followers	9,513 non-followers							
Wayshae	27,263	30,904	15,246	3,096	2,878	100	54	64	175
	14,364 followers	12,899 non-followers							
Rebel	20,544	20,544	12,594	2,630	2,567	28	25	10	257
	19,649 followers	895 non-followers							
Total	**117,683**	**72,353**	**71,747**	**12,300**	**11,869**	**170**	**105**	**156**	**1,441**

Achievements

Most of the targets set for Safe Sex Week were met or surpassed. Table 8 provides details on the achievements.

Table 8 SSW Targets vs. Achievements

Activities	Targets	Achievements	Status
Provide contraceptive methods.	20 adolescents and youths (16-24 years)	12	Target not met
Distribute male condoms.	10,000	113,540 condoms distributed 49,714 lubricants distributed	Target surpassed
PrProvide Syphilis and HIV testing services to at least persons (RHAs & NFPB).	1,500 persons tested	5,101 persons tested.	Target surpassed
Promote referral for treatment for adolescents accessing HIV and Syphilis services.	Referral for treatment for adolescents promoted	Referral treatment is promoted for adolescents and all other populations.	Target met
Provide SRH information on HIV/Syphilis prevention and family planning.	3,000 persons	126,099 (8,416 face-to-face & 117,683 virtual) persons provided with SRH information on HIV/Syphilis prevention and family planning.	Target surpassed

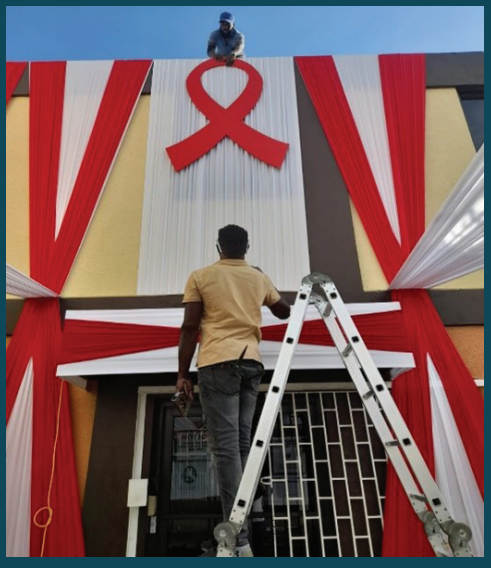
WORLD AIDS DAY 2022

The World AIDS Day theme was defined by UNAIDS, a global organization supporting prevention and treatment efforts among developing states/countries. The theme, "Equalize," was a call to action, a prompt for partners to engage in the proven practical actions needed to address inequalities and help end AIDS, such as:

- Increasing the availability, quality, and suitability of services for HIV treatment, testing, and prevention so that everyone is well-served.
- Reforming laws, policies, and practices to tackle the stigma and exclusion faced by people living with HIV and by key and marginalised populations so that everyone is shown respect and is welcomed.
- Ensuring technology sharing to enable equal access to the best HIV science between communities and between the Global South and North.
- Communities using and adapting the "Equalize" message to highlight their particular inequalities and press for actions to address them.
- A reduction in new HIV infections by 40% by 2025 through combination prevention interventions.

The following were defined as national objectives:

- Build awareness of HIV/SRH/FP prevention information by engaging 200 adolescents and youths on NFPB's social media platforms from November 28, 2022, to December 2, 2022.
- Build awareness about HIV-related stigma and discrimination by engaging 200 adolescents and youths on NFPB's social media platforms from November 28, 2022, to December 2, 2022.
- Reach 3,000 adolescents and youths with SRH/HIV/FP prevention information from November 28, 2022, to December 2, 2022, in collaboration with the RHAs and CSOs.
- Provide HIV Testing and Counselling services to at least 1,500 adolescents and youths (16-24 years) from November 28, 2022, to December 2, 2022, in collaboration with the RHAs and CSOs.
- Provide Family Planning Counselling and services to at least 15 female adolescents and youths (16-24 years) from November 28, 2022, to December 2, 2022, through the NFPB fixed Family Planning site.



To support World AIDS Day, two impactful radio interviews were conducted on FYAH 105FM and Nationwide FM, targeting a youth audience. Emprezz interviewed Ms. Nickeishia Barnes on Nationwide FM, and Ms. Trishauna Barclay was interviewed on FYAH 105FM by Bambino on The Bim Show. The interviewees emphasized the importance of focusing on adolescents and youth's sexual and reproductive health and discussed various strategies and interventions needed to reach this demographic. Both interviews also promoted the Youth Symposium scheduled for December 2, 2022.

As part of the "LIGHT Di BUILDING RED" initiative, the NFPB's building was decorated in red and white from November 26 to December 2, 2022, with a raised red ribbon symbolizing solidarity with those affected by HIV/AIDS. Additionally, a

comprehensive HIV Testing & Family Planning Initiative was conducted from November 28 to December 1, 2022. The NFPB collaborated with the Kingston & St. Andrew BCC programme to reach 1,569 adolescents and youths for HTC services, surpassing the target of 1,500 for the specified period. This multifaceted approach reflects the commitment to awareness, solidarity, and delivery of essential health services in the fight against HIV/AIDS.

"Reigniting our Stakeholders in the Adolescents and Youth Response" Symposium, December 2

The week of activities organized by the NFPB culminated in a grand symposium held at the Jamaica Pegasus Hotel on December 2, 2022, to mark the unveiling of the Adolescent and Youth Strategic Action Plan, 2023-2025, which was developed through extensive consultations with various agencies and youth-centered communities. It was presented to over 80 partners and stakeholders who were in attendance. Noteworthy adolescent-friendly organizations, such as Equality Youth Ja, Eve for Life, Children First Agency, and Women's Center of Jamaica, were given booths to showcase their activities and products.

The symposium was hosted by Emprezz Golding and incorporated online engagement via the @ NFPBJamaica and @Yute Expression Instagram pages. Participants were welcomed by UNICEF Representative Novia Condell Gibson, who highlighted the collaborative efforts between UNICEF and the NFPB and emphasized the need to reach more adolescents and youths to curb the rise in HIV cases, STIs, and negative behaviours. Subsequent speakers included State Minister The Hon. Juliet Cuthbert Flint, who acknowledged the vital role of youths in implementing the Action Plan and emphasized the ongoing need to strengthen efforts in delivering youth-friendly sexual and reproductive health services. Dr. Lovette Byfield, Principal Director of NFPB, expressed gratitude for the collective efforts in producing the Action Plan and stressed the importance of data-driven approaches. UNICEF's donation of smart devices and data plans aims to enhance data usage in the Prevention program, facilitating improved real-time data capturing and analysis.

Dr. Althea Bailey, the main speaker, endorsed the commitment to providing comprehensive SRH interventions and shared the process behind the draft Action Plan. Following her presentation, the audience enjoyed a performance by Teshae, known for her hit single "Dutty Man," and witnessed the dissemination of smart devices to regional health authorities and civil society organizations. The closing remarks by Ms. Nickeishia Barnes, Director of Health Promotion and Prevention, NFPB, expressed gratitude for the collective efforts. The symposium concluded with a captivating display of dance moves by the Unstoppable Generation Dance Group, showcasing renditions from different decades and energizing and entertaining the audience.

2

Treatment, Care and Support

OVERVIEW

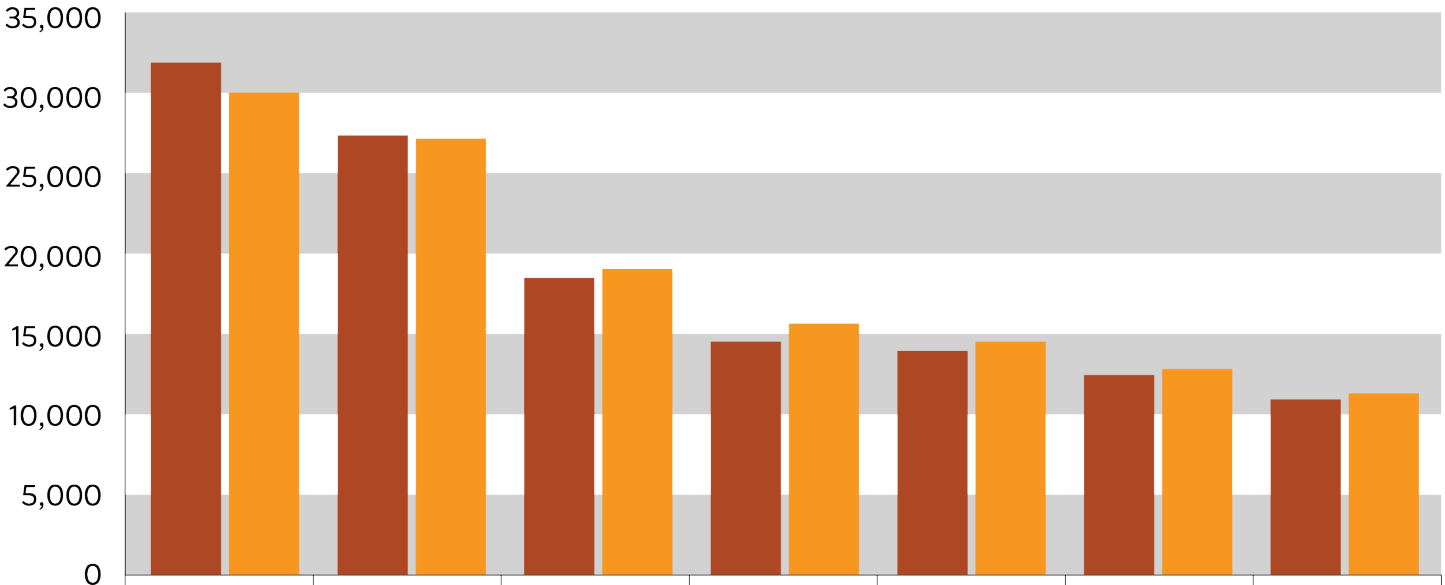
The Treatment Care and Support Component is the technical arm of the HIV/STI/TB Unit. The Component is charged with the responsibility of providing oversight in the treatment and holistic management of persons diagnosed with HIV/STIs and TB. This involves several key activities and interagency collaborations that ultimately affect the outcome of patients and the National HIV/STI/TB Programme. Achieving the targets is necessary for patient outcomes, national validation, and continued donor support. This makes ongoing training, sensitisation, and evaluation essential. The goals and activities of the TCS Component 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.

In the wake of the COVID-19 pandemic, the National HIV Programme has adopted and implemented new strategies to ensure continuous service delivery. These strategies have ensured a sustained, uninterrupted supply of anti-retroviral medication, a reduction in HIV-related deaths, and improvements in PMTCT.

CONTINUUM OF CARE

At the end of 2022, 30,000 individuals were estimated to be living with HIV infection in Jamaica, and approximately 91% were diagnosed (Figure 17 and Table 9). Of the estimated number of persons living with HIV, 64% have been linked to care, 52% were retained in care, 49% were retained in care on ARVs, and 38% were virally suppressed. There has been an increase in the number of PLHIV linked, on ARVs and virally suppressed. However, significant work still needs to be done to achieve the targets. Gaps in the continuum of care continue to pose a challenge, especially in linkage and retention in care and viral suppression.

Figure 17 National Treatment Cascade, 2021 vs. 2022



	Estimate	Diagnosed	Linked to care	Retained in care	Retained in ART	Valid Viral Load test	Virally suppressed
2021	32,000	27,509	18,646	14,655	14,030	12,440	10,904
2022	30,000	27,264	19,184	15,686	14,560	12,798	11,374

Table 9 Comparison of the Continuum of Care, 2021 vs. 2022

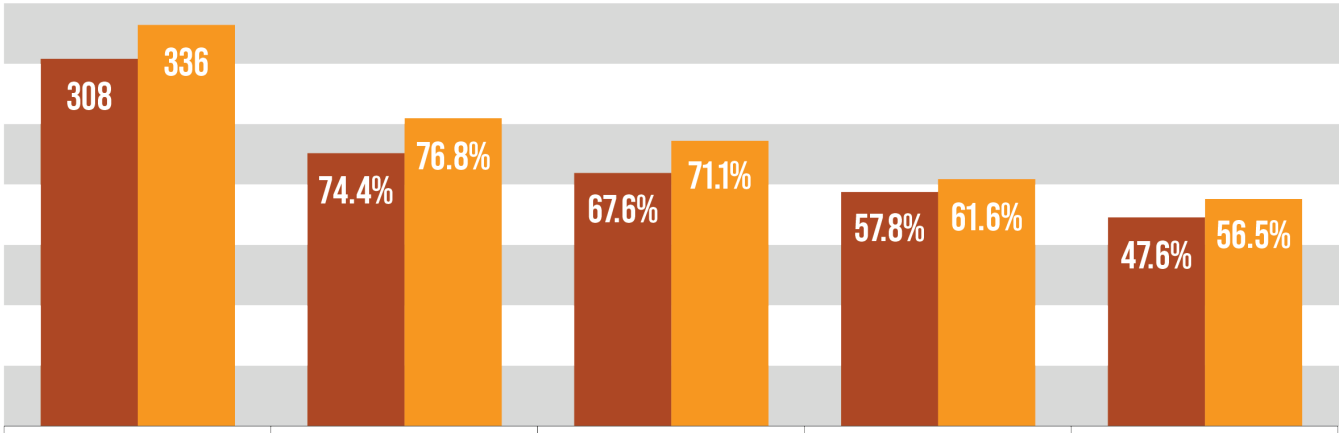
	2021	2022	2021	2022
Estimate	32,000	30,000		
Diagnosed	27,509	27,264	86%	91%
Linked to Care	18,646	19,184	58%	64%
Retained in Care	14,655	15,686	46%	52%
Retained on ART	14,030	14,560	44%	49%
Valid Viral Load Test	12,440	12,798	39%	43%
Virally Suppressed	10,904	11,374	34%	38%

KEY AND VULNERABLE POPULATIONS

Female Sex Workers

The FSW cascade for 2022 showed an increase along all the pillars compared to 2021 (Figure 18). Of the FSWs ever linked, 76.8% were retained at the end of 2022, and 71.1% were retained on ARVs. The population experienced an 8.9% increase in suppression compared to the previous year. While the data shows that 56.5% of the population has a suppressed result, 91.8% of the persons with a valid viral load (VL) had achieved viral suppression.

Figure 18 National FSW Treatment Cascade, 2021 vs. 2022



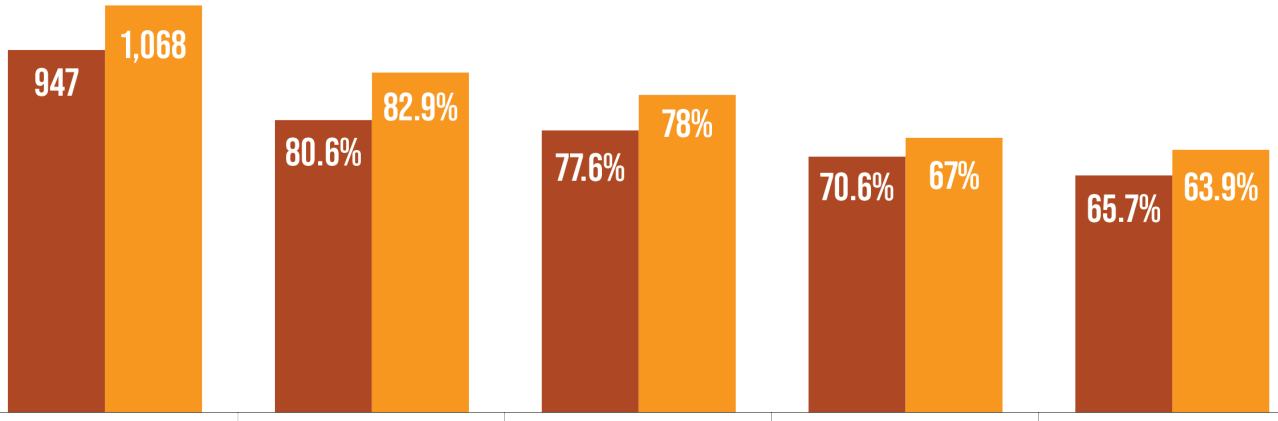
	Linked to care	Retained in care	Retained on ARV	VL Uptake	Virally suppressed
2021	308	229	234	195	175
2022	336	258	239	207	190

2021 2022

Men who have Sex with Men

The MSM cascade for 2022 showed an improvement in comparison to 2021 (Figure 19). Among key populations, the MSM population has one of the highest retention on ART rates (78%) and the highest viral suppression rate (63.9%). Of the 716 persons receiving a viral load test in 2022, 95.2% achieved viral suppression.

Figure 19 National MSM Treatment Cascade, 2021 vs. 2022



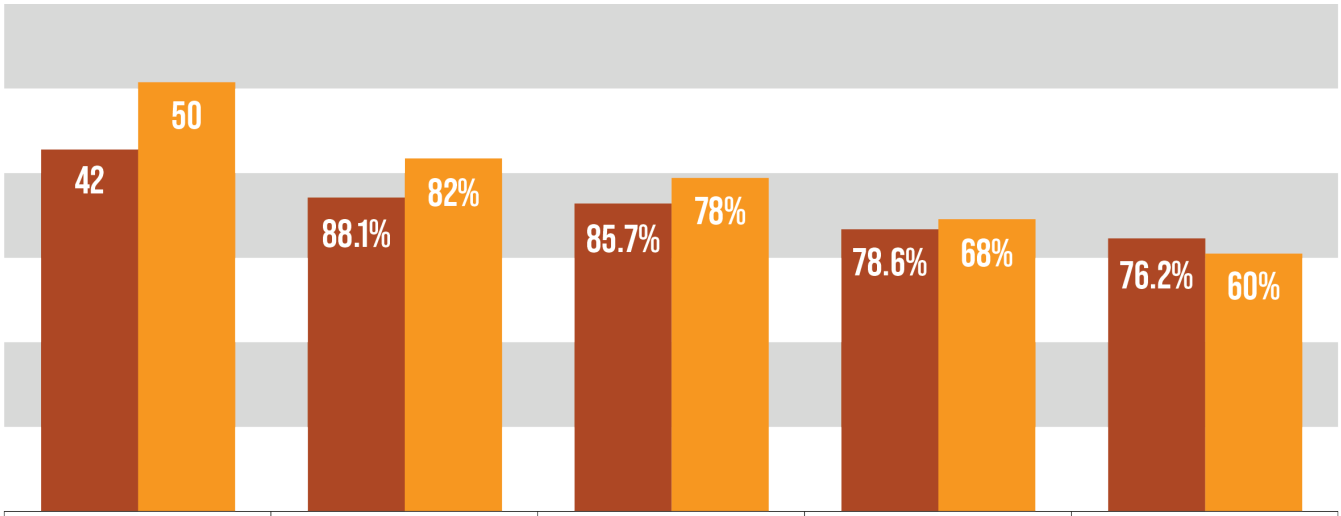
	Linked to care	Retained in care	Retained on ARV	VL Uptake	Virally suppressed
2021	947	762	735	669	622
2022	1,068	885	833	716	682

2021 2022

Persons of Trans-experience

The Transgender population showed the smallest increase in population size from 2021 to 2022 of all the key population groups. Despite an increase in the number of persons at each pillar of the cascade, there was a decline in the percentage for all pillars from retained in care to virally suppressed (Figure 20). Eight-two percent (82%) of the TG population were retained in care at the end of 2022, while 78% were retained on ARVs. While 60% of the population received a suppressed viral load result, 88.2% of those who received a viral load test were suppressed.

Figure 20 National Transgender Treatment Cascade, 2021 vs. 2022



	Linked to care	Retained in care	Retained on ARV	VL Uptake	Virally suppressed
2021	42	37	36	33	32
2022	50	41	39	34	30

2021 2022

Persons with Disability Living with HIV/AIDS

All four (4) RHAs submitted data for persons with disabilities living with HIV/AIDs for the reporting year (Table 10). The data showed a national suppression rate of 66.7% among PLHIV with disabilities. Intellectual disabilities were the most prevalent disability seen across the regions. TCS staff participated in online training sessions to increase their capacity to engage persons with intellectual disabilities. Staff from each region were also trained in sign language. At the national level, a gender-based violence workshop was held with members of the deaf community.

Table 10 Persons with Disabilities Living with HIV, 2022

Regions	On Register	Retained in Care	On ARV's	Virally Suppressed
SERHA	74	74	63	49
NERHA	216	173	173	134
SRHA	88	83	76	56
WRHA	84	83	83	69
TOTAL	**462**	**413 (89%)**	**395 (85%)**	**308 (66.7%)**

** Data missing for St. Catherine and Hanover from their regions*

Prison Inmates

During the year, the consultant Adherence Counselor continued to provide support to inmates living with HIV and inmates with chronic diseases. The consultant visited the following facilities weekly: St Catherine Adult Correctional Facility, Horizon Adult Remand Centre, Tower Street Adult Correctional Facility, and South Camp Adult Correctional Facility. Occasionally, the consultant's services were requested at other facilities managed by the Department of Correctional Services. At the end of 2022, the data showed 89 PLHIV in correctional facilities across the island, all on ARVs (Table 11). Of that number, 86.5% had viral loads of less than 1,000 copies.

Table 11 PLHIV in Correctional Facilities, 2022

Indicators	Total
Total number of HIV positive Adults	89
Number of Adults receiving ARV (currently)	89 (100%)
Total Number of Adults with Viral loads less than 1000 copies	77(86.59%)

** Data was supplied by the Department of Correctional Services*

The consultant Adherence Counsellor was trained in data management to improve the management of PLHIV in correctional facilities. This facilitated the update of the TSIS to reflect more current data from correctional facilities. Additionally, Correctional Officers received S&D and sign language training to improve their capacity to deal with the myriad of clients they see.

Paediatric Population

At the end of the year, the national picture for the 0-9 age group showed a low rate of VL testing and, subsequently, a very low rate of viral suppression (Table 12). Although 92% of the population was retained in care, only 46.6% had a valid viral load result, and less than half of that population (20%

of the total population) had attained viral suppression by the end of December 2022. Westmoreland and St. Elizabeth recorded the highest suppression rates, 50% and 33.3%, respectively. All other parishes recorded a suppression rate of below 30%.

Table 12 Viral Suppression Rates for Children 0-9 Years, 2022

Site	Linked to Care	Retained in Care	Retained on ARV	VL Uptake	Virally Suppressed
Private Care	6	5	2	0	0
KSA	26	25	23	18	7
St. Catherine	11	11	10	4	3
St. James	12	11	9	6	2
Westmoreland	4	4	4	3	2
St. Elizabeth	3	2	2	2	1
Manchester	6	4	3	0	0
Clarendon	8	7	2	1	1
Portland	1	1	1	1	0
St. Mary	4	4	4	4	1
St. Ann	7	7	5	2	1
National	**88**	**81**	**65**	**41**	**18**
		92%	**73.8%**	**46.6%**	**20.4%**

HIV TESTING

During the year, the HSTU monitored HIV testing in public health facilities. The data showed that at least 149,125 HIV tests were conducted in 2022 across the four regions in the public health sector (Table 13). This reflects a decrease of 6,108 in the number of conducted tests reported compared to the previous reporting year. The yield of positive tests in 2022 was 1.4%, a slight decrease compared to 2021 (1.6%).

Table 13 HIV Testing in the Jamaican Public Health Sector, January - December 2022

Month	Total HIV Tests Done	HIV Positive Test Results	% Positive
January	10,205	160	1.6
February	12,807	159	1.2
March	10,900	174	1.6
April	10,486	163	1.6
May	11,400	164	1.4
June	12,826	175	1.4
July	10,296	174	1.7
August	13,824	180	1.3
September	13,491	183	1.4
October	14,223	150	1.6
November	14,529	200	1.1
December	14,138	173	1.2
Total	**149,125**	**2,055**	**1.4**

PROVIDER INITIATED TESTING AND COUNSELLING

The RHAs continued to build the capacity of healthcare workers to conduct provider initiated testing and counselling (PITC). Regional trainers and national representatives conducted training sessions for new staff within the respective regions throughout the year. Table 14 shows the PITC uptake and yield for 2022. The national uptake is 45%, while the positivity yield is 2%.

Table 14 PITC Uptake in Jamaican Public Hospitals, 2022

	SERHA	NERHA	SRHA	WRHA	National
Total Admissions (Excl. Obstetric Data)	36,398	12,266	17,300	14,093	80,057
Admissions Tested for HIV	13,101	8,943	9,153	5,172	36,369
% Admissions Tested for HIV	36%	72.9%	52.9%	36.7%	45%
Admissions Tested Positive for HIV	386	57	189	100	732
Yield %	2.9%	0.6%	2.1%	1.9%	2%

NERHA was the only region to meet the service level agreement (SLA) target of 60% for 2020 to 2022 (Table 15). For 2022, NERHA recorded the highest coverage/uptake and the lowest yield. SERHA recorded the lowest uptake and the highest yield for 2022. The national uptake and yield remained the same for 2021 and 2022. Sites continue to re-evaluate approaches to PITC and data management methods to improve PITC uptake.

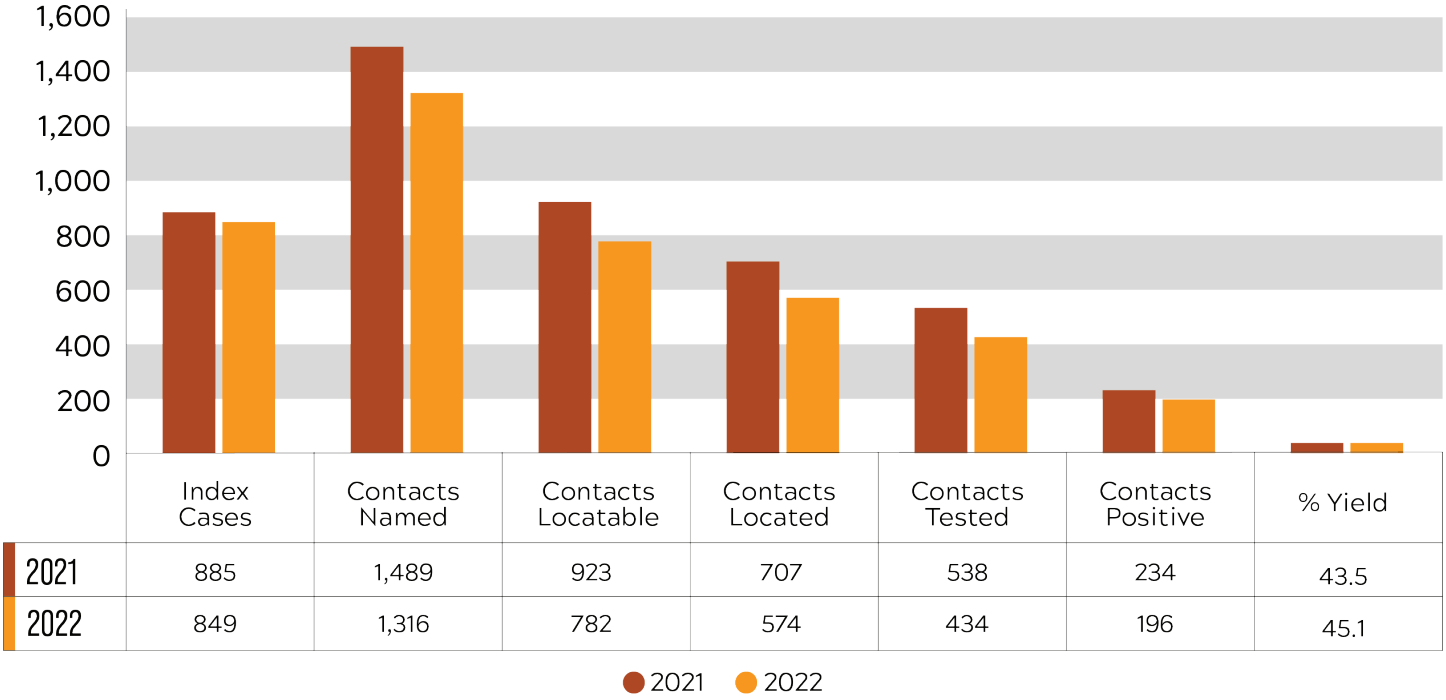
Table 15 PITC Uptake and Yield across all Regional Health Authorities, 2020 - 2022

REGION	PITC 2020 %		PITC 2021 %		PITC 2022 %	
	Uptake	Yield	Uptake	Yield	Uptake	Yield
SERHA	42.1	3.2	39.3	2	36	2.9
NERHA	62.3	0.9	68.3	1	72.9	0.6
SRHA	56.2	1.7	43.5	2.7	52.9	2.1
WRHA	33.0	1.9	37.0	1.6	36.7	1.9
NATIONAL	44.0	2.0	45.0	2.0	45	2.0

Contact Tracing & Testing

Contact Testing is the process of finding and offering tests to exposed contacts of HIV-positive individuals. Contact Investigators conduct contact testing using interviews and field records. This process is critical for the NHP as it allows for sensitive and timely diagnosis of HIV and other STIs. Figure 21 compares the contact tracing and testing for the calendar years 2021 and 2022.

Figure 21 Contact Tracing and Testing, 2021 vs. 2022



	Index Cases	Contacts Named	Contacts Locatable	Contacts Located	Contacts Tested	Contacts Positive	% Yield
2021	885	1,489	923	707	538	234	43.5
2022	849	1,316	782	574	434	196	45.1

Linkage and Retention in Care

There are persistent gaps in the continuum of care in the areas of linkage and retention in care. Several activities were initiated during the year to improve retention and viral suppression. These are outlined below (Table 16).

Table 16 Retention and Viral Suppression Strategies, 2022

Retention and Viral Suppression Strategies, 2022	
Retention Strategies Leading to Viral Suppression	Viral Suppression Strategies
▪ Reinforce the usage of the Retention and Recovery SOP in all engagements with the field. ▪ Implementation of evening clinics and extended clinic hours. ▪ Monitor differentiated service delivery, including appointment reminders, fast-tracking of stable patients, and longer intervals for appointment dates for stable patients with multi-month prescriptions. ▪ Entry to care programme - actively searching for HIV-positive clients who have never been linked for the period 2010-2019. ▪ Provision of living support (food vouchers and travel stipend). ▪ Quality improvement collaborative meetings. ▪ Development and implementation of regional HIV cascade improvement plans (NGO sites were also included in this activity). ▪ Lost to follow up (LTFU) site-specific activities guided by treatment cascades. ▪ Introduction of Telehealth activities to new sites. ▪ The addition of new treatment facilities providing care to PLHIVs.	▪ Clinical mentoring ▪ Viral load monitoring ▪ Expansion of DISA web and link sites, which has resulted in increased viral load uptake and shorter viral load turnaround time. ▪ Enhanced adherence monitoring for unsuppressed patients. ▪ ECHO sessions ▪ Case management ▪ Quality improvement collaborative meetings. ▪ Case conferences for unstable patients. ▪ HIV drug resistance sample collection. ▪ Establishment of support and therapeutic groups for unsuppressed patients. ▪ Provision of living support where applicable. ▪ "Know your Numbers" campaign. ▪ Support from Clinical Advisors. ▪ Supportive supervision visits.

TREATMENT WITH ARVS

In 2022, the HSTU maintained an uninterrupted supply of ARVs nationwide. This was achieved through ongoing monitoring of stock levels and appropriate quantification and forecasting of ARV needs. The ARV tracking tool developed by the TCS Component 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 continued during the year. Bi-annual stock counts have also proved valuable for monitoring inventory. The monthly reporting of ARV stock levels at ARV dispensing Drug Servs continued during the year; however, the compliance rate was below 100%. The HSTU has developed an online ARV database slated for implementation in 2023 to improve compliance.

Lengthy national procurement processes continued to threaten the timely receipt of health products. As a mitigating strategy, the HSTU commenced engaging ARV suppliers in two-year contracts for the 2023-2024 financial year.

Throughout most of 2022, stable patients benefited from ongoing multi-month dispensing of ARVs enabled by close ARV monitoring and sufficient central stock levels.

LABORATORY MONITORING TESTS

Early Diagnosis of HIV Exposed Infants - Deoxyribonucleic Acid Polymerase Chain Reaction (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 six (6) weeks and then at three (3) months. Additionally, at eighteen (18) months, an ELISA test (HIV antibody test) is done to complete the testing algorithm.

The monitoring test results for PCR, CD4, and viral load were compared for 2020 to 2022 in Table 17. In 2022, 1,013 DNA PCR tests were done with three (3) positive results, all representing new cases for the year in review. There was an increase in the rejection rate of 1.3% in 2022 compared to 2021. This was mainly due to moisture-ridden silica desiccants that the supplier replaced in the last quarter of 2022. Sample retakes were done to promote efficacy and efficiency in the HIV DNA PCR testing programme.

Table 17 Laboratory Monitoring Tests, 2020 – 2022

YEAR	PCR			CD4			VIRAL LOAD		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Received	1,089	1,162	1,013	8,838	7,910	8,301	22,182	23,004	23,529
Processed	1,024	1,093	944	8,438	7,631	7,470	21,667	22,553	23,104
Positive	20*	8**	3***						
Rejected	65	64	69	400	279	421	515	451	425
Rejection Rate %	6.0	5.5	6.8	4.5	3.5	5.0	2.3	2.0	1.8

** Of the twenty (20) cases, six (6) are new.*
*** Of the eight (8) cases, four (4) are new, and four (4) are repeated, and second PCR tests for babies born in 2020.*
**** All three (3) babies were born in 2022.*

CD4 Testing

CD4 testing monitors the HIV disease stage of PLHIV and indicates 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 2022, 8,301 CD4 samples were received for testing, a 5% increase from the previous year. The rejection rate for CD4 tests increased by 1.5% compared to 2021. The National Public Health Laboratory (NPHL) and HSTU have engaged the sites with a high rejection rate.

In terms of capacity-building, training of users and super-users for the PIMA point-of-care platform was conducted on January 27, 2022, targeting Medical Technologists across the island.

Viral Load Testing

Viral load testing is used as an indicator of how well the immune system is fighting HIV. Viral load assessment should be done six (6) months post the initiation of ART commencement and then twice annually until the patient is virally suppressed; subsequently, the test should be offered annually.

In 2022, 23,529 samples were received for viral load testing. This represented a slight increase of 2% in viral load testing over the previous year, which can be attributed to Entry to Care activities. The rejection rate decreased by 0.2%, the lowest rate recorded in three years. The turnaround time for results was as low as two (2) weeks due to the expansion of DISA access to 95% of sample collection sites.

HIV Drug Resistance Testing

In 2019, the Ministry of Health and Wellness began providing genotypic HIV drug resistance testing for patients who had proven virologic failure to determine the best antiretroviral regimen to ensure improvement in their overall outcomes.

The suspension of testing continued in 2022 due to the COVID-19 pandemic. However, both the TCS Unit and NPHL have committed to resuming HIVDR testing. A new machine was identified for HIVDR testing of the samples still in storage. The HIVDR Committee was re-engaged and is anticipating the resumption of monthly meetings.

As part of efforts to revamp the HIVDR programme, HSTU collaborated with the CDC to conduct training in HIVDR from December 7 to 9, 2022. Clinicians and laboratory scientists attended the training. The Unit remains dedicated to providing effective and optimal patient care. It continues to ensure that physicians' and laboratory scientists' capacity to identify and manage HIV drug resistance remains at international standards.

SITE MENTORING

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 Officers, and Treatment Care and Support Officers from the National Programme.

Site Audit Corrective Measures

To improve the retention of PLHIV in care, various aspects of service delivery are evaluated, including perceived privacy and confidentiality at the site, whether the site is key population friendly, and how sexual and reproductive health has been incorporated into HIV care.

Between April and July 2022, the TCS Component conducted corrective measures treatment site audits for GOJ and non-GOJ sites. While many good practices were found, there were also gaps in service delivery that needed to be addressed. Among them were inadequate documentation, notably the entry of information by the psychosocial support team in clients' files, and the underutilization of forms and protocols. The corrective measure audit findings were analyzed, and a site-specific plan was developed to address the gaps identified and communicated to the RHAs. The corrective measures were disseminated to regions to facilitate the submission of first quarter updates on November 14, 2022. The first quarter updates were received from the RHAs, and while some updates had been completed, some were still in progress. A combined HIV/STI/PMTCT audit is planned for all regions in the second quarter of the 2022/2023 financial year.

Updates for Service Delivery

In 2020, the HSTU 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. Additionally, updates were made to the Post-Exposure Prophylaxis Protocol. In 2021, a TLD transition plan was developed to transition clients on the first-line regimen.

In 2022, the treatment sites followed the TLD transition plans previously submitted within specific groups and timelines. The transition plan is ongoing; the full switch is slated for completion by the end of 2023.

Also, in 2022, the HSTU adopted the antiretroviral regimen for the paediatric population less than five (5) years to reflect global recommendations that would enhance the quality of treatment provided to these clients. The combination of Abacavir/Lamivudine/Dolutegravir became the first choice for first-line therapy for all paediatric clients under five (5) years old. These guidelines came into effect starting October 5, 2022. The transition of the 6-9 year old population will commence in 2023.

SUPPORT

PSYCHOSOCIAL SUPPORT

The HSTU-TCS Component provides support for PLHIV through the psychosocial support team, which includes Adherence Counselors (30), Social Workers (34), Associate Psychologists (8), Psychologists (1), and Case Managers (10). During the year, some regions operated with a smaller cadre of staff than they had in 2021, as some persons resigned or assumed different posts in various organizations. Some parishes saw Community Health Aides and Community Facilitators moving up to Adherence Counsellors and Adherence Counsellors assuming the position of Case Managers and Treatment Care and Support Officers. The psychosocial support team assists PLHIV through screening, assessment, interventions, and evaluation to address the social and psychological challenges that may present as barriers to initiation and adherence to 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.

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 Observed Therapy Short Course, and other interventions. Teams received capacity-building through quarterly technical working group meetings, therapeutic consult group sessions, and other training. The year also saw the successful completion of the consultancy to develop the Social Worker Protocol and the commencement of the review of the Adherence Counsellors programme.

Living Support

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 stipends, school attendance support, skills/literacy training, and income-generating grants. During the year, a supplier of gift certificates/ food vouchers was added, namely Giant Family Mart, located in Port Maria. St. Mary and Portland residents welcomed Giant Family Mart with open arms, but the arrangement was short-lived as the supplier stopped issuing gift certificates. Residents of these parishes can only access the service from Progressive Groceries in St. Ann. The NHP provides this assistance to SERHA, NERHA and SRHA. WRHA receives external funding to supply food vouchers. The NHP also provided back-to-school assistance to PLHIVs living in the Mustard Seed Communities and continued to facilitate the provision of these resources to other PLHIVs through the RHAs. While several applications were reviewed for income-generating grants, funds were not disbursed under this facility during the year. Food vouchers distributed in 2022 were valued at J$6M (Table 18).

Table 18 Cost of Food Vouchers Distributed by MOHW to PLHIV, 2022

SUPPLIER	COST
Progressive Grocers	$3,450,000.00
Hilo Food Stores	$1,950,000.00
Giant Family Mart	$600,000.00
Total	**$6,000,000.00**

QUALITY IMPROVEMENT PROGRAMME

In collaboration with the TCS Component, C-TECH continued to work on Quality Improvement (QI) at the HIV Treatment sites during the year. Per the PEPFAR/HTS Jamaica workplan, C-TECH worked directly with seven (7) of the twenty-eight (28) high-priority treatment sites participating in QI activities. QI teams not supervised directly by C-TECH can participate in the C-TECH-led learning sessions. Quality Improvement activities at all sites were monitored by the QI lead for the site and the Treatment Care and Support Officers at the regional and national levels. The QI team at each site is also required to have a member of the PLHIV community as a part of the team so that they can gain perspective and input from patients on what services and support are deemed to be most necessary to improve treatment, care, support and overall quality of life.

Three (3) learning sessions were held in 2022: two (2) virtual regional sessions and a combined face-to-face learning session. The learning sessions focused on viral load uptake and viral suppression. The first learning session was held from January 31, 2022 – February 10, focusing on VL uptake and virologic suppression best practices. The second learning session, also a virtual regional learning session, was held from May 30 – June 9, 2022, under the theme "Young or Old getting to suppression is the goal". The third learning session was a combined face-to-face session at the Grand Palladium Hotel. The session was held from August 16-18, 2022, under the theme "Continuous Quality Improvement: Reflect, Reset & Reinforce". All treatment sites participated in the face-to-face session.

Throughout the year, the treatment site teams tested different Plan Do Study Acts (PDSAs) with increased emphasis on differentiated care and viral load uptake. 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).

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS

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

- Annual transmission rate of 2% or less of MTCT for HIV in Jamaica as a non-breastfeeding population.
- Incidence of Paediatric HIV of 50 new cases or less per 100,000 live births per year.
- 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 2021 and 2022 (Table 19).

Table 19 EMTCT Validation Indicators, 2019 - 2022

Impact indicators	Target	2019			2020			2021			2022		
		Result	Num	Dem	Result	Num	Dem	Result	Num	Dem	Result	Num	Dem
HIV MTCT rate	<2%	2.20%	9	410	1.9%	7	366	1%	4	388	0.8%	3	380
Annual rate of new inf. per 1000 infections	<0.3	0.3	9	32,587	0.2	7	33,657	0.1	4	34,809	0.1	3	31,913
Annual rate of CS per 1000 live births	<0.5	0	0	32,587	0.1	3	33,657	0.3	11	34,809	0.8	24	31,913

* *The data for many pregnant women, including those tested for HIV & Syphilis, those who were positive, and those who delivered, was obtained from the PMTCT electronic report aggregate.*

The HSTU, because of its intent to apply for the validation for the Elimination of Mother-to-Child Transmission of HIV and Syphilis, began documenting the number of Congenital Syphilis cases for 2020 to 2022 based on the surveillance definition. The number reported reflects babies born to women who would not have received a STAT dose of Benzathine Penicillin G 30 days or more before delivery. Many of whom were old Syphilis cases. However, these cases could not be discarded without TRUST titers for comparisons. Many of the cases for 2023 are pending investigation, and this final number may decrease. However, the cumulative figure for Congenital Syphilis cases for 2020 to 2022 meets the required validation target.

To achieve validation, Jamaica must also meet the three (3) process indicators cumulative for at least three years. These are:

- Increase to 95% or more the coverage of antenatal care by skilled attendants at birth
- Increase to 95% or more the coverage of HIV and Syphilis screening for pregnant women
- Increase to 95% or more the coverage of HIV and Syphilis treatment in pregnant women

Jamaica has attained all targets for EMTCT except in the area of the number of women receiving at least one antenatal visit before delivery and Syphilis treatment (Table 20). Based on docket reviews and audits conducted during 2022, it was evident that poor documentation had resulted in the non-attainment of this target. During audits, random reviews of dockets showed that the majority of women were receiving at least one visit and were tested and treated for HIV and Syphilis. However, this is only sometimes documented in the delivery wards. As such, Jamaica will proceed with the application for validation and require all facilities to correct the documentation of women who have received antenatal visits in the delivery books. This application should ideally occur in the first quarter of 2023 but can happen at any time throughout the year.

Table 20 Cumulative Process Indicators and Impact Indicators, 2020 - 2022

Process Indicators	Target	2020	2021	2022	Cumulative
Percentage of pregnant women visiting ANC at least once.	≥95%	92.2	92.0	89.4	91.3%
Percentage of pregnant women tested for Syphilis during pregnancy.	≥95%	94.4	94.7	95.8	95.0%
Percentage of Syphilis-seropositive pregnant women who are appropriately treated.	≥95%	98.7	95.5	90.7	94.8%
Percentage of pregnant women who were tested for HIV and received their results during pregnancy, during labour and delivery, and during the postpartum period (<72 hours), including those with previously known positive HIV status.	≥95%	95.5	95.3	95.9	95.6%
Percentage of HIV-positive pregnant women who received anti-retroviral to reduce the risk of MTCT.	≥95%	97.3	97.7	97	97.4%
HIV MTCT rate.	≤2%	1.9	1.0	0.8	1.2%
Annual rate of new inf. per 1000 infections.	0.3	0.2	0.1	0.1	0.14
Annual rate of CS per 1000 live births.	0.5	0.1	0.3	0.8	0.37

In 2022, the PMTCT programme achieved the following:

- Case conferences for all newly diagnosed babies to ensure adherence to programmatic and policy guidelines.
- RHA Quarterly PMTCT field meetings were data-driven and focused on attaining EMTCT targets.
- Retention of all HIV-positive paediatric clients in care and on ART.
- No disruption in ARV or formula supplies for the PMTCT population.
- Improvement in service delivery based on corrective action updates from audit findings.
- Provision of living support to clients, ensuring access to food vouchers, travel stipends, and back-to-school assistance.
- Data entry training and increased use of online platforms to submit reports.
- Maintenance of EMTCT targets.

SEXUALLY TRANSMITTED INFECTIONS

During the reporting period, Jamaica continued to re-sensitise healthcare workers and the general population on the importance of risk reduction for all STIs, inclusive of HIV. Efforts aimed at comprehensive management of sexual and reproductive health utilized prevention and contraception mechanisms, including condom use and dual family planning methods led by the NFPB and the Family Health Unit (FHU), respectively. The HSTU managed the programme to treat, care, and support persons infected with STIs.

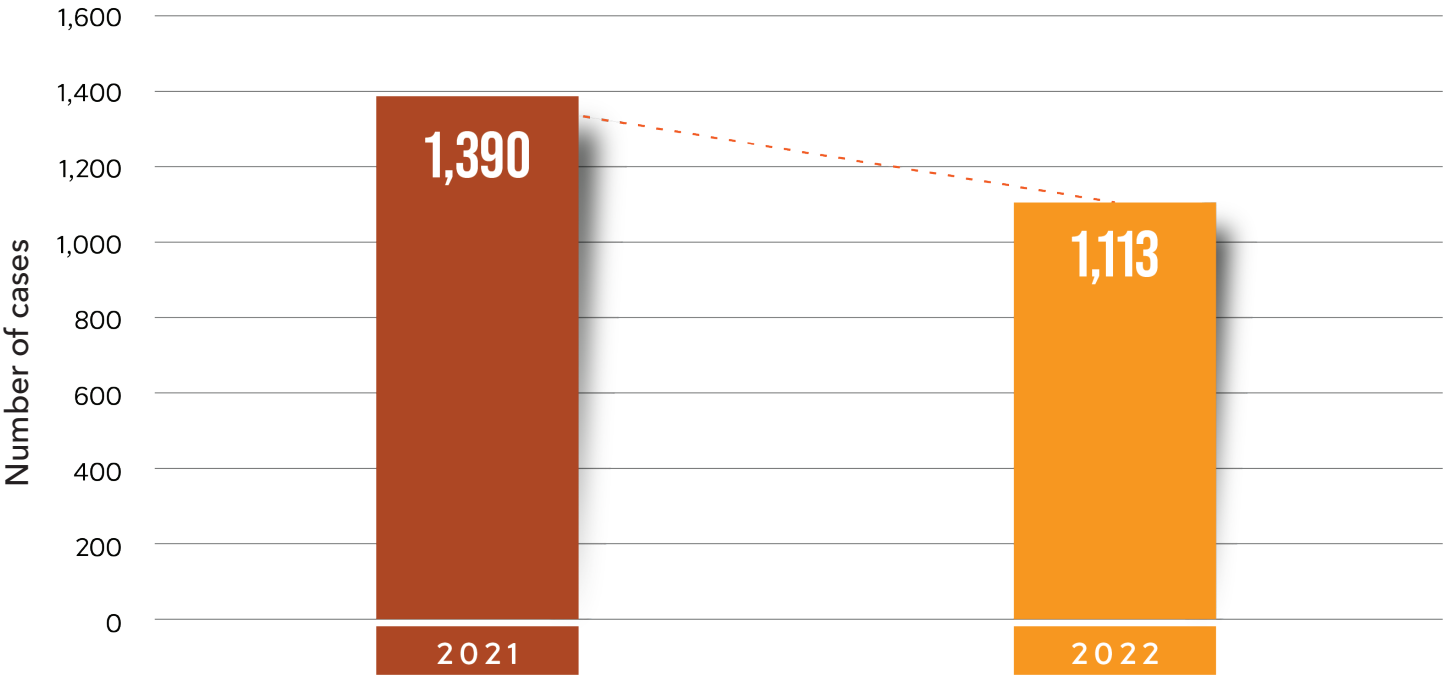
The number of reported STIs, such as Syphilis, as well as Genital Discharge Syndromes, including Gonorrhea, Chlamydia, and Bacterial Vaginosis, underscores the importance of detecting and treating these curable conditions (Table 21). There was an increase in the number of male genital discharge cases in 2022 compared to 2021. As expected, females presented with GDS more often than males, with a ratio of approximately 1:4.5.

Table 21 STI Conditions by Gender, 2021 vs. 2022

STI Condition	2022 M	2022 F	2022 Total	2021 M	2021 F	2021 Total
All Syphilis	*	*	1,113	479	569	1,390
Genital Discharge Syndrome (GDS) NB: Includes gonorrhea, chlamydia, trichomonas, B.V and candidiasis if they cannot otherwise be uniquely identified	5,727	25,619	31,346	5,615	27,294	32,909
Total	**5,727**	**25,619**	**32,459**	**6,275**	**26,528**	**32,805**

The Syphilis cases for 2022 and 2021 are compared in Figure 22.

Figure 22 Comparison of the Total Syphilis Cases, 2021 vs. 2022



Based on the trends noted above, steps are being taken to strengthen the national and sub-national STI programme with technical oversight from the STI Technical Working Group.

TUBERCULOSIS

Jamaica remains a low-burden TB country, with less than 10 cases per 100,000 population per year. This is evidenced by the number of annual confirmed cases: 82 in 2018, 69 in 2019, and 61 in 2020, according to data from the National Surveillance Unit (Table 22).

Table 22 Tuberculosis Cases in Jamaica, 2017 - 2022

Cases	2017	2018	2019	2020	2021	2022
Number of TB cases confirmed	118	82	69	61	57	83
Number screened for HIV	96	65	44	60	18	58
% of TB cases screened for HIV	81.4%	79.3%	63.7%	98.3%	31.6%	69.9%
Of cases screened, # co-infected	17	8	5	15	9	10
Of cases screened % of cases co-infected	17.7	12.3	11.4	25	50	17.2%

Source: National Surveillance Unit, Jamaica

In 2022, 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. Surveillance systems must be improved to ensure data completeness, timeliness, consistency, and validity.

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. TB screening has been institutionalized at HIV treatment sites; at each clinic visit, PLHIV is screened for symptoms of active TB (cough >2 weeks, fever, and weight loss). This symptomatic screening is to be institutionalized for chronic non-communicable disease patients such as diabetics due to their immunocompromised state. Contacts of TB disease patients are screened using PPD, and in prisons, TB screening is done using a stamp, which lists the symptoms of active TB.

The National Public Health Laboratory received 1,206 samples for 2022, double the amount compared to 2021 (602 samples received). Of the 1,206 samples received, 1,164 (96.5%) were processed for smear microscopy and 850 (70.5%) for GeneXpert. The number of samples rejected was 32, and the annual rejection rate was 2.7%, which is above the acceptable range (<1%) but significantly lower than in 2021 (9.6%). The annual new case rate from the laboratory services was 11.3% (38 cases), which increased from 7.0% in 2021.

The TB Annual Review was held on November 23, 2022, at the Jewel Paradise Cove, Runaway Bay, St. Ann. The meeting reviewed the National Strategic Plan for Tuberculosis Prevention and Control 2020-2025; data was presented from all the regions.

The revised Tuberculosis Prevention and Control Manual was disseminated to all regions. The re-sensitisation of healthcare workers in the management of Tuberculosis is ongoing. A revised Tuberculosis Case Investigation Form is in the final stages of completion by the National Surveillance Unit.

Jamaica's TB Prevention and Control Programme is at a critical stage as it makes progress towards achieving "pre-elimination" of TB (<10 TB cases per million population) and, ultimately, the elimination of TB as a public health problem (<1 TB case per million population). Revising the guiding documents will help revitalize the Tuberculosis programme and re-sensitise healthcare workers to maintain a high index of suspicion for TB.

ACHIEVEMENTS

Despite the challenges experienced throughout 2022, the Component accomplished the following significant achievements.

Treatment Care and Support Annual Forum 2022

The Treatment, Care & Support Component of the National HIV/STI Programme convened its Annual Forum 2022 utilizing a blended approach of onsite and virtual participation via Zoom from September 7 to 8, 2022 under the theme: "HIV Through the Ages". The overall objective of the forum was to review the package of care for target populations, develop plans to mitigate the challenges and chart the way forward.

Key stakeholders and representatives who contributed to the forum's activities included various cadres of staff from the RHAs, MOHW, CSOs, NGOs, experts in HIV management, and other technical agencies, including PAHO, C-TECH, CDC/PEPFAR, UCSF, and CHARES.

The two (2) day Treatment Forum included pre-and post-test evaluations and eleven (11) presentations from key stakeholders involved in the national HIV response. Sixty-three percent (63%) of respondents correctly answered five (5) of eight (8) questions posed on the Day 1 pre-test. However, the post-test yielded a sharp decrease in participation and correct responses. Only 38% of respondents answered three or more questions correctly. There was an improvement in the results from Day 2 pre and post-tests; 85% and 71% of participants responded correctly to five or more questions, respectively.

The Treatment forum culminated with an award ceremony. There were six (6) award categories, including Data Quality Assessment per Parish, Most Improved Site, RHA Treatment Cascade, Most Improved Region, Viral Suppression, and Top Performing NGO. Winners for each category were Hanover (Lucea), St. Jago Health Centre, Southern Regional Health Authority, South East Regional Health Authority, and Western Regional Health Authority, respectively. The Center for HIV Aids Research and Education Services received the NGO award.

Health Products

The HSTU continued to quantify and procure health products related to the diagnosis, treatment, and monitoring of HIV and Syphilis and the provision of formula and medical disposables, including personal protective equipment. In 2022, there were no stockouts of ARVs, diagnostic test kits, monitoring test kits (viral load and CD4), or infant formula.

National Activities to Improve Service Delivery:

- Public-private partnership with private physicians to expand access to HIV treatment care and support services.
- Multi-month dispensing of the majority of ARV formulations.
- Monitoring and evaluating Entry to Care activities.
- 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.
- HIV drug resistance training for medical staff and laboratory personnel.
- Train key staff in PrEP and develop an SOP and an implementation plan.
- Telehealth training for SERHA and SRHA.
- TB annual review to sensitise public health nurses and epidemiologists to the updated guidelines.
- Consistent supply of health products.
- Consistent supply of phone cards.
- Consistent supply of living support (food vouchers).

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 and education on related topics.

Trainings Conducted:

- Updated clinical guidelines (HCW)
- Revised/updated protocols (HCW)
- Pharmacy training on antiretrovirals
- HIVDR testing
- TB training for HCWs
- PPP sensitization sessions
- PrEP step-down training

Audits:

- Corrective measure 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

In 2023, the following activities will be conducted to improve service delivery and quality of care provided to patients:

HIV

- Service delivery:
  - Transition all PLHIV on first line to TLD and review patients on second-line therapy for transition to TLD.
  - Coaching sessions for Regional Treatment, Care and Support officers to further build their technical capacity.
  - Supportive supervision.
  - HIVDR modular development and training.
- Training:
  - In PITC - healthcare workers and trainer of trainers.
  - In the use of revised manuals, PrEP, and HIV management.
  - Dried blood spot training in sample collection, transportation and storage, and interpretation of results.

- Adolescents:
  - Use of peer support disclosure.
- EMTCT validation

Sexually Transmitted Infections

As anticipated, the revised STI manual was approved and distributed in 2021. This was followed by the training of healthcare workers on the updated protocols. Re-sensitisations will take place in 2023 and 2024, specifically focusing on the staging of Syphilis. The Unit will continue 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.
- Conducting an STI Surveillance survey.
- Revising intake tools/forms for STI data.
- Improved reporting of STI data, surveillance, and analysis through stakeholder commitment to:
  - Capacity-building in the form of knowledge re-sensitisation and training of relevant healthcare workers.
  - Consistent STI surveillance.
  - Adequate laboratory support.
  - Reflect STI programme decisions and activities in a cohesive health package offered by the MOHW, irrespective of the department/unit.
- Recommending strategies, with supporting evidence, for effective STIs in the Jamaican context.
  - Analysis of existing STI data on prevalence and drug resistance.
  - Analysis of ongoing STI data on prevalence and sexual behavior and practices.
  - Recommendations on the rules of engagement for private sector collaboration to obtain a complete national picture.
- Log frame for the STI programme with short, medium, and long-term time frames.
  - Establishment of Jamaica as an STI surveillance site for Latin America and the Caribbean.

Tuberculosis

The strengthening of the National Tuberculosis Programme is expected to continue in 2023. The implementation of the Tuberculosis National Strategic Plan, which was completed in 2021, will commence. Epidemiologists are reviewing a revised TB reporting tool to streamline reporting.

Continued collaboration with partners such as 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 are expected to improve the TB programme and ensure progress toward eliminating TB in Jamaica.

CONCLUSION

The Treatment, Care and Support Component of the HIV/STI/TB Unit is dedicated to improving the diagnosis and treatment outcomes of all patients with HIV, STIs, and TB. The operational plan for 2023/2024 outlines the key objectives and strategies to improve service delivery and accomplish the established targets. The strategies are aligned with each pillar of the continuum of care.

The expansion of PITC services to health centres will increase 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 the integration of HIV services, will increase the accessibility of PLHIV services. The introduction of the HIV PPP initiative in 2022 has also created additional access points for HIV services for a subset of patients. This initiative, coupled with the expansion of HIV PrEP services within the MOHW PPP and public health facilities in 2023, will further reduce the incidence of HIV in Jamaica.

Linkage and retention in care will be improved by increasing the number of access points to receive care. Another activity to advance linkage and retention is addressing the psychosocial issues that PLHIV often face. This will be achieved through standardizing living support, the rollout of the Disclosure Protocol, and addressing mental health challenges. Entry to Care activities and pursuing lost to follow up clients will further improve the linkage and retention of PLHIV in care. Additionally, it is anticipated that the continued use of treatment cascade improvement plans to guide the implementation of activities and measure impact will sustain the improvements noted since its rollout.

Differentiated service delivery will continue, including fast-tracking stable patients, multi-month dispensing, and extended clinic hours. Specific services targeted for key and vulnerable populations through the Enhanced Package of Care 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 healthcare workers, respectively. Utilization of enhanced adherence support and supportive supervision are expected to improve the viral suppression rates of PLHIV.

Ongoing quantification and forecasting exercises for health products, along with continued improvements in the procurement process, will allow uninterrupted supplies of health commodities, which will help in viral suppression.

The continued monitoring of PMTCT activities and dissemination of the PMTCT manual is expected to result in the achievement of EMTCT in 2023.

Service delivery will be enhanced by disseminating revised manuals and training healthcare workers on updated guidelines. The RHAs and treatment facilities will address corrective actions identified through the audits conducted in 2022, leading to improved service delivery. Treatment audits will be conducted in 2023 in collaboration with the Strategic Information Component to assess the corrective measures implemented and improvements made. Additionally, SI will lead the development of a research agenda.

Through the continued and collaborative efforts of staff at the parish, regional, and national levels and partnerships with external agencies, application of best practices, evidence-based interventions, advocacy, and population-specific interventions, the goals of the National HIV/ST/TB Programme will be achieved.

3

Adolescent Health

OVERVIEW

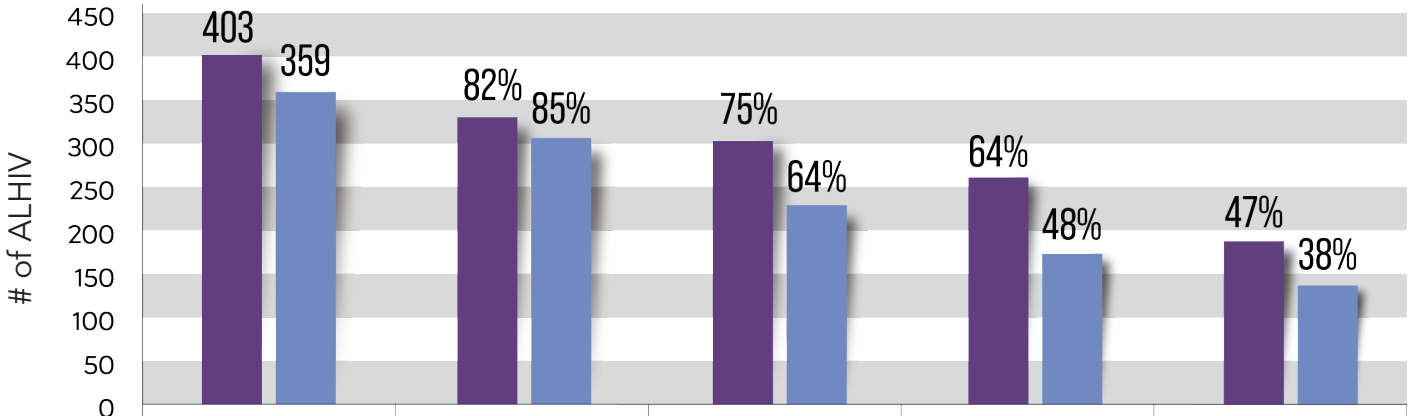
The response to the epidemic among adolescents continued in 2022 with close monitoring of the Treatment cascade and implementation of interventions to improve the overall health and well-being of the population. The primary activities carried out over the period were:

- Development of a transition protocol for adolescents and youth living with HIV (AYLHIV).
- Comprehensive psychological screening of adolescents living with HIV to identify behavioural and cognitive impairments to guide treatment interventions.
- Piloting the Youth Ambassadors programme in the Southeast Region.
- Public education through mass media campaign placements and social media engagement.
- Coordinating PrEP communication to reach persons eligible for initiation.

TREATMENT CASCADE

The adolescent and youth cascades for 2022 showed declines across all pillars of the Treatment cascades when compared to 2021. The cascades show a significant deficit in viral suppression rates compared to the national cascade for all age groups at 38% and 42% for the 10-19 (Figure 23) and 20-24 age groups (Figure 23), respectively. For the 10 to 19 age group, the gap is widest for the retained on ARV pillar, with only 64% of those retained in care on ARVs compared to 75% in 2021.

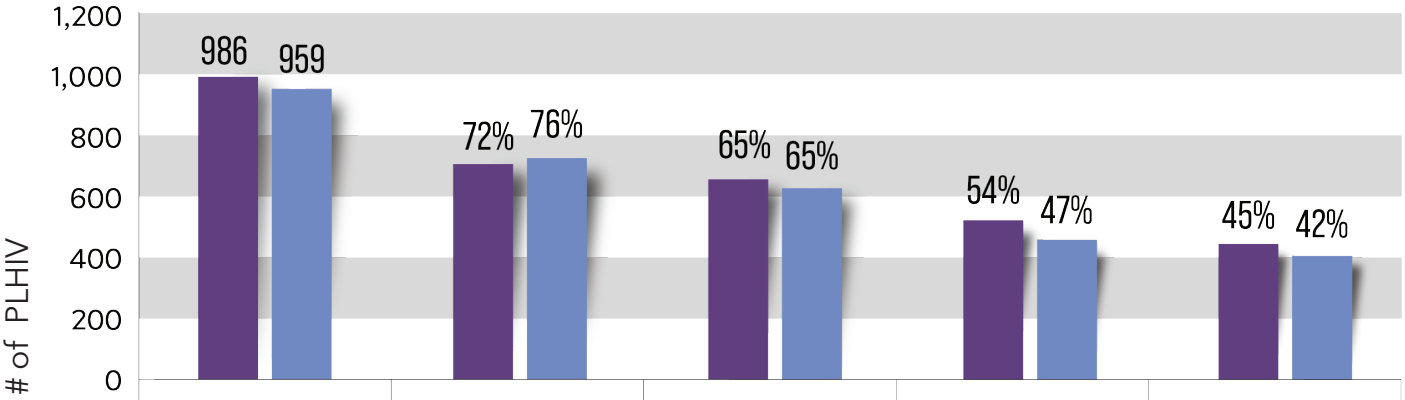
Figure 23 National Adolescent (10-19 Years) Cascade, 2021 vs. 2022



	PLHIV Linked to Care	PLHIV Retained in Care	PLHIV Retained in Care on ARV	PLHIV VL Uptake	PLHIV Virally Suppressed
2021	403	329	302	259	188
2022	359	304	228	171	137

The 20 to 24 cascade showed a continued challenge with retention in care, with 229 persons lost to follow up in 2022 and a slightly higher number (276) lost to follow up in 2021 (Figure 24).

Figure 24 National Adolescent (20-24 Years) Cascade, 2021 vs. 2022



	PLHIV Linked to Care	PLHIV Retained in Care	PLHIV Retained in Care on ARV	PLHIV VL Uptake	PLHIV Virally Suppressed
2021	986	710	644	529	444
2022	959	730	620	455	405

The issues that affect the low rates of retention in care and viral suppression are similar to those affecting older cohorts of people living with HIV, including fear of stigma and discrimination, psychological challenges of coping with a lifetime chronic illness, treatment fatigue, lack of emotional support from family and lack of disclosure. These issues are further compounded by the period of adolescence, which naturally includes risk-taking, feelings of invincibility, and rebellion. In cases of vertical transmission, the treatment outcomes of the adolescent are often hinged on that of the parents; therefore, if the parent is non-adherent, the same usually applies to the adolescent.

Despite these challenges, the Adolescent Component continued to engage RHAs and treatment teams in designing interventions to address the issues identified. One of which is the successful transitioning of AYLHIV from paediatric to adult-based care.

MAJOR ACHIEVEMENTS

Participants from the Transition Training for healthcare workers engaged in a group activity.

TRANSITION PROTOCOL

The Transition protocol is designed to facilitate the smooth transition of adolescents living with HIV from paediatric to adult-based care. The protocol seeks to empower adolescents with self-management skills and equip healthcare workers with guidelines to execute the transition process effectively. In 2022, the first cohort of healthcare workers was trained from the southeast and southern regions. The three-day training covered clinical management and psychological topics, including assessing transition readiness and disclosure.

YOUTH AMBASSADOR PROGRAMME

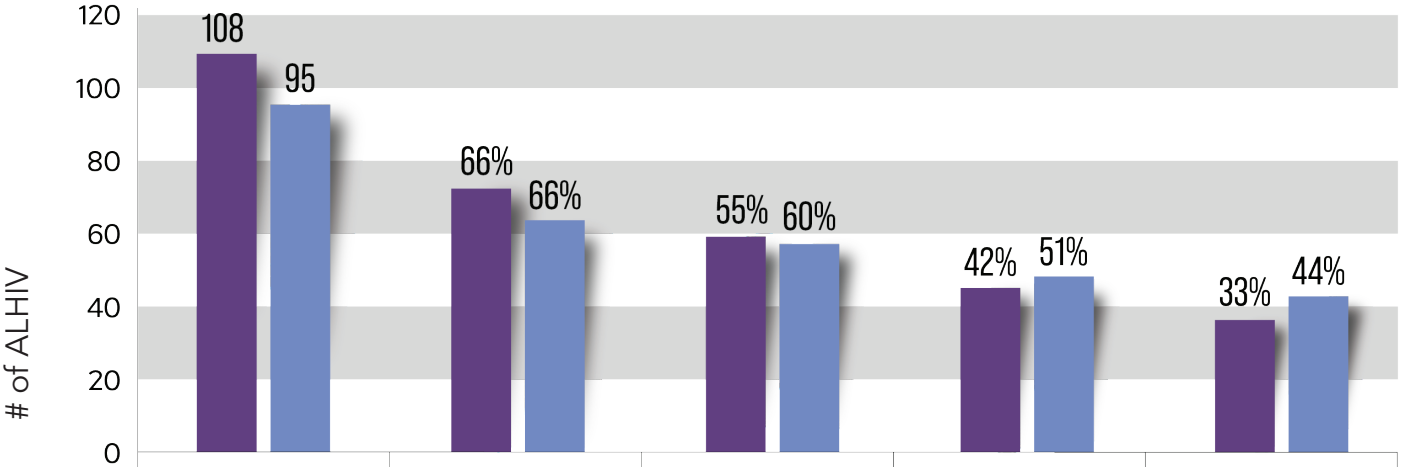
The Youth Ambassador programme, a pilot intervention initiated in 2022 at the Comprehensive and St. Jago treatment sites, utilizes the peer approach to build a supportive network of adolescents living with HIV. During the year, six (6) young adults (ages 18 – 20) assisted the Treatment team with the planning and execution of support group meetings, as well as providing one-on-one support to assigned peers through a 'buddy system'.

Quarterly training workshops with the ambassadors focused on treatment literacy, public speaking, and capacity-building to support peers effectively. Individual art therapy sessions were included in the training package to foster positive mental wellness among the ambassadors.

Since the programme's inception, site supervisors have reported increased support group attendance and peer involvement. Ambassadors are also reported to have more self-confidence when communicating with peers and other audiences. They assumed greater responsibility in planning support group meetings and were vocal in addressing challenges faced by peers at the treatment sites.

While the national adolescent and youth cascades showed a decline in viral suppression between 2021 and 2022, the cascade for St. Jago Park shows an 11% increase in suppression rates among the group (Figure 25).

Figure 25 St. Jago Park (10-24 Years) Cascade, 2021 vs. 2022

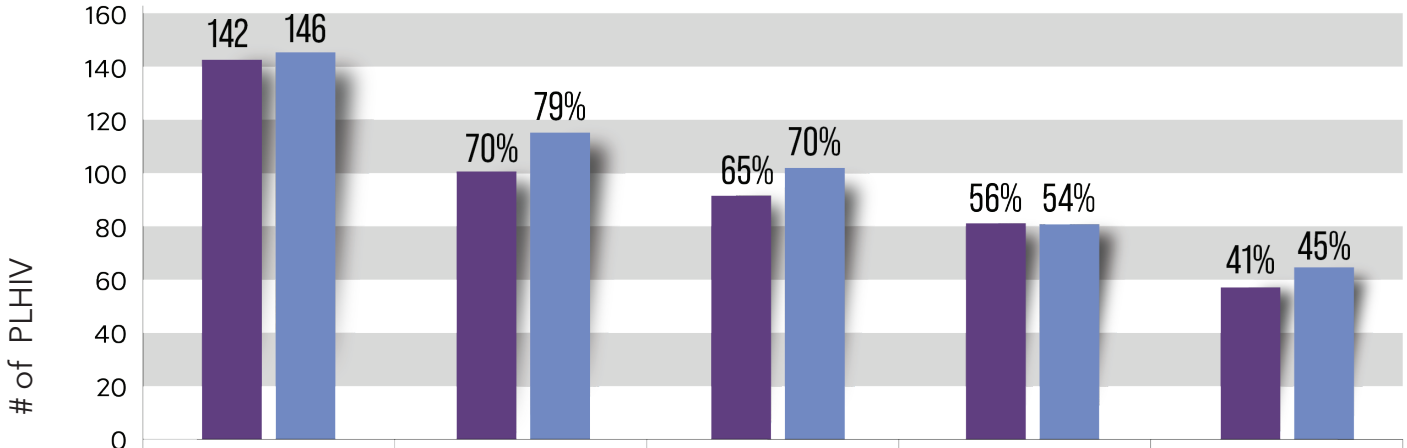


	PLHIV Linked to Care	PLHIV Retained in Care	PLHIV Retained in Care on ARV	PLHIV VL Uptake	PLHIV Virally Suppressed
2021	108	71	59	45	36
2022	95	63	57	48	42

The treatment cascade for the Comprehensive Clinic in Kingston showed a 4% improvement in viral suppression from 2021 to 2022 (Figure 26). There was also a noticeable improvement in retention in care and retention on ARVs.

The pilot will continue for another year, with close monitoring of cascades and the execution of ambassadors' duties. The programme will thereafter be evaluated and, if recommended, implemented nationally at specific sites.

Figure 26 Comprehensive Health Centre (10-24 Years) Cascade, 2021 vs. 2022



	PLHIV Linked to Care	PLHIV Retained in Care	PLHIV Retained in Care on ARV	PLHIV VL Uptake	PLHIV Virally Suppressed
2021	142	100	92	80	58
2022	146	115	102	79	65

ALHIV PSYCHOLOGICAL ASSESSMENTS

A Clinical Psychologist was contracted to conduct neurocognitive development screening with adolescents living with HIV based on recommendations by their treatment site Psychologist. Six (6) individuals were screened through a series of behavioural and cognitive tests. The reports collectively indicated that the adolescents suffer from severe depression, are performing well below their age level, and inhibit some level of autism, among other disorders.

> The Clinical Scales on the BASC3-PRS-A revealed an At Risk elevation on the Functional Impairment Index and Clinically Significant elevations on the ADHD Probability Index and Autism Probability Index, which indicates that T.S. has challenges engaging in successful or appropriate behaviour across a variety of situations including interactions with others, performing age-appropriate tasks, regulating mood, and performing school-related tasks,

Adaptation from T.S' report from the Clinical Psychologist

The challenges highlighted the need for financial, social, and psychological interventions. Social supporting agencies have been contacted to assist where possible, and the site psychologist will continue to provide care based on the reported recommendations.

MASS MEDIA CAMPAIGN PLACEMENT

Maintaining a presence on traditional media expands the reach of our messages to rural and urban locations and among varied age groups. In 2022, the HSTU renewed thirty (30) billboards island-wide, placed commercials on popular television and radio stations, and displayed commemorative day messages in the newspaper. To maximize our reach, advertising in public gathering spaces such as tax offices, fast food restaurants, and cinemas was included in the placement schedule. The campaigns promoted for the reporting period were HIV testing 'Update Yuh Status', Condom Use 'Dweet Fi Yuh Best Life' and Lost to Follow Up 'Get Back on Track'.

SOCIAL MEDIA MANAGEMENT

The HSTU continued to reach key and vulnerable populations via social media. Two distinct social media pages, 'Colourfully Proud' and 'HST Healthy Living', currently exist, targeting the MSM/ TGW community and the general population, respectively.

During the year, the pages had consistent reach and engagement, yielding offline referrals for STI/ HIV testing as well as other sexual health services. The social media platforms used were Facebook, Instagram, Twitter and YouTube. This ensured that a broad cross-section of the population heard the message.

ON FACEBOOK

5,351
People Reached

176
Engagements

ON INSTAGRAM

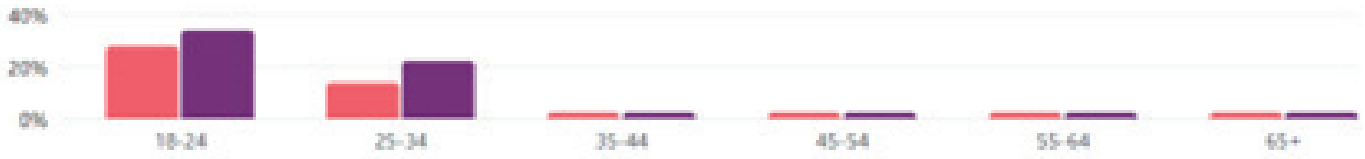
2,937
People Reached

360
Engagements

WHO AM I REACHING WITH THIS POST?

hst_healthyliving Life is more than just your status. You are beautiful, intelligent and capable of much more than you ever realized, regardless of living with HIV.

#HSTHealthyLiving #EndTheStigma



PrEP COMMUNICATION

A strategic approach was needed to guide the communication of pre-exposure prophylaxis among eligible users while ensuring uniformity among messaging and materials. Five (5) partnering agencies were selected to create information, education, and communication (IEC) materials for three target populations: the LGBTQ community, young people, and sero-different couples.

Partners at a PrEP communication meeting discussion various strategies.

The HSTU convened a workshop with all agencies to discuss the national PrEP uptake targets, dispensing sites, and training schedules, which were used to guide the development of materials. All IEC materials were approved before publication to ensure message cohesiveness and accuracy.

4

Enabling Environment & Human Rights

OVERVIEW

During the year, the Enabling Environment and Human Rights Component of the national HIV response focused on interventions that supported the removal of human rights-related barriers to accessing services. A plethora of interventions was undertaken in 2022 by several government and civil society stakeholders, including PLHIV, key population-led organisations, and international development partners. These initiatives sought to protect and promote human rights, build capacity among key stakeholders, such as police officers, to provide non-discriminatory services to individuals, and sensitise people living with and most affected by HIV about their rights and available mechanisms and support, such as available legal services for accessing redress, and addressing their needs.

2022 SUCCESS STORIES

The EEHR implementing partners worked consistently and achieved some key benchmarks.

REDRESS IN ACTION

- Redress in the workplace setting was achieved through the partnerships established within the Jamaica Anti-Discrimination System (JADS) for HIV. The Jamaican Network of Seropositive (JN+) and the Ministry of Labour and Social Security (MLSS) partnered to provide redress for a complainant in a case of HIV-related discrimination. After receiving and investigating the case, the team at the Ministry assisted the complainant in negotiating a satisfactory severance package, finding new employment, and receiving an entrepreneurship grant to set up a small business.
- In the second quarter of 2022, an HIV-positive gay man who did not conform to normative gender expression was bullied by his co-workers to the point of them falsely accusing and reporting him for sexual harassment. Consequently, he was suspended from his post and summoned to a disciplinary hearing to be dismissed. The client made an official complaint to JASL, who provided legal representation and attended the disciplinary hearing with the client. This allowed for the matter to be adequately ventilated, and the client was reinstated in his position. The client expressed his gratitude to JASL for helping him to obtain redress.
- To keep a PLHIV's status out of open court, a judge in a dispute resolution case referred the case to the Dispute Resolution Foundation (DRF) for mediation. As a result of JASL's mediation training session with the DRF staff, both organizations worked together successfully during the mediation. The PLHIV returned to the court and resolved the fear of being discriminated against. This is a clear example of how training can improve access to justice for people living with HIV.
- A member of the lesbian, gay, bisexual, and transgender (LGBT) community (MSM) was harassed and physically assaulted in his hometown. When he attempted to defend himself, he was reminded that owing to his sexual orientation, he was only "tolerated" in the community. The matter became litigious and was brought before the Criminal Court. The perpetrators and law enforcers accused the MSM of being the aggressor. The MSM sought the assistance of JASL. The JASL team ably defended him in court and successfully attained a not-guilty verdict, which resulted in the charges being dropped.
- On December 2, 2022, Mrs. Erica Wright-Silas expressed to The Gleaner her appreciation for the support and empowerment she received from JASL to overcome stigma and discrimination as a PLHIV. She was empowered enough to share her story with The Gleaner to amplify the call to end stigma and discrimination against PLHIV. See link: https://jamaica-gleaner.com/article/lead-stories/20221202/i-laid-there-waiting-die#slideshow-1

POLICY MAKER IN ACTION

- As the government continued on the path to an integrated approach to the provision of sexual and reproductive health services, the decision was taken to incorporate aspects of Jamaica's revised National HIV/AIDS Policy into a Sexual and Reproductive Health Policy. In July 2022, the Cabinet approved the development of Jamaica's first National Sexual and Reproductive Health Policy. This approval represents the government's commitment to addressing the most pressing SRH issues faced by the population and satisfying the country's international obligations. This Policy will provide guidelines on how all Jamaicans can access equitable, high-quality, high-impact, and sustainable integrated SRH services.
- The advocacy efforts of JASL, other CSOs, and international development partners to address stigma and discrimination were supported by a Senator in the Sectorial Debate. After closed-door efforts to lobby policymakers to address the issue of stigma and discrimination against PLHIV and other KPs, one Senator confronted the issue on the floor of the House of Parliament while addressing the Nation. The Senator specifically named PLHIV and LGBT people as persons who experience constant discrimination and appealed to her colleagues to take action to remedy the legal framework to protect all Jamaicans. See link: https://www.facebook.com/pbcjamaica/videos/the-honourable-senate-september-9-2022/1181243012825968/ (55:25 – 59:25 of the video).
  - JASL wrote a letter to The Gleaner's editor highlighting that All Jamaicans Matter and congratulated the Senator. The letter was selected for "Letter of the Day". It stated that listening to the Senator's contribution was like a breath of fresh air and highlighted key messages from her presentation. See link: https://jamaica-gleaner.com/article/letters/20220914/letter-day-all-jamaicans-matter

PUBLIC EDUCATION AND CAMPAIGNS

Several public education initiatives and campaigns were implemented during the year to raise awareness about human rights and engender more positive attitudes towards people living with and most affected by HIV.

Legal literacy Sessions

- Over three hundred (300) persons benefited from legal literacy sessions during the year. One hundred and sixty-nine (169) PLHIV and key populations were engaged in nine (9) know your rights legal literacy sessions hosted by JASL. Eighty-eight (88) PLHIV participated in five (5) legal literacy sessions that JN+ organised. Fifty (50) transgender people also engaged in legal literacy sessions that TransWave Jamaica organised. The sessions sought to inform PLHIV and KPs about their rights, empower them to report human rights violations, and seek redress and other critical areas of concern. Additionally, the issues raised by participants were used to inform each organisation's advocacy agenda.

Accessing Social Protection Sessions

- The MLSS sensitised one hundred and sixty (160) PLHIV around accessing the Ministry's social protection and labour-related redress services. The participants were mobilised by JN+ and Jamaica Community of Positive Women (JCW+).

Forums

- The Annual Larry Chang Symposium, convened by Equality for All Foundation (EFAF), was held on May 19, 2022, to raise awareness about the relationship between human rights and non-

communicable diseases (NCDs) among lesbian, gay, bisexual and transgender people. The guest speaker was the Hon. Juliet Cuthbert-Flynn, Minister of State in the Ministry of Health & Wellness. She used the forum to highlight the government's efforts to eliminate discrimination within the health sector and NCDs, which affect all Jamaicans. Four (4) medical practitioners took part in a panel discussion on how NCDs disproportionately affect the LGBT community and actions that can reduce the effects. The symposium had both in-person and virtual attendees, totalling 278 persons.

- A Human Rights Day forum was convened by the NFPB under the theme "Dignity, Freedom, and Justice for All" to raise awareness about human rights and the role played by various state actors in this regard. A panel consisting of the Human Rights Specialist in the Ministry of Legal & Constitutional Affairs (MLCA), the Vision 2030 Coordinator at the Planning Institute of Jamaica (PIOJ), and the Deputy Public Defender at the Office of the Public Defender (OPD) was incorporated to facilitate discussions in this regard. Forty (40) persons were in attendance. The event was livestreamed, and an outside radio broadcast was hosted on Radio Jamaica 94 FM to reach a wider audience. The video can be accessed on YouTube via https://youtube.com/watch?v=T6vhxc5-sSg&si=EnSIkaIECMiOmarE
- The NFPB collaborated with the Bureau of Gender Affairs (BGA) to host two (2) GBV online forums on victimless prosecution of gender-based violence. A total of one hundred (100) persons participated in the two forums. The participants included healthcare professionals, CSOs, and government representatives. Similarly, the Jamaica Council of Churches (JCC) and the BGA conducted eight (8) GBV interventions, reaching 195 participants. As a result of these sessions, one faith-based organisation, in partnership with a school's Guidance Counsellor, conducted three (3) parenting seminars with sixty-seven (67) persons from the communities of Denham Town and Whitfield Town. A pastor also hosted an online GBV session with fifty (50) men on International Men's Day.

Information, Education and Communication (IEC) Materials

- JASL developed nearly thirty (30) communication materials for its social media platforms. JASL After Dark, a talk show programme aired on traditional and social media, was used to broadcast messages and encourage discussions about human rights. Below are three (3) examples of the IEC materials that were designed and boosted.

- The NFPB and the MOHW Complaint Management System developed three (3) animation videos, which were posted on social media and in public health facilities. The videos addressed HIV-related stigma and discrimination, human rights principles of non-discrimination, respect, accessibility, and accountability among healthcare workers. Three (3) videos about human rights were also developed and placed on social media and digital billboards in high-traffic areas.

RESEARCH AND PUBLICATIONS

- **Healthcare Worker Training Facilitator's Guide:** The NFPB developed a six-module facilitator's guide that standardises human rights and HIV-related stigma and discrimination sensitisation and training sessions for healthcare workers. The guide focuses on HIV basics, stigma and discrimination, human rights, confidentiality, sexual orientation and gender identity, and medical ethics.
- **Knowledge, Attitudes, Practices and Behaviour (KAPB) Survey:** The JCC commissioned a national survey among faith-based leaders and members to assess their knowledge, attitudes, practices, and behaviours toward people living with and most affected by HIV and toward gender-based violence. The survey was implemented across all fourteen (14) parishes in Jamaica. Participants in the survey were pastors, priests, deacons, ministers, youth leaders, and administrators. A total of 244 respondents participated in the study, including 133 (54.5%) males and 111 (45.5%) females. While the faith-based leaders agreed that they are among those best placed to deal with child abuse by a parent and partner abuse, the findings raised concerns about stigma, discrimination, and human rights violations. The research findings were shared with members of the clergy and parliamentarians at a breakfast meeting. The findings have been used to guide the faith-based response to increase supportive public actions in the HIV response and against HIV-related stigma and discrimination. The charts below highlight the need for HIV-basics sessions with faith-based leaders and congregants to address the knowledge gap and attitudes.

Figure 27 National Survey - Knowledge Gaps and Attitudes (A)

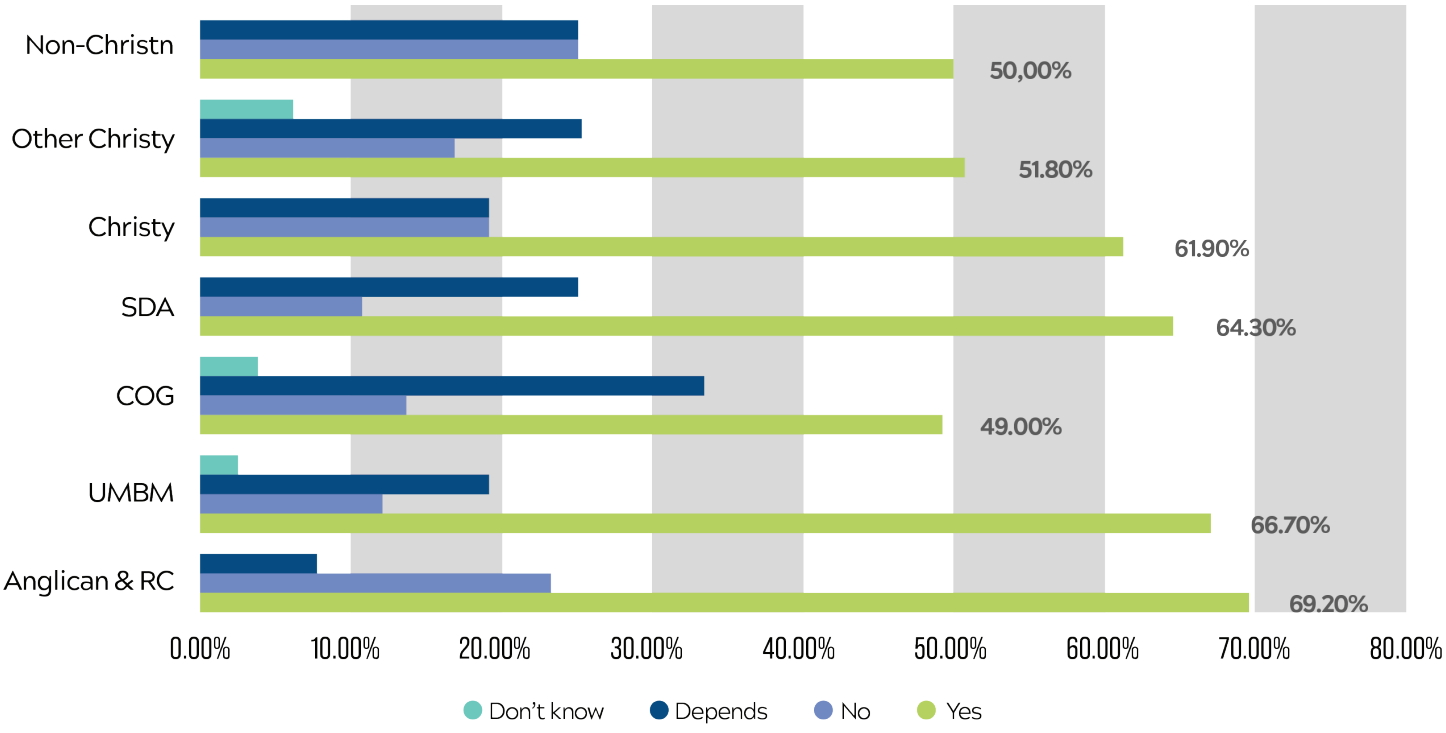
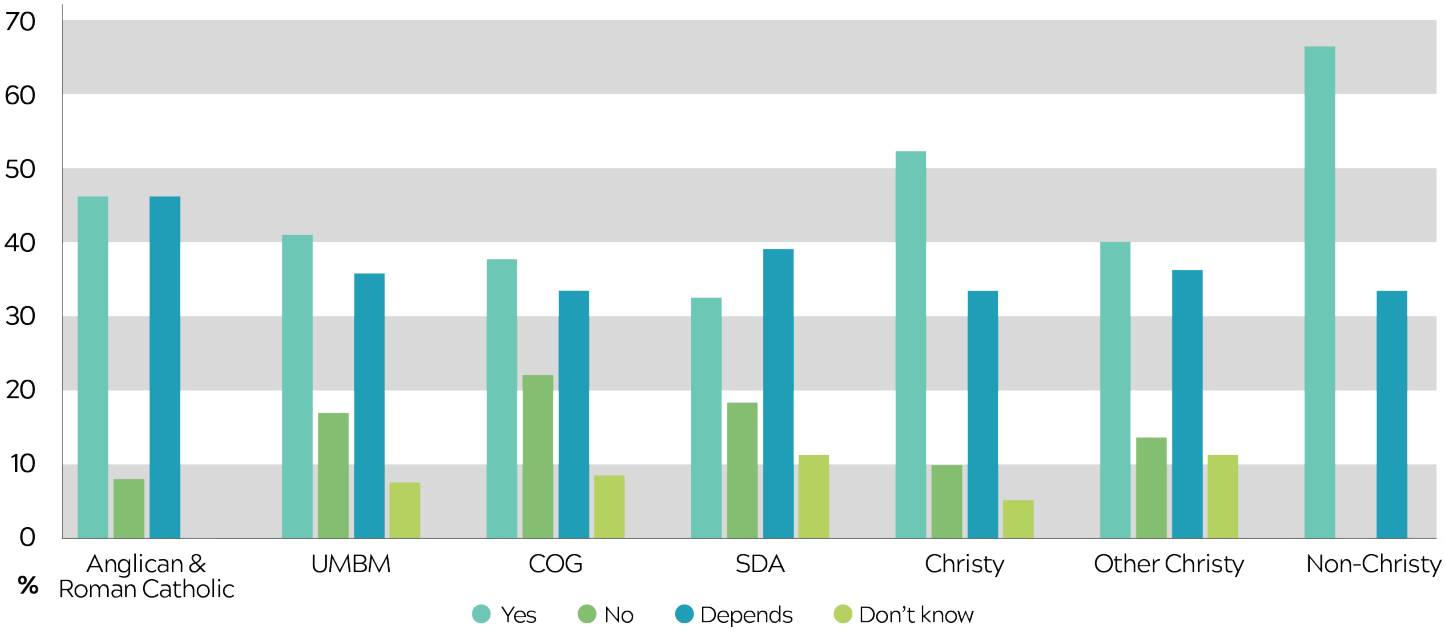
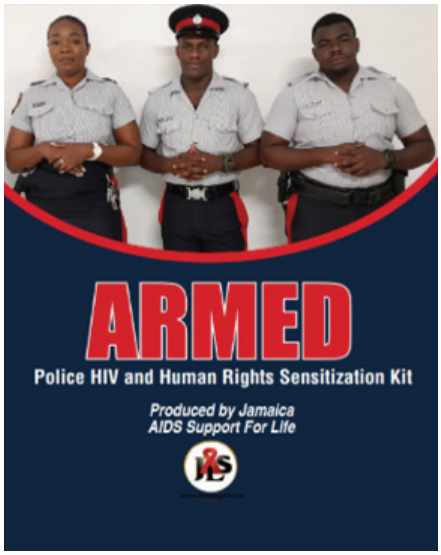


Figure 28 National Survey - Knowledge Gaps and Attitudes (B)



- **FBO HIV Policy Mapping:** The JCC conducted a mapping exercise to determine whether FBOs have HIV-specific policies. The findings revealed that 37.5% (13 of 33) of registered religious groups operating in Jamaica have HIV policies. Twelve (12) of these entities have begun policy implementation. However, 83% of the policies implemented were not monitored or evaluated.
- **National Stigma and Discrimination Survey:** A national survey was conducted on Jamaicans' experiences and views regarding discrimination. The findings provided an understanding of how Jamaicans viewed and experienced stigma and discrimination and provided data to strengthen the case for anti-discrimination legislation and to inform a mass media anti-discrimination campaign and other advocacy efforts.
- **GBV Factsheet:** JASL developed a fact sheet to observe the International Day for the Elimination of Violence against Women and Girls (IDEVAW). It was distributed to persons across the island on November 25 at a community intervention geared towards reducing human rights violations and violence against women. The factsheet shared some GBV facts, tips, and referrals on dealing with any form of GBV, identified legislative shortfalls around domestic, gender-based, and sexual violence, and supported JASL's call for the updating of various pieces of legislation. The fact sheet also highlighted the possibility of someone becoming HIV-positive through sexual violence.
- **HIV and Human Rights Sensitisation Kit for Police:** JASL developed and distributed the HIV and Human Rights Sensitisation Handbook as a keepsake for police officers sensitised to human rights approaches in service delivery to key populations. The handbook compiles training materials, key messages, and essential referrals for HIV-related services.

Technical Assistance and Capacity-Building



- One hundred and twenty-five (125) police officers from St. Mary, Manchester, Kingston & St. Andrew, St. Ann, and St. Catherine were trained by JASL as part of efforts to reduce human rights barriers for PLHIV and key populations accessing justice. The topics covered included Introduction to Key and Vulnerable Populations, HIV and AIDS 101, Introduction to Human Rights, Stigma and Discrimination, Gender, Violence and HIV and Law, Policies and Operational Procedures. One officer shared that he was never trained in this area and often discriminated against PLHIV and LGBT people. However, the session gave him a new outlook on engaging these communities. The session with the St. Catherine South Division included police officers from different ranks—from Divisional Head to Constable. At the end of the training, the commanding officer shared that he wanted more Officers under his command to be exposed to the training and requested a special session for his team leaders. This divisional head also assisted JASL in successfully forging connections with the heads of two other divisions, which, in the past, had proved challenging.

Police Officer participating in the Stigma and Discrimination training facilitated by JASL.

- Seventy-three (73) persons, 52 Justices of the Peace, and 21 mediators from St. Catherine, St. Mary, Kingston, and St. Andrew received training from JASL in human rights. At the end of the training, the Justices shared that the session gave them a better understanding of HIV-related issues and was instructive in their role as human rights protectors. The session with mediators from the Dispute Resolution Foundation was significant as it was JASL's first engagement with mediators in the system. There were robust discussions about their role as mediators and how they support PLHIV and other vulnerable groups. The engagement was very productive, and the mediators asked for more engagements of this nature.
- Fifty-seven (57) staff from the Child Protection and Family Services Agency (CPFSA) and the Registrar General's Department (RGD) took part in a training conducted by NFPB around the application of people-centred and rights-based approaches to service provision and delivery.

Participants shared that paying attention to their clients' diverse needs, circumstances, and preferences will help to respect and fulfil their rights and improve access to goods and services.

- The JCC and RHAs collaborated to sensitise seventy-one (71) clergy and congregants around basic facts on HIV transmission, family planning methods, power dynamics and gender-based violence, understanding of human rights, and stigma and discrimination.
- The MLSS provided technical assistance to the Caribbean Maritime University and Grand Palladium Hotel & Resorts in developing their workplace policies and programmes.

COMMUNITY-LED MONITORING

EFAF and JN+ completed community-led monitoring (CLM) assessments. PLHIV and key population groups received capacity-building training to assess health services across the island.

- EFAF re-engaged and trained four (4) members of the LGBT community to conduct 17 mystery shopper assessments at six (6) treatment sites between October 13 and 28, 2022. The mystery shopping assessments are aimed at evaluating the extent to which healthcare workers provide non-discriminatory and supportive services to key and vulnerable populations that are living with and most affected by HIV. The assessments were conducted at the May Pen Health Centre, Port Maria Health Centre, St. Ann's Bay Health Centre, St Ann's Bay Hospital, Cornwall Regional Hospital, and the Linstead Health Centre. The assessments revealed the following: :
    - Of the 17 mystery shopper assessments, 24% expressed that getting help was difficult.
    - LGBT shoppers were relatively comfortable sharing their information in 76% of the assessments, while in 24%, they were not comfortable.
    - In 59% of assessments, the shoppers were willing to recommend the facility to LGBT clientele.
    - While the integrity and professionalism level in these facilities had improved, there were issues of lack of privacy and professionalism and overt discrimination in St. Ann's Bay and Linstead Health Centres and Cornwall Regional Hospital, respectively.

Overall, the shoppers had a generally positive experience, and healthcare workers at the varying service points were fairly respectful and polite and offered professional and relatively courteous assistance. This may suggest an overall improvement in service delivery across the assessed facilities. To further improve the quality of service delivered, targeted interventions for front-line staff such as security guards and administrative clerks should continue as they are typically the first service point of contact and could be seen as a deterrent for LGBT people accessing healthcare services.

- JN+, in partnership with the Ministry of Health & Wellness and the Western Regional Health Authority, established and piloted the Community Treatment Observatory (CTO) in six (6) health facilities. Technical assistance was provided by the International Treatment Preparedness Coalition, which the Global Fund contracted to train and guide PLHIV community members to routinely collect and analyse qualitative and quantitative data on various aspects of HIV prevention, testing, care, and treatment services. The CTO was: :
    - Undertaken between September and November 2022 at the Savanna-la-Mar Health Centre, Lucea Health Centre, Montego Bay Type V Clinic, Cornwall Regional Hospital, JASL's Montego Bay Clinic and Duncan's Health Centre.

- Nine (9) Community Facilitators from the PLHIV community were trained to collect data at participating treatment sites.
- JN+ established a Community Consultative Group with partners in the national HIV response to review and direct the CTO.
- The CTO was operationalised using three (3) data collecting tools: a Healthcare Worker Questionnaire, Recipient of Care Questionnaire, and Focus Groups.
- The data analysis and report of the pilot phase will be disseminated in 2023.

- JN+ continued its Community Scorecard initiative, a site-level monitoring tool that allows PLHIV to identify and provide immediate feedback on issues and challenges that can potentially impact access to HIV treatment and care. Due to difficulties with mobilisation, only six (6) of the eight (8) targeted sites were scored in 2022. The scorecard was done at Savanna-la-Mar, St. Jago Health Centre, Cornwall Regional Hospital, Port Maria Health Centre, St. Ann's Bay Health Centre, and May Pen Health Centre. The data analysis and report of this initiative will be disseminated in 2023.

Main Events

- **JASL Silent Protest:** JASL hosted the eighth staging of its annual silent protest on Friday, November 25, 2022, under the theme 'Unite! Activism to End Violence against Women & Girls'. The event was in support of the IDEVAW, which is recognised globally. On the day of the event, over five hundred (500) community persons marched in high-traffic areas (vehicle and pedestrian) in branded purple shirts and displaying signs denouncing gender-based violence. There were engagements in Sam Sharp Square, St. James; Falmouth, Trelawny; St. Ann's Bay, St. Ann; Ocho Rios, St. Ann; and Halfway Tree, St. Andrew. The event was complimented by an outside broadcast on Radio Jamaica 94 FM with Christopher 'Johnny' Daley.

- **World AIDS Day Church Service:** The JN+ collaborated with the St. Andrew Parish Church to convene the annual World AIDS Day (WAD) Church Service on November 27, 2022, to kickstart the World AIDS Day week of activities. The main message of the service served to encourage faith-based organisations to be actively involved in fostering and promoting the acceptance of everyone, including those living with HIV. Over thirty (30) persons were in attendance. See link: https://jamaica-gleaner.com/article/lead-stories/20221128/church-urged-lead-crusade-against-aids-stigma
- **Annual World AIDS Day Breakfast Forum:** JN+ hosted its Annual Breakfast Forum with one hundred and twenty-four (124) attendees, including online participants. This event served to raise awareness of the in-roads made by PLHIV community-led interventions and the efforts of other local partners in the national HIV response. JN+ introduced and provided updates on the pilot phase of the Community Treatment Observatory and other CLM interventions. The keynote speaker was Sbongile Nkosi, Executive Director of the Global Network of People Living with HIV (GNP+). Her message centred on the global theme of 'Equalize' with a particular focus on ending HIV-related stigma and discrimination. See links: https://jamaica-gleaner.com/article/news/20221130/jamaica-still-far-way-ending-hivaids-discrimination https://jamaica-gleaner.com/article/lead-stories/20221201/we-have-lot-work-do
- **World AIDS Day Community Intervention and Annual Candlelight Vigil:** JASL's Annual Candlelight Vigil was held under the theme, "Equalize", with over one hundred (100) persons in attendance and fifty (50) on social media. Guest speaker Tulip Reid, one of JASL's founders, shared about the vital work done by the organisation over the years and celebrated the progress in reducing AIDS-related deaths. There was a powerful testimonial from a woman living with HIV who accesses services at JASL. She shared her journey to becoming undetectable and her efforts to achieve desirable health and economic empowerment. The vigil also featured a Quilt ceremony that included calling the names of those who have passed and displaying a Quilt exhibition as a symbol of honour and remembrance.

STRENGTHENING MONITORING & EVALUATION FOR EEHR

Training Boot Camp

The NFPB and UNAIDS convened a training boot camp from February 28 to March 4, 2022, at the Hilton Rose Hall Resort & Spa in Montego Bay with funding from the MOHW. The boot camp was held to deliver capacity-building training in using the EEHR Online Reporting Dashboard to stakeholders, ensuring its successful rollout and integration in the national HIV response. The EEHR

Online Reporting Dashboard is a web-based system that tracks, monitors, and generates reports on progress towards interventions to protect and promote human rights and create an enabling environment for people living with and most affected by HIV. Twenty-three (23) persons from government and civil society entities and UNAIDS completed the training boot camp. The objectives of the boot camp were to:

- Familiarise stakeholders in the response with the online reporting dashboard.
- Equip individuals to use and manage the online reporting dashboard.
- Generate and upload information about interventions and activities undertaken in 2021 to the dashboard.

Participants assessed the training boot camp favourably. A total of nineteen (19) evaluations were completed (83% response rate). Seventy-four percent (74%) of the participants reported that the training was good overall, while 21% said it was excellent. Ninety-five percent (95%) of the participants reported that the workshop met its objectives because they were able to populate the dashboard, covered relevant topics, felt comfortable using the dashboard, and better understood the indicators and how the work they do contributed to the goals of the response (per the operational plan). Fifty-eight percent (58%) of participants reported that the knowledge and information gained from the training met their expectations, while 26% said it did somewhat. Sixty-three percent (63%) of participants said the knowledge gained will be useful/applicable to their work, while 26% said it was mostly applicable.

The training sessions on monitoring, evaluation and learning (MEL) for advocacy (11), MEL for EEHR (10), Data Quality (8), and Reporting on Progress (7) were the modules that participants found most interesting and/or useful throughout the training boot camp. Fifty-three percent (53%) of the participants felt the organisation of the training was good, while 37% believed it was excellent. Participants indicated that the training boot camp could be improved and more effective if (i) troubleshooting issues on the dashboard was made possible onsite, (ii) everyone was allowed to use the dashboard, and (iii) more information was shared on the Jamaica Partnership for Action to Elimination all Forms of HIV-related Stigma and Discrimination.

Dashboard and Annual Report Launch

The EEHR Online Dashboard and EEHR Annual Report were launched in June 2022. Representatives from MDAs, CSOs, and international development partners attended the launch event, which highlighted the achievements, challenges, and lessons learned from the previous year's interventions.

Minister of State in the Ministry of Health and Wellness, Hon. Juliet Cuthbert Flynn, and Permanent Secretary in the Ministry of Legal and Constitutional Affairs, Wayne Robertson, attended and addressed the gathering. Mr. Robertson, the keynote speaker, shared that consultations were taking place between key players in the HIV response and his ministry to identify the most critical areas for legislative reform to strengthen the country's human rights framework.

Minister of State, Hon. Juliet Cuthbert Flynn, MP speaking at the launch.

Permanent Secretary, Ministry of Legal and Constitutional Affairs, Wayne Robertson speaking at the launch.

THE WAY FORWARD

The journey of the players in the Enabling Environment & Human Rights Component remains focused on reducing human rights-related barriers to HIV/TB services to achieve the strategic objective, "Strengthen the multi-sectoral framework to promote respect for the human rights of all persons in relation to HIV and AIDS issues in community, policy, legislation and programmes by 2030." For 2023, greater effort will be expended to reduce stigma & discrimination, monitor and address human rights violations, increase access to justice, reduce gender-based violence and inequalities, strengthen community systems, and address barriers to vulnerable and key populations access to social protection services. The EEHR Component will:

- Scale up Community-Led Monitoring Initiatives to increase the number of completed assessments and also increase advocacy efforts to encourage service providers to implement the recommendations made based on the findings.
- Increase stigma and discrimination reduction campaigns on traditional and social media.
- Strengthen the collaborative efforts and partnerships between government/government and government/CSOs to facilitate increased access to health, social protection, legal, and redress services.
- Increase advocacy efforts around addressing gender-based violence and its impact on children and young people.
- Continue capacity-building programmes targeting duty bearers to enable the creation of stigma-free spaces and non-discriminatory services.

5

Strategic Information

OVERVIEW

The Strategic Information (SI) Component of the HSTU provides the National HIV/STI/TB Programme with the data necessary to inform programmatic decisions. The collection, analysis, and use of data are critical tenets of the SI Component and allow for the investigation of the gaps in access, coverage, and quality of HIV/STI/TB services. Data analysis guides stakeholders' development of interventions and courses of action and directs the programme achievements and impact. The work of the SI Component is supported by data from Surveillance, Research, Monitoring & Evaluation, and Health Information Systems. During 2022, the SI Component achieved results in several areas, including monitoring and evaluation strengthening, research, data quality assessment and improvement, and health information systems and consultancies.

MONITORING & EVALUATION STRENGTHENING

Strengthening the M&E capabilities at all levels of service delivery is necessary to ensure both aggregate and patient-level monitoring of the programme. The SI Component conducted an M&E capacity-building workshop that introduced the use of the TSIS reports dashboard for M&E and the calculation of the treatment mortality/loss indicator (TXML) to monitor retention. Participants were taken through the steps in cohort analysis to calculate TXML and identify clients at-risk of being lost to follow up. Participants were also guided in using the TSIS reports dashboard and how it can be incorporated as a tool in M&E activities by providing snapshots of disaggregated data. The overall objective of these activities was to equip persons at the sub-national level to use the data and the tools developed to guide interventions and programmes to improve the continuum of care cascade.

To support the monitoring activities of the psychosocial component of treatment, care, and support, a total of eighty-seven (87) tablets were distributed to the Psychologists, Case Managers, Adherence Counsellors, and Social Workers at all treatment sites, including CHARES and JASL. The first application loaded on the tablets was the digitized treatment readiness assessment tool (TRAT), which allows for easy recording of client information and calculating a TRAT score.

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 conducts M&E activities to support critical national interventions. A key initiative in 2022 was the TLD transition, which aimed at switching all PLHIV to first-line therapy not containing DTG. The SI Component provided the reporting and monitoring support required to fully assess and provide data to forecast the number of PLHIV on TLD as first-line therapy and determine the suppression rates of PLHIV switched to TLD.

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 developed an HSTU Research Agenda. The priority research activities are highlighted in Table 23. The report **"An assessment of the treatment outcomes of TLD when used as a first-line ART regimen in PLHIV"** was presented at the 2022 MOHW National Health Research Conference.

Table 23 Priority Research Topics: HSTU Research Agenda, 2022

Barriers and Facilitators to Access to HIV Treatment					
Once a person is diagnosed with HIV, they should immediately be assessed for initiation of antiretroviral therapy. The immediate start of ARV has been shown to improve outcomes in PLHIV, hence the test and start initiative. We must fully address all factors related to entry and access to care, as any deficiency will severely affect outcomes in PLHIV. Research topics within this area surround the investigation of factors and reasons for PLHIV to enter care, delay entry to care, or refuse care.					
Research Topic/ Question	Main Objectives	Potential Methods	Expected Outcome/ Impact	Priority Level	Proposed Timeline
Barriers to entry to care	To evaluate the reasons for delayed linkage from the entry to care activities.	Cross-Sectional Mixed Methods Survey, Focused Group Discussion	Identification of potential hindrances that require intervention.	High	2022
Index Testing	To describe HIV status outcomes and adverse events associated with index testing (PNS).	Survey, Docket Reviews	Identification of potential hindrances that require intervention.	Medium	2023 - 2024
Barriers and Facilitators to Achieving Viral Suppression					
The main objective of treatment in PLHIV is to achieve viral suppression. This represents a situation in which PLHIV have undetectable viral loads and, thus, have better outcomes, increased life expectancy, and are untransmissible. Therefore, all measures must be in place to ensure that all PLHIV retained on ARV achieve viral suppression. Research topics within this area address the factors associated with adherence, psychosocial support, and ARV regimen related to achieving or not achieving viral suppression.					
Research Topic/ Question	Main Objectives	Potential Methods	Expected Outcome/ Impact	Priority Level	Proposed Timeline
Achieving sustained viral suppression after enhanced adherence measures.	To determine factors associated with virological failure and suppression after enhanced adherence measures in PLHIV retained on ART.	Prospective Cohort Study Design Enroll selected PLHIV in enhanced adherence measures. Follow the Standard Operating Protocol for Enhanced Adherence Measure, which includes regular viral load testing.	Improve virological treatment outcome among PLHIV retained on ART. Defined Enhanced Adherence Measure activities and protocol.	High	2022
Factors that foster viral suppression among PLHIV retained in care over a 5-year period.	To assess the clinical and demographic factors associated with viral suppression among PLHIV retained in care over a 5-year period. To assess the treatment services offered to PLHIV retained in care and virally suppressed over a 5-year period.	Retrospective Cohort Study Design. Docket Review and TSIS Reports of all PLHIV retained on ART and virally suppressed from 2017 – 2021.	An identification of the clinical and demographic characteristics associated with the maintenance of viral suppression and the service modalities that promote the maintenance of viral suppression.	High	2022

STI Incidence and Prevalence					
There is a high prevalence of sexually transmitted infections worldwide. Diagnostic guidelines for STIs in Jamaica refer to STI syndromic case reporting that identifies genital discharge syndromes and genital ulcerative syndromes. Furthermore, sexual reproductive health services are an integral part of the national response to HIV, as persons with STIs have an increased risk of acquiring HIV. Research topics covered in this area are wide-ranging and address STI prevention, STI treatment and diagnosis, prevalence of STI, and sexual behaviours.					
Research Topic/ Question	Main Objectives	Potential Methods	Expected Outcome/ Impact	Priority Level	Proposed Timeline
How effective is STI Syndromic case reporting matched with aetiologic assessments of STI syndromes, and what is the general STI prevalence among clinic attendees?	To audit STI Syndromic case reports and revision. To verify the aetiologic agents of STI syndromes. To measure the prevalence of STIs within clinic populations.	Audit of STI and non-STI clinics to assess STI syndromic case reporting. Laboratory testing of persons reported with STI syndromes. Sentinel survey of STI within clinic populations.	Identify gaps in the use of STI syndromic case reporting in non-STI clinics. Determine the most prevalent causes of STI syndromes within a sample of the Jamaican population. Findings can be used to revise STI Syndromic Case Reporting guidelines.	High	2022 - 2024
COVID in PLHIV					
The COVID-19 pandemic has severely impacted health and well-being globally, and this is no different for PLHIV and services for PLHIV. There is evidence that there was decreased capacity for service delivery from the start of the COVID-19 pandemic. The impact on the treatment, care, and support services must be investigated. Additionally, PLHIV have an increased risk for severe COVID-19, and this needs to be studied in PLHIV in Jamaica.					
Research Topic/ Question	Main Objectives	Potential Methods	Expected Outcome/ Impact	Priority Level	Proposed Timeline
The Impact of COVID-19 on HIV Treatment Outcomes in Jamaica.	To identify any service delivery disruptions resulting from the onset and duration of COVID-19. To assess the impact of COVID-19 on trends in HIV testing, HIV diagnosis, initiating art, HIV treatment outcomes, PLHIV LTFU, and PLHIV return to care. To evaluate the strategies explored by regional treatment teams to maintain their HIV treatment outcomes during COVID-19.	Mixed methods - qualitative and quantitative. Utilizing annual HIV Epidemiological Profile and TSIS 2.0 database.	Using any barriers to service delivery identified due to or as a result of COVID-19 to develop mitigating processes and procedures. Establish best practices around patient management during COVID-19. Establish annual incidence around COVID-19-related PLHIV deaths.	High	2022 - 2023

DATA QUALITY ASSESSMENT AND IMPROVEMENT

The SI Component continues to promote the importance of data quality at the national and sub-national levels. The 2022 data quality follow-up assessment was completed, reports were generated, and corrective actions were proposed. Quarterly supportive supervision activities were completed to guide and support the activities surrounding the implementation of the corrective action plan. These activities were developed by the sub-national staff in collaboration with the national M&E regional focal points.

The data cleaning and reconciliation process at the national level continued in 2022 with routine de-duplication and case closure activities related to TSIS data. These activities are necessary to ensure that the information system can provide an accurate picture of the treatment and care of PLHIV in Jamaica at any given time. The TSIS case archiving protocol and TSIS transfer/merger protocol were developed to assist treatment sites in data cleaning activities for TSIS.

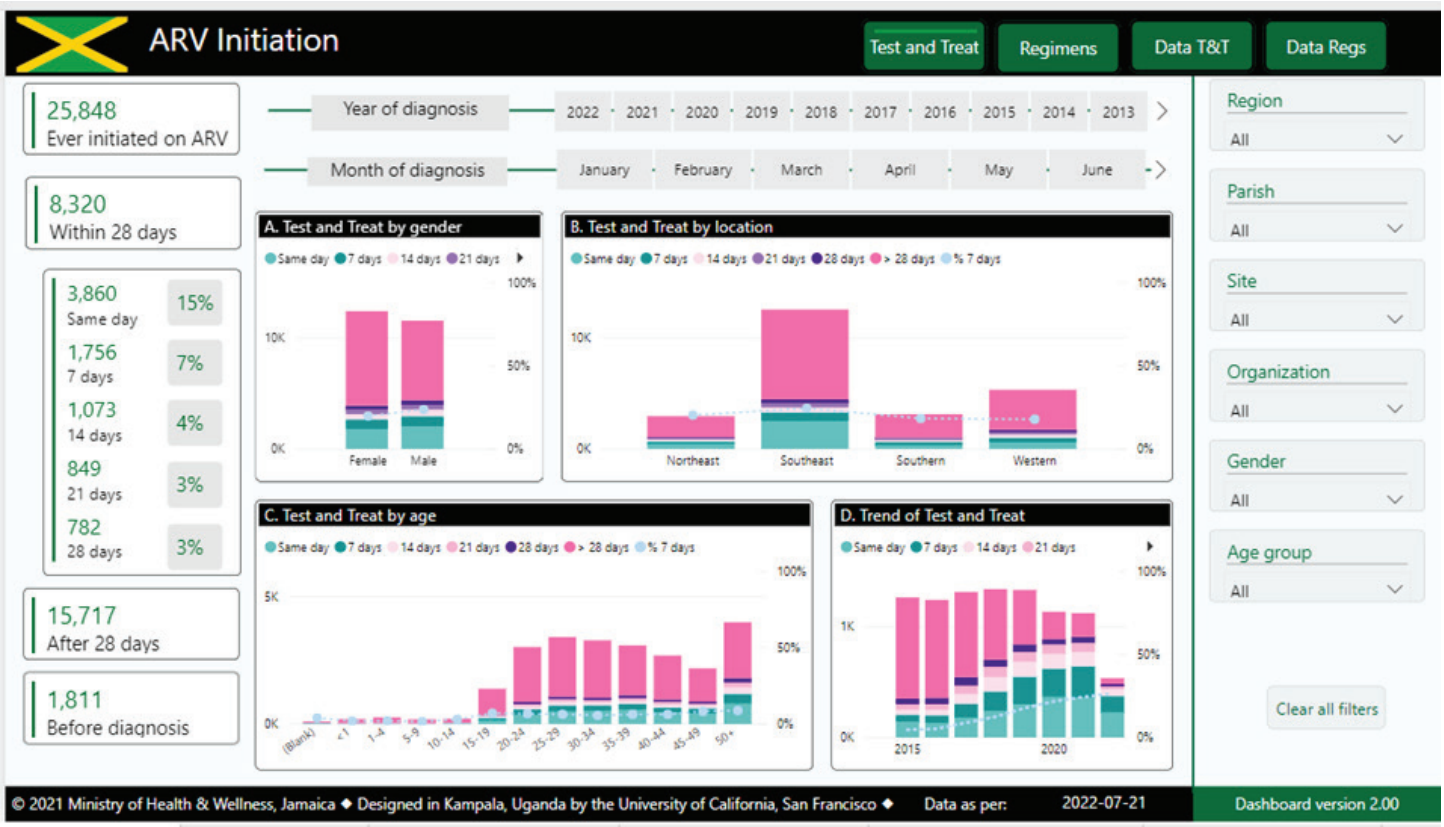
HEALTH INFORMATION SYSTEM

Treatment Site Information System (TSIS 2.0)

As part of continued efforts to improve data collection and reporting using TSIS, some changes and additions were made to TSIS in 2022 (TSIS 2.0). The prevention of mother-to-child transmission module was implemented in 2022 through collaboration with the PMTCT team. Additionally, work commenced to expand TSIS to collect information on comorbidities. The development of the comorbidities section is being utilized to train the SI technical team to take full responsibility for developing and managing TSIS. This activity aims to have the technical team move from evaluating the need for the module to creating the data fields to capture the information and testing it with the database users. Another intent is to add a report for comorbidities in TSIS 2.0 to allow the documentation of comorbidities for HIV patients. In 2022, the team completed the development of the comorbidities section and began the testing. The SMS capabilities to enable TSIS to send automatic appointment reminders were also developed and tested in 2022. Mobile phone network provider Digicel was engaged in 2022 to supply the technical needs to send text messages from TSIS. The TSIS Reports Dashboard was also rolled out to the treatment site staff as an additional tool for M&E activities. A snapshot of the dashboard is displayed below.

The SI Component continued to prioritize training TSIS 2.0 database users. Routine data entry training and training on using TSIS reports occurred at site and regional levels for all cadres of staff in the HIV treatment and care services.

A vital aspect of the patient-level monitoring afforded by TSIS 2.0 is securing patient information to maintain confidentiality and privacy. The SI Component continued to monitor this feature and make recommendations to the sites and users of TSIS to improve information security.



Display of TSIS Reports Dashboard showing the ARV initiation tab.

Central Data Processing Repository

The SI Component continued to monitor and offer technical support for the STI reports, Contact Investigator (CI) reports, PMTCT reports, and Psychosocial reports. In 2022, the STI/CI reporting database was used at the national level to collect aggregate data from the parish STI/CI reports. Four (4) additional databases were developed in 2022 to collect information from the PMTCT registers (Global AIDS Monitoring database/ PMTCT monthly report, Maternal Syphilis database, HIV Exposed Infant database, and PMTCT Antenatal database). The parish surveillance database was taken offline in May 2022, and the PrEP database went through the final stages of development in 2022.

CONSULTANCIES

RenCharles Associates was contracted to complete the National AIDS Spending Assessment. The consultancy commenced in August 2022, and the final report is expected to be submitted by April 2023.

The procurement process for the Integrated Bio-Behavioural Studies (IBBS) consultancies began in 2022 to facilitate the completion of the IBBS studies in 2023.

THE WAY FORWARD

The SI Component will continue to promote and build the M&E capacity of the HSTU and other stakeholders. Quarterly performance review (QPR) meetings and data management and analysis workshops will continue in 2023. QPR meetings will be conducted at the regional level to allow a comprehensive discussion of the national HIV programme and all its facets. Data management and analysis workshops will include the data entry clerks and Community Health Aides in 2023, as the DQA has identified data entry as the major gap in data quality. Additionally, the SI Component will continue to manage and support M&E activities associated with the treatment, care, and support of PLHIV, including the continued entry-to-care campaign for the 2010-2014 cohort, scale-up of LTFU activities, and TLD transition.

The SI Component plans to re-invigorate its research capacity and output by implementing the research agenda for the HSTU in collaboration with UCSF, C-TECH, and RHAs and re-establishing the monitoring and evaluation research group. Operational research activities will be prioritized to address data-driven decision-making within the HSTU.

Data quality remains a high priority for the SI Component in 2023, and a complete data quality assessment will be completed. TSIS 2.0 will undergo continued development to facilitate its expanded use in programme management. Additionally, working together with the users of TSIS, both TSIS and TSIS reports will undergo modifications to enhance usability and functionality. Furthermore, manuals, guides, and video SOPs on using TSIS will be developed. There are also plans to digitize these resources to facilitate ease of access.

In 2023, SI will collaborate with technical components within the HSTU to digitize other manuals that will be held in the repository of manuals. Also, the proof of concept for the HSTU app will be completed in 2023 to facilitate the development of the TOR. The App will be the repository for manuals, guides, SOPs, and job aides for the National HIV/STI/TB Programme.

As a means of facilitating direct data entry of aggregate data for the STI/CI programme, SI will introduce the STI/CI reporting database to the parish CIs, and the use of tablets will be supported by the SI Component in the documentation of index testing activities. Additionally, SI will continue to manage and support the database for Psychosocial reports, digitize PMTCT registers, and maintain and manage the PMTCT reporting databases and registers. Additionally, plans will be made to develop a central data repository for monitoring the National TB Programme.

6

Grants Management

OVERVIEW

During 2022, the national response to the fight against HIV, STIs, and TB was supported by five (5) funders. These funders include (i) the Government of Jamaica, (ii) the Global Fund (GF) Grant, under its initiative to Fight AIDS, Tuberculosis, and Malaria through the funding model titled "Support to the national HIV/AIDS response in Jamaica", (iii) the University of Washington, under its project titled "International AIDS Education and Training Center" (I-TECH), (iv) the Regents of the University of California San Francisco Campus (UCSF) under their project titled "Strategic Information Technical Assistance Consortium" and (v) UNICEF Jamaica, under their initiative for adolescent health and development. As the Principal Recipient of these grants, the MOHW oversees the implementation of the national HIV response. The national HIV response, with the support of these donors, served key populations during the year, including female sex workers, men who have sex with men and transgender persons, as well as people living with HIV. These populations were attended to with services from several components under the Project Coordinating Unit (PCU), including Treatment, Care and Support, Prevention, Enabling Environment and Human Rights, Strategic Information, and Governance and Programme Management.

GRANT STAKEHOLDERS

The Ministry of Finance and Public Service (MOFPS) and the Jamaica Country Coordinating Mechanism (JCCM) are signatories to the Global Fund Grant Agreement. The MOHW signs the UCSF and I-TECH agreements and administers all grants by contracting Implementing Partners. These IPs are monitored throughout the implementation period by the MOHW, which reports their performance to the donors. The funds from these grants are disbursed periodically based on the project's performance in meeting the specified targets and indicators. The functions of the stakeholders/structures in the response are described in Table 24.

Table 24 Grant Stakeholders

Stakeholder	Internal/ External	Description
Ministry of Finance and the Public Service	External	▪ Stands as the legal representative to sign and manage loans, credits, and grants on behalf of the GoJ and passes the responsibility of managing loans/grants to the MOHW. ▪ Facilitates duties and tax exemption waivers according to the 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 the transfer of funds from the Bank of Jamaica (BoJ) to the MOHW by processing Withdrawal Applications.

Stakeholder	Internal/ External	Description
Ministry of Health and Wellness	Internal	▪ The pre-eminent 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, including funds supporting the national HIV response. ▪ Referred to as the Principal Recipient (PR) under the HIV response. ▪ Contract Implementing Partners under the GF, I-TECH and UCSF grants (Implementation Agreement).
HIV/STI/TB Unit (PCU)	Internal	▪ Responsible for the national HIV response and is the MOHW arm entrusted with managing, coordinating, and monitoring HIV government and donor-funded programmes. ▪ Referred to as the Project Coordinating Unit (PCU) that supports MOHW in its capacity as the Principal Recipient (PR) of the Global Fund grant resources. ▪ Responsible for developing 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 and Administration. ▪ Procures and coordinates the supply and distribution of health and non-health products, including ART and test kits for the response. ▪ Submits reports/updates to the MOFPS, JCCM, I-TECH, UCSF, GF, and the PIOJ.
Jamaica Country Coordinating Mechanism	External	▪ Multi-sectoral body overseeing the GF grant since February 14, 2003. ▪ Comprises 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 their capacity to manage funds and implement interventions/activities directly. ▪ Classified as a Class A or Class C entity (defines whether the entity directly or indirectly manages funds). ▪ Contracted to implement designated programmatic interventions/ activities under GF, I-TECH, and UCSF grants. ▪ Plays a pivotal role in implementing and reporting on programme activities, managing 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

During 2022, the services financed by the GF under the national HIV response were administered by four (4) Implementing Partners through Implementation Agreements between the partners and the MOHW. The IPs managed their SSRs through the use of SLAs. During the period, I-TECH and UCSF had two (2) and three (3) sub-recipients, respectively. A detailed mapping of funders, Implementing Partners, and service areas is presented in Table 25.

Table 25 Implementing Partners under GF, I-TECH and UCSF

Implementing Partner	Service Area
Global Fund (Fight against HIV, TB and Malaria)	
JASL (SR)	Prevention, EEHR & TCS
SSRs under JASL: JN+, JCW+, EFL	EEHR & TCS
ASHE (SR)	Prevention
Children First (SR)	Prevention
SSR under CFA: Hope Worldwide Jamaica	Prevention
MOHW/NFPB (SR)	Prevention & EEHR
SSR under NFPB: MLSS	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
MOHW/Transwave	EEHR
MOHW/L-CHANG	TCS
MOHW/Equality for All	EEHR
MOHW/JCC	EEHR
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
MOHW/JFJ	EEHR
International Aids Recognition and Training Center (I-TECH)	
MOHW	TCS
MOHW/WRHA	TCS
MOHW/NERHA	TCS
University of California San Francisco (UCSF)	
MOHW	TCS
CHARES	TCS
MOHW/SRHA	TCS
MOHW/SERHA	TCS

2022 GRANT FUNDING AND PERFORMANCE

2022 began the new cycle for the Global Fund grant, which was provided to support the national HIV response from 2022 to 2024. 2022 represented year one for the implementation of activities under the grant. The GF grant facilitated the support of PLIHIVs, MSMs, FSWs and TGs, homeless women, and GBV victims across all fourteen (14) parishes of Jamaica. Additionally, the Global Fund provided the C-19RM Grant, which spans from October 2021 to December 2024, to support risk mitigation for disease programmes and COVID-19 control and containment. In addition, UCSF and I-TECH provided comparatively smaller funding that catered to specific parishes and treatment sites. The UCSF grant supported PLHIVs attending select SERHA, SRHA, and CHARES facilities and improving national-level strategic information through interventions. I-TECH's grant supported PLHIVs attending select NERHA and WRHA facilities and national-level treatment, care, and support improvement interventions. Table 26 provides details of grant funding provided for 2022.

Table 26 Grant Funding for Project Year 2022

Funder	Implementation period	Priority Area	Grant Amount	Comment
GF – JAM-H-MOHW-2753	January 2022 – December 2024	All 14 parishes, PLHIV, MSM, FSW, TGs	USD 4,402,909.00	The first year of the 3-year (2022-2024) funding agreement. The project's annual audit for the 2022 financial year will be completed from April 2023 to June 2023.
GF C-19	October 2021 – December 2022	Selected Parishes and treatment sites PLHIV	USD 2,616,601.00	Due to the emergence of the COVID-19 pandemic, the GF granted funds for risk mitigation for disease programmes & COVID-19 control and containment to support the national HIV response.
I-TECH	October 2021 – September 2022	Selected Parishes and treatment sites PLHIV	USD 217,330.10	The annual sub-award agreement was signed for October 2021 to September 2022.
UCSF	UCSF October 2021 -September 2022	Select Parishes and treatment sites PLHIV	USD 658,406	The annual sub-award agreement was signed for October 2021 to September 2022.
UNICEF	May 2021 – March 2023	All 14 parishes Supporting Adolescent development and health	JMD 25,074,937.00	Grant ongoing though to 2024.

Overall, the project's performance under all grants was satisfactory. The project achieved a performance rate of 72% for the Global Fund, 31% for GF C-19, 97% for USCF, and 100% for both I-TECH and UNICEF (Table 27).

Compared to the previous implementation year (2021), performance under the I-TECH grant increased by 31%, USCF by 17%, and UNICEF by 76%, while performance under the Global Fund remained constant. Conversely, the performance of activities under the GF C-19 grant decreased by 4%.

Table 27 Grant Performance for Project Year 2022

Funding Source	Budget	Target	Expenditure	Usage
GFATM	USD 4,402,909.00	100%	USD 3,187,448.00	72%
GF C-19	USD 2,616,601.00	100%	USD 804,082.00	31%
UCSF	USD 658,406	100%	USD 618,200.04	97%
I-TECH	USD 217,330.10	100%	USD 217,330.10	100%
UNICEF	JMD 15,765,045.81	100%	JMD 15,765,045.81	100%

The disparity between planned and actual performance was due to several factors, including the late start of the GF grant. Most activities commenced in quarter two due to the final processing of the grant-making process. The low performance of the GF C-19RM was due to the inadequate budget resources on most of the budget lines. The grants shared common challenges to activity implementation, including:

- **COVID-19 mitigation strategies.** The Government of Jamaica employed several strategies to reduce and control the spread of COVID-19, lifted in February 2022. These strategies included work-from-home mandates, nightly curfews, complete lockdowns, 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, etc. The impact of these restrictions was minimal on project performance for the reporting period.
- **Slow start-up of grant activities.** The finalization of the grant-making process negatively impacted the planning and implementation of project activities in the early stages of the Global Fund grants. As a result, most of the activities were conducted in the last two-quarters of year 1. Some activities were reprogrammed for implementation in year 2, and a few were cancelled.
- **Staff turnover rate.** There was a slight increase in the turnover rate for staff who contributed to project implementation. As a result, the increased recruitment and training of new staff retarded the implementation process. Also, some entities had challenges recruiting suitable candidates for the approved positions because salary expectations did not match the available resources. Additionally, delays in the recruitment process to fill vacant positions impacted the timely implementation of the GF grants by civil society partners.

  Lengthy grant making process. The grant-making process for UCSF and I-TECH surpassed the specified grant award dates and went into the first quarter of both grants. This caused many activities to commence within the second quarter of both grants. However, the PR's management of the grants was effective, which resulted in outstanding performance for the project year.

- **Procurement challenges.** Generally, the procurement process observed by the project is quite intricate, and GOJ procurement guidelines and donor requirements must be followed to facilitate a fair and transparent process. This process was further complicated by the challenges posed by the rising inflation rate and fluctuations in the exchange rate, which impacted the procurement of goods and services based on budgeted resources. Overall, there were significant challenges in procuring goods and services for the project year 2022.
- **Reprogramming.** Owing to the after-effects of the dynamic issues posed by the COVID-19 pandemic, several activities were adjusted, requiring the reprogramming of funds. During 2022, a major reprogramming exercise was carried out to move funds to under-resourced areas due to rising inflation and exchange rates. During the year, the approval process for the reallocations under the reprogramming activities often lasted for months, which postponed and prevented the implementation of many activities.

GRANT MANAGEMENT ACTIVITIES

- **Grant-making and Reporting.** The Grants Component continued to engage donors on behalf of Implementing Partners and programme beneficiaries in a manner that provided the best result for all parties. The donors were kept up to date with the periodic status updates of occurrences under the project, including progress and implementation challenges; support was requested where needed. The Global Fund was updated monthly and quarterly via meetings, while I-TECH and UCSF were given quarterly updates through reports. UNICEF reports were completed and submitted as requested by the funder.
- **Financial, Procurement, and Risk Management.** The PR team conducted periodic site visits to review the procurement and financial management systems of SRs and RHAs. The PR team provided effective and appropriate feedback for the remediation of issues identified and technical assistance, where needed, to support the implementation of corrective measures. A general improvement was observed across the board. The SRs have shown their flexibility and risk management skills in adjusting to the challenges encountered during the project year. The PR continued to provide finance, procurement, and report writing training on a needs basis to the staff members of SRs to improve implementation. Additionally, a risk register was completed and updated by the SRs and reviewed by the PR quarterly to arm the SRs with the requisite skills to better manoeuvre risks that challenge implementation.
- **Monitoring**
  - *Technical Reports.* The Implementing Partners have improved in correctly completing 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 on time. These reports were reviewed before and during site visits, and technical support was provided to address any deficiencies found.
  - *Post-Review Support*. The Grants Management Component provided post-review support to entities that had challenges understanding and implementing the recommendations provided by the Finance team during their quarterly reviews. Significant improvements were observed in how most entities responded to the issues highlighted in the Finance review.

- *Quarterly Review for Implementing Entities*. Quarterly IP reviews were conducted in collaboration with all the components of the HSTU to monitor and support activity implementation.
- *Monthly Review Meetings for High-Risk Entities.* After a thorough analysis of the project's implementation quality and speed, the Grants Management Component identified some IPs as high-risk, requiring additional support to achieve success. Subsequently, the team conducted monthly reviews to monitor these IPs and offered relevant guidance and support throughout the project year.

GRANT MANAGEMENT STRATEGIES

During the year, the Grants Component undertook several strategies to ensure effective and efficient project activity implementation and improve grant performance rates, including:

- Monitoring Implementers' grant management reports, implementation plans, and risk management registers.
- Performing on-demand grant management and comprehensive training in internal controls.
- Conducting monitoring visits and reviewing technical reports.
- Ensuring timely budget preparation and reprogramming.
- Facilitating timely preparation of Implementation Agreements.
- Conducting quarterly review meetings with sub-recipients, achieving fair to high performance.
- Conducting monthly review meetings with sub-recipients demonstrating below-average performance.
- Preparing and disseminating project status letters to sub-recipients on time.

THE WAY FORWARD

The grant management team continues to identify ways to support smooth project implementation. At the SR level, quarterly and monthly review meetings will remain the primary strategy for improving grant management and timely resource reallocation to foster service delivery innovations. At the PR level, close monitoring of Implementers' grant management reports, implementation plans, and risk management registers will improve the management of the Programme.

7

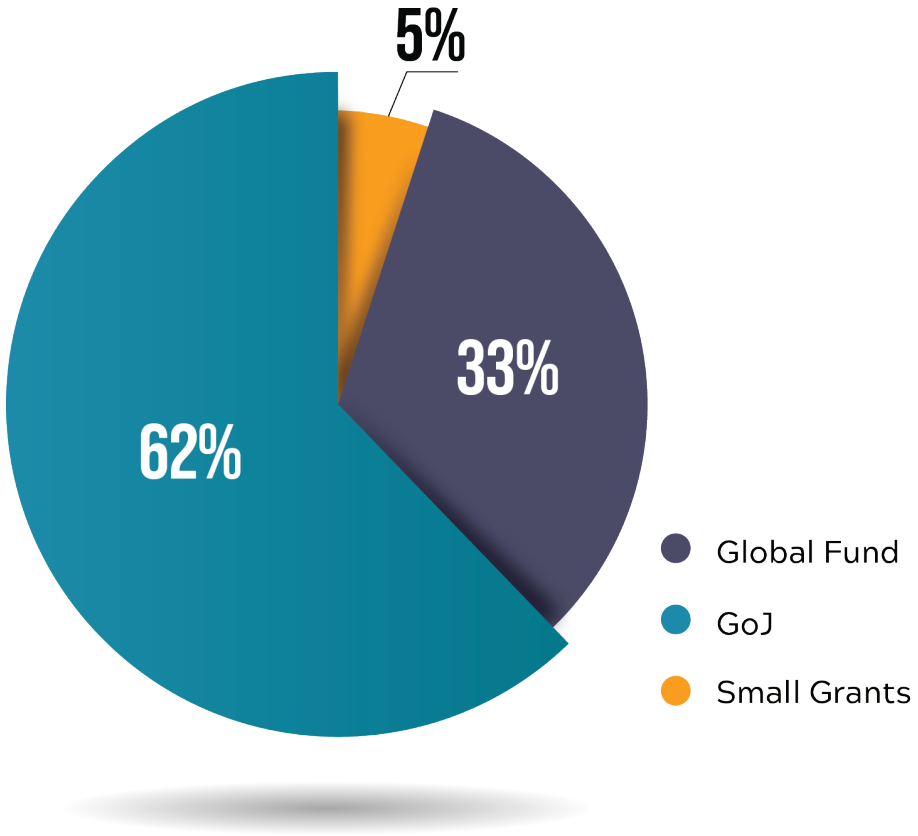
Finance & Administration

FINANCE

OVERVIEW

In 2022, J$2.96B was contributed to the HIV/AIDS response, an increase of J$0.53B compared to 2021. The total number of contributors remained at five (5). The Government of Jamaica remained the largest contributor, contributing 62% of the budget (Figure 29). The other contributors were the Global Fund, which contributed 33%, and other small grants from UNICEF, I-TECH, and USCF, which contributed approximately 5%.

Figure 29 Budgetary Contribution, Calendar Year 2022

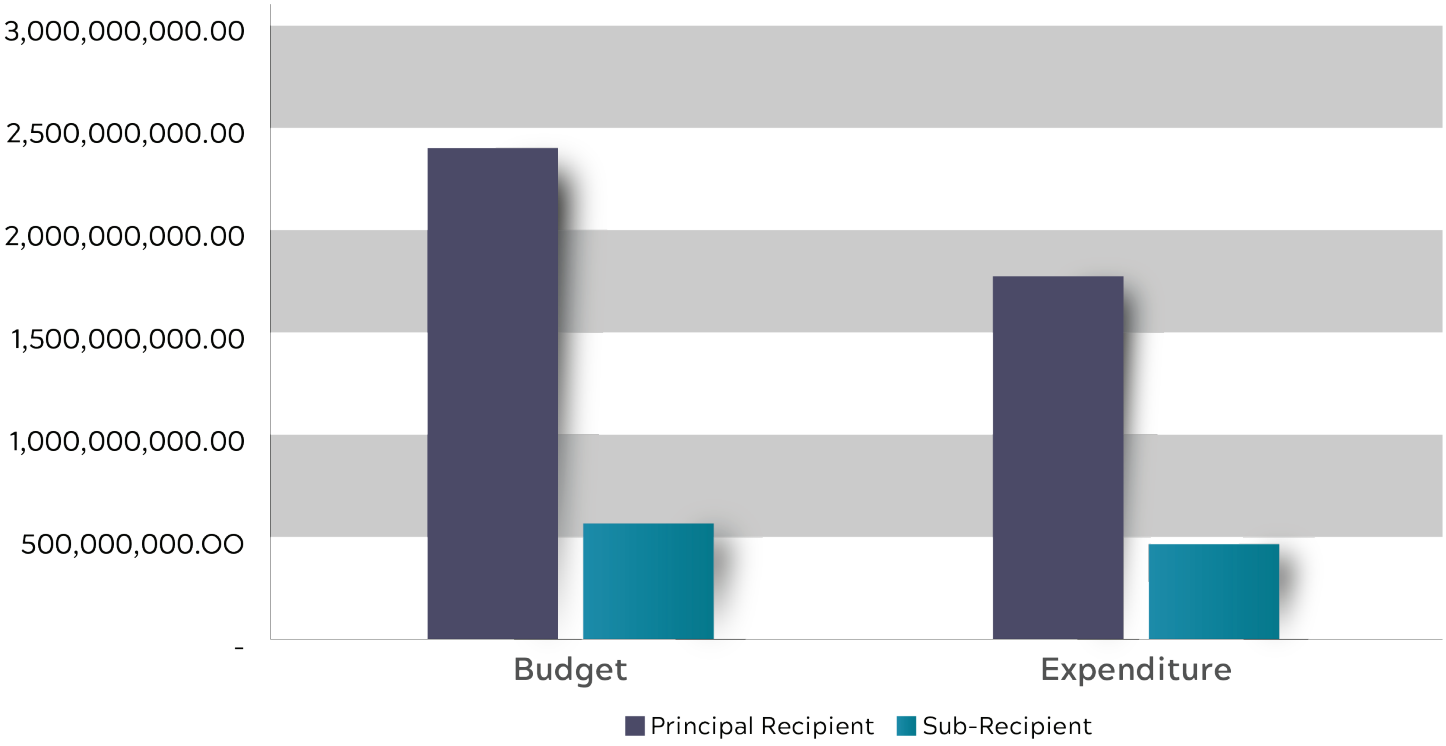


Source: National HIV/STI Programme Unaudited Financial Statements

EXPENDITURE

The Ministry of Health and Wellness, which is the Principal Recipient, along with four (4) Regional Health Authorities, three (3) other government agencies, as well as eleven (11) non-governmental organizations, coordinated to implement the activities of the National HIV/STI/TB Programme. The Implementers expended 76% (or J$2.23B) of the J$2.96B allocated for the reporting period (Figure 30). The sub-recipients spent 85% ($0.47B) of their allocation, while MOHW (PR) spent J$1.76B (73%).

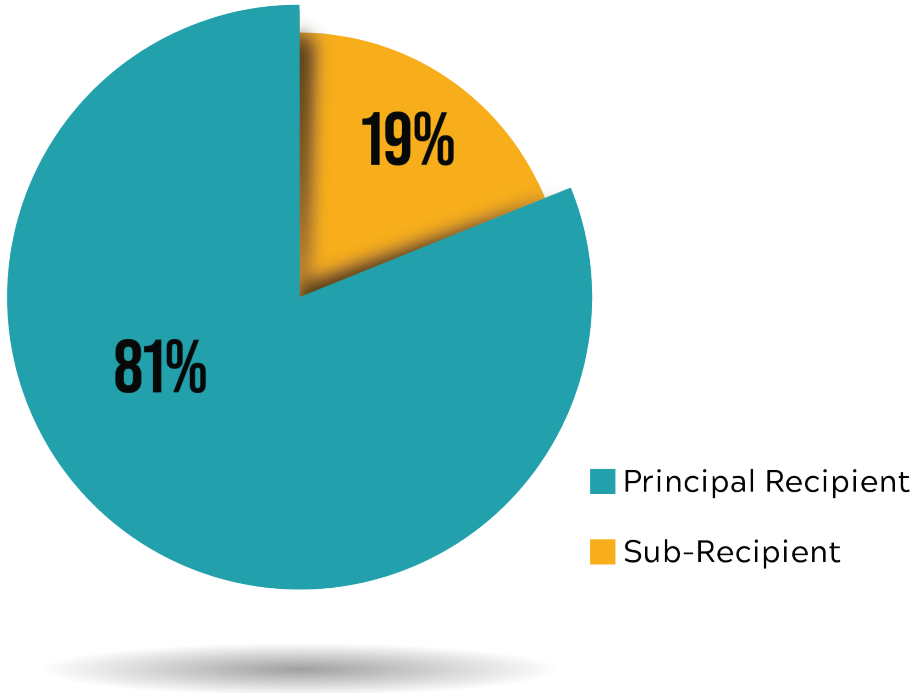
Figure 30 Budget and Expenditure Comparison, 2022



Source: National HIV/STI Programme Unaudited Financial Statements

The MOHW and the SRs were allocated 81% and 19% of the budget, respectively (Figure 31).

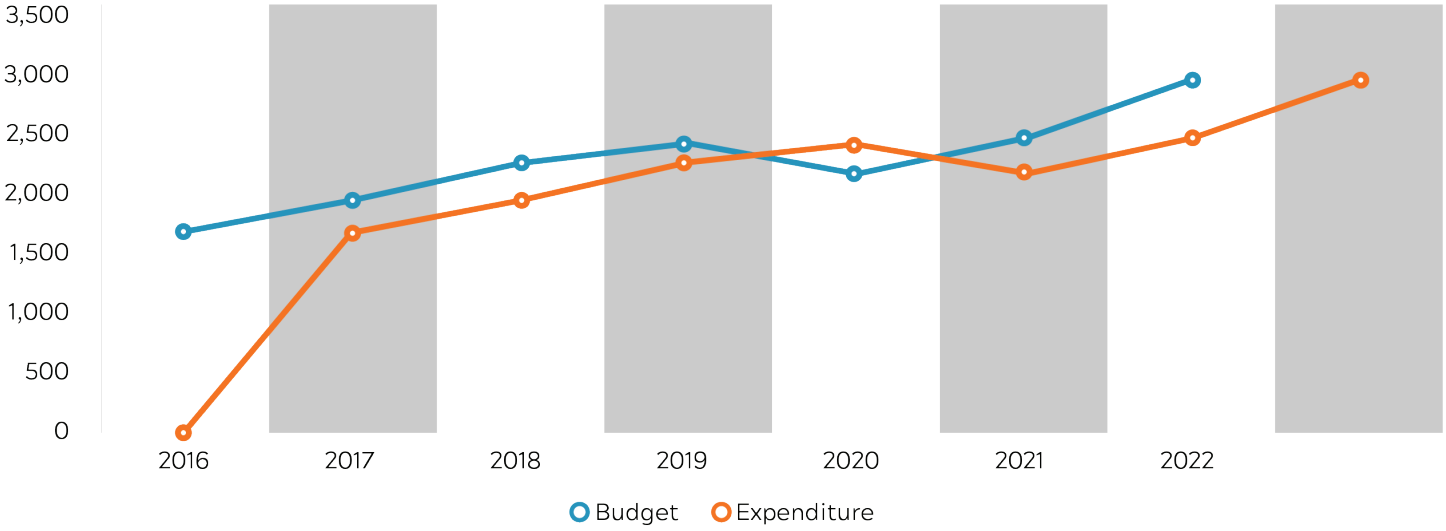
Figure 31 Implementers Budget Allocation, Calendar Year 2022



Source: National HIV/STI Programme Unaudited Financial Statements

There has been a general upward trend in budget and expenditure over the past seven years, except for 2020, when there was a sharp decrease in the budgeted allocation (Figure 32). The percentage usage for 2022 increased to 75%, 2% more than 2021.

Figure 32 National HIV/STI Expenditure (J$M) by Calendar Years, 2016 - 2022



Source: National HIV/STI Programme Unaudited Financial Statements

PROGRAMME BY FUNDING SOURCE

Government of Jamaica

During the year, GOJ resources were obtained through the HIV recurrent budget and contributions to the Global Fund grant. While the government, through its broader health care budget, provided indirect resources to the programme, the direct cash allocation was $1.83B, making the GOJ the largest contributor to the National HIV/STI/TB Programme in 2022, with a total contribution of 62%. The government's resources were expended on health products and staff costs, which were not financed by donors. GOJ support was primarily geared to supporting activities for the general population, while the grants were key population-specific.

The recurrent budget contributed 53% of the combined GOJ resources for 2022. The budgeted allocation for the year was J$1.55B, a 17% increase compared to the J$1.32B approved for 2021. J$1.19B was spent during the period; 64% (J$0.99B) was spent on health products (ARVs, infant formulas, test kits) and 36% on staff costs.

GOJ Contribution to the Global Fund Grant

The Government of Jamaica contributed J$0.27B to the GF Grant, a decrease of 7% (J$0.02B) compared to the previous year. The total expended for the period was J$0.24B, or 89% of the budget. The main activities funded by the contribution to the grant were staff costs, capacity-building, health products, and fixed asset purchases.

Global Fund Grant

January 2022 marked the beginning of the new agreement with the Global Fund "Support to the national HIV/AIDS response in Jamaica", valuing US$16.74M. The implementation period for this grant spans three (3) calendar years, beginning January 2022. Included in this budget was a US$3.58M contribution to the national COVID-19 response, with an implementation period spanning two (2) years beginning January 2022. The total disbursement from the Global Fund during 2022 was US$7.69M; of this amount, US$2.22M was allocated to COVID-19-related activities.

The MOHW and eighteen (18) stakeholders, including the RHAs, implemented the approved activities under the grant. The target beneficiaries were sex workers and their clients, men who have sex with men, Transgender people, people living with HIV, and adolescents and youths.

Goal and Strategies

The GF aims to contribute to the control of the HIV epidemic, aligning with the goal of the 2020-2025 National Strategic Plan, by implementing the following strategies:

- Increase access to comprehensive prevention services to reduce new HIV/STI infections among key populations.
- Scale up HIV testing, targeting key populations to identify new cases and providing 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 a comprehensive package of care to improve linkage, retention, and adherence.
- Increase the capacity of PLHIV, CSOs, and key populations to engage in partnerships, advocacy, and service provision and delivery monitoring.
- Improve strategic information to guide programme development, implementation, and evaluation.

The funding allocation for 2022 was J$986.61M (US$6.69M); J$553.45M (US$3.75M) was to be spent by the PR, and the remainder J$433.16M (US$2.93M) to be spent by the SRs.

The total expenditure, including financial commitments, for the year was J$655.82M (US$4.26M), including J$1.11M for COVID-19-related activities. This is approximately 66% of the allocated budget. The grant resources were used primarily to cover key population costs at both the PR & SR levels, including treatment, care and support, health management information systems, and M&E, prevention, and advocacy activities.

Waste Management activities, which had a budget of US$0.47M (J$69.45M), were not implemented during the period. These activities will be implemented in 2023.

Small Grants

In 2022, the budgeted allocation from smaller grants totaled J$146.34M (US$0.95M); 99.5% (J$145.72M) was expended.

During the year, the International Training & Education Center for Health continued its support to enable the scale-up of HIV treatment and retention at selected health facilities in Jamaica through a reimbursable grant. NERHA and WRHA implemented this grant. The grant was valued at J$32.63, a reduction of J$11.48M compared to 2021. Expenditure for the period totaled J$32.63M and was mainly related to staff costs and stipends.

The University of California, San Francisco Agreement

The reimbursable grant from UCSF contributed J$97.94M to the programme budget, an increase of J$49.23M compared to 2021; J$97.33M was expended during the period. The grant resources were directed primarily to strategic information activities and treatment, care, and prevention services. The Implementing entities were CHARES and the Southern and South East Regional Health Authorities.

United Nations Children's Fund

The expenditure made under the UNICEF grant was J$15.77M, the total budget for the period.

APPRAISALS

The appraisals identified the following achievements and challenges.

Achievements

- Timely submission of reports, including the Financial Audit for the year 2021, despite the challenges faced due to the impact of the COVID-19 pandemic.
- Timely completion of the procurement process for the audit consultancy for 2022 to 2024.
- Increased percentage utilization of the small grants.

Challenges

- Slow implementation of activities due to the following delays:
  - Finalization of grant agreement/sub-awards.
  - Lengthy procurement process for consultancies, causing the work to be delayed to year 2 of the Global Fund grant.
- Lengthy recruitment process for finance staff causing significant delays in the expected output from the unit.
- Delays in the supply of health products and increased costs caused by the impact of the COVID-19 pandemic.
- Delays in the supply of health products resulted in the Unit not meeting its expenditure targets.

The analysis for the year 2022 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.

ADMINISTRATION

OVERVIEW

The Administrative Component is responsible for strategically coordinating the administrative and human resource management functions of the National HIV/STI/TB Programme. The Component ensures that adequately skilled personnel and functioning resources are on hand to carry out the activities of the Programme. The Component also plays a vital role in supporting the activities of stakeholders both at the HSTU and field levels, as well as leading and coordinating the planning of significant activities.

STAFFING

In 2022, grant funding and GOJ contribution, approved and included in the Government of Jamaica 'Estimates of Expenditures', supported approximately 209 public sector officers working in technical and administrative areas. The Administration Component continued to play a critical supportive role for both GOJ established officers and contract officers and sub-recipients. Active follow-up continued with the various internal departments of the Ministry and individual entities to ensure the efficient execution of activities.

One of the missions of the HSTU is to ensure the full integration and absorption of staff within and by their respective home entities. This is critical given the push to transition from donor funding to domestic reliance. In 2023, the Component will continue collaborating with government-affiliated partners to map out their sustainability cost, encourage gradual absorption by their home entity, and support efforts to incorporate programme costs, including HR costs, in their budgetary submissions to the Ministry of Finance and the Public Service.

EMPLOYEE TRAINING AND DEVELOPMENT

The NHP continued to invest in training and capacity development to ensure optimal execution of the duties associated with the national response. During the year, budgetary support facilitated staff training at the RHA, NGO, and HSTU levels. The training was delivered both in group sessions and individually, as required. Training is ongoing for HSTU officers and field officers within the various components of the response.

During the year, the Administration Component supported the relevant teams in effecting the changes required to sustain the programme's operations. The Component adapted its approach to engaging the relevant teams, favoring hybrid events that incorporated both online and in-person interactions, depending on the nature of the training.

MONITORING AND OVERSIGHT

Monitoring and oversight visits to field stakeholders to review human resource records and practices and support related functions continued in 2022. This involved mandated site visits to mitigate adverse audit findings in HR Management and other areas and provide support through written feedback and meetings. Improvements were observed in the quality of filed documentation. The site reviews also revealed a protracted delay in implementing recommended corrective actions in other areas. The team is motivated to continue using the identified strategies as the HSTU endeavors to uphold a standard of excellence.

HIV ANNUAL REVIEW

The 31st HIV/STI/TB Annual Review & Planning Meeting was held from November 9 - 11, 2022, at the Jewel Grande, Montego Bay, St. James, under the theme: "(Re) Imagine the End of AIDS: Reinforcing Partnerships and Repositioning the HIV Response". The main objectives of the meeting were as follows:

- Provide an update on the programme and gaps, and charge the way forward.
- Explore opportunities and threats to the policy and legislative environment to improve the response.
- Provide feedback on the development of the National Strategic Plan and discuss the key issues going forward.
- Identify and propose innovative solutions to challenges and gaps in the national response.

The deliberations that emerged from the various presentations and panel discussions centred on re-imagining how stakeholders in the response can work together to end AIDS in Jamaica. The following are some of the critical areas that were identified for further consideration and action:

- Addressing HIV prevalence in the youth population by trusting that the young people are willing to lead, providing them with the support to do so, investing more money in youth-focused programmes, effective delivery of health and family life education, and tackling parenting as a preventative factor.
- "I am not my disease". Reorienting the approach to service delivery to focus on treating the person and not the disease.
- HIV is an injustice. Reframing the HIV response as not just a health issue but as a justice and human rights issue, based on a charge from Ms. Winnie Byanyima, UNAIDS Executive Director and Under-General Secretary to Jamaica.
- Reimagining the implementation modality (vertical vs. integrated programme) while considering implementation issues such as the need for cost-effectiveness, low staffing levels in the health sectors, and limited fiscal space.
- The role of CSOs—ensuring that they remain central actors in the response, leveraging their advantage of being closest to the ground (and therefore uniquely placed to deliver services), and recognizing that they play a critical role in the sustainability of the national response.
- Maximizing the available data (and technology such as GIS)—interrogating the data more to bring the issues into sharper focus (e.g., the proportion of new diagnoses that are advanced cases of HIV, mortality rates) so that the appropriate interventions can be designed.