

NATIONAL HIV/STI/TB PROGRAMME

Annual Report 2023



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HIV/STI/TB
PROGRAMME
Annual Report 2023

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This publication presents the National HIV/STI/TB Programme (NHP) report covering the period January to December 2023. 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.



CONTENTS

| | |
|--|----|
| LIST OF FIGURES..... | 10 |
| LIST OF TABLES..... | 12 |
| ACKNOWLEDGEMENTS..... | 14 |
| LIST OF ACRONYMS..... | 15 |
| EXECUTIVE SUMMARY..... | 21 |
| MESSAGES | 25 |
| Minister of Health and Wellness..... | 26 |
| Permanent Secretary | 27 |
| Executive Director - National Family Planning Board..... | 28 |
| FOREWORD | 31 |
| 1: HEALTH PROMOTION AND PREVENTION | 33 |
| OVERVIEW | 34 |
| NATIONAL PREVENTION STRATEGY REVIEW 2023 | 35 |
| OUTREACH TESTING..... | 37 |
| HIV Testing..... | 37 |
| Syphilis Testing..... | 39 |
| District Health Information System 2..... | 40 |
| HIV Self-Test..... | 40 |
| Pre-Exposure Prophylaxis Implementation..... | 44 |
| Key Population Interventions..... | 47 |
| ADOLESCENTS AND YOUTH..... | 55 |
| Rapid Assessment Survey..... | 56 |
| UNICEF-Ask Kimmie Chatbot..... | 57 |
| INMATES | 58 |
| CONDOM DISTRIBUTION..... | 60 |
| THEMED EVENTS | 61 |
| Safer Sex Week 2023 | 61 |
| World AIDS Day 2023 | 62 |
| 2: TREATMENT, CARE AND SUPPORT..... | 63 |
| OVERVIEW | 64 |

| | |
|---|-----|
| OPERATIONAL PLAN IMPLEMENTATION | 65 |
| ANNUAL REVIEWS/MEETINGS | 70 |
| PROGRAMME AREA ACHIEVEMENTS..... | 71 |
| SERVICE DELIVERY UPDATES..... | 72 |
| HIV TESTING | 72 |
| Provider Initiated Testing and Counselling | 72 |
| Contact Tracing and Testing..... | 73 |
| Linkage to Care..... | 74 |
| Laboratory Monitoring Tests | 75 |
| HIV PREVENTION | 76 |
| Pre-Exposure Prophylaxis | 76 |
| Elimination of Mother-to-Child Transmission of HIV and Syphilis | 77 |
| CONTINUUM OF CARE..... | 79 |
| Key and Vulnerable Populations | 85 |
| PROGRAMME MONITORING..... | 88 |
| Quality Improvement Programme | 88 |
| Learning Management Information System..... | 89 |
| Site Mentoring Team | 89 |
| Site Audit..... | 89 |
| SUPPORT | 90 |
| Psychosocial Support | 90 |
| SEXUALLY TRANSMITTED INFECTIONS | 91 |
| TUBERCULOSIS..... | 93 |
| TB Annual Review | 94 |
| Quarterly TB TWG Meetings | 95 |
| Programme Strengthening..... | 95 |
| THE WAY FORWARD | 96 |
| 3: ADOLESCENT HEALTH | 97 |
| OVERVIEW | 98 |
| ADOLESCENT AUDIT | 99 |
| YOUTH AMBASSADOR PROGRAMME..... | 100 |
| ADOLESCENT HEALTH FAIR..... | 101 |
| PrEP PROMOTION AND EDUCATION | 102 |

| | |
|--|-----|
| RETENTION IN CARE CAMPAIGN | 104 |
| MEDIA RECALL OF HIV TESTING CAMPAIGN | 104 |
| INFORMATION AND EDUCATION THROUGH MASS MEDIA | 105 |
| 4: ENABLING ENVIRONMENT & HUMAN RIGHTS..... | 107 |
| OVERVIEW | 108 |
| IMPROVING COORDINATION AND BUILDING STRONGER NETWORKS | 109 |
| EEHR Monitoring, Evaluation and Learning Plan | 109 |
| EEHR Technical Working Group..... | 109 |
| National EEHR Annual Review and Planning Meeting..... | 109 |
| Jamaica Partnership to Eliminate HIV-Related S&D/ Focus Country Collaboration to Strengthen Community-led Responses and Reduce S&D..... | 110 |
| ELIMINATING STIGMA AND DISCRIMINATION IN ALL SETTINGS | 111 |
| Awareness-Building Campaigns | 111 |
| Champions for Change Campaign..... | 112 |
| Traditional & Social Media Campaigns | 113 |
| S&D Training with Non-Medical Healthcare Workers | 113 |
| TOT Workshop with HCWs with training responsibilities | 114 |
| CAPACITY-BUILDING INITIATIVES | 114 |
| Faith-Based Organization Sensitisation Sessions..... | 114 |
| Train the Trainer collaboration with Ministries, Departments & Agencies | 115 |
| EMPOWERING COMMUNITIES TO KNOW THEIR RIGHTS | 115 |
| INCREASING ACCESS TO JUSTICE | 116 |
| Jamaica Anti-Discrimination System for HIV | 117 |
| Other Human Rights Violations Documented | 118 |
| Legal Services Provided for HIV-Related Discrimination | 119 |
| Industrial Relations Practices Training Workshop..... | 120 |
| Training and Engagement of Justice Stakeholders..... | 120 |
| IMPROVING LAWS, REGULATIONS AND POLICIES RELATED TO HIV | 121 |
| Human Rights Think Tank Launched..... | 121 |
| Ensuring Rights-Based Law Enforcement Practices | 122 |
| Legislative Advocacy | 122 |
| Public Opinion Survey on Rape..... | 123 |
| National Human Rights Institution | 123 |

| | |
|---|-----|
| REDUCING HIV-RELATED GENDER DISCRIMINATION, HARMFUL GENDER NORMS AND VIOLENCE AGAINST WOMEN AND GIRLS | 124 |
| We Matter | 124 |
| Silent Protest to End Violence Against Women & Girls | 124 |
| GBV Roundtable | 124 |
| Health Sector Gender-Based Violence Action Plan | 125 |
| Engaging Jamaica's Deaf Community Around GBV | 125 |
| Teaching Young People about GBV | 125 |
| Sensitization of Key Populations and Women Experiencing Domestic Violence | 125 |
| COMMUNITY-LED MONITORING | 126 |
| Community Scorecard | 126 |
| Scaling up Community-Led Monitoring | 127 |
| Community Treatment Observatory | 127 |
| Capacity-Building of CSOs in Community-led Monitoring | 128 |
| SIGNIFICANT COMMEMORATIVE EVENTS..... | 129 |
| World AIDS Day Church Service..... | 129 |
| World AIDS Day Forum | 129 |
| World AIDS Day Community Intervention and Annual Candlelight Vigil..... | 130 |
| WAD Youth Mixer | 130 |
| Human Rights Day Church Service..... | 130 |
| Larry Chang Symposium | 130 |
| STORIES FROM THE FIELD FEATURE..... | 131 |
| JASL Stories from the Field | 131 |
| EFL Stories from the Field | 132 |
| 5: STRATEGIC INFORMATION | 135 |
| OVERVIEW | 136 |
| OPERATIONAL IMPLEMENTATION PLAN | 136 |
| ANNUAL REVIEWS/MEETINGS | 137 |
| PROGRAMME AREA ACHIEVEMENTS..... | 139 |
| Data Quality Audit | 140 |
| Development of PrEP and TB Databases | 143 |
| Development of a National Research Agenda | 144 |
| Research Booklet/Repository | 145 |

| | |
|--|-----|
| Completion of the Global AIDS Monitoring Process | 145 |
| UNAIDs Spectrum Estimation Process | 146 |
| PRIORITIES FOR FINANCIAL YEAR 2024/2025..... | 146 |
| 6: GRANTS MANAGEMENT | 149 |
| OVERVIEW | 150 |
| GRANTS MANAGEMENT: NATIONAL HIV RESPONSE | 150 |
| GRANTS MANAGEMENT OPERATING HIGHLIGHTS 2023 | 151 |
| HSTU STAKEHOLDER REGISTRY SUMMARY | 151 |
| IMPLEMENTING PARTNERS' OVERVIEW | 153 |
| FINANCIAL SUMMARY 2023 | 154 |
| NATIONAL HIV RESPONSE GRANTS PERFORMANCE ANALYSIS 2023..... | 156 |
| Implementation Challenges 2023..... | 156 |
| Grant Management Activities and Risk Mitigation Strategies | 157 |
| Grant Management Improvements..... | 158 |
| GRANTS MANAGEMENT OPERATIONAL PLAN 2023..... | 159 |
| CONCLUSION..... | 160 |
| 7: FINANCE & ADMINISTRATION..... | 161 |
| FINANCE | 162 |
| Overview..... | 162 |
| Expenditure | 162 |
| Programme by Funding Source..... | 163 |
| Appraisals..... | 166 |
| ADMINISTRATION | 167 |
| Overview..... | 167 |
| Staffing | 167 |
| Monitoring and Oversight of Implementing Partners..... | 167 |
| Major Event: HIV/STI/TB Annual Review..... | 168 |

LIST OF FIGURES

| | |
|---|----|
| Figure 1.1 Females Reached, Tested and Positive for HIV by Modality, 2023..... | 38 |
| Figure 1.2 Males Reached, Tested and Positive for HIV by Modality, 2023 | 38 |
| Figure 1.3 Females Reached and Tested for Syphilis by Modality, 2023..... | 39 |
| Figure 1.4 Males Reached and Tested for Syphilis by Modality, 2023 | 39 |
| Figure 1.5 Number of First-Time PrEP Recipients in 2023, Disaggregated by Target Population | 45 |
| Figure 1.6 FSWs Reached, Tested and Positive for HIV, 2023 | 49 |
| Figure 1.7 FSW Reached, Tested and Reactive for Syphilis, 2023 | 49 |
| Figure 1.8 MSM Reached, Tested and Positive for HIV, 2023 | 51 |
| Figure 1.9 MSM Reached, Tested and Reactive for Syphilis, 2023 | 51 |
| Figure 1.10 TG Reached, Tested and Positive for HIV, 2023..... | 52 |
| Figure 1.11 TG Reached, Tested and Reactive for Syphilis, 2023 | 52 |
| Figure 1.12 SAM (25 – 49) Reached, Tested and Positive for HIV, 2023 | 53 |
| Figure 1.13 SAM (25 – 49) Reached, Tested and Positive for Syphilis, 2023..... | 54 |
| Figure 1.14 SAF (25 – 49 Years) Reached, Tested and Positive for HIV, 2023 | 55 |
| Figure 1.15 SAF (25 – 49) Reached, Tested and Positive for Syphilis, 2023..... | 55 |
| Figure 1.16 Inmates Reached and Tested for HIV, 2023..... | 59 |
| Figure 1.17 Inmates Reached and Tested for Syphilis, 2023 | 60 |
| Figure 2.18 Index Testing by Region, 2023 | 74 |
| Figure 2.19 Number of Persons Initiated on PrEP, 2020 - 2023 | 77 |
| Figure 2.20 National Treatment Cascade, 2022 vs. 2023 | 79 |
| Figure 2.21 National Treatment Continuum of Care by Gender, 2022 vs. 2023 | 80 |
| Figure 2.22 Paediatric (0-9 Years) Treatment Cascade by Gender, 2022 vs. 2023..... | 80 |
| Figure 2.23 Adolescent (10-19 Years) Treatment Cascade by Gender, 2022 vs. 2023..... | 81 |
| Figure 2.24 Adults (20-29 Years) Treatment Cascade by Gender, 2022 vs. 2023..... | 82 |
| Figure 2.25 Adults (30-39 Years) Treatment Cascade by Gender, 2022 vs. 2023..... | 82 |
| Figure 2.26 Adults (40-49 Years) Treatment Cascade by Gender, 2022 vs. 2023..... | 83 |
| Figure 2.27 Elderly (50+) Treatment Cascade by Gender, 2022 vs. 2023 | 84 |
| Figure 2.28 National Female Sex Workers Treatment Cascade, 2022 vs. 2023 | 85 |
| Figure 2.29 National Men Who Have Sex with Men Treatment Cascade, 2022 vs. 2023 | 86 |
| Figure 2.30 National Transgender Treatment Cascade, 2022 vs. 2023 | 86 |
| Figure 2.31 National Paediatric (0-9 Age Group) Treatment Cascade, 2022 vs 2023 | 88 |

| | |
|--|-----|
| Figure 2.32 TCS Audit Compliance Score, 2023 | 89 |
| Figure 2.33 Total Syphilis Cases, 2022 vs. 2023 | 93 |
| Figure 2.34 Total Syphilis Cases by Gender, 2023 | 93 |
| Figure 3.35 National Adolescent and Youth Cascade, 2022 vs. 2023 | 98 |
| Figure 3.36 Adolescent Health: National Docket Review Summary | 99 |
| Figure 3.37 National Service Delivery Compliance for Adolescent Health | 100 |
| Figure 3.38 Youth Ambassadors Pilot Cascades | 101 |
| Figure 3.39 HIV Testing Campaign Effectiveness by Age and Sex..... | 105 |
| Figure 4.40 EEHR Theory of Change Model | 108 |
| Figure 4.41 JADS Cases by Parish, 2023 | 118 |
| Figure 5.42 National Treatment Cascade, 2022 vs. 2023 | 139 |
| Figure 5.43 National 90-90-90 Treatment Cascade, 2022 vs. 2023 | 140 |
| Figure 5.44 Summary of National DQA Findings, 2023..... | 141 |
| Figure 5.45 National DQA Findings by Site, 2023 | 142 |
| Figure 5.46 Snapshot of the PrEP Database..... | 143 |
| Figure 5.47 Snapshot of TB Database | 144 |
| Figure 6.48 Total Donor Grants for 2022/2024 by Donor in USD | 155 |
| Figure 6.49 Total Donor Grants for 2022/2024 by Donor in JMD..... | 155 |
| Figure 7.50 Budgetary Contribution by Funding Source, Calendar Year 2023 | 162 |
| Figure 7.51 Budget Allocation by Implementer Type, 2023 | 163 |
| Figure 7.52 National HIV/STI Expenditure (J\$M) by Calendar Years, 2017-2023 | 163 |
| Figure 7.53 Contribution Breakout by Small Grant Donors, 2023 | 165 |

LIST OF TABLES

| | |
|---|-----|
| Table 1.1 HIV Self-Test Kits Distributed to Clients by Entity, 2023 | 44 |
| Table 1.2 Key Populations Target Reached and Tested for HIV with Positivity, 2023 | 48 |
| Table 1.3 Vulnerable Populations Target Reached and Tested for HIV with Positivity, 2023 | 48 |
| Table 1.4 Adolescents and Youth (16-24 Years) Reached, Tested and Positive for HIV and Syphilis, 2023 | 56 |
| Table 1.5 Project Update: UNICEF-Ask Kimmie Chatbot (“YUTE CHATZ”)..... | 58 |
| Table 2.6 TCS Operational Plan 2023: Implementation Status..... | 66 |
| Table 2.7 TCS Annual Meetings: Objectives, Outcomes & Recommendations | 70 |
| Table 2.8 HIV Testing in the Public Health Sector, 2023..... | 72 |
| Table 2.9 PITC Uptake in Public Hospitals, 2023..... | 73 |
| Table 2.10 PITC Uptake in Public Hospitals, 2023..... | 73 |
| Table 2.11 Comparison between Health Centre and Hospital PITC, 2023 | 73 |
| Table 2.12 Linkage to Care by RHA, 2023 | 75 |
| Table 2.13 Laboratory Monitoring Tests, 2021 – 2023..... | 75 |
| Table 2.14 EMTCT Validation Indicators, 2019 - 2023 | 78 |
| Table 2.15 EMTCT Process Indicators, 2020 – 2023 | 78 |
| Table 2.16 Persons with Disabilities Living with HIV by Region, 2023..... | 87 |
| Table 2.17 PLHIV in Correctional Facilities, 2023..... | 87 |
| Table 2.18 Cost of Food Vouchers Distributed by MOHW to PLHIV, 2023..... | 91 |
| Table 2.19 STI Conditions by Gender, 2021 - 2023..... | 92 |
| Table 2.20 National Tuberculosis Cases, 2018 -2023..... | 94 |
| Table 2.21 TCS Component: Programme Priorities for the Financial Year 2024/2025..... | 96 |
| Table 4.22 EEHR Awareness-Building Campaigns, 2023..... | 112 |
| Table 4.23 JASL Legal Cases by Type, 2023..... | 116 |
| Table 4.24 JN+ Legal Cases by Type, 2023 | 116 |
| Table 4.25 JADS Cases, 2023 | 117 |
| Table 4.26 JADS Cases by Age, 2023 | 118 |
| Table 4.27 JASL: Types and Number of Complainants, 2023..... | 119 |
| Table 4.28 EEHR: National Documents Drafted or Enacted, 2023 | 121 |
| Table 5.29 SIC Staffing Listing, 2023 | 136 |

| | |
|--|-----|
| Table 5.30 SIC Operational Plan Implementation and Achievements for Fiscal Year 2023/2024..... | 137 |
| Table 5.31 SIC Significant Meetings held throughout the Fiscal Year 2023/2024..... | 138 |
| Table 5.32 High Priority/Priority Research Areas from the National Research Agenda..... | 145 |
| Table 5.33 Strategic Information Component: Priority Activities for the Financial Year 2024/2025 | 146 |
| Table 6.34 Summary of Stakeholders under the National HIV Response..... | 152 |
| Table 6.35 Mapping of Implementing Partners and Donors | 153 |
| Table 6.36 Grant funding for Project Year 2023 | 154 |
| Table 6.37 Grant Performance for the Project Year 2023 | 156 |
| Table 7.38 Financial Achievement by Implementer Type..... | 162 |

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- International Training and Education Centre for Health (I-TECH)
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- United Nations Children's Fund (UNICEF)

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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 |
| BGA | Bureau of Gender Affairs |
| BPO | Business Process Outsourcing |
| CBO | Community-based Organization |
| CD4 | Cluster of Differentiation |
| CDC | Centre for Disease Control |
| CCM | Country Coordinating Mechanism |
| CHARES | Centre for HIV/AIDS Research and Education Services |
| CHWC | Community Healthcare Worker |
| 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 |
| CVC | Caribbean Vulnerable Communities Coalition |
| DCS | Department of Correctional Services |
| DISA | Distributed Intelligent Systems Approach |
| DHIS2 | District Health Information System 2 |
| DNA PCR | Deoxyribonucleic Acid Polymerase Chain Reaction |
| DOTS | Direct Observed Therapy Short Course |
| EAS | Enhanced Adherence Support |
| EEHR | Enabling Environment and Human Rights |
| EEHTTWG | Enabling Environment and Human Rights Technical Working Group |
| EFAF | Equality for All Foundation |
| EFL | Eve for Life |
| EID | Early Infant Diagnosis |
| EMTCT | Elimination of Mother-To-Child Transmission |
| EPOC | Enhanced Package of Care |
| FBP | Faith-Based Organization |
| FHU | Family Health Unit |
| FSW | Female Sex Worker |
| GAM | Global AIDS Monitoring |
| GBV | Gender-Based Violence |
| GDS | Genital Discharge Syndrome |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GMP | Grants Management Project |
| GOJ | Government of Jamaica |

| | |
|--------|---|
| GUD | Genital Ulcer Disease |
| 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 |
| IDEVAW | International Day for the Elimination of Violence Against Women |
| IP | Implementing Partner |
| I-TECH | International Training and Education Centre for Health |
| JADS | Jamaica Anti-Discrimination System |
| JASL | Jamaica AIDS Support for Life |
| JCC | Jamaica Council of Churches |
| JCCM | Jamaica Country Coordinating Mechanism |
| JCF | Jamaica Constabulary Force |
| JCW+ | Jamaica Community of Positive Women |
| JFJ | Jamaicans For Justice |
| JN+ | Jamaica Network for Seropositives |
| JSC | Joint Select Committee |
| JYAN | Jamaica Youth Advocacy Network |
| KAPB | Knowledge, Attitude, Practices and Behaviour |
| KP | Key Population |
| KVP | Key and Vulnerable Population |
| LAC | Legal Aid Clinic |
| LTFU | Lost To Follow Up |
| MBHC | Montego Bay Type 5 Comprehensive Health Centre |
| MDAs | Ministries, Departments and Agencies |
| M&E | Monitoring and Evaluation |
| MEL | Monitoring, Evaluation and Learning |
| 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 |
| MP | Member of Parliament |
| MSM | Men who have Sex with Men |
| MTCT | Mother-To-Child Transmission |
| NASA | National AIDS Spending Assessment |
| NCDA | National Council on Drug Abuse |
| NCDU | Non-Communicable Disease Unit |
| 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 |
| NHRI | National Human Rights Institution |

| | |
|----------|--|
| NPHL | National Public Health Laboratory |
| NSAP-GBV | National Strategic Action Plan to Eliminate Gender-Based Violence in Jamaica |
| 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 |
| PDSA | Plan Do Study Act |
| PIOJ | Planning Institute of Jamaica |
| PITC | Provider Initiated Testing and Counselling |
| PLHIV | People Living with HIV/AIDS |
| PMTCT | Prevention of Mother-To-Child Transmission |
| PPD | Purified Protein Derivative |
| PR | Principal Recipient |
| PrEP | Pre-Exposure Prophylaxis |
| PST | Psychosocial Team |
| QI | Quality Improvement |
| RGD | Registrar General Department |
| RHA | Regional Health Authority |
| S&D | Stigma & Discrimination |
| SDC | Social Development Commission |
| SERHA | South East Regional Health Authority |
| SI | Strategic Information |
| SJHD | St. James Health Department |
| SLA | Service Level Agreement |
| SMO | Senior Medical Officer |
| SNS | Social Network Strategy |
| SOA | Sexual Offences Act |
| 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 |
| TAJ | Tax Administration Jamaica |
| TB | Tuberculosis |
| TBTWG | Tuberculosis Technical Working Group |
| TCI | Targeted Community Intervention |
| 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 |
| U=U | Undetectable = Untransmittable |
| TW | TransWave Jamaica |
| UCSF | University of California San Francisco |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNICEF | United Nations Children's Fund |
| VL | Viral Load |
| WAD | World AIDS Day |
| WHO | World Health Organization |
| WROC | Women Resource and Outreach Centre |
| WRHA | Western Regional Health Authority |
| YA | Youth Ambassador |

EXECUTIVE SUMMARY

Jamaica's response to the HIV/AIDS epidemic is coordinated by the National HIV/STI/TB Programme, implemented through the combined efforts of the HIV/STI/TB Unit and the National Family Planning Board. This multi-sectoral approach involves key partners, including regional health authorities (RHAs), non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), and other ministries, departments, and agencies (MDAs). The Programme's overarching goal is to reduce new HIV infections while mitigating the impact of HIV/AIDS on Jamaicans within a sustained, effective multi-sectoral infrastructure that garners the necessary commitment to support the national response.

The Programme's work is coordinated through five (5) technical components: Prevention and Health Promotion; Treatment, Care and Support (TCS); Adolescent Health; Enabling Environment and Human Rights (EEHR); and Strategic Information (SIC). In 2023, each Component made significant strides towards achieving the UNAIDS 95-95-95 targets while addressing persistent challenges.

The HIV treatment cascade showed improvements, with 91% of an estimated 30,000 people living with HIV diagnosed. However, gaps remain in the continuum of care, with 65% ever linked to care, 53% retained in care, 49% retained on antiretrovirals (ARVs), and 39% virally suppressed. These figures highlight the need for intensified efforts in linkage, retention, and viral suppression strategies.

Prevention efforts saw notable success with the distribution of nearly 5 million condoms and 28,000 lubricants. Pre-exposure prophylaxis (PrEP) was implemented at twenty-three (23) sites nationwide, marking a significant expansion in HIV prevention options. Outreach activities resulted in over 100,000 HIV tests conducted, with a 0.5% positivity rate. The programme also distributed 7,718 HIV self-test kits directly to clients, enhancing accessibility to testing services.

The Prevention of Mother-to-Child Transmission (PMTCT) programme achieved remarkable progress, reducing the transmission rate to 0.54%. This success was supported by high coverage of antiretroviral therapy among HIV-positive pregnant women, reaching 97.2%.

Interventions targeting key populations showed mixed results. While the programme reached 8,375 female sex workers (FSWs) and 6,932 men who have sex with men (MSM), these figures fell short of set targets. Notably, outreach to transgender persons (TG) achieved only 54.5% of the target, indicating a need for enhanced strategies to engage this population.

Youth-focused initiatives included the completion of the Youth Ambassador Programme pilot and the development of the "Yute Chatz" chatbot for sexual and reproductive health information. The inaugural national health fair for adolescents living with HIV (ALHIV) marked a significant step in addressing the unique needs of this group.

The Strategic Information Component enhanced data systems and monitoring capabilities by developing new PrEP and Tuberculosis (TB) databases, conducting a Data Quality Audit (DQA) across forty (40) sites with a 73% compliance score, and creating a national HIV research agenda. These efforts strengthen evidence-based decision-making and programme management across the HIV care continuum.

Efforts to create an enabling environment and promote human rights included implementing the "Champions for Change" campaign and providing legal literacy sessions to 210 individuals from key

populations. The Jamaica Anti-Discrimination System (JADS) documented 77 cases of HIV-related discrimination, underscoring the ongoing need for anti-stigma efforts.

Despite these achievements, significant challenges persist. Only 67% of newly diagnosed individuals were linked to care within four (4) weeks, and nearly half of diagnosed PLHIV were not retained in care. Viral suppression rates remain suboptimal, particularly among adolescents and youth. Meeting reach and test targets for some key population groups remains challenging.

Financially, the programme operated with a total budget of J\$2.44 Billion, of which 52% was contributed by the Government of Jamaica, 40% from the Global Fund, and 8% from other donors. The actual expenditure of J\$1.69 billion represented 69% of the allocated budget, indicating areas for improved financial absorption and program implementation.

Looking ahead to 2024, strategic priorities include expanding community-based service delivery models, strengthening data use for programmatic decision-making, intensifying efforts to reduce stigma and discrimination, and enhancing the integration of HIV services within the primary healthcare system. The programme also aims to scale up differentiated care models to improve retention and viral suppression, with a particular focus on interventions for adolescents and youth living with HIV.

This report highlights the importance of sustained political commitment, multi-sectoral collaboration, and community engagement in achieving national and global HIV targets. While progress has been made, significant work remains to address gaps in the HIV care continuum and reach key populations. With continued dedication and strategic focus, Jamaica aims to accelerate progress towards ending AIDS as a public health threat by 2030.

MESSAGES

Minister of Health and Wellness



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

The 2023 Annual Report of Jamaica's National HIV/STI/TB Programme reflects our ongoing commitment to achieving the UNAIDS 95-95-95 targets and ending AIDS as a public health threat by 2030. As Minister of Health and Wellness, I am pleased to present this comprehensive review of our progress, challenges, and strategic directions in the national HIV response.

I am encouraged by our advancements in 2023, particularly in expanding our prevention toolkit and strengthening our data systems. Implementing PrEP at over twenty sites nationwide marks a crucial step in our combination prevention approach. Our progress in reducing mother-to-child transmission of HIV to 0.54% demonstrates the impact of sustained, evidence-based interventions.

However, we must also confront the gaps that persist, particularly in ensuring timely linkage to care and achieving viral suppression for all people living with HIV. The challenges in reaching some key populations underscore the need for innovative, targeted approaches that address barriers to access and uptake of services.

As we move forward, our ministry is focused on several key priorities:

- i. Strengthening the integration of HIV services within our primary healthcare system to improve accessibility and continuity of care.
- ii. Expanding community-based and differentiated service delivery models to reach underserved populations and improve retention in care.
- iii. Intensifying efforts to combat stigma and discrimination, recognizing their impact on service uptake and health outcomes.
- iv. Enhancing our strategic information systems to support data-driven decision-making and program management.
- v. Ensuring sustainable financing for the HIV response through efficient resource allocation and exploring innovative funding mechanisms.

These priorities align with our National Strategic Plan for HIV and reflect our commitment to a rights-based, people-centered approach to health.

I extend my gratitude to our healthcare workers, community partners, international collaborators, and people living with HIV whose collective efforts are reflected in this report. Your dedication brings us closer to our goal of ending AIDS in Jamaica.

As we look towards 2024 and beyond, I call upon all sectors of Jamaican society to renew their commitment to our national HIV response. Together, we can create an enabling environment where all Jamaicans have equitable access to high-quality HIV prevention, treatment, care, and support services.

Permanent Secretary



Mr. Dunstan E. Bryan
Permanent Secretary
Ministry of Health and Wellness

As we present the 2023 Annual Report of Jamaica's National HIV/STI/TB Programme, I am reminded of the critical role that effective administration and management play in our national HIV response. As Permanent Secretary, I am pleased to highlight the operational advancements that have strengthened our ability to deliver comprehensive HIV services.

The past year has seen significant improvements in our administrative processes and resource management. We have streamlined procurement procedures, resulting in more timely delivery of essential HIV commodities. Our efforts to enhance financial absorption have led to more efficient utilization of government and donor funds, ensuring that resources translate into tangible services for those needing them most.

Capacity-building has been a key focus, with investments in training and development for our staff across all levels. This has improved service delivery and strengthened our ability to adapt to emerging challenges in the HIV response.

Collaboration remains at the heart of our work. We have forged stronger partnerships with other government ministries, enhancing the multi-sectoral nature of our response. Our engagement with civil society organizations has deepened, recognizing their crucial role in reaching key populations and advocating for the rights of people living with HIV.

Looking ahead, we are committed to further improving our operational efficiency. This includes enhancing our monitoring and evaluation systems, implementing more robust accountability measures, and fostering a culture of continuous improvement across all aspects of programme management.

I extend my sincere appreciation to our dedicated staff, partners, and stakeholders whose hard work and commitment are reflected in this report. As we move forward, the Ministry of Health and Wellness remains steadfast in its commitment to providing the administrative backbone necessary for an effective, sustainable national HIV response.

Executive Director - National Family Planning Board



Ms. Lovette Byfield
Executive Director
National Family Planning Board

The National Family Planning Board is at a juncture with the forthcoming reintegration of the agency into the Ministry of Health and Wellness. In September 2017, Cabinet Decision 33/17 was passed, requiring the functions of the NFPB to be subsumed as a division of the MOHW. More recently, in November 2023, both houses of Parliament signed off on repealing the National Family Planning Act, 1970, to take effect July 31, 2024.

Moving forward, the family planning component will fall under the remit of the Family Health Unit, and the HIV aspect will be reintegrated into the HIV/STI/TB Unit. As of August 1, 2024, a new division, Enabling Environment in Health and Client Services, will be born. Its mandate will be to promote a culture of service excellence, address non-clinical matters that present barriers to health care, address the social determinants of health, and foster a client-centric environment.

Historically, in 2013 (vide Cabinet Decision Number 12/13), the HIV Components of Prevention and Enabling Environment and Human Rights were introduced into the NFPB, a decision influenced by funding, policies and programmes. Like many countries worldwide, the family planning programme was integrated with HIV/AIDS efforts to improve sexual and reproductive health outcomes. This integration was driven by several factors: economic considerations and the need for sustainability, recognition of the risk of STIs/HIV that women of childbearing age face from unprotected sex, and the dual role of condoms in protecting against both pregnancy and STIs.

Both HIV-related components benefit from international aid to enhance their coordinating roles. For this reason, I wish to acknowledge with gratitude the contributions of the following partners: the Centers for Disease Control and Prevention, the United Nations Children's Fund, the United States Agency for International Development, the U.S. President's Emergency Plan for AIDS Relief, and The Global Fund.

Highlights of the NFPB's work in 2023 included the continuation of the Peer Navigation strategy, which successfully linked newly diagnosed persons to care and is currently under review to enhance service delivery. Notably, the peer-to-peer Social Network Strategy (SNS) exceeded expectations, more than tripling its stated target for the year by successfully linking members of the MSM population for testing and treatment. A UNICEF-sponsored and hosted information platform, Yute Chatbot, was launched during the latter part of the year. Adolescents and youth are provided with answers to several relevant sexual and reproductive health (SRH) topics. A Youth Ambassador Programme was designed so that, through the peer-to-peer approach, trained youth could recruit others to become Ambassadors or provide information and referrals to those in need.

During the year, the RHA's Behaviour Change Communication teams in HIV Prevention were trained in Provider-Initiated Testing and Counselling (PITC) and HIV Self-Testing (HIVST). Community healthcare workers (CHCW) were tutored about Pre-exposure prophylaxis. These groups are key conduits for the transference of information and skills during daily interactions with users of the products and services. The EEHR team hosted sensitisation workshops on human rights for senior personnel in ministries, departments, and agencies, as well as for healthcare workers on HIV, stigma and discrimination, confidentiality, and more. Significant progress has been made in developing the first draft of the SRH Policy. However, gaps were identified in the areas of gender-based violence, assisted reproductive technology, and anti-discrimination. Multi-sectoral collaborations at the quarterly Technical Review meetings and the Annual Review and Planning workshop provided perspectives on HIV approaches.

Complementing these initiatives were data-driven mass media campaigns developed to promote the HIV Self-Test kit, PrEP, human rights, and anti-stigma and discrimination (Champions for Change). Traditional and new media were utilized to connect the intended audiences to the messages in their spaces. Colourful and culturally appropriate billboards with messaging about PrEP were mounted in parishes with high incidences of HIV. The inclusion of spokespersons, Champions and popular social media influencers as advocates for the HIV programme, coupled with the ability to boost posts on the NFPB social media platforms, was a game-changer in terms of authenticity and reach.

The 2023 HIV/STI/TB Annual Report provides greater insights into the advances made through our joint efforts as we look to a future where HIV is eliminated.

FOREWORD



Dr. Nicola Skyers

**Senior Medical Officer (SMO)
HIV/STI/TB Unit**

The 2023 Annual Report of Jamaica's National HIV/STI/TB Programme presents a comprehensive analysis of our country's HIV response, aligned with global targets and national strategic objectives. This report not only documents our progress but also serves as a roadmap for future action in our collective effort to end AIDS as a public health threat by 2030.

The data and programmatic updates herein reflect the collaborative efforts of the Ministry of Health and Wellness, other government agencies, civil society organizations, and international partners. The report highlights significant achievements across our five technical components: Prevention and Health Promotion; Treatment, Care and Support; Adolescent Health; Enabling Environment and Human Rights; and Strategic Information.

Notable successes include expanding PrEP services to twenty-three (23) sites nationwide, progress in eliminating mother-to-child transmission with a rate reduced to 0.54% and developing new databases for PrEP and Tuberculosis. The launch of innovative initiatives such as the Youth Ambassador Programme and the "Yute Chatz" chatbot demonstrate our commitment to reaching adolescents and youth with critical health information.

However, this report also addresses persistent gaps in the HIV care continuum. With only 67% of newly diagnosed individuals linked to care within four weeks and 39% of estimated PLHIV virally suppressed, we recognize the urgent need for intensified efforts in these areas. The challenges in meeting reach and test targets for some key populations further underscore the necessity for tailored, community-led approaches.

Analyzing this year's outcomes, we acknowledge the need for continued innovation and targeted interventions, particularly in addressing social and structural barriers to HIV services. The strategic priorities outlined for 2024 reflect our commitment to evidence-based, people-centered approaches that address the diverse needs of all Jamaicans affected by HIV.

This report showcases the impact of coordinated action and calls for innovative approaches in our HIV response. It guides our future policy decisions, resource allocation, and programmatic priorities, ensuring our efforts remain responsive to evolving needs. The financial overview, detailing a total budget of J\$2.44 Billion with contributions from the Government of Jamaica, the Global Fund, and other donors, highlights the resources at our disposal and the need for efficient utilization.

We extend our heartfelt gratitude to all those who contribute to Jamaica's HIV response – from healthcare workers and community advocates to international partners and people living with HIV. Your dedication and resilience in the face of ongoing challenges inspire our continued efforts.

1: HEALTH PROMOTION AND PREVENTION

OVERVIEW

In 2023, Prevention efforts focused on expanding the HIV prevention package, with an emphasis on increasing access to Pre-exposure prophylaxis and HIV self-test kits. The National Family Planning Board continues to manage and monitor the distribution of HIV self-test kits, condoms and lubricants to all entities working within HIV prevention and the broader sexual and reproductive health response. A multiplicity of challenges in 2023, such as increased migration among transgender persons, negatively impacted the ability to achieve the programme targets for key populations. Under the Primary Healthcare Reform, restrictions were placed on the HIV Prevention Programme at the service delivery level. This impacted the staff complement at the regional health authorities. The reclassification of posts within the public sector made jobs more attractive for the Prevention Component, successfully attracting appropriately qualified and competent human resources. However, this negatively impacted CSOs, as the competitive remuneration packages for similar jobs created an environment of competition. Additionally, recruits required an in-depth and extended onboarding and training period, which impacted the achievement of reach and test targets within key populations.

A notable achievement in 2023 was the publication of the 2021 Reproductive Health Survey (RHS), which highlighted the effectiveness of public education around HIV awareness. There is universal awareness of HIV among males and females aged 15 – 49 years, and most respondents (90 – 93%) identified condoms as an HIV/AIDS prevention method. The majority of respondents (90%) rejected the common misconceptions about the transmission of HIV. There was also evidence of increased knowledge of HIV service delivery points; however, this did not translate to the utilization of services such as testing. The data suggests that the low-risk perceptions among respondents may explain the low number of tests conducted in the past 12 months.

The interventions under the Prevention Component delivered critical messages around the following:

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

HIV prevention efforts continue to be supported by longstanding partnerships with government ministries, departments and agencies, private financial institutions, non-government organizations, and community-based organizations. These partnerships strengthen the response by helping to address some of the social, economic, political, and cultural challenges that would have impacted implementation and, ultimately, the achievement of programme targets. The epidemic continues to be generalized among the sexually active general population and concentrated or disproportionately higher among key subgroups of the population.

The HIV prevalence rate among sexually active men and women aged 15-49 years is 1.3% (2022). However, some sub-populations are considered most at risk and have a higher prevalence. 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%)¹. Guided by the goal of achieving epidemic control of HIV², these key and vulnerable populations were targeted to reduce prevalence rates. The strategic objectives to reach these target groups were:

- i. Improve the package of HIV prevention services
 - Design and Implement a PrEP programme, including a promotional campaign.
 - Strengthen interventions targeting men, boys, adolescent girls and young women.
 - Strengthen the quality of current programmes and design differentiated prevention programmes for key and vulnerable populations (sex workers, transgender women, adolescent girls and young women, MSM, homeless, and inmates).
 - Strengthen the competence of Programme staff to deliver prevention services.
- ii. Expand the delivery channels for HIV Prevention Services.
 - Traditional & Social media campaigns
 - CSO and multi-sectoral partnerships
 - Peer-led (male, adolescent and youth 15-24) risk conversations
 - On-line outreach via social media platforms for key and vulnerable populations
- iii. Expand testing services
 - Self-testing
 - Partner referral testing
 - Targeted testing for key and vulnerable populations
 - Testing in juvenile and state facilities
 - Testing in youth settings
 - Fixed testing sites in non-clinical locations
 - Provider Initiated Testing and Counselling
- iv. Condom social marketing
 - Condom and lubricant promotion
 - Collaboration with private condom marketers to promote condom use
 - Condom media campaign
- v. Improving access to SRH services for men, adolescents and youth
 - Build the capacity of healthcare providers to provide male-centred services and adolescent-friendly services.
 - Develop male-specific outreach activities
 - Develop adolescent and youth-friendly services
 - Engage men and women in peer-led risk assessment conversations
 - Male and female-focused media campaigns

NATIONAL PREVENTION STRATEGY REVIEW 2023

The HIV Prevention Review is held annually to assess the work of the prevention arm of the National HIV Response and identify strategies for improvement. In 2023, the HIV Prevention Strategy Review was held from March 29 to 31 at Ocean Coral Springs, Trelawny, under the theme “Filling the Gap in the Response”. This review assessed the response between April 2022 and March 2023. The key

¹ Draft National HIV Strategic Plan 2023-2030.

² Defined as incidence/prevalence ratio = less than or equal to 0.03.

output of the consultation was the revision and update to the National HIV Prevention Strategic Document, 2023-2027. The objectives were as follows:

- i. To provide the implementers with a status (achievement and gaps) update on the HIV response in 2022
- ii. To disseminate the results of the Men's Health Study and Adolescent and Youth Rapid Assessment studies.
- iii. To identify the gaps in the response and chart the strategic way forward to 2027.
- iv. Sensitize integrated partners on the mechanism of HIV prevention.

These objectives were realized through the packed 3-day agenda. The approximately 95 participants included HIV Prevention staff, international development partners (UNAIDS, Centers for Disease Control & Prevention) and civil society partners (Ashe Company, Jamaican Network of Seropositives, Jamaica AIDS Support for Life, Children First, Eve for Life). The RHAs were well represented by healthcare providers from various staff categories (Medical Officers of Health, Targeted Intervention Officers, Health and Promotion Officers, Community Peer Educators, Behaviour Change Communication Officers, and Department of Correctional Services (DCS) Officers, among others). Support officers from the MOHW and NFPB also participated in the meeting.

Day One commenced with a short opening ceremony. In his welcome remarks, Mr. Dunstan Bryan, the MOHW Permanent Secretary, praised stakeholders for exceeding the 90% mark in identifying HIV-infected individuals, the first pillar of the HIV treatment cascade. He noted the rise in HIV infection among young people, emphasizing the need for targeted interventions in social media spaces where young people are active. He stressed the importance of data-driven approaches and constant retooling of strategies, particularly peer education and navigation. A new focus on achieving 95% identification was introduced, along with plans to integrate prevention services into the Health Promotion and Protection Branch of the MOHW. Due to limited grant support, efforts are being made to bolster regional and parish prevention programmes and optimize resources. The MOHW aims to treat patients via family services and strengthen collaboration at various levels, including re-establishing the National AIDS Committee. Mr. Bryan expressed optimism about eliminating HIV in Jamaica by 2030 and encouraged participants to have thorough discussions throughout the meeting.

Dr. Byfield, NFPB Executive Director, also welcomed participants. She highlighted the need to go beyond past achievements and address new factors affecting HIV-related behaviours. Dr. Byfield emphasized innovative approaches to reaching at-risk youth, leveraging social media and forming partnerships. Recognizing the experience of Jamaican responders, she called for the involvement of younger, bolder minds in exploring new spaces.

On Day One, several sessions were held. Dr. Byfield provided a strategic overview of prevention activities, and Ms. Nickeishia Barnes, Director of Health Promotion and Prevention, reviewed the achievements of 2022. There was also a discussion on restructuring prevention responses at the regional level and presentations from CSOs and RHAs, culminating in a presentation on the findings from a men's health study.

Day Two included a review of the National Prevention Strategy (2017-2020) and a presentation on the findings of an adolescent and youth rapid assessment. An ensuing panel discussion highlighted the adolescent strategy document and shared expert insights and recommendations. It also included discussions on innovative approaches to achieving targets, such as HIV self-testing and PrEP. It

concluded with group discussions on widening the prevention response and overcoming challenges and presentations on recommended solutions.

Day Three featured a working group activity focused on plotting the strategic way forward. Participants were divided into groups based on their CSO affiliation and region. The regional representatives presented the outputs from these working groups. Dr. Byfield led the final discussion on the next steps and action points.

In her closing remarks, Dr. Byfield thanked the intervention stakeholders, encouraging them to 'soldier on' in the fight towards the next level of positive impact. Participants were also challenged to do things differently and be open to more discussions. Dr. Byfield emphasized that beyond counting numbers, partners should take stock of how the team will collectively make the changes discussed over the past few days, given the duration of the Strategic Plan. The review ended with a motivational call to excellence, emphasizing the importance of high-quality service to those they serve.

OUTREACH TESTING

HIV Testing

HIV Self-Testing has solidified its place as a part of the outreach approach as the demand for HIVST continues to remain steady for the population to become aware of their HIV health status. This approach supports the routine HIV and Syphilis testing at places 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, the normalization of HIV testing has contributed to lower yields. The prevention teams continuously devise innovative strategies to identify risk behaviours in non-traditional spaces and promote and increase testing uptake.

The provision of HIV testing remains a priority for achieving the target number of persons knowing their HIV status, including offering self-test kits for those who prefer to test in the privacy of their personal spaces.

During the year, 101,254 persons were tested for HIV through outreach activities. Of this number, 526 tested positive, yielding a positivity rate of 0.5%. A total of 99,816 persons were tested for Syphilis, of which 1,308 were reactive. Testing was conducted for females and males aged 16 years and older, with individuals over 50 also included. A total of 59,417 females were tested, resulting in a positivity rate of 0.38% (229) (Figure 1.1). A total of 41,837 males were tested, of which 297 were positive, resulting in a positivity rate of 0.7% (Figure 1.2).

Figure 1.1 Females Reached, Tested and Positive for HIV by Modality³, 2023

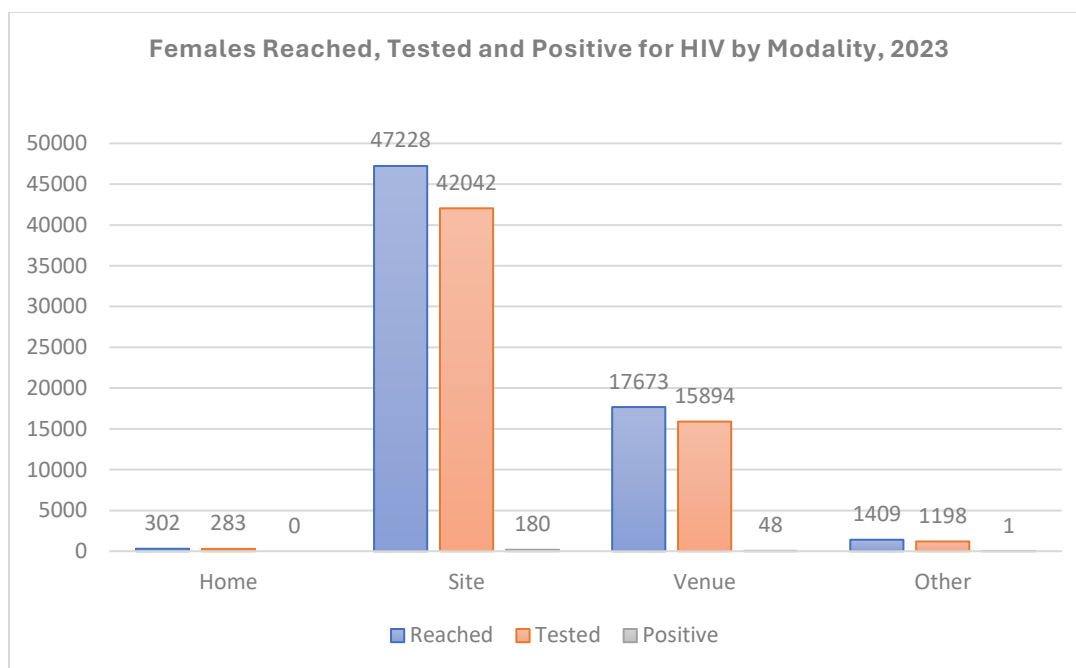
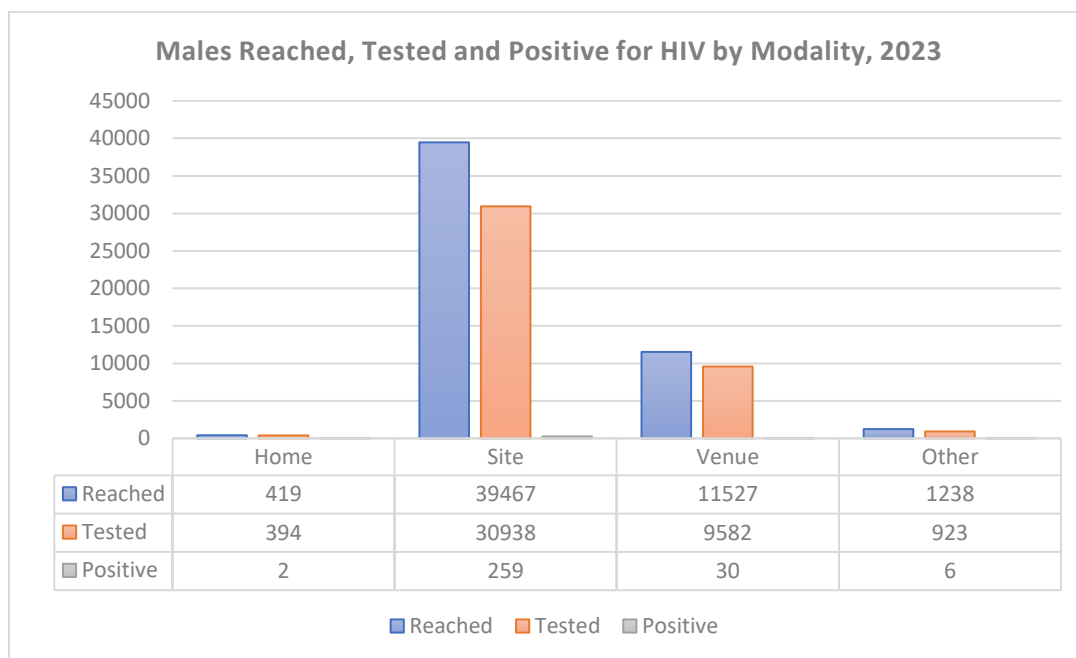


Figure 1.2 Males Reached, Tested and Positive for HIV by Modality, 2023



³ Modality is the category used to describe PLACE location for accessing/offering reach and test services.

Syphilis Testing

In 2023, the Prevention Component conducted 99,816 Syphilis tests using the SD Bioline kits guided by the MOHW's testing protocol and national algorithm, resulting in 1,308 reactive cases. Syphilis is reported among the Class 1 notifiable diseases. The programme 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 58,646 females tested, 649 were reactive for Syphilis, resulting in a reactive rate of 1.1% (Figure 1.3). A total of 41,170 males were tested, of which 659 were reactive for Syphilis, resulting in a reactive rate of 1.6% (Figure 1.4).

Figure 1.3 Females Reached and Tested for Syphilis by Modality, 2023

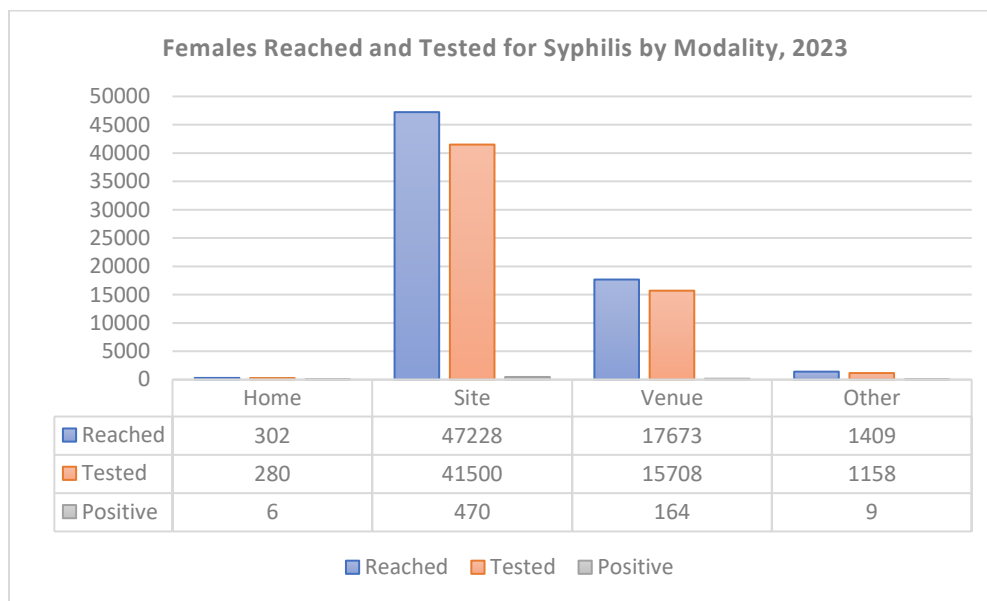
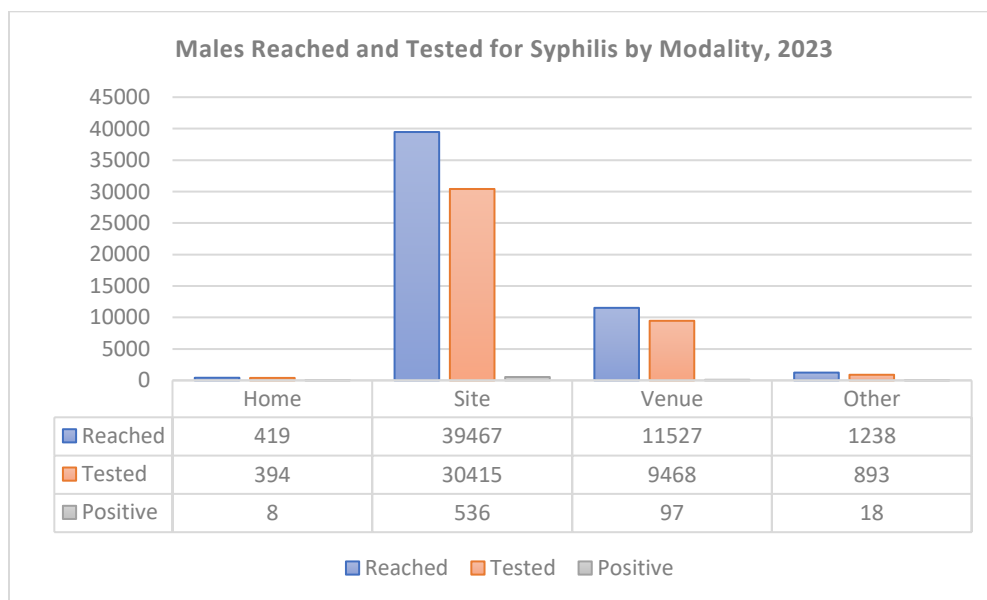


Figure 1.4 Males Reached and Tested for Syphilis by Modality, 2023



District Health Information System 2

The District Health Information System 2 (DHIS-2) effectively tracks the outreach efforts of the RHAs and CSOs responsible for meeting the national targets for reaching key and vulnerable populations. The unique identifier code (UIC) generated by DHIS-2 enables deduplication, ensuring accurate counting of persons reached and tested. Outreach officers are tasked with entering the relevant information for all outreach activities every month to allow for monthly and quarterly reporting.

In addition to the indicators routinely used to monitor the programme, the DHIS-2 system also allows for the entry of information related to HIV self-testing, PrEP and peer navigation. It is updated periodically to meet the programme's dynamic needs. The system is audited biennially, and data quality checks are completed annually. In 2023, the data quality audits revealed that internet connectivity was the main issue affecting the accuracy of the data.

HIV Self-Test

Three hundred and ninety-five (395) individuals received training to increase their capacity to deliver and promote the use of HIVST kits. Participants included healthcare workers and providers from the various regional health authorities and occupational health and safety staff from various private organizations.

Step Down Training

The Training of Trainers model was utilized to build the capacity of Programme Managers and Supervisors from the RHAs and CSOs. This facilitated continued engagement in step-down training with health and non-health sector stakeholders, contributing to the initiative's expansion to reach the population by building knowledge and skills.

This diversified approach reflects a commitment to sustainability and broadening community outreach, ensuring that HIV testing resources are extended to all population segments, enhancing distribution to traditionally hard-to-reach populations, and fostering participation from groups that might not typically engage in community testing activities. Several noteworthy non-health partners participated, including the Jamaica Urban Transit Company, Petrojam, Seprod, Jamaica Constabulary Force, Royalton and the Jamaica Defence Force. The health-related organizations included Jamaica AIDS Support for Life and Equality Jamaica.

Successful completion of the training would result in participants being able to:

- Discuss the benefits of HIV self-testing with clients.
- Share brief, targeted health education information on HIV prevention and transmission.
- Share brief, targeted health information on HIV treatment and care.
- Share brief, targeted health information on intimate partner violence.
- Justify the importance of confidentiality and consent.
- Employ the principles of confidentiality and consent in practice settings.
- Report results to the relevant bodies.
- Refer to relevant services based on the needs of the clients.
- Demonstrate how to use an HIV self-test kit.
- Share information on how to interpret results from an HIV self-test kit.

Public Private Partnership (PPP)

Recharge Distributor Limited (RDL), the authorized distributors, have reported a continued increase in kit sales, driven by the 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 underscores the PPP's success in expanding access to HIV testing resources and promoting informed health practices throughout the pharmacy network.

Awareness Building and Demand Creation

"Pop-ups"

A key component of the national initiative for HIVST was the coordination of "HIV self-test pop-ups"



to build awareness and drive demand for kits. These strategic initiatives, known as "Pop-ups", were short-burst product placements in high-traffic areas in town centres. They were conducted in collaboration with the BCC teams of the Northeast Regional Health Authority (NERHA), Southern Regional Health Authority (SRHA), and Western Regional Health Authority (WRHA). Pop-ups were held in each parish of all three regions. This successful campaign resulted in the distribution of 2,458 HIVST kits, effectively raising awareness and meeting the demand for self-testing kits.

Communication Plan

Guided by the objectives of the HIV Self-Test Communication Plan to raise awareness of HIV self-testing through integrated marketing and communications strategies, utilize traditional media outlets to promote HIV self-testing, and reinforce

condom use as a part of combination prevention, previously developed videos, infographics, and outdoor adverts were boosted and placed in high-traffic areas of rural and corporate areas. A television advertisement was created to continue promoting the HIVST kits. Television Jamaica (TVJ) was selected as the preferred station to air the ad during its prime-time segment, which includes its newscast, sports, and entertainment programmes. The advertisement aired in 190 slots until December 2023.

A graphic artist was engaged to develop media materials for two billboards, two bus shelters, brochures, and posters to be placed in outdoor areas. The graphic artist also developed HIVST-related material for outreach workers in community settings in high-trafficked parts of the corporate area.



Location Description 142611B 32x10 Municipal Blvd on the RHS, facing traffic travelling to Mandela Highway

HIVST Billboard on Municipal Boulevard

Additionally, social media influencers were used to carry the message that “Knowing your HIV status is self-care”. Social media posts highlighted pharmacy locations where test kits were available and shared information on using the kit and interpreting results. Social media influencer Tanaania's video promoting HIV testing as a means of self-care, including instructions on using the kit, received 10,887 views since posting. Other influencers also promoted the kit, with The_original_TC's content receiving 28,305 views and Estafan's receiving 1,058 views. Each influencer took a unique approach to promoting the HIV self-test kit. The screenshots below show the IG posts of influencers promoting the HIV self-test kit.



Monitoring Mechanism

Data on the HIVST indicators being monitored was collected and analyzed monthly. All entities trained received the modified registers, and entities also received data entry training. To date, the total number of kits distributed by NFPB is 12,439. Of that number, 62% (7,718) was distributed directly to clients in 2023. DHIS2 also reports on tests distributed to individuals. Table 1.1 shows the distribution breakdown by entity.

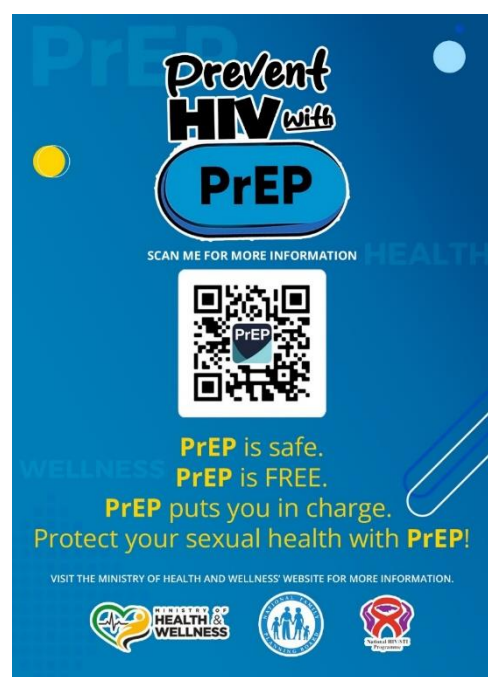
Table 1.1 HIV Self-Test Kits Distributed to Clients by Entity, 2023

| HIV Self-Test Kits Distributed to Clients by Entity, 2023 | | | |
|---|--------------------|----------------------|--------------|
| Entity | Self-Test Assisted | Self-Test Unassisted | Grand Total |
| ASHE | 2 | 172 | 174 |
| Children First | 263 | 126 | 389 |
| Children of Faith | 103 | 14 | 117 |
| JASL | 1 | 0 | 1 |
| NCDA | 12 | 44 | 56 |
| NERHA | 694 | 2,000 | 2,694 |
| NFPB | 205 | 74 | 279 |
| SERHA | 638 | 347 | 985 |
| SRHA | 182 | 1,655 | 1,837 |
| WRHA | 198 | 988 | 1,186 |
| Grand Total | 2,298 | 5,420 | 7,718 |

* Data last generated in February 2024

Pre-Exposure Prophylaxis Implementation

Pre-exposure prophylaxis has been proven to be highly effective when taken consistently to prevent HIV transmission. It is an essential tool in HIV prevention strategies, particularly for individuals who may engage in behaviours that put them at increased risk of HIV exposure. PrEP involves taking antiretroviral medications daily to reduce risk.



PrEP was first introduced in Jamaica as a pilot in 2020 by Jamaica AIDS Support for Life. In 2023, PrEP was scaled up to include the public health system and is now available at twenty-three (23) sites nationwide. Integral to the scale-up of PrEP is building the capacity of healthcare workers administering PrEP and developing a Communication Plan to support the guidelines established to govern the offering of PrEP services in the country. These key activities were completed in 2023. Furthermore, significant focus has been directed towards creating a monitoring and evaluation (M&E) system to oversee PrEP administration, including establishing a PrEP database.

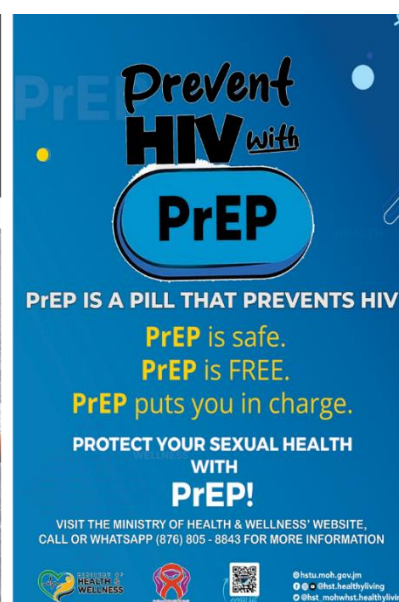
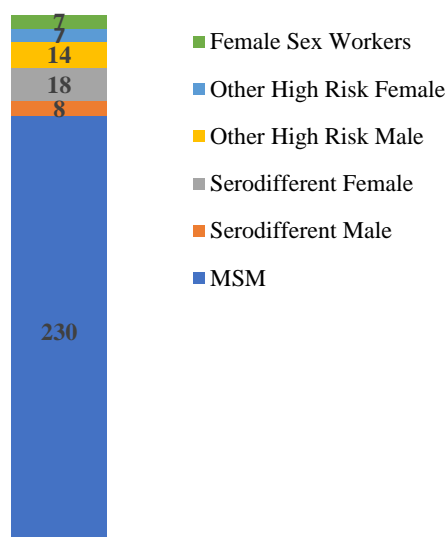
While multiple PrEP products have been authorized, the country uses tenofovir 300mg/emtricitabine 300 mg

(TDF/FTC) for Daily PrEP or on-demand PrEP. There was a steady increase in PrEP uptake, the number of persons initiating/reinitiating PrEP in the year, from 41 in 2020 to 284 in 2023 (Figure 1.5). Of the 284 persons initiating/re-initiating PrEP in 2023, 252 identified as male and 32 identified as female. Of note, 91% of all males on PrEP indicated they were men who have sex with men, and the majority of females (56%) indicated they were in a sero-different relationship.

While the country monitors the global targets of PrEP uptake and continuation, there is a recognized need to monitor the reach of PrEP information. In 2023, 10,973 persons were reached with PrEP information, significantly higher than those who initiated/re-initiated PrEP in 2023. The limited uptake of PrEP prompted a formative assessment to identify the factors influencing individuals' willingness to use PrEP.

Thirty-nine (39) focus group discussions and eight (8) key informant interviews were conducted among key populations. Additionally, clients who missed appointments were interviewed to gather information on their willingness to use PrEP. While the majority of the KP were aware of PrEP, the cultural dislike for taking medication, uncertainty about the side effects of the drug, requirement for medical visits and perceived stigma were significant in their decision not to initiate PrEP. Notably, after completing the personal risk assessment and receiving education about PrEP, some individuals became willing to try it. Consequently, the National HIV Programme embarked on a robust communication and education campaign in 2023 involving various forms of communication to provide information on risk, drug side effects and clinics while also changing the perception of PrEP use among the population.

Figure 1.5 Number of First-Time PrEP Recipients in 2023, Disaggregated by Target Population



The collaboration between the MOHW HIV/STI/TB Unit and the NFPB remained solid and productive in the reporting period. The NFPB focused on raising awareness and creating demand, while the HSTU concentrated on implementation through primary care facilities in both public and private sites. This division of labour has proven effective in our efforts to increase PrEP usage.

A key achievement for the period was the finalization of the PrEP communication plan, which significantly influenced the strategic activities of both government and civil society partners. The strategic approaches utilized targeted messaging campaigns, which involved outdoor placement of PrEP messages on billboards, buses, and posters in facilities and capacity-building for healthcare workers and providers to promote and deliver PrEP services. The following initiatives were executed in the reporting period:

- Four (4) Jamaica Urban Transit Company bus backs were wrapped with PrEP banners. These buses ply routes in Rockfort, Portmore, and Spanish Town.
- The PrEP information was positioned on twelve (12) billboards in nine (9) high HIV prevalence parishes, including Kingston, St. Andrew, St. Elizabeth, Westmoreland, St. Ann, St. James, Manchester, St. Catherine and Clarendon⁴. This information is based on EPI Data from the MOHW National Surveillance Unit. These parishes are:
- Nine hundred (900) posters with four different messages related to PrEP were printed and distributed to various regions.

Capacity-Building

Our dedicated healthcare workers, the crucial change agents at the forefront of our PrEP promotion efforts, were equipped with the necessary skills to provide PrEP services at the facility level. Building on activities initiated in the previous financial year, thirty-one (31) healthcare workers and providers were trained to promote and deliver PrEP services. The World Health Organization 2019 guidelines for community healthcare workers were used to guide the execution of the two-day CHCW training.

The delivery method included a combination of lectures, group activities, role plays, and discussions, with the expectation that upon completion, participants would be able to:

- Answer essential questions about oral PrEP.
- Assess individuals' exposure to HIV.
- Identify candidates who meet the criteria for oral PrEP initiation.
- Educate and counsel oral PrEP candidates and users.
- Define effective communication methods.
- Create clear messages to drive demand for PrEP.
- Conduct initial and follow-up visits for oral PrEP users.
- Identify PrEP indicators for monitoring and evaluation.
- Utilize PrEP indicators for monitoring and evaluation.
- Identify PrEP care sites.

Several categories of staff participated in the training sessions, including:

- Clinicians - Medical Officers of Health, Public Health Nurses, Midwives
- Treatment, Care and Support Teams - Contact Investigators, Psychologists, Social Workers, Treatment Care Support Officers

⁴ This information is based on EPI Data from the MOHW National Surveillance Unit.

- Community Health Workers - Health Promotion, Behaviour Change Communication Officers

Tasked with the awareness-building and demand-creation component of the PrEP initiative, the NFPB monitored indicators for the number of people reached with PrEP information and referrals. According to data from the DHIS2, the Prevention Component successfully reached 15,753 persons with PrEP information, and 57 referrals were made over the period.

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 Programme are men who have sex with men, transgender persons, sex workers and inmates.

Among key populations, there are structural barriers that increase their vulnerability to HIV, leading 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.

In 2023, the Prevention Component was tasked with reaching 49% of the estimated FSW population, 42% of the estimated MSM population, and 21% of the estimated TG population. However, the targets were not achieved (Table 1) due to challenges arising from staffing issues, societal factors affecting key populations, and the changing behaviours of these populations since the COVID-19 pandemic.

The public sector transformation programme, which has been underway since 2018, aims to rationalise the public bodies that offer services. The passing of the National Family Planning Board (repeal) Bill 2023 will enact the following changes:

- i. The integration of the HIV Prevention Programme into the MOHW's Health Promotion and Protection Branch.
- ii. The integration of family planning into the MOHW's Family Health Unit (FHU).
- iii. The transfer of procurement and logistics management of commodities to the National Health Fund (NHF), which already manages pharmaceutical and medical sundries for the public health system.

While this integration move is a welcomed step, the process has negatively impacted the work of the Prevention teams, as staff reductions occurred due to perceptions of job insecurity. However, under the reclassification of public sector workers, recruitment and hiring efforts have filled all vacant posts in 2023. With these new hires, there is now a need for onboarding and training on effectively delivering the HIV Prevention Programme.

In addition to these administrative issues, notable changes in the behaviours of key populations have impacted the attainment of targets. There is an emerging issue around the migration of transgender persons as the opportunities for asylum in Europe and North America increase. Also, the number of transgender persons within the networks has seen a decline. Lastly, the COVID-19 pandemic shifted the landscape of the operations of sex work and therefore, teams were unable to

locate the same number of sex workers at the PLACE sites or on the streets as they would have done before the pandemic.

2023 Key & Vulnerable Populations Targets, Achievement and Positivity

The targets to reach and test the key populations are calculated based on each population's size estimates. Tables 1.2 and 1.3 show the reach, test, and positive cases for key and vulnerable populations in 2023.

Table 1.2 Key Populations Target Reached and Tested for HIV with Positivity, 2023

| Key Populations Target Reached and Tested for HIV with Positivity, 2023 | | | | | | | | |
|---|--------|----------|------------|--------|----------|------------|----------|------------|
| | Reach | | | Test | | | Positive | |
| Target Groups | Target | Achieved | % Achieved | Target | Achieved | % Achieved | Positive | Positivity |
| FSW | 9,651 | 8,375 | 86.7% | 8,697 | 7,782 | 89.4% | 41 | 0.5% |
| MSM | 8,789 | 6,932 | 78.8% | 7,910 | 6,652 | 84.1% | 164 | 2.5% |
| TG | 576 | 314 | 54.5% | 518 | 263 | 50.7% | 16 | 6.1% |

Table 1.3 Vulnerable Populations Target Reached and Tested for HIV with Positivity, 2023

| Vulnerable Populations Target Reached and Tested for HIV with Positivity, 2023 | | | | | | | | |
|--|--------|----------|------------|--------|----------|------------|----------|------------|
| | Reach | | | Test | | | Positive | |
| Target Groups | Target | Achieved | % Achieved | Target | Achieved | % Achieved | Positive | Positivity |
| Homeless | 450 | 225 | 50% | 405 | 218 | 54% | 0 | 0 |
| SAF (25 – 49) | 96,297 | 36,681 | 38.1% | 86,667 | 32,985 | 38.0% | 119 | 0.4% |
| SAM (25 – 49) | 90,932 | 26,640 | 29.2% | 81,839 | 20,746 | 25.3% | 75 | 0.4% |
| At-risk youth (16 – 24) | 23,227 | 24,626 | 106% | 20,904 | 21,381 | 102% | 49 | 0.2% |

Female Sex Workers

The FSWs have shifted their working spaces and, in 2023, continued to work from their homes, using online strategies to reach regular clients (text messaging and WhatsApp) and engage new clients (online dating sites). Despite this shift, it should be noted that sex workers have also continued to re-engage patrons in familiar spaces (street sites, clubs and bars).

The outreach teams continued to navigate the transitioned “workspace” and identified ways to reach the population through targeted community interventions (TCIs). These interventions required the teams to canvas the geographical community and utilize a wide net approach to seek opportunities to engage with FSWs within those community spaces. The teams provided fulsome risk assessments and risk reduction conversations with females within the community.

During the year, 7,782 FSWs were tested for HIV by the RHAs and CSOs, with a 0.5% positivity rate (Figure 1.6). WRHA recorded the highest reach and test figures, 2,163/2,085. SERHA recorded the highest yield in positive cases, with 12 new cases.

RHAs and CSOs tested 7,626 FSWs for Syphilis, with a reactive rate of 1.5% (Figure 1.7). WRHA recorded the highest reach and test figures, 2,163/2,080. WRHA and Children First recorded the highest yield in positive cases, 32 and 23, respectively.

Figure 1.6 FSWs Reached, Tested and Positive for HIV, 2023

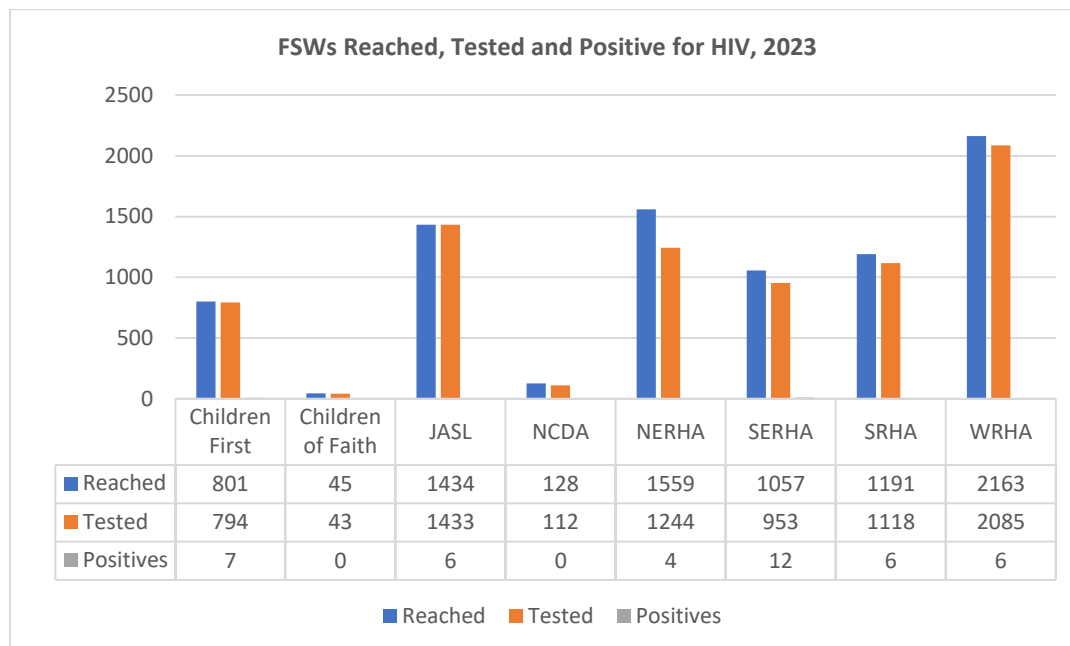
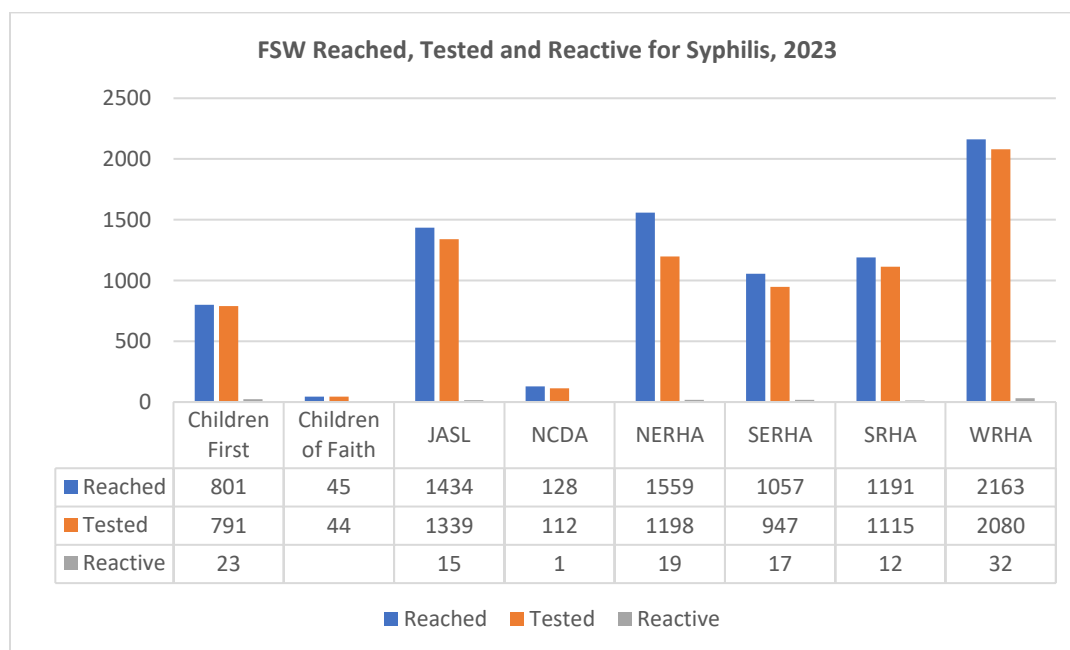


Figure 1.7 FSW Reached, Tested and Reactive for Syphilis, 2023



Men Who Have Sex With Men

Several strategies were pursued to reach and test this population during the year, including:

- i. Social Media - To engage and facilitate offline access to HIV testing services
- ii. Empowerment Sessions – Capacity-building to enhance resilience and empower informed decision-making
- iii. Peer Approach – MSM introduce persons in their network to the programme
- iv. Skill Building – Engaging experts to aid MSM in developing employable skills
- v. Site-based Interventions – Engaging with persons where they were located
- vi. Workplace interventions - In hotels and call centres

Improving the Social Network Strategy for HIV testing includes identifying HIV-positive individuals or those at high risk of HIV (recruiters). These recruiters then enlist members from their social or sexual networks for HIV Testing Services (HTS). Similar to Respondent-Driven Sampling in bio-behavioural surveys, SNS operates under the assumption that individuals within the same social and sexual networks often share similar risk behaviours. Once network members are recruited and tested for HIV, they can then recruit others from their networks who may also be at increased risk of HIV.

The process begins with outreach workers in the community or clinic staff at HIV testing facilities identifying initial recruiters, or "seeds." 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 both "seeds" and "non-seeds". Unique identification codes are used to track compensation owed to clients for recruiting network members to HTS and to identify repeat participants.

The strategy implementation aligns with the CDC year, which runs from October to September. During the reporting period, 6,930 men were reached, and 6,652 were tested for HIV, resulting in a positivity rate of 2.4% (Figure 1.8). JASL and the Ashe Company reported the highest reach and test, 1,901/1,892 and 1,084/1,080, respectively. The highest yield for positive cases was among JASL and ASHE, with 49 and 33 new cases, respectively.

A total of 6,930 men were reached, and 6,540 were tested for Syphilis (Figure 1.9). JASL and the Ashe Company reported the highest reach and test, 1,901/1,813 and 1,084/1,077, respectively. JASL had the highest yield in new cases at 109, followed by Ashe with 50 cases.

Figure 1.8 MSM Reached, Tested and Positive for HIV, 2023

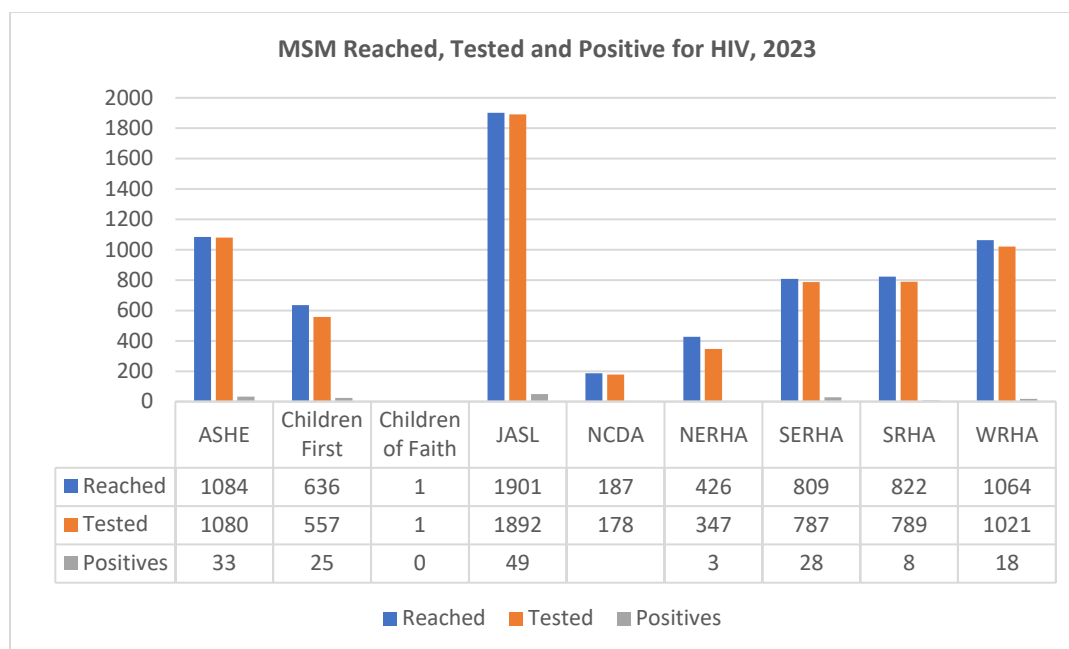
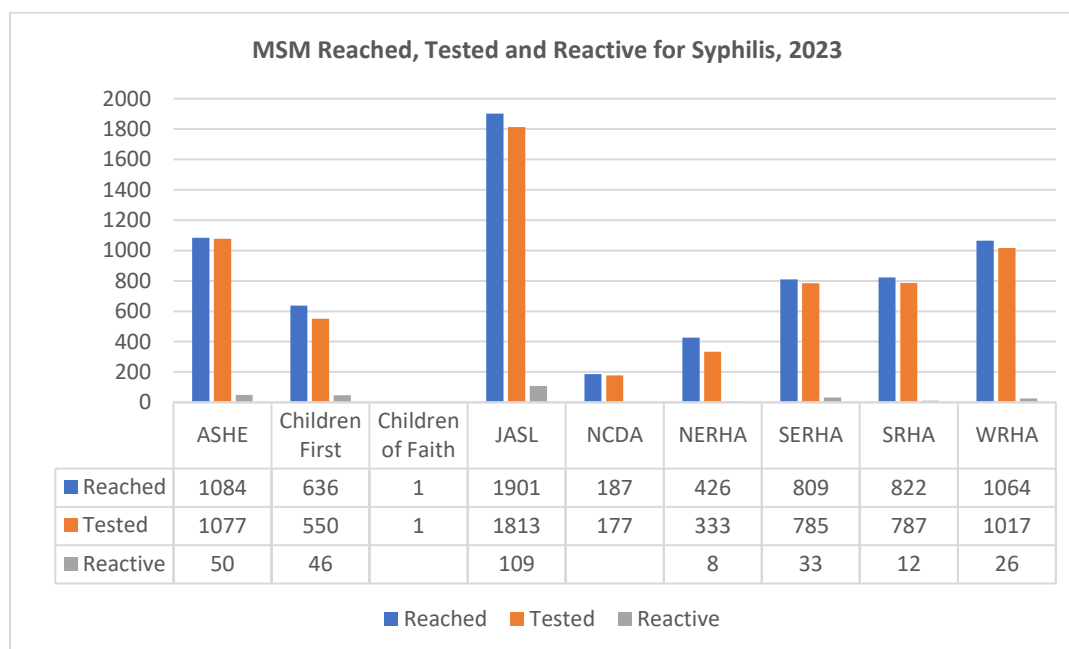


Figure 1.9 MSM Reached, Tested and Reactive for Syphilis, 2023



Persons of Trans-experience

The community of persons of Trans-experience continues to challenge the Prevention teams' capacity to provide optimal health solutions and promote safer sex practices. Some individuals identify as gender fluid and do not want to be classified under a specific gender, making engagement a persistent challenge for the programme. The Prevention teams' skills have been improving through practical experience with community members. The Outreach teams maintain a hands-on approach when working with this population.

In 2023, 314 TG persons were reached, and 263 tested for HIV, with a positivity rate of 6.0% (Figure 1.10). NERHA and WRHA reported the highest number of persons reached and tested, 61/33 and 139/129, respectively. WRHA had the highest yield of 5 TG persons testing positive.

A total of 314 TG persons were reached, and 264 were tested for Syphilis. NERHA and WRHA reported the highest number of persons reached and tested, 61/34 and 139/129, respectively. SERHA had the highest yield of 4 TG persons being reactive for Syphilis.

Figure 1.10 TG Reached, Tested and Positive for HIV, 2023

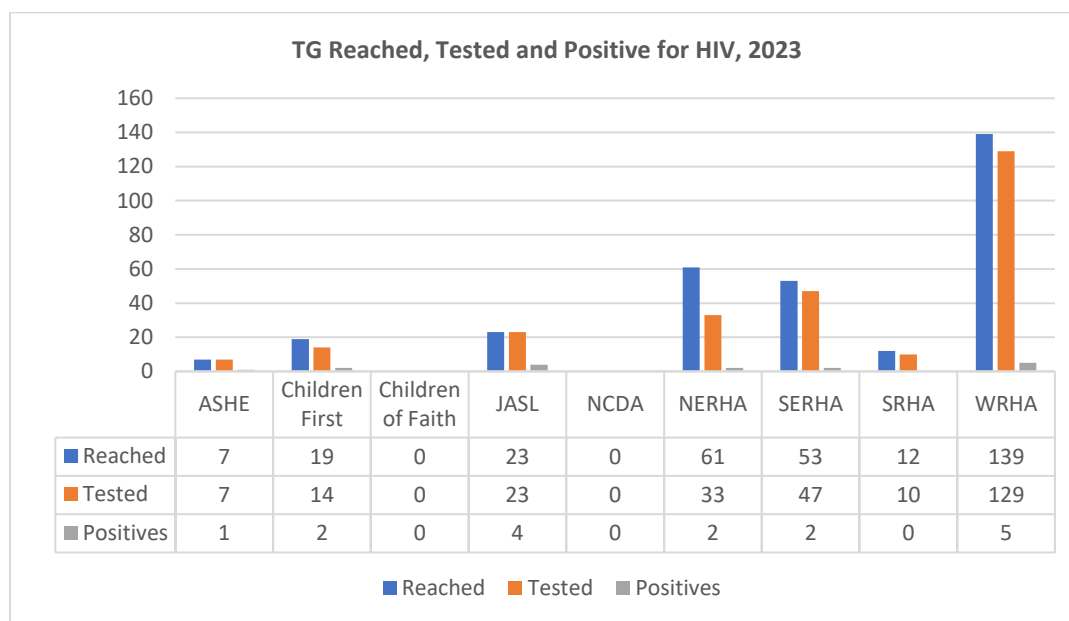
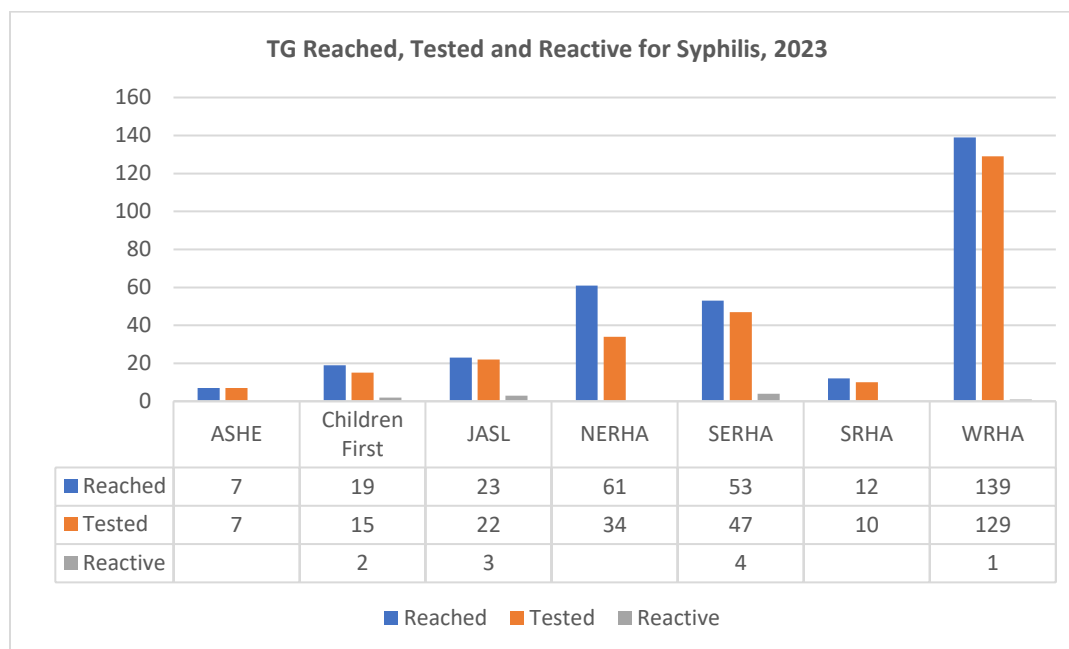


Figure 1.11 TG Reached, Tested and Reactive for Syphilis, 2023



Sexually Active Adults (25-49 Years and Over)

Sexually active adults were reached and tested through various strategies, such as TCI, health centre testing, workplace testing, hot spot mapping, and the use of influencers/gatekeepers/mobilisers. During the year, 63,321 persons were reached, and 53,731 (84.8%) tested for HIV. Similar numbers were seen for Syphilis testing: 63,321 were reached, and 83.5% (52,928) were tested.

It should be noted that while the CSO partners are not mandated to target the sexually active population, they continue to offer testing services to this group to contribute to the national target. The figures below highlight the 25-49 age group, which received the highest reach and test figures compared to the over-50 age group.

Sexually Active Males (SAM)

During the year, 26,640 sexually active men were reached, and 20,746 were tested for HIV, with a positivity rate of 0.36% (Figure 1.12). NERHA and SERHA reported the highest number of persons reached and tested, 6,343/4,099 and 8,732/6,195, respectively. WRHA and SERHA had the highest yields, with 22 and 23 new cases, respectively.

A total of 26,640 sexually active men were reached, and 20,353 tested for Syphilis (Figure 1.13). NERHA and SERHA reported the highest number of persons reached and tested, 6,343/3,776 and 8,732/6,165, respectively. WRHA and SERHA had the highest yields, with 29 and 42 new cases, respectively.

Figure 1.12 SAM (25 – 49) Reached, Tested and Positive for HIV, 2023

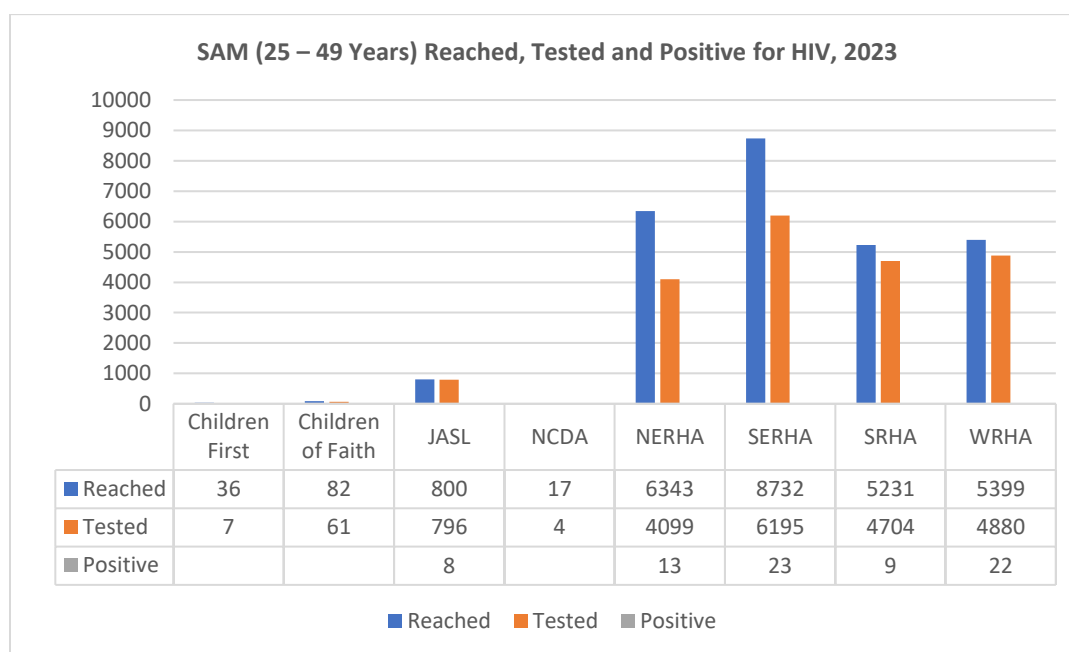
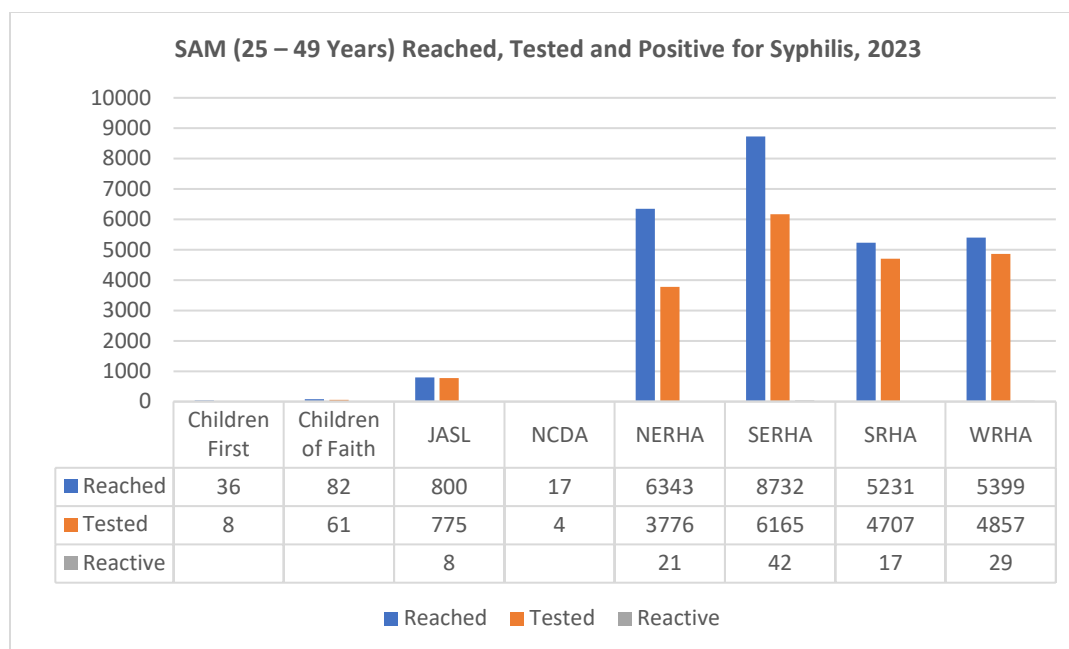


Figure 1.13 SAM (25 – 49) Reached, Tested and Positive for Syphilis, 2023



Sexually Active Females

In 2023, 36,681 sexually active females were reached, and 32,985 tested positive, yielding a positivity rate of 0.36% (Figure 1.14). WRHA and SERHA reported the highest number of persons reached and tested, 9,037/8,489 and 10,897/9,776, respectively. WRHA and SERHA had the highest yields, with 37 and 38 new cases, respectively.

A total of 36,681 sexually active females were reached, and 32,575 were tested for the period (Figure 1.15). WRHA and SERHA reported the highest number of persons reached and tested, 9,037/8,466 and 10,897/9,705, respectively. WRHA and SERHA had the highest yields, with 70 and 93 new cases, respectively.

Figure 1.14 SAF (25 – 49 Years) Reached, Tested and Positive for HIV, 2023

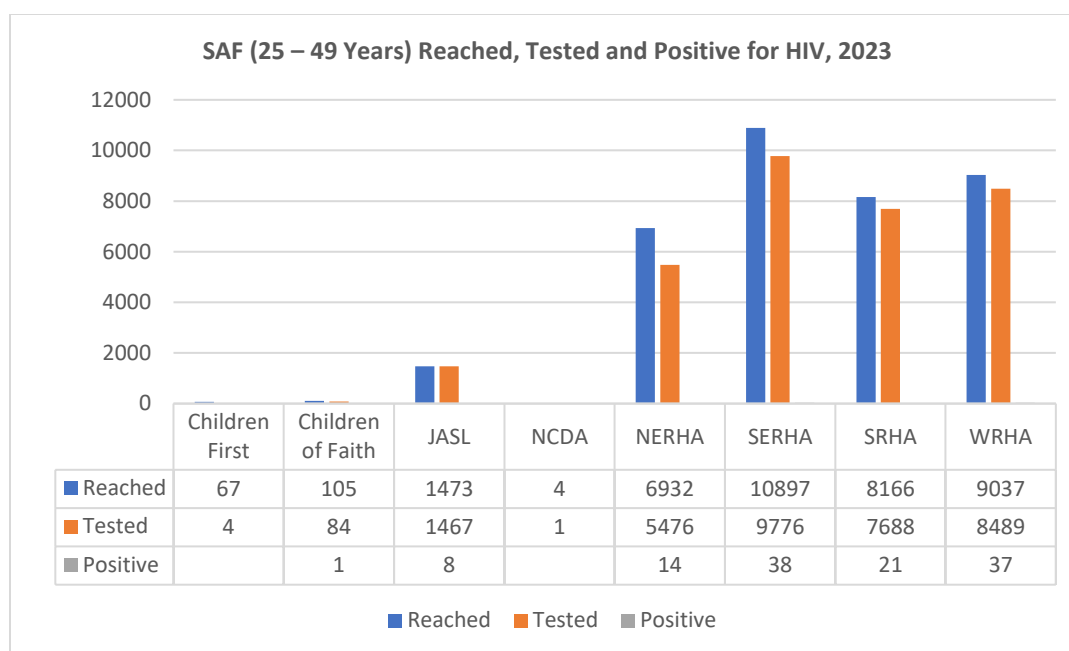
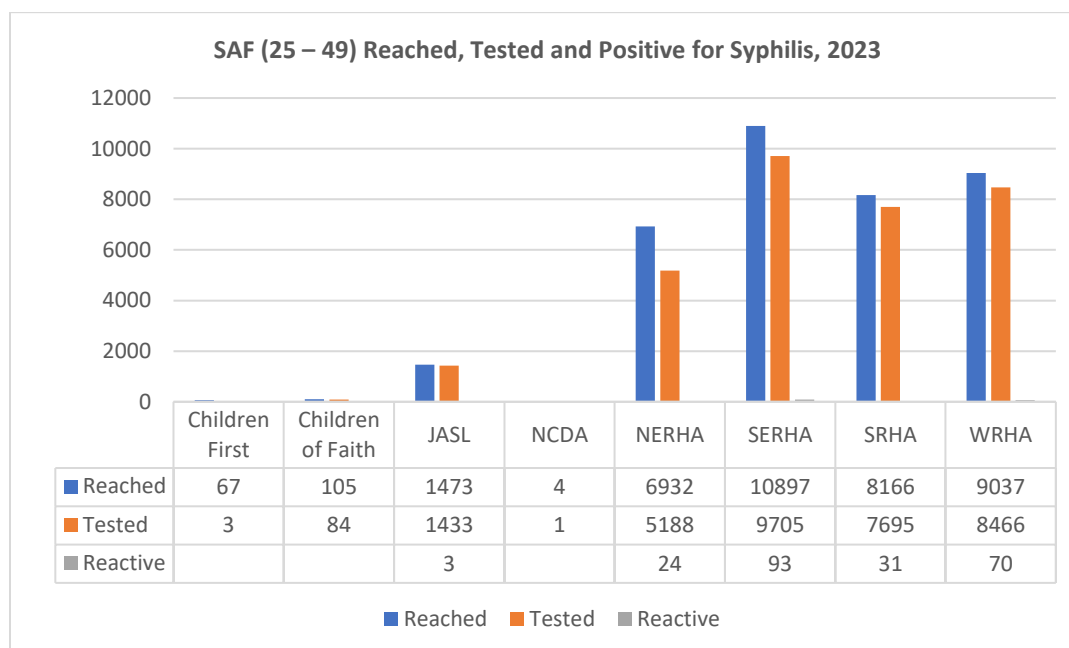


Figure 1.15 SAF (25 – 49) Reached, Tested and Positive for Syphilis, 2023



ADOLESCENTS AND YOUTH

The World Health Organization (WHO) defines 'adolescents' as individuals in the 10-19 age group and 'youth' as persons in the 15-24-year age group.

The Adolescent HIV Testing and Counselling (HTC) Protocol has been finalized. It is slated for printing and dissemination to healthcare providers from facilities and outreach settings that have received training on using the manual. It aims to create a supportive environment and improve the delivery of HIV testing and counselling services to adolescents and youth.

During the year, 24,626 adolescents and youth were reached, and 21,381 were tested for HIV, with a positivity of 0.2% (Table 1.4). The highest number of HIV-positive persons was reported among females. In terms of Syphilis, 24,626 adolescents and youth were reached, and 21,107 were tested for the period, with a positivity rate of 0.4%. The majority of reactive persons were also females.

Table 1.4 Adolescents and Youth (16-24 Years) Reached, Tested and Positive for HIV and Syphilis, 2023

| Age Category | Gender | HIV | | | Syphilis | | |
|--------------|---------|---------|--------|--------------------|----------|--------|--------------------|
| | | Reached | Tested | Reactive /Positive | Reached | Tested | Reactive /Positive |
| 16-19 Years | Males | 3,874 | 3,121 | 2 | 3,874 | 3,075 | 10 |
| | Females | 4,451 | 3,978 | 12 | 4,451 | 3,920 | 15 |
| 20-24 Years | Males | 6,586 | 5,378 | 10 | 6,586 | 5,307 | 21 |
| | Females | 9,715 | 8,904 | 25 | 9,715 | 8,805 | 53 |

Rapid Assessment Survey

From October 2022 to March 2023, a rapid assessment of adolescents and youth (A&Y) aged 16 – 24 was conducted in rural and urban communities.⁵ During the focus group discussions, it was noticed that A&Y are well informed on the basic facts of HIV and AIDS and were able to differentiate between HIV and AIDS and identify signs and symptoms. They were also able to describe the transmission of HIV and how HIV is prevented by limiting the number of sex partners and using a condom. In addition to this, A&Y correctly identified semen, vaginal secretions and blood as body fluids that could transmit HIV. However, less certainty was expressed about mother-to-child transmission and whether kissing or saliva could transmit HIV.

A significant issue identified in the rapid assessment was that although adolescents and youth are aware of the risks of HIV and prevention methods, they choose not to use condoms due to a preference for pleasure and a dislike of condoms. They referred to the fact that the information is provided on various platforms, but they believed that this generation of A&Y is less likely to think about the consequences of their actions. It was also pointed out that lack of parental guidance and good adult role models, peer influence and popular culture (social media, music, film, pornography) impacted the decision-making among A&Y, leading to more risky sexual behaviour.

Some critical sources of vulnerability negatively impact HIV/STI prevention measures among A&Y. Poverty is widely accepted as a significant contributor to vulnerability, and this was evident in the rapid assessment, which revealed that lack of finances prompted A&Y to participate in ‘exchange’ (transactional sex) with adult men and women. The assessment further revealed that these relationships had become the norm within the A&Y population for fun/excitement and survival.

⁵ Adolescent and Youth Rapid Assessment of HIV/STI Sexual Risk Behaviours, Risk Perception and Access to Health Services. 2023. National Family Planning Board.

The Youth Ambassador Programme, a peer-to-peer model, was piloted by the NFPB to engage adolescents with SRH information. This initiative, powered by the CDC, was carried out in collaboration with two key prevention partners. The Youth Ambassador Programme built the capacity of youths ages 16-24 years to engage and provide their peers with SRH health information and make referrals for services. Thirty-one (31) Youth Ambassadors (YAs) were recruited through the Children First Agency and the Southern Regional Health Authority. A standardized training curriculum was used to train the youths and build their skills in communicating with peers on SRH-related matters. At the end of the training, the YA were expected to:

- Explain the basics of HIV, STI, and pregnancy prevention.
- Refer individuals to SRH services.
- Provide instructions on the proper use of condoms.
- Demonstrate conversations with peers about SRH, including HIV, STI, and pregnancy prevention.

Of the 31 YAs recruited and trained, 29 remained in the cohort. These ambassadors reached 461 peers and referred 191 for HIV/Syphilis testing, surpassing the targets of 350 and 175, respectively.

UNICEF-Ask Kimmie Chatbot

The NFPB, in collaboration with UNICEF, developed an adolescent and youth-friendly chatbot, “Yute Chatz”, to share SRH information with this population and make referrals for relevant services. The Chatbot is hosted on UNICEF’s U-Report platform and can be accessed by adolescents and youth



via Facebook Messenger @ UREPORTJAMAICA or WhatsApp and SMS @ 876-838-3897. Yute Chatz offers information on topics such as abstinence, safer sex, pregnancy, contraceptives, STIs, HIV testing and treatment, puberty, mental well-being, etc. The design and development of the chatbot utilized a multi-tiered approach, involving a series of consultations with the stakeholders in the adolescent and youth national SRH response and with adolescents and youth across the island. The insights from the consultations strengthened the Chatbot's content and influenced its final design and layout. The Chatbot was piloted for one month among adolescents and youths across the island along with two (2) parenting groups. The pilot indicated that the content was age-appropriate and that adolescents, youths, and their caregivers welcomed the innovation's design, language, and timeliness.

The Chatbot was launched on November 24, 2023, at the Half-Way-Tree Transportation Centre. Social media influencers Wally Dee and JD Unit were enlisted to enhance engagement with the community of young people. Representatives from

partner agencies present at the event included South East Regional Health Authority (SERHA),

Southern Regional Health Authority (SRHA), Western Regional Health Authority (WRHA), North East Regional Health Authority (NERHA), Children First Agency, JASL, Ministry of Education and Youth (MOEY), DCS, Jamaica Network for Seropositives, UNICEF, and Teen Hub.

Multiple high schools were represented at the launch, including Vauxhall High School, Merl Grove High School, The Queen's High School, St. Andrew's High School, Holy Childhood High School, Ardene High School, Excelsior High School, and Tarrant High School. The CARICOM Youth Through a collaboration with the MOEY—Policy Unit, delegates from across the Caribbean region were also present.

Media coverage of the launch can be accessed using the links below:

<https://jamaica-gleaner.com/article/lead-stories/20231125/chatbot-launched-help-youth-conquer-myths-navigate-sensitive-issues>

<https://jnfpb.org/navigating-yute-chatz-navigating-life/>

Yute Chatz for the Youths - Parental Discretion | TVJ Smile Jamaica -

<https://www.youtube.com/watch?v=x-Z3cVGUF5c>

Table 1.5 outlines the status of project activities initiated during the year.

Table 1.5 Project Update: UNICEF-Ask Kimmie Chatbot ("YUTE CHATZ")

| Activity | Status | Comments |
|-----------------------------------|-----------|---|
| Pilot test of Chatbot | Completed | One hundred fifty (150) adolescents and youth were engaged. Young people were included from five (5) schools in KSA, St Catherine and St. Thomas. Out-of-school youth from the Teen Hub and Children First Agency were also included. Additionally, the pilot group included nine (9) parents who interfaced with the chatbot. Feedback from the pilot was fed directly to the technical consultant team, who made real-time adjustments to improve the user interface. |
| Official Launch of Chatbot | Completed | There were several awareness-building and promotional activities before the launch event. Activities included a morning TV interview, the use of social media influencers to post promotional videos, social media competitions, and a live stream with Wally Dee and DJ. Approximately 99 participants attended the launch event; a mix of in and out-of-school youth were present. Attendees included representatives from RHAs, MOE&Y, CSOs, international partners such as UNICEF, and members of the CARICOM Youth Summit. |
| Outdoor Promotion | Completed | Eight (8) bus shelters in 6 high-prevalence parishes were maintained for an additional 12 months. |

INMATES

The Department of Correctional Services manages HIV prevention for persons in prisons under the auspices of the Ministry of National Security (MNS). The SERHA BCC team occasionally offers support to test inmates and enter the results in DHIS2. HIV testing is conducted by informed consent and is systematically offered to all new admissions to adult correctional institutions or upon request by a physician.

In 2023, 421 inmates were tested for HIV; 84% (355) of the inmates were newly admitted. At the end of 2023, there were 67 PLHIV in prisons, and all are on treatment. Prevention services such as condom distribution and PrEP are not offered in prisons. This is a contentious issue nationally due to the interpretation of various legislations specifically affecting gay men and other men who have sex with men.

Prevention services are also provided for persons in other closed settings, including ‘lockup’ (detention). These services are overseen from the regional level; however, the activities are not standardized across all regions. In the WRHA, Prevention teams visit these ‘lockups’ and offer HIV testing; however, because the process is not standardized, the M&E reporting is limited. In addition to prevention services, all persons in lockups who have disclosed their HIV status to the authorities or family members can receive their medication while in lock-up. However, these persons receive their medication from their enrolled clinics, which means the DCS does not track the information. In some instances where the authorities are made aware, detainees are accompanied to their regularly scheduled clinical appointments. Additionally, for persons who have disclosed to family members, the family informs the health facility and collects medication on behalf of their family member.

Monitoring and reporting in this area are challenging. This is evidenced by the marked difference in the number of persons reached and tested recorded in the Outreach register and the data retrieved from the national database DHIS2. Data from DHIS2 is presented in Figures 1.16 and 1.17. Efforts are underway to address the discrepancy between paper-based records and the database by ensuring that all individuals tested within correctional facilities are entered into DHIS2.

During the year, 297 inmates were reached and tested for HIV, with 1 testing positive (Figure 1.16). A total of 363 inmates were reached, and 333 were tested, with 2 testing positive for Syphilis (Figure 1.17).

Figure 1.16 Inmates Reached and Tested for HIV, 2023

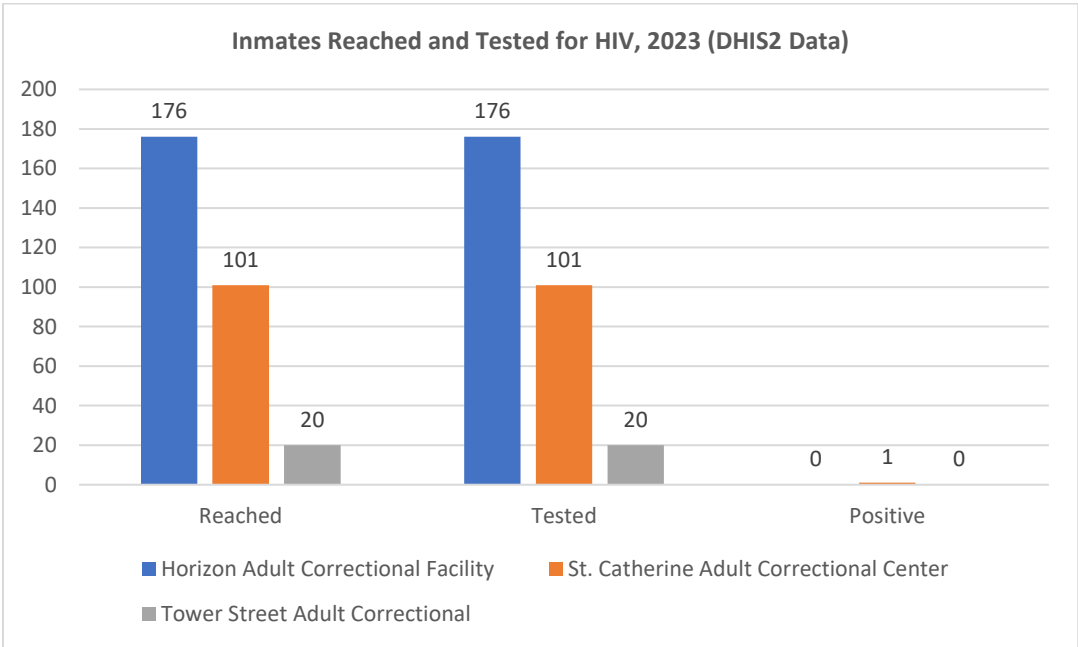
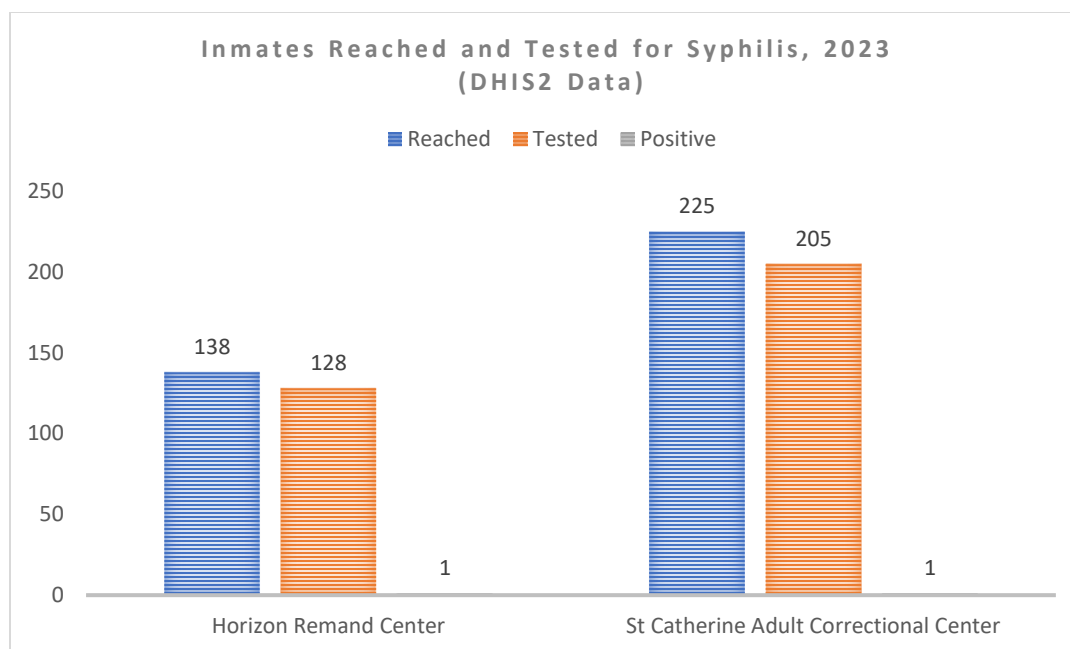
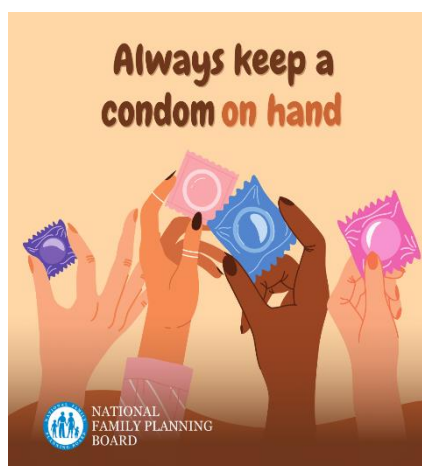


Figure 1.17 Inmates Reached and Tested for Syphilis, 2023



CONDOM DISTRIBUTION

The NHP distributed 4,933,405 condoms and 28,000 units of lubricant. Through outreach efforts, the Prevention team distributed condoms and lubricants via various methods, including reach, testing and counselling activities, requests from external stakeholders and entities, established condom distribution sites (traditional and non-traditional sites) and national commemorative 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 boost awareness of family planning, condom use, HIV transmission, and other sexually transmitted infections.

Safer Sex Week 2023

Safer Sex Week, introduced in 1995, is strategically positioned around Valentine's Day, known as the "Day of Love." This timing is ideal for promoting safer sex practices and contraceptive use. The NFPB, as the lead agency for implementing SRH services nationally, organized SSW 2023 activities to reach adolescents and youths. This was in response to data showing an increase in HIV incidence in the adolescent and youth population over the last four years. SSW 2023 activities were held under the theme "Equalize: Young people a strive, nawmal a lie".

National, regional, and parish-level activities for this commemorative initiative occurred from Monday, February 14, 2023, to Friday, February 18, 2023. These activities included promoting and distributing sexual reproductive health commodities, specifically condoms and lubricants. Additionally, HIV testing services, including HIV self-test kits, were provided.

Collaborative Event

On February 15, 2023, JASL and the NFPB collaborated on the "JASL After Dark" programme to promote SRH information to adolescents and youth. JASL has a significant social media following, particularly for its "JASL After Dark" programme, which targets adolescents and youths aged 18-24. The collaboration was very effective in reaching the target audience.

The event was hosted on Bridge 99 FM, where 'JASL After Dark' is aired and streamed on JASL's Instagram platform. The choice of medium was based on local research⁶ indicating that social media, particularly Instagram, effectively reaches the younger generation, with 59% using the platform. Three social media influencers and medical professionals (Wayshae, Dr. Coombs, and Belinda Reid), with a combined total of 53,300 YouTube subscribers and 347,000 Instagram followers, primarily adolescents and young people, were involved in the event.

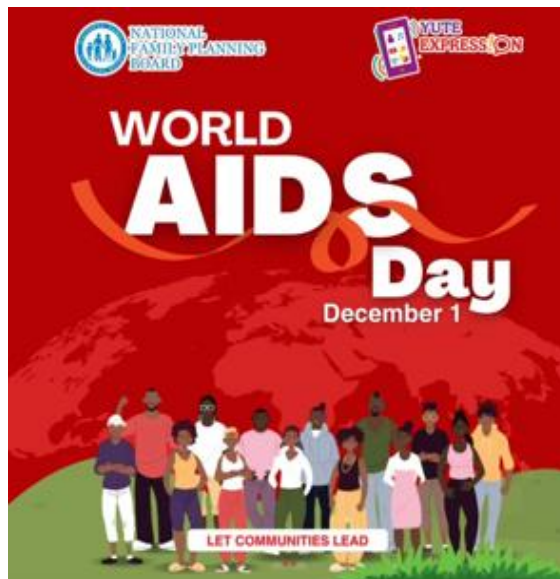


⁶ Young Jamaicans in a Hyper-Connected World: Life Online at the Papine Campus, University of Technology, Jamaica

World AIDS Day 2023

UNAIDS, the global organization supporting HIV/AIDS prevention and treatment efforts among developing states, coined the World AIDS Day theme, “Let Communities Lead,” a call to action to enable and support communities in their leadership roles. World AIDS Day 2023 highlighted that to unleash the full potential of community leadership to enable the end of AIDS:

- i. Communities’ leadership roles need to be made core in all HIV plans and programmes and in their formulation, budgeting, implementation, monitoring and evaluation. “Nothing about us without us.”
- ii. Communities’ leadership roles need to be fully and reliably funded to enable the required scale-up and be properly supported and remunerated. “Not ending AIDS is more expensive than ending it.”
- iii. Barriers to communities’ leadership roles need to be removed. An enabling regulatory environment is needed that facilitates communities’ role in the provision of HIV services, ensures civil society space, and protects the human rights of all, including marginalised communities, to advance the global HIV response. “Remove laws that harm, create laws that empower.”



Achieving a 40% reduction in new HIV infections by 2025 through combination prevention interventions remains a global goal.

In Jamaica, the NFPB launched the Yute Chatz Chatbot as part of the commemorative celebration of WAD 2023. The Clarendon and Trelawny BCC teams also received support for their WAD events on December 1 and December 9, respectively. Members from the NFPB team, including representatives from the Health Promotion and Protection and Communications and Public Relations units, were present at both events to provide additional support. This support included technical guidance and capturing media content. Approximately 500 HIVST kits were distributed to clients at each event.

2: TREATMENT, CARE AND SUPPORT

OVERVIEW

The Treatment Care and Support Component of the HSTU, in collaboration with various stakeholders, provides programmatic management and oversight to the treatment and management of sexually transmitted infections, including HIV and Tuberculosis. During the period, the Component achieved significant milestones, including the elimination of Mother-to-Child transmission of HIV & Syphilis, the re-establishment of the National Tuberculosis Programme, quality assurance audits of HIV treatment sites, and the development of tools to assess the STI & TB programmes at the implementation level.

Staffing challenges within the Component significantly impacted operations. The Programme Officer for the psychosocial services position remained unfilled, while the National Programme Administrator was reassigned to a higher post outside the component. Additionally, a Programme Development Officer resigned. These changes led to scaled-down STI activities, delays in programme updates and implementation of certain psychosocial services, and disruptions in the management of HIV and TB services.

A key programme objective is to expand services per the Primary Health Care Renewal Plan. To this end, twenty-six (26) sites that did not previously offer HIV care were assessed. Based on these assessments, one health facility was recommended to start HIV services immediately. Additionally, four health centres were identified to be equipped for delivering HIV treatment, care, and support services in 2024.

Throughout the year, the work of the Treatment, Care, and Support Component was strategically aligned with and driven by the comprehensive objectives set for the HIV, TB, and STI programmes. This integrated approach ensured that efforts were coordinated, efficient, and targeted towards achieving optimal outcomes across all three health areas.

- i. HIV National Strategic Plan
 - To reduce new HIV infections by 40% by 2025 through effective combination prevention
 - To ensure that by 2025, 90% of PLHIV are aware of their status, 90% of those diagnosed are retained on ART, and 90% of these persons are virally suppressed and EMTCT is attained.
- ii. TB National Strategic Plan
 - Integrated Patient-Centered Care and Prevention of TB
 - Promote Universal Access to Care for TB
 - Promote Operational Research and Implementation of Innovative Initiatives and Tools for TB Control.
- iii. STI Programme
 - Implementing comprehensive, quality, people-centred care to decrease the national incidence and prevalence rates of STIs.
 - Developing and implementing national protocols and policies to improve the management of STIs.
 - Strengthening STI laboratory services.
 - Enhancing the integration of STI services within primary care.
 - Scaling up primary prevention of STIs through the promotion of safe sexual practices, including condom use.
 - Strengthening the monitoring of STI trends nationally.

- Improving the surveillance of antimicrobial resistance in *Neisseria gonorrhea*.
- Conducting research on STI prevention and treatment in the Jamaican context.

OPERATIONAL PLAN IMPLEMENTATION

Table 2.6 provides a comprehensive overview of the 2023 operational plan's implementation status, detailing progress made across key activities and milestones. This visual representation offers a clear and concise snapshot of the plan's execution, highlighting achievements and areas requiring further attention.

Table 2.6 TCS Operational Plan 2023: Implementation Status

| TCS Operational Plan 2023: Implementation Status | | | | | | |
|--|--|--|--|----------|----------------------------|---|
| Major Activity/Initiative | Intended Results | Performance Measure | Target | Status | Reason for Non-Achievement | Strategy/Schedule to Address Unmet Need |
| Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Syphilis | Reduced incidence of vertical transmission of HIV and Syphilis | EMTCT Validation Report | EMTCT Validation Report prepared and submitted in Q4 | Achieved | | |
| | Programmatic decisions developed with multi-sector involvement for PMTCT | EMTCT TWG convened with meeting notes | Quarterly TWG meeting held with action items addressed | Achieved | | |
| Pre-Exposure Prophylaxis Programme implemented to reduce HIV transmission | Reduced incidence of HIV | Establish PrEP in Public Sector sites -14 Health Centres equipped and offering PrEP. | Implement PrEP in 14 Health Centres | Achieved | | |
| | | PREP handbook | PREP handbook developed and printed | Achieved | | |
| PITC Programme strengthened – 1st 90 | Increased number of persons knowing their HIV status | Evaluation report - PITC in curative clinics | Evaluation Report of PITC completed in Q4 | Achieved | | |
| Increased public and private sector access points for HIV Care – 2nd & 3rd 90s | Reduced incidence of deaths among PLHIV | Validation Tool | Validation Tool developed in Q1 | Achieved | | |
| | | Assessment Report re-validation for HIV service delivery | 50% of Type 3 Health Centres not offering HIV care completed | Achieved | | |
| | | Audits Reports relating to audits at Type 4-5 Health Centres | Audit reports disseminated to entities | Achieved | | |
| | | Executive Summary and Audit Action Plan | Executive Summary and Audit Action Plan completed in Q4 | Achieved | | |

| | | | | | | |
|--|--|--|--|--------------|--|----------------------------------|
| | | Non-Conformance Reports | Corrective Action Plans reviewed, and feedback given | Achieved | | |
| | | Adherence Counselling Programme assessment consultancy report | Adherence Counsellor consultancy report completed. | Achieved | | |
| | | Adherence Counsellors Service Delivery Protocol | Adherence Counsellor protocol developed | Achieved | | |
| | | Updated HIV Clinical management manual | Develop an elderly health chapter for PLHIV | Not Achieved | The staff complement was not present to support the activity | Reassigned to Quarter 1 of 24/25 |
| | | HIVDR modules developed | Develop HIVDR modules for training | Not Achieved | The staff complement was not present to support the activity | Reassigned to Quarter 3 of 24/25 |
| | | Management and viral suppression of the paediatric population improved, as reported in appendices of the TCS component report quarterly. | | Achieved | | |
| | | Lost To Follow Up (LTFU) rate decreased by 5%. Viral Suppression increased by 5% | | Achieved | | |
| | | 20 new private physicians able to offer HIV care through PPP | Engage 20 new private physicians for PPP | Achieved | | |

| | | | | | | |
|---|---|--|---|--------------|--|---|
| Uninterrupted supply of HIV/STI Commodities | Reduced incidence of HIV-attributable deaths | 100% of ARV supply maintained | Maintaining no stock out of ARVs | Achieved | | |
| | Increased number of persons knowing their HIV and Syphilis status | 100% of HIV Test Kits, Unigold Test Kits, SD Bioline Syphilis Test Kits, and DBS kits maintained | Maintaining no stock out of test kits | Achieved | | |
| | Reduced incidence of vertical transmission of HIV | 100% of Isomil Similac Neosure maintained | Maintaining no stock out of replacement feeds | Achieved | | |
| | Reduced incidence of HIV-attributable deaths | 100% of CD4 testing supplies maintained | Maintaining no stock out of monitoring test kits | Achieved | | |
| Reduced morbidity and mortality among persons with HIV | Strategic direction for the HIV Programme defined | Consultancy Report | Consultancy report received in Q2 | Achieved | | |
| | Programmatic decisions developed with multi-sector involvement for HIV | TWG convened for HIV | Quarterly TWG meeting held with action items addressed | Achieved | | |
| Reduced morbidity and mortality among persons with STIs | Programmatic decisions developed with multi-sector involvement for STIs | TWG convened for STI | Quarterly TWG meeting held with action items addressed | Not Achieved | The staff complement was not present to support the activity | TOR was developed for TWG, and 1 TWG meeting was convened in Q2. No officer was available for Q3 & 4. |
| | Safer sex week observed. | Safer Sex Week report | Safer sex week activities held and report submitted – Q4 | Achieved | | |
| Reduced morbidity and mortality among persons with TB | Monitoring & Evaluation tool developed for the TB programme | TB Audit Tool | TB Audit tool developed piloted and report of pilot submitted | Achieved | | |

| | | | | | | |
|--|---|-------------------------------------|---|----------|--|--|
| | Programmatic decisions developed with multi-sector involvement for TB | TB Operational Plan | TB Operational plan for 23/24 developed | Achieved | | |
| | | Quarterly meeting reports of TB TWG | TB TWG TOR updated, and 3 TB TWG convened. | Achieved | | |
| | | World TB Day Activities | World TB Day concept note developed with the execution of activities. | Achieved | | |

ANNUAL REVIEWS/MEETINGS

The TCS Component held three annual meetings in 2023. Table 2.7 outlines the objectives, outcomes, and recommendations from each meeting.

Table 2.7 TCS Annual Meetings: Objectives, Outcomes & Recommendations

| TCS Annual Meetings: Objectives, Outcomes & Recommendations | | | |
|---|--|---|--|
| Type of Meeting | Objectives | Key Outcomes | Recommendations |
| Treatment Annual Forum | <ul style="list-style-type: none"> • Provide an update on January - July of 2023 outcomes based on activities implemented during the period to address retention in care on ART and viral suppression • Update of the treatment programme at the Parish & Regional level for 2022, inclusive of achievements and barriers • To share key interventions that have been utilised over the past eighteen (18) months that have yielded success • To utilize data and experience to bring Jamaica closer to achieving epidemic control by 2030 | <ul style="list-style-type: none"> • The PLHIV has to want to stay in care • Retention on ARVs is optimal in paediatric and 50+ age group • In ten years, 50% of PLHIV will be elderly • LTFU rates have decreased • LTFU profile – M/F, 20-49 years, in care < 18 months | <ul style="list-style-type: none"> • Case Management of at-risk groups • Delineating the risk profile further • Updating the Elderly Chapter in the Manual • Update Entry to care protocol and Retention & Recovery Protocol |
| TB Annual Review | <ul style="list-style-type: none"> • To review TB data as a country, reviewing the disease burden and TB Management at the service delivery level. • To re-sensitize stakeholders and synchronize the TB Programme in Jamaica in keeping with the NSP and to identify, address, and propose solutions to the challenges and gaps in the response applying best practices across institutions. | <ul style="list-style-type: none"> • Defining the profile of the TB patient – how do we do targeted screening? | <ul style="list-style-type: none"> • TB Annual audits • Explore the possibility of laboratory TB screening • Develop a communication plan to target TB awareness • Capacity building of team as new/ updated modalities are introduced |
| PMTCT Annual Review | <ul style="list-style-type: none"> • Review the PMTCT programme at the regional level • Examination of best practices across sites and implementation in new sites • Preparation of sites for post-validation | <ul style="list-style-type: none"> • Planned audits with sites • Updating of registers • Resolution of data between national and parish levels | <ul style="list-style-type: none"> • Quarterly Audits of sites • Engagement of Family Health Unit to strengthen Maternal & Child Health Programme at the implementation level |

PROGRAMME AREA ACHIEVEMENTS

This section summarizes the key achievements across the three (3) programme areas. It highlights significant milestones, successful initiatives, and tangible outcomes realized during the reporting period. These accomplishments reflect the NHP's progress towards its strategic objectives and demonstrate the impact of implemented interventions.

Application for Elimination Status (2020-2022)

Jamaica applied for the Elimination of Mother-to-Child Transmission (EMTCT) status for 2020-2022. During this period, all process and impact indicators were met, demonstrating the country's commitment to reducing the transmission of HIV from mother to child.

Audit of Treatment Sites

A comprehensive audit was conducted across fifty-one (51) treatment sites, including forty-five (45) public health facilities and six (6) private facilities. The latter included Jamaica AIDS Support for Life (JASL—three chapters), AIDS Healthcare Foundation (AHF), Centre for HIV/AIDS Research, Education and Services, and University Hospital of the West Indies Paediatric. The country's overall Treatment Audit performance was commendable, with a compliance score of 90%. This high level of performance reflects the diligent efforts made by the healthcare providers to adhere to treatment protocols.

Transition to Dolutegravir-Based Regime

Jamaica successfully transitioned all individuals on first-line antiretroviral therapy (ART) to a dolutegravir-based regimen. This transition has led to an overall improvement in viral suppression among the 0-9 age group, showcasing the efficacy of the new treatment regimen in enhancing health outcomes for children living with HIV.

Re-establishment of the Tuberculosis Programme

The TB programme was re-established with the recommencement of the TB Technical Working Group (TBTWG) and the development and piloting of the TB audit tool. This renewed focus on TB has facilitated better monitoring and management of the disease within the country.

Development and Piloting of STI and TB Audit Tools

The STI audit tool was developed and piloted, marking a significant step forward in the country's efforts to manage and control sexually transmitted infections. Preliminary audits for both STI and TB were conducted in the South East Region Health Authority and the Western Regional Health Authority. The findings from these preliminary audits were instrumental in reviewing and finalizing the STI and TB audit tools, ensuring they are robust and effective in their application.

Jamaica's efforts from 2020 to 2022 reflect a robust commitment to eliminating mother-to-child transmission of HIV and improving overall public health. The successful audits, transition to a more effective treatment regimen, and re-establishment of critical health programmes underscore the country's progress and dedication to achieving better health outcomes for its population.

SERVICE DELIVERY UPDATES

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. The Post-exposure Prophylaxis protocol was also updated. In 2021, a TLD (Tenofovir, Lamivudine, Dolutegravir) transition plan was developed to transition all clients to this first-line regimen. In 2022, treatment sites followed the previously submitted TLD transition plans for specific groups within set timelines. Throughout 2023, the implementation of the TLD transition plan continued, with the switch being completed by December 2023.

In 2022, the HSTU also adopted the antiretroviral regimen for the 0-5 years paediatric population to align with global recommendations, aiming to enhance the quality of treatment provided to these young clients. The combination of Abacavir/Lamivudine/Dolutegravir became the first choice for first-line therapy for all paediatric clients under five years old, effective October 5, 2022. In 2023, the HSTU adopted the antiretroviral regimen of Abacavir/Lamivudine/Dolutegravir as first-line therapy for paediatric clients in the 6-9-year-old cohort. By the end of 2023, all paediatric patients aged 0-9 years were transitioned to first-line therapy. Throughout 2023, ongoing case conferences were held to discuss complex cases, address challenges, and plan the future direction of the paediatric programme.

HIV TESTING

In 2023, the HSTU monitored testing in public health facilities. Table 2.8 indicates that at least 221,796 HIV tests were conducted in 2023 across the four regions in the public health sector. This reflects an increase of 130,579 in the number of performed tests reported compared to 2022. The yield of positive tests in 2023 was 1.1%, a slight decrease from 2022 (1.3%).

Table 2.8 HIV Testing in the Public Health Sector, 2023

| HIV Testing in the Public Health Sector, 2023 | | | | |
|---|--------|---------------------|----------------------------|-------------|
| Year 2023 | Region | HIV Tests Done 2023 | Positive Test Results 2023 | % Positive |
| | SERHA | 71,011 | 1,245 | 1.7% |
| | NERHA | 73,194 | 420 | 0.6% |
| | SRHA | 45,798 | 416 | 0.9% |
| | WRHA | 31,793 | 467 | 1.4% |
| Total 2023 | | 221,796 | 2,548 | 1.1% |

Provider Initiated Testing and Counselling

The RHAs continued to build the capacity of healthcare workers to conduct provider-initiated testing and counselling during the period. Regional trainers and national representatives conducted training sessions for new staff within the respective regions throughout the year. Table 2.9 shows the PITC uptake and yield for 2023. The national uptake was 50%, while the positivity yield was 1.7%.

Table 2.9 PITC Uptake in Public Hospitals, 2023

| PITC Uptake in Public Hospitals, 2023 | | | | | |
|---|--------|--------|--------|--------|----------|
| | SERHA | NERHA | SRHA | WRHA | National |
| Total Admissions (Excl. Obstetric Data) | 38,422 | 11,626 | 17,627 | 15,523 | 83,198 |
| Admissions Tested for HIV | 16,230 | 9,712 | 8,660 | 6,687 | 41,289 |
| % Admissions tested for HIV | 42.2% | 83.5% | 49.1% | 43.0% | 50.0% |
| Admissions tested positive for HIV | 385 | 18 | 189 | 105 | 697 |
| Yield % | 2.4% | 0.2% | 2.2% | 2.0% | 1.7% |

NERHA was the only region to meet the service level agreement (SLA) target of 60% for 2021 to 2023 (Table 2.10). For 2023, NERHA recorded the highest uptake and the lowest yield, while SERHA recorded the lowest uptake and the highest yield. SERHA and WRHA consistently recorded regional uptake figures below 50%, while SRHA often fluctuates. The national uptake for 2023 showed an increase of 5% compared to 2022, but the 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 2.10 PITC Uptake in Public Hospitals, 2021 - 2023

| PITC Uptake in Public Hospitals, 2023 | | | | | | |
|---------------------------------------|---------------|-------|---------------|-------|---------------|-------|
| Region | PITC 2021 (%) | | PITC 2022 (%) | | PITC 2023 (%) | |
| | Uptake | Yield | Uptake | Yield | Uptake | Yield |
| SERHA | 39.3 | 2 | 36 | 2.9 | 42.2 | 2.4 |
| NERHA | 68.3 | 1 | 72.9 | 0.6 | 83.5 | 0.2 |
| SRHA | 43.5 | 2.7 | 52.9 | 2.1 | 49.1 | 2.2 |
| WRHA | 37.0 | 1.6 | 36.7 | 1.9 | 43 | 2 |
| NATIONAL | 45.0 | 1.8 | 45 | 1.8 | 50 | 1.7 |

Health Centre PITC

Health Centre PITC was reintroduced in 2023, and sites commenced submitting reports in May 2023 for the reporting month of April. The activity was implemented in 32 health centres: SERHA (0), SRHA (3), NERHA (13), and WRHA (16). These facilities offered testing every month; however, the number of days the test was available varied by facility. The regional PITC yield for health centres ranged from 0.2% to 0.4%, while the hospital PITC yield for the comparative period ranged from 0.2% to 2.1% (Table 2.11).

Table 2.11 Comparison between Health Centre and Hospital PITC, 2023

| Comparison between Health Centre and Hospital PITC, 2023 | | | | |
|--|-----------------|----------|---------------|----------|
| Region | Number of Tests | | Yield | |
| | Health Centre | Hospital | Health Centre | Hospital |
| SRHA | 3894 | 6993 | 0.3% | 2.1% |
| NERHA | 4324 | 7128 | 0.2% | 0.2% |
| WRHA | 1821 | 5158 | 0.4% | 1.6% |

Contact Tracing and Testing

Figure 2.18 illustrates HIV index testing results for 2023, disaggregated by region. WRHA had the most contacts eligible for index testing services, contacts locatable and contacts located. WRHA

also reported the highest number of contacts that tested positive. SRHA achieved the highest yield from index testing, reaching 50%.

Linkage to Care

At the end of 2023, national data on linkage to care within four (4) weeks of HIV diagnosis revealed suboptimal results. More than 30% of newly diagnosed HIV-positive individuals were not linked to care within the recommended 4-week post-diagnosis period (Table 2.12). The North East Regional Health Authority demonstrated the best performance, with 89% of individuals linked to care within four weeks. However, the remaining three regions reported significantly lower rates at 67% or below.

Figure 2.18 Index Testing by Region, 2023

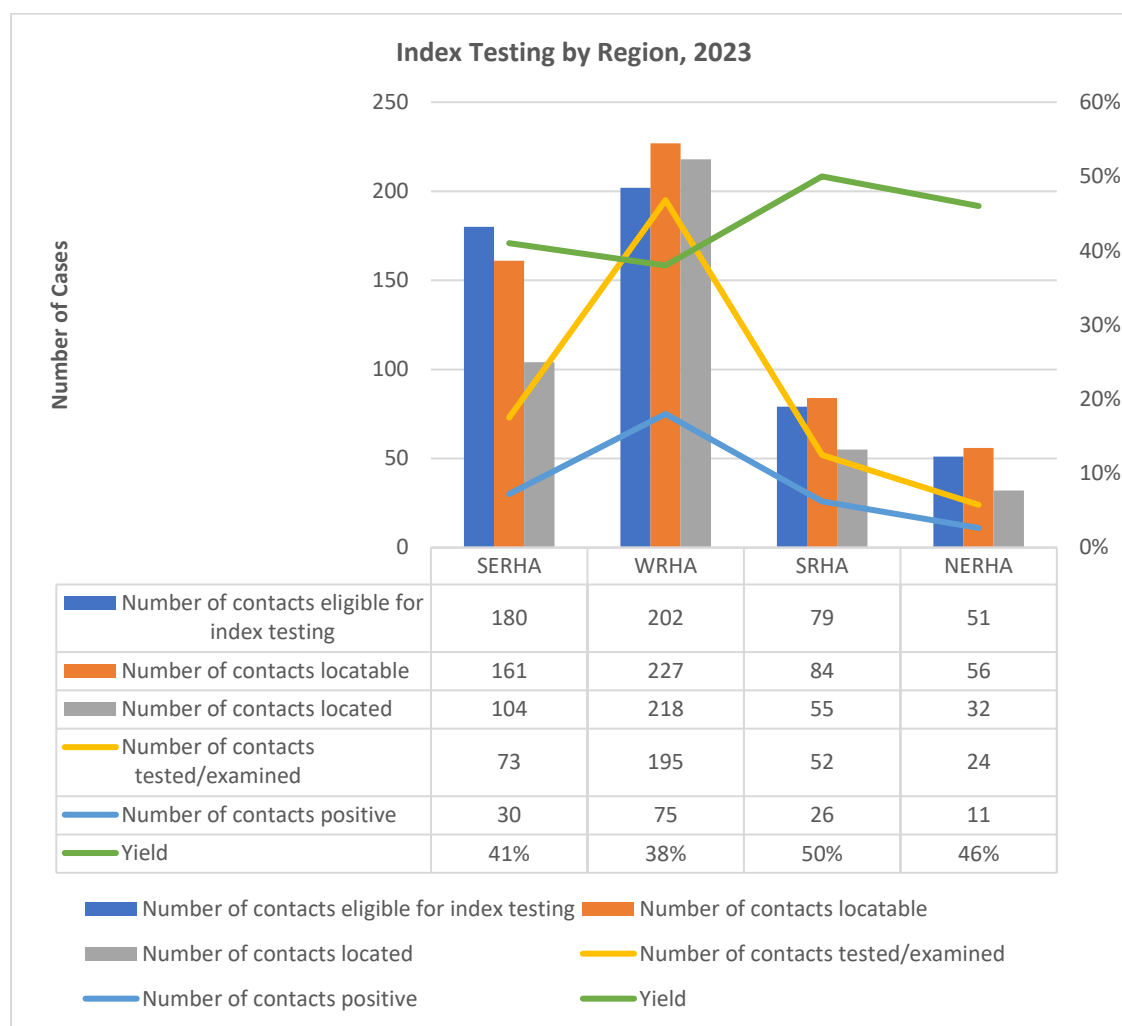


Table 2.12 Linkage to Care by RHA, 2023

| Linkage to Care by RHA, 2023 | | | | | |
|--|-------|-------|------|------|----------|
| Indicator | SERHA | NERHA | SRHA | WRHA | National |
| # of patients newly tested positive for HIV | 579 | 144 | 85 | 248 | *1056 |
| # of newly diagnosed patients linked to care within the same month of diagnosis (within 4 weeks as per protocol) | 382 | 91 | 76 | 160 | *709 |
| % of newly diagnosed patients linked to care within the same month of diagnosis (within 4 weeks as per protocol) | 66% | 63% | 89% | 65% | 67% |

*Data missing for JASL & CHARES for four (4) months (February, April, November & December 2023)

Laboratory Monitoring Tests

The Treatment Component monitors PCR, CD4 and viral load testing primarily through the NPHL. There has been a notable increase in all tests offered by the NPHL. The TCS Component facilitates the training and sensitization of field staff to ensure that the quality of samples received at NPHL is appropriate for testing. In 2023, trainings were conducted for specific staff cadres across all regional health authorities, focusing on Early Infant Diagnosis (EID) using Dried Blood Spot (DBS) testing. Table 2.13 compares the PCR, CD4 and viral load monitoring test results from 2021 to 2023.

Table 2.13 Laboratory Monitoring Tests, 2021 – 2023

| YEAR | PCR | | | CD4 | | | VIRAL LOAD | | |
|--------------------|-------|-------|-------|-------|-------|-------|------------|--------|--------|
| | 2021 | 2022 | 2023 | 2021 | 2022 | 2023 | 2021 | 2022 | 2023 |
| Received | 1,162 | 1,013 | 1,189 | 7,910 | 8,301 | 9,295 | 23,004 | 23,529 | 24,720 |
| Processed | 1,093 | 944 | 1015 | 7,631 | 7,470 | 8,660 | 22,553 | 23,104 | 21,117 |
| Positive | 8** | 3*** | *7 | | | | | | |
| Rejected | 64 | 69 | 37 | 279 | 421 | 538 | 451 | 425 | 502 |
| Rejection Rate (%) | 5.5% | 6.8% | 3% | 3.5% | 5.0% | 6% | 2.0% | 1.8% | 2% |

* Of the 7 positive results, 3 are second PCR tests for babies born in 2022, while the remaining 4 positive results are 1st and 2nd PCRs for 2 babies born in 2023.

**Of the 8 cases, 4 are new and 4 are repeats, and second PCR tests for babies born in 2020.

***all 3 babies were born in 2022

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 three (3) months. Additionally, at eighteen (18) months, an ELISA test (HIV antibody test) is performed to complete the testing algorithm.

In 2023, 1,189 DNA PCR tests were conducted with seven (7) positive results. Of the seven (7) positive results, three (3) are second PCR tests for babies born in 2022, while the remaining four (4) positive results are first and second PCRs for two babies born in 2023. The rejection rate decreased by 3.8% in 2023 compared to 2022. The primary reason for sample rejection was saturated desiccants. In addition to the DBS training conducted in 2023, a sample retake was also done to promote efficacy and efficiency in the HIV DNA PCR testing programme.

CD4 Testing

CD4 testing monitors the stage of HIV disease in PLHIVs and indicates the level of immune system impairment. Upon linking to the care team for staging, all newly diagnosed persons should receive an initial test to determine their CD4 count. In 2023, 9,295 CD4 samples were received for testing, a 12% increase from the previous year. The rejection rate for CD4 tests increased by 1% compared to 2022. The NPHL and HSTU have engaged the sites with a high rejection rate.

Viral Load Testing

Viral load testing is used as an indicator to see 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 2023, 24,720 samples were received for viral load testing, an increase of 5% over the previous year. The rejection rate increased slightly by 0.2%. The turnaround time for results was as low as two weeks due to DISA access at 95% of sample collection sites.

HIV PREVENTION

In 2023, the TCS Component provided oversight for two critical prevention programmes, namely the Pre-Exposure Prophylaxis Programme and the Elimination of Mother-to-Child Transmission of HIV and Syphilis.

Pre-Exposure Prophylaxis

The use of biomedical methodologies to prevent HIV has been a feature of treatment and care programmes for many years. The primary focus of this approach has been on providing antiretroviral therapy after exposure to potentially infectious HIV material, known as Post-Exposure Prophylaxis (PEP). PrEP programmes are critical interventions that identify individuals at risk of acquiring HIV and provide an additional tool to empower them to reduce their risk. All PrEP users are encouraged to concurrently use other prevention methods to protect against sexually transmitted infections and pregnancy.

The Ministry of Health and Wellness conducted a feasibility study and PrEP pilot in 2020, both of which were used to guide the implementation of PrEP services as an additional HIV prevention

service to decrease the incidence of HIV in Jamaica. In 2023, PrEP was implemented across all the health regions. There are currently twenty-three sites providing PrEP Services island-wide.

Figure 2.19 shows the number of persons initiated on PrEP from 2020 to 2023.

Figure 2.19 Number of Persons Initiated on PrEP, 2020 - 2023



Between 2022 and 2023, several activities were implemented as part of the PrEP programme. These include:

- i. Development of an Implementation Plan, Standard Operating Procedures, Job Aids and Clinician handbook for PrEP.
- ii. Island-wide training with all cadres of staff to increase competency in offering PrEP services.
- iii. Establishment of a PrEP committee that meets once per quarter to identify gaps and successes and chart the programme's future.
- iv. Bi-monthly check-ins with the subnational team of Contact Investigators and Behaviour Change Communication officers to identify gaps or best practices in implementing the programme.
- v. Establishment of a communication committee to guide information, education and promotion of PrEP.
- vi. Development of a PrEP database to monitor and evaluate the country's PrEP programme.
- vii. The establishment of a warm line, which is used by both patients and service providers.

Elimination of Mother-to-Child Transmission of HIV and Syphilis

The definitive goal of the Prevention of Mother-to-Child Transmission programme is for Jamaica to eliminate vertical transmission of HIV and Syphilis. The desired goal for the EMTCT programme is:

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

As shown in Table 2.13, national and subnational efforts were integral to attaining the targets listed above for the period highlighted.

Table 2.14 EMTCT Validation Indicators, 2019 - 2023

| EMTCT Validation Indicators, 2019 - 2023 | | | | | | |
|--|--------|------|------|------|------|-------|
| IMPACT INDICATORS | Target | 2019 | 2020 | 2021 | 2022 | 2023 |
| HIV MTCT rate | <2% | 2.2% | 1.9% | 1.0% | 0.8% | 0.54% |
| Annual rate of new inf. per 1000 live births | <0.3 | 0.30 | 0.20 | 0.10 | 0.10 | 0.07 |
| Annual rate of CS per 1000 live births | <0.5 | 0 | 0.10 | 0.30 | 0.40 | 0.03 |

* Source of data for some 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 applied for validation of the Elimination of Mother-to-Child Transmission of HIV after achieving all required impact and process indicators for 2020 to 2022 (Table 2.14). To attain this validation, the country must meet these indicators cumulatively for at least three years. The process indicators are:

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

Table 2.15 EMTCT Process Indicators, 2020 – 2023

| EMTCT Process Indicators | Target | 2020 | 2021 | 2022 | 2023 |
|---|--------|------|------|------|------|
| Percentage of pregnant women visiting ANC at least once | ≥95% | 96.1 | 97.4 | 97.2 | 96.7 |
| Percentage of pregnant women tested for Syphilis during pregnancy | ≥95% | 97.3 | 97.5 | 98.9 | 97.6 |
| Percentage of syphilis-seropositive pregnant women who are appropriately treated | ≥95% | 98.7 | 95.5 | 95.0 | 95.9 |
| 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% | 97.2 | 97.4 | 99.0 | 98.5 |
| Percentage of HIV-positive pregnant women who received anti-retroviral to reduce the risk of MTCT | ≥95% | 95.8 | 97.1 | 96 | 97.2 |

Medical records review and audits conducted in 2023 revealed persistent challenges with documentation quality. Despite these challenges, efforts to improve documentation practices are ongoing. Random reviews of medical records during audits indicated that the majority of women received at least one antenatal visit and were tested and treated for HIV and syphilis. However, this information was not consistently documented in delivery ward records.

CONTINUUM OF CARE

At the end of 2023, 30,000 individuals were estimated to be living with HIV infection in Jamaica, and approximately 91% were diagnosed (Figure 2.20). Of the estimated number of persons living with HIV, 65% have ever been linked to care, 53% were retained in care, 49% were retained in care on ARVs, and 39% were virally suppressed. There has been an increase in the numbers of PLHIV linked, on ARVs and virally suppressed. However, significant work still needs to be done to achieve the UNAIDS 95-95-95 targets. The data reveals the persistent gaps and ongoing challenges in linkage and retention in care, which ultimately affects viral suppression. These gaps indicate that despite progress, there are still significant challenges in ensuring that people living with HIV are consistently engaged in care and achieving optimal health outcomes. Addressing these gaps remains a priority for improving the overall effectiveness of the national HIV response.

Figure 2.20 National Treatment Cascade, 2022 vs. 2023

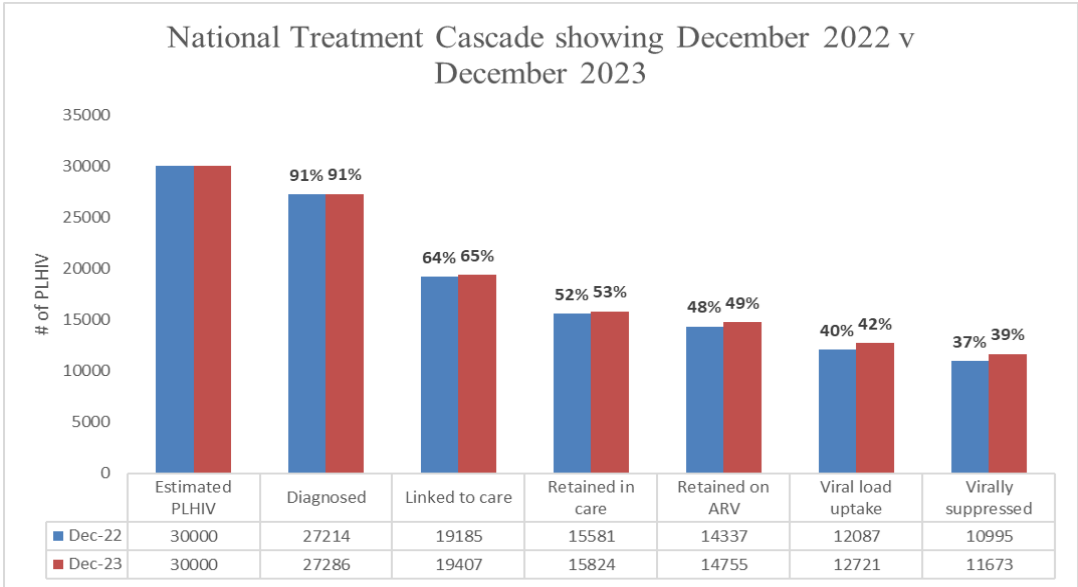


Figure 2.21 shows the treatment continuum of care disaggregated by gender for 2022 and 2023.

Figure 2.21 National Treatment Continuum of Care by Gender, 2022 vs. 2023

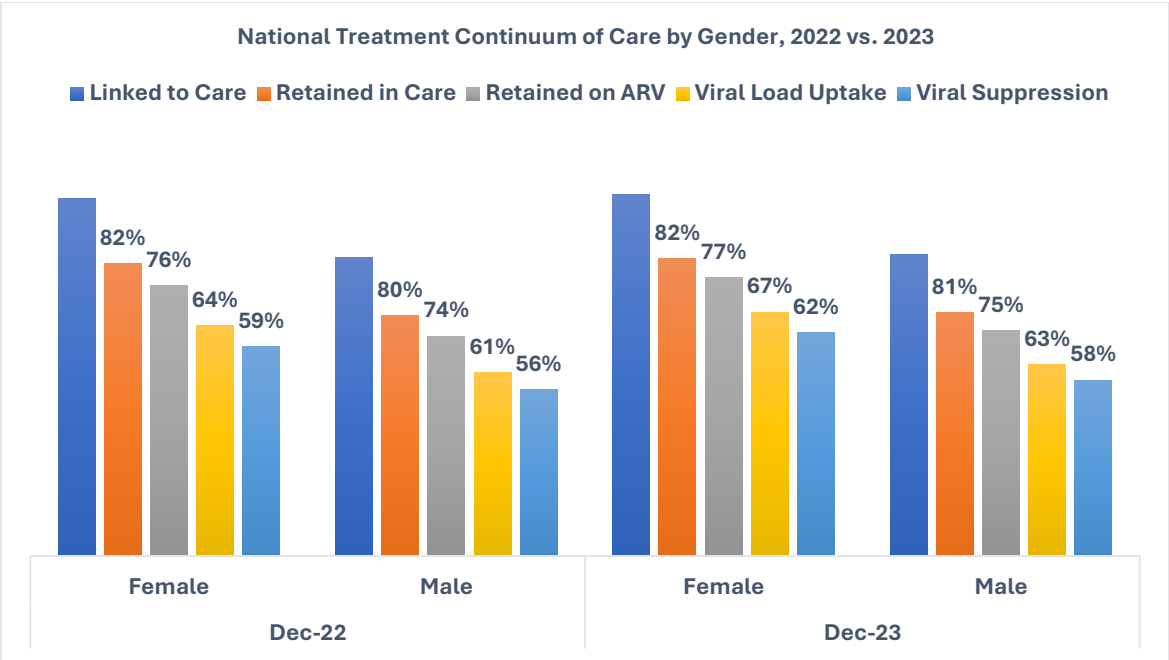


Figure 2.22 shows the treatment cascade for the paediatric cohort, aged 0 to 9, disaggregated by gender for 2022 and 2023.

Figure 2.22 Paediatric (0-9 Years) Treatment Cascade by Gender, 2022 vs. 2023

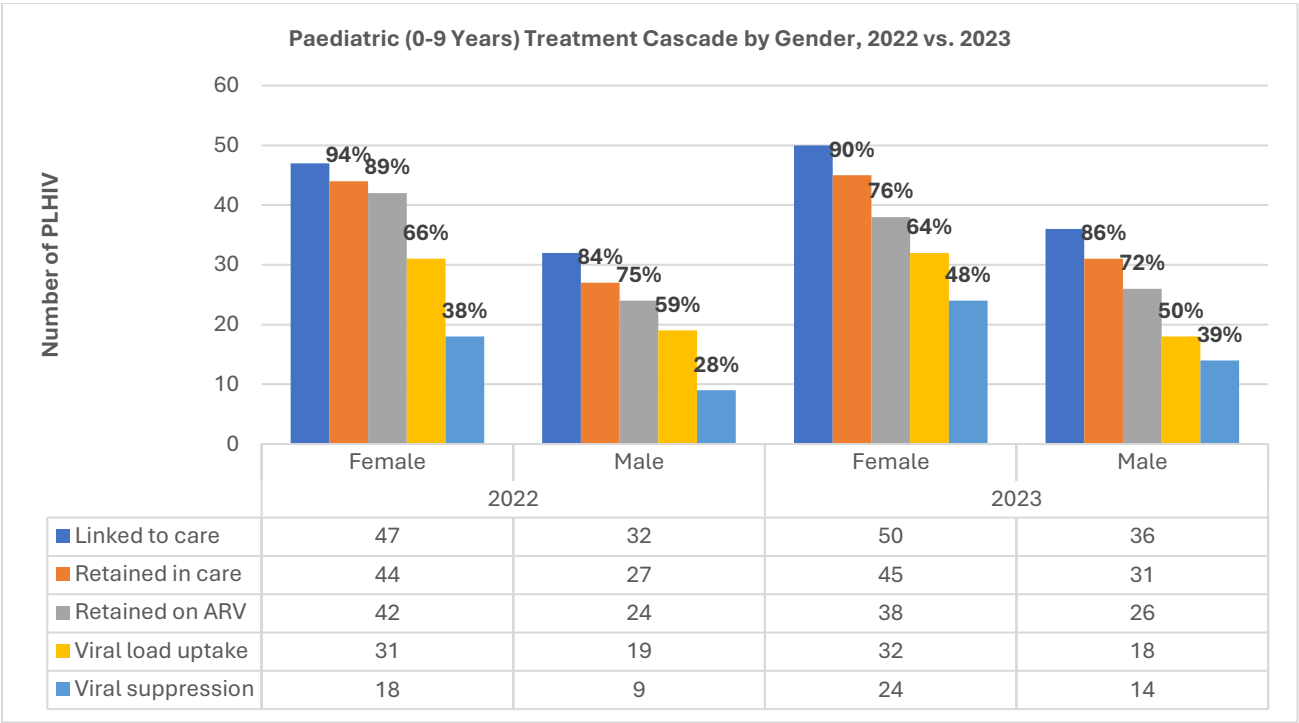


Figure 2.23 shows the treatment cascade for the adolescent cohort aged 10 to 19, disaggregated by gender, for 2022 and 2023. In 2023, key indicators for adolescent clients improved compared to 2022. Both male and female adolescents showed increased retention in care. Additionally, this age group demonstrated higher rates of viral suppression across both sexes, suggesting better treatment adherence and management of HIV among adolescents.

Figure 2.23 Adolescent (10-19 Years) Treatment Cascade by Gender, 2022 vs. 2023

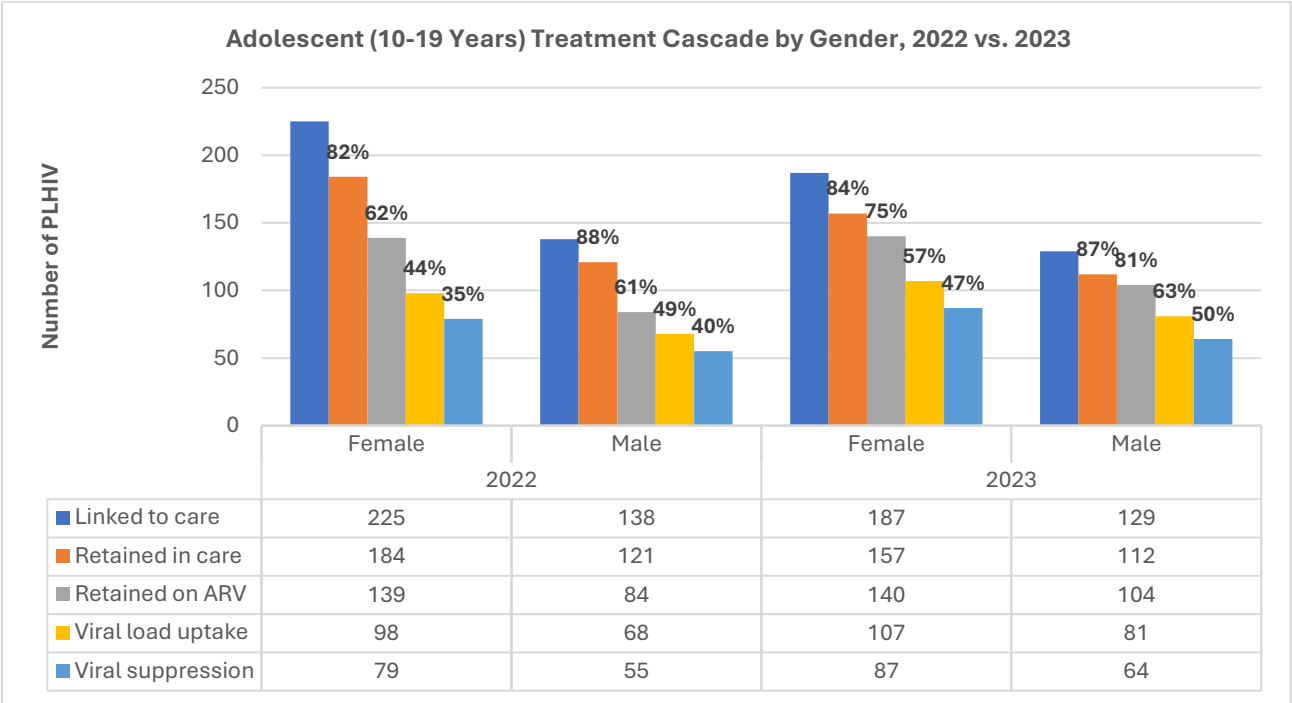


Figure 2.24 shows the treatment cascade for the adult cohort, aged 20 to 29, disaggregated by gender for 2022 and 2023. The cohort showed minimal changes across all areas of the treatment cascade for both sexes. There was a slight increase in viral suppression rates in 2023 compared to 2022, but overall, the changes in treatment outcomes were not substantial.

Figure 2.24 Adults (20-29 Years) Treatment Cascade by Gender, 2022 vs. 2023

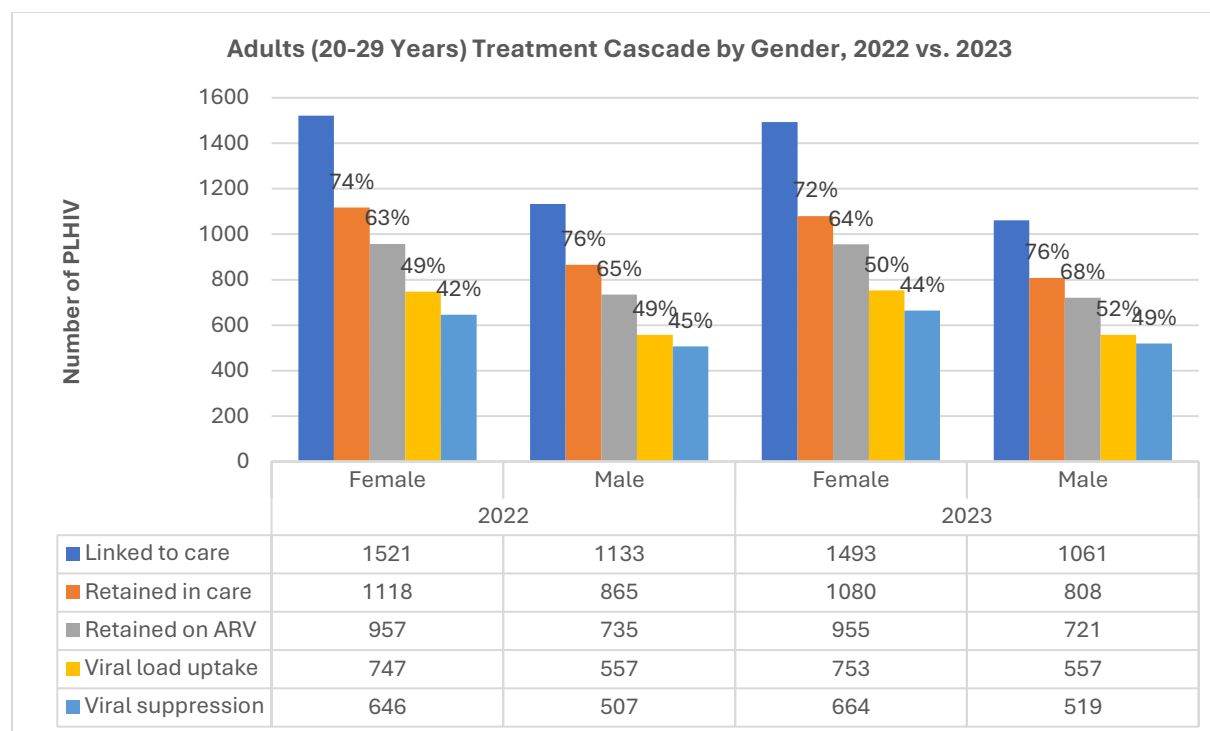


Figure 2.25 shows the treatment cascade for the adult cohort, aged 30 to 39, disaggregated by gender for 2022 and 2023.

Figure 2.25 Adults (30-39 Years) Treatment Cascade by Gender, 2022 vs. 2023

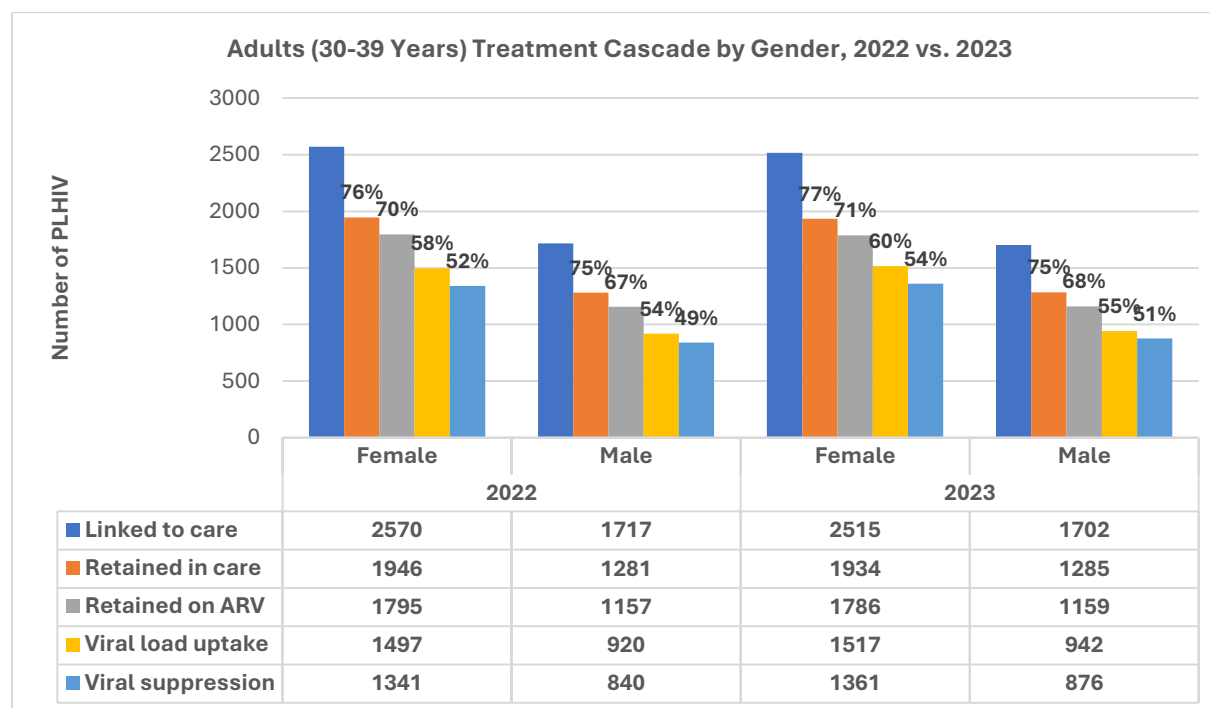


Figure 2.26 shows the treatment cascade for the adult cohort, aged 40 to 49, disaggregated by gender for 2022 and 2023. Among adults aged 30 to 49, both sexes showed improvements in key HIV care indicators in 2023 compared to 2022. There was an increase in retention in care and on ARVs for both men and women in this age group. Additionally, this cohort demonstrated higher rates of viral load testing uptake and viral suppression, indicating better engagement with HIV treatment and care services.

Figure 2.26 Adults (40-49 Years) Treatment Cascade by Gender, 2022 vs. 2023

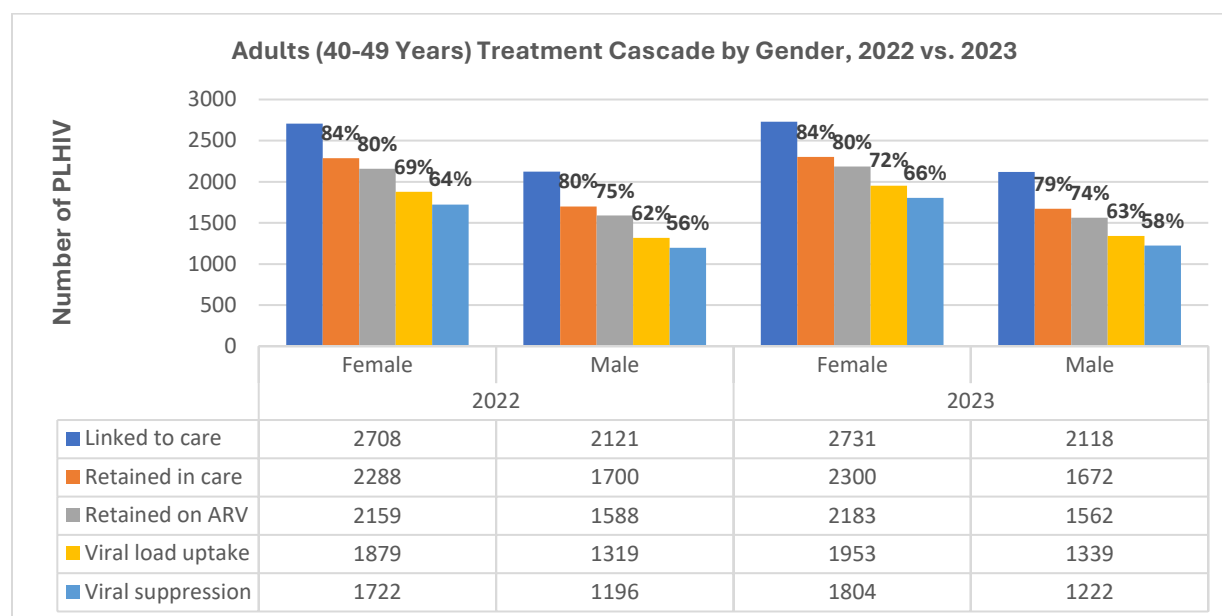
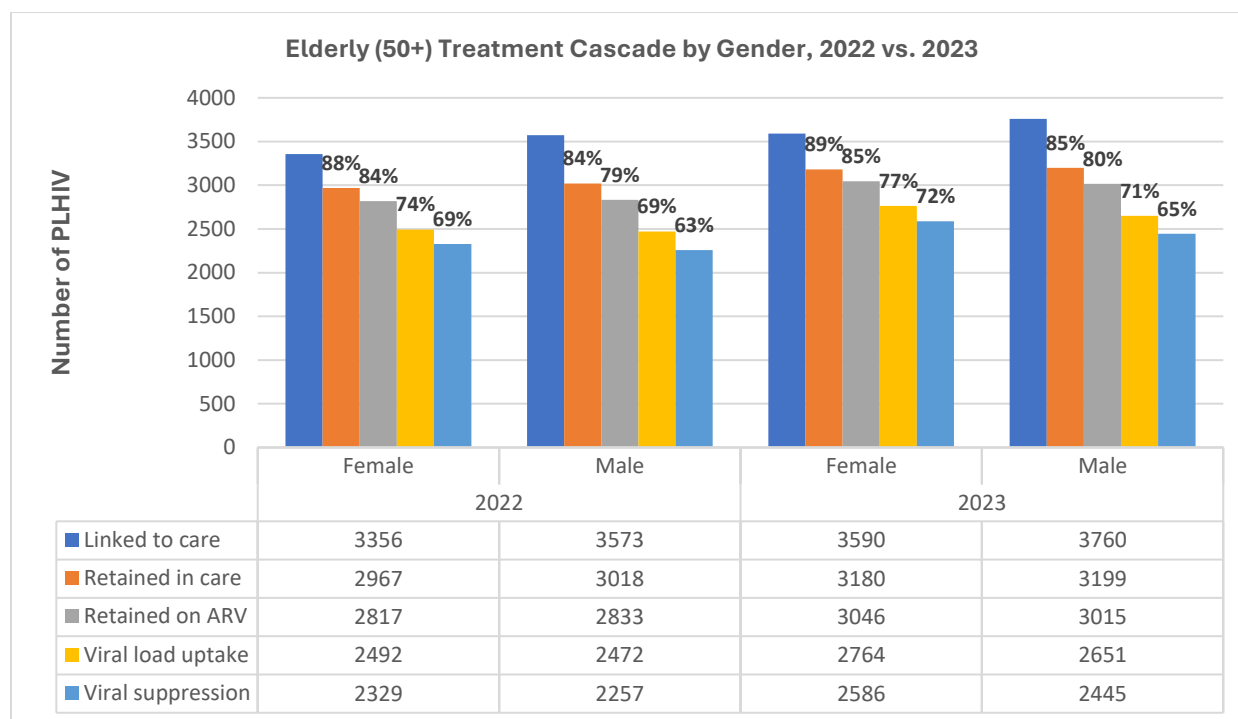


Figure 2.27 presents the treatment cascade for the elderly cohort, defined as individuals aged 50 and older, with data disaggregated by gender for 2022 and 2023. This cohort demonstrated notable improvements across key indicators. There was an increase in retention in care and on ARVs for both men and women and an increase in viral load uptake and suppression in 2023 compared to 2022.

The elderly cohort emerged as one of the better-performing groups in the HIV care continuum, showing positive trends across multiple stages of the treatment cascade. These improvements suggest that interventions and care strategies for this age group have been relatively effective.

Figure 2.27 Elderly (50+) Treatment Cascade by Gender, 2022 vs. 2023



Analysis of the continuum of care cascade reveals that certain age groups are performing below the national average for viral suppression. For both females (national average: 62%) and males (national average: 58%), the age groups 0-9 years, 10-19 years, 20-29 years, and 30-39 years are achieving lower rates of viral suppression. These findings indicate that younger age groups, particularly those under 40, are experiencing challenges in achieving viral suppression. This suggests a need for targeted interventions to improve adherence and treatment outcomes among these populations. Several activities were initiated in 2023 to improve these areas of the treatment cascade, including:

- New linkage and retention strategies
- Reinforced usage of the Linkage to Care Protocol
- Monthly review of linkage data and provision of technical feedback to the field.
- Reinforced usage of the Retention and Recovery SOP in all engagements in the field.
- Maintenance of evening clinics and extended clinic hours.
- Monitoring of differentiated service delivery, including appointment reminders, fast-tracking of stable patients and longer intervals for appointment dates for stable patients with multi-month prescriptions.
- Provision of living support (food vouchers and travel stipend).
- Frequent quality improvement collaborative meetings
- Development and implementation of regional HIV cascade improvement plans (NGO sites were included in this activity).
- Introduction of Telehealth activities to new sites.
- Addition of new treatment facilities in NERHA and WRHA to provide care to PLHIV.

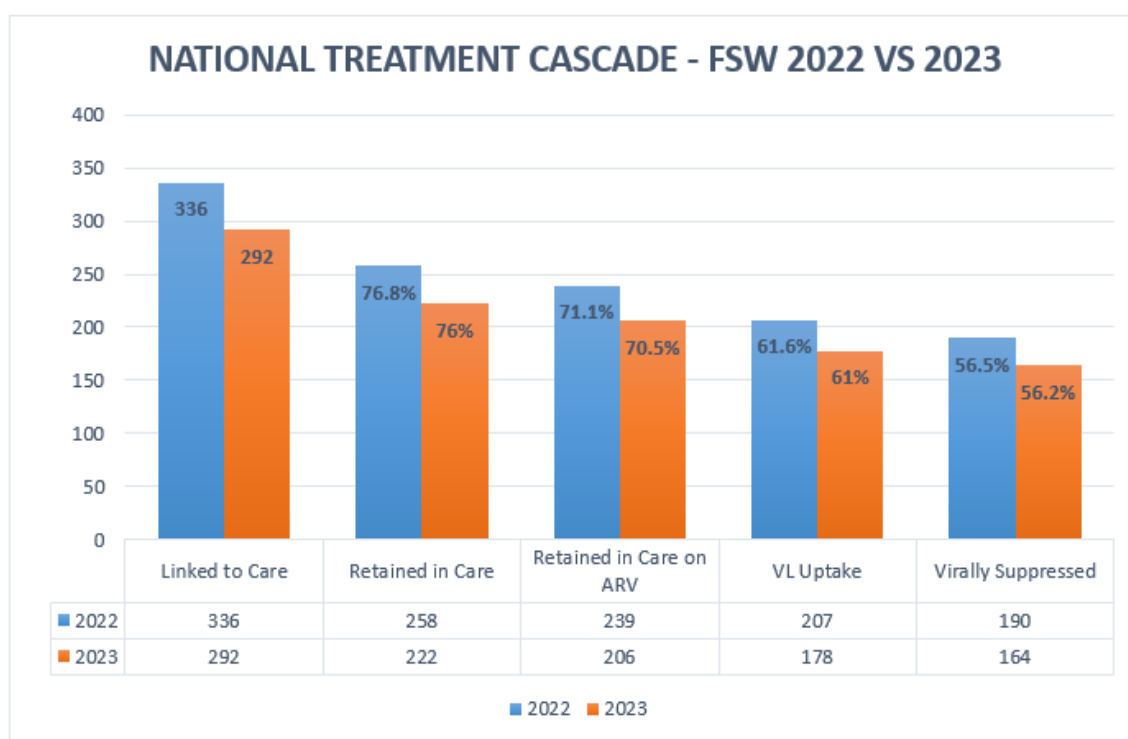
Key and Vulnerable Populations

Female Sex Workers

The National FSW Cascade shows a decrease along all the pillars for 2023 compared to 2022 (Figure 2.28). Of the FSWs ever linked, 76% were retained in care at the end of 2023, and 70.5% were retained on ARVs. The population experienced a 0.3% decrease in viral suppression compared to the previous year. While the figure shows that 56.2% of the population has a suppressed result, 94.3% of the persons with a valid viral load had achieved viral suppression. This is an improvement over the 91.8% seen in 2022.

All cascades for key populations show a reduced number of persons on register. This reduction was due to case archiving, data cleaning, migration, and death.

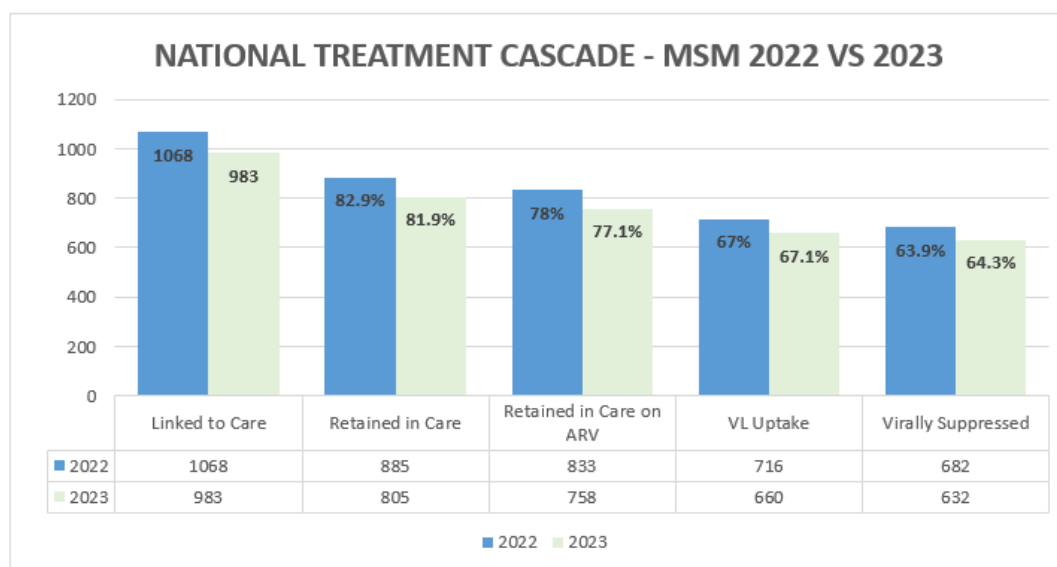
Figure 2.28 National Female Sex Workers Treatment Cascade, 2022 vs. 2023



Men who have Sex with Men

The MSM cascade for 2023 reflects a decrease in the number of MSM linked to care, retained in care, and retained on ARVs compared to 2022 (Figure 2.29). Of the 660 persons receiving a viral load test in 2023, 95.8% achieved viral suppression.

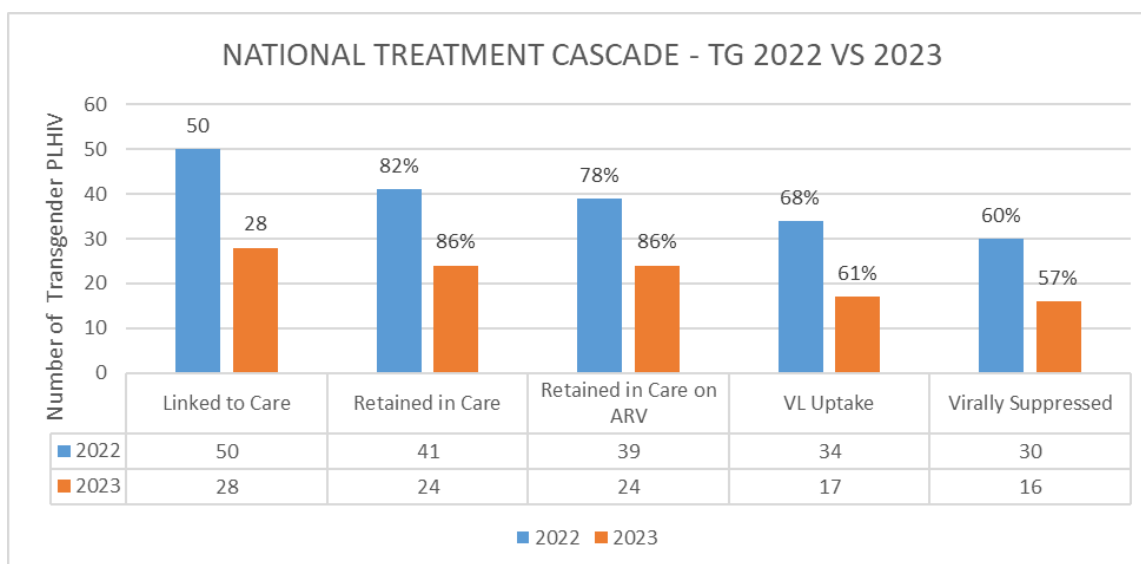
Figure 2.29 National Men Who Have Sex with Men Treatment Cascade, 2022 vs. 2023



Persons of Trans-experience

In 2023, the number of Transgender persons linked to care decreased by 44% compared to the previous year (Figure 2.30). This was due to changes in how the client identifies during the risk history assessment. While there was an increase in the number of TG retained in care and retained on ARVs, there was a decline in the percentage of the total population with a suppressed viral load result due to the very low viral load uptake. Ninety-four (94%) persons with a valid viral load result were virally suppressed.

Figure 2.30 National Transgender Treatment Cascade, 2022 vs. 2023



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 2.16). The data indicates a national suppression rate of 64% among PLHIV with

disabilities. Intellectual disabilities are the most prevalent disability seen across the regions. Assessment tools were made available to psychologists to aid in assessing intellectual functioning. A sign language refresher session was held for persons trained in previous years, and Sign Language posters were supplied to treatment sites to assist in communicating with members of the deaf community.

Table 2.16 Persons with Disabilities Living with HIV by Region, 2023

| Regions | On Register | Retained in Care | On ARV's | Virally Suppressed |
|--------------|-------------|------------------|------------------|--------------------|
| SERHA | 76 | 76 | 69 | 55 |
| NERHA | 200 | 192 | 192 | 158 |
| SRHA | 94 | 88 | 81 | 62 |
| WRHA | 97 | 96 | 96 | 82 |
| TOTAL | 467 | 452 (97%) | 438 (94%) | 301 (64%) |

* Data missing for St. Thomas

Prison Inmates

During the year, the consultant Adherence Counsellor continued to provide support to inmates living with HIV and inmates with chronic diseases. The consultant conducted weekly visits to four correctional facilities: St. Catherine Adult Correctional Facility, Horizon Adult Remand Centre, Tower Street Adult Correctional Facility and South Camp Adult Correctional Facility. The consultant's services were occasionally requested at other facilities managed by the Department of Correctional Service. At the end of 2023, the data showed 67 PLHIVs in correctional facilities across the island, all on ARVs (Table 2.17). Of the 67, 86.5% had viral loads of less than 1,000 copies.

Table 2.17 PLHIV in Correctional Facilities, 2023

| PLHIV in Correctional Facilities, 2023 | |
|---|-------------|
| Indicators | Total |
| Total number of HIV-positive Adults | 67 |
| Number of Adults receiving ARV (currently) | 67 (100%) |
| Total Number of Adults with Viral loads less than 1000 copies | 58 (86.57%) |

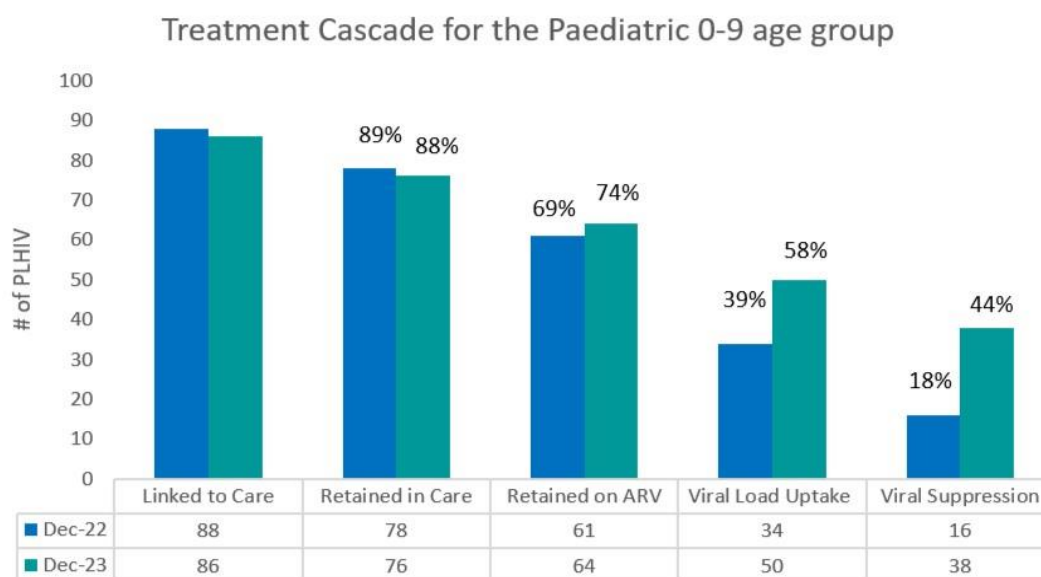
* Data was supplied by the Department of Correctional Services

Paediatric Population

At the end of the year, the national picture for the 0-9 age group showed low rates of viral load testing and viral suppression. While 88% of this population was retained in care, only 60.8% had a valid viral load result. Furthermore, just 44% of the total population in this age group had achieved viral suppression by the end of December 2023. St. James (66.7%) and KSA (52%) recorded the highest suppression rates. All other parishes recorded rates of 50% or less. Compared to 2022, fewer children are in the 0-9 age group, and a lower percentage are retained in care (Figure 2.31). However, a greater proportion are retained on ARVs, and a significantly higher proportion have achieved viral suppression.

In 2023, case presentations were conducted using a provided outline to guide the format. Paediatricians, Medical Officers of Health, and HIV Coordinators were invited to these ongoing case conferences. The teams from various paediatric treatment sites continued to follow up with their unsuppressed paediatric cohorts, providing recommendations and feedback to assist in managing all unsuppressed clients. Psychosocial assessments were conducted, and appropriate referrals were made to team members for assessment and interventions based on individual client needs. Additionally, parenting workshops were held to equip parents with the necessary skills to ensure optimal health for their children.

Figure 2.31 National Paediatric (0-9 Age Group) Treatment Cascade, 2022 vs. 2023



PROGRAMME MONITORING

Quality Improvement Programme

In collaboration with the TCS Unit, the Caribbean Training and Education Centre for Health continued work on Quality Improvement (QI) at the HIV Treatment sites during the year. C-TECH worked directly with seven (7) of the twenty-eight (28) treatment sites considered high-priority sites participating in QI activities. QI teams not supervised directly by C-TECH also participated in the C-TECH-led learning sessions. Quality Improvement activities at all sites were monitored by the site's QI lead and the Treatment Care and Support Officers at the regional and national levels. Quality Improvement (QI) activities at all sites were monitored by the site's QI lead and Treatment Care and Support Officers at regional and national levels. Each site's QI Team must include a member of the PLHIV community to gain patient perspectives and input on services and support identified as most important for improving treatment, care, support, and overall quality of life.

The learning sessions were held from June 26 to July 6, 2023. There were also in-person regional learning sessions focused on strengthening mental health screening processes for persons living with HIV and persons on PrEP. Throughout the year, the treatment site teams tested different Plan Do Study Acts (PDSAs), emphasizing differentiated care, viral load uptake, viral suppression, and

PrEP. Most sites focused on viral load monitoring and achieving suppression through enhanced adherence support (EAS).

Learning Management Information System

From 2022 to 2023, the Learning Management Information System (LMS) was used to train multiple cohorts of physicians and other healthcare workers. Throughout 2023, 205 participants were enrolled in the Clinical Management of HIV course on the LMS platform. At the end of 2023, 72 doctors and 44 other healthcare workers had completed the training. Forty-four (44) doctors and 45 other healthcare workers enrolled but did not complete the course. New cohorts continue to be engaged and enrolled for training to mitigate staff turnover and to enhance knowledge in HIV patient management, in line with both local and international standards.

Site Mentoring Team

The Site Mentoring team was specifically designed to focus on the steps necessary to achieve the UNAIDS 95-95-95 target. Comprising a Programme Development Officer-HIV (Team Lead), Programme Development Officer(s), Strategic Information Officers, and Treatment Care and Support Officers from the National Programme, the team provides crucial technical support to the treatment site at the subnational level.

Site Audit

To improve PLHIV retention in care, various aspects of service delivery were evaluated during the year, 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 May and July 2023, the TCS component conducted a comprehensive audit of treatment sites for both GOJ and non-GOJ sites. A compliance score (Figure 2.32) was introduced for the 2023 audit to measure and assess each facility's compliance with MOHW's standards and policies.

Figure 2.32 TCS Audit Compliance Score, 2023



Eleven (11) paediatric sites were assessed. All the sites were rated commendable based on a compliance score of 93%. The Comprehensive Health Centre Paediatric Clinic was the top-

performing site, scoring 98%. The country's overall Treatment Audit performance was 90%, which is commendable based on the compliance score. The regions performed consistently well in Clinical Management of HIV, Sexual and Reproductive Health, Site Cascade, Protocols and Policy, Linkage to care, Quality Improvement, Privacy and Confidentiality, Psychosocial support, Laboratory testing, and Pharmacy Services. The audit identified some recurring deficiencies which need to be addressed:

- Inconsistent screening for Prostate and Cervical Cancer as per MOHW guidelines.
- Inconsistent screening for TB as per MOHW guidelines.
- Inconsistent initial CD4 testing for all new clients linked to care as per MOHW guidelines.
- Inconsistent availability of resource materials in government sites, such as IEC materials with key population information and other job aides and manuals.

These programme areas need strengthening to improve national treatment outcomes and help the country attain the goals of the draft National HIV Strategic Plan (NSP) 2023-2030. Comprehensive audit reports were disseminated to regions to facilitate the submission of correction action plan updates by November 2023. All regions submitted corrective action plan updates. A corrective HIV/STI/PMTCT audit is planned for all the regions in the second quarter of the 2024/2025 financial year.

SUPPORT

Psychosocial Support

The HSTU-TCS Component provides support for PLHIV through the psychosocial support team, which includes Adherence Counsellors (30), Social Workers (33), Associate Psychologists (8), Psychologists (1), and Case Managers (12). The psychosocial support team assists PLHIV through screening, assessments, 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 the 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 social media apps and direct phone calls being used to conduct support groups, pill count, Direct Observed Therapy Short Course (DOTS), and other interventions. Teams received capacity-building through quarterly technical working group meetings, engagement through the Learning Management System and training executed by C-TECH. Eight (8) persons completed the Adherence Counsellor course, and 16 completed the Case Management course. The quarterly meeting included sessions on advanced motivational interviewing, psychological disorders and substance misuse. The year also saw the successful completion of the consultancy to review the Adherence Counsellors programme.

Living Support

Living Support 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, an additional supplier of gift certificates/food vouchers was added, Intown Super Centre, which has locations in Mandeville, Santa Cruz, Junction, and Black River. The NHP provides living support for SERHA, NERHA and SRHA. WRHA receives external funding to supply food vouchers. The NHP continued to facilitate the provision of back-to-school assistance to PLHIV through the RHAs. Several

applications were received for income-generating grants. Site visits were conducted to assess applicants' proposed business locations for income-generating grants. Business management workshops were also held to enhance applicants' skills and knowledge. Food vouchers distributed in 2023 were valued at J\$6,548,000.00 (Table 2.18).

Table 2.18 Cost of Food Vouchers Distributed by MOHW to PLHIV, 2023

| Supplier | Cost |
|---------------------|-----------------------|
| Progressive Grocers | \$4,500,000.00 |
| Hilo Food Stores | \$1,545,000.00 |
| Intown Super Centre | \$ 503,000.00 |
| TOTAL | \$6,548,000.00 |

SEXUALLY TRANSMITTED INFECTIONS

During the reporting period, efforts continued to raise awareness among healthcare workers and the general population about reducing the risk of sexually transmitted infections (STIs), including HIV. These efforts included providing comprehensive sexual and reproductive health services that emphasized STI prevention and contraceptive use, particularly through condom distribution and family planning services, facilitated through collaborative initiatives with the National Family Planning Board and the MOHW Family Health Unit.

Safer Sex Week was observed from February 11 to 17. Activities included a live-streamed debate, multiple social media campaigns totalling 6,000 views, and the distribution of over 1,000 condoms. The week concluded with the team attending a Soca party called "Socaverse," where a testing bus facilitated rapid HIV and Syphilis tests for all attendees. STI Awareness Month focused on promoting safer sexual practices through health education campaigns. Daily trivia questions were posted on the MOHW's website, and the winners' pictures were featured in an STI promotional picture frame.

Other activities conducted in 2023 included the development of an STI Monitoring Tool and its pilot implementation at the St. James Health Department (SJHD) and Montego Bay Type 5 Comprehensive Health Centre (MBHC). The pilot assessed current efforts to prevent and control STIs nationally, ensuring that STI management aligned with international standards and best practices. The pilot revealed that while there was good knowledge of STI management, several gaps existed. These included inadequate documentation and data entry at the site level and insufficient use of protocols and disease codes. The STI Monitoring Tool pilot continued in 2024, with strategies to improve STI prevention and control being implemented accordingly.

Other ongoing strategies include implementing the STI Surveillance Protocol to examine STI management specifically within the Jamaican context. The STI Strategic Action Plan is also being developed, which will chart the way forward for STI management by examining the role of clinical diagnosis of STIs compared to laboratory-confirmed STIs.

Despite these health prevention and promotion strategies, there remains a continued need to identify and treat STIs, most of which are curable infections such as Syphilis, Genital Discharge Syndrome (GDS), and Genital Ulcer Disease (GUD). Table 2.19 illustrates the reported case numbers for these infections, comparing the cases of all Syphilis, GDS, and GUD from 2021 to 2023.

Table 2.19 STI Conditions by Gender, 2021 - 2023

| STI Conditions by Gender, 2021 - 2023 | | | | | | | | | |
|---|-------|--------|--------|-------|--------|--------|-------|--------|--------|
| STI Condition | 2023 | | | 2022 | | | 2021 | | |
| | M | F | Total | M | F | Total | M | F | Total |
| All Syphilis | 430 | 435 | 865 | * | * | 1,113 | 479 | 569 | 1,048 |
| Genital Discharge Syndrome ⁷ | 6,490 | 26,503 | 32,993 | 5,727 | 25,619 | 31,346 | 5,615 | 27,294 | 32,909 |
| Genital Ulcer Disease ⁸ | 193 | 249 | 420 | 90 | 136 | 226 | 244 | 319 | 563 |
| Total | 7,113 | 27,187 | 34,278 | 5,817 | 25,755 | 32,685 | 6,338 | 28,182 | 34,520 |

In 2023, there was a decrease in Syphilis cases and an increase in GUD cases compared to 2022 (Figures 2.33 and 2.34). As expected, females presented with GDS more often than males, with a ratio of approximately 1:4.1. There was approximately a two-fold increase in GUD cases in 2023 compared to 2022. The decrease in Syphilis cases and increase in GDS cases may be attributed to Syphilis cases being incorrectly entered as GDS cases in the previous STI data collection tool. The STI Monitoring tool pilot at SJHD and MBHC revealed several gaps in STI management, which are being addressed through re-sensitization of healthcare workers, implementation of an STI database, and updating data collection tools.

⁷ Genital Discharge Syndrome (GDS) includes Gonorrhea, Chlamydia, Trichomonas, Bacterial Vaginosis and Candidiasis if they cannot otherwise be uniquely identified.

⁸ Genital Ulcer Disease (GUD) includes Genital Herpes, Syphilis and Chancroid.

Figure 2.33 Total Syphilis Cases, 2022 vs. 2023

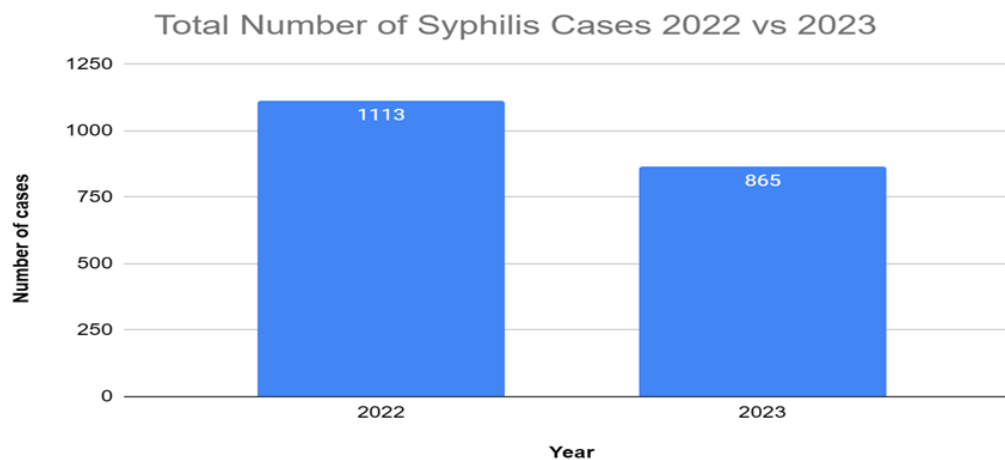
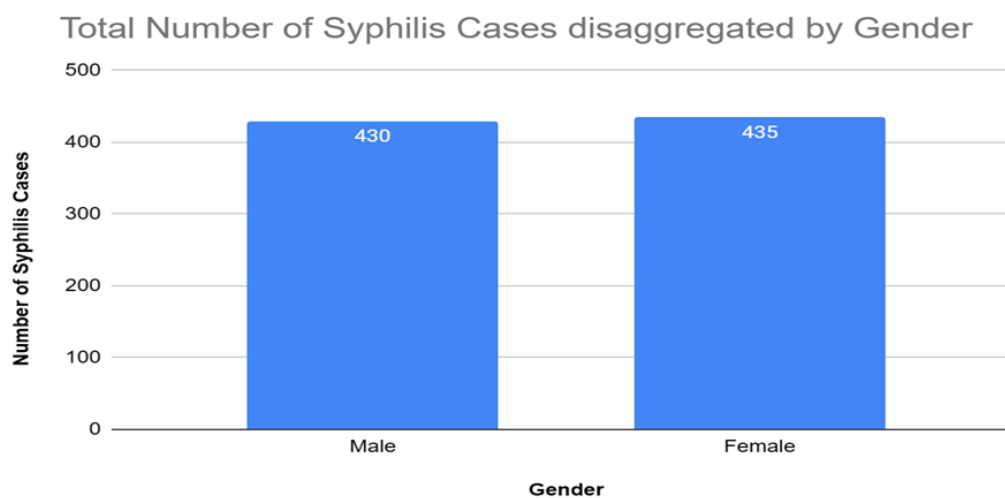


Figure 2.34 Total Syphilis Cases by Gender, 2023



Based on the trends noted above, steps are being taken to strengthen the national and subnational 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 confirmed cases annually: 61 in 2020, 57 in 2021, 83 in 2022 and 79 in 2023. Table 2.20 shows the number of TB cases in Jamaica from 2018 to 2023. The data was collected from the National Surveillance Unit

Table 2.20 National Tuberculosis Cases, 2018 -2023

| National Tuberculosis Cases, 2018 -2023 | | | | | | |
|---|-------|-------|-------|-------|-------|-------|
| Cases | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Number of TB cases confirmed | 82 | 69 | 61 | 57 | 83 | 79 |
| Confirmed cases per 100,000 population | 3.0 | 2.5 | 2.2 | 2.1 | 3.0 | 2.9 |
| Number screened for HIV | 65 | 44 | 60 | 18 | 58 | 79 |
| % of TB cases screened for HIV | 79.3% | 63.7% | 98.3% | 31.6% | 69.9% | 100% |
| Of cases screened, # co-infected | 8 | 5 | 15 | 9 | 10 | 12 |
| Of cases screened, % co-infected | 12.3% | 11.4% | 25.0% | 50.0% | 17.2% | 15.2% |

Source: National Surveillance Unit, Jamaica

In 2023, 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. Improvement of surveillance systems must continue to ensure the completeness, timeliness, consistency, and validity of data.

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 are screened for the symptoms of active TB (cough >2 weeks, fever and weight loss). This symptomatic screening is to be institutionalized in chronic non-communicable disease patients such as diabetics due to their immunocompromised state. Contacts of TB disease patients are screened using Purified Protein Derivative (PPD), and in prisons, TB screening is done using a stamp, which lists the symptoms of active TB.

TB Annual Review

The TB Annual Review was held on March 26, 2024, in conjunction with other activities commemorating World TB Day on March 24. This ensured a dedicated week of activities for TB awareness in the country. The meeting reviewed the achievements of the National TB Programme in 2023, including the finalization of the TB audit tool and its use in conducting a preliminary audit in SERHA and WRHA. Some key points highlighted in the audits conducted include the need for thorough training and sensitization of healthcare personnel on the current TB management protocols, the lack of educational materials in clinics, and the absence of monthly TB educational talks. There was also a need for proper documentation to improve the accuracy of the data received from the field. Another highlighted achievement was the re-initiation of Quarterly TB Technical Working Group Meetings. The Annual Review also underscored the gaps identified throughout the year. The objectives of the TB Annual Review were:

- i. To review TB data as a country, reviewing the burden of disease and TB Management at the service delivery level.
- ii. To re-sensitize stakeholders and synchronize the TB Programme in Jamaica in keeping with the NSP and identify, address, and propose solutions to the challenges and gaps in the response, applying best practices across institutions.

Defining the profile of a TB patient and highlighting how targeted screening is done were two of the critical outcomes of the Review. Based on the presentations and discussions, TB audits were recommended to properly assess the National TB situation. Also, there is a need to explore the possibility of laboratory TB screening, develop a communication plan to target TB awareness and engage in team capacity building and sensitization as updated modalities are introduced.

Quarterly TB TWG Meetings

In the Quarterly TB TWG meetings, stakeholders participated in developing the 2023-2024 operational plan and the Terms of Reference (TOR) for the TWG. Key outputs achieved from this operational plan included relaunching the TB TWG with quarterly meetings, developing and conducting preliminary audits of the TB audit tool, updating the quarterly TB reporting template, and conducting the TB annual review and World TB Day commemorative activities.

The TB monthly reporting form was updated to a quarterly reporting template, which has been implemented and is now in use. A TB electronic database was developed, and training and implementation are set to continue in 2024. Epidemiologists are reviewing a revised tuberculosis reporting tool to streamline reporting and are nearing completion. The re-sensitization of healthcare workers in tuberculosis management will continue. Additionally, the revised Tuberculosis Case Investigation Form is in the final stages of completion by the National Surveillance Unit.

Programme Strengthening

Jamaica's TB prevention and control programme is at a critical stage as it progresses further to achieve "pre-elimination" of TB (<10 TB cases per million population) and ultimately to the elimination of TB as a public health problem (<1 TB case per million population). The revision and updating of the guiding documents will be done in 2024. This will help revitalize the Tuberculosis programme and re-sensitize healthcare workers to have a high index of suspicion for TB.

The TB Operational Plan for 2023/2024 demonstrated remarkable success, with all established targets being met or exceeded. This achievement marks a solid start to implementing the TB National Strategic Plan, indicating effective strategic actions and promising progress towards long-term TB control and elimination goals. The comprehensive fulfilment of year 1 objectives sets a solid foundation for subsequent years of the NSP, reflecting the programme's commitment to combating TB through well-planned and implemented interventions. The strengthening of the National Tuberculosis Programme is expected to continue through:

- Continued collaboration with partners such as PAHO/WHO and CVC,
- Improved data quality.
- Timely closure of case investigations and heightened surveillance.
- Monitoring, evaluation and advocacy for patients affected by TB and their families are expected to improve the TB programme and continue to navigate the country to the elimination of TB in Jamaica.
- National TB Audits
- Development of the Electronic TB Information Management System.

THE WAY FORWARD

The Treatment, Care and Support Component has established key priorities for the 2024/2025 financial year, as outlined below (Table 2.21).

Table 2.21 TCS Component: Programme Priorities for the Financial Year 2024/2025

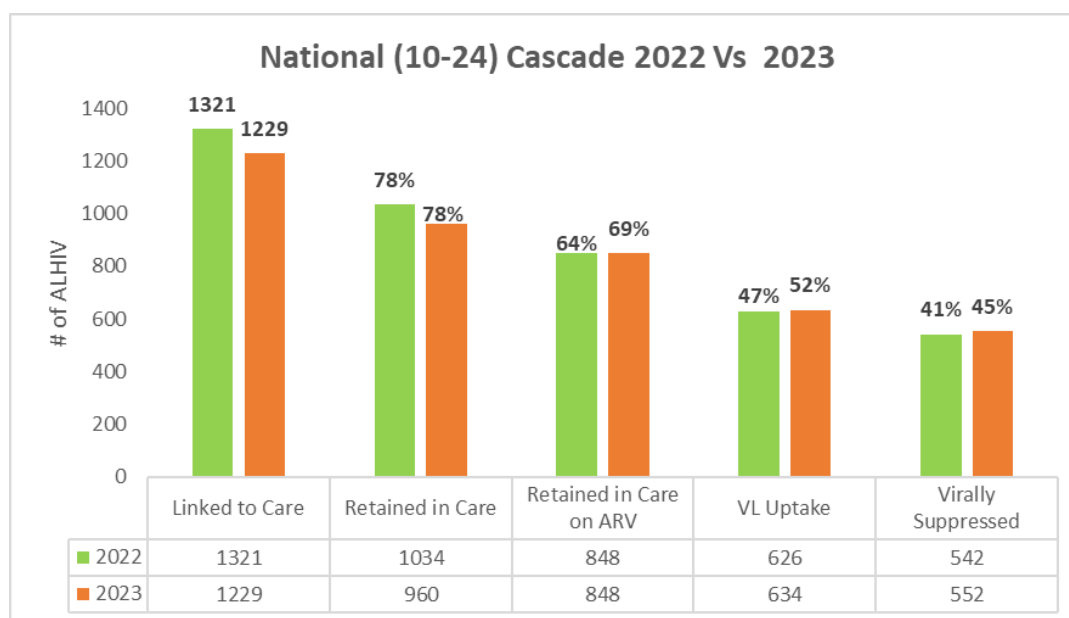
| TCS Component: Programme Priorities for the Financial Year 2024/2025 | | |
|--|--|---------------------------|
| HIV | STI | TB |
| Integration of HIV treatment and care into primary health care services in keeping with the MOHW Primary Health Care Renewal Plan. | Update and distribute the STI and PMTCT manuals and the Contact Investigator Field Guide. | Update the TB manual. |
| Pre-Exposure Prophylaxis Programme implementation to reduce HIV transmission with an assessment of existing PrEP sites and the establishment of new PrEP sites. Review and update the PrEP implementation guidelines, SOPs, and Job Aids in keeping with World Health Organization guidelines. Continue Re-sensitization for all healthcare workers to improve capacity for delivery of PrEP/HIVST services. | Coordinate quarterly STI and EMTCT Technical Working Group Meetings. | Update the TB Register. |
| Assessment of quality of HIV Care through Treatment Care and Support Audits. | Assessment of quality STI care through Treatment Care and Support Audits of health facilities. | Conduct TB audits. |
| Update HIV guidelines and protocols in keeping with International Standards. | Coordinate and implement the STI/Contact Investigator training and Annual Review. | World TB Day Activities |
| Coordinate quarterly meetings with the HSTU and NPHL as part of lab strengthening. | Coordinate and implement activities for Safer Sex Week and STI Awareness Month. | National TB Annual Review |
| Coordinate quarterly TCSO Technical Working Group meetings focusing on retention and recovery activities. | Development of technical guidance on STI Surveillance. | |
| Maintain an uninterrupted supply of HIV commodities (infant formula, CD4, and Viral Load testing supplies). | Development of the Strategic Action Plan for the prevention and control of STIs. | |
| Coordinate PITC Training of Trainers (TOT) session. | Institutionalization of the Contact Investigation training programme. | |
| Review of the Enhanced Package of Care (EPOC) for key and vulnerable populations. | Coordinate and implement the PMTCT training and Annual Review. | |

3: ADOLESCENT HEALTH

OVERVIEW

Adolescents and youth living with HIV are a priority population for the HSTU due to higher than average rates of new infections at 16% and suboptimal treatment outcomes characterized by viral suppression rates below 50%. The Adolescent Component is tasked with developing programmes and strategies to address the challenges faced by this population and improve the quality of care and service delivery. The treatment cascade for 2023 shows improvements in retention from 47% in 2022 to 52% in 2023 (Figure 3.35). There was also an improvement in viral suppression from 41% in 2022 to 45% in 2023. This improvement is likely attributable to efforts of the regional health authorities to plug the gaps in service delivery, such as increasing access through evening clinics, adolescent clinic days/hours, and case management.

Figure 3.35 National Adolescent and Youth Cascade, 2022 vs. 2023



The adolescent and youth cascades were monitored quarterly to identify site-level deficiencies and implement necessary interventions. The Component also participated in the treatment site audits and introduced its monitoring tool in 2023.

Two significant initiatives for adolescents living with HIV (ALHIV) were launched in 2023. The first was the inaugural national ALHIV health fair, which provided a shared space for young people across the island to gather. The Youth Ambassadors pilot programme was also initiated in the Southeast Region, furthering efforts to engage and include young clients. While the pilot did not meet the target of 50% viral suppression among adolescents and youth at pilot sites, there were significant gains, such as improved suppression rates from 35% in 2022 to 47% in 2023 at the Kingston & St. Andrew Comprehensive Clinic and from 27% to 41% at St Jago Park Health Centre in St Catherine.

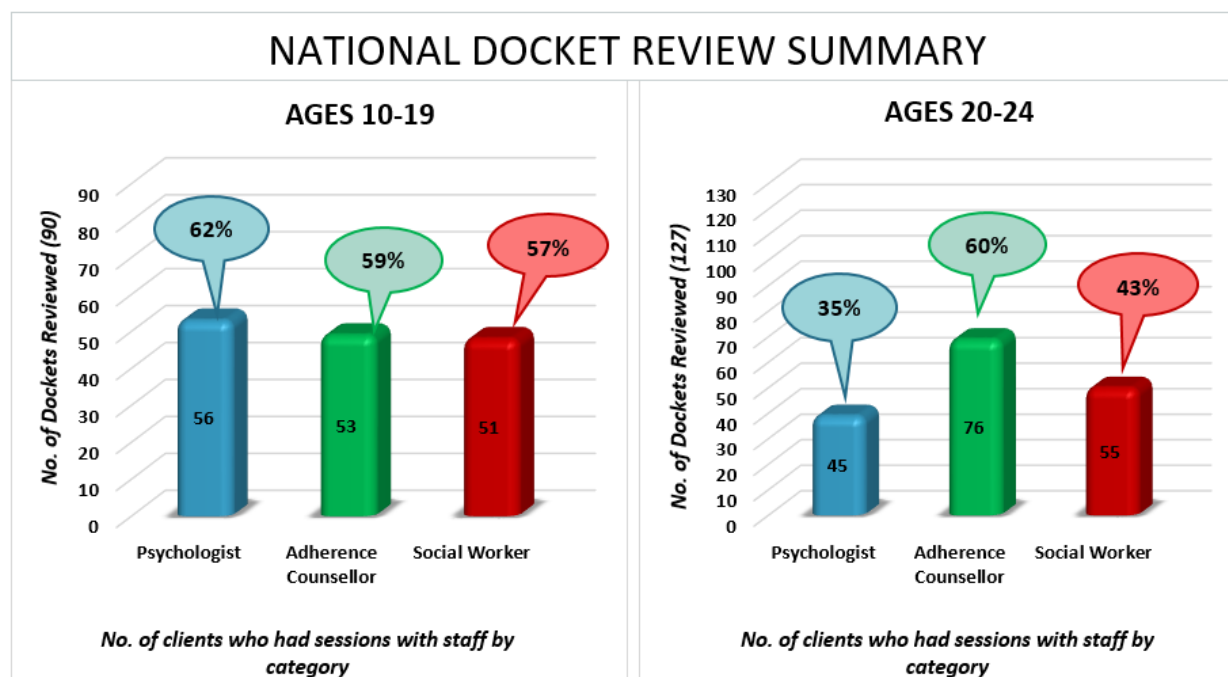
During the reporting period, the component developed a mass media campaign targeting retention in care. The campaign encourages PLHIVs to stay in care to improve their health and well-being. Communication around PrEP was heavily featured in the component's communication plan,

involving primarily social media and outdoor advertisement. The HSTU's current media campaigns were also broadcast to maintain continuity and reinforce messages.

ADOLESCENT AUDIT

In our quest to fulfil the mandate of ensuring the quality of care for adolescents and youth living with HIV, a comprehensive treatment assessment was undertaken across fifteen (15) healthcare facilities. This assessment focused on the 10 to 24 age group and involved reviewing patient docket to evaluate the psychosocial care provided. Additionally, interviews were conducted to evaluate each facility's adherence to the Standards and Related Criteria for Adolescent Health. During the review process, 217 patient dockets were examined. The findings indicated that only 47% of adolescents/youths had attended sessions with a psychologist (Figure 3.36). Similarly, only 59% had received counselling from an adherence counsellor, and 49% had consultations with a social worker.

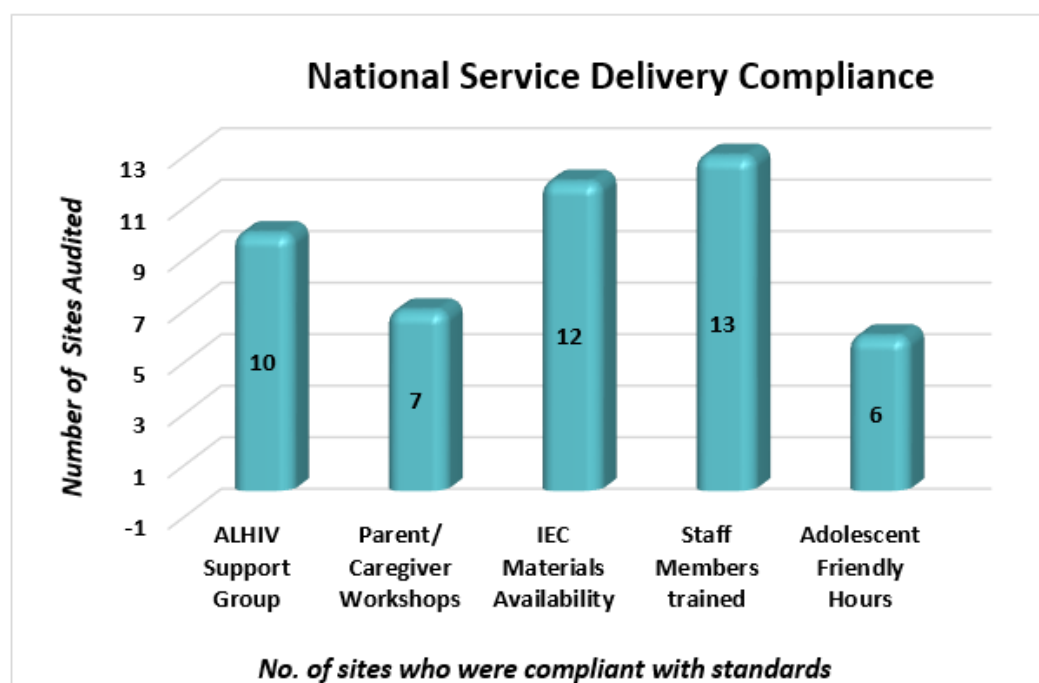
Figure 3.36 Adolescent Health: National Docket Review Summary



Thirteen (13) sites were audited to assess compliance with the Standards and Related Criteria for Adolescent Health. Interviews revealed that all staff members who deliver treatment and care services to adolescents and youth at these sites received training in adolescent service delivery (Figure 3.38). However, half of the sites did not have adolescent-friendly operating hours or recent workshops for parents or caregivers. This was attributed to limitations in staffing and budget. While most sites prioritized organizing adolescent support groups, some were unable to do so due to concerns among participants about involuntary disclosure, stigma and discrimination.

Figure 3 National Service Delivery Compliance for Adolescent Health

Figure 3.37 National Service Delivery Compliance for Adolescent Health



Recommendations were provided on enhancing the efficiency and quality of patient care for implementation by the Regional Health Authorities. These recommendations encompass addressing staffing deficiencies, enhancing resource availability for support group sessions, ensuring consistency in documentation by staff members, and introducing programmes focused on peer support.

YOUTH AMBASSADOR PROGRAMME

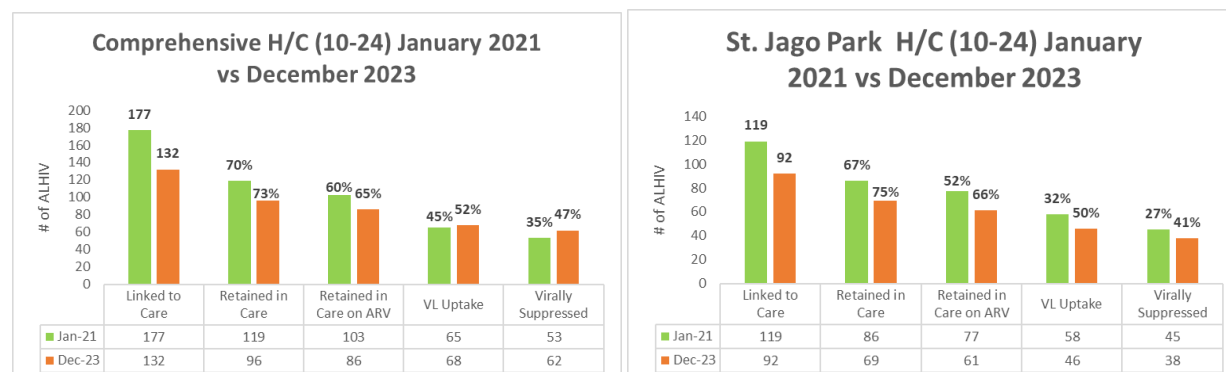
The Youth Ambassador Programme is a peer support initiative designed to empower HIV-positive adolescents to encourage and motivate their peers to reach their highest potential, developmentally and as it relates to their overall health. An initial core group of eight (8) ALHIV were trained as peer mentors called Youth Ambassadors. The Ambassadors assisted with planning support group meetings, mobilizing participants and conducting one-to-one peer support with assigned mentees. They were also trained as ALHIV leaders to act as the community's voice, providing representation at the decision-making level.

The pilot was conducted in the Southeast Region at Comprehensive Clinic and St. Jago Park Health Centre from January 2021 to December 2023. The specific objectives of the pilot were to:

- i. Improve viral suppression among ALHIV at St Jago Park Health Centre and KSA Comprehensive Clinic
- ii. Increase support group attendance
- iii. Improve mental health and psychological wellness

At the end of the pilot, viral suppression rates at both sites improved significantly, from 35% in 2022 to 47% in 2023 at the KSA Comprehensive Clinic and from 27% to 41% at St. Jago Park Health Centre in St Catherine (Figure 3.38).

Figure 3.38 Youth Ambassadors Pilot Cascades



The evaluation of the pilot showed that the programme positively impacted the Ambassadors. At the beginning of the pilot, only 50% (4 of 8) of Ambassadors were virally suppressed. At the end of the pilot, 100% (8) of Ambassadors were virally suppressed, with seven (7) having undetectable viral loads. The assigned mentees also showed improvement. None of the fourteen (14) mentees assigned to the Ambassadors were virally suppressed at the start of the pilot. By the end of the pilot, 50% (7) mentees were virally suppressed. During the evaluation, one Youth Ambassador shared how they thought the programme impacted their peers:

‘...it was achieving a lot because the kids had somewhere to open up to so they could feel comfortable. Someone that could relate to them or so. So it motivated them more to take their medication, because I had a few peer supports that started taking their medications that became undetectable’.

The Programme also impacted the growth and development of Youth Ambassadors and the quality of support group meetings.

‘I would say it really just gave younger persons a voice rather, yeah that's how it affected it, it gave them a voice. Because a lot of times beforehand when we had support group persons, they didn't even want to talk about it, I guess because when we started, we never want to talk either.’

The Youth Ambassadors programme has the potential to impact the quality of care delivered to adolescents and youth living with HIV. The evaluation results were favourable and support the recommendation for its continuation.

ADOLESCENT HEALTH FAIR

The Inaugural National Health and Wellness Fair for adolescents and youths living with HIV was held on August 17, 2023. This event was the first of its kind, bringing together young people living with HIV and their caregivers from all over the island. This initiative aimed to foster a supportive environment

for peer interaction among adolescents and caregivers from the different RHAs. Additionally, the Fair offered social and health services in response to the young people's expressed needs.

Ninety-one (91) young people and seventeen (17) caregivers attended the Health and Wellness Fair alongside booth holders and staff. Participants benefited from various services, including registering for skills training at the HEART Trust NTA, opening bank accounts, applying for birth certificates through the Registrar's General Department, and receiving information on sexual, nutritional, and physical health from collaborating government agencies.

The Fair featured engaging activities and giveaways designed to assess attendees' understanding of drug awareness and reproductive and sexual health while encouraging group social interaction. Entertainment included interactions with social media influencers such as 'Dan Dan' and performances by local artists like 'Biggs Don' and 'Jaquan'.



Biggs Don performing for participants at the Health and Wellness Fair.

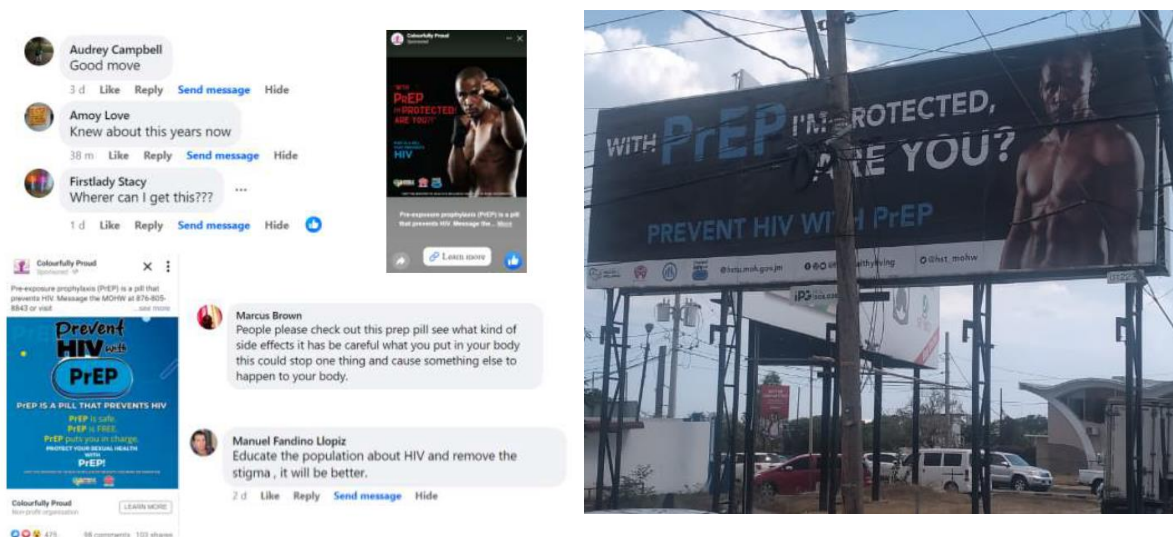


Participants engaging in a hula-hoop competition with the Jamaica Moves Team.

PrEP PROMOTION AND EDUCATION

Jamaica implemented the use of oral pre-exposure prophylaxis in 2020 as an additional prevention method to reduce the transmission of HIV among eligible persons. The newness of the initiative created a need for a communication strategy to build awareness and promote acceptability among eligible users. Social media was the communication platform that proved most impactful in reaching this audience. Diverse, gender-inclusive messages that could be shared and boosted directly to online spaces were created. The direct messaging feature expanded reach and engagement, allowing users to ask questions discreetly and receive referrals to public or private PrEP service sites. An estimated five hundred thousand (500,000) users directly engaged with the social media materials for the reporting period by commenting or sharing posts. Half of this amount inquired about PrEP services through direct messaging.

Additional communication channels were utilized to enhance PrEP awareness, including producing and airing a PrEP jingle on the radio and installing thirteen (13) billboards in high-traffic locations island-wide. Pull-up banners, brochures, outdoor signs, and branded novelties were also distributed to RHAs to improve visibility and education at PrEP sites.



An unconventional approach that proved effective in reaching at-risk males and females was promoting PrEP at entertainment events. Staff members interacted with patrons at events, presenting PrEP as a socially acceptable and accessible option for safe sex. This initiative also included offering an HIV rapid test, distribution of self-test kits and a brief counselling session on PrEP. This multidimensional approach was effective in reaching potential PrEP users and improving access to prevention services.



RETENTION IN CARE CAMPAIGN

Maintaining clinic appointments and adhering to anti-retroviral therapy (ART) is crucial to achieving optimal health for PLHIV. Approximately 30% of PLHIV are reported to have defaulted from care in 2022. Defaulting from care results in poor health outcomes and elevates the risk of HIV progressing to AIDS. In response to this issue, the HSTU developed a mass media campaign to encourage PLHIV to stay in care.

The campaign slogan is “Truth is you can live life to the fullest with HIV”, and the call to action is “Stay in care to live your best life”. The goal is to highlight that life does not end with an HIV diagnosis, and treatment adherence is vital to enjoying a meaningful and productive life. During the pretesting exercise, focus group participants highlighted how realistic the message was. One participant said:

“The mere fact that it says HIV affects everyone, it hit the nail on the head. Persons hearing the advertisement, it will make them think.”

“You see when me hear this now, it is joy. Yes. People will listen because it is very strong.”

Most of the other participants shared similar sentiments.

The campaign deliverables included radio and television commercials, social media materials, billboards, and bus advertisements. These are broadcast across traditional and digital media channels to effectively reach the target audience and promote behaviour change.



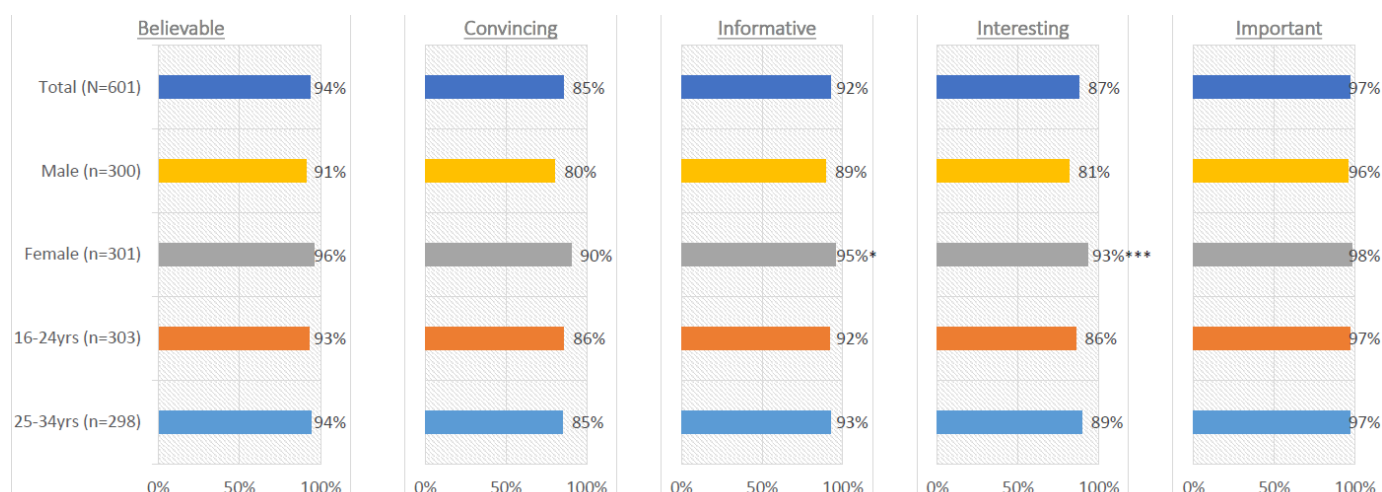
MEDIA RECALL OF HIV TESTING CAMPAIGN

A media recall survey was conducted to measure the effectiveness of the 2020 HIV Testing ‘Update Yuh Status’ campaign. The campaign, which was aired on television, radio, social media, billboards, and JUTC buses, encouraged people to get tested for HIV.

Findings from the media recall indicated that 89% of respondents could easily identify and remember the campaign, with television being the most frequently reported medium for exposure, followed by social media. Ninety-four percent (94%) of respondents thought the campaign was believable, 92% thought it was informative, and 97% thought it was important. Females (90%) found the campaign more convincing than males (80%) (Figure 3.39). The media recall results reinforced mass media campaigns' positive influence in promoting healthy behaviours among the target populations. Additionally, the growing advertising platforms further extend the reach and assimilation of messages to a diverse audience.



Figure 3.39 HIV Testing Campaign Effectiveness by Age and Sex



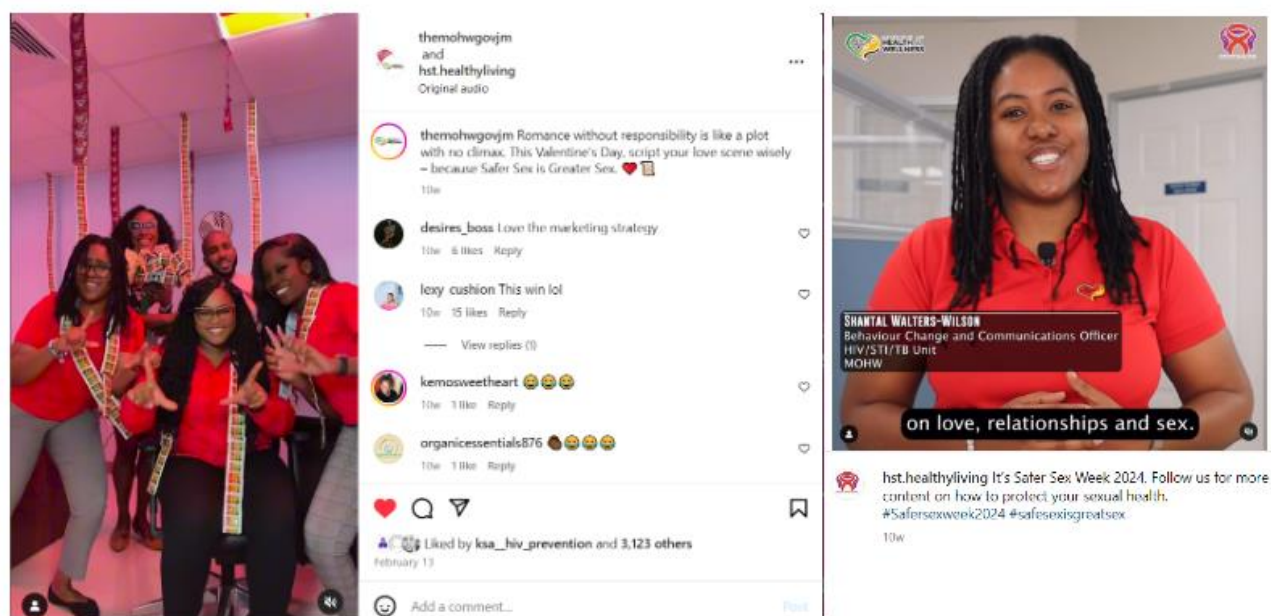
INFORMATION AND EDUCATION THROUGH MASS MEDIA

Sustaining a presence on traditional and digital media platforms has proven effective in disseminating messages to a large cross-section of the general population. Repeating safe sex messages on television, radio, billboards, newspapers, and social media has aided the retention and assimilation of positive behaviour change among audiences in both rural and urban locations and among varied age groups.

The HSTU capitalized on this reach by installing and renewing forty-three (43) billboards island-wide, placing commercials on popular television and radio stations throughout the year, and displaying messages in the newspaper to mark commemorative days. The campaigns promoted for the reporting period were the HIV Testing 'Update Yuh Status', Condom Use 'Dweet Fi Yuh Best Life', Lost to Follow Up 'Get Back on Track', PrEP, Tuberculosis and Retention in Care 'Truth Is' advertisements.

Over the years, the social media pages have experienced consistent growth and have facilitated the navigation of online users to treatment sites. Users have utilized the direct messaging platform to

seek information on sensitive topics and to gain further insight into our products and services. Cultural and social barriers hindering access to key and vulnerable populations were overcome by promoting and educating on social media. During the reporting period, posts of staff members appearing in trendy videos or answering frequently asked questions were created as part of a new initiative to humanize the social media pages, leading to heightened user engagement.



4: ENABLING ENVIRONMENT & HUMAN RIGHTS

OVERVIEW

In 2023, the Enabling Environment and Human Rights Component implementing partners worked tirelessly to foster stronger partnerships and enhance collaborative efforts, community mobilization, and monitoring. This report highlights our collective interventions to reduce stigma and discrimination (S&D) and human rights violations. The significant achievement of the EEHR response in 2023 was the development of its Monitoring, Evaluation and Learning (MEL) Plan, which defines the EEHR core impact, outcome, output and process indicators.

Figure 4.40 illustrates the EEHR Theory of Change Model.

Figure 4.40 EEHR Theory of Change Model



GBV = Gender-Based Violence; HCW = healthcare worker; PLHIV = People living with Human Immunodeficiency Virus; HR = Human Rights
PHDP = Positive, Health Dignity and Prevention; S&D = Stigma and Discrimination;

IMPROVING COORDINATION AND BUILDING STRONGER NETWORKS

EEHR Monitoring, Evaluation and Learning Plan

One of the year's key achievements was the development of the Monitoring, Evaluation and Learning Plan for the strategies and interventions in the EEHR Component of the National HIV Strategic Plan, 2023 – 2030. This plan, which resulted from a consultative process with key stakeholders led by the NFPB's EEHR Unit, ensures that the EEHR Component has standardized indicators with regular reporting and review processes that can inform evidence-based decisions.

The MEL Plan has indicators that define the extent to which programme objectives are achieved and aligned with the strategic outcomes. It features a total of twenty-two (22) core EEHR Indicators, including four (4) impact, nine (9) outcome, and seven (7) output and process indicators to be measured using a mix of population-based surveys and programmatic and stakeholder reports covering various timeframes. The MEL Plan was used to update and include questions in the upcoming MSM and FSW surveys. The EEHR Online Reporting Dashboard will be a central repository for all EEHR indicators.

EEHR Technical Working Group

The EEHR Unit facilitated multisectoral collaboration and discussions by coordinating quarterly EEHR technical working group (EEHRTWG) meetings. Three (3) EEHRTWG meetings were convened in 2023 to ensure the meaningful engagement of stakeholders who can provide technical guidance and support. These meetings, which brought together diverse stakeholders, were instrumental in facilitating policy and legislative reform dialogue, addressing inequalities and violations, and reducing stigma and discrimination. They also played a crucial role in validating the EEHR MEL Plan, reviewing the findings of the Human Rights Mass Media Campaign Media Recall Survey, identifying priority areas for the 2025-2027 Global Fund Funding Request, and selecting members for the Global Fund grant proposal writing committee.

National EEHR Annual Review and Planning Meeting

The EEHR Unit, in partnership with civil society and international development partners, convened the EEHR Annual Review and Planning Workshop to examine impactful strategies and identify ways to improve the EEHR component of the national HIV response. It was held under the theme “*Creating a people-centred service provision and delivery culture*”. Sixty-six (66) persons were in attendance, including directors, programme managers, policy analysts and advocacy officers of MDAs, CSOs, FBOs, private sector and IDPs.

During the meeting, the participants discussed the EEHR strategies, interventions and activities, categorizing them into four areas: what is working, what is not working, what can be scaled up and new interventions for consideration. The participants' involvement and contribution highlighted the following:

- Opportunities to implement the proposed recommendations to address the gaps and concerns identified.
- Innovative and productive ways to improve the engagement and collaborative efforts between government entities and government and CSOs and the private sector.
- The need for an effective reporting and material sharing mechanism that can maintain networking and communication processes.

Participants acknowledged the importance of fostering more robust and meaningful partnerships among the government, CSOs, FBOs, and the private sector and committed to working towards this goal.

Jamaica Partnership to Eliminate HIV-Related S&D/ Focus Country Collaboration to Strengthen Community-led Responses and Reduce S&D

During the year, UNAIDS provided capacity-building support to national stakeholders to identify and address HIV-related S&D. This effort aimed to contribute to ending inequalities in Jamaica, enabling people living with and most affected by HIV to access HIV prevention and treatment services and seek redress when their rights are infringed.

A Joint Civil Society Advocacy Plan was completed under the initiative. The advocacy plan was developed by the Civil Society Forum on HIV/AIDS. The Forum was supported by a consultant who facilitated the review, development, and validation processes for the plan. The advocacy plan seeks to:

- i. Support collective action to reduce stigma and discrimination
- ii. Increase access to SRH information, goods and services and strengthen the evidence base through which policies and programmes are developed.

It incorporates legislative and policy advocacy actions to facilitate civil society's advocacy efforts around establishing a National Human Rights Institution (NHRI) and changes to the Sexual Offences Act and other related Acts.

UNAIDS also partnered with Jamaicans for Justice (JFJ), a member of the Jamaica Partnership to Eliminate HIV-related Stigma & Discrimination on behalf of the Country Coordinating Mechanism, to lead civil society advocacy and engagement efforts around the NHRI and to engage legislators. The grant facilitated the following achievements:

- Development of advocacy actions, with joint messages and actions around the Sexual Offences Act (SOA) and related legislation.
- Three (3) stakeholder meetings were held to develop consensus, raise awareness about the NHRI, and address broader legislative and policy issues related to the SOA and other related legislation.
- Ten (10) episodes of JFJ's Let's Talk Justice radio programme were aired, focusing on topics such as gender-based violence, rape and sexual assault, HIV, children with disabilities, constitutional reform, and savings law clauses.
- Policy dialogues regarding the NHRI were held with the Permanent Secretary of the Ministry of Legal and Constitutional Affairs.
- Parliamentarians were engaged in discussions on the NHRI, the SOA, and other related legislation.
- An open letter advocating for constitutional reform and protection of vulnerable groups was signed by eleven (11) civil society leaders and two (2) human rights advocates.
- Social media placements on issues related to sexual offences and the NHRI.
- A national public opinion survey was conducted to assess the public's perception of and attitudes towards rape.

UNAIDS partnered with the Caribbean Vulnerable Communities Coalition (CVC) to undertake the *Review of Human Rights Violations Against People Living with and People Most Affected by HIV In the*

English-speaking Caribbean. The review provided an analysis of the human rights situation of people living with and most affected by HIV in Jamaica and other Caribbean islands, as well as outlined recommendations for policymakers, CSOs, and development partners providing technical and financial support.

ELIMINATING STIGMA AND DISCRIMINATION IN ALL SETTINGS

During the year, a significant focus was developing and implementing anti-discrimination programmes. These programmes included awareness-building campaigns, capacity-building and sensitization training workshops for various stakeholders, and engaging communities of people living with HIV and most affected by HIV. Key targets for these interventions included religious leaders, community leaders, and key influencers such as celebrities.

Awareness-Building Campaigns

In 2023, efforts to eliminate stigma and discrimination included traditional and social media campaigns to raise awareness and promote the rights of vulnerable and marginalised groups (Table 4.22). These initiatives featured radio and TV advertisements, interviews, infographics, videos, and information, education, and communication (IEC) materials. The campaigns were undertaken by the National Family Planning Board, Jamaica AIDS Support for Life, Jamaican Network of Seropositives, Equality for All Foundation (EFAF), Jamaicans for Justice and TransWave Jamaica (TW).

The media campaigns highlighted several key issues, including:

- Gaps in the Jamaican Constitution and the Constitution reform process.
- Actions that the government should implement to reduce HIV-related stigma and discrimination.
- The need to support PLHIV and increase accepting attitudes by becoming a champion for change.
- The link between domestic abuse, sexual violence and HIV.
- The need to reduce sexual violence and its impact, especially on children.
- Issues affecting the LGBTQ+ population.

Table 4.22 EEHR Awareness-Building Campaigns, 2023

| Channel | Document/Video/Material |
|---------------------|---|
| Print media | <p>Including the Right to health and Broader discrimination provisions in the Jamaican Constitution. https://jamaica-gleaner.com/article/focus/20230122/patrick-lalor-constitutional-reform-what-end</p> <p>A letter outlining how HIV-related stigma has affected the community of People Living with HIV since the first case of HIV In Jamaica and a solution to curbing the high levels of stigma that PLHIV still face within their communities. https://www.jamaicaobserver.com/letters/4-decades-of-stigma/</p> <p>Champion for Change Ambassador - Former Political Ombudsman Donna Parchment Brown discussing the impact of S & D with Justices of the Peace https://nationwideradiojm.com/stigma-against-people-living-with-hiv-too-high-parchment-brown/</p> <p>Champion for Change Ambassador – Medical Doctor Dr. Mario Guthrie advocates for reducing stigma because of its impact on patients’ decisions to disclose and achieve desired health outcomes. https://jis.gov.jm/nfpb-ambassadors-championing-change-in-treatment-of-persons-with-hiv/</p> |
| Television | <p>Sexual violence can cause someone to become HIV-positive – JASL developed a TV commercial that calls for an end to sexual violence against children, which was aired in Child’s Month. https://www.facebook.com/Jamaicaaidssupport/videos/as-adults-we-must-protect-our-children-from-sexual-violence-talk-to-your-childre/790550122247013</p> <p>Champions for Change Campaign https://www.youtube.com/watch?v=biWmCNJk9fw</p> |
| Social Media | <p>Workplace Discrimination – Unfair Dismissal https://www.youtube.com/watch?v=UrD0RzLDA&list=PL0uFzyOD-CSfj1LSpPLRN1R4LF0vt_y8c&index=68</p> <p>Violence is both a cause and effect of HIV https://www.facebook.com/Jamaicaaidssupport/videos/30-days-of-hiv-facts-day-22violence-is-both-a-cause-and-effect-of-hivlisten-as-p/410413487978111</p> <p>Workplace discrimination is illegal https://www.facebook.com/Jamaicaaidssupport/videos/workplace-discrimination-is-illegal/506826001555262</p> <p>End violence against women https://www.facebook.com/Jamaicaaidssupport/videos/caring-nurturing-loving-compassionate-and-supportive-are-some-ways-in-which-we-d/460356456226368</p> <p>Zero Discrimination Day 2023 https://www.facebook.com/Jamaicaaidssupport/videos/zero-discrimination-day-2023-is-being-observed-under-the-theme-save-lives-decrim/159532279871837</p> |

Champions for Change Campaign

The Champions for Change Campaign was launched in June 2023 by the Minister of Health and Wellness, Dr. the Honourable Christopher Tufton. In his keynote address, the Minister reminded the

audience of the MOHW's commitment to reducing stigma and discrimination in the health sector. A key feature of the campaign was the engagement of four (4) influential ambassadors who participated in radio interviews and conducted sensitization sessions to raise awareness on HIV-related S&D. The Ambassadors/Champions were:

- Ms. Joan Stephens – JN+ member and person living with HIV
- Honourable Donna Parchment Brown- Former Ombudsman, Attorney-at-Law
- Dr. Mario Guthrie – Medical Doctor
- DiMario McDowell – Entertainer and Marketer

Eight (8) materials were developed for traditional and social media platforms, including a TV commercial, two (2) radio advertisements and five (5) infographics. One hundred and five (105) advertising spots were aired on Television Jamaica between June and August 2023. The cinema, Palace Amusement, also aired the television commercial between July and September 2023. An additional 1,063 spots were aired from June to November 2023 on four (4) radio stations, including RJR 94FM and Mello FM. The social media posts and infographics received between 121 and 595 views. The television commercial had a wider reach, with 50,667 views on Facebook, 3,920 on Instagram, and 244,007 on YouTube.

Traditional & Social Media Campaigns

Several partner organizations successfully executed traditional and social media campaigns during the year. JASL developed a series of impactful radio advertisements and interviews to raise awareness about the critical intersectionality between domestic abuse and HIV. These were aired on Suncity Radio, RJR FM94, IRIE FM and ZIP 103FM daily for three months. According to a 2023 Don Anderson Report, these were ranked the top five radio stations, with an estimated audience of 796,000. Together, they control 48% of the country's listenership.

JASL also developed and disseminated numerous messages on human rights and other important topics through its social media pages and quarterly newsletter. The areas covered included workplace discrimination, zero discrimination, occupational safety and health, sexual harassment, and gender-based violence. These messages reached 309,640 people.

JN+ utilized Instagram, Facebook, X (formerly Twitter), Threads, and TikTok to disseminate information about HIV and AIDS, including treatment options and U=U (Undetectable = Untransmittable). The aim was to raise awareness and combat misinformation contributing to stigma and discrimination. Content was also developed to highlight the network's interactions and humanize the experiences of individuals living with HIV. JN+ also used its social media platforms to support other campaigns, such as breast cancer awareness and gender-based violence.

Transwave Jamaica created and executed HIV awareness campaigns focused on issues relevant to the trans and nonbinary community. The two (2) campaigns included nine (9) videos featuring transgender people, reaching over 39,000 accounts.

S&D Training with Non-Medical Healthcare Workers

JN+ engaged twenty-one (21) non-medical healthcare professionals in a sensitization session on delivering care to members of the PLHIV community. The session covered crucial topics, including basic facts about HIV, values clarification, understanding the impact of stigma and discrimination within the health setting, and the ethical considerations required for working in a health facility. The

participants were also made aware of the Jamaican Anti-Discrimination System for HIV, which is aimed at collecting and resolving stigma and discrimination-related cases. A comparison of the pre- and post-test results revealed a significant increase in knowledge, with average scores rising from 35% to 89%. This remarkable 54% increase in knowledge underscores the importance of continuing sensitization sessions for this category of health facility staff.

TOT Workshop with HCWs with training responsibilities

Thirty-two (32) healthcare workers with training responsibilities in their organizations participated in a train-the-trainer workshop during the year. Several organizations were represented, including the MOHW Inservice Education Unit, the MOHW Investigation & Enforcement Branch, the four (4) regional health authorities and HEART TRUST/NSTA. The facilitator's guide utilized at the workshop focused on the six (6) modules recommended in the 2019 Human Rights Baseline Assessment. The modules covered were HIV 101, Stigma and Discrimination, Human Rights, Confidentiality, Sexual Orientation & Gender Identity and Medical Ethics.

During the training, healthcare workers expressed that in the absence of a policy or protocol for the treatment and placement of transgender persons in the hospital, they felt ill-equipped to address this population's needs and preferences. Participants noted that the training was informative and reinforced the need for MOHW to review and update its policies and manuals to reduce discriminatory practices. They also indicated that additional support would be needed when conducting the human rights, and sexual orientation and gender modules. At the end of the workshop, the participants produced a draft document with recommended areas to be included in the proposed MOHW anti-discrimination operational policy for the public health sector.

CAPACITY-BUILDING INITIATIVES

Faith-Based Organization Sensitization Sessions

JN+ collaborated with the Jamaica Council of Churches (JCC) to conduct sensitization sessions with the Litchfield Baptist Church, Mount Carmel Church of the Nazarene, and Holy Spirit Roman Catholic Church. These sessions aimed to enhance awareness and understanding within the faith community regarding HIV, S&D, gender-based violence (GBV), and sexual and reproductive health.

Seventy-seven (77) participants, including pastors, ministers of religion, deacons, and other church leaders, attended the three sessions. These individuals were called upon to lead their respective church families/congregants in creating a more loving, supportive, and stigma-free environment for key and vulnerable populations. The collaboration with FBOs represents a strategic approach to engaging faith communities in critical discussions about HIV and related issues. Participants indicated that the sessions were informative and demonstrated how they could contribute to the response.

Additionally, the JCC project team conducted five (5) S&D workshop sessions, sensitizing 138 lay leaders, eight (8) SRH rights and GBV workshops, reaching 215 leaders and congregants, and four (4) health fairs, engaging 425 persons. The team distributed GBV brochures from the Bureau of Gender Affairs (BGA). JN+ also distributed HIV self-test kits. Community members urged church members to collaborate with the state in offering support and advice to help victims/survivors of family violence stay safe. One survivor emphasized that the church plays a crucial role and should receive training on how to offer advice and guidance to victims/survivors.

Train the Trainer collaboration with Ministries, Departments & Agencies

During the year, ministries, departments, and agencies actively participated in a comprehensive programme to build capacity for implementing people-centred and rights-based approaches to service provision and delivery. The training concept followed a three-pronged approach.

- i. Sensitization—During a three-hour sensitisation session, select MDA staff members were introduced to people-centred and rights-based approaches.
- ii. Training—MDA training managers participated in a TOT workshop to equip them to independently deliver the workshop content during in-house training, meetings, and orientation sessions.
- iii. Practical Application—The trainees implemented interventions within their organization, including sensitising the staff and executing small projects to reinforce the concepts learned during the training.

This approach was a significant step towards ensuring the sustainability and effectiveness of the programme. The following achievements were reported:

- Nineteen (19) three-hour sessions were conducted with five hundred and thirty-seven (537) staff from the Registrar General Department (RGD), Child Protection Family Service Agency (CPFSA) and Social Development Commission (SDC).
- A three-day train-the-trainer workshop was held for development and training managers from eight (8) MDAs, including RGD, CPFSA, SDC, DCS, BGA, Ministry of Labour and Social Security (MLSS), Office of the Public Defender (OPD), and Tax Administration Jamaica (TAJ). Twenty-three (23) representatives were trained as trainers. During the workshop, the participants identified the human rights their organizations are responsible for promoting, respecting and fulfilling; discussed how people-centred and rights-based approaches can reduce stigma and discriminatory practices within their organizations; and gained an understanding of the difference between customer service and customer experience
- A one-day facilitation skills workshop was held as a follow-up to the TOT workshop. In this workshop, trainees made presentations and received guidance on how to improve their facilitation skills. The workshop was designed to prepare the trainees to conduct step-down sensitization sessions with staff within their organizations. After completing the facilitation skills training, MLSS commenced their step-down training, conducting four (4) sensitization sessions and reaching 201 MLSS staff by December 2023.

EMPOWERING COMMUNITIES TO KNOW THEIR RIGHTS

Community-led legal literacy initiatives were implemented to promote rights awareness among PLHIV and key and vulnerable populations (KVPs). These initiatives aimed to support the enjoyment of rights and encourage communities to formally report incidences of abuse and discrimination.

JASL conducted seven (7) legal literacy sessions, which reached 134 PLHIV, MSM, SWs, and transgender persons in Kingston & St Andrew, St. Ann and St. James. These sessions aimed to improve awareness of human rights and the importance of laws, mechanisms and institutions that provide protection, redress, and justice. The pre-and post-test evaluations demonstrated an increase in participants' knowledge of their rights, redress mechanisms, and institutions offering support services in cases of rights violations. During the sessions, twenty-one (21) participants were

willing to document their experiences of abuses and violations. These cases (Table 4.23) were referred for attention and action.

Table 4.23 JASL Legal Cases by Type, 2023

| Type of Case | Total # |
|--|-----------|
| Assault and Battery (includes threats) | 6 |
| Asylum | 2 |
| Gender-based Violence | 1 |
| Landlord and Tenant | 2 |
| Property Disputes | 2 |
| Probate Matters-Wills, Intestacy etc. | 1 |
| Family- Divorce and Child Custody | 2 |
| Workplace Discrimination | 1 |
| Other | 4 |
| Total | 21 |

Additionally, JASL coordinated a Legal Fair under the theme “Know Your Rights – Accessing Legal Advice” at the Halfway Tree Transportation Centre in Kingston & St Andrew. The Fair showcased booths providing legal and other services, including JFJ, JN+, MLSS, MOHW, the Ministry of Justice (MOJ), Office of the Public Defender (OPD), Legal Aid Clinic (LAC) and Woman INC. The Permanent Secretary in the Ministry of Legal and Constitutional Affairs (MLCA), Wayne Robertson, delivered greetings at the event. The occasion also featured a live radio outside broadcast to expand the reach of services, raise awareness, and advocate for improved access to redress and justice. During the event, over sixty-two (62) key population members and members of the general public were reached directly.

JN+ conducted five (5) legal literacy sessions, reaching seventy-six (76) PLHIV across the four health regions. The topics covered included Introduction to Law, Human Rights, Understanding Labor Laws, and Access to Justice. The pre-and post-test evaluations showed increased knowledge, and some participants expressed a desire to advocate for change. Additionally, four (4) participants documented their experiences of abuse (Table 4.23).

Table 4.24 JN+ Legal Cases by Type, 2023

| Type of Case | Total # | Status |
|------------------------|----------|------------------|
| Police Brutality | 2 | Referred to JFJ |
| Constructive Dismissal | 1 | Referred to MLSS |
| Involuntary Disclosure | 1 | Referred to JFJ |
| Total | 4 | |

INCREASING ACCESS TO JUSTICE

The legal literacy sessions, the promotion of the Jamaica Anti-Discrimination System, and other interventions undertaken by stakeholders in the national response helped promote opportunities for

PLHIV and key and vulnerable populations to make formal complaints of abuse, violations and discrimination. Over the last three years, the JN+ has led efforts to strengthen partnerships between entities responsible for collecting and referring complaints and those responsible for redress processes, including legal support and alternative justice services.

Jamaica Anti-Discrimination System for HIV

JADS collects complaints of HIV-related discrimination perpetrated against PLHIV and refers them to the appropriate entities for redress. In 2023, JADS continued to improve its CSO/government partnership, focusing on the roles and functions of the redress partners, including JFJ, MLSS, MOEY, MOHW, OPD, the Jamaica Constabulary Force (JCF), with technical support from UNAIDS.

Seventy-seven (77) cases of HIV-related discrimination were reported to JADS in 2023 (Table 4.25). The complainants were predominantly females (63 cases) compared to males (14 cases). The number of cases recorded represented a 39% increase compared with those in 2022. Females accounted for more than 70% of all reported cases. In 2023, incidents were reported to occur across five settings. The community saw the highest number (59), followed by health facilities (9), workplaces (5), schools (2), and social media (1). Notably, from 2021 to 2023, the community setting consistently accounted for most reported cases, 69%, 64%, and 76%, respectively.

Table 4.25 JADS Cases, 2023

| 2023 Cases (Total) | Gender | | Nature of Incident | | Setting | | Redress Status | |
|--------------------|---------------|----|---|----|--|----|----------------|----|
| 77 | Woman | 63 | Breach of confidentiality | 27 | Community | 59 | Closed | 67 |
| | Man | 14 | Harassed/Verbally Abuse | 41 | Health Facility | 9 | In review | 10 |
| | Transgender W | 0 | Verbal & Physical violence | 5 | School | 2 | | |
| | Transgender M | 0 | Unfair Treatment at the Government Facility | 1 | Workplace | 5 | | |
| | | | Forced to leave Job | 2 | Social Media | 1 | | |
| | | | Denied employment | 1 | Community & Government Health Facility | 1 | | |

In 2023, harassment and verbal abuse were the most frequently reported incidents, with forty-one (41) cases, followed by breach of confidentiality with twenty-seven (27) cases. Other reported incidents included five (5) cases of verbal and physical violence, two (2) cases of forced job resignation, and one (1) case each of unfair treatment at a government facility, denied employment, and challenges on social media. Notably, one incident spanned both community and government health facility settings.

The reported incidents were geographically dispersed across multiple parishes (Figure 4.41). St Mary had the highest number of reported incidents, 19, while Clarendon and St Elizabeth had 14 and 7 incidents, respectively. Other parishes with notable incidents were Westmoreland (8), Manchester (6), Kingston (6), and St. James (6). The varied distribution across parishes underscores the need for a more responsive and decentralised approach to address specific issues within different communities. This is particularly important as rural areas with smaller population centres account for more cases.

Figure 4.41 JADS Cases by Parish, 2023

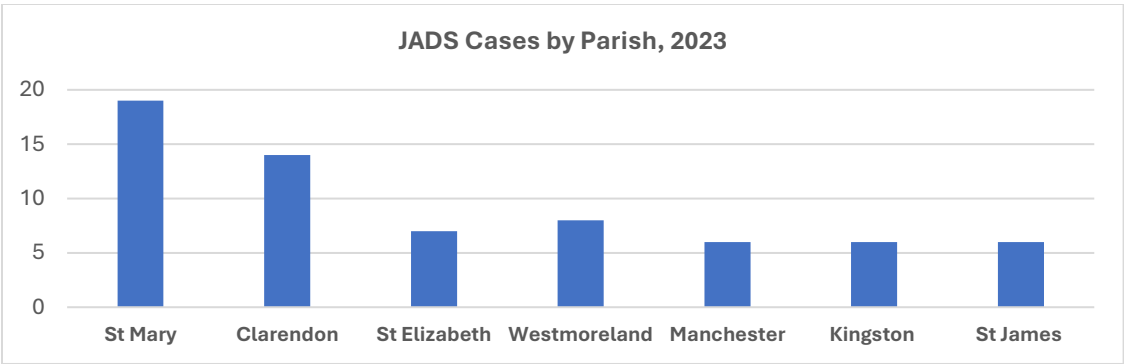


Table 4.26 shows a relatively even distribution in age, with individuals aged 20-30 and 31-40 each accounting for nineteen (19) reported incidents. This relatively even distribution across age groups underscores the importance of implementing interventions that resonate with a broad demographic.

Table 4.26 JADS Cases by Age, 2023

| Age Range | Number of Cases |
|-------------------|-----------------|
| 20 – 30 years old | 19 |
| 31 – 40 years old | 19 |
| 41 – 50 years old | 10 |
| 51 – 60 years old | 16 |
| 60 and over | 9 |
| No Age Listed | 4 |

Sixty-seven (67) of 77 reported cases have been resolved or closed. Among these closed cases, eleven (11) resulted in cease-and-desist orders, twenty-three (23) in Warning Letters, thirty (30) required no action per the complainant's request, and 3 had other outcomes. The remaining ten (10) cases are under review, indicating ongoing assessment or consideration of further action by the network of redress partners.

Other Human Rights Violations Documented

Equality for All Foundation received twelve (12) reports, each detailing multiple human rights violations. Nine (9) of the reports were made by men, while women made three (3). The most common violations reported by LGBT Jamaicans were physical and verbal assaults, with eleven (11) instances each. This was followed by forced community displacement (7) and police discrimination (3). There were also reports of employment discrimination (2) and rape (1). Only two (2) individuals successfully reported their cases to the police, and two (2) of the three (3) persons who experienced police discrimination were unable to file a report.

Four (4) incidents were reported in Kingston and St Catherine, while three (3) incidents occurred in St James and one (1) in Westmoreland. While twelve (12) incident reports were received in 2023, only one (1) incident occurred in 2023. Ten (10) of the reports made supported asylum claims. It should be noted that many LGBTQ+ Jamaicans do not report the violations they face, as highlighted in the

2019 Jamaican LGBT Community Experience and Needs Assessment and the 2023 UNDP Being LGBTI in Jamaica Report.

Legal Services Provided for HIV-Related Discrimination

Ministry of Labour & Social Security

The MLSS HIV Unit received two (2) workplace dismissal complaints. Both were reported to the JADS. In one case, a settlement was reached, resulting in the complainant receiving payment and an offer of job reinstatement. The other complainant chose not to pursue their case further.

Jamaica AIDS Support for Life

In 2023, JASL provided legal services for forty-five (45) new cases (Table 4.27). These comprised twenty-six (26) civil matters and nineteen (19) criminal matters. The civil cases involved issues such as gender-based violence, workplace discrimination, unauthorised disclosure of HIV status, family and child-related matters, and property conveyance. Criminal cases included assault and battery (with two instances of police abuse), unlawful wounding or grievous bodily harm, common law assault, and sexual assault or harassment.

Table 4.27 JASL: Types and Number of Complainants, 2023

| JASL: Types & Number of Complainants (January 4, 2023 – December 20, 2023) | | | | | | |
|--|--|--------------------------|-------------------------|------------------------------|--------|-------|
| Cases | Gender-Based Violence | Workplace Discrimination | Unauthorised Disclosure | Family/Child related matters | Others | Total |
| Civil Law | 1 | 7 | 5 | 1 | 12 | 26 |
| Criminal Law | Unlawful Wounding/Grievous Bodily Harm (GBH) | Bail | Assault & Battery | Common Law Assault | Others | Total |
| | 1 | 0 | 8* | 4 | 6 | 19 |
| Total Number of Cases | | | | | | 45 |

*Includes assault by Police and Domestic violence

JASL provided a range of services for civil matters. These included general legal advice and assistance with documents/templates such as Power of Attorney, lease agreements, and notice to quit/eviction notices. The organization also helped facilitate access to treatment, addressing issues like consent forms for medical treatment of minors and ensuring medication access for incarcerated individuals. Additionally, JASL assisted with cases involving delays or abuse of power by duty-bearers, particularly healthcare workers and police. At the end of the year, JASL had twelve (12) active civil matter cases pending assessment for closure. JASL also handled other matters, including cases where clients requested advice on issues concerning theft, buggery, and acquiring psycho-social assessment to determine competency to stand trial. Some cases also involved collusion by state actors and others. Two (2) of these six (6) criminal cases have been closed - one related to theft and the other concerning collusion.

Of the forty-five (45) cases, eleven (11) have been closed, with resolutions as follows:

- Five (5) cases where formal opinions or general advice were provided.
- Three (3) cases where access to medication requests was granted.
- Three (3) cases where no action was requested.

At the end of the year, eleven (11) cases were inactive or pending closure notices. The remaining twenty-three (23) cases are under review, indicating ongoing assessment or consideration for further action by JASL.

Jamaicans for Justice

In 2023, Jamaicans for Justice provided legal services to 131 individuals from key population groups and women affected by violence. The cases were distributed as follows:

- Seventy-three (73) cases related to gender-based violence.
- Fifty (50) cases involved persons living with HIV, including some gay men and women experiencing violence.
- Eight (8) cases specifically pertained to men who have sex with men.

The majority of gender-based violence complainants were between 20 and 35 years old. The reported violence primarily involved physical and emotional/psychological abuse. Some cases included financial abuse, particularly when perpetrators withheld child maintenance. In two (2) notable cases involving financial abuse, one male partner was charged with theft for taking his female partner's money. The court ordered him to repay the complainant, which he complied with.

JFJ supported one hundred and forty (140) cases in 2023. Thirty-one (31) KP and 61 GBV new complaints were received and accepted. These cases came through JFJ's ongoing community interventions, networking, and general walk-ins. Additionally, twenty-three (23) KP and twenty-five (25) GBV cases were carried over from 2022 due to ongoing court proceedings or the necessity for further legal action. Notably, at least 70% of all KP cases involved unauthorised disclosure within family and community settings. Based on these reports, JFJ prepared and dispatched twenty-nine (29) cease-and-desist letters in 2023 and advocated for privacy and legal protection. A representative from the JCF assists with contacting the relevant police division/police station and soliciting police assistance in delivering these letters.

Industrial Relations Practices Training Workshop

The MLSS conducted a three-day residential training with thirty-five (35) participants, representing six (6) CSOs and six (6) government organizations. The participants, including redress officers, policy and advocacy officers, legal officers, education officers, technical officers and community leaders, were trained in industrial relations practices and redress mechanisms. The training programme covered human rights principles, labour laws and guidance on interfacing with MLSS and other redress entities involved in the Jamaica Anti-Discrimination System. The community members requested additional training sessions to build their capacity to represent peers at industrial relations mediation sessions.

Training and Engagement of Justice Stakeholders

During a guest lecture at the training academy, JASL engaged one hundred and eight (108) police officers and sensitized an additional twenty-five (25) others. The officers were highly receptive, finding the sessions engaging and informative and requesting similar training for more colleagues. The training utilized JASL's human rights curriculum, which incorporated key population (KP) representation as a critical element. KP representatives, including PLHIV, shared their experiences of stigma and discrimination. These sessions helped establish contact points within police divisions to strengthen support for KPs who may face human rights violations.

JASL's work with Justices of the Peace continued in 2023, with notable high-level leaders, the Custos of Kingston and the Chairman of the Kingston Justices Association, participating in the sensitization sessions. Their involvement underscores the entity's commitment to human rights approaches that ensure citizens are treated with respect and dignity.

JASL distributed two hundred and eight (208) HIV and human rights sensitization guides/handbooks to police officers and Justices of the Peace who were sensitized to human rights approaches to delivering services to key populations. The handbook compiles the training materials, key pointers, and essential referrals for HIV-related services.

IMPROVING LAWS, REGULATIONS AND POLICIES RELATED TO HIV

Four (4) national documents took effect or were drafted in 2023. Table 4.28 provides an overview.

Table 4.28 EEHR: National Documents Drafted or Enacted, 2023

| Law/Policy/Strategic Plan | Description |
|---|--|
| Sexual Harassment Act (2022) | It contains provisions for dealing with sexual harassment in the workplace, schools, correctional institutions, places of safety, nursing homes, and medical and psychiatric facilities, among other places. |
| Bills to integrate NFPB and NCDA into Health Ministry tabled in Senate | The integration is part of the Government's thrust to rationalize public bodies under the Public Sector Transformation Programme. The House of Representatives approved the legislation on November 14, 2023. |
| 2030 National Strategic Plan for HIV, Draft 2023 | Creates a framework for the national HIV response. |
| National Community-Led Monitoring Strategy for Jamaica, 2023 – 2026 | Creates a framework for community-led monitoring in the national HIV response. |

Human Rights Think Tank Launched

The launch of the LGBT and Human Rights Think Tank, the IDEA Research Centre, in 2023 marked a significant milestone in advancing research and advocacy for LGBTQ+ rights in Jamaica. The think tank was launched by EFAF in partnership with the Caribbean Policy Research Institute. It aims to provide ongoing research support to advocate for policy changes and promote greater tolerance and inclusion. Three (3) research publications were launched as part of the newly established think tank, including the Prevalence of NCDs in Jamaica's LGBT Population, Social and Institutional Barriers to LGBT Inclusion in Jamaica, and Role of the Church in Jamaican Governance and Political Decision-making.

Ensuring Rights-Based Law Enforcement Practices

Updating of protocol to guide employers and employees on how to handle HIV and AIDS in the workplace setting

A consultant was engaged to develop a Situational Analysis and Concept Paper to initiate the revision of the 2011 National Workplace Policy on HIV and AIDS. During the reporting period, a desk review and consultations with key stakeholders were conducted. The consultancy is scheduled to be completed in the first quarter of 2024.

Updating of protocol that guides the educational sector on how to manage HIV and AIDS in the school setting

A consultant was engaged to revise the MOEY's National Policy for HIV/AIDS Management in Schools, developed in 2004. Two hundred and fifteen (215) stakeholders were consulted at local, regional and national levels. The revised policy is scheduled to be completed and submitted to the MOEY in February 2024.

Coordinating the development of the SRH Policy

A multisectoral steering committee was established, and a consultant was contracted to draft the SRH policy. The draft policy was completed by the end of the year with guidance and feedback from the multisectoral steering committee, key stakeholders' consultations, and interviews. The next step is the internal government review process, set to commence in 2024. This policy highlighted some critical issues regarding access to SRH services and its impact on the population.

Legislative Advocacy

JFJ played a pivotal role in advocating for legislative reforms to improve access to justice for women experiencing violence and key populations within the context of HIV/AIDS in Jamaica. Several strategic initiatives, partnerships, and interventions marked the organization's efforts.

Domestic and Sexual Violence Public Advocacy Efforts

JFJ initiated an open letter signed by thirteen (13) civil society organizations and nineteen (19) advocates calling on parliamentarians to fast-track legislative reform to address the high levels of sexual and domestic violence in the country. Despite the tabling of a 2018 Joint Select Committee (JSC) recommendation report and several public promises to amend the associated pieces of legislation, to date, no legislative changes have been undertaken. Four (4) laws need updating to protect victims better and address current challenges in combating sexual and domestic violence. These include the Childcare and Protection Act, Sexual Offences Act, Offences Against the Persons Act, and the Domestic Violence Act.

Amendment Bill to the Domestic Violence Act

An amendment bill to the Domestic Violence Act was tabled in December 2023. However, while acknowledging the government's commitment to legislative amendments, JFJ noted the following concerns with the Bill:

- The absence of a definition of domestic violence. JFJ urged its inclusion to identify abusive behaviours and appropriate responses effectively.
- A mandatory police response to breaches of orders is needed. This will address the need for accountability in enforcing protection orders.
- The replacement of 'molesting' with 'harassing' in Section 4. JFJ expressed concern about the lack of clarity, definition, and potential impact on the legislation's applicability.

JFJ wrote to the Ministry of Gender, Culture, Entertainment and Sport, copying the Opposition Leader and the Opposition Spokesperson on Gender, urging a comprehensive review and the establishment of a Joint Select Committee. The JSC was subsequently established, marking a crucial step toward comprehensive legislative reform.

Childcare and Protection Act – Uncontrollable Children

JFJ convened a meeting with civil society organizations and individual advocates about the amendment to Section 24 of the Child Care and Protection Act, which speaks to the inability to control a child. This provision allows for a parent to bring a child before the courts, where that child can be deemed uncontrollable and then incarcerated. This provision impacts not only children from low socio-economic backgrounds but specifically at-risk girls and boys who may identify as gay. Despite the government's efforts to repeal specific provisions, the proposed replacements still raised concerns. These new provisions could potentially result in children being incarcerated for behavioural challenges or institutionalised in mental health facilities.

The meeting resulted in the submission of a joint open letter to the Minister of Education and Youth highlighting several challenges with the proposals. Through these efforts, further amendments were made to the proposal, including not subjecting a child to the court as the first point of contact and having clearly defined roles for officers who interface with a child under these sections. The final version of the Bill removed the phrase 'behavioural challenges', which had replaced 'unable to control' but lacked a clear definition.

Public Opinion Survey on Rape

JFJ conducted a public opinion survey which focused on the public's perception of and attitudes towards rape in Jamaica. A total of 1,008 people participated in the survey. The survey revealed that 83% of Jamaicans believed rape is prevalent in the country; 62% have heard of someone who experienced rape; and 10% of the respondents reported being survivors of rape, noting 1% were men. Among the respondents, 93.72% believed rape should be redefined to acknowledge that men and boys can be victims, with less than 4% in disagreement and less than 3% undecided. One of the survey's more contentious topics was the subject of buggery, with 58% of respondents opposing the repeal of buggery laws, 25% in favour of repeal, and 17% undecided. The study showed that rural communities have poor knowledge of sexual violence and have accepting attitudes toward sexual violence. Increasing age and higher education were associated with better knowledge and less accepting attitudes towards sexual violence. Females had less accepting behaviour towards gender norms and myths and were more likely to call for stronger penalties in addressing sexual violence.

National Human Rights Institution

JFJ continued its public advocacy for the establishment of the NHRI. This included sharing its policy research document with key stakeholders and informing them about the proposed model. The NHRI advocacy fits within the organization's broader advocacy on constitutional reform. To this end, several public statements were made urging the NHRI to be established with constitutional entrenchment.

REDUCING HIV-RELATED GENDER DISCRIMINATION, HARMFUL GENDER NORMS AND VIOLENCE AGAINST WOMEN AND GIRLS

We Matter

The Jamaica Community of Positive Women implemented its We Matter Project, supporting efforts to promote the positive health, dignity and rights of women living with HIV, in all their diversity, to contribute to ending AIDS in Jamaica. The project was completed and has helped to bolster JCW's work with the community of women living with HIV, its engagement with parliamentarians and other key stakeholders, and its involvement in the Global Fund Grant.

Among the results from this project are:

- Dissemination of awareness postcards to government officials urging them to take a stand and protect the rights of women living with HIV. With support from UNAIDS, JCW+ delivered 100 postcards to the Minister of Health and Wellness, who included them in a package of relevant health IEC materials and products. This package was distributed to all Members of Parliament (63 in total) during his sectoral presentation in May 2023.
- Creation of a self-care motivational booklet or self-help guide for WLHIV on safeguarding their health and enjoying their rights and dignity. The booklet is also available online.
- Engagement with the Minister of Health and Wellness around the challenges faced by PHIV.
- Training women living with HIV in community-led monitoring and how to be meaningfully involved in the Global Fund processes.

Silent Protest to End Violence Against Women & Girls

JASL hosted its annual silent protest on Friday, November 24, 2022, in support of the International Day for the Elimination of Violence Against Women (IDEVAW), recognised globally on November 25 each year. Member of Parliament (MP) Angela Brown Burke attended the event, addressing hundreds of people who gathered in the transportation Centre and participating in an interview in an outside Broadcast on RJR 94 FM. MP Brown-Burke committed to supporting JASL's positions when the legislation comes before the House of Representatives for review and responding to requests from JASL.

GBV Roundtable

JASL joined a Jamaica Observer GBV Roundtable to discuss the organization's efforts to address domestic and gender-based violence, the significance of November 25th to its mission and the legislative changes JASL has been urging the government to implement. Partner organization Eve For Life was invited to join the roundtable as they provide critical support to young girls living with HIV who are survivors of sexual violence. JASL garnered numerous press mentions from the roundtable discussion (refer to the web links below). Shortly after the event, the minister announced immediate amendments to the Domestic Violence Act, one of the legislations highlighted during the round table discussion.

- <https://www.jamaicaobserver.com/news/fixing-a-10000-joke/>
- <https://www.jamaicaobserver.com/news/10000-joke/>
- <https://www.jamaicaobserver.com/news/more-calls-for-no-drop-policy-in-domestic-violence-cases/>
- <https://www.jamaicaobserver.com/all-woman/16-days-of-activism/>

Health Sector Gender-Based Violence Action Plan

The National Strategic Action Plan to Eliminate Gender-Based Violence in Jamaica (NSAP-GBV), 2017-2027, which the Bureau of Gender Affairs manages, identifies the MOHW as having a critical role in managing the essential health services for victims/survivors of GBV. The MOHW Non-Communicable Disease Unit (NCDU) oversees the implementation of the GBV public health sector response. During the reporting period, the NFPB collaborated with the NCDU to conduct two (2) consultations to draft a GBV Health Sector Action Plan. This initiative is aligned with BGA's continuum of care intersectoral and interagency referral and protocol guidelines. The two consultations engaged eighty (80) participants, including representatives from the MOHW, RHAs, BGA, JCF, MOEY, MOJ and Centre for Investigation of Sexual Offenses and Child Abuse. The recommendations from the consultations will be discussed and validated in 2024.

Engaging Jamaica's Deaf Community Around GBV

Eve For Life developed a curriculum, in collaboration with the deaf community, around sexual violence, healthy relationships, healthy sexuality, sexual violence, and risk reduction. EFL conducted one (1) train-the-trainer session with seventeen (17) participants. Seven (7) organizations were represented, including Jamaica Association for the Deaf, St. Christophers School for the Deaf, Lister Mair Gilby High School, Seventh Day Adventist Deaf Church, Danny Williams School for the Deaf, Jamaica Christian School for the Deaf and Caribbean Christian School for the Deaf. The workshop introduced the handbook on *Sexual and Gender-Based Violence against Deaf Women and Girls in Jamaica*. The sessions facilitated a robust exploration of the GBV situation of deaf women and girls in Jamaica. The curriculum demonstrated relevant tools and instruments for various activities under each module, using interactive and inspiring modes to encourage reflection, learning and inclusion when working with the deaf community.

Teaching Young People about GBV

Five (5) interventions focusing on safer sex practices, data analysis, and the vulnerabilities of youth to HIV were implemented in the communities of Content Garden, Barrett Town, Yallahs and Riverton Meadows. Other topics covered included:

- Access to GBV Services
- Good Touch, Bad Touch (for kids)
- GBV, a man and woman thing
- HIV and GBV
- Role of Social Norms in HIV and GBV
- Rights of Women and Girls

The intervention efforts reached 332 people. Among younger participants aged 13-19, 123 females and 67 males were engaged and among those aged 20 and above, 87 females and 55 males participated.

Sensitization of Key Populations and Women Experiencing Domestic Violence

JFJ and its partners engaged over 200 female victims/survivors of gender-based violence in training and sensitisation sessions, including:

- One-day training session to sensitize its key populations and female clients who have experienced, are experiencing, or are at risk of experiencing gender-based violence.
- Two-day legal and policy awareness training sessions with women living with HIV. The sessions were conducted in collaboration with JCPW+.

- Two one-day training sessions focused on human rights and local legal protection with victims/survivors of GBV. The sessions were conducted in collaboration with Stand Up Jamaica.
- GBV Legal Literacy sessions with women from GBV hotspot communities and victims/survivors of GBV. The sessions were conducted in collaboration with the Women Resource and Outreach Centre (WROC).

COMMUNITY-LED MONITORING

Community Scorecard

The Community Scorecard is a vital community-led monitoring (CLM) tool that engages and enables PLHIV to identify barriers, monitor access, and enhance retention in care. In 2023, JN+ implemented the community scorecard across four (4) treatment sites: Savanna-La-Mar Public General Hospital, Black River Health Centre, Maxfield Park Health Centre, and St Ann's Bay Health Centre. The assessment explored three thematic areas: Operational Issues, Stigma and Discrimination, and PLHIV Involvement in Care. The findings from the 2023 assessment revealed these recurring challenges:

- Long wait times were flagged as potential barriers to retention in care, primarily at St Ann's Bay Health Centre—however, the significance waned by November in the second round of focus groups.
- Security guard behaviour emerged as an ongoing critical concern, with instances of involuntary disclosure and derogatory language affecting patient comfort.
- Nurses' actions, such as scorn and inappropriate inquiries, were noted, particularly at Savanna-La-Mar Public General Hospital.
- Risk of involuntary disclosure—concerns about special treatment rooms and specific waiting areas were raised as cross-cutting issues at Black River and Maxfield Park Health Centres.
- In terms of PLHIV involvement in care, there were reported issues of ARV stockouts and unnotified switches to other medication at Maxfield Park Health Centre, with concern about their potential impact on adherence.

A critical part of the community scorecard tool is the involvement of service users in recommending possible solutions. The fifty-seven (57) PLHIV service users mobilized and engaged for the Scorecard sessions proactively discussed and proposed solutions for the issues identified at the sites. Some of these proposed solutions were:

- Increasing the number of doctors available on heavy clinic days to alleviate the long wait time.
- Conducting confidentiality training sessions targeting security guards.

These scorecard findings and recommendations were shared with the RHAs. The feedback from the administrators of the regions where the sites are located was positive. Maxfield Park Health Centre has committed to addressing wait time protocols and conducting a period assessment of ARV availability. St Ann's Bay Health Centre has committed to training security guards and Community Health Aides and, where possible, make personnel changes.

The Community Scorecard initiative has proven instrumental in monitoring and highlighting issues affecting PLHIV access to treatment and care. It has also fostered community collaborative solutions and facilitated positive changes within the healthcare system.

Scaling up Community-Led Monitoring

JN+ received support from the Global Fund to hire a CLM Coordinator to assist the team in scaling up the implementation of the scorecard as a CLM initiative. The team completed twenty-six (26) community scorecard sessions across thirteen (13) treatment sites, with two sessions conducted at each site. One hundred and ninety-seven (197) PLHIV provided feedback. The sessions highlighted various issues experienced by PLHIV service users. These issues were grouped into three thematic areas: Operations, Stigma and discrimination, and PLHIV Involvement in Care.

- *Operations.* Forty-three percent (43%) of PLHIV identified long wait times at the clinic or pharmacy as the top operational issue at their treatment sites. Other operational factors contributing to the long wait times included the tardiness of staff members and apparent understaffing.
- *Stigma and Discrimination.* Security guards were identified as one of the primary sources within treatment sites where PLHIV experienced stigma & discrimination. Three (3) sites were listed as having incidences of discrimination.
- *PLHIV Involvement in Care.* Doctors needed to be more thorough during check-ups. The main concerns documented included the need for longer consultation sessions with PLHIV and the use of simple language for better patient understanding. This issue was particularly noted in the southern region, highlighting a potential language barrier with foreign doctors whose first language is not English.

Positive feedback from service users indicated improvements and overall satisfactory experiences. At two sites, users highlighted the deployment of JN+ staff to work in treatment facilities. PLHIV expressed satisfaction with the peer-to-peer support provided.

Community Treatment Observatory

The Community Treatment Observatory (CTO) is another community-led monitoring tool that systematically and routinely collects and analyses data using quantitative and qualitative methods. The tool assesses the main clinical, structural, and social factors influencing the perceptions of quality of care for PLHIV in healthcare settings.

In 2023, JN+ prepared and submitted its assessment proposal application to the MOHW Ethical Approval Committee. The initial submission underwent a comprehensive review, and feedback was shared with JN+. Based on the committee feedback and recommendations, JN+ updated the proposal application and resubmitted it for final approval. In anticipation of ethical approval in 2023, JN+ identified and engaged data collectors in a series of online preliminary sessions over two weeks. Ahead of the in-person training, these sessions aimed to familiarize data collectors with CTO-related terms, jargon, data collection/reporting tools, and general content.

Subsequently, eighteen (18) data collectors were engaged in a 3-day in-person data collection training. The prior exposure gained during the preliminary sessions proved to be impactful in achieving the objectives of the in-person training.

The ethical approval process was not completed in 2023, but approval is anticipated in 2024. The iterative process reflects a commitment to upholding ethical standards and ensuring that the proposed assessment aligns with the MOHW's established ethical guidelines.

Capacity-Building of CSOs in Community-led Monitoring

On June 22-23, 2023, JASL conducted a two-day Capacity Building Workshop at the Spanish Court Hotel, bringing together CSOs and other key partners engaged in Jamaica's CLM activities. These entities included Children First Agency, EFAF, JN+, EFL, The ASHE Company, JCW+, Jamaica Youth Advocacy Network (JYAN), and JASL. The workshop aimed to familiarize participants with Community-Led Monitoring (CLM) activities and engage them in discussions about CLM concepts and strategies. It also served as a forum to identify gaps and synergies for strengthening CLM implementation in alignment with the recently developed National CLM Strategy.

Caribbean Vulnerable Communities (CVC), represented by Mr. Ivan Cruickshank, was among some of the key stakeholders at the workshop. Mr. Cruickshank and JASL's Executive Director, Mrs. Kandasi Walton-Levermore, led the opening session that defined CLM, its approaches, and how it is used. CLM was defined as "models or mechanisms by which service users and local communities gather, analyse, and use information on an ongoing basis to improve access to, quality and impact of services, and to hold service providers and decision-makers to account." Community-led Monitoring has been used by countries to identify shortfalls in access to quality HIV services and to improve service delivery.



In Jamaica, CLM is operationalized by EFAF, JN+, and JASL. The facilitation of CLM activities by these entities includes mystery shopping (when service users apply pre-determined criteria to assess and report on services), a stigma and discrimination reporting system, community scorecards, a stigma index, focus groups, a treatment observatory, and 'stigma-free spaces' initiative. EFAF and JN+ led a session that provided an overview of CLM activities coordinated by both entities in terms of their findings, successes, challenges, and opportunities. AIDS Health Foundation, a key stakeholder in the conduct

of CLM in Jamaica, also presented its Health Facility Assessment Report. Patrick Lalor, JASL's Policy and Advocacy Officer, discussed the role of CLM in advocacy approaches and how key aspects of CLM findings support broader advocacy objectives. Jaevion Nelson, a UNAIDS representative, rounded off the presentations by sharing the vision and purpose of the CLM Strategy within the UNAIDS Framework.

Community-led Monitoring is central to the Global Fund Strategy of 2023 – 2028, which is imperative towards a more equitable and people-centred care and support approach. The workshop helped CSOs, particularly those not directly involved with CLM, understand its workings and potential benefits for their organizations and target populations. It also served as a timely intervention for entities with new staff, familiarizing them with CLM strategies and concepts.



Feedback was generally positive, highlighting JASL's role in strengthening CLM activities and providing technical support to partners involved in the process. This support is particularly critical as efforts continue to reduce barriers to HIV services, in line with the country's goal to achieve 95% of people on treatment and virally suppressed.

SIGNIFICANT COMMEMORATIVE EVENTS

World AIDS Day Church Service

JN+ coordinated the World AIDS Day (WAD) church service at St. Luke's Anglican Church in St. Andrew to launch the week of celebrations. The event engaged community members and leaders involved in the local HIV response. The church, a traditional source of stigma-inducing sentiments toward key and vulnerable groups, has been a strategic partner in the drive to be more inclusive and create enabling environments to eliminate discrimination. Approximately forty (40) members of the HIV community joined hands in gratitude and fellowship as the “Let Communities Lead” theme was explored under the patronage of Archdeacon Patrick Cunningham.

World AIDS Day Forum

On World AIDS Day, December 1, the annual forum was held in Kingston under the theme "Reimagining and Transforming the HIV Response through the Lens of Communities." The event brought together a diverse array of community voices, dignitaries, and experts dedicated to reshaping the narrative surrounding HIV. PLHIV community members and their allies discussed the importance of community-led approaches to address the community's institutionalised challenges locally and across the region. The presence of 154 community members and voices leading the HIV response reflected the grassroots level and multi-tiered approach needed to end AIDS. Among those represented were numerous attendees from the community of people living with HIV, as well as advocates from the LGBTQ+ and youth communities, key populations in the fight against HIV/AIDS. Strong sentiments were expressed in favour of investing in communities and recognizing them as the driving force for change to address systemic inequalities and injustices perpetuating HIV transmission in Jamaica.



World AIDS Day Community Intervention and Annual Candlelight Vigil

JASL held its Annual Candlelight Vigil on December 1, 2023, at the Girl Guides Association of Jamaica in Kingston, under the theme "Let Communities Lead." Over 100 people attended the event. Mr. Stephen Francis served as Master of Ceremony, and Reverend Father Shawn Campbell was the Guest Speaker.



The event engaged PLHIV, other KPs, allies and partners in civil society, government, the private sector, and international development partners. It offered a comprehensive review of JASL's initiatives and outcomes over the past year. The vigil featured a Quilt ceremony that included calling the names of those who had passed and viewing a Quilt exhibition, which served as a tribute and a poignant reminder of the collective journey. It also encouraged community allies and donors to continue supporting PLHIV and amplified the call for ending discrimination.

WAD Youth Mixer

MOEY and UNAIDS partnered to convene an inaugural youth mixer for World AIDS Day. Over 100 people attended, including MOEY representatives, the Minister of State, Honourable Marsha Smith, and Permanent Secretary Kashan Troupe. A panel discussion featuring JN+, JYAN, and the Youth Advisory Council of Jamaica was also conducted to raise awareness among young people about the significance of their voices and the challenges many encounter.

Human Rights Day Church Service

The Ministry of Legal and Constitutional Affairs, in collaboration with the Bureau of Gender Affairs and the National Family Planning Board, hosted its first Human Rights Day church service on December 10, 2023. The New Ebenezer Tabernacle Apostolic Church hosted the event. Mr. Wayne Robertson, Justice of the Peace, Permanent Secretary of the Ministry of Legal and Constitutional Affairs, shared his reflections and key takeaways from the service, which can be viewed here:



<https://www.instagram.com/reel/C04p0QSOorJV/?igshid=MTc4MmM1YmI2Ng%3D%3D>

Larry Chang Symposium

EFAF's 9th Annual Larry Chang Symposium, held on May 18, 2023, brought together stakeholders and experts under the theme "Through the Looking Glass: Uncovering the social and institutional barriers to inclusion." The symposium delved into the challenges faced by LGBTQ+ Jamaicans in various aspects of their lives, including employment, interactions with law enforcement, and participation in government-run youth spaces. The event provided a platform to share the findings of several EFAF-

commissioned studies and facilitate dialogue on strategies for promoting inclusivity and diversity. Some of the studies shared were the Business Process Outsourcing (BPO) case study, Rapid Workplace Assessment, a qualitative study on implementing the JCF's Diversity Policy, and a Youth Inclusivity study. These studies aimed to identify and address the barriers faced by LGBTQ+ individuals in various spheres of society.

The BPO case study revealed the presence of stigma, discrimination, bias, homophobia, and harassment within the sector. The study recommended promoting diversity and inclusion within BPO organizations, including targeted resource allocation, policy integration, and comprehensive training initiatives.

The findings from the survey conducted among police officers revealed a degree of tolerance in handling reports from the LGBT community. A majority acknowledged the significance of confidentiality and follow-up procedures. The survey identified areas for improvement and offered recommendations to strengthen relations between the police and the LGBT community.

STORIES FROM THE FIELD FEATURE

JASL Stories from the Field

- **Police Training** – The administrative officer overseeing training for the Westmoreland Police Division, a Deputy Superintendent, coordinated the session. She revealed that a similar session in 2019 had significantly impacted her work and career advancement. Now in charge of training, she was pleased to offer this opportunity to officers who were never exposed to this kind of training.
- **Client SB** – SB, a woman living with HIV, experienced stalking and domestic abuse from Mr. B, a male friend employed as a security guard. Mr. B, who was interested in pursuing a relationship with SB, initially bought her gifts for her home and occasionally gave her money. Mr. B became possessive, and in response, SB rejected his gifts, refused rides in his vehicle, and distanced herself from him.

Mr. B's behaviour worsened as SB attempted to distance herself. He began threatening her, using profane language, exhibiting aggressive behaviour, and stalking her at her home. Repeatedly, he would angrily demand the return of his gifts. In June 2023, a particularly distressing incident occurred, causing SB significant stress. The ongoing harassment severely impacted her well-being. She became anxious and withdrawn, resulting in missed clinic appointments. Consequently, her viral load surged to alarming levels, posing a serious threat to her health. Recognizing the need for help, SB sought advice from JASL and was assisted by the EEHR Team.

The JASL treatment team provided SB with psychological support to address her anxiety and withdrawal. The EEHR Team assisted her in filing a police report, ensuring she obtained documentation of the complaint. They then supported her through the legal process, accompanying her to the Parish Court, where her case was referred to mediation. The mediation resulted in an outcome that SB found satisfactory. Since then, Mr. B's harassment has ceased, and SB no longer feels threatened. Her mental health has improved significantly,

with reduced anxiety and withdrawal. She is doing well and has resumed regular clinic appointments, leading to viral suppression and overall improved health. SB expressed gratitude to the EEHR Team, acknowledging that she could not have navigated the court process without their assistance.

- **Client SK** – SK and his partner, both men who have sex with men, were living in St. James when they became victims of repeated hate crimes and discrimination due to their sexual orientation. While seeking treatment at JASL's Montego Bay Branch, SK reported a series of incidents triggered by a leaked video showing him and his partner dancing affectionately at a gay party. Following the video's circulation, they experienced jeers, threats, and discrimination from work colleagues and supervisors. SK's partner was attacked at his workplace, and their home was destroyed in a separate incident.

Reporting these incidents to the police proved challenging. Fear of attacks while travelling to the station often deterred them, and when they did attempt to report, officers refused to take their statements. Recognizing they couldn't survive under these circumstances, SK sought assistance from JASL for himself and his partner.

JASL's EEHR Team intervened, helping ensure the police took their reports seriously. The Legal Support Officer (LSO) escalated their case to Rainbow Railroad's asylum services. JASL helped them secure shelter at the Larry Chang Foundation as discrimination persisted. They continue to receive support.

- **Client NM** – On May 7, 2023, at 8:30 am, an MSM client experienced homophobic harassment from two to four security officers, which escalated into physical assault due to his sexual orientation. The client reported the incident to the police and sought advice from JASL.

JASL invited him to attend a rights-based literacy session to educate him about his rights as a member of the LGBTQ+ community. The Legal Support Officer provided further guidance on his case. With this support and information, the client's matter was resolved through mediation, resulting in compensation for his injuries.

Following the resolution, JASL continued to assist the client, helping him to apply for and secure a job as a security officer. He was referred to the case manager for living support to get assistance finding housing. The LSO also drafted a lease agreement for his new apartment.

The client expressed satisfaction with the support available as an LGBTQ+ community member and felt he had received some justice for the wrongs he endured. He maintains contact with JASL and seeks the LSO's support in navigating legal matters.

EFL Stories from the Field

Example of why there is fear of disclosure – Within intimate relationships, a predominant factor that can contribute to GBV is full disclosure. An HIV-positive woman shared that she disclosed her status to her partner, and he used the information as a reason to start arguments, which often escalated into physical abuse. She reported that even though she tries very hard to adhere, with so much going on, taking the 'pills' is the least of her worries. She even regrets disclosing.

Sexual harassment and HIV stigmatization in the form of cyberbullying – Some examples from the field include community members (especially older females) using WhatsApp to target other young girls, often disseminating compromising photographs or spreading rumours, or posting a ‘photoshop’ HIV-positive testing result next to the person’s picture.

Example of why caregivers need sensitization and support – Caregivers in the context of parents, guardians, intimate partners, etc., need to be sensitized. Many new clients report that caregivers struggle to understand or relate to their experiences and concerns. One mother stated that the child was at fault for being sexually abused and she should have known better. The EFL team continued to work with the caregiver, and she is engaged in counselling sessions.

5: STRATEGIC INFORMATION

OVERVIEW

The Strategic Information Component (SIC) of the HSTU provides data on HIV treatment and prevention to the Ministry of Health and Wellness, other line ministries, global partners, and civil society organizations. As the chief custodian of the Treatment Site Information System Database (TSIS 2.0), the SIC collates, cleans, and analyses data into strategic information used for programme monitoring and evaluation and to inform policy development. The SIC implements strategies to address gaps in data quality through routine audits and provides supportive supervision to monitor progress made in addressing these gaps.

During the period, the SIC was served by a team of ten (10) people (Table 5.29).

Table 5.29 SIC Staffing Listing, 2023

| Name of Officer | Job Title | Temporary (Y/N) | Appointed (Y/N) |
|----------------------|------------------------------------|--------------------|--------------------|
| Rahanah Khan-Francis | Strategic Information Coordinator | N | N |
| Shennere Lindsay | Monitoring & Evaluation Officer | N | N |
| Jevon Hamilton | Monitoring & Evaluation Officer | N | N |
| Cadell Green | Monitoring & Evaluation Officer | N | N |
| Amoy Douse-Mullings | Monitoring & Evaluation Officer | N | N |
| Omar Elliot | Data Entry Clerk | N | N |
| Andre Williams | HIV Systems Database Administrator | N | N |
| Sheldon Whorms | HIV Database Manager | Y | N |
| Jason Lawrence | Strategic Information Officer | N | Y |
| Nardia Chulan | Programme Administrator | N | N |

OPERATIONAL IMPLEMENTATION PLAN

Table 5.30 provides an overview of the SIC's operational plan implementation and achievements for the fiscal year 2023/2024, highlighting significant accomplishments and progress made across various strategic objectives.

Table 5.30 SIC Operational Plan Implementation and Achievements for Fiscal Year 2023/2024

| Performance Measure | Target | Status | Reason for Non-Achievement | Recommended Action |
|--|--|--------------|--|---|
| National AIDS Spending Assessment (NASA) completed | National AIDS Spending Assessment final report and fact sheet developed | Not Achieved | Delayed submission due to prolonged data-cleaning activities | Activity to be deferred to the next fiscal year |
| Electronic TB Management Information System developed | Assessment report of the content and functionality of a TB Information Management System | Achieved | | |
| | Electronic TB Information Management System developed | Achieved | | |
| National Strategic Plan for HIV | HIV NSP and M&E Plan developed | Achieved | | |
| | Costed HIV NSP Plan submitted to PPDD | Achieved | | |
| National DQA Audit Report | National DQA Report submitted | Achieved | | |
| Executive Summary and Audit Action Plan | Executive Summary and Audit Action Plan submitted | Achieved | | |
| Summary of Supportive Supervision Report | Summary of supportive supervision report submitted | Achieved | | |
| Research Agenda for HIV | Completed 2-year research agenda | Achieved | | |
| Two Research Reports | Two (2) research reports completed | Achieved | | |
| Total | | 8/9 | | |
| Percentage | | 89% | | |

ANNUAL REVIEWS/MEETINGS

The SIC hosted several impactful meetings/workshops during the year. These are summarized in the table below.

Table 5.31 SIC Significant Meetings held throughout the Fiscal Year 2023/2024

| Type of Meeting | Objectives | Key Outcomes | Recommendations |
|---|---|--|--|
| Data Management Workshop (Data-o-rama) | To improve the capacity of core data management staff from the RHAs and CSOs in data management | <ul style="list-style-type: none"> In the post-test evaluation, 100% of participants rated their knowledge/skill/ability as confident in performing core TSIS 2.0 tasks, up from 80% in the pre-test. Ninety-eight percent (98%) of participants stated that the training activity objective was met. Open-ended responses indicated that the workshop was relevant and effective. | <ul style="list-style-type: none"> Allocate more time for practical exercises. This workshop should be hosted every year. |
| Research Writing Workshop | <ul style="list-style-type: none"> To draft a paper: 2500 words, 3 tables, 1 figure, 20 references To provide a template for writing future papers To experience peer review activity To provide participants with post-workshop assistance with editing, journal submission and revision | <ul style="list-style-type: none"> The first draft of 2 operational research papers was completed within the fiscal year. The topics are “Associated Factors of Cyclic Interruption in Care for People Living with HIV in Jamaica” and “30 Years of Advancement and Challenges in Early HIV Diagnosis in Jamaica”. | <ul style="list-style-type: none"> This activity should be conducted on an annual basis. |
| Quarterly Performance Review Meetings | <ul style="list-style-type: none"> To provide an in-depth review of the progress in HIV/STI treatment and prevention within each parish/treatment site in the region To highlight strategies utilised in each parish/site in the prevention and management of HIV/STI cases in the region. To identify and assess the gaps in the regional HIV/STI response and provide mitigating strategies to improve care and services. To strategically plan and discuss the next steps for achieving targets for the upcoming quarter | <ul style="list-style-type: none"> One achievement from these regional meetings is the improved interaction between the RHAs and the NGO partners through sharing best practices. Additionally, bringing together at least one representative of each cadre of staff to a gathering of this nature facilitates more wholesome discussions around programmatic gaps and the development of appropriate strategies to address them. | <ul style="list-style-type: none"> These meetings should be continued. Develop an evaluation tool to determine the effectiveness/usefulness of these meetings. |

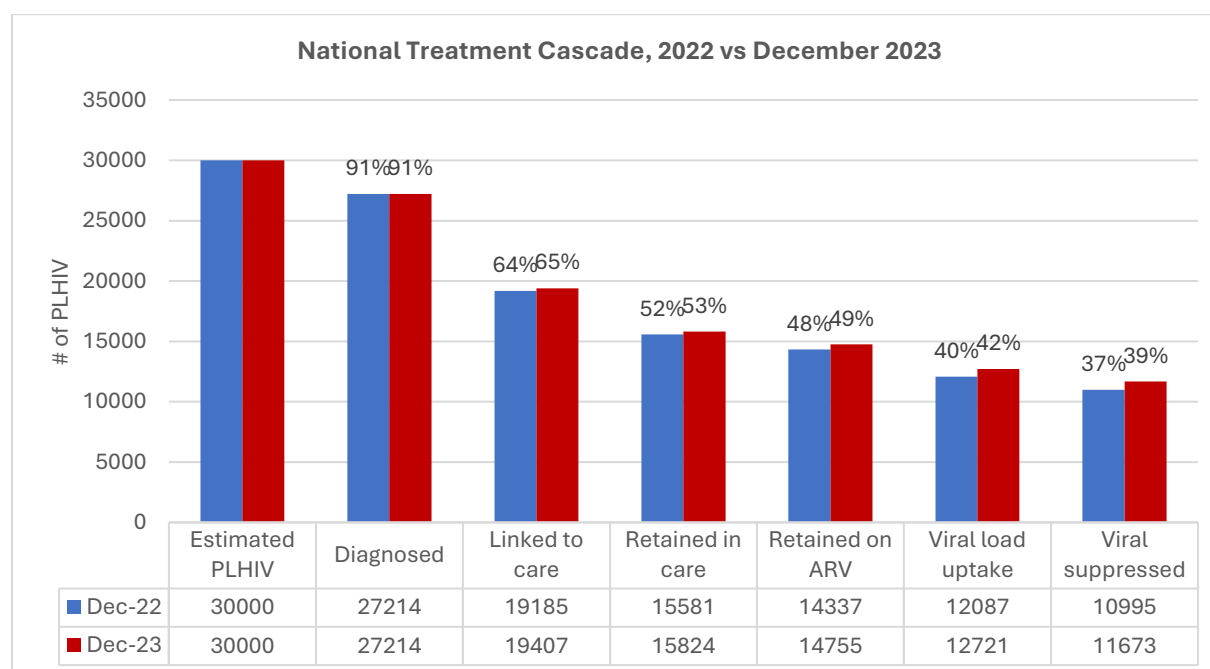
Monitoring and Evaluation Regional Workshops for Treatment and Prevention

- To expose data managers to essential monitoring and evaluation tools
- Four (4) regional M&E plans (for treatment and prevention) submitted
- M&E plans submitted for CSO partners
- A follow-up meeting is required to review the development of indicators based on the draft plans received and reviewed.

PROGRAMME AREA ACHIEVEMENTS

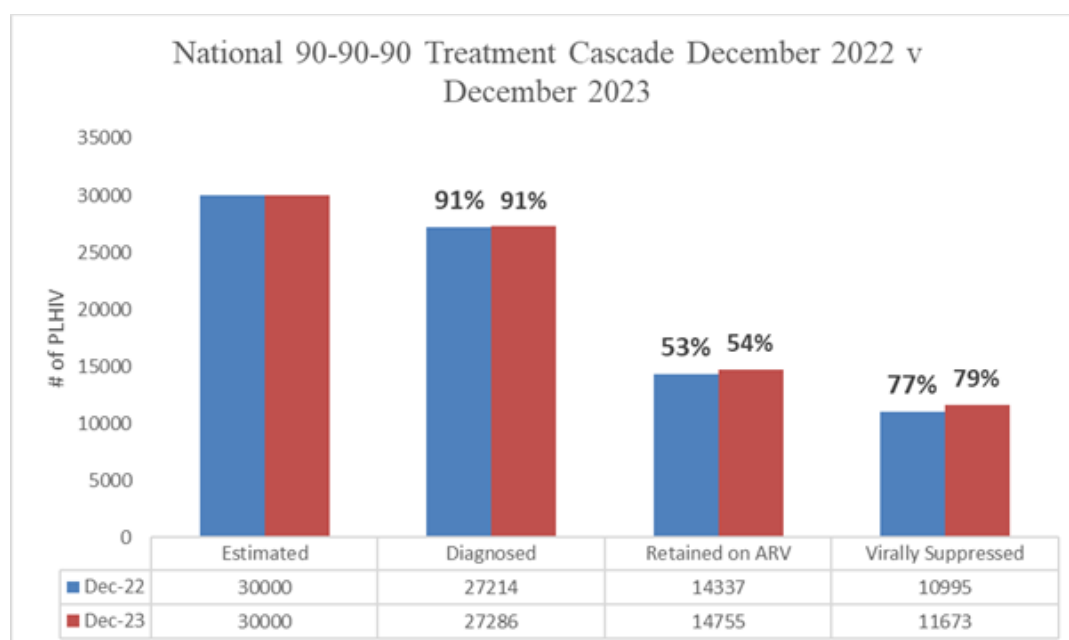
The national treatment cascade shows the continuum of HIV treatment and care services offered to persons living with HIV at the end of 2023 (Figure 5.42). The figure illustrates an improvement in all pillars of the cascade, with viral load uptake and suppression increasing by 2%. Retention on ARV, viral load uptake and viral suppression remains a challenge across all regions. The Strategic Information Component's regional focal points continue to support the site-level teams in improving data quality, critically assessing the cascades to identify the gaps, and implementing interventions to address them.

Figure 5.42 National Treatment Cascade, 2022 vs. 2023



Though improvements have been seen in the retention on ARV and virally suppression pillars of the treatment 90-90-90 cascade, there is still a wide gap in reaching the targets (Figure 5.43). In the latter part of 2023, the SI Component emphasized using the SMS automated reminder feature in TSIS 2.0, which is anticipated to assist patients with keeping their appointments. Additionally, data cleaning activities and timely entry into TSIS 2.0 have been reinforced and encouraged in supportive supervision sessions as strategies to plug the gaps noted in the treatment cascade.

Figure 5.43 National 90-90-90 Treatment Cascade, 2022 vs. 2023



Data Quality Audit

The 2023 National Data Quality Assessment Audit was conducted from May 2 to July 21, 2023, at forty (40) sites nationwide; 2,402 dockets were reviewed and audited. Assessments were done using quantitative and qualitative indicators. The details for each category are listed below.

Quantitative Assessment:

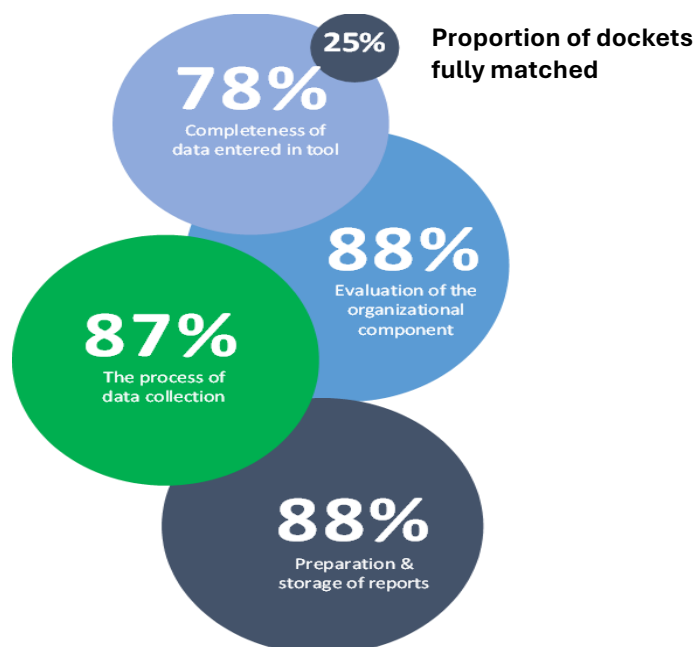
- Demographic data (first clinic date, health record, sex, date of birth)
- Registration into HIV Care (last clinic date, PLHIV seen in the last 12 months)
- Retained in Treatment (newly initiated on ART, currently on ART, missed appointments, defaulters, LTFU, LTFU/returned to care)
- Viral load (uptake and suppression)

Qualitative Assessment (Interviews):

- Data collection – How data is collected using patient-level and institution-level accounting and documentation
- Preparation and storage – Data safety and security, including encryption and secure password use. The use of passwords on computers is also assessed.
- Evaluation of organizational component – TSIS data usage, TSIS training, patient data reconciliation (to prevent duplication)

The overall score for the 2023 DQA audit was 73%, a 1% increase over the 2022 DQA audit, scoring “Acceptable” on the DQA compliance scale. Twenty-five percent (25%) of the medical records reviewed were ‘fully matched’ with TSIS, and 78% of all data points accurately matched data entered in TSIS (Figure 5.44). The sites scored 87% for the data collection process and 88% for both organizational capacities for monitoring, preparing, and storing reports.

Figure 5.44 Summary of National DQA Findings, 2023



Nationally, 57% (21/37) of the sites achieved a “Good” score, 38% (14/37) achieved an “Acceptable” score, and 5% (2/37) achieved an “Unacceptable” score on the DQA compliance scale (Figure 5.45). Greater Portmore Health Centre was the highest achieving site with an all-time high score for the country at 91%, and the University Hospital of West Indies (Infectious Paediatric Clinic) was the lowest performer at 42%. In terms of the Regional Health Authorities' performance in 2023 compared to the 2022 DQA, Southeast and Western Regional Health Authorities tied for the most improved region, achieving a 6% increase individually. The site with the most significant margin of improvement was Linstead Health Centre, with a 20% increase over 2022. The site that showed the most significant decrease in margin was the University Hospital of West Indies (Infectious Diseases Paediatric Clinic), with a decline of 16% in 2023.

Figure 5.45 National DQA Findings by Site, 2023

| | Good (80%-100%) | | Acceptable (60%-70%) | | Improvement Needed (50%-59%) | Unacceptable (<50%) |
|-------|--------------------------|-----|----------------------|-----|------------------------------|---------------------|
| | | | | | | |
| SERHA | Greater Portmore | 91% | Comprehensive- Paeds | 78% | | |
| | Old Harbour | 86% | National Chest | 78% | | |
| | St. Jago Park | 85% | Maxfield Park | 76% | | |
| | Windward Road | 85% | Comprehensive- Adult | 75% | | |
| | Duhaney Park | 85% | Kingston Public | 75% | | |
| | Linstead | 83% | Spanish Town-Paeds | 73% | | |
| | Morant Bay | 82% | | | | |
| | Bustamante | 80% | | | | |
| SRHA | Black River | 87% | May Pen- Paeds | 79% | | |
| | May Pen | 86% | Mandeville Regional | 77% | | |
| | Chapelton | 85% | | | | |
| | Mandeville Comprehensive | 83% | | | | |
| NERHA | Port Antonio | 82% | St. Ann's Bay | 78% | | |
| | | | Alexandria | 73% | | |
| | | | Port Maria | 73% | | |
| | | | St. Ann's Bay- Paeds | 69% | | |
| WRHA | Sav-la-Mar Health Centre | 88% | Cornwall Regional | 78% | | |
| | Montego Bay Type V | 86% | | | | |
| | Lucea Health Centre | 84% | | | | |
| | Duncans Health Centre | 82% | | | | |
| | Sav-la-Mar Hospital | 81% | | | | |
| | Sav-la-Mar Paeds | 80% | | | | |
| CSO | AHF | 87% | JASL | 79% | | Bellevue 44% |
| | CHARES | 85% | | | | UHWI 42% |

Key Areas for Action

- Historical indicator inaccuracies
- Date of birth inaccuracies.
- Updating tracking records on clinic days to reduce missed entries.
- Dedicated data entrants
- Establishing satellite sites on TSIS 2.0.
- Formalizing transfers on TSIS 2.0 for clients accessing care at other sites.
- Viral load date inconsistencies

Summary and Way Forward

The RHAs have performed well. The most significant data quality gaps remain in the accuracy of the historical indicators. The Strategic Information Component has been liaising with the treatment sites to guide and support remediation activities to address these gaps

Based on the 2023 iteration of the DQA, data quality and the use of TSIS 2.0 in some independent sites can be classified as poor. The Component will work closely with these treatment sites in 2024 to raise compliance on par with the regional health authorities.

Non-Conformance

All sites submitted their corrective action plans on time, negating the need for a non-conformance report.

Development of PrEP and TB Databases

The SI Component successfully developed the PrEP and TB databases. The specifications for each database are below.

PrEP Database

The PrEP database, which is python/django based, was developed according to the specific programmatic requirements indicated by the HIV/STI/TB Unit. The target population consists of high-risk clients for HIV who are evaluated and referred to the health facility to receive PrEP. Core data captured on the system includes demographics, risk history, sexual history, laboratory results and medication history. The system was completed in September 2023 but continued to see additional changes as per additional stakeholders' feedback. The next step is for the reporting module of the system to be field tested; this is dependent on data entry into the system. Users started receiving login access in early April 2024. The database can be accessed at prep.moh.gov.jm.

Figure 5.46 Snapshot of the PrEP Database

PrEP Logout Register New Client Reports Search for Client

Edit / Update Client Save Form

Unique Identifier Code: E11M8930

Last name*: Elliott First name*: Omar Middle name: G Pet name:

Sex at birth*: Male Date of birth*: May 30, 1989 Marital status*: Single Current gender*: Male

Mother last name: Mother first name: Father last name: Father first name:

Demographics

Addresses Emergency Contacts Risk History

Add New

| Date at address | Street_name | Parish | Community | Telephone1 | Facility |
|-----------------|-------------|--------------------|------------|------------|------------------------|
| Dec. 5, 2023 | 12 ABC Road | Westmoreland (401) | Sav La mar | 6667778 | AIDS Health Foundation |

Edit

TB Database

The TB database, which is also Python/Django based, was developed according to the specific programmatic requirements of the HSTU and the wider TB Technical Working Group (TBTWG). The target population consists of clients suspected of or confirmed with Tuberculosis island-wide. Data captured includes demographics, laboratory/investigation findings, medication and drug susceptibility testing, treatment outcome, co-morbidities and clinical assessment. The database was developed in December 2023. However, more tweaking is anticipated as feedback is received from key stakeholders and the database is field-tested. The reporting module of the database will be updated as data is entered into the system.

Figure 5.47 Snapshot of TB Database

| Date at address | Street_name | Parish | Community | Telephone1 | |
|-----------------|----------------|------------------|-----------|------------|----------------------|
| Oct. 5, 2005 | 1234 wat tttt | St. Thomas (201) | | 785656767 | Edit |
| Dec. 5, 2015 | West meade ave | Hanover (402) | | 876555555 | Edit |

Development of a National Research Agenda

The national research agenda was developed by the M&E Technical Working Group (TWG) of the National HIV/STI/TB Programme using a modified Essential National Health Research strategy. The Chair and Co-Chair of the M&E TWG completed the preparatory work in developing the strategy and preparing the preliminary list. The complete list of the research areas to be considered in the prioritization exercise was finalized through stakeholder consultation. The criteria for developing the ranked list included appropriateness, relevancy, the chance of success and the impact of the research outcome for each research area. The prioritization process was completed over two weeks, and the results were discussed at a consensus meeting with the stakeholders. Eleven (11) research areas were assessed, and ten (10) achieved a priority score. The ten (10) priority research areas were further disaggregated into two categories: three (3) being “high priority” and seven (7) being “priority” research areas for the HIV programme. The table below illustrates the breakdown.

Table 5.32 High Priority/Priority Research Areas from the National Research Agenda

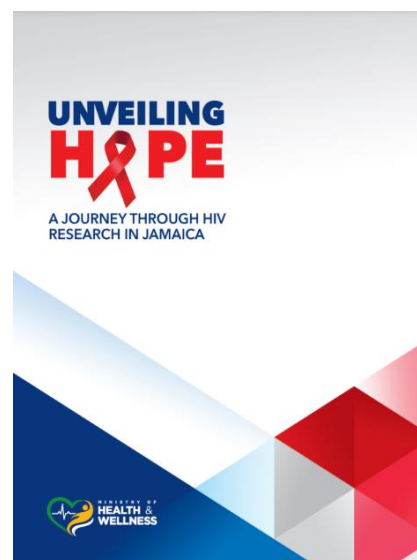
| High Priority Topics | Priority Topics |
|---|---|
| HIV prevention measures | Reproductive health in persons living with HIV |
| Ageing in PLHIV | Barriers/Facilitators to universal access to care for PLHIV |
| STI incidence, prevalence, and epidemiology | The impact of violence, trauma and adverse childhood events on the health of PLHIV and key and vulnerable populations |
| | Sustainability of the HIV/STI/TB programme |
| | HIV drug resistance |
| | Co-infections and communicable diseases in PLHIV |
| | Health Information Systems and data use for programme management |

Research Booklet/Repository

In 2023, the Strategic Information Component realized a ground-breaking achievement by developing a research booklet titled “*Unveiling Hope: A Journey through HIV Research.*” This booklet is a guide to navigating the expansive landscape of HIV research conducted in Jamaica, exploring the significant milestones, breakthroughs, and innovative strides that have transformed the understanding of HIV in Jamaica over the years.

The booklet is intended to highlight the dedicated healthcare professionals, advocates, and individuals who have made and continue to make remarkable contributions to the field of HIV research in Jamaica. It aims to provide insight into the multifaceted aspects of their work, showcasing the incredible progress that has been achieved and the exciting possibilities that lie ahead.

In the future, the booklet will be updated annually as new research emerges.



Completion of the Global AIDS Monitoring Process

Every year, the Strategic Information Component co-chairs the Global AIDS Monitoring (GAM) committee and plays a crucial role in collating data for the GAM process. Several key activities were completed, including:

- Sharing the updated UNAIDS data collection tool with key stakeholders.
- Validating data received from key stakeholders with primary sources.
- Co-chairing (the Strategic Information Coordinator) the Multi-Sectorial Oversight Committee for the GAM process, which provided technical feedback on the GAM consultant reports.
- Coordinating technical feedback on the GAM report from key individuals within the HSTU
- Uploading the completed GAM tools to UNAIDS. This was achieved before the deadline.
- Responding to questions/queries from the UNAIDS team.

Next Steps:

- Development of a GAM Standard Operating Procedure.

- Monitoring the GAM indicators monthly, producing a quarterly report on the gaps and necessary corrective actions.
- Refining the terms of reference for the GAM consultancy.

UNAIDs Spectrum Estimation Process

During the year, the Strategic Information Component participated in the annual UNAIDS Spectrum estimation process, which produces the estimated number of people living with HIV, among other variables. The estimate is generated using models and software tools informed by HIV surveillance, surveys, and programmatic data. This process produces historical trends and projections of key indicators. Several critical activities were completed, including:

- Entering data in the data capture tools.
- Conducting a data validation exercise on the data collected.
- Meeting with key members of the UNAIDs team to address questions and concerns.
- Uploading the final data collection tool to the Spectrum platform.

At the end of the process, the HSTU accepted the new 2024 estimate of 26,000 persons living with HIV in Jamaica, down from the previous estimate of 30,000.

Next Steps:

- Participate in training/sensitization with the UNAIDs team on the Spectrum process and the data points used in the estimation process.
- Conduct an internal data cleaning process for the key indicators reported on.
- Monitor data points that are critical for the Spectrum process monthly.

PRIORITIES FOR FINANCIAL YEAR 2024/2025

The Strategic Information Component has established key priorities for the 2024/2025 financial year, as outlined below (Table 5.33).

Table 5.33 Strategic Information Component: Priority Activities for the Financial Year 2024/2025

| Priority Activities | Key Outputs | Date (Quarter) |
|--|---|--|
| Training on the TB electronic system | Training conducted in all regions | October – December (Q3) January – March (Q4) |
| Data Quality Audit | <ul style="list-style-type: none"> • Audits conducted • Four (4) audit reports produced • Executive Summary and Audit Action plan submitted to CMO • Non-conformance reports disseminated | July-September (Q2) October – December (Q3) January – March (Q4) January – March (Q4) |
| Monitoring of the HIV 90-90-90 treatment cascade | HIV Cascade report produced quarterly | April-June (Q1) July-September (Q2) October-December (Q3) January – March (Q4) |
| KAPB Survey | KAPB Survey Final Report produced | October-December (Q3) |
| FSW Study | Final report and PowerPoint presentation produced and submitted | October - December (Q3) |

| | | |
|---|---|---|
| MSM and TG Study | Final survey report produced and submitted | January – March (Q4) |
| Operational Research Report | At least 1 report completed | October-December (Q3) |
| Data Repository for Strategic Information | Report on strategic information to be included in the data repository | April - June (Q1) |
| | Data collection and collation completed. | October - December (Q3) |
| | Data repository completed | January - March 25 (Q4) |
| Data Analysis workshops using SPSS | Build the capacity of data users to conduct descriptive and analytic analyses of routine data to improve health outcomes. A competency assessment will be administered. To complete the course, participants are expected to score at least 80%. | April-June (Q1), July-September (Q2) |
| Data Management Workshops (Data-o-rama) | Data users/managers are equipped with skills to improve data management, including data utility. | Q3 |
| Priority Activities | Key Outputs | Date (Quarter) |
| New server to host all databases | Procurement of server | Q2 |
| | Installation of server | Q3-Q4 |
| Global AIDS Monitoring Report (GAM) | Hire GAM Consultant | Q3 |
| | GAM & NCPI reports submitted to UNAIDs | March 31, 2025 (Q4) |
| Annual SPECTRUM Estimates | SPECTRUM file submitted to UNAIDs | March 31, 2025 (Q4) |
| PUDR | Completed PUDR submitted to Global Fund | February 2025 (Q4) |

6: GRANTS MANAGEMENT

OVERVIEW

The Government of Jamaica uses grants as a vital instrument to carry out significant policy objectives through the HIV/STI/TB Unit of the Ministry of Health and Wellness. Grants account for a sizable portion of the National HIV Response's total funding. The grants management performance report for 2023 outlines the financial performance of the national HIV response. It highlights the progress made during the year to help improve the quality of services to key and vulnerable groups. The HIV project objectives included building a robust system for arranging and managing grants that were appropriate for their intended purpose, as well as providing guidance, training, and the sharing of best practices to help entities involved in grant distribution. An internal team was formed to help standardize processes and provide guidance, expertise, and knowledge to support the grant processes across implementing partners. The team also supported the delivery of capacity development training at the start of the year.

In 2023, the Grant Management Component (GMC) was guided by three goals:

- i. *Administrative assistance for Implementing Partners:* to address urgent financial and administrative requirements to improve performance.
- ii. *Governance and Internal Control:* GMC strengthened the governance and internal control frameworks of nineteen (19) implementing partners.
- iii. *Increasing the Capacity of Implementing Partners:* the number of implementing entities that are aware of the goals of the National Response and can offer competent management support to assist in accomplishing its objectives.

The GMC strategizes to adjust to changing policy mandates, support the Minister of Health and Wellness and other key management staff in implementing the National HIV/STI/TB Programme, and maintain a steadfast, consistent, and well-organized approach to handling grants.

The Grants Management Component supports the office of the Senior Medical Officer (SMO) in accomplishing HSTU goals within a strong Ministry of Health and Wellness. Our continued goal is to support the SMO in delivering first-rate project management and help the implementing partners execute a successful programme. Our objectives are based on four effective and strong corporate governance guiding principles. They are:

- i. Ensuring sound financial management, giving precise and timely responses to correspondence, and keeping a knowledgeable and driven staff.
- ii. Efficiently handling information
- iii. Fostering a positive work atmosphere
- iv. Adding value and handling the donations well

The Grants Management Component also collaborates closely with sub-recipients and other key stakeholders to guarantee the efficient implementation of the National HIV Response.

GRANTS MANAGEMENT: NATIONAL HIV RESPONSE

During 2023, the national response to the fight against HIV, STIs, and TB was supported by five (5) funders, including (i) 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," (ii)

the Government of Jamaica, (iii) the Caribbean Training and Education Centre for Health (C-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.

The MOHW, through the HSTU, is the Principal Recipient (PR) of this funding and is responsible for managing the accelerated national implementation of HIV response activities and the achievement of the associated national end-of-year performance framework targets. The national HIV response supported key populations during the year with funding from donors and the GOJ, including people living with HIV, transgender persons, men who have sex with men and female sex workers. Services are provided to these populations from the following components under the Project Coordinating Unit: Prevention, Enabling Environment and Human Rights, Strategic Information, Treatment, Care and Support, and Governance and Program Management.

GRANTS MANAGEMENT OPERATING HIGHLIGHTS 2023

As the project progresses and improvements are implemented, the GMC will assume a greater oversight and compliance-assured role. There have been significant improvements to the systems and procedures throughout the project's implementation year, notably:

- Improved instructions for partners in implementation and enhanced training for Implementing Partners (IPs).
- Spot inspections on funding to guarantee adherence to project implementation guidelines.
- Improved process standardization and exchange of company papers and information.
- The formation of the Income Generating Grant (IGG) Committee to provide counsel, direction, and expert assistance for all financing related to IGGs.

HSTU STAKEHOLDER REGISTRY SUMMARY

The Ministry of Finance and Public Service (MOFPS) and the JCCM are signatories to the Global Fund Grant Agreement. The UCSF and CTECH agreements are signed by MOHW. The MOHW administers the grants by contracting implementing partners. The Ministry monitors these implementing partners throughout the implementation period and reports on 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. Table 6.34 presents a summary of the stakeholders under the National HIV Response.

Table 6.34 Summary of Stakeholders under the National HIV Response

| Stakeholder | Internal/ External | Description |
|---|-----------------------|--|
| Ministry of Finance and the Public Service (MOFPS) | External | <ul style="list-style-type: none"> - Stands as the Legal representative to sign and manage loans, credits, and grants on behalf of the GOJ and passes the responsibility of management of loans/grants to the MOHW. - Facilitates waiver of duties and tax exemption according to 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 transfer of funds from the Bank of Jamaica to the MOHW via processing of Withdrawal Applications. |
| The Ministry of Health and Wellness (MOHW) | Internal | <ul style="list-style-type: none"> - The preeminent government organization 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 channelled through the GOJ, which includes the funds that support the national HIV response. - Referred to as the Principal Recipient (PR) under the HIV response. - Contracts implementing partners under the GF, CTECH and UCSF grants (Implementation Agreement). |
| The HIV/STI/TB Unit (PCU) | Internal | <ul style="list-style-type: none"> - Responsible for the national HIV response and is the MOHW arm entrusted with the management, coordination and monitoring of HIV government and donor funded programmes. - Referred to as the Project Coordinating Unit (PCU) that supports MOHW in its capacity as Principal Recipient (PR) of the Global Fund grant resources. - Responsible for the development of the National Integrated Strategic Plan (NISP) for HIV, which guides the national response. - Responsible for providing technical support and guidance in Treatment, Care and Support, Prevention, EEHR, Grant Management, Financial Management, Procurement and Supply Management, M&E and HR and Administration. - Procures and coordinates the supply and distribution of health products and non-health products, which includes ART and test kits for the response. - Submits reports/updates to the MOFPS, JCCM, CTECH, UCSF, GF, and the Planning Institute of Jamaica (PIOJ). |
| The Jamaica Country Coordinating Mechanism (JCCM) | External | <ul style="list-style-type: none"> - Multi-sectoral body that has oversight for the GF grant since February 14, 2004. - Comprises representatives from all stakeholders involved in HIV response, including International partners, private sector non-governmental organizations, civil society and the Government. - Provide 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 | <ul style="list-style-type: none"> - Selected through a transparent and competitive process and undergoes annual capacity assessment exercise to determine capacity to directly manage funds and implement interventions/activities. - 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, CTECH and UCSF grants. |

| | | |
|--|--|--|
| | | <ul style="list-style-type: none"> - Plays a pivotal role in the implementation of and reporting on programme activities, management of grant resources and the timely achievement of indicators and targets. - Refers 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 2023, 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. These IPs managed their SSRs through the use of service level agreements. For the project year 2023, C-TECH and UCSF had two and three sub-recipients, respectively. A detailed mapping of funders, Implementing Partners, and service areas is presented in Table 6.35.

Table 6.35 Mapping of Implementing Partners and Donors

| Implementing Partner | Service Area |
|---|---|
| Global Fund Main Grant (Fight against HIV, TB and Malaria) | |
| JASL (SR) SSRs: JN+, JCW+, EFL | Prevention, EEHR and TCS EEHR and TCS |
| ASHE (SR) | Prevention |
| Children First Agency (SR) SSR: Hope Worldwide Jamaica | Prevention Prevention |
| MOHW/NFPB (SR) SSR: MLSS | Prevention and EEHR EEHR and HSS |
| MOHW/NERHA | TCS and Prevention |
| MOHW/SERHA | TCS and Prevention |
| MOHW/WRHA | TCS and Prevention |
| MOHW/SRHA | TCS and Prevention |
| MOHW/NCDA | Prevention |
| Children of Faith | TCS and Prevention |
| Transwave | EEHR |
| L-CHANG | TCS |
| Equality for All | EEHR |
| JCC | EEHR |
| Global Fund C-19RM Grant | |
| JASL (SR) SSRs: JN+, JCW+, EFL | 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 and COVID-19 control and containment |
| JFJ | EEHR |
| Caribbean Training and Education Center for Health | |
| MOHW | TCS |
| MOHW/WRHA | TCS |
| MOHW/NERHA | TCS |
| University of California San Francisco | |
| MOHW | TCS |
| CHARES | TCS |

| | |
|------------|-----|
| MOHW/SRHA | TCS |
| MOHW/SERHA | TCS |

FINANCIAL SUMMARY 2023

2022 marked the beginning of the new Global Fund grant (GC6) cycle geared to support the national HIV response for the period 2022 to 2024. 2023 represented year two of the implementation of activities under the grant. This GF grant facilitated the support of PLHIV, MSM, FSW, TG, homeless women and GBV survivors across all fourteen (14) parishes of Jamaica. Additionally, the Global Fund provided the C-19 Grant, which spans from October 2021 through to December 2024, to support risk mitigation for disease programs and COVID-19 control and containment. UCSF and C-TECH provided comparatively smaller funding that catered to specific parishes and treatment sites. The UCSF grant supported PLHIV attending select facilities in SERHA, SRHA and CHARES along with the improvement of national-level strategic information interventions. The C-TECH grant supported PLHIV attending select facilities in NERHA, WRHA and national-level treatment, care and support improvement interventions. Tables 6.36 and Figures 6.48 and 6.49 show the grant amounts contributed by each donor for the implementation period from January 2022 to December 2024.

Table 6.36 Grant funding for Project Year 2023

| 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 funding agreement was signed for 3 years (2022-2024), with 2023 being the second year for implementation. The annual audit for the 2023 financial year of the project will commence in April 2024 through to June 2024. |
| GF C-19 | October 2022 – December 2023 | Selected Parishes and treatment sites PLHIV | USD 1,293,200.01 | Due to the emergence of the COVID-19 pandemic, the GF granted funds for risk mitigation for disease programs & COVID-19 control and containment to support the national response. |
| C-TECH | October 2022 – September 2023 | Selected Parishes and treatment sites PLHIV | USD 235,029.26 | Annual sub-award agreement signed for October 2022 to September 2023. |
| UCSF | October 2022 – September 2023 | Select Parishes and treatment sites. PLHIV | USD 674,769.00 | Annual sub-award agreement signed for October 2022 to September 2023. |
| UNICEF | May 2021 – March 2023 | All 14 parishes. Supporting Adolescent development and health | JMD 25,074,937.00 | Grant ongoing through 2024. |

| | | | | |
|-----------------|-------------------------|---|---------------------------|---|
| GOJ Counterpart | April 2023 – March 2024 | All 14 parishes. Support the entire National HIV Response | JMD 183,494,753.00 | The Government of Jamaica's support for the national HIV response is ongoing, and its contribution grows each year. |
|-----------------|-------------------------|---|---------------------------|---|

Figure 6.48 Total Donor Grants for 2022/2024 by Donor in USD

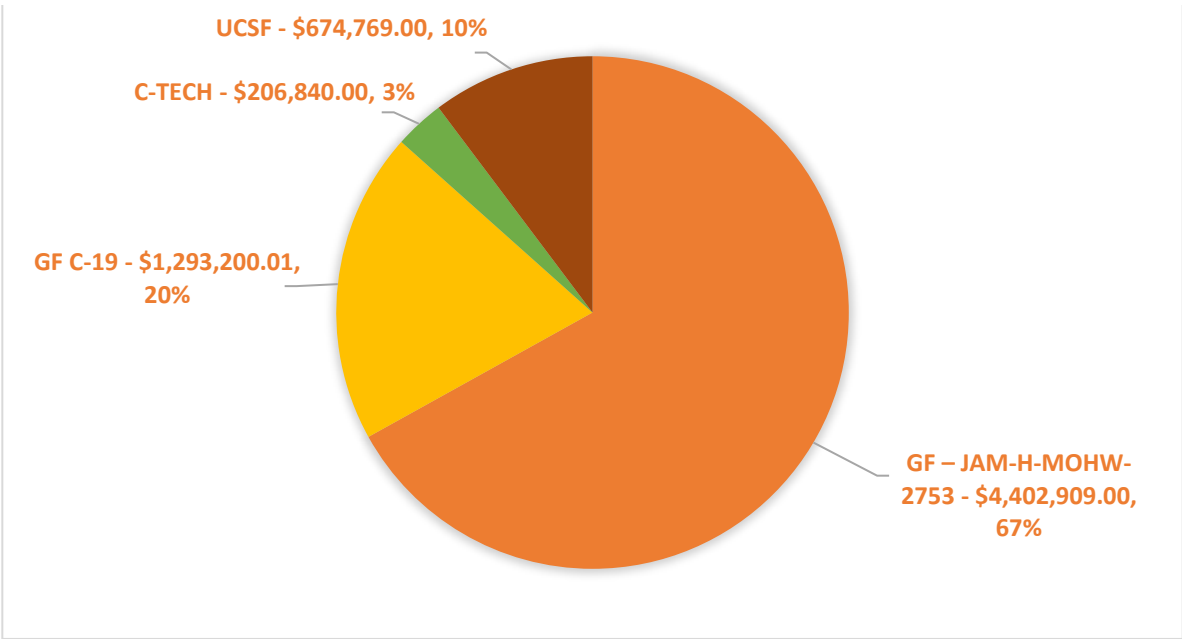
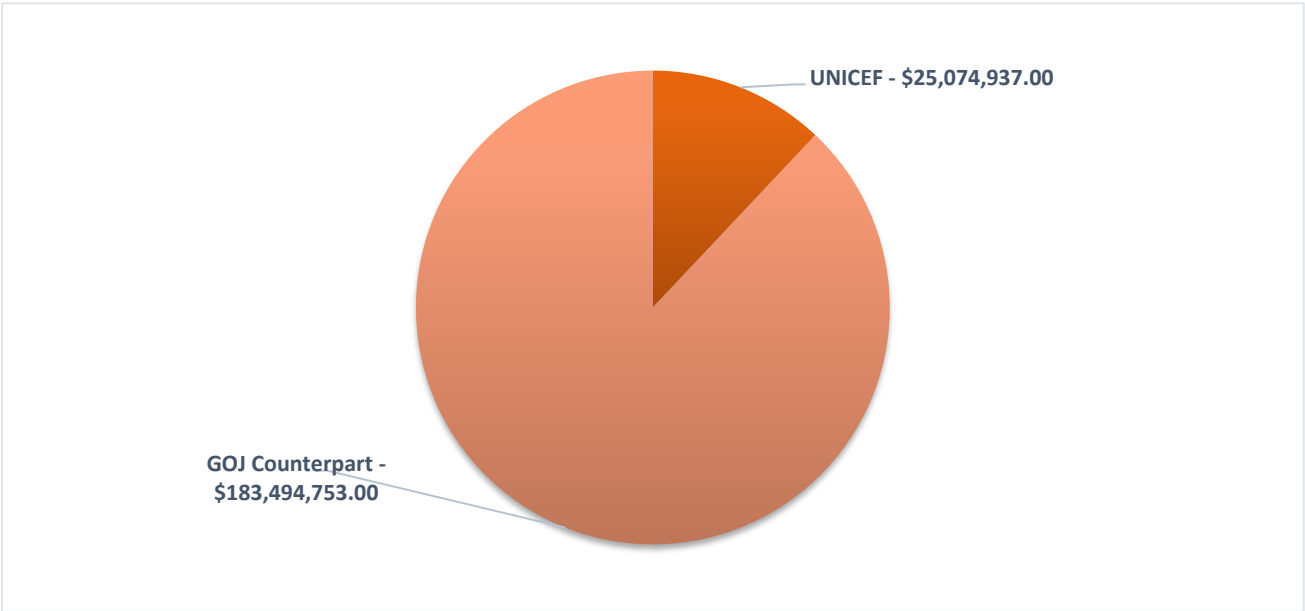


Figure 6.49 Total Donor Grants for 2022/2024 by Donor in JMD



NATIONAL HIV RESPONSE GRANTS PERFORMANCE ANALYSIS 2023

Overall, the project achieved impressive results under all grants for 2023. The project achieved a performance rate of 86% for the Global Fund, 69% for GF C-19RM, 99% for USCF, 99% for CTECH and 95% for GOJ Counterpart (Table 6.37). As of March 31, 2023, the activity for UNICEF reflected a 97% performance rate.

Table 6.37 Grant Performance for the Project Year 2023

| Funding Source | Budget | Target | Expenditure | Usage |
|-----------------|--------------------|--------|--------------------|-------|
| GFATM | USD 4,372,693.00 | 75% | USD 3,824,783.00 | 86% |
| GF C-19RM | USD 1,472,245.00 | 75% | USD 1,014,753.00 | 69% |
| UCSF | USD 674,767.00 | 100% | USD 646,914.00 | 96% |
| CTECH | USD 235,029.26.00 | 100% | USD 234,942.09 | 99% |
| UNICEF | JMD 20,258,000.00 | 100% | JMD 19,667,995.72 | 97% |
| GOJ Counterpart | JMD 192,578,000.00 | 100% | JMD 183,494,753.00 | 95% |

The low performance of the GF C-19 was due to the inadequate budget resources on most of the budget lines for the SRs and the government procurement processes for major waste management activities. These activities were shifted to 2024 to facilitate the various government processes. The grants shared common activity implementation challenges, including slow start-up at the beginning of the grants, high staff turnover rate, lengthy grant-making process, procurement challenges and reprogramming. HSTU funds were strategically distributed to accomplish programme objectives and improve the health outcomes and quality of life for the key and vulnerable populations.

Implementation Challenges 2023

- Slow Start-up at the beginning of the Grants.** The Global Fund grant for year two (2023) commenced on schedule. The Implementation Agreements were finalized and distributed on schedule. Project activities adversely affected throughout the Global Fund projects' years one and two were rescheduled to year three. Similarly, the UCSF implemented agreement was completed within the first quarter of the sub-award term because of delayed receipt of the sub-award. However, the C-TECH sub-award was obtained and legally executed before the commencement of the 2023/2024 term. This enabled the IPs to get Implementation Agreements and funds on time.
- Staff Turnover Rate.** Increased staff turnover across IPs slowed project activities due to extended recruitment and training cycles. Uncompetitive wages hindered organizations from filling vacancies with qualified candidates. Concurrently, the GOJ's personnel attrition rate affected performance in government entities throughout the project year.
- Lengthy Grant-Making Process.** UCSF's grant-making procedures extended past the sub-award deadline, delaying the start of several activities to the second quarter of the grant year. Nonetheless, the PR managed the funding well, contributing to the project's exceptional achievement in 2023.

- **Procurement Challenges.** The project follows a complex procurement procedure that aligns with donor criteria and SVG regulations to maintain fairness and transparency. Rising inflation and currency fluctuations further complicated this process, impacting the purchasing power of funds allocated to procure goods and services. Consequently, the procurement of goods and services faced significant challenges during the 2023 project year.
- **Reprogramming and Reallocation.** During the year, environmental and economic factors necessitated modifications to several activities and subsequent reallocation of funds. A significant reprogramming effort was conducted in 2023 to reallocate funds to sectors experiencing resource constraints because of rising inflation and currency rates. The approval process for fund reallocations took approximately three (3) months, which delayed or prohibited the implementation of several activities.

Grant Management Activities and Risk Mitigation Strategies

- **Grant-Making and Reporting.** During the year, the GMC continued to engage donors on behalf of Implementing Partners and programme beneficiaries in a manner that provided the best result for all parties. Donors received periodic updates on project developments, including implementation progress, challenges, and requests for support as needed. The Global Fund received monthly and quarterly updates via meetings. C-TECH and UCSF were provided with quarterly report updates. UNICEF reports were submitted per the funder's request.
- **Financial, Procurement and Risk Management.** Following improvements, the HSTU's risk assessment for the administration of hypothecated grants decreased from "high" to "medium." While grant funding inherently carries risk, the Government of Jamaica continues to implement mitigation strategies as outlined in this report. The PR team conducted periodic site visits to evaluate the procurement and financial management systems of the RHAs and SRs. When needed, the PR team provided technical and administrative support for implementing remedial measures and offered valuable input to address identified issues.

Significant improvements were observed, with SRs demonstrating adaptability and effective risk management throughout the project year. The PR provides ongoing training to SR staff in finance, procurement, risk management, HR development, and report writing as needed to improve execution. SRs maintain a risk management register, which the PR reviews quarterly, enabling effective management of implementation challenges.

- **Monitoring**
 - *Technical Reports.* Implementing Partners have improved in accurately completing technical and financial reports. The PR acknowledges all IPS for their commitment to correct and timely submissions. Reports are reviewed before and during site visits, with technical support provided to address identified deficiencies.
 - *Post Review Support.* In 2023, the Grants Management Component offered post-review support to entities challenged to implement the recommendations made by the Finance team during quarterly reviews. Most entities significantly improved in addressing issues highlighted in the Financial Review.

- *Monthly Review Meeting for High-Risk Entities.* Following a comprehensive assessment of project implementation quality and speed, the GMC identified some high-risk IPs requiring additional support. These IPs received detailed monthly monitoring via review meetings, with ongoing advice and support provided throughout the project year.
- *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.

Grant Management Improvements

Since the introduction of the Grants Management Project (GMP) through the SMO's office, significant strides have been made in grants management. The project has focused on five critical areas of improvement: support for Implementing Partners, compliance, training, communication and collaboration, and Information Technology software systems.

- **Support For Implementing Partners.** The support established by the Grants Management Component to IPs includes developing processes and guidance and helping to embed consistency in grant management while ensuring proportionality and compliance. The GMC is likely the first point of contact for any grant-related concerns from external organizations. The Component acts as a point of contact to provide advice and guidance or to direct the query to the appropriate department. An internal escalation process has also been implemented to ensure that issues and concerns are appropriately communicated and resolved efficiently.
- **Compliance.** The PR has developed minimum standards that are mandatory for the project. Compliance is tested during periodic site visits from various Components within the HSTU. The GMC reviews programme implementation and subsequently conducts spot checks. The HSTU team reviews selected documentation against the project manuals, policies, guidelines, sub-award, grant agreement and approved budget. Feedback is provided within five (5) to seven (7) working days; those who do not reach the minimum standards are provided with support to improve their processes. Where significant concerns are raised, an in-depth review of the activities is undertaken; concerns identified are resolved through the internal escalation processes.
- **Training, Communication and Collaboration.** In June 2023, formal grant implementation and financial management training was held to inform the implementing stakeholders of the requirements to manage and implement grants. Initial training on essential grant functions was provided face-to-face to maximize learning opportunities. This ensured that relevant implementers and budget gatekeepers were fully abreast of the programme's processes. User understanding of the information conveyed was established through group activities and discussions.

Collaboration with our stakeholders and sub-recipients is essential to our organizational success. The GMC's effectiveness is amplified through strategic partnerships as we leverage diverse perspectives and complementary expertise to enhance our service delivery. By fostering these collaborative relationships, we can develop more comprehensive solutions and implement them more efficiently, ultimately improving outcomes for those we serve.

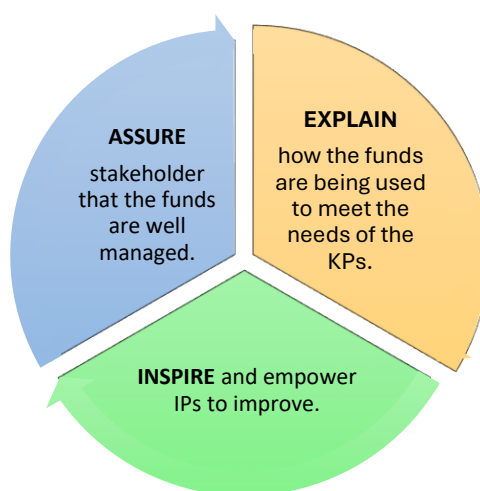
- **Information Technology Software Systems.** In 2024, the SMO's Office will prioritize enhancing the ICT platform for grants management. This upgrade will improve system interoperability, enabling seamless integration with other relevant systems. The enhanced ICT infrastructure will streamline decision-making processes, increase operational transparency, and facilitate more robust data access for comprehensive reporting and advanced analytics. These improvements aim to boost overall efficiency and effectiveness in grants management.

GRANTS MANAGEMENT OPERATIONAL PLAN 2023

During the year, the Grants Management Component implemented eight (8) strategic initiatives as part of its annual Operational Plan. These initiatives were designed to enhance project implementation efficiency and improve overall performance. The key strategies included:

- 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 for sub-recipients, achieving fair to high performance.
- Preparing and disseminating project status letters to sub-recipients in a timely manner.
- Conducting monthly review meetings for sub-recipients demonstrating below-average performance.

The GMC exists to assure, explain and inspire all stakeholders – Who we are is at the core of our work.



CONCLUSION

The Grants Management Component drives national-level impact through the Principal Recipient by synergizing three core work streams: staff capacity building, implementing partner strengthening, and developing and distributing implementation tools and best practices. By integrating these streams into grant management performance-measurement processes, the GMC ensures that Implementing Partners' teams can meet program requirements promptly, develop efficient management capabilities, and execute nation-led programs effectively. The GMC fosters a "virtuous cycle" of capacity building, deriving insights from implementation experiences to create tools and promote continued improvement. This approach enhances the overall effectiveness of grant management and implementation.

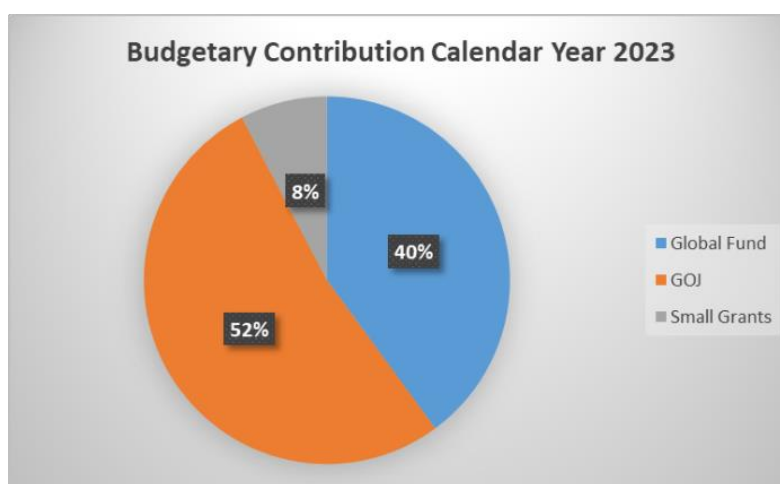
7: FINANCE & ADMINISTRATION

FINANCE

Overview

In 2023, J\$2.44B was contributed to the HIV/AIDS response, an increase of J\$0.16M compared to 2022. The total number of contributors remained at five (5). The Government of Jamaica remained the largest contributor, contributing 52% of the budget (Figure 7.50). The other contributors were the Global Fund, which contributed 40%, and other small grants from UNICEF, I-TECH/C-TECH, and UCSF, which contributed approximately 8% collectively.

Figure 7.50 Budgetary Contribution by Funding Source, Calendar Year 2023



Source: National HIV/STI Programme Unaudited Financial Statements

Expenditure

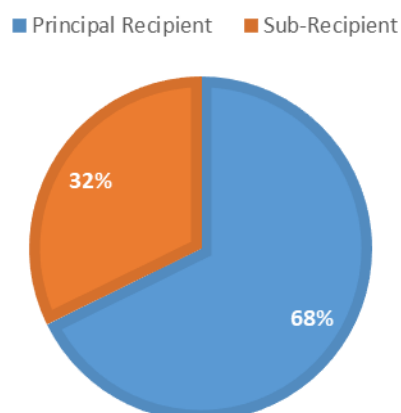
The Ministry of Health and Wellness, which is the Principal Recipient, coordinated with four (4) regional health authorities, three (3) other government agencies, and twelve (12) non-governmental organizations to implement the activities of the National STI/TB Programme. The implementers expended 69% (J\$1.69B) of the J\$2.44B allocated for the reporting period (Table 7.38). The sub-recipients (SRs) spent 91% (J\$0.71B) of their allocation, while MOHW spent J\$0.98B (59%). The low expenditure at the PR level was attributed mainly to the transfer of Waste Management activities relating to the Global Fund Budget to year 3 (2024). Additionally, the overall GOJ contribution saw minimal usage, mainly due to delays in procurement processes.

Table 7.38 Financial Achievement by Implementer Type

| Financial Achievement by Implementer Type, 2023 | | | | |
|---|---------------|-------------------|-----------------------------------|----|
| Implementer | Budget (J\$) | Expenditure (J\$) | Budget/Expenditure Variance (J\$) | % |
| Principal Recipient | 1,655,102,194 | 982,884,064 | 672,218,130 | 59 |
| Sub-Recipient | 788,582,865 | 715,329,935 | 73,252,931 | 91 |
| Total | 2,443,685,060 | 1,698,213,999 | 745,471,061 | 69 |

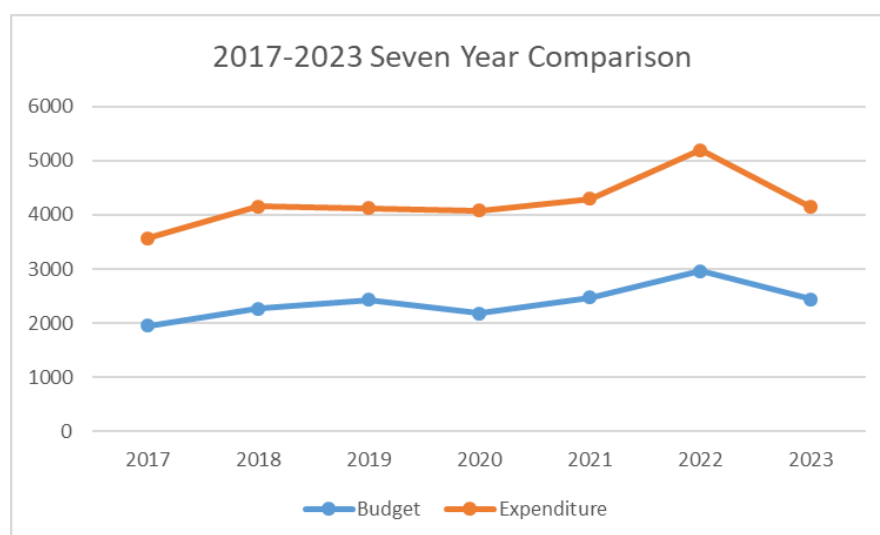
The MOHW and the SRs were allocated 68% and 32% of the budget, respectively (Figure 7.51).

Figure 7.51 Budget Allocation by Implementer Type, 2023



The budget and expenditure for 2017 to 2022 showed an upward trend, except for 2020, which saw a decrease in budgeted allocation (Figure 7.52). In 2023, there was a significant decrease in budget and expenditure, primarily due to the transfer of staff management to the RHAs from the HIV/STI/TB Unit. This transfer reduces the total staff cost managed by HSTU by over 60%.

Figure 7.52 National HIV/STI Expenditure (J\$M) by Calendar Years, 2017-2023



Source: National HIV/STI Programme Unaudited Financial Statements

Programme by Funding Source

Government of Jamaica

In 2023, 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, provides indirect resources to the programme, the direct cash allocation was \$1.28B, down from \$1.83B. This made the GOJ the largest contributor to the National HIV/STI/TB Programme, contributing 52%.

The GOJ's resources mainly covered health products and staff costs that its donors did not support. This support was primarily geared to activities for the general population, while the grants were key population-specific.

The budget/expenditure comparison per funding source for the year is detailed below.

Recurrent Budget

The recurrent budget contributed 79% of the combined GOJ resources for 2023. The budgeted allocation for the year was J\$1.01B, a 35% reduction from the J\$1.55B approved for 2022. J\$0.54B was spent during the period: 76% on health products (ARVs, infant formulas, test kits) and 24% on staff costs. The low burn rate was due to the delays in the procurement process for health products.

GOJ Contribution to the Global Fund Grant

The Government of Jamaica's contribution to the GF Grant remained at J\$0.27B compared to the previous year. The total expenditure for the period was J\$0.25B or 93% 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 2023 marked the beginning of the second year of the grant "Support to the National HIV/AIDS Response in Jamaica," which began in 2022 and is valued at US\$16.74M. The implementation period for this grant spans three calendar years, starting January 2022. This budget includes a US\$3.58M contribution to the national COVID-19 response. The implementation period for the COVID-19 grant was initially scheduled to end in December 2023; however, during the reporting period, the Global Fund granted a one-year extension mainly to complete the Waste Management activities. The budget for the one-year extension, which will close in December 2024, is US\$998.07M. The total disbursement received from the Global Fund during 2023 was US\$2.83M, of which US\$0.23M was used to support COVID-related activities.

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

Goal and Strategies

The goal of the Global Fund under this agreement is to contribute to controlling the HIV epidemic, in alignment with the objectives of the 2020-2025 strategic plan, using 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 provide timely linkage to treatment and care.
- Improve access to HIV treatment and care services through the protection and promotion of human rights for key populations.
- Provide 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.

Funding Allocation and Expenditure

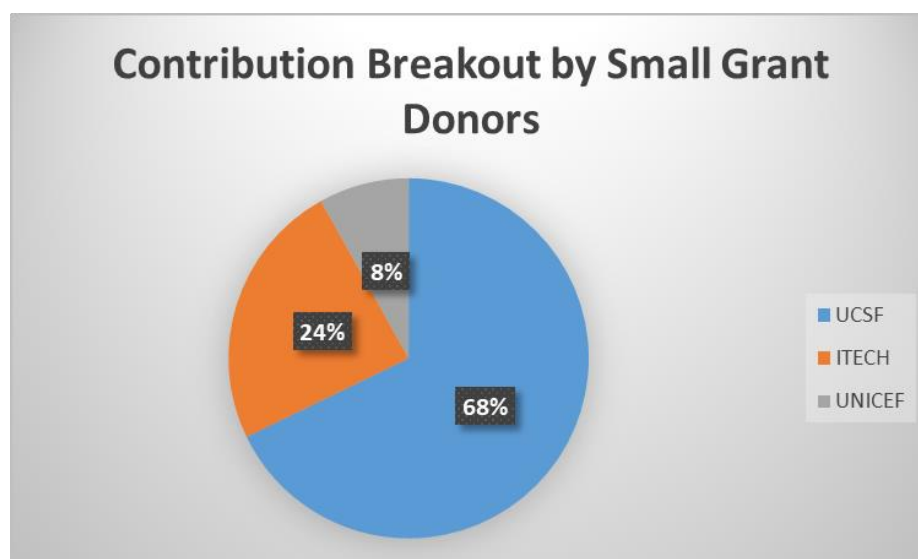
The funding allocation for 2023 was J\$975.53M (US\$6.62M); J\$308.04M (US\$2.08M) was to be spent by the PR, and the remainder J\$667.49M (US\$4.53M) to be spent by the SRs.

The total expenditure, including financial commitments for the year, was J\$752.83M, representing 78% of the budget. This includes J\$44.55M for COVID-19-related activities. The grant resources were primarily used to cover key population costs at the PR and SR levels, including prevention, treatment, care, support, health management information systems, monitoring and evaluation, and scaling up prevention and advocacy activities.

Small Grants

In 2023, the budgeted allocation for smaller grants totalled J\$187.92M, of which J\$154.10M was expended. Figure 7.53 shows the percentage contribution among the three small grant contributors, I-TECH/C-TECH, UCSF, and UNICEF.

Figure 7.53 Contribution Breakout by Small Grant Donors, 2023



International Training & Education Center for Health/ Caribbean Training & Education Center for Health

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. The implementing entities for this grant were NERHA WRHA and the MOHW. The grant was valued at J\$45.31M, an increase of J\$12.68M compared to 2022. The total expenditure for the period amounted to J\$37.64 million, representing 83% of the allocated budget. This expenditure was primarily used for staff costs and stipends.

The University of California, San Francisco Agreement

The UCSF grant, which was reimbursable, contributed J\$127.02 million to the budget, an increase of J\$29.07 million compared to 2022. J\$101.49 million was expended, representing 80% of the allocation. This grant primarily supported treatment and care services. The implementing entities for UCSF were CHARES, the Southern and South East Regional Health Authorities, and MOHW.

United Nations Children's Fund

UNICEF contributed J\$15.18M of the budget, of which J\$14.97M, representing 99% of the allocation, was spent. This grant focused primarily on activities relating to the adolescent population.

Appraisals

The appraisals identified the following achievements and challenges.

Achievements

- Timely submission of reports to include the Global Fund audit for 2022.
- Increase in budget utilization. As such, the Global Fund's rating was improved to “good” compared to the 2022 reporting period, which received a “moderate” rating.
- Increased percentage utilization of the small grants.

Challenges

- Finalization of sub-awards/grant agreement.
- The procurement process for consultancies resulted in the transfer of some major Global Fund consultancies and activities to the final year of the grant.
- Lengthy recruitment process for finance staff.
- There was a delay in the procurement process for the supply of health products, and as such, some processes were transferred to the year 2024.

The analysis for 2023 uses calendar-year figures per the requirements of the Annual Report. Unless otherwise stated, the cash basis of accounting is applied in the Programme's report.

ADMINISTRATION

Overview

The Programme's Administration Component plays a strategic role in coordinating the administrative and human resource management functions within the National HIV/STI/TB Programme. Its primary focus is to ensure the availability of adequately skilled personnel and functional resources necessary for the NHP's operations. This Component is instrumental in reinforcing work activities with relevant stakeholders at the HSTU and field levels and coordinating significant activities, providing a strong foundation for the Programme's operational efficiency.

Staffing

In 2023, the funding from grants and the contribution from the Government of Jamaica, which were approved and included in the 'Estimates of Expenditures', facilitated the employment of individuals in the public sector operating within technical and administrative domains. The Administrative Component, a key player, remains pivotal in supporting officers appointed by the Government of Jamaica and those engaged through contracts and Sub-recipients. Ongoing monitoring is conducted with the various internal departments of the Ministry and individual entities to ensure the effectiveness of the activities carried out.

One of the primary aims of the HSTU is to ensure the full incorporation and absorption of personnel in their respective domestic organizations. This commitment is of paramount importance, especially in the context of the transition from external funding to internal financial backing. In 2023, the Ministry of Finance and the Public Service conducted an assessment within the public sector, leading to the creation of positions within the Ministry and Regional Health Authorities to facilitate a smooth transition from contractual arrangements to government-operated roles in Jamaica. Grant funding remains crucial in supporting relevant activities and staffing requirements for NGOs involved in the response.

Employee Training and Development

The Programme demonstrates its commitment to excellence through consistent investment in staff training and development, allocating resources to enhance skills and expertise crucial for effectively executing tasks within the national response. Throughout the year, financial backing enabled training opportunities for personnel at the RHAs, NGOs and the HSTU. Training sessions are conducted for HSTU personnel and field operators across different sectors. These training sessions are conducted in group settings and through individualized instruction, as necessary.

Throughout 2023, the Administration Component continued to assist the pertinent teams in implementing necessary changes for the seamless operation of the National HIV/STI/TB Programme. Team engagement remained a high priority. Hybrid events were utilized, incorporating both online and in-person interactions tailored to the specific requirements of the engagement sessions.

Monitoring and Oversight of Implementing Partners

Throughout 2023, the monitoring and oversight visits to field stakeholders continued, aimed at reviewing human resource records and practices while supporting related functions.

These visits were mandated as a strategy to prevent adverse audit findings in HR Management and other areas, with support provided through written feedback and meetings. Notable enhancements were observed in the documentation filed. However, the site reviews also unveiled a prolonged delay in implementing recommended corrective actions in certain areas. The team was urged to maintain the utilization of identified strategies as the HSTU remains committed to upholding a standard of excellence.

Major Event: HIV/STI/TB Annual Review

The Ministry of Health and Wellness HIV/STI/TB Unit (HSTU) held its 32nd Annual Review and Planning meeting on November 8-10, 2023, at the Hilton Rose Hall Resort & Spa in Montego Bay, St. James under the Theme: “Fast Tracking the HIV Response to Epidemic Control”. The meeting aimed to identify key policy and programmatic actions to strengthen the National HIV Response. The main objectives of the Annual Review were as follows:

- Provide epidemiological and programmatic updates on key areas of the HIV response.
- Discuss the policy direction for the National HIV Response.
- Identifying key priorities for 2024 for the National HIV Response.

Participants included the United States Agency for International Development President Emergency Plan for AIDS Relief, the National Family Planning Board, Ministry Departments and Agencies, Program Managers and other representatives from the HSTU and the four regional health authorities, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Pan American Health Organization/World Health Organization and other international and civil society organizations.

The Annual Review and Planning Meeting reflected on the governance of the National HIV Response and HIV status updates regarding epidemiology, prevention, and treatment. It provided an opportunity to discuss the gaps in the HIV Response based on the findings of the Men’s Health Study and Adolescent/Youth Rapid Assessment. It also delved into the issue of social protection and HIV, accessing and delivering social protection services, highlighting responses from social protection duty bearers and the priorities for 2024.

The meeting was updated on a wide range of issues, including the National Strategic Plan for HIV, which is now before the Cabinet for approval, the epidemiology of HIV, HIV self-testing and PrEP, and HIV stigma and discrimination in Jamaica. Also of note was the presentation on reducing the numbers, focusing on outcomes among the 2016-2020 PLHIV cohort.

The Annual Review also served to build the capacity and raise the awareness of healthcare workers, persons living with HIV, and other stakeholders in the HIV response, providing a platform for dialogue and experience.

On day two of the Annual Review, the “High Individual Value” stalwarts of the national HIV response were acknowledged in a grand award ceremony for their hard work and dedication to the organization.