



**UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON
HIV/AIDS (UNGASS)**

SAINT LUCIA COUNTRY REPORT 2006

Report prepared by:
Janey Parris
UNGASS Consultant

Table of Contents

Table of Contents	2
Acknowledgements.....	3
Status at a Glance.....	4
Overview of the AIDS Epidemic in St. Lucia	6
National Response to the Epidemic	10
Major Challenges Faced and Actions Needed To Achieve the Goals/Targets.....	13
Support Required from the Country’s Development Partners.....	16
Monitoring and Evaluation Environment	17
ANNEX 1 - Abbreviations.....	19
ANNEX 2 - Core Indicators	20
Annex 3 - National Composite Index Questionnaire	22

Acknowledgements

The National AIDS Coordinating Council of St. Lucia acknowledges the support and contribution to preparation of this report from: The National AIDS Programme Coordinator and staff in the Ministry of Health, the Chief Medical Officer, the Director of the National HIV/AIDS/STI Prevention and Control Programme, the STI Nurse, Laboratory Superintendent, Director of Human Services, Social Workers and Counselors, NGOs, PLWHA, the Focal Point in the Ministry of Education, UNAIDS Caribbean RST and in particular the M&E Coordinator.

Status at a Glance

St. Lucia, with a total land area of 616 sq km and a population of approximately 160,000 is an island of the Caribbean. It is a member of the Commonwealth of Nations, the Organisation of Eastern Caribbean States (OECS) and the Caribbean Community (CARICOM)

HIV/AIDS in St. Lucia falls within the category of concentrated, low prevalence epidemics. During the late 1980s and early 1990s the disease was characterized by relatively low levels of infection among STD patients and little, if any infection among pregnant women and blood donors. Data reported by the Pan American Health Organisation from St. Lucia showed that HIV prevalence declined from 3 % in 1991 to 1% in 1992 and there was no evidence then of HIV infection among blood donors.

The AIDS Epidemic Update 2004 for the Caribbean reports an average adult HIV seroprevalence of 2.3% in the region with HIV infection occurring largely through heterosexual intercourse, although sex between men, which is heavily stigmatized, and in some places, illegal, remains a significant, but still neglected aspect of the epidemic. The report states that as the epidemics in the region evolve, more women are being infected and the number of new infections among them now outstrips that among men.

Saint Lucia's HIV prevalence rate is estimated at 0.12%. This puts it at the low end of the scale among Caribbean nations. This means that one in every 1,000 persons in Saint Lucia is infected with HIV. However, these figures are estimated to represent only about 26% of the 'true' number of cases. Gross under-reporting of new cases is suspected because of poor surveillance of groups involved in known high-risk sexual behaviours and high levels of stigma and discrimination, which drive persons underground.

The available data show a steady increase in new cases of HIV and AIDS over the years from the time when records were first available (1985). In 2005, 77 new cases of HIV were recorded compared to 45 in 2003 and 19 in 2000. Twenty-eight cases of AIDS were recorded in 2005 compared to 9 cases in 2000. An increasing number of cases are seen in children 0-4 years, reflecting increasing incidence in women of childbearing age.

Heterosexual transmission accounts for 25% of all reported cases. However, in the vast majority of reported cases, the mode of transmission is unknown. The most vulnerable group for HIV infection is the age group 25-34 years. They account for a total of 32.5% of all infections, with men accounting for 31% and women 34% of the infected. There is now almost an equal HIV prevalence between the sexes, a marked difference from when the disease first started and males were more affected than females.

The initial responses to HIV/AIDS in St Lucia were coordinated by the Ministry of Health and for various reasons were limited in scope. Over the past year, with increased resources and technical input from Partner Agencies, structures reflecting the *Three Ones*¹ have been put in place to implement a comprehensive National Strategic Plan (2004-2009).

¹ One M &E System/Framework; One National Strategic Plan; One Coordinating Mechanism

Overview of the AIDS Epidemic in St. Lucia

Total Reported Cases

A total of 452 cases of HIV infection have been reported to the Ministry of Health since 1985 when the first case was reported. Out of this total, 238 persons (53%) have progressed to AIDS of which 217 (91%) have died from AIDS related diseases.

According to the data from the AIDS Registry, there were 260 known persons living with HIV/AIDS as of 31 December 2005. The highest annual number of new cases of HIV ever reported (77 cases) was also in 2005.

Gross under-reporting of cases is suspected due to:

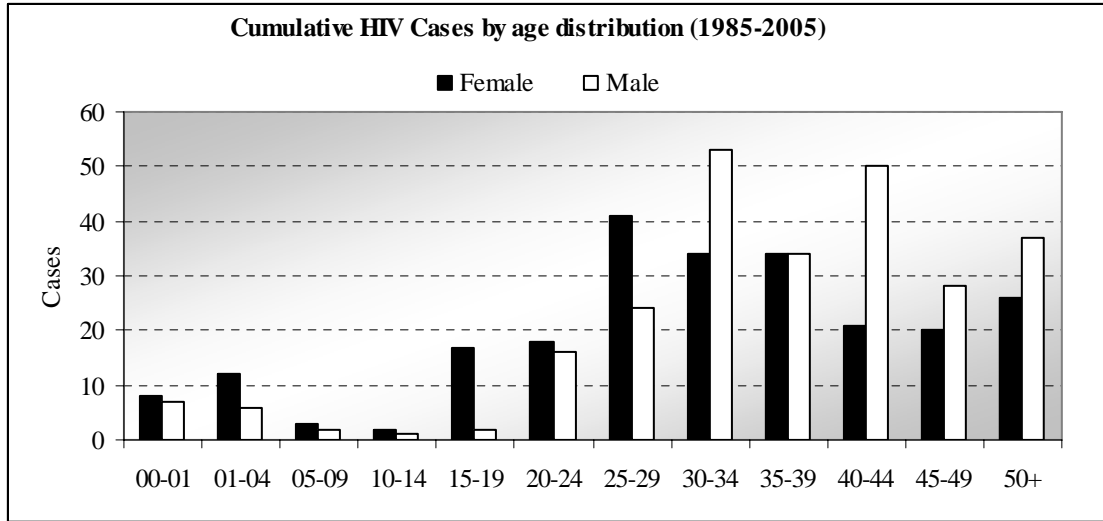
Poor or inadequate reporting and surveillance systems, particularly in respect of certain sub-populations (for example, male to male sex and client to sex worker)

Avoidance of testing locally by the general population because of lack of confidentiality, high levels of stigma and discrimination.

Age and Gender Distribution

Distribution of reported cases by age:

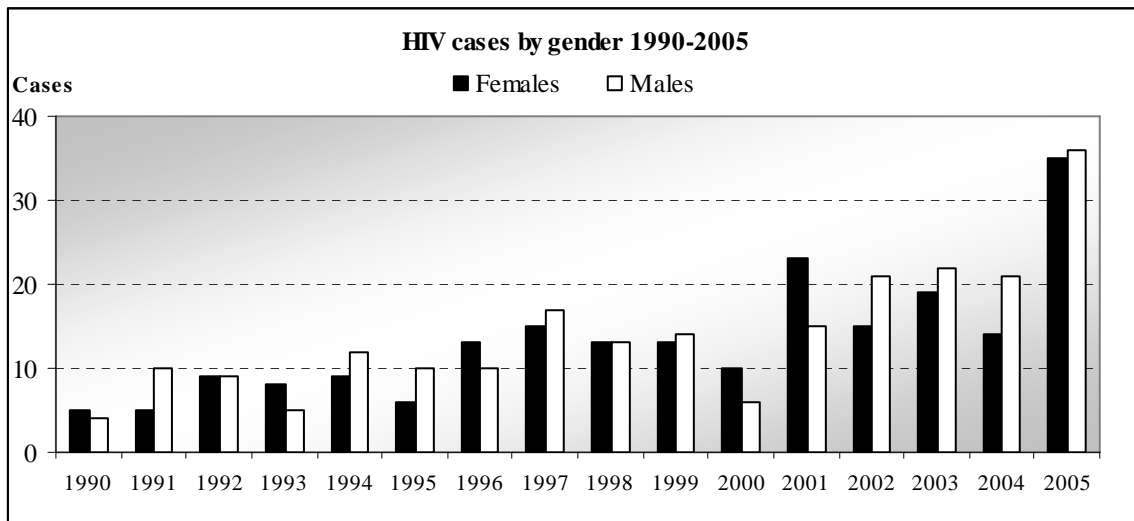
Children under 15 years accounted for 10% of cases. Adults (15-49) years accounted for 77% with the youth (15-24 years) representing 11%. Persons 50+ years accounted for 10%.



Source: AIDS Registry MOH

Distribution of cases by gender:

Males represent about 56% of all reported cases, 57% of all cases among adults (15-49 years) and 69% of cases among persons 50+ years. Females account for 69% of all cases among the youth (15-24 years) and 94% of cases among teenagers (15-19 years)

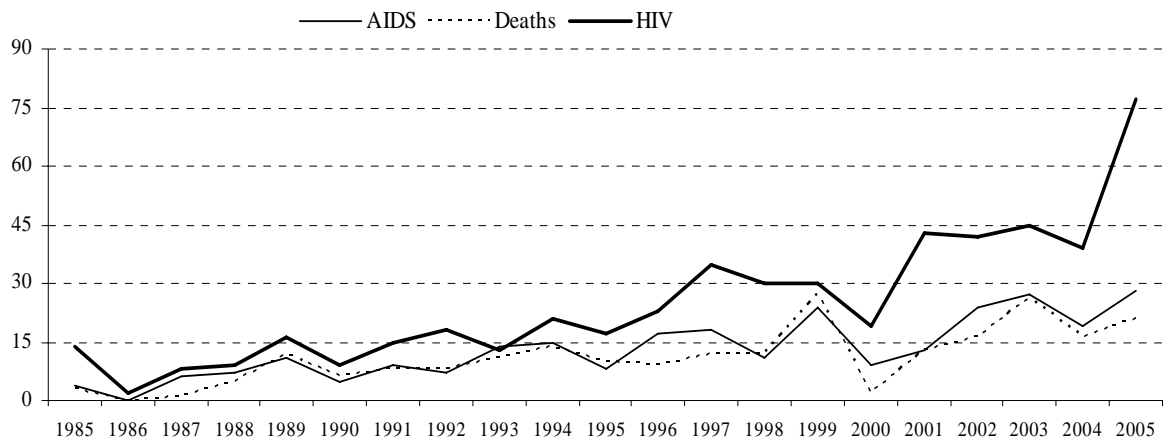


Source: AIDS Registry MOH

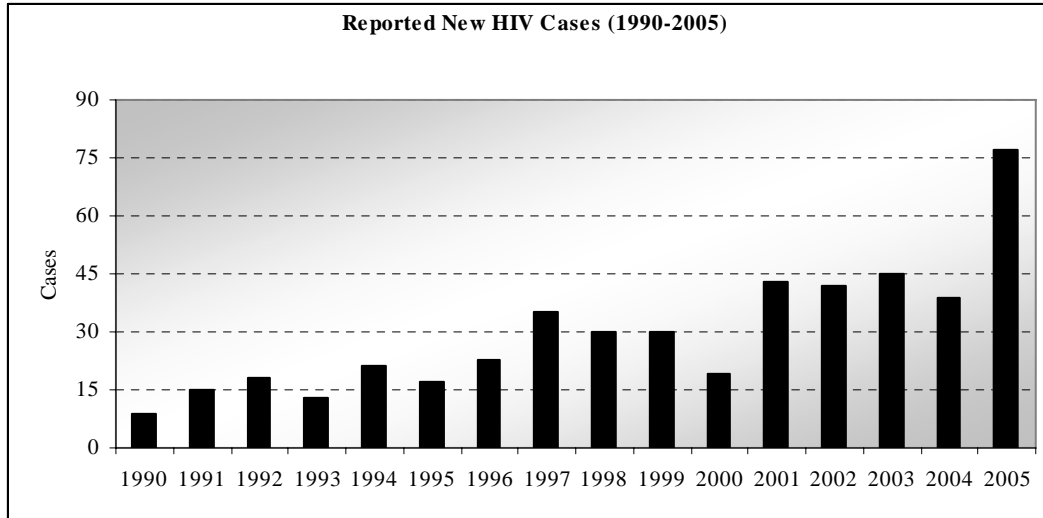
Epidemiological Trends

- Steady increase in the number of new cases reported over time (30 cases were reported for 1986-1990, compared with 84 cases for the following quinquennial, 1991-1995, and 137 cases for 1996-2000 and 246 cases for 2001-2005).
- Increase in the number of new cases reported among women, particularly during the last five years when more cases were reported among women for the first time.
- Extremely low transmission via infected blood or blood products since the epidemic began.
- Unprotected sexual activity between men and women is the main transmission mechanism.
- Continuous late diagnosis of HIV, usually after the first occurrence of symptoms of AIDS.

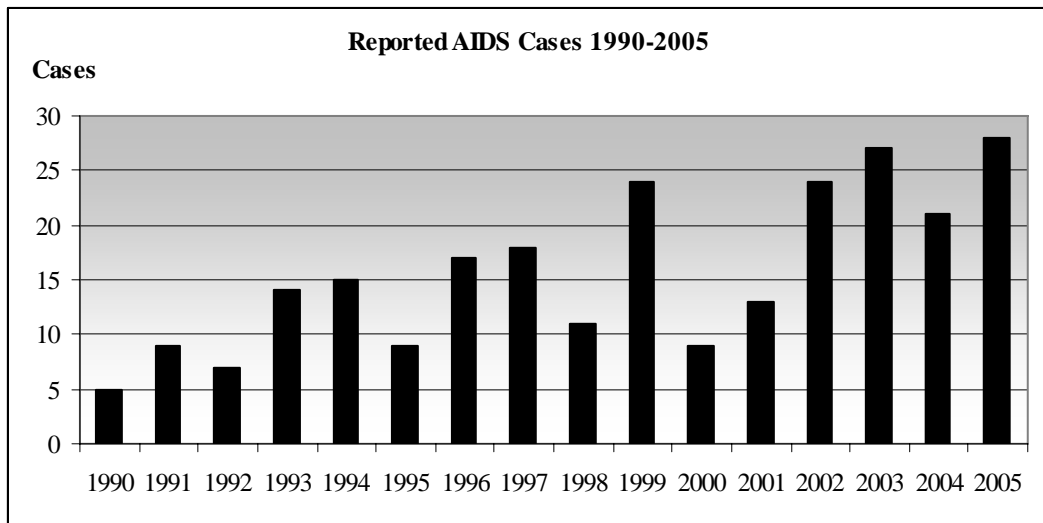
Figure 1: Cumulative HIV, AIDS and deaths from AIDS related diseases by year - 1985-2005.



Source: AIDS Registry MOH



Source: AIDS Registry MOH



Source: AIDS Registry MOH

Special Populations

An HIV sero-prevalence survey among male inmates in Bordelais Correctional Facility (prison) in November 2004 showed a prevalence rate of 2.0% (Source: Report of an HIV sero-prevalence survey among male inmates in Bordelais Correctional Facility, June 2005)

National Response to the Epidemic

While the Government of St. Lucia previously developed and implemented various programmes to prevent the spread of HIV/AIDS, these were not successful enough in sufficiently raising the profile of the disease in the minds of the general public. The interventions did not form a part of a cohesive framework of activities. They also lacked adequate resources, continuity and coverage.

Stages in Programme Development

The National AIDS Programme in its initial stages was located in the Ministry of Health and was coordinated by a Director whose staff consisted of a Health Educator and Secretary. The programme components were IEC, BCC, prevention and treatment of STIs, and treatment of opportunistic infections.

In 2001/02 St. Lucia undertook a Strategic Planning Process during which situation and response analyses, involving a wide cross section of stakeholders, were conducted. In 2003 a Strategic Planning exercise, in which the Minister for Health, Human Services and Family Affairs participated, was held over 2 days. The National Strategic Plan, which was developed with technical assistance from CAREC, was endorsed by the St. Lucian Cabinet in 2004 and is being supported financially by the World Bank.

The Plan has the following broad strategies:

1. Advocacy and Policy Development
2. Comprehensive Treatment and care for all PLWHA
3. Prevention of further transmission of HIV
4. Strengthening national capacity to deliver an effective, coordinated and multi-sectoral response to the epidemic

A greatly restructured and revitalized national programme based on the NSP was launched in February 2005. The National AIDS Coordinating Council is chaired by the Prime Minister, a monitoring and evaluation plan is being developed; capacity is being

built in many areas, including laboratory services to enable confirmatory testing to be done in country rather than at CAREC in Trinidad and focal points have been appointed in all government ministries.

National Strategic Plan: Strategies and Priority Areas

STRATEGIES	PRIORITY AREAS
1. Advocacy, Policy Development	1.1 Advocacy, policy and legislation 1.2 Socio-economic development 1.3 Human Rights
2. Comprehensive treatment and care for all PLWHA	2.1 Treatment, care and support 2.2 Elimination of stigma and discrimination
3. Preventing further transmission of HIV	3.1 Services 3.2 Specially targeted groups
4. Strengthening national capacity to deliver an effective, coordinated and multi-sectoral response to the epidemic	4.1 Research and surveillance 4.2 Institutional strengthening and management

Despite the late start in implementing a comprehensive HIV/AIDS programme in St. Lucia, some activities recently carried out demonstrate a high level of commitment to the Strategic Plan. The National Youth Council (NYC) in collaboration with the National HIV/AIDS Youth Lobby Groups held a Summit for Youth on HIV/AIDS on the 22nd November 2005. The Aim of the Summit was to:

- bring together youth (10-19 years) from a broad cross-section of the island to commemorate World AIDS Day and to reflect on the impact that HIV/AIDS has had on their lives;
- to encourage them to explore creative approaches [i.e. arts, drama, dance, poetry, etc.] of disseminating empowering HIV/AIDS messages to their peers.

The overall theme for the Summit was, “Stop AIDS. Keep the Promise” and this was based upon the international theme for World AIDS Day 2005. Utilizing the Summit as a medium, the National Youth Council endeavored to encourage the youth participants to commit to making personal healthy lifestyle choices that will diminish their risk of

infection of HIV, and to passing on the message to their peers in their respective communities.

In January 2006, The NACC convened a sensitization workshop for Members of Parliament and other politicians. The feature speaker was Sir George Alleyne, Special Envoy for HIV/AIDS in the Caribbean.

Major Challenges Faced and Actions Needed To Achieve the Goals/Targets

The major challenge faced in the reporting period 2003 – 2005 is that St. Lucia did not have in place a well structured and coordinated, national AIDS programme and therefore did not have appropriate structures to achieve the goals. The following factors contributed to the inability of government to mount an effective response to the epidemic:

- In the main, HIV/AIDS still remains the purview of the Ministry of Health, Human Services and Family Affairs. Moreover, partnering with NGOs and the private sector has not been an active strategy pursued in the past.
- While the level of political commitment has been high, leadership at the other levels of government has been generally low.
- **Efforts to mitigate the impact of the epidemic have not been sustained over time.** The numerous prevention mechanisms that have been established since 1988 have been piecemeal, lack cohesion and have generally been short term.
- **The surveillance system is not a completely effective mechanism for determining the epidemiology of the epidemic.** The Epidemiology Unit lacks the resources, technology and buy-in from key stakeholders. As such, information emanating from this Unit has not been as accurate, timely and relevant as is required for an effective response to the epidemic.
- **The allocation of resources has not matched the growing needs of the response to the epidemic.** The government has not been able to mobilize adequate financial or human resources. Expenditure on HIV/AIDS is critically low.
- **HIV/AIDS programmes have not addressed all the specificities of the national epidemic.** While interventions have generally focused on young men and women and the general public, programmes targeting highly vulnerable populations are non-existent. Furthermore, programmes still tend to be highly

centralized. This affects the timeliness and appropriateness of responses at the community levels.

- **National mobilization efforts have not been very effective in achieving buy-in from key sectors.** Efforts to include the church, the private sector and other members of civil society must be intensified and expanded.
- **Entrenched social and cultural mores and values encourage the spread of the epidemic and mitigate the impact of prevention interventions.** The issue of condomisation, for example, clearly illustrates how cultural beliefs hamper prevention efforts. The current response is ambivalent because of the highly polarized views that co-exist among secular and non-secular segments of the population.
- **Prevention programmes have not been very successful in effecting behaviour change.**

Other challenges

- Human resources are very limited and those available are overstretched.
- Absorptive capacity – despite an abundance of financial resources the country is unable to utilize the funding in a timely manner because of other deficiencies.
- Bureaucracy results in long time lags before action is taken
- Stigma and discrimination against all PLWHA and special groups are barriers to prevention efforts
- The desire to continue the use of scare tactics in IEC campaign has negative impact
- The high moral stance of faith-based organizations leads to resistance to the use of condoms
- Too much of the programme is donor driven and this stifles creativity
- Consultation with communities in programme development and implementation is grossly inadequate
- Cultural barriers and taboos persist

Although there are many challenges, the government of St Lucia is hopeful that with the current level of financial resources, implementation of the National Strategic Plan which will involve all sectors will greatly influence the course of the disease.

Support Required from the Country's Development Partners

A harmonized approach to programming, monitoring and reporting

There are too many requirements from the donors, and programme staff spends most of their time trying to meet these demands. Donors should agree on a standard set of indicators for reporting and harmonize the reporting process.

Greater support for NGOs

Development partners should encourage and facilitate recognition of NGOs as equal partners in the fight against HIV/AIDS and take measures to ensure their full participation and that they are allocated financial resources with which to work.

Broaden the scope of HIV/AIDS Programmes

A more holistic programme that will address life skills, poverty, sexual responsibility and many other issues which influence susceptibility to HIV infection should be implemented.

Capacity Building

Partner agencies could assist with training in BCC, M&E, ART and ARV and sharing of best practices and also provide direct technical assistance in these areas until local personnel are trained.

Monitoring and Evaluation Environment

Monitoring and Evaluation for HIV/AIDS in St Lucia is being addressed through strengthening of the national M&E systems. Monitoring and Evaluation training workshops have been held and an M&E Coordinator appointed. An M&E framework for St. Lucia has been developed. On-going technical assistance is provided by the M&E Adviser, UNAIDS Caribbean RST in collaboration with other partners.

A regional M&E Technical Working Group was formed in September 2003 comprising CAREC, CCNAPC, CHRC, UWI, UNAIDS, USAID/Measure Evaluation, CDC, PAHO and the World Bank. The group meets bi-monthly and has responsibility for coordination of technical assistance provision, advisory, harmonization, and advocacy. The TWG's strategic activities in the region include:

- Technical revision of Caribbean indicators and measurement tools – in line with GFATM/WB and other donor harmonization
- Development of regional M&E Framework to guide collaborative process of M&E systems strengthening.

At the sub-regional/national level, the following activities were implemented:

- A workshop in Dominica in May 2005 to pilot harmonized tools – national M&E framework and operational plan; data flow mapping
- Informatics workshop for OECS countries was held in Dominica in October 2005 to develop/refine data collection tools
- A workshop for OECS countries was held in St Lucia in September 2005 to harmonize interpretation of GFATM indicators and plan data collection.

The current focus of the TWG is on multi-partner data collection missions to support GFATM and UNGASS reporting and strengthening national M&E systems. A fully functional M&E system in OECS countries, including St Lucia, will ensure:

- National M&E frameworks and operational plans
- Harmonised GFATM/WB/regional indicators

- Data flow mapping
- Data collection and abstraction forms
- Informatics
- Timely reporting to donors
- Data use and dissemination for improved programming
- An increased number of countries reporting to UNGASS and through CRIS

ANNEX 1 - Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
ART	Anti Retroviral Therapy
BCC	Bahaviour Change Communication
CAREC	Caribbean Epidemiology Centre
CBO	Community Based Organisation
CDC	Centres for Disease Control
CHRC	Caribbean Health Research Council
CSW	Commercial Sex Worker
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HIV	Human Immuno-Deficiency Virus
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSM	Men who have sex with men
NACC	National Aids Co-ordinating Council
NGO	Non Governmental Organization
OI	Opportunist Infection
PAHO	Pan American Health Organisation
PLWHA	People Living with HIV and AIDS
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
RST	Regional Support Team
TWG	Technical Working Group
VCT	Voluntary Counseling and Testing
WB	World Bank

ANNEX 2 - Core Indicators

SAINT LUCIA

Core indicators for the Declaration of Commitment on HIV/AIDS

Reporting period 2003-2005

National Commitment and Action

Expenditures

No.	Definition	Data Source	2005
1	Amount of national funds spent on HIV/AIDS	Ministry of Health Accounts Department	\$EC 5,984,4800 \$US 2,216,4444

National Programmes, education, blood safety, prevention of mother to child transmission coverage, antiretroviral combination therapy and services for orphans and vulnerable children

No.	Definition	Data Source	2005
3	Percentage of schools with teachers who have been trained in life-skills based HIV/AIDS education and who taught it during the last academic year	Ministry of Education School based survey	11%
6.	% HIV infected pregnant women receiving a complete course of ARV combination therapy	Facility based report programme records	20%
7	% of people with advanced HIV infection receiving ARV combination therapy	Facility based report programme records	81%
9	% of transfused blood units screened for HIV	Facility based report Programme records	96%

Impact

No.	Definition	Data Source	2005
14	% of children aged less than 15 years who are orphans (alternative)	Population based survey	5.7%
15	% young men and women aged 15-24 who are HIV infected	Sentinel Surveillance /AIDS registry and Gov't Statistics Population Estimates	1.2
16	% of adults and children with HIV still alive 12 months after initiation of ART	Facility based report Clinical Care programme	80%
17	Percentage of infants born to HIV infected mothers who are infected	Based on Formula	

Annex 3 - National Composite Index Questionnaire