NATIONAL STRATEGIC HEALTH PLAN

"Providing reliable and sustainable health care services to the people of Anguilla"

Ministry of Health and Social Development
Government of Anguilla

2009 - 2014

FOREWORD BY HON. EVANS McNiel ROGERS,
MINISTER OF HEALTH AND SOCIAL DEVELOPMENT

The Ministry of Health and Social Development is working collaboratively with the Health Authority of Anguilla and private health care providers to build a better health system for Anguilla. We are acting now to meet the changing needs of a growing and aging population, and to provide quality health services for everyone in Anguilla.

Reshaping the health system to ensure better and more accessible health services is a primary objective of the Ministry of health and part of the government's agenda to reform health services.

Our 2008-2009 Business Plan reflects these goals and outlines our plan of action. It is presented in the context of unprecedented reform in the health system. The plan shows how we are implementing changes to our health care system and what we have achieved so far. It demonstrates how we will provide Angillians with a health care system that is accessible, accountable and sustainable.

Creating a modern health care system has not been easy. But we are beginning to see the results and we will continue to make the necessary investments to create a better system for today, and the future.

Our record level of health care investment over the past four years has improved access to a broad range of integrated health services. Our investments have resulted in improved cardiac care, cancer care, dialysis and magnetic resonance imaging (MRI).

The Ministry of Health in its drive to ensure the delivery of high quality health care services in Anguilla is committed to achieving our objectives in key priority areas such as: improving nursing services reducing waiting lists at health care facilities, relieving pressure on emergency rooms and expanding home care and long-term care.

Our 2009-2014 National Strategic Health Plan provides a blueprint of our strategies and commitments for bringing Anguilla's health system into the 21st century.

Hon. Evans McNiel Rogers
Minister of Health and Social Development

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HEALTH SYSTEMS DEVELOPMENT

STRATEGIC OBJECTIVE

Health system reformed to improve efficiency, effectiveness and quality of services delivered to the population of Anguilla.

LEADERSHIP COMPETENCIES AND INSTITUTIONAL CAPACITY

	Expected Result		Indicators	Leadership & Partners
1	To strengthen the leadership competencies and institutional capacity of the Ministry of Health.	1.1	National Health Policy finalized and implemented by June 2009	MoH
		1.2	Develop and implement a data collection system to inform policy and programme development by May 2009	PAHO/HAA/NHF
		1.3	Fill vacancies in Ministry of Health by June 2009	
		1.4	Develop a human resource plan for Ministry of Health by July 2009	MoH/Public Admin
		1.4	Continue to strengthen capacity for strategic health planning and healthy policy formation over the period 2009-2014	Organisations, Pan American Health Organisation, Caribbean
		1.5	Communication strategy to sensitise the public on health issues, policies and plans implemented over the period 2009-2014	MoH/HAA
		1.6	Monitoring and evaluation of regulatory frameworks for the health system strengthened by 2010	MoH/PAHO
		1.7	Legislation to enhance enforcement of public health regulations strengthened over the period 2009-2014	

HEALTH FINANCING

	Expected Result		Indicators	Leadership & Partners
1	Sustainable financial base for the health system implemented and maintained.	**1.1**	Mechanisms to monitor and evaluate the financial probity of the Anguilla Health Authority implemented over the period 2009-2014	Permanent Secretary, Ministry of Health , CFO HAA
		1.2	NHF implemented January 2010	**MoH NHF Shadow Board**
		1.3	National Health Accounts implemented by 2012 in collaboration with the Department of Statistics	Pan American Health Statistics
		1.4	Training for health managers in economic analysis and financial management provided during the period 2009-2012	PAHO
		1.5	Methodology for costing of health services implemented by June 2009	HAA
		1.6	Mechanisms to increase revenue collection implemented during the period 2009-2012	HAA

HEALTH INFORMATION AND RESEARCH

	Expected Result		Indicators	Leadership & Partners
1	Research and health information systems for evidence-based decision-making	**1.1**	Health information management system developed and implemented by May 2009	**Leadership** Ministry of Health
		1.2	Approved procedure for conducting research in public health facilities implemented by Sept. 2009	MOH, Statistics, Information Technology Unit in HAA
		1.3	Mechanisms to monitor health trends and the prevalence of risk factors and disease implemented during the period 2009-2014	MoH
		1.4	Annual CMO report and other relevant reports produced on a quarterly basis over the period of 2009-2014	MoH/HAA

PHARMACEUTICALS

	Expected Result		Indicators	Leadership & Partners
1	Efficient and effective mechanisms for procurement, registration and utilization of drugs established.	1.1	Mechanisms for monitoring Vital Essential and Necessary (VEN) drugs strengthened by March 2009	**Leadership** Pharmacy
		1.2	Pharmaceutical software implemented by March 2009	Pharmacy
		1.3	Systems to enforce legislation related to drug procurement and registration for the private and public sector pharmacies implemented by the end of 2012	MoH, CDRL, PPS
		1.4	Centralized storage area for pharmaceuticals constructed by the end of 2011	
2	Mechanisms to promote education on pharmaceuticals implemented	2.1	Education programs to promote rational prescribing practices established by 2010	Pharmacy
		2.2	Private area for patient counseling and education indentified in the pharmacy by 2010	
		2.3	Liaise with pharmaceutical companies to provide education on use of pharmaceuticals	
		2.4	Establish a continuing education programme on treatment trends for pharmacists and other health professionals	

DISASTER MANAGEMENT

	Expected Result		Indicators	Leadership & Partners
1	The capacity of the health sector to reduce the impact of disasters strengthened.	1.1	National health disaster plan finalized by May 2009	**Leadership** MoH/HAA
		1.2	National health disaster plan revised bi-annually over period 2009-2014	**Partners** Ministry of Health, HAA
		1.3	National Influenza Pandemic Preparedness Plan finalized by May 2009	

EMERGENCY MEDICAL SERVICES

	Expected Result		Indicators	Leadership & Partners
1	The capacity of EMS to respond to emergencies strengthened	**1.1**	At least 90% of calls to the Emergency Medical Services responded to within 15 minutes	**Leadership: HAA**
		1.2	At least 2 persons trained annually to the EMT-I or paramedic level	
		1.3	All EMT's recertified every 2 years	
		1.4	Develop EMS Policies and protocols by June 2009	
		1.5	Establish a proper dispatching facility by 2014	
		1.6	Legislation guiding EMS developed by	
		1.7	2014	
			At least one trained and certified EMS	

Health Services

Our strategic objective is to ensure that appropriate health services are developed, improved and sustained.

We will do it by:

Developing the capacity of Anguilla Health Authority Board to govern the appropriate delivery of health services

Increasing the utilisation of health services

Implementing policies, procedures and standards for the maintenance and repair of property, plant and equipment in the public health facilities

Strengthening the management of medical and nursing services

HEALTH SERVICES

STRATEGIC OBJECTIVE

Appropriate health services developed, improved and sustained.

UTILISATION OF HEALTH SERVICES

	Expected Result		Indicators	Leadership & Partners
1	Utilization of health services increased.	**1.1** **1.2**	Increase the utilization of primary health cares services by 25% above the 2008 level. Increase the number of elective surgeries by 50%	**Leadership** HAA

FACILITIES MANAGEMENT AND SUPPORT SERVICES

	Expected Result		Indicators	Leadership & Partners
1	Policies, procedures and standards for the maintenance and repair of property,	**1.1**	Policies, standards, and procedures for the preventive maintenance and repair of property and vehicles implemented over the period 2009 to 2014	HAA
	plant and equipment in the public health facilities implemented.	**1.2**	Personnel for basic and specialized medical equipment trained over the period 2009 to 2014	
		1.3	Policies guiding facility services management implemented by March 2009	
		1.4	Develop and implement a plan for the replacement of major property plant and equipment for health facilities by the end of 2009	
		1.5	Hospital and Senior Citizens Home evacuation plan finalized by May 2009	
		1.6	Develop procedures for evacuating for all health facilities by December 2009	
		1.7	Develop and implement a plan for proper storage of vehicles and equipment by December 2009	
		1.8	Policies for security and surveillance of all health care facilities implemented by December 2009	
		1.9	Implementation of a plan to provide transportation necessary to carryout evacuations, transportation, of gases,	

			repair materials etc. by May 2009	

HEALTH POLICY PLANNING, LEGISLATION

	Expected Result		Indicators	Leadership and Partnership
1	Standards and Protocols developed and implemented	1.1	Policies developed, revised and/or reviewed in conformance with health initiatives during the period 2009 – 2014.	**Leadership** CNO **Partners** Health Planner AG's Chambers PAHO

	Expected Result		Indicators	Leadership & Partners
1	Management of medical and nursing services strengthened.	**1.1**	Nursing Council established by December 2009	**Leadership CNO, HAA**
		1.2	Monitoring compliance to nursing standards and evaluation of nursing competencies during the period 2009-2014	
		1.3	Telemedicine technologies in selected areas of service delivery established by 2010	
		1.4	Physicians regulate ons for the Health Professionals Act	
		1.5	developed by March 2009	
		1.6	Strengthen the capacity of managers to monitor the performance and assess competencies of medical and nursing staff by March 2009	CNO
			Nursing database established by Dec 2009	

MEDICAL AND NURSING SERVICES

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

	Expected Result		Indicators	Leadership and Partnership
1	National Nursing Database developed	1.1	A comprehensive nursing database developed and implemented during the period 2009 -2010	**Leadership** CNO **Partners** PAHO DNS-HAA

QUALITY ASSURANCE

	Expected Result		Indicators	Leadership and Partnership
1	Quality of health Services strengthened	1.1	Continuous Quality Improvement Programme for nurses developed and implemented during the period 2009 – 2014.	**Leadership** CNO **Partners** PSH&SD Health Planner DNS-HAA PAHO
		1.2	Standards and guidelines for nursing Practice developed during the period 2009 – 2014.	
		1.3	Management of patient care institutional and non institutional settings strengthened during the period 2009 -2010.	
		1.4	Develop a reliable system protocol for the safe disposal and destruction of used syringes, needles and vaccine vials during	

			the period 2009-2010	

Nursing Recruitment and Retention

	Expected Result		Indicators	Leadership and Partnership
1	Information on nursing and midwifery available and accessible.	1.1	A marketing strategy developed and implemented 2010.	**Leadership** CNO **Partners** PSH&SD Health Planner
2	A reward system Implemented	2.1	Mechanisms for recognition and reinforcement of nurses developed and implemented by 2010.	**Leadership** CNO **Partners** PSH&SD Health Planner DNS-HAA

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

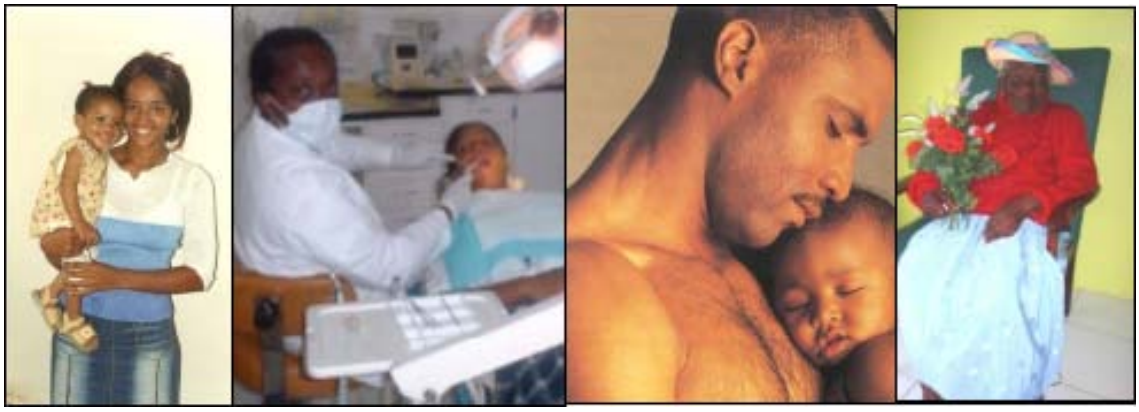
STRATEGIC OBJECTIVE

Appropriate human resources available to support the reformed health system.

HUMAN RESOURCE MANAGEMENT

	Expected Result		Indicators	Leadership
1	The policies, plans and procedures for the management of human resources improved	**1.1**	An appropriate human resource development comprehensive plan (including succession planning, retention strategies to facilitate an effective skills mix, job mobility and competent management of health services implemented by December 2009	**Leadership** HAA
		1.2	Mechanisms for registration and licensure of health professionals operational by 2010	MoH/HAA
		1.3	Develop, implement and maintain a training database for personnel using basic and specialized medical equipment by 2010	HAA
2	Human resource capacity improved	**2.1**	Training policy and plan for HAA staff developed by 2010	HAA, Public Administration
		2.2	Ongoing clinical development for physicians and other health professionals during the period 2009-2014	HAA
		2.3	Facilitate leadership training for health care professionals during the period 2009-2014	MoH/HAA/Public Admin
		2.4	Facilitate physician training in Family Medicine over the period 2009-2014	MoH/HAA/Public Admin
		2.5	Form partnerships/alliances with other hospitals/providers to employ/share scarce expertise, provide training & education and standard setting etc over the period 2009-2014	MoH/HAA/Public Admin
		2.6	Implement standards and protocols to promote succession planning by 30th November 2009	

Family Health



Our strategic objective is to improve health and quality of life through comprehensive programs addressing actual and potential health needs of the population.

- Strengthening the leadership competencies and institutional capacity of the Ministry of Health.
- Developing and maintaining a sustainable financial base for the health system
- Strengthening the quality of health services
- Strengthening research and health information systems for evidence-based decision-making
- Improving health services through the strengthening of health technology management/assessment.
- Establishing efficient and effective mechanisms for procurement, registration and utilization of drugs
- Strengthening the capacity of the health sector to reduce the impact of the disasters

FAMILY HEALTH

STRATEGIC OBJECTIVE

Health and quality of life improved through comprehensive programs addressing actual and potential health needs of the population

REPRODUCTIVE HEALTH

	Expected Result		Indicators	Leadership & Partners
1	Reproductive health services improved.	1.1	At least one mass media campaign on reproductive health issues conducted annually over the period of 2009-2014	**HAA, Primary Heath Care**
		1.2	Utilisation of the family planning clinics increased by 25% over the period of 2009 to 2014	**Partners** Anguilla Family Planning Association (AFPA)/ International Planned
		1.3	All antenatal clients at public health centres receive counselling on contraceptive use over the period 2009-2014	
		1.4	At least 25 sessions on Personal and Social Education conducted by health educators on reproductive health during the period 2009-2014	Parenthood Federation/WHR
		1.5	Ensure that Emergency Contraception is provided in the health centres and pharmacy upon request	Nutrition & Health Promotion Department
		1.6	Pregnancies in multi-gravida women with severe medical problems decreased by 25% over the period 2009-2014	Education HAA (Community Health)
		1.7	Policies and guidelines regarding provision of reproductive health services developed and implemented by 2011	
		1.7	Survey on male reproductive health conducted by 2011	MoH/HAA/Statistics
		1.8	Outreach strategies targeting males developed in collaboration with the media, sports, clubs and other interest groups by the end of 2014	HAA/Media/Dept of Sports

HEALTHY CHILD DEVELOPMENT

	Expected Results		Indicators	Leadership & Partners
1	Health status of children 0-9 years improved.	1.1	National Infant and Young Child Feeding Policy implemented by December 2009	Nutrition and Health Promotion Department
		1.2	Immunization programmes maintain EPI standards over period 2009-2014	
		1.3	Screening of children at ages 5 and 11 years to identify specific health problems including vision and hearing conducted over the period 2009-2014	
		1.4	At least 95% of preschoolers screened for developmental disabilities beginning June 2009	
		1.5	Incidence of acute respiratory infection among children decreased by 35% by 2014	
2	Integrated services developed for prevention and management of child abuse	2.1	The National Child Protection Action Plan finalized in collaboration with other sectors by April 2009	Ministry of Social Development, Department of Social Development, Education, HAA, AG's Chambers, Probation
		2.2	Guidelines developed for recognition and management of child abuse cases in the medical setting by Dec 2009	Dept of Social Development
		2.3	Health care providers trained in the use of guidelines for the identification/management of at risk and abused children by March of 2010	Dept of Social Development

ADOLESCENT AND YOUTH HEALTH AND DEVELOPMENT

	Expected Results		Indicators	Leadership & Partners
1	Healthy behaviour promoted among adolescents.	**1.1**	No more than 10% of adolescents report having ever had sex before the age of 15,	**Leadership** Ministry of Health
		1.2	Births among 11-16 year olds are reduced by 50% between the period of 2002 and 2009	**Partners** Ministry of Health, Education
		1.3	The number of adolescents who report condom use at the last sexual encounter increased by 50% between the period of 2002 and 2009	Department, Department of Social Development, Church Groups,
		1.4	At least 50% of sexually active male adolescents report having only one partner between the period of 2002 and 2009	Youth Groups, Pan American Health Organization
		1.5	At least 75% of sexually active female adolescents report having only one partner between the period of 2002 and 2009	
		1.6	The percentage of adolescents who report using weapons while fighting reduced from 11% to 5% between the period of 2002 and 2009	
		1.7	The number of adolescents concerned about violence in the schools decreases from 47% to 20% between the period of 2002-2009	
		1.8	A National Adolescent Health Plan developed by the end of 2012	
		1.9	Conduct health promotion activities geared toward reducing risky sexual behaviour among adolescents during the period 2009-2014	
2	Comprehensive adolescents/youth-oriented services developed	**2.1**	Global School Health Survey conducted by April 2009	MoH, Education, HAA

DENTAL HEALTH

	Expected Results		Indicators	Leadership & Partners
1	Oral Health Status of the population improved.	**1.1**	Oral Health status of adult population groups, 3544 and 65-74 years determined by 2009	**HAA, Dental Unit**
		1.2	Caries among 6 and 12 year olds reduced by 50% by the end of 2011	
		1.3	The ratio of restoration to extractions reduced to 5:1 by the end of 2010	
		1.4	Conduct DMFT survey by end of 2010	
		1.5	In collaboration with stakeholders, begin to develop a policy on use of fluorinated salt to be completed by 2014	MoH/HAA/ Shops/Customs
		1.6	Develop and implement programmes to improve the level of dental care of patients over the age of 65 during the period 2009-2014	HAA/ Dental Unit
		1.7	Continue dental health education programme during the period 2009-2014	
		1.8	Ensure that all adults attending the dental clinic for treatment are screened for periodontal health when medically indicated during the period 2009-2014	
		1.9	Continue to implement measures to further reduce waiting time for dental appointments	
2	Quality of dental care strengthened	**2.1**	Continue to implement measures to further reduce waiting time for dental appointments	Dental Clinic
		2.2	Dental radiographs audited annually	
		2.3	Provide fissure sealants for children at risk for multiple caries over the period 2009-2014	

HEALTH OF THE ELDERLY AND DISABLED

	Expected Results		Indicators	Leadership & Partners
1	Quality of life for persons with disabilities improved.	**1.1**	Wheelchair access available in all public buildings by 2014	Dept of Infrastructure
		1.2	100% coverage for community-based care for homebound disabled achieved over the period of 2011	HAA
		1.3	Expand rehabilitative services for the physically challenged during the period 2009-2014	
2	Policies that protect the health, rights, and interests of the elderly implemented.	**2.1**	A national policy for healthy ageing finalized utilizing the approaches set forth in the Caribbean Charter on Health of the Ageing by 2009	**Leadership** Ministry of Social, HAA, DSD
		2.2	Standards for the care of the institutionalised elderly developed and utilized by Dec 2009	
3	Comprehensive programmes, services, and facilities	3.1	100% coverage for community-based care for homebound elderly achieved by 2011	HAA
	to promote and to protect the health and well being of the elderly developed and implemented	3.2	The Miriam Gumbs Senior Citizen's Home expanded to accommodate at least 10 more persons by 2014	MOH/HAA
		3.3	5 Training programmes on caring for the elderly conducted for care givers over the period 2009-2014	HAA/Private facilities

FOOD AND NUTRITION AND PHYSICAL ACTIVITY

STRATEGIC OBJECTIVE

Nutritional status and physical activity level of the population improved.

MATERNAL NUTRITION

	Expected Result		Indicators	Leadership & Partners
1	The nutritional status of pregnant women and lactating mothers improved.	**1.1**	All pregnant women and lactating mothers provided with therapeutic iron supplementation over the period 2009-2014	**Leadership** Nutritionist **Partners**
		1.2	At least 90% of antenatal women achieve haemoglobin levels of 11 gm/dl over the period 2009-2014	
		1.3	General nutrition education sessions conducted every quarter at antenatal clinics over the period 2009-2014	
		1.4	Guidelines for the management of anaemia in pregnancy utilised at all health clinics over the period 2009-2014 (international guidelines being followed)	

INFANT NUTRITION

	Expected Result	Indicators		Leadership & Partners
1	Nutritional status of infants improved.	**1.1**	Baseline data on breast feeding and weaning utilised to guide infant feeding programmes over the period 2009-2014	HAA, Nutrition, Community Nursing,
		1.2	Princess Alexandra Hospital achieves baby friendly status by the end of 2014	CFNI, UNICEF
		1.3	Social marketing for improving infant feeding practices continued over the period 2009-2014	

NUTRITION AND PHYSICAL ACTIVITY IN CHILDHOOD AND ADOLESCENCE

	Expected Result		Indicators	Leadership & Partners
1	The nutritional status and physical activity level of children and adolescents improved.	**1.1**	The number of adolescents who report consuming at least one vegetable per day increased from 41% to 75% between 2002-2009	MoH, HAA
		1.2	The number of adolescents who report eating at least one sugary snack and/or drink per day decreased from 69%to 40% between 2002-2009	
		1.3	The number of adolescents who report usually eating breakfast increased from 36% to 50% between 2002-2009	
		1.4	Health education sessions on nutrition and physical activity conducted for children and adolescents over the period 2009-2014	

NUTRITION POLICY

	Expected Result		Indicators	Leadership & Partners
1	National Food & Nutrition policy implemented.	**1.1**	A National food and nutrition policy ratified by March 2009 and implemented by September 2009	Nutritionist/MoH/ CFNI
		1.2	Mechanisms for multi-sectoral monitoring of the implementation of the National Food and Nutrition Policy established by September 2009	
		1.3	Dietary guidelines developed and disseminated to the general public by the end of 2011	Caribbean Food and Nutrition Institute,

OBESITY/Nutrition-related DISEASES

	Expected Result		Indicators	Leadership & Partners
1	Obesity and nutrition related chronic diseases decreased.	**1.1**	Nutrition education programme developed and implemented by 2010	HAA/ Media
		1.2	Media campaigns addressing nutrition related diseases conducted in collaboration with other interest groups over period 2009-2014	
		1.3	One dietician trained by 2014	
		1.4	Community based persons trained on the relationship between diet, exercise and chronic diseases over the period from 2009-2014	
		1.6	School Obesity Prevention Programme developed and implemented through collaboration with Ministry of Social Development, HAA, Education and other stakeholders by 2013	

CHRONIC NON-COMMUNICABLE DISEASES

STRATEGIC OBJECTIVE

The impact of chronic non-communicable diseases reduced

	Expected Results		Indicators	Leadership & Partners
1	Prevention and management of cancer, hypertension and diabetes strengthened.	1.1	Cancer registry operational by 2009	HAA, private sector providers
		1.2	All midwives trained in taking Pap smear over the period 2009-2014	
		1.3	Deaths from cervical cancer reduced by 50% by the end of 2014	
		1.4	Deaths caused by breast cancer reduced by 50% by the end of 2014	
		1.5	Deaths caused by prostate cancer reduced by 60% by the end of 2014	
		1.6	Incidence of hypertensive/ischaemic heart disease reduced by at least 25% by 2014	
		1.7	Amputations in persons with diabetes reduced by at least 25% by the end of 2014	
		1.8	Diabetes education programs implemented in all public and private health care facilities by 2009	
		1.9	STEP Survey on Chronic Non-communicable disease conducted by end 2009	MoH/HAA
		1.10	At least 60% of diabetics registered at public health clinics compliant to drugs exercise and diet over the period 2009-2014	
		1.11	At least 75% of hypertensive clients attending public clinics compliant to drugs diet and exercise over the period 2009-2014	
		1.12	Hospital admissions for strokes reduced by at least 20% over the period 2003 to 2007	

	Expected Results		Indicators	Leadership & Partners
2	Screening programmes for cancer, hypertension and diabetes strengthened.	**2.1**	At least two annual public education programmes promoting the importance of early detection and prevention of chronic non-communicable diseases conducted over the period 2009-2014	HAA
		2.2	National screening campaigns for the detection of hypertension conducted annually	
		2.3	National screening campaigns for the detection of diabetes conducted annually	
		2.4	Number of Pap smears done increased by 50% over the period 2009-2014	
		2.5	Policies and guidelines for the screening of close relatives of diabetics and cancer patients implemented by 2010	
3	Mortality and morbidity due to accidents and injuries reduced.	**3.1**	Seatbelt legislation enacted by the end of 2011	MoH

COMMUNICABLE DISEASES

STRATEGIC OBJECTIVE

The impact of communicable diseases reduced.

VACCINE PREVENTABLE DISEASES

	Expected Result		Indicators	Leadership & Partners
1	The incidence of vaccine-preventable diseases reduced.	**1.1**	Documented Expanded Program of Immunization (EPI) plan developed by 2010	**EPI Manager**
		1.2	Written protocol for the reporting, investigation and control for surveillance of vaccine preventable diseases implemented by 2010	
		1.3	Maintain 95% of EPI coverage on relevant diseases annually over the period 2009-2014	
		1.4	Maintain 100% cold chain as required by EPI standards	
		1.3	Maintain 95% of EPI coverage on relevant diseases annually over the period 2009-2014	

BLOOD SAFETY

	Expected Result		Indicators	Leadership & Partners
1	Incidence of infections through blood transfusions reduced.	**1.1**	All blood donors screened for HIV, hepatitis and sexually transmitted infections over the period 2009-2014	HAA Lab
2	Systems to improve laboratory services strengthened	**2.1**	Develop a system to attract voluntary donors over the period 2009-2014	

SEXUALLY TRANSMITTED INFECTIONS

	Expected Result		Indicators	Leadership & Partners
1	The incidence of sexually transmitted infections reduced.	1.1	At least one media campaign on transmission and prevention of sexually transmitted infections conducted over the period 2000-2014	Health Promotion Community Health
		1.2	Services for sexually transmitted infections fully integrated into general clinic services to clinic services by 2011	
		1.3	Guidelines and policies regarding the management of clients with sexually transmitted infections implemented by 2011	

SURVEILLANCE

	Expected Result		Indicators	Leadership & Partners
1	Public health surveillance of communicable diseases strengthened	1.1	At least 95% of communicable diseases reported fully investigated over the period 2009 to 2014	MoH HAA
		1.2	Linkage between the Ministry of Health, the hospital laboratory and the Caribbean Epidemiology Centre strengthened over the period 2009 to 2014	
		1.3	Protocols for the handling, transportation and storage of laboratory samples enforced over the period 2009-2014	
		1.4	Capacity of Ministry of Health to strengthened the response of its surveillance system increased over the period 2009-2014	
		1.5	Medical record keeping for public health surveillance improved and maintained over the period 2009-2014	
		1.6	Protocols and procedure manuals in line with surveillance information to provide a rapid response to heath and environmental threats implemented by 2009.	

ENVIRONMENTAL HEALTH

STRATEGIC OBJECTIVE

Protecting the health of the public through the reduction and control of environmental health risks

1. VECTOR CONTROL

	Expected Result		Indicators	Leadership & Partners
1	Pest and vector populations controlled to limit potential health risks.	**1.1**	Reduce the breeding of the mosquitoes and other vectors in the community by 5% house index over the period 2009 to 2014	**Leadership** Director Health Protection Principal Environmental Health Officer **Partnerships** Ministry of Health, Health Education Unit, Business Sector, Communities, Media, Caribbean Environmental
		1.2	Capacity for dissemination and monitoring of data on vector borne diseases improved over the period 2009 to 2014	
		1.3	Public education on vector control issues increased by 25% by 2014	
		1.4	Decline in the incidence of illnesses from the most common forms of vector borne pathogenic organisms over the period of 2009 to 2014	
		1.5	Technical capacity strengthened in collecting and analyzing baseline surveillance data of vector borne illness by 2011.	
		1.6	At least two Vector Control Officers receive training in integrated vector control and port health management over the period 2009-2014.	

	Expected Result		Indicators	Leadership & Partners
1	Consumers receive wholesome and safe food.	1.1	Comprehensive food safety legislation, regulations and standards implemented by 2013	**Leadership** Director Health Protection Principal Environmental Health Officer

2. FOOD SAFETY CONTROL AND MANAGEMENT

		1.2	Food safety risks and violations of food safety standards through inspections and enforcement of food safety laws and established regulatory requirements improved over the period 2009 to 2014	**Partnerships** Ministry of Health, Health Education Unit, Nutrition Unit, Food Handlers, Social Services, Attorney General's Chambers, Hotel Association, Private Sector, Caribbean Environmental Health Institute, Caribbean Epidemiology Centre, Pan American Health Organization
		1.3	Food handler education and certification programme in good agricultural practices (GAPs) , food manufacturing practices (GMFs) and Hazard Analysis Critical Control Point (HACCP) implemented by 2011	
		1.4	Adoption of GAPs, GMFs and HACCP methodologies at food handling establishments/ premises by 2014.	
		1.5	Decline in the incidence of illnesses from the most common forms of food borne pathogenic organisms over the period of 2009 to 2014	
		1.6	Food Safety Committee comprising hotel association and other stakeholders operational by 2014	
		1.7	Technical capacity strengthened in collecting and analyzing baseline surveillance data of food borne illness and food handlers by 2011.	
		1.8	Inspection and certification programme for meats and other food established at ports of entry by 2014	
		1.9	At least two Environmental Health Officers receive training in meat and other foods/ abattoir management over the period 2009-2014.	
		2.0	Sanitary and Phytosanitary (SPS) measures for food standards implemented by 2014	

3. PORT HEALTH AND QUARANTINE

	Expected Result		Indicators	Leadership & Partners
1	Disease agents at ports of entry controlled and mitigated	1.1	Comprehensive port health and quarantine legislation and regulations implemented by 2014	**Leadership** Director Health Protection Principal Environmental Health Officer **Partnerships** Ministry of Health, Attorney General's Chambers, Customs, Agriculture Department, Private Sector, Caribbean Environmental Health Institute, Caribbean Epidemiology Centre, Pan American Health Organization
		1.2	Surveillance systems of disease agents at ports of entry strengthened by 2014	
		1.3	Sanitary and Phytosanitary (SPS) measures for food, animal and plant health standards implemented by 2014	
		1.4	Ports risks controlled through inspections and enforcement of public health laws and established regulatory requirements improved over the period 2009 to 2014	
		1.5	At least two Environmental Health Officers receive training in Port Health & Quarantine with regards to the International Health Regulations over the period 2009-2014.	

4. OCCUPATIONAL HEALTH AND SAFETY

	Expected Results		Indicators	Leadership & Partners
1	Health, safety and welfare of workers at the workplace improved.	1.1	Existing occupational health and safety legislation updated by 2014	**Leadership** Director Health Protection Principal Environmental Health Officer **Partnerships** Ministry of Health, Health Education Unit, Attorney General's Chambers, Department of Labour, Social Security Board, Private Sector, Pan American Health Organization, Caribbean Environmental Health Institute
		1.2	Programmes to increase awareness of workplace health and safety issues implemented by 2014	
		1.3	Health and safety of workers mitigated through inspections and enforcement of public health laws and established regulatory requirements over the period 2009 to 2014.	
		1.4	Technical support to strengthened capacities to monitor health risk from exposure to harmful indoor and exterior environments by 2013.	
		1.5	At least two Environmental Health Officers receive training in occupational health and safety with regards monitoring of indoor air quality by 2014.	

5. SOLID WASTE MANAGEMENT

	Expected Result		Indicators	Leadership & Partners
1	Operational systems for the storage, collection and disposal of solid waste strengthened.	1.1	Litter Act enforced by 2012. Number of complaints about solid waste management reduced by 33% by 2011	**Leadership** Director of Health Protection Principal Environmental Health Officer **Partnerships** Ministry of Health, Ministry of Information, Communication and Utilities, Health Education Unit, Social Services, Attorney General's Chambers, Ministry of Education, private sector, media, Caribbean Environmental Health Institute, Pan American Health Organization
		1.2	Formalized programme to monitor solid waste contractors and landfill site operators implemented by 2011	
		1.3	Policies/procedures for collection storage and disposal of hazardous waste implemented by 2012	
		1.4	Integrated strategy developed with respect to solid waste education, collection, transportation and recycling so as to reduce volumes of waste generated by 2014	
		1.5	Public educational programme on solid waste management developed and implemented by 2012	
		1.6	Solid waste risks controlled through inspections and enforcement of public health laws and established regulatory requirements over the period 2009 to 2014	
		1.7	Obtain a refuse collection vehicle for eliminating environmental health risks in communities and aesthetics of the island by 2010.	
		1.8	At least two Environmental Health Officers receive training in landfill management and leachate control environmental health impact assessments by 2014.	
		1.9	At least two Environmental Health Officers receive training in environmental health impact assessments by 2014.	

6. SEWAGE AND LIQUID WASTE MANAGEMENT

	Expected Result		Indicators	Leadership & Partners
1	Surveillance, monitoring and regulatory capacity for effective management of liquid waste strengthened.	1.1	Comprehensive wastewater legislation, regulations and standards implemented by 2014	**Leadership** Director Health Protection Principal Environmental Health Officer Senior Water Laboratory Technologist **Partnerships** Ministry of Health, Environmental Health Unit, Sewage Treatment Plants,
		1.2	Programme for monitoring major sewage treatment plants adopted by end of 2014	
		1.3	Sewage plants operators provided with the requisite over the period 2009 to 2014	
		1.4	Sewage and liquid waste risks controlled through inspections and enforcement of public health laws and established regulatory requirements over the period 2009 to 2014	
		1.5	At least two Health Protection Officers receive training in determining the operational efficiency of sewage treatment plants over the period 2009-2014.	

7. WATER QUALITY MANAGEMENT

Expected Results		Indicators	Leadership & Partners
Surveillance, monitoring and regulatory capacity for effective management of drinking and recreational water improved.	1.1	Comprehensive water quality legislation, regulations and standards implemented by 2014.	**Leadership** Director Health Protection Water Laboratory Technologist **Partnerships** Ministry of Health, Environmental Health Unit, Attorney General's Chambers, Sewage Treatment Plants, Hotel Association, Private Sector, Caribbean Environmental Health Institute, Pan American Health Organization
	1.2	Water Laboratory policy and strategy for water quality monitoring and management of major water resources developed by 2014.	
	1.3	Review of water laboratory procedures and standards completed by 2014.	
	1.4	Guidelines for water quality monitoring implemented by 2014.	
	1.5	Laboratory quality control procedures implemented by end of 2014.	
	1.6	Information on basic water management disseminated to public at least twice yearly beginning 2010.	
	1.7	At least two Health Protection Officers to receive new or refresher training in specific water quality areas over the period 2009-2014.	
	1.8	At least one technician to begin training at degree level in Environmental Monitoring by 2014.	

MENTAL HEALTH AND SUBSTANCE ABUSE

STRATEGIC OBJECTIVE

Mental Health infrastructure and the mental health of Anguillan people improved.

INTEGRATED COMMUNITY-BASED MENTAL HEALTH SERVICES

	Expected Result		Indicators	Leadership & Partners
1	Community mental health programme strengthened.	**1.1**	Establish a multi-disciplinary Mental Health Team established by Feb 2009	HAA, MoH
		1.2	Appropriate facilities for treating acutely ill mental patients available by March 2009	
		1.3	Procotols guiding the discharge of patients to the community from the in-patient psychiatric unit developed and implemented by March 2009	

MENTAL HEALTH INFORMATION SYSTEM

	Expected Result		Indicators	Leadership & Partners
1	Information systems to inform mental health program	**1.1**	Mental Health database established by the end of 2009	**Leadership** Senior Mental Health Officer
	planning and delivery established.	**1.2**	Annual report on the mental health status of the residents of Anguilla compiled based on information generated from the mental health database beginning 2009	**Partnerships** Ministry of Health, Mental Health Association,
		1.3	Information on mental health morbidity submitted to the Statistics Department annually beginning 2009	Information Technology Department, Statistics Department, Pan American Health Organization

FRAMEWORK FOR DEVELOPMENT AND DELIVERY OF MENTAL HEALTH PROGRAMMES

	Expected Results		Indicators	Leadership & Partners
1	Framework for the effective provision of	**1.1**	A comprehensive mental health plan addressing mental health promotion, prevention and treatment developed and integrated into the Strategic Plan for Health by Oct 2009	MoH, HAA,PAHO
	mental health services established.	**1.2**	Ensure adequate levels of mental health staffing to maintain coverage for community and in-patient psychiatric services over the period 2009-2014	
		1.3	Policies, procedures and protocols guiding the operations of the in-patient mental health unit developed and implemented by March 2009	
		1.4	A pool of qualified counselors developed and available to the general public by March 2009	

MENTAL HEALTH PROMOTION

	Expected Result		Indicators	Leadership & Partners
1	General public sensitised on mental health issues.	**1.1**	At least one media campaign to sensitise the general public to mental health issues conducted annually over the period 2009-2014	Moh, HAA
		1.2	At least two panel discussions sensitizing the public to the Mental Health Legislation and the Mental Health Review Panel during the first quarter of 2009	
		1.3	Series of newspaper articles regarding the function and purpose of the in-patient mental health facility written during the first quarter of 2009	

SUBSTANCE ABUSE

	Expected Result		Indicators	Leadership & Partners
1	Substance abuse among general population reduced.	1.1	The number of adolescents reporting abstinence from alcohol increased from 55% to 75% by 2009	MoH, HAA
		1.2	The number of adolescents reporting never having tried marijuana increased from 89% to 95% by 2009	
		1.3	At least one annual workshop on substance abuse campaigns for community groups and non-governmental organisations conducted in all districts over the period of 2009-2014	
		1.4	Develop and deliver educational programmes for the community on substance abuse quaterly during the period 2009-2014.	
		1.5	A survey of the prevalence of substance abuse among the general population conducted by the end of 2014	
		1.6	National campaigns on alcohol abuse and misuse conducted annually beginning 2010	
		1.7	Maintain substance abuse counseling services and referral during the period 2009-2014	

APPENDIX ONE

STI's HIV & AIDS Strategic Plan

A Comprehensive Plan for HIV/AIDS Prevention, Care and Treatment for Anguilla

2009 2014

Ministry of Social Development and Lands

Anguilla

Acknowledgements

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This document is the outcome of a long and intensive process. It is the result of in-country totally local consultations. The reports of these consultations were used to direct the development of the document.

The Director of the National HIV & AIDS Programme
Mrs. Patricia Beard, assisted by her staff, and the diligent assistance of Dr. Bonnie Lake Richardson, Permanent Secretary Health & Social Development, conducted the research and collated all of the material to ensure the successful development of a comprehensive Strategic Plan, for the management of STI's HIV & AIDS prevention care & treatment for Anguilla.

It is hoped that persons using this document will find it useful for the implementation of the National programme for the period 2009 – 2014

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
AZT	Azidothymidine
BD	Becton Dickinson
CAREC	Caribbean Epidemiology Centre
CBC	Complete Blood Count
CDC	US Centers for Disease Control and Prevention
CHART	Caribbean HIV/AIDS Regional Training Initiative
CSW	Commercial Sex Worker
CSTI	Conventional Sexually Transmitted Infection
GC	Gonorrhoea
HIV	Human Immunodeficiency Virus
HIV+	HIV Positive
JHPIEGO	Johns Hopkins Programme of Information and Education in Gynaecology and Obstetrics
IT	Information Technology
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MHATP	Micro-haemagluttin assay for Treponema palllidum
NGO	Non Governmental Organisation
NVP	Nevirapine
OI	Opportunistic Infection
PAHO	Pan American Health Organization
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of mother-to-child transmission of HIV
PLWHA	Persons living with HIV/AIDS
QA/QC	Quality Assurance/Quality Control
R&D	Research and Development
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
USA	United States of America
USD	United States Dollar
VCT	Voluntary Counselling and Testing for HIV
PITC	Provider Initiate Testing and Counselling

Purpose and Guiding Principles of the National STI/HIV/AIDS Strategic Plan

The purpose of the National STI/HIV/AIDS Strategic Framework is to enhance and expand the nation's response to the threat of HIV/AIDS. It is envisioned as a guide for the wide range of stakeholders who are involved in, or who want to be involved in, the response to the epidemic. It is based on an assessment of the situation and the response to date, and takes into account the country's human and financial constraints. It identifies clear priority areas where increased attention is likely to have the greatest impact on preventing the further spread of HIV/AIDS in Anguilla. Being cognizant of the size of Anguilla's population and the emphasis placed on confidentiality, the document focuses on reducing the impact of the epidemic on individuals, families, and communities. In recognition that HIV/AIDS is not solely a health issue, the plan is based upon the understanding that it must be recognized as also a Social issue in Anguilla.

STIs HIV/AIDS must be addressed as a developmental issue, and as such, requires a broad multisectoral response addressing the underlying causal factors as well as its equally complex consequences.

The National HIV/AIDS Strategic Plan is underpinned by a number of basic guiding principles, which support and provide guidance for the plan more specific goals, objectives, strategies and activities. These principles are based on the understanding that human rights and HIV and AIDS work together in three related though separate ways. These are Accountability, Advocacy and Approaches to Programming.

ADVOCACY: The Government's responsibility for the population enables the promotion of a wide range of advocacy initiatives. These initiatives are targeted towards the security of the enjoyment of human rights and protection of people living with, affected by, or vulnerable to HIV infection.

ACCOUNTABILITY: Human rights provide a system for holding Governments accountable for their actions

APPROACHES to PROGRAMMING: The approaches used in this document aim to integrate human rights principles such as discrimination equality and participation into the process at the national level.

All persons have the right to protection from HIV infection and other STIs. Additionally, all persons have the right to information about HIV and other STIs, and to the means to protect themselves from HIV and other STIs.
HIV/AIDS is a complex and multi-dimensional problem. Multi-sectoral involvement is therefore essential to national, provincial, and local responses to HIV/AIDS.
People living with HIV/AIDS (PLWHA) and their families and communities should not be discriminated against. In addition, the individual and human rights of people infected or affected by HIV/AIDS must be upheld. The right to confidentiality in particular must be respected and protected.

No person should be denied access to health and social support because he or she has become infected with HIV.

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Priority Areas of the National Strategic Plan

EXECUTIVE SUMMARY

1. Introduction

In December 2006 the Ministry of Social Development reviewed the Strategic plan for Anguilla making it a National Comprehensive Strategic Plan for Care Treatment and Prevention of HIV in Anguilla.

This initiative is part of the strategy of the expanded response to HIV & AIDS as described in the National Strategic plan developed in 2000 with CAREC and compliments the recent successful access to HIV antiretroviral drugs at reduced cost via the Clinton Foundation. It is anticipated that this document will guide the Government over the next five years to expand country capacity to deliver care and treatment and will integrate these services with other activities of the strategic plan. As the current number of reported HIV/AIDS cases is low, the plan has a strong focus on prevention and capacity building.

2. Background and Context

The AIDS Epidemic in Anguilla

The first case of AIDS in Anguilla was reported in 1988 in a female resident. During the period 1988 to 2007, 34 cases were reported. The following is a breakdown of the data collected for the period.

YEAR	NUMBER OF CASES	AGE GROUP	SEX
1988	1	30	F
1989	1	25	M
1990	1	30	F
1991	1	20	F
1992	1	7	M
1994	1	45	M
1996	1	3	M
1996	7	31-37 (2 groups)	M (4) F (3)
1997	1	39	M
1998	3	25-33	M (2) F(1)
1999	1	23	M
2000	2	33-46	M(1) F (1)
2001	2	22-31	M(1) F (1)
2002	4	32-46	M
2003	2	27-41	M(1) F (1)
2004	1	45	M(1) F(1)
2005	1	38	F
2006	2	?	M(1) F(1)
2007	1	51	M
2008	0	--	--

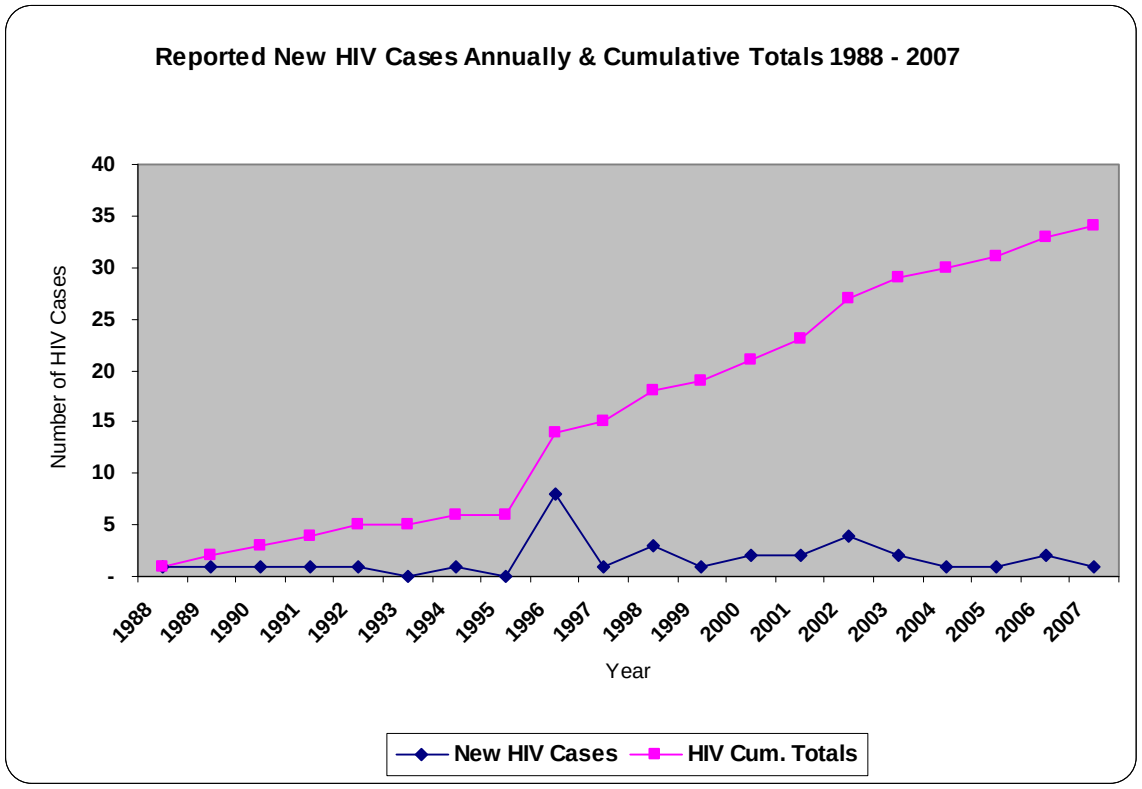
This breakdown has revealed that the year 1996 was the year in which most cases were reported with a total of eight, (5 males and 3 females).

A total of 34 cases were reported from 1988 to May 2007 (14 Females & 20 Males). Of this total, 17 persons died. There is no current information on the status -of 12.

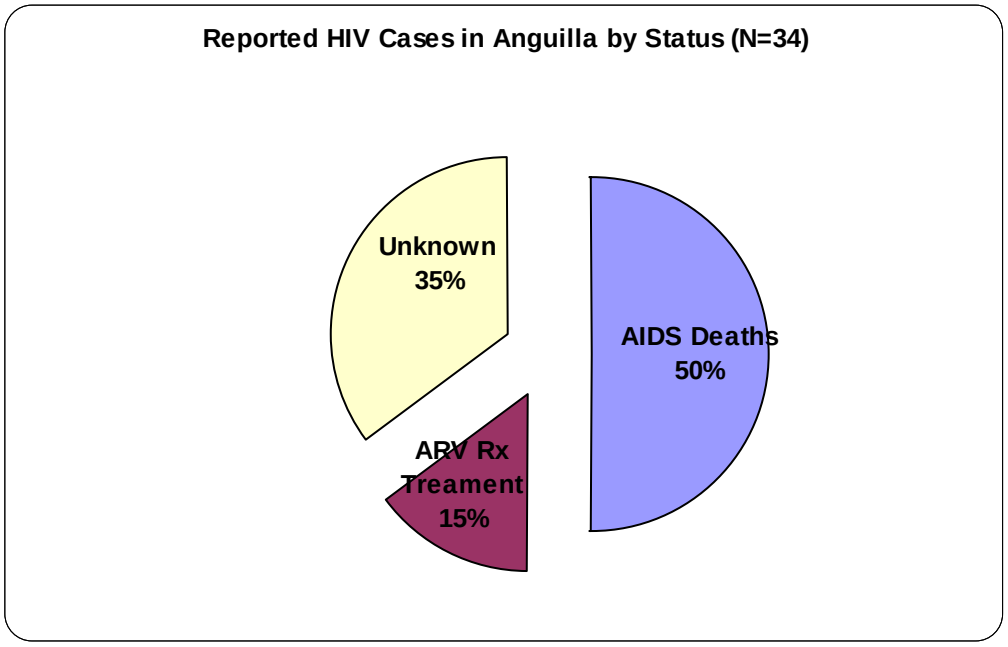
Of the known cases, six persons (four men and two women) are currently receiving medical attention/care, (which includes counselling) and receive monthly checkups from the Care and Treatment Coordinator. Of this number, five residents (male) are on medication. Both women are currently undetectable.

The majority, approximately 74% of the recorded cases were over 30 years at the time of diagnosis probably reflecting late diagnosis of the disease rather than incidence. In addition, the overall AIDS case fatality ratio was 50%, again, further reflecting the late identification of the HIV disease. 5% of the recorded cases reflected Mother to Child Transmission.

Transmission appears to be mainly by heterosexual sex as the adult male to female ratio is 1.5:1. During the period 1988 – 2008 there were two cases of pre-natal transmission recorded, of which one was a long term survivor who died by drowning at the age of 21. This client developed a problem with his brain which impaired his ability to move his limbs freely, thus causing the drowning.



An analysis of the HIV data in 1999 showed that 70% of cases were Anguillian nationals, the remainder from Caribbean and non-Caribbean countries.



Since 2002, voluntary counselling and HIV testing (VCT) has been offered to all women attending antenatal clinics in the island. In 2002, 86% (173/203) were tested for HIV and no positive cases were found. In 2003

(219 tested) and 2004 (217 tested), no positive cases were found. Acceptance of antenatal HIV testing is over 90%. Gaps in this system may be among those who attend private sector clinic and those who seek antenatal and obstetric services abroad. No positive cases have been identified during blood bank screening. In 2007 a total of 268 donors were screened. As of August 2008 a total for 228 donors were screened.

Stigma and discrimination against people living with HIV/AIDS (PLWHAs) remains an important issue in an island of an estimated population of 14,254 inhabitants. The ease of access to the neighbouring islands of St Martin, Puerto Rico and St Thomas and the unwillingness of residents to access local public health services results in serious under-reporting of STI's HIV and AIDS cases.

Health Care in Anguilla

Health services are provided through the public sector and via private facilities on the island and abroad.

Health care on the island can be accessed from the following places:

- The public hospital – The Princess Alexandra Hospital
- Five Health Centres: West End Health Centre
    - East End Health Centre
    - Welches Polyclinic
    - South Hill Health Centre
    - The Valley Health Centre

- A private hospital – Hughes Medical Centre-, which also has a laboratory

- A private clinic – Hotel de Health

- Six private practices

All hotels have doctors assigned to them and they can be accessed as necessary.

Because of the proximity of and the ease of transportation to and from neighbouring islands many residents of Anguilla access healthcare abroad, mainly from St. Martin, Puerto Rico, and St. Thomas. Reasons for accessing healthcare abroad include a desire for greater confidentiality and the availability of resources to access healthcare abroad.

Primary and Tertiary health services are provided through the Health Authority and Private health Care. The health care team comprises of specialist and non specialist health care providers. These include, registered nurses, nursing assistants, midwives, public health nurses, doctors, nutritionists, a mental health team, Health promotion, an Emergency response team, dental health team and other support teams. In addition the services of specialist doctors are contracted on demand. The health care team consists of national and non national personnel, with the majority being non national.

The Status of Comprehensive HIV/AIDS Care and Treatment in Anguilla

In a unique arrangement between the public and private sector, for a significantly reduced fee which is paid by the public health service, patients are treated by a private physician who is trained in HIV/ AIDS management. Ancillary and support services are currently being provided by the National AIDS

programme coordinator and others. All drugs are provided at the Hospital pharmacy and laboratory testing is done in St Martin.

Patients are subject to a needs assessment and if eligible they get full cover, if not, there is partial support to the laboratory fees. Laboratory support is accessed in Guadeloupe via St Martin at a fee of US$150 Viral Load/CD4 test combination.

Antiretroviral drugs were available at a significantly reduced cost of US$238 per person a year from CIPLA with support of the Clinton Foundation since 2004. The Clinton Foundation no longer assist in the provision of adult antiretroviral to the island but is working with the OECS Pharmaceutical Procurement Service to assist countries in sourcing ARV's at a reduced rate. The Foundation provides paediatric ARVs. Currently there is capacity for treating ten persons. There are three adults accessing antiretroviral treatment at the government facilities. Other positive persons are currently accessing treatment abroad. Three persons identified by HIV testing in the government hospital are not in care but receive counselling from health care workers in the community.

A prevention from Mother to Child HIV transmission (PMTCT) protocol was prepared in 2002. VCT is offered to all women attending government owned antenatal clinics since 2002. The uptake of this initiative is thought to be over 90%. An HIV positive mother was identified in 2004. A protocol for Post Exposure Prophylaxis has been provided by CAREC and has been disseminated to all health and non-health facilities where it can be implemented.

The Relationship of the Anguilla Comprehensive Care and Treatment Work Plan to the National HIV/AIDS Strategic Plan

A National Strategic Plan (2001 to 2008) was prepared in 2000 with the support of CAREC. There were three areas of focus; Health Promotion for Behaviour Change and Empowerment; Treatment, Care and Support, Advocacy and Human Rights. This plan, the Comprehensive HIV/AIDS Prevention, Care and Treatment Plan for Anguilla has expanded the areas of focus and includes five priority areas. They are Prevention (which includes Health Promotion); Care, Treatment and Support; Advocacy, Human Rights, Stigma Reduction; HIV Surveillance, Research; and Programme Management (including Monitoring and Evaluation).

3. Financing the Work Plan

The financing for this plan will be by the Government of Anguilla.

SUMMARY BUDGET FOR 2009 AND 2010

CATEGORY	YEAR 2009	YEAR 2010
CARE AND SUPPORT Medications (ARVs, OI & STI) & Nutritional suppl. Infrastructure changes Guidelines Development STI/VCT Services Personnel Training SUB-TOTAL		
LABORATORY Hematology/Immuno-hematology/Biochem Phlebotomy OI diagnosis CD4 Viral load Testing kits SUB-TOTAL		
PREVENTION, TRAINING AND EDUCATION VCT Sites PMTCT Health Education/Promotion MSM/CSW Outreach STI Treatment Support for PLWHA SUB-TOTAL		
ADVOCACY,HUMAN RIGHTS, STIGMA REDUCTION Policy Development Preparation of Draft Legislation SUB-TOTAL		
SURVEILLANCE Plan and Equipment Personnel SUB-TOTAL		
PROGRAMME MANAGEMENT M&E plan SUB-TOTAL		
TOTAL IN USD		
TOTAL IN EC dollars		

The Work Plan

The Work Plan provides detailed strategies for program implementation based followed the identified Priority Areas.

Necessary Actions for Implementation

This table draws attention to priority issues such as policies, systems, human resources, training, etc., which should be addressed in advance and are absolutely critical for the effective scale of HIV/AIDS care and treatment services.

Item	*Action Necessary/Status*	*Responsible Party*	*Time Frame*
Review/Develop relevant policies	Formulation of a policy/review development team	MSD & NAPC	END Of 2009
Mechanism for Programme management	Establishment of a National AIDS Coordinating Committee		
Documentation and Strengthening of Referral Systems between Public & Private sector and within the wider Public Sector		NAPC	Annually
Development of a Training plan	Conduct needs assessment and develop training plan Ensure appropriate training for individuals working within , or supporting the National programme	NAPC MSD	2009
Development of an M&E plan	Implement the M& E plan developed by UNAIDS	NAC/ MSD	2009-2014
Planned multi-island meeting between Anguilla, St Martin, St. Maarten to discuss health access, health reporting	Revive coalition .Plan and implement "Bridging the gap Conference"	NAPC	2009-2010
Identification of funding to ensure a sustainable programme Develop a one year initiative to celebrate the 20th anniversary of the National Programme	Ongoing Develop and implement anniversary programme. Acknowledge the involvement and contributions made to the programme by individuals Provide anniversary memorabilia certificates & plaques	NAC/MSD	Annually 2009

PRIORITY AREA I: PREVENTION

CURRENT SITUATION

Health Promotion, safe and healthy sexual behaviours among the general public
Health promotion and education has been the major response to the HIV epidemic. There have been health fairs, campaigns, and other health promotion activities. A condom distribution program has been in place since 1989. Condoms are available in banks, post office bars, night spots and distributed by individuals across the island. Abstinence, condoms and behavioural change have been promoted.

Health Promotion, safe and healthy sexual behaviours among vulnerable and high risk populations
YOUTH: Youth groups across the island are encouraged to participate in the national response. Previous attempts to establish peer education programmes were not possible due to inadequate resources. A Youth to Youth programme was established by the National programme. This programme focuses on the training of youth to share information with and to council other youth.

COMMERCIAL SEX WORKERS (CSWS): THERE HAVE BEEN anecdotal reports of individual CSWs, but the data is limited
MEN WHO HAVE SEX WITH MEN (MSMS): Data on the MSM community is limited.
Drug Users: Data is limited.

Prevention of mother to child HIV transmission (PMTCT)
The program was implemented in 2002.

- Annually approximately 164 births. In 2003, 217 pregnant women were tested. None were HIV-positive.
- Not all women will access public sector services. All deliveries take place at Princess Alexandra Hospital. For example, in 2004, 30 women delivered abroad, 167 women delivered in Anguilla. In 2008 182 women delivered at Princess Alexandra Hospital.
- HIV counselling and testing is offered to all pregnant women at the five community clinics and the refusal rate is said to be below (below 5%). Exact figures were not available. A system for monitoring the refusal rate is required.
- Antiretroviral prophylaxis: single dose nevirapine or Set Protocol using AZT
- C-section: Elective C-section, before rupture of membranes or the onset of labour is offered as an option.
- Avoidance of breastfeeding: HIV positive women are counselled to refrain from breast feeding.
- Draft PMTCT Policy available; No PMTCT guidelines seen. Concerns arising: There is a need to make PMTCT services available to pregnant women accessing private care only. Completed PMTCT policy disseminated to all health facilities and Health Authority. Deficiency noted- lack of sanctions

VCT

- Workshop was held for 30 health care workers and counsellors. This was supported by CAREC
- 7 Health care providers trained and certified by JHPIEGO in December 2008 as VCT providers
- VCT is currently being introduced at all community clinics. One private laboratory also provide HIV testing

- There is a need for a health promotion element to promote this new service.
- A VCT policy and guidelines is required for standardization of services. A draft VCT policy is in development.
- HIV testing and services for young people is limited by the age of consent is 18 legally and consent of sex age 16. Many young people would like to have an HIV test. Similar contradictory rules are found in Family Planning – where a 16 year old can give birth but needs parental consent to get contraceptive pills. There is the need for policy for young people and testing needs to be developed. Confidentiality is also big issue for young people.
- All persons identified as HIV infected are referred to Dr Bryan, by call.

PEP

- A Post Exposure Prophylaxis (PEP) policy and protocol has been provided by CAREC and is to be disseminated and implemented.

STIs

- Sexually Transmitted Infections (STIs) are treated within the community clinics. Surveillance for STI and reporting is not routine.

Safe Blood Supply

- A blood donor volunteer pool is being established and currently accounts for 10% of all donations.
- A screening questionnaire is used and blood is screened using two rapid HIV test with confirmation at CAREC. Expand: ELISA, hepatitis B screening Hep C. Would like to add HTLV (Human T Lymphocyte virus).

PRIORITY AREA I: PREVENTION

GOAL 1: HEALTH PROMOTION AND THE PROMOTION OF SAFE AND HEALTHY SEXUAL BEHAVIOUR AMONG THE GENERAL PUBLIC

Objective 1.1: To increase and strengthen programmes by promoting the adoption of safer sexual practices, including abstinence
Objective 1.2: To increase the distribution of condoms and make condoms accessible to the sexually active population
Objective 1.3: Promote to the community the benefits of VCT, the efficacy of antiretrovirals and HIV Care and treatment

Objective 1.1: To Strengthen Programmes by promoting the adoption of safer sexual practices.

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
# of behaviour change interventions implemented for persons ages 10-55 + by 2014	Convene Working Group to review past abstinence and safer sex promotion initiatives and propose new initiatives. - Develop terms of reference for the Working Group - Identify and invite key partners from Private sector and NGOs (mass media, advertising agencies, FBOs, Youth Division and the tourist sector)	One consultation annually to review and propose safer sex initiatives to be implemented. At least 10 NGOs involved in behaviour change initiatives	Annually	NAPC

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
	Utilize discussions to enhance a safer sex campaign. Promote a coordinated campaign carried out by partners, both governmental and NGO. Component 1 to target the general public; Component 2 to target the individual	Stakeholders involved in the development and implementation of the national campaign on safer sex by December 2014	Annually	NAPC/ Optimist
# of most at risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (UNGASS)	Focus on coordinated messages, materials and activities to promote community acceptance and individual practice of safer sexual behaviours: Focus on Abstinence; Delaying the onset of first sexual activity; One faithful partner: reduce the number of non-cohabiting, non marital partners; Using condoms always in at risk relationships	By 2014 at least 60% 0f students ages 10-17 report delaying sexual activities. By 2014 at least 80% of most at risk targeted populations correctly identifying ways of preventing the sexual transmission of HIV and other STI's	Annually	NAPC NAPC
#of women and men aged 15-49 + who have had sexual intercourse with more than one partner in the last 12months (UNGASS)	Monitor & Evaluate the initiatives conducted	By 2014 at least 75% of men and women targeted report safer sexual practices	Annually	NAPC

PRIORITY AREA I: PREVENTION

	Objective 1.2: Continue to make condoms accessible to the sexually active population

INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of condom distribution sites increased by at least 50% By 2014 # of condoms distributed increased by at least 50% by 2014 # of vending machines installed across the island increased by 50% by 2014.	Review current condom distribution programme, monitoring and evaluating condom accessibility Ensure that condoms are: - Available throughout the island - Accessible - High quality and affordable	Condom sites established in 95% of the political districts by the year 2014. Proper documentation of condoms distributed	Annually	NAC
# of female condoms disseminated to the population by the unit increased by 100% by 2014 # in the increase of condoms purchased annually	- Source female condoms - Partner with the Anguilla Family Planning Association in procuring and distributing females condoms	At least 60% of sexually active females reporting the use the female condoms Strengthening of NGO HIV AIDS programme responses	Annually	NAP, AFPA

PRIORITY AREA I: PREVENTION

GOAL 2: TO PROMOTE HEALTHY SEXUAL ATTITUDES, BEHAVIOR AND PRACTICES AMONG VULNERABLE/HIGH RISK POPULATIONS

Objective 2.1: To reduce the rate of infection among young females and males, both in and out of school

Indicators	Action Steps	Expected Outcome	Time Frame	Responsibility
# of peer educators, teachers, parents and community leaders trained by 2014 # of teachers trained in life skills and HIV/STI prevention by 2014	Source funding for training Source facilitator/s Conduct training through Parent/Teacher Associations, churches, community groups, etc Train teachers re basic STI HIV & AIDS education. Target young persons, both in and out of school. - Prepare/reprint materials to support initiative - Train teachers and principals in Life Skills/Human Sexuality education and HIV/STI prevention Train youth peer-educators to enable their peers to adopt responsible sexual behaviour.	By 2014 100% of schools actively involved in the implementation of the FLE and Life Skills Programme All educators involved in accelerating the education sector response by 2014 Youth peer education programme spearheaded by the AFPA successfully implemented by 2014	Biennial Annually "	NAC, Education Dept. NAPC AFPA
# of schools provided with STI HIV AIDS education.	- Develop a STI HIV AIDS curriculum in collaboration with the Department of Education	Structured STI HIV AIDS programme developed for the schools by 2014.		NAC/ Dept of Education
# of community programmes implemented by 2014	- Monitor and guide programmes throughout the year - Revise programmes as necessary - Conduct year-end evaluation - Develop Annual programme plan - Evaluate youth outreach initiatives	Community STI HIV & AIDS education programmes strengthened	Annually	

PRIORITY AREA I: PREVENTION

GOAL 3: REDUCTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV/AIDS

Objective 3.1: To increase the coverage of mother-to-child HIV transmission Interventions

Objective 3.2: To expand PMTCT to the private sector

	Objective 3.1: To increase the coverage of mother-to-child transmission interventions

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
# of health care providers trained in VCT and PMTCT by 2014	↓ Evaluate the implementation of the PMTCT policy ↓ Continue the training of a cadre of counsellors, midwives, physicians, family planning staff and other health care providers for PMTCT and VCT ↓ Review current treatment regimen and adopt the WHO recommendations ↓ Develop ARV prophylaxis protocols and guidelines, including for clinical/obstetric procedures during childbirth ↓ Disseminate to institutions and practitioners ↓ Develop a system for tracking and	PMTCT education and services provided by all health facilities by 2014. Successful acceleration of HIV Services in all health facilities on the island by 2014. All pregnant women receiving VCT at initial antenatal visit by 2014 All pregnant women receive VCT services	Annually	PMTCT Committee Health Centre Staff Medical Team Medical team
# of pregnant women offered and accessing VCT at first antenatal visit by December 2014				

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
	monitoring the uptake of HIV counselling and testing in PMTCT - Monitor existing programme to ensure that all antenatal clients are routinely offered HIV test and provided with pre and post-test counselling - Ensure that quality of pre and post-test counselling adhere to established standards - Develop and implement a quality service survey - Make required changes as necessary	Monitoring and evaluation component implemented	Annually	
# of infected infants born to HIV-infected mothers (UNGASS). # of HIV positive infants provided with ARVs according to protocol by 2014 # of infants born to HIV-infected mothers	- Provide short course AZT from 28 weeks with IV or oral intrapartum dosing and single dose NVP with single dose NVP and 1 weeks AZT to the infant; triple therapy based on CD4 count and/or viral load count - Determine infant status using PCR	All HIV positive pregnant women receiving AZT as needed by 2014. Maintain zero incidence of mother to child HIV transmission	Annually	PMTCT Coordinator PMTCT
# of HIV positive mothers provided with follow-up care & support by 2014. # of persons reporting having received risk reduction counselling by 2014 # of persons	Ensure the provision of: - Family planning - Risk reduction counselling - Nutritional counselling - Psychosocial supports - Access to care for the whole family HIV education in clinics. Education re available services.	Monitoring and evaluation system developed Increase in knowledge of available services. Increased use of service.	Annually	Care and Treatment Coordinator

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
showing knowledge of and using the services available by 2014				

PRIORITY AREA I: PREVENTION

GOAL 4: TO IMPROVE ACCESS TO TESTING

Objective 4.1: To establish the infrastructure for efficient VCT & PITC coverage

	Objective 4.1: To establish the infrastructure for efficient VCT & PITC coverage for the population			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Respon sibility**
At least one press release provided to the public per quarter. (Aired, printed, broadcasted) on VCT and the efficacy of anti retroviral therapy annually. # of the general population aged 15-49 receiving HIV test results in the last 13 months (UNGASS)	Develop common messages to promote the benefits and importance of VCT. - Include location of sites where testing is available Train a cadre of counsellors and other health staff for VCT services. Also include staff of private Health facilities - Identify staff to be trained - Determine training needs - Identify training resources - Implement training - Provide periodic staff updates as necessary Monitor performance of trained staff to ensure adherence to standards	At lest one press release related to VCT aired/printed/broadcast per quarter By the end of 2014 an increase of 5o% of the sexually active population seeking testing 100% of persons tested positive for HIV on the island accessing ART Efficient integration of STI & HIV services throughout the island by 2014 Provider initiated testing services (PITS) successfully implemented in Anguilla by 2014 By the end of 2014 at least 8 health facilities providing PICT to the population	Annually	NAC

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
At least one message delivered to the public via the media per quarter, on the efficacy and availability of ARV's and the related services. # of persons accessing VCT due to the know your status campaign	Develop common messages to indicate the efficacy of antiretroviral programmes and the availability of care and treatment services. *Conduct know your status activity*	Residents voluntarily seeking knowledge of their HIV status by 2014	Annually	NAPC
	Evaluate the overall campaign and identify its strengths , weaknesses and strategies for improvement - Develop a VCT/PITC working group to develop and ensure the implementation of a testing plan (membership to include representation from government, PLWHAs, NGOs and Community based stakeholders). - Review and adapt Policy if necessary (consider key issues such as confidentiality; collection, storage and transportation of samples; mandatory testing of insurance clients; procedures for testing 'emancipated' minors without parental consent) - Develop Testing plan Review clinic infrastructure and enhance to provide counselling areas for confidential counselling	Accelerated testing programme fully implemented in all health facilities by 2014	2009-2014 2009-2014	NAPC, VCT team M&E Team HAA NAC HAA M&E team

PRIORITY AREA I: PREVENTION

GOAL 5: TO REDUCE THE PROBABILITY OF POST –EXPOSURE HIV INFECTION AMONG HEALTH CARE PROVIDERS

Objective 5.1: Ensure availability of adequate post-exposure prophylaxis for all health care workers

Objective 5.2: To promote extension of PEP to the private health sector; to the non-health sector including police, firemen, forensic staff and in non occupational settings

		Objective 5.1 Implement PEP programme		
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of health care facilities reporting having received the Post exposure prophylactics policy and plan by the end of 2009 # of cases of occupational exposure documented in facilities annually # of staff trained in PEP protocols annually # of new staff reporting having been exposed to the PEP policy and plan annually # of health care facilities implementing the PEP policy and protocols in their facilities by 2014	Ensure PEP Policy being observed - Finalize and disseminate PEP policy to health care providers - Develop PEP protocol and distribute to health care providers for comments - Modify based on feedback - Train staff on protocol - Ensure sustained supply of ARVs for PEP protocol at health institutions - Document cases of occupational exposure, PEP treatment offered, monitor adherence to the protocol and the outcomes - Monitor and evaluate the implementation of the programme Ensure new staff oriented to PEP and available equipment to reduce occupational exposures. (Sharps containers, gloves, etc.)	100% of Health personnel fully aware of the PEP guidelines. Documentation of occupational exposure. M & E Strengthened Staff adequately trained Units/departments documenting reports and forwarding reports to health information units. Health facilities implementing PEP policy and protocols	2009-2014	HAA/NAC
# of stakeholders reporting use of the	Extend PEP to non – occupational settings (rape,	Stakeholders implementing the PEP	2009-2014	"

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
protocols and accessing information / ARV's annually by 2014	sexual assault) Include PEP in non-occupational settings Provide training Develop linkages/ referral systems to ensure access to ARV's for PEP Monitor implementation			

PRIORITY AREA I: PREVENTION

	Objective 5.2 To promote extension of PEP to the private health sector; to the non-health sector including police, firemen, forensic staff and in non occupational settings			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of private facilities implementing the PEP policy	Extend PEP to private health sector - Distribute PEP Policy and Plan to private health care providers - Provide training - Develop linkage/referral systems to ensure access to antiretrovirals for PEP - Monitor implementation	By 2014 all private facilities have implemented the PEP Policy	2009- 2014	NAC /HAA/ C&T team
# of non health facilities (Police Prison, schools Workplaces) implementing The PEP policy annually by 2014	Promote and extend PEP Policy to non- health care providers: - Distribute PEP Policy and Plan to non- health sector - Provide training - Develop linkage/referral systems to ensure access to antiretrovirals for PEP - Monitor implementation	By 2014 all non health facilities have implemented the PEP policy	2009 - 2014	NAC

PRIORITY AREA I: PREVENTION

GOAL 6: TO IMPROVE THE MANAGEMENT AND CONTROL OF CONVENTIONAL SEXUALLY TRANSMITTED INFECTIONS

Objective 6.1: To increase effective syndromic management and symptomatic treatment of CSTIs

		Objective 6.1: To increase effective syndromic management and symptomatic treatment of CSTIs		
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of STI cases reported in the Health Sector in the last twelve months (both public & private) # of cases identified in the vulnerable groups # of persons who had sex with a non-martial non cohabital partner in the last twelve months # of persons with multiple non-martital non-cohabiting sexual partners in the pass twelve months	Develop system for Surveillance for STIs and determine the extent of the problem. Documentation of cases. Basic research to collect data.	By 2014 the STI HIV AIDS Programme will be able to monitor national trends and more effectively monitor vulnerable groups. Develop a BCC strategy for MSMs and CSWs “	2009 - 2014	Surveillance Officer
# of Health facilities putting services in place to manage and control STIs # of health services having reviewed the gaps within there facilities #of persons trained to manage STIs within health	Review current services and identify gaps, staff, resources, infrastructure, protocols and training needs for improvement as appropriate - Clinic space - Equipment - Additional staff - Training, etc.	Health service strengthened.	Annually	HAA/NAC

PRIORITY AREA I: PREVENTION

GOAL 7: TO PROVIDE A SAFE BLOOD SUPPLY

Objective 7.1: To continue to provide a safe blood supply

	Objective 7.1: To continue to provide a safe blood supply			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of donated blood units screened for HIV in a quality assured manner by 2014 (UNGASS) # number of blood units donated (UNGASS)	With CAREC review the current procedures involved in the delivery of safe blood and identify additional strategies to enhance program Continue the procedures, to enlarge pool of volunteer donors. - Use of screening questionnaire.	all blood units continued to be screened for HIV by 2014 Increase the number of blood donors by 25% over the period 2009-2014	Annually "	LAB
# of staff trained to insure the improvement of the laboratory services	Identify gaps, staff, resources, infrastructure and training needs to improve the current services as appropriate - Clinic space - Equipment - Additional staff - Training, etc.	Continued professional laboratory services	Annually	HAA

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

GOAL 8: TO IMPLEMENT A SYSTEM FOR THE CLINICAL MANAGEMENT AND TREATMENT OF HIV/AIDS

GOAL 9: TO IMPROVE TREATMENT, CARE AND SUPPORT SERVICES IN HEALTH FACILITIES
GOAL 9: TO IMPROVE TREATMENT, CARE AND SUPPORT SERVICES COMMUNITIES

CURRENT SITUATION

The Status of Comprehensive HIV/AIDS Care and Treatment in Anguilla

In a unique arrangement utilizing a public-private partnership, the HIV infected patients are seen by a private doctor who is trained in HIV AIDS management. This service is provided for a significantly reduced fee which is paid by the Ministry of Social Development. If a patient is unable to pay, drugs are provided at the Hospital pharmacy at no cost to the patient.

Laboratory testing is done in St Martin and covered by the Ministry of Social Development when patients are unable to pay. Ancillary services are currently being provided by the National AIDS coordinator and social services. Treatment is available for all who need it and is available to nationals and other residents ("belongers" and "non-belongers"). To increase the up-take of services there is a need to promote the availability of both VCT and HIV Care and Treatment services.

Patients are subject to a needs assessment and if eligible they get full cover, if not, there is partial support to the laboratory fees. Laboratory support is accessed in Guadeloupe via St Martin at a fee of US$150 Viral Load/CD4 test. Antiretroviral drugs are available at a reduced cost Currently there is capacity for treating ten persons. There are three persons currently receiving ARVs through the public-private partnership and 2 others who access treatment abroad but reside on the island. Three persons identified by HIV testing in the government hospital are not in care but receive counselling from health workers in the community.

A number of Community Groups and NGOs were identified which can further support the HIV/AIDS response in Anguilla

- National AIDS Foundation partners the HIV & AIDS programme
- Optimists Club
- Red Cross
- Caribbean Conference of Churches
- National Youth Council focuses on youth issues
- Christian club (ALHCS)
- Youth Ambassadors targets schools with health promotion activities The FATE programme from FPA will focus on youth
- St Vincent de Paul provide care and support
- SDA & Other churches

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

Care and Treatment Targets for 2009-2014

Table 1. Projection for Scaling Up to a National Programme: Numbers of Clients in Treatment and Care and Receiving ARVS

TOTAL PERSONS IN CARE	7	8	6	6	7	7	7	7	8	9

Targets for Patient Care and Treatment, Anguilla 2009-2014

As of December 31st	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Adults on ARV's	5	5	5	5	5	6	6	6	7	7
Adults in care not on ARV's	1	1	1	1	1	1	1	1	1	2
Total adults in care	6	6	6	6	6	7	7	7	8	9
HIV exposed infants in care	0	1	0	0	0	0	0	0	0	0
Children on ARV's	0	1	0	0	0	0	0	0	0	0
Children not on ARV's	0	0	0	0	0	0	0	0	0	0
Total children in care	0	1	0	0	0	0	0	0	0	0
Pregnant women served by the PMTCT	1	1	0	0	1	0	0	0	0	0
Total persons in care	7	8	6	6	7	7	7	7	8	9

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

GOAL 8: TO IMPLEMENT A SYSTEM FOR THE CLINICAL MANAGEMENT AND TREATMENT OF HIV/AIDS

Objective 8.1: Identify treatment services utilizing a public-private partnership to be provided in 2009 -2014 and infrastructure needs
Objective 8.2: Provide laboratory supports; enhance laboratory capacity at Princess Alexandra Hospital
Objective 8.3:% of Pri Develop common protocols for HIV care and treatment services
Objective 8.4: Access antiretrovirals and ensure a continuous supply
Objective 8.5: Decrease the rate of new infections: secondary prevention strategies for PLWHA
Objective 8.6 Develop linkages and referral systems between treatment services, Private physicians, NGOs, CBOs

	Objective 8.1: Identify treatment services utilizing a public-private partnership by 2014

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
# of private – public facilities working together to develop an HIV & AIDS Care & Treatment partnership by 2014. # of stakeholders involved in the review of the local and regional protocols by 2014	Priority areas for 2009-2014 to enhance HIV Care and treatment Services, both inpatient and outpatient to include: • Regional standardization of clinical management as there is much mobility of persons seeking treatment • Review the clinical management protocol for Anguilla to compare with Caribbean regional guidelines. • Develop linkages with trained HIV & AIDS clinicians in neighbouring islands.	By 2014 5 Private-health facilities working with the public sector together to ensure Care and Treatment for all patients AT least 75% of Stakeholders involved in the review of local and regional protocols by 2014.	2009-2014	NAC/HAA/C&T team

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
#of health facilities offering VCT&PICT services in its entirety by 2014	Establish system for "One Stop Shop" for testing and counselling services which will include the provision of HIV pre-and post test counselling, HIV risk reduction, adherence and nutritional counselling. Also counselling to include person's family and support network and referrals.	100% health facilities involved in PITS by 2014.		
# of PLWHA's reporting quality care in private – public health facilities by 2014 Results of Quarterly patient surveys on exit of medical facilities by 2014	**Hospital** **Inpatient service: adults** - Develop ancillary support to current in-patient services - Develop policy on pre-op HIV testing. - Include psycho-social history as part of routine patient data collection - Clinicians to check for HIV result at admission for delivery and if not done or not available, to provide testing and ARV cover before delivery to prevent mother-to-child transmission. - Develop and provide patient exit surveys to give feed back on quality of service rendered **Inpatient: pediatrics** - Ensure availability of pediatric services for HIV exposed and infected infants. - Provide ancillary supports to family **Hospital Out patients**	100% of PLWAs' on treatment reporting quality care by Health Facilities in 2014.	2009- 2014	HAA

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
	• Develop and provide patient exit surveys to give feed back on quality of service rendered • Provide referrals	Effective monitoring tools developed. Improved patient care.		
# of clients knowledgeable of PMTCT policy by 2014 # of clients reporting having received PMTCT information in clinics by 2014 # of Primary Health Care providers trained to recognize HIV and to manage HIV and AIDS by 2014	**Community Clinics** • Implement approved National PMTCT policy • Finalize the procedures for integrating VCT & Provider Initiative Testing & Counselling into the health facilities • Enhance STI/HIV care provided at ALL health facilities …. Need training in syndromic management and standardized protocols, treatment guidelines • Train primary health care providers to recognize HIV and the clinical management of HIV&AIDS • Strengthen existing linkages and provide appropriate additional linkages. • Provide discharge summaries to be handed over to community care level provider.	All clients knowledgeable of the policy by 2014. VCT & PITC integrated into health services. All primary health care providers trained to recognise HIV in the clinical manifestations Existing linkages strengthened. Communication between health care providers strengthened.	Ongoing	HAA/NAC

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

	Objective 8.2: Provide and enhance laboratory supports

INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of clients accessing CD4 and viral load tests by 2014	Access laboratory services for CD4 and viral load - Continue to access from St Martin, current cost $150 USD per person - Continue to provide CBC and biochemistries at Princess Alexandra Hospital - Identify regional services for the diagnosis of opportunistic infections – CAREC (TB samples to St Martin)	HIV Positive persons accessing CD4 and Viral Load	Ongoing testing 2014.	NAC

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

	Objective 8.3: : Develop common protocols for HIV care and treatment

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
Number of consultations with health workers to establish the Care & Treatment protocol.	Establish a protocol committee to review existing treatment protocols and adapt for use at treatment centres. - Make appropriate modifications and circulate for comments - Finalize protocols and disseminate	A generic protocol for the Care & Treatment of persons living with HIV & AIDS established by the end of December 2009	Bi-Annually	NAC
# of practitioners reporting having received HIV training by 2014 # of health professionals reporting having used the protocols by 2014	Introduce protocols into the system - Seek sources of training for all practitioners - Provide local training of practitioners where necessary - Disseminate protocols widely - Review every 1-2 years		1-2 years	MSD

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

		Objective 8.4: Access and ensure a continuous supply of HIV antiretrovirals		
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
Number of people with advanced HIV infection receiving Antiretroviral by 2014 (UNGASS)	✚ Identify gaps and deficiencies in current mechanisms for obtaining ARVs. Provision for accessing second and third line ARVs if necessary. ✚ Identify strategies to enhance system for timely delivery ✚ Estimate annual ARV requirements (by drug type and amount and by treatment centre) ✚ Order ARVs on at least a 3 to 6 monthly basis (ensure at least a 3-month supply always on hand) ✚ Access and utilize pharmaceutical inventory system and implement use to enhance ARV delivery system ✚ Maintain ARV stock for at least 10 patients annually	Maintain continuous availability of ARVs over the period 2009-2014	Annually	MSD Chief Pharmacist & Care & Treatment Coordinator

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

	Objective 8.5: Decrease the rate of new infections			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of prevention strategies used to decrease the rate of new infections .	Integrate prevention services into the scaled up HIV care and treatment services. - Develop policies, procedures and protocols for risk assessment and risk reduction counselling and secondary prevention strategies for risk assessment and risk reduction counselling - Use examples from already existing guidelines and best practices establish guidelines for prevention counselling for PLWHAs	At least one prevention activity per quarter conducted	Annually	NAC HAA MSD
# of persons accessing testing through the know your status initiatives	Provide trained counsellors - Train current staff based on established regional and national protocols - Conduct know your status activities - Encourage populations s to seek testing - Encourage HIV prevention strategies among the	At least 50% increase in the number of persons accessing HIV testing Staff trained in all health facilities to encourage residents to: (a) know their status (b) conduct rapid testing.	Annually	NAC

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
	population through education al activities			
# of most at risk populations reached with HIV prevention programmes (UNGASS) by 2014	✚ Identify suitable individuals for training to support HIV prevention counselling services ✚ Develop & conduct HIV related Education &Training Programme s for at risk populations ✚ Monitor and evaluate the implementation and impact	Cadre of persons trained in HIV prevention counselling. Most at risk groups reached with HIV education training. Improved prevention programmes	Annually	NAC

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

		Objective 8.6: Develop linkages and referral systems between treatment clinics, NGOs, CBOs to integrate prevention, VCT/PICT and Care and treatment of HIV/AIDS		
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of HIV infected pregnant women who continue to receive HIV anti-retrovirals to reduce the risk of mother to child transmission (UNGASS). # of adults continuing to access HIV care through the health services on island by 2014 # of HIV clients accessing counselling through the mental health Unit # of PLWHA referred by clinicians for further investigations to health services on island or overseas by 2014 # of health service providers reporting involvement in the care of infected persons and their families by 2014	Ensure services are available for - HIV Pregnant women - Children with HIV/AIDS - Adults with HIV/AIDS - Clients with mental diseases - Clients with substance abuse problems - Admission to hospitals for acute care - Referrals to outpatient care - Referrals to and from VCT/PICT centres - Referrals to and from STI clinics - Referral for dental care, ophthalmology and surgery - Referrals for x-ray and lab investigations Ensure agreement on referral procedures by all stakeholders and disseminate. Linkages must encompass: - the pharmacy - laboratory - social services - surveillance - nutrition - health information systems - counsellors - mental health - substance abuse - CBOs/NGOs/FBOs - Monitor linkage and referral systems and procedures and modify	All pregnant women tested for HIV over the period 2009-2014 Monitoring & Documentation of use of services & referral system. " " Documentation of participating service providers		HAA/ NAC / MSD

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
	as appropriate			

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

GOAL 9: Provide treatment, care and support services in the health facilities

Objective 9. 1: Test all HIV infected persons for tuberculosis and STIs and manage the co-infected appropriately

Objective 9.2: Provide appropriate clinical management for PLWHA, including antiretroviral therapy

Objective 9.3: To provide nutritional support for PLWHAs

	Objective 9.1: Test all HIV infected persons for tuberculosis and for STIs and manage co-infected appropriately			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of estimated HIV-positive TB cases that receive treatment for TB and HIV (UNGASS) # of HIV + persons tested for TB and STIs # of persons presenting with STI's being treated by 2014	Develop protocols for the management of persons co-infected with HIV and tuberculosis Ensure availability of necessary medications Train staff Treat in collaboration with staff of the "chest" clinic/services Develop and implement protocol for the management of STIs Test all HIV + persons for TB and STI's Treat all STI's presented.	By 2014, 100% of persons tested positive for HIV, tested for TB. All HIV+ persons tested for TB All positive persons presenting with STI's treated	Annually	NAC HAA MSD

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

		Objective 9.2: Provide appropriate clinical management, including antiretroviral therapy to PLWHA		
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of HIV infected clients receiving ARV 's and prophylaxis for opportunistic infections # of HIV positive persons on ARV's reporting having received adherence counselling annually by 2014	Provide effective clinical care for PLWHA - care - Based on established guidelines (per protocol), provide ARV and prophylaxis for opportunistic infections - Monitor clinical, immunological and virological parameters - Provide ongoing adherence counselling for clients on antiretroviral treatment (ART)	100% of HIV positive persons utilising ART and Prophylaxis for opportunistic infections when medically indicated. Adherence counselling for HIV+ persons strengthened	Annually	NAC/clinical care coordinator HAA

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

		Objective 9.3: Provide nutritional support for PLWHAs		
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of HIV + persons accessing nutritional support from the Nutritionist annually by 2014 # of staff members in all health facilities trained in nutritional counselling by 2014 # of HIV + infants receiving supplements annually by 2014 # of nutritional supplements secured annually by 2014	Make provisions for nutritional support for PLWHA in care - Nutritionist to maintain general oversight of and provide technical guidance for nutritional support services - Ensure staff trained to conduct nutritional counselling - Determine nutritional supplements to be provided and ensure adequate supply in stock at all treatment centres (ensure adequate funding budgeted for supplements) - Secure nutritional supplements - Provide NGOs with guidance and support as required	All HIV + persons accessing nutritional support when medically indicated Health team trained in nutritional counselling. HIV+ infants receiving vital supplements, if necessary Availability of nutritional supplements secured.	Annually	NAC Nutritionist
Number of HIV positive persons reporting having received nutritional counselling.	Provide nutritional counselling and provide clients with access to nutritionist and other staff as required	Nutrition service offered to PLWHA monitored.		Nutritionist/ HAA

PRIORITY AREA II: CARE, TREATMENT AND SUPPORT

GOAL 10: Provide treatment, care and support services in communities

Objective 10. 1: To provide timely and appropriate economic and social support for PLWHA and to the affected, including family members, orphans and vulnerable children (OVC)

		Objective 10.1: To provide appropriate economic and social support for PLWHA and to the affected, including family members, orphans and vulnerable children (OVC)		
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of PLWHA assisted in being self reliant in fulfilling their economic needs by 2014 # of PLWHA's provided with assistance in securing employment or involved in their own economic viable activities by 2014	↓ Continue to monitor and address the socio-economic needs of PLWHA and OVC's ↓ Continue to monitor the referral system between government agencies, private practitioners, NGOs & CBOs to provide required social and economic support services ↓ Work with potential employers to facilitate employment opportunities for PLWHA ↓ Convene a meeting to sensitise and educate potential employers of PLWHA, both in the private and public sector ↓ Lobby potential employers of PLWHA on an ongoing basis	All needy OVC and PLWHA provided with appropriate needed support by 2014. PLWHA's gainfully employed	Annually "	DSD / MSD /NAPC "

PRIORITY AREA III: POLICY, ADVOCACY, HUMAN RIGHTS AND REDUCTION OF STIGMA

CURRENT SITUATION

Stigma

- PLWHAs are subjected to stigma and discrimination and stigma is affecting health access, both VCT services and care and treatment. It is also a factor in patients seeking access to care in neighbouring islands.
- As a result medical confidentiality is misinterpreted as medical secrecy.

Legislation

There is no specific HIV anti-discrimination legislation

HIV in Workplace

- No anti-discriminatory laws
- Some companies provide group health insurance and would not hire persons reputed to be HIV positive.

Priority Area III: Policy, Advocacy, Human Rights and Reduction of Stigma

Goal 11: To reduce stigma and discrimination against people living with HIV AIDS

Goal 12: To advocate for continuing commitment and support of the political directorate.

PRIORITY AREA III: POLICY, ADVOCACY, HUMAN RIGHTS AND REDUCTION OF STIGMA

Goal 11: To reduce stigma and discrimination against people living with HIV AIDS

Objective 11.1: To increase acceptance of PLWHAs at all levels of the society
Objective 11.2: To establish systems and instruments to facilitate the observance of PLWHA human rights

	Objective 11.1: To increase acceptance of PLWHAs at all levels of the society			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of employers adopting the National HIV / AIDS workplace policy # of sensitization awareness & skills building sessions held to foster stigma & discrimination free work places by 2014	Work with employers to draft National HIV/AIDS Workplace policy. Encourage workplace education to ensure effective implementation of the policy, stigma-free work environments - Using the ILO Code of Practice, develop guidelines/ recommendations for employers for the creation of HIV/AIDS in the workplace policies and programmes - Ensure adequate sensitization, awareness and skills building to foster stigma and discrimination-free work places - Encourage the inclusion of provisions for HIV/AIDS in collective agreements (based on ILO's Code of Practice) - Implement ongoing employer education and sensitization sessions	At least 75% of employers adopt the National HIV/AIDS Workplace Policy by 2014 At least two workplace education sessions conducted monthly over the period 2009-2014	Annually	NAC MSD

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
# of training and sensitization sessions held to facilitate PLWHA friendly Health Care facilities by 2014	Define criteria for "PLWHA Friendly Health Care Institutions" Facilitate the implementation of "PLWHA Friendly Health Care Institution" policy Train and sensitize health care staff to provide PLWHA friendly care and services Implement staff burn out peer support programme as an essential element of a "PLWHA Friendly Health Care Institution"	At least two sensitization session for health care workers conducted annually over the period 2009-2014	Annually	HAA MSD

	Objective 11.2: To establish systems and instruments to facilitate the observance of PLWHA human rights			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of abuses against PLWHA's and their families documented by 2014 # of PLWHA's reporting incidents of discrimination by 2014 # of PLWHA's reporting cases of abuse by 2014	NAC to maintain oversight of the eradication of HIV/AIDS stigma and discrimination in all its forms Ensure that legal and policy framework to protect PLWHA human rights is in place List in descending order of priority, areas for reform Determine actions and timetable for necessary realizing reform Document reported abuses against PLWHA	Documentation of abuses and action taken	Annually	NAP

PRIORITY AREA III: POLICY, ADVOCACY, HUMAN RIGHTS AND REDUCTION OF STIGMA

Goal 12: To advocate for continuing commitment and support of the political directorate.

Objective 12.1: Advocating for continuing commitment and support of the political directorate

	Objective 12.1: Advocating for continued commitment and support			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of educational sessions held with Politicians and their advisors to discuss HIV/AIDS issues over the period 2009-2014	↓ Continue to keep the political directorate abreast of HIV and AIDS issues. ↓ Provide opportunities for the sensitization and updating political directorate and decision-makers re HIV/AIDS programs and development ↓ Demonstrate need for on-going support and the cost-benefits of current interventions	At least one educational session held with politicians and their advisors conducted annually.	Annually	NAP

GOAL 13: TO MAKE HIV/AIDS A NOTIFIABLE DISEASE
GOAL 14: TO DEVELOP A PARTNER NOTIFICATION AND FOLLOW-UP SYSTEM
GOAL 15: TO STRENGTHEN NATIONAL HIV/AIDS SURVEILLANCE SYSTEM

CURRENT SITUATION

There is limited data to provide estimates of the number of PLWHAs in Anguilla. Government has provided for 10 persons, there are currently 5 on treatment. It is anticipated that with the provision of quality care and treatment services, including VCT in country, more people access care in Anguilla. Proper on-going surveillance is required to provide estimates of PLWHAs for planning and budgeting of HIV care and treatment programmes. HIV/AIDS reporting is also limited from the private sector but there is increasing awareness of its importance. In the public sector as part of the HIV surveillance activity the Surveillance officer visits the laboratory every Monday morning to collect data

Partner Notification

- There is currently no partner notification policy. When developed it should include other STIs in addition to HIV

PRIORITY AREA IV: HIV SURVEILLANCE AND RESEARCH

GOAL 13: TO MAKE HIV/AIDS A NOTIFIABLE DISEASE

Objective 13. 1: To establish a system for the Notification of HIV/AIDS

	Objective 13.1: To develop a partner Notification policy			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
Develop a partner notification policy by 2010	↓ Review policies of other territories ↓ Adopt draft to fit the Anguillian context ↓ Consult with relevant stakeholders ↓ Conduct training in contact tracing	All health care providers fully implementing the partner notification policy by 2011	Ongoing until completion	Surveillance officer

PRIORITY AREA IV: HIV SURVEILLANCE AND RESEARCH

GOAL 14: TO DEVELOP A PARTNER NOTIFICATION AND FOLLOW-UP SYSTEM

Objective 14. 1: To ensure that all contacts are notified and referred for treatment

	Objective 14.1: To ensure that all contacts are notified and referred for treatment			
INDICATORS	**Action Steps**	**Expected Outcomes**	**Time Frame**	**Responsibility**
# of HIV positive persons giving information on their sexual contacts by 2014 # of contacts traced and counselled by 2014	▪ Revise and update Public Health laws to include HIV AIDS notification and reporting. ▪ Develop a HIV and STI policy on partner notification. ▪ Develop procedures for the implementation of the policy	Contact tracing protocol developed by 2014. Contacts traced and appropriate interventions implemented by 2013.	2009-2014	Surveillance Officer Medical Team

PRIORITY AREA IV: HIV SURVEILLANCE AND RESEARCH

GOAL 15: TO STRENGTHEN NATIONAL HIV/AIDS SURVEILLANCE SYSTEM

Objective 15. 1: Strengthen existing surveillance systems to develop a valid system of surveillance, data collection and retrieval

	Objective 15. 1: Strengthen existing surveillance systems to develop a valid system of surveillance, data collection and retrieval

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
# of health facilities contacted for data by 2014	Contact all health facilities on Island re the importance of data collection Develop a data collection procedure for STI's HIV & AIDS information Data collection forms developed Collect data from private and public health facilities re-testing for STI's HIV TB	Communication with private and public health care facilities strengthened Valid system of surveillance Data collection and retrieval developed Collect & current data collected Development of a system for data collection Development of a partner notification policy	On-going " Quarterly "	Surveillance officer

PRIORITY AREA v: PROGRAMME MANAGEMENT

GOAL 16: TO ESTABLISH A MANAGEMENT TEAM WITH A COORDINATOR FOR CARE AND TREATMENT

GOAL 18: TO DEVELOP A MONITORING AND EVALUATION OF CARE AND TREATMENT SYSTEM

CURRENT SITUATION

A full-time national AIDS programme coordinator was appointed in July 2008. In 2008 a programme officer was added to the staff. A PLWHA was employed with the Programme. The programme continues to encounter serious human resource constraints.

PRIORITY AREA v:	PROGRAMME MANAGEMENT

	Objective 16.1: Strengthening and sustain a successful expanded response

Goal 16: To establish a management team for the expanded response.

Objective 16. 1: Strengthening and sustain a successful expanded response

INDICATORS	Action Steps	Expected Outcomes	Responsibility
# of training sessions conducted for the management team # of meetings held by management team annually # of recommendations made by management team annually by 2014	▪ Identify and appoint key members of management team for the expanded response ▪ Develop TOR for the team including reporting ▪ Organagram	Stakeholders actively involved in the encouragement of the development of sector responses. eg. Education, sector, Faith based sector, workplace etc. At least four meetings held per year.	MSD NAP
	(a) Develop and implement capacity building workshops for sectors. (at least 2 workshops per year) (b) Assist sectors to develop Sector plans (c) Create dialogue to promote inclusion of STI HIV & AIDS issues in all	Capacity of Sectors increased, to implement sector initiatives re STI's HIV & AIDS Sector plans developed and implemented by 2014 (at least 3)	Min. of SD&L NAP NAPD

	plans	All sectors equipped with a plan to ensure involvement in the National response. Eg. Faith based, education	

PRIORITY AREA v: PROGRAMME MANAGEMENT

GOAL 17: TO IMPLEMENT THE M & E RECOMMENDATIONS FROM REGIONAL ORGANIZATIONS

	Objective 17. 1: To implement the M & E recommendations from regional organizations.

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
The extent to which the initiatives implemented reached the intended audiences	↓ Develop an M & E plan ↓ Develop process evaluation tool ↓ Develop outcome evaluation tool ↓ Seek assistance from CHRC UNAIDS and CAREC as required ↓ Implement M & E recommendations	Successful implementation of the initiatives Documentation of initiatives implemented and with whom. Knowledge gained on (a) acceptance by the target audience (b) did the target audience get the message (c) changes made to the intended method of implementation. (d) participation level etc. Development of evaluation tools: <u>1. Immediate evaluation</u> Classroom or session level; Knowledge; skills; attitude Continuous assessment of delivery and acceptance of initiatives.	Ongoing	NAPC

INDICATORS	Action Steps	Expected Outcomes	Time Frame	Responsibility
	of CHRC - Implement M&E recommendations from CAREC	2. Long term/medium assessment of initiative. (a) Methodology used (b) process (c) Effectiveness of delivery		

Appendix C

Place detailed budget here

Data Sources

Policy Document: Reducing Mother-to-Child Transmission of HIV in Anguilla

Voluntary Counselling and Testing Policy

National AIDS Programme, Strategic Framework, 2001-2008

World Health Organization: Strengthening Health services to fight HIV & AIDS

United Nations General Assembly Special Session on HIV/AIDS

Monitoring the Declaration of Commitment on HIV? AIDS Guidelines on Construction of Core Indicators

Anguilla Statistics department

Medical Records HAA

Hughes Medical Centre

Atlantic Group- Centre of Medical Excellence

Hodge Medical Services