

NEVIS HIV/AIDS REPORT 2023

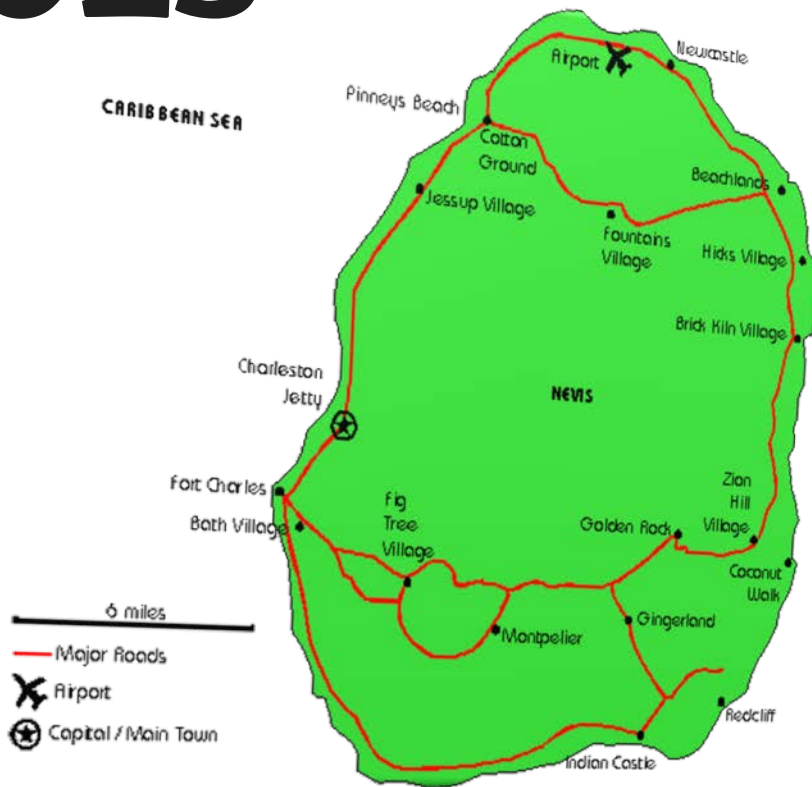


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Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome	NACU	Nevis AIDS Coordination Unit
ANC	Antenatal Client	NAS	National AIDS Secretariat
ART	Antiretroviral Treatment	NGO	Non-Governmental Organization
ARV	Antiretroviral Medicines	NSP	National Strategic Plan
BSS	Behavioural Surveillance Survey	OECS	Organization of Eastern Caribbean States
CARPHA	Caribbean Public Health Agency	PAHO	Pan American Health Organization
CARICOM	Caribbean Community & Common Market	PANCAP	Pan-Caribbean Partnership on AIDS
CCT	Clinical Care Team	PLHIV	People Living with HIV/AIDS
CHD	Community Health Department	PMTCT	Prevention of mother to child transmission
FBO	Faith-Based Organizations	PSI	Population Services International
FHI	Family Health International	SAT	Self-Assessment Tool
GFATM	Global Fund for AIDS, Malaria and TB	SNHAG	Saint Kitts/Nevis HIV/AIDS Group
GoSKN	Government of St Kitts & Nevis	STD	Sexually Transmitted Diseases
HIU	Health Information Unit	STI	Sexually Transmitted Infection
HIV	Human Immunodeficiency Virus	SW	Sex Worker
HMIS	Health Management Information System	TA	Technical Assistance
HSS	HIV Sentinel Surveillance	UNAIDS	Joint United Nations Programme on HIV/AIDS
ILO	International Labour Organisation	UNGASS	United Nations General Assembly Special Session on HIV/AIDS
LMIS	Laboratory Management Information System	UWI	University of the West Indies
KP	Key Population	VCT	Voluntary Counselling and Testing
MOE	Ministry of Education	WB	World Bank
MOH	Ministry of Health	WHO	World Health Organization
MSM	Men who Have Sex with Men		
NACHA	National Advisory Council on HIV/AIDS		

Acknowledgement

This report would not have been possible without the collective efforts and contributions of many. We must express our gratitude and commendations to the Ministry of Health for its unwavering support of this unit and, more importantly, and ultimately the people of Nevis. We are appreciative of all the counsellors, doctors and other practitioners who gather data and formulate that data into information. It is the submission of information to this unit that makes this report possible.

We also recognise our regional partners, including the OECS Regional Coordinating Mechanism (RCM), the OECS Commission, PANCAP, PAHO; and donors like GFATM, just to highlight a few. Additionally, we acknowledge our sponsors here in Nevis and other line ministries for their collaboration with Health Promotion through the years.

The commitment and generosity of all involved have facilitated the collation and compilation of important and life-changing information that will contribute to the improvement of the health services for the people of this island. We welcome comments and recommendations on future reports.

Nadine Carty
Health Promotion Coordinator

Overview

The Nevis HIV/AIDS Coordinating Unit is a sub-division of Health Promotion with special emphasis on HIV/AIDS. This sub-unit focuses on providing specialty services to the general population, directly and indirectly. Many persons would have been reached via the many different programmes that fall under HIV prevention, care and support, and treatment just to mention a few. Nevis is affected by the global HIV/AIDS epidemic, and thus the Government has responded as part of its commitment to the Sustainable Development Goals (SDGs) and is working towards the **95-95-95 targets** set for 2030 by UNAIDS. To manage the HIV response, the unit is guided by five strategic areas:

- Prevention of HIV infection,
- Care, treatment and support for people with HIV and AIDS,
- Advocacy, policy development and legislation, generating,
- Using strategic information, and
- Program coordination and management.



These areas are captured in this annual report, which reflects the successes and weaknesses of the overall programme for the year.

The goal of this report is to generate strategic information for policy makers and programme planners to improve the response and to develop an annual programme report for stakeholders, government, and donors. The overall goal of the HIV/AIDS Coordinating Unit is to reach its dual goals: ⁽¹⁾ to reduce the spread of HIV infection, ⁽²⁾ to reduce the impact of HIV/AIDS on individuals, family, and the community.

HIV/AIDS in Nevis

Nevis is a developing island and forms part of the Federation of St. Kitts & Nevis. Nevis is located in the Caribbean Sea, near the northern end of the Lesser Antilles. It is divided into five (5) parishes, the country has an estimated population of 13, 030.

In Nevis, the first case of Acquired Immune Deficiency Syndrome (AIDS) was diagnosed in 1987. At the end of 2023, a cumulative total of Eighty-seven (87) Human Immunodeficiency Virus (HIV) cases have been reported. Table one (1) shows the distribution of cases in Nevis by gender and table two (2) shows distribution by age range.

Table 1 Cumulative Reported HIV/AIDS Cases by Gender 1987 - 2023

YEAR	GENDER		TOTAL
	MALE	FEMALE	
1987	1	1	2
1989	1	1	2
1990	0	2	2
1991	0	1	1
1992	3	2	5
1993	1	0	1
1994	1	0	1
1995	2	1	3
1996	4	3	7
1997	3	1	4
1998	1	0	1
1999	1	1	2
2000	1	1	2
2001	2	1	3
2002	2	3	5
2003	3	3	6
2004	1	2	3
2005	1	2	3
2006	0	1	1
2007	2	3	5
2008	1	2	3
2009	1	0	1
2010	0	0	0
2011	0	3	3
2012	0	0	0
2013	0	0	0
2014	2	0	2
2015	0	0	0

Table 2 Cumulative Reported HIV/AIDS Cases by Gender 1987 – 2023 cont.

YEAR	MALE	FEMALE	TOTAL
2016	0	1	1
2017	1	0	1
2018	1	1	2
2019	2	1	3
2020	1	2	3
2021	1	1	2
2022	3	1	4
2023	2	1	3
TOTAL	45	42	87

Table 3 Cumulative Reported HIV/AIDS Cases by Age 1987 - 2023

AGE	GENDER		TOTAL
	MALE	FEMALE	
0 - 4	1	2	3
5 - 9	0	0	0
10 - 14	0	0	0
15 - 19	0	1	1
20 - 24	5	2	7
25 - 29	6	4	10
30 - 34	3	9	12
35 - 39	12	4	16
40 - 44	7	4	11
45 - 49	2	6	8
50 - 54	1	2	3
55 - 59	3	3	6
60+	1	1	2
Unknown	3	4	7
TOTAL	45	42	87

The HIV/AIDS epidemic in Nevis is generalized as an HIV prevalence of less than one percent. Since the first case of AIDS was reported in 1987, there has been a decrease in the annual incidence of both HIV cases and AIDS-related deaths in Nevis. Data suggests that, over the past few years, HIV cases are outstanding in the age range 25-49 years.

The major exposure category for HIV-infection in Nevis is heterosexual contact, and the male to female ratio of AIDS cases is currently 1:1, which is consistent with a true heterosexual epidemic where males and females are equally affected.

1.0 HIV/AIDS Activities for 2023

The Nevis HIV/AIDS Coordinating Unit is dedicated to reducing the spread and impact of HIV/AIDS on individuals, families and the community. The purpose of the unit is to develop and implement multidimensional, coordinated strategies to prevent the disease as well as high risk behaviour while effectively using available resources through research, planning, coordination and evaluation. The HIV/AIDS Coordinating Unit is geared towards managing HIV/AIDS holistically. This involves prevention, treatment, care and support, advocacy, surveillance and research and programme coordination and management.

The programme areas, activities/achievements, and key indicators are presented in tabular form.

1.1 Care, Treatment and Support

Background

The aim of the Nevis HIV/AIDS care and treatment programme is to provide comprehensive care, treatment, and support for all People Living with HIV/AIDS which includes psychosocial support, home-based and palliative care, nutrition and adherence counselling, provision of risk reduction strategies, management of opportunistic infections, and free antiretroviral treatment. Treatment for HIV/AIDS is available free of charge. At the end of 2023, we had a total of twenty-one (21) people on register and in care. First and second line HIV/AIDS medications are available for both adults and children.

1.1.1 Care and Treatment

Table 4 Reported Persons in Care and Treatment by Gender

Indicator	Male	Female
Number of persons receiving care	12	9
Number of persons on Antiretroviral treatment (First Line)	10	9
Number of persons on Antiretroviral Treatment (Second Line)	2	0

*Total Medication Dispensed 11,664

Counselling and Testing (C&T)

Background

Counselling and Testing (C&T) for HIV is universally recognized as an effective and important strategy in any response to HIV/AIDS. It plays a vital role in both prevention and care. Persons are made aware of their HIV status, those who are HIV negative can take the necessary precautions as to preserve this status. For those who test positive, they can be referred to appropriate follow-up services where they can access necessary care. For the reporting year, a total of two hundred and ninety-eight (298) counselling and testing sessions were conducted, one hundred and six (106) males, one hundred and ninety-two (192) females.

Of the 298 persons tested and counselled in 2023, 198 of those tests were conducted by the Health Promotion Unit. Persons tested at the Health Promotion Unit completed the client risk assessment as part of the counselling process. Results of this assessment are presented below:

Condom Use

Only 12% of HIV testing clients at the Health Promotion Unit reported using condoms consistently at the time of testing. Meanwhile, 32% reported no condom use at all, and 55% of HIV testing clients reported using condoms inconsistently. These findings indicate a pattern of high-risk sexual behaviour among our HIV testing clients despite ongoing condom distribution and education efforts. However, these findings are important to determining the way forward for prophylaxis promotion and education campaigns. Additionally, the findings support continued justification for the budget allocations for condoms and other prophylaxis-related items.

Multiple partners

Clients were also asked how many sexual partners they had within the 3 months prior to testing. Of the respondents (N=163), 27% reported having more than one partner (N=42), and 10% (n=16) reported having three or more partners.

Testing for Other Sexually Transmitted Diseases

After noticing a lack of testing for sexually transmitted diseases (STDs) other than HIV, we incorporated the question *“Have you been tested for sexually transmitted diseases other than HIV in the past year?”* Of the 100 respondents, 83% answered “no”. This finding raises concerns particularly because, if our current clients who are health conscientious enough to get HIV testing are not prioritizing testing for other STDs, it is a fair assumption that those persons who do not engage in HIV testing are even less likely to seek testing for other STDs. Other STDs increase the likelihood of contracting HIV, so it is imperative that we scale up testing for those diseases. Based on our observations, the major barriers to STD testing appears to be the cost associated with testing, a perceived lack of confidentiality, and the multi-step process required for STD testing.

Other Important Findings

- 11 % of HIV testing clients reported having engaged in transactional sex in the past.
- 9.6% of HIV testing clients reported a history of at least one STD.
- 4 males identified as homosexual, and 2 more males identified as bisexual for a total of 6 reported MSMs.

(Due to the nature of the question, we suspect that these numbers are significantly under-reported.)

Please note: Because the client intake form does not collect identifying information, it was not possible to identify patients who may have been tested more than once. However, most questions asked pertain to the immediate three months prior to testing, so data is not necessarily duplicated.)

1.1.2 Counselling and Testing

Table 5 Number of persons Counselling and Tested 2023

Gender	2022	2023
Male	104	106
Female	178	192
Unknown	0	0
Total	282	298

* The total figure excludes repeat testers.

*36% Males were Counselling & Tested for 2023.

*64% Females were Counselling & Tested for 2023.

*6% Increase compared to last year's counselling & testing total.

1.2 Risk Reduction / Prevention

1.2.1 PMTCT

Table 6 Number of New Antenatal

Indicator	2022	2023
Number of new pregnant woman attended Antenatal clinic in the last 12 months	105	96

Education

Background

Sexual Health Education are conducted in the Primary Schools, Secondary Schools, the Nevis Sixth Form College, Business Establishments and the General Public.

Topics covered for Sexual Health Education for 2023 were Puberty & Abstinence, Understanding HIV/STI's and Making Healthy Sexual Decisions.

Blood Safety

1.2.3 Blood Safety

Table 7 Percentage of Blood Tested

Indicator	2022	2023
Percent of transfused blood units in the public sector screened for HIV	100%	100%

Condom Distribution

Background

Condom distribution and specialized Behaviour Change Communication (BCC) campaigns continues with the aim to increase usage and to reduce incidence. The unit continues to supply health centres, service deliver points and the general public with male and female condoms and lubricants. Information, Education and Communication (IEC) materials were also distributed to the general public.

*1.2.4 Condom Distribution***Table 8 Number of condoms distributed**

Indicator	2022	2023
No. of male condoms distributed	12,008	10,384
No. of female condoms distributed	48	0
No. Of dental dams distributed	0	139
No. Of lubricants distributed	4839	3630
Total Condoms	12,008	10,384

*Condom distribution decreased by 13% in 2023 due to stock out.

2.0 Achievements and Challenges

Achievements

- ✓ Our office is located in Charlestown, in close proximity to the center of the town and the main bus stops. This allows for easy access to our free counselling services. The Unit provides free HIV rapid tests, with clients receiving their results in approximately 20 minutes. If a client tests positive for HIV, a blood sample is drawn and sent to the laboratory for confirmation. The counsellor is responsible for collecting the results, ensuring that the client interacts exclusively with their counsellor.
- ✓ Through our Community Outreach, same day test result activities, we are improving the process of normalizing HIV testing. People view this as an accessible way to receive free and speedy HIV test results. They are assured of privacy and confidentiality and are beginning to view this as a normal approach to screening since we carry out similar exercise when screening for Diabetes and Hypertension.
- ✓ St. Kitts and Nevis continues to maintain its WHO/PAHO validation for the elimination of mother-to-child transmission of HIV and syphilis.
- ✓ The majority of persons on antiretroviral therapy (ARVs) are on first line with a few on second line. We do not have anyone in care that is on third line treatment. This is a great indication of the health of those persons and their adherence to the treatment and care programme. Additionally, there were no stocks out of ARVs from the pharmacy, which is important for ensuring consistent care for persons living with HIV
- ✓ Rapid testing services is available. Tests can be done at three (3) sites, Combermere Health Centre, Charlestown Health Centre and Gingerland Health Centre.
- ✓ The HIV Unit acknowledges the work of partners, service delivery persons, and stakeholders in making the HIV response functional and forward moving in helping to mitigate the spread of HIV and assist persons who are living with or affected by the virus.

Challenges

- Limited IEC material on HIV/AIDS for general distribution.
- Condoms are supplied through the Ministry of Health; however, this can be limiting as funds are not always available to meet the demands of the public.
- There was stock out of condoms in the third quarter hence the decrease in the total condom distribution number.
- Accessing key population is still a major limitation for the HIV Response in Nevis. Strategic interventions must be tailored to reach key populations.

TABLES/CHARTS/FIGURES

Figure 1 shows the total figure for condom distribution over a three-year period.

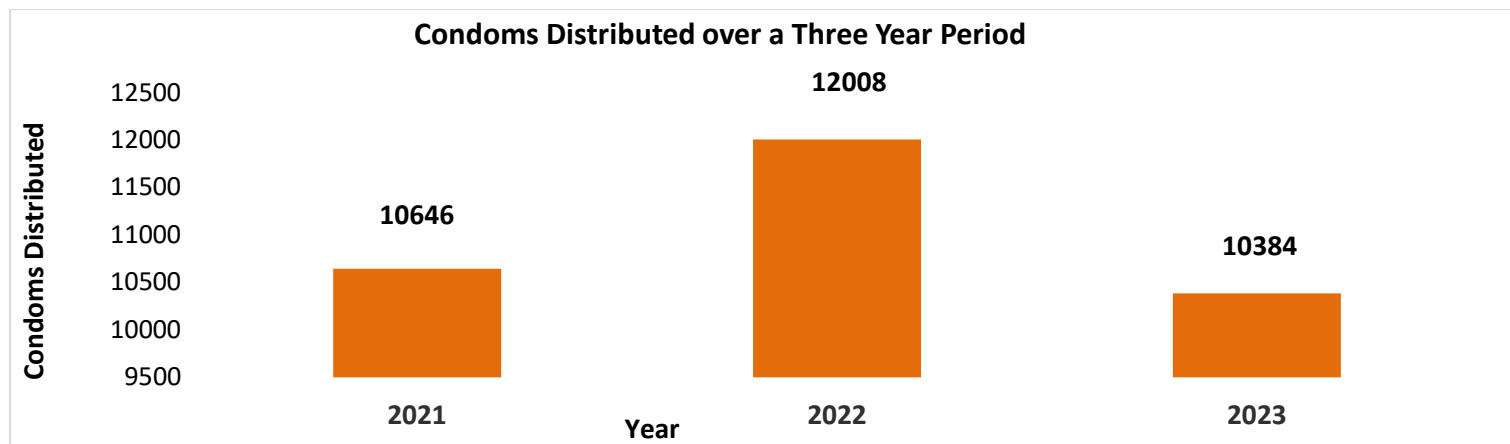


Figure 2 shows no. of VCT clients by gender.

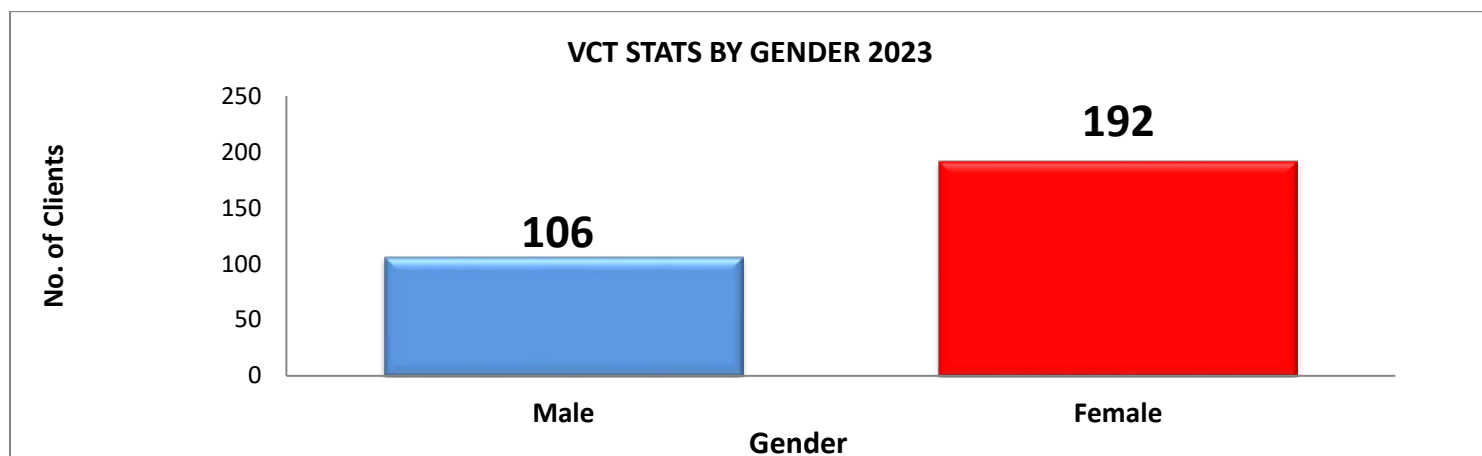


Figure 3 shows no. of VCT clients by Parish.

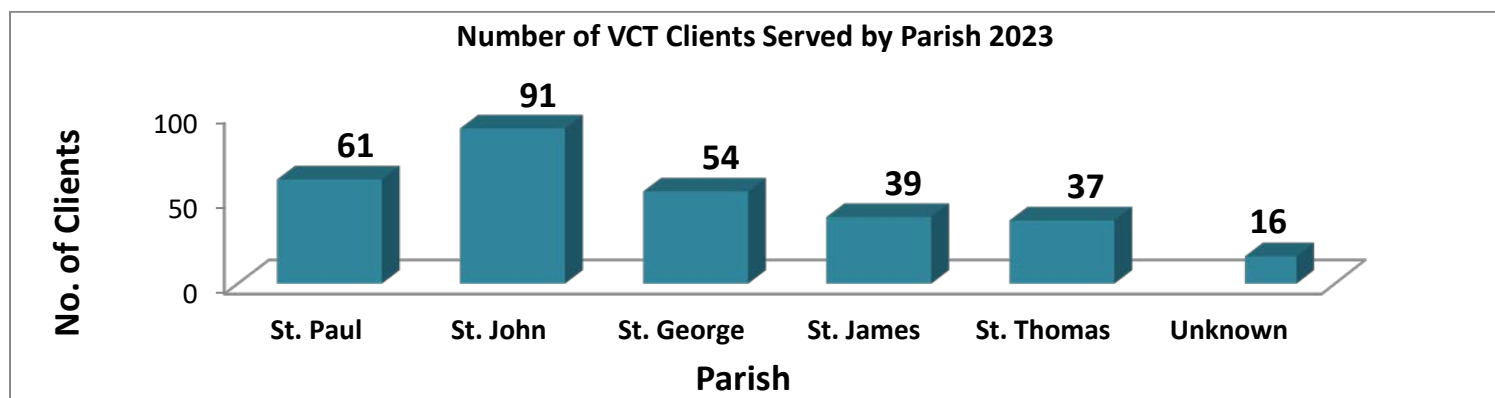


Figure 4 shows no. of VCT clients by Age Range and Sex.

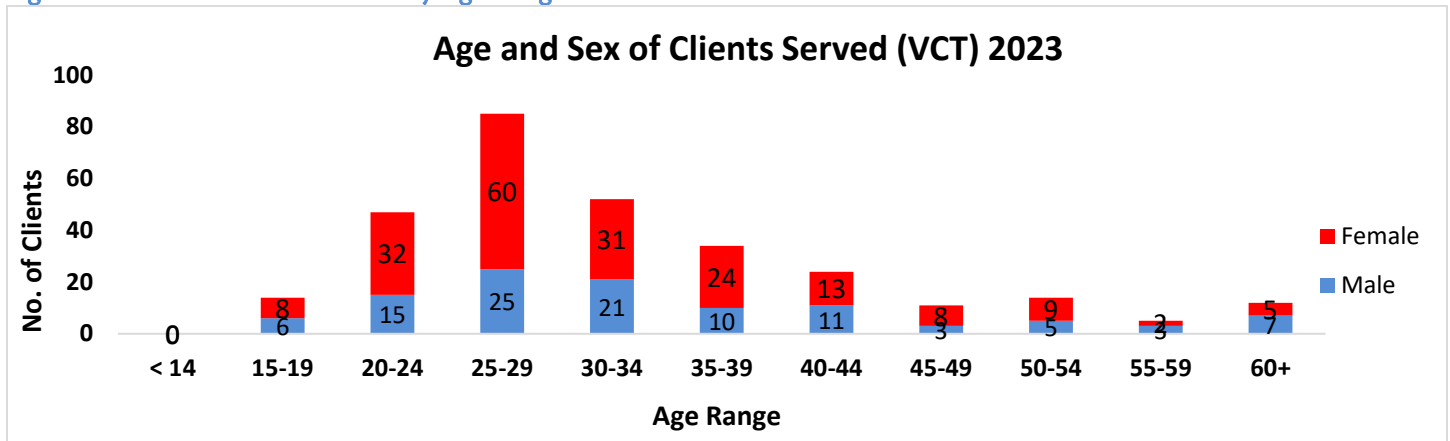


Figure 5 shows VCT Tests done 2019 – 2023

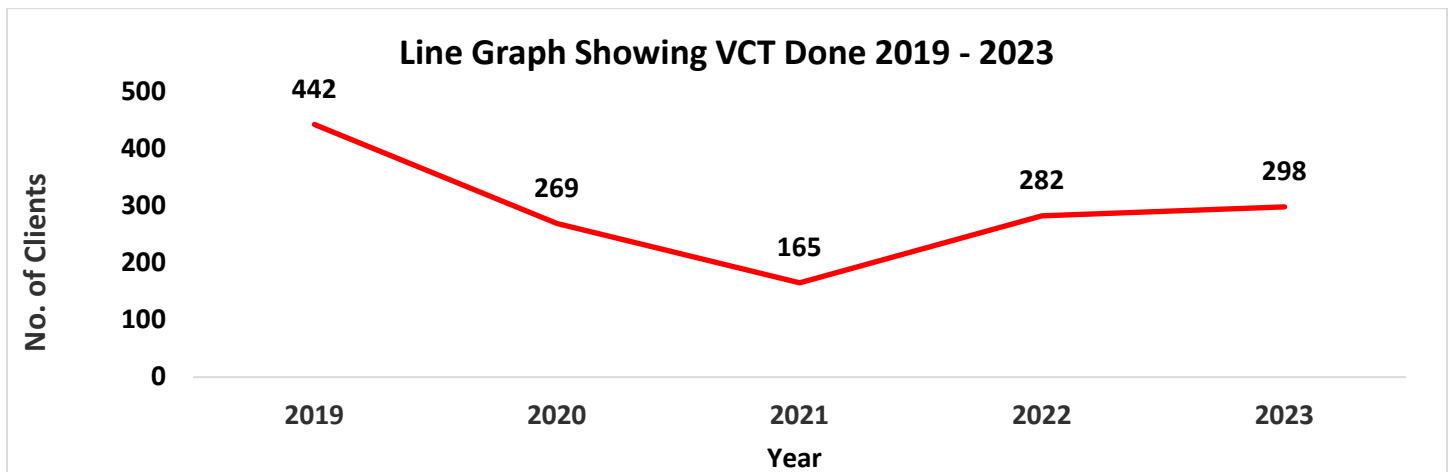


Table 8 shows the total no. of HIV test done over a two-year period.

Number Of HIV Tests Done (Avalon & Alexandra Lab)		
Year	2022	2023
Male	117	118
Female	373	365
Unknown	9	6
Total	499	489

Table 9 the table below shows no. of clients who got an HIV test.

Number of Clients served by Parish per Month , Alexandra Lab 2023							
Month	Parish						Total
	St. Johns	St. George	St. James	St. Thomas	St. Pauls	Unknown	
January	20	2	6	7	5	6	46
February	13	4	5	5	4	2	33
March	12	9	1	6	5	7	40
April	7	5	3	3	2	3	23
May	19	2	1	6	2	11	41
June	11	3	4	4	1	5	28
July	13	8	4	4	5	3	37
August	13	6	9	2	3	2	35
September	12	3	3	8	4	3	33
October	5	3	5	2	3	2	20
November	8	3	1	4	2	3	21
December	12	3	5	4	2	4	30
Total	145	51	47	55	38	51	387

Table 10 the table below shows no. of clients who got an HIV test by Age Range.

Age of clients served, per month, 2023													
Month	<14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+	Unknown	Total
January	0	3	13	10	3	6	5	2	0	2	2	0	46
February	0	2	3	7	8	3	5	1	1	2	1	0	33
March	0	3	9	6	10	4	4	1	1	0	2	0	40
April	0	3	6	7	3	3	1	0	0	0	0	0	23
May	0	4	6	10	9	6	2	0	2	1	1	0	41
June	0	0	9	7	4	5	1	0	1	0	1	0	28
July	1	2	8	5	6	8	2	1	1	0	3	0	37
August	2	4	7	8	3	3	3	1	0	1	3	0	35
September	0	3	2	11	3	11	1	0	0	0	2	0	33
October	1	2	1	5	6	1	0	0	2	0	2	0	20
November	1	1	4	5	5	4	0	1	0	0	0	0	21
December	0	1	4	6	6	9	3	0	0	0	1	0	30
Total	5	28	72	87	66	63	27	7	8	6	18	0	387

Figure 6 shows HIV testing at both Labs 2019 – 2023

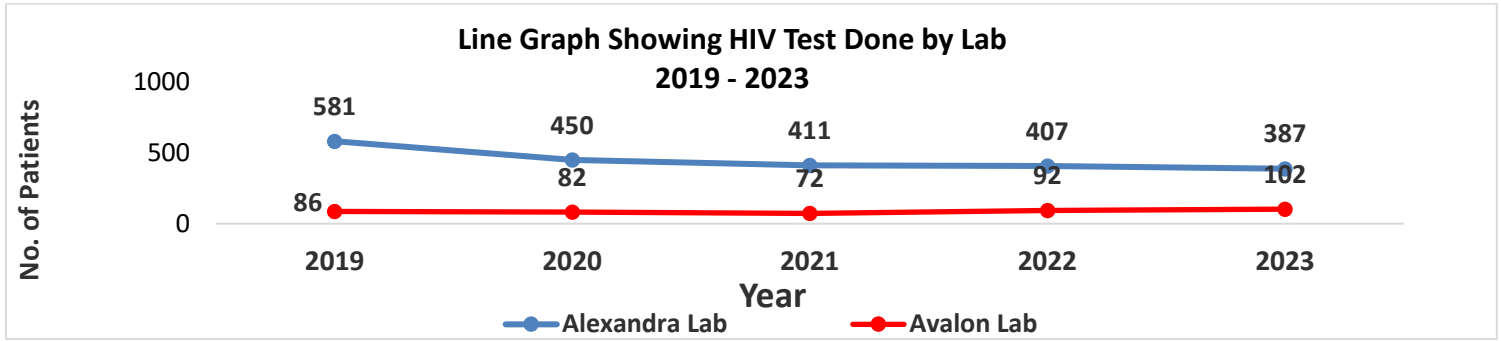


Figure 7 shows the total no. of reported HIV/AIDS cases in Nevis from 1987 – 2023. The lines also indicate the increase or decrease in cases by year and gender.

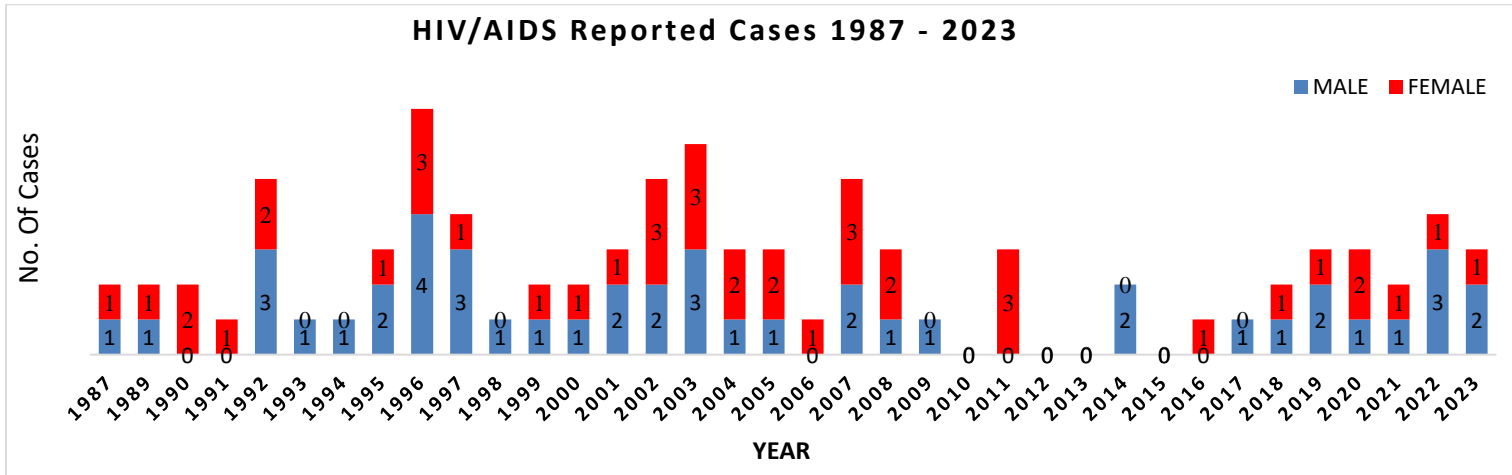
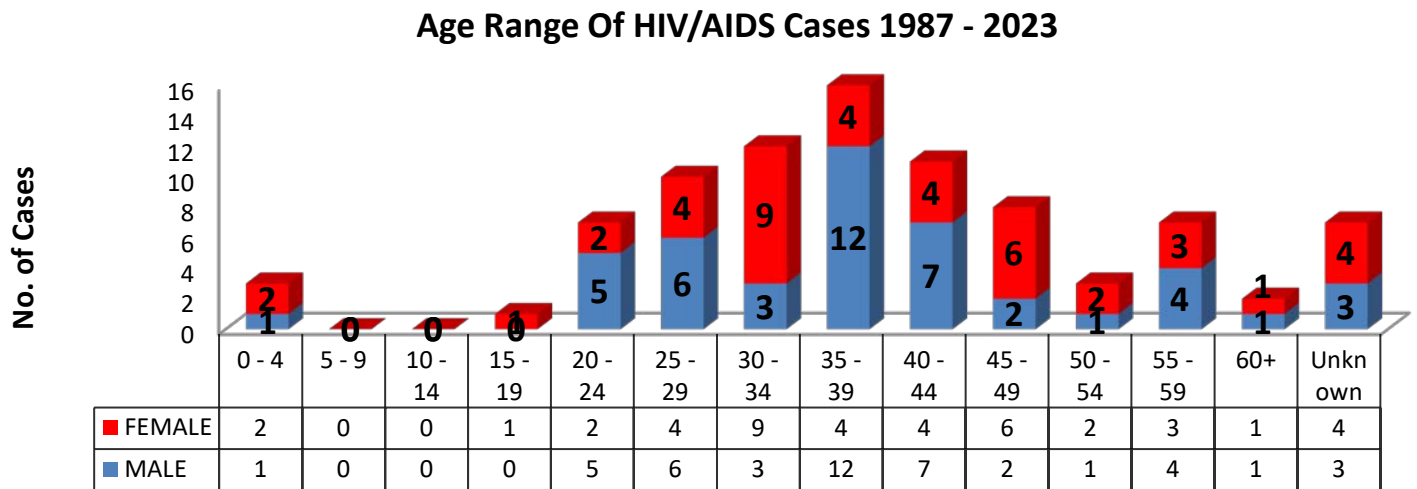


Figure 8 shows the total no. of reported HIV/AIDS cases in Nevis from 1987 – 2023 by Age Range and Gender.



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