SAINT LUCIA

Ministry of Health, Human Services and Family Affairs

The National HIV/AIDS Strategic Plan

2005-2009

The Saint Lucia National HIV/AIDS Strategic Plan 2005-2009

Prepared by

The National Coordinating Committee on HIV/AIDS

Technical Assistance provided by

The Caribbean Epidemiology Centre (CAREC)/PAHO/WHO

September 2003

Acknowledgements

The Saint Lucia Ministry of Health, Human Services and Family Affairs wishes to acknowledge and thank all those who contributed to the development of the Saint Lucia National HIV/AIDS Strategic Plan 2003 – 2008:

- The National Coordinating Committee on HIV/AIDS (NACCHA) for its sterling commitment and tireless efforts to guide the strategic planning process and make this plan a reality
- The HIV/AIDS Secretariat staff who anchored the process
- Participants in the consultation, A Strategic Planning Exercise for a National Response to HIV/AIDS, who shared their insights and experience and ensured that this plan was firmly grounded in the Saint Lucian reality
- Those whose ideas and opinions served to inform the findings of the Situation Analysis and the Response Analysis
- The Caribbean Epidemiology Centre (CAREC)/PAHO/WHO for technical guidance and financial support throughout the entire process
- Nicola Taylor, CAREC/PAHO/WHO, who provided technical guidance and coordinated CAREC's input into the process
- The Centers for Disease Control, Global AIDS Program (CDC/GAP), Caribbean Regional Office, for technical assistance for costing the plan
- CDC/GAP staff:
  - Julia Rehwinkel
- CAREC Consultants:
  - Suzanne D. Burke
  - Ainsley P. Charles
  - Kathleen Allen-Ferdinand
  - Rosalind Saint-Victor

Preface

Saint Lucia does not have a devastating HIV/AIDS epidemic. Not yet. And, we hope, not ever. But every country that is now ravaged by HIV/AIDS was once in our situation. Denial, silence, and inaction have been their undoing. While they were busy keeping quiet and denying the presence of "just a few HIV/AIDS cases," the virus used the shadows and silences to entrench itself within the population. Let us not go blindly down that path.

Now is the time for breaking the silence. This is the time for coordinated and concerted action to ensure that HIV/AIDS never ever has a chance to ravage St Lucia.

This Saint Lucia National HIV/AIDS Strategic Plan 2003-2008 is the blueprint for action over the next five years. It is OUR national plan. Not the just government's, or the AIDS Secretariat's. It belongs to all St Lucians and it is vitally important for each of us – each individual, each office, each sector and community to take ownership and active responsibility for the implementation of this plan.

And while we are at it, let us also remember our brothers and sisters who are living with HIV/AIDS. Sadly, because of the stigma and discrimination that we, as a nation, have brought to bear on PLWHA, they are not free to disclose their status; nor to enjoy fully the basic rights guaranteed all Saint Lucians under our constitution.

Let us all, within the framework of this strategic plan, work together to eradicate HIV/AIDS from our nation and, at the same time, reach out with care, treatment and support for those infected with or affected by HIV.

The Honourable Damian Greaves
Minister of Health, Human Services and Family Affairs
September 2003

Table of Contents

Executive Summary

The Saint Lucia National HIV/AIDS Strategic Plan 2005 – 2009 is the guiding framework for the country's response to the HIV/AIDS epidemic over the five year period commencing in September 2005.

The Plan is the product of a strategic planning process (SPP) which included an in depth scrutiny of Saint Lucia's HIV/AIDS situation and response and consultations on the way forward by a broad and representative cross section of the nation's HIV/AIDS stakeholders from varying sectors and levels within the society.

The National Coordinating Committee on HIV/AIDS (NACCHA), under the guidance of the National HIV/AIDS Programme Director, led the strategic planning process. Technical assistance came from the Caribbean Epidemiology Centre (CAREC)/PAHO/WHO.

The Strategic Framework is the core foundation of the Plan. It consists of a Goal Statement and four broad Strategies, with each Strategy being further broken down into Priority Areas and Key Elements. These are as follows:

The Strategic Goal

Over the five year period, 2005-2009, the Government and people of Saint Lucia aim to reduce HIV transmission and to mitigate the impact of HIV and AIDS on all levels of the society.

The Broad Strategies, Priority Areas and Key Elements

Four broad strategies define the Strategic Plan. As expected, these represent the areas deemed to be of highest priority for the country. They are also closely aligned with the Priority Areas of the Pan-Caribbean's Regional HIV/AIDS Strategic Framework. These strategies, together with their respective Priority Areas and Key Elements, are presented following:

First Strategy: Advocacy, Policy Development

PRIORITY AREA 1.1: ADVOCACY, POLICY AND LEGISLATION
Key Element 1.1.1: Advocacy Key Element 1.1.2: National HIV/AIDS Policy Key Element 1.1.3: Political Commitment
PRIORITY AREA 1.2: SOCIOECONOMIC DEVELOPMENT
Key Element 1.2.1: Poverty Reduction
PRIORITY AREA 1.3: HUMAN RIGHTS
Key Element 1.3.1: Protecting the Human Rights of PLWHA

Second Strategy: Comprehensive HIV/AIDS care for all persons living with HIV/AIDS

PRIORITY AREA 2.1: TREATMENT, CARE AND SUPPORT
Key Element 2.1.1: Guidelines and Protocols Key Element 2.1.2: Scaled UP HIV/AIDS Care and Support Key Element 2.1.3: Home and Community-Based Psychosocial Care
PRIORITY AREA 2.2: ELIMINATION OF STIGMA AND DISCRIMINATION
Key Element 2.2.1: Workplace Interventions Key Element 2.2.2: Community Interventions Key Element 2.2.3: Health Care System Interventions

Third Strategy: Preventing further transmission of HIV

PRIORITY AREA 3.1: SERVICES
Key Element 3.1.1: Prevention of Mother-to-Child Transmission (PMTCT) Key Element 3.1.2: Voluntary Counselling and Testing (VCT) Key Element 3.1.3: Sexually Transmitted Diseases
PRIORITY AREA 3.2: SPECIALLY TARGETED GROUPS
Key Element 3.2.1: Youth In and Out of School Key Element 3.2.2: Vulnerable Groups

Fourth Strategy: Strengthening national capacity to deliver an effective, coordinated and multi-sectoral response to the epidemic

PRIORITY AREA 4.1: RESEARCH AND SURVEILLANCE
Key Element 4.1.1: Strengthening Capacity of the Surveillance Unit Key Element 4.1.2: Monitoring the HIV/AIDS Situation
PRIORITY AREA 4.2: INSTITUTIONAL STRENGTHENING AND MANAGEMENT
Key Element 4.2.1: Empowering NACCHA Key Element 4.2.2: Multi-sectoral Coordination and Collaboration

The Cost

The estimated cost of financing the programmes delineated in this National HIV/AIDS Strategic Plan over the next five years is US $ 5,119,299. A breakdown of costs by major budget lines is provided following:

PROGRAMME AREA	ESTIMATED COST US DOLLARS
Commodities	895,316
Care, Treatment & Support	1,296,791
Surveillance, Monitoring & Evaluation	877,834
Laboratory	513,123
Training & Prevention	327,994
Programme Support	1,208,240
FIVE YEAR TOTAL	**$5,119,299**

Section

1

Introduction

What is the National HIV/AIDS Strategic Plan 2005-2009?

This Saint Lucia National HIV/AIDS Strategic Plan 2005 – 2009 is the guiding framework for the country's response to the HIV/AIDS epidemic over the five year period commencing in September 2005. It sets the parameters and standards for action and is designed to stimulate, guide and unite all St. Lucians in an urgent effort to prevent further spread of HIV and to mitigate the impact of the epidemic on their society at all levels - be it personal, community or national.

The Strategic Planning Process (SPP)

The plan is the product of a strategic planning process (SPP) which included an in-depth scrutiny of Saint Lucia's HIV/AIDS situation and response and consultations by a broad and representative cross section of the nation's HIV/AIDS stakeholders.

The aim of this approach was to ensure:

- that the plan would be targeted exactly at the factors fuelling the epidemic *in St Lucia, at this time*;
- that the SPP would benefit from the first hand insight and expertise of the wide array St. Lucians working against HIV/AIDS;
- that the involvement of the HIV/AIDS stakeholders, including people living with HIV/AIDS (PLWHA), would stimulate consensus and partnership around the strategic actions that the country *must* undertake over the next five years; and
- that each and every citizen would be galvanised into action.

The National Coordinating Committee on HIV/AIDS (NACCHA), under the guidance of the National HIV/AIDS Programme Director, led the strategic

planning process. Technical assistance for the SPP was made available by the Caribbean Epidemiology Centre (CAREC)/PAHO/WHO.

At key junctures in the process, a wide spectrum of St Lucians was consulted. Those consulted included HIV/AIDS stakeholders (Appendix II) from varying sectors and levels within the society; from non-governmental organisations (NGOs), faith-based organisations (FBOs) and government ministries; representing people living with HIV/AIDS (PLWHA), the mass media and young people; and from different parts of the country.

Special mention is due the St Lucian mass media which kept the SPP in the forefront of the nation's attention over a prolonged period. This should serve to stimulate nationwide ownership and action against HIV/AIDS.

Steps in the SPP

The SPP consisted of two distinct steps each inextricably linked to the other, but markedly separate nonetheless. During the first phase, in November 2001, a situation analysis and a response analysis (SARA) were conducted. The SARA sought to identify the major characteristics of the epidemic in Saint Lucia and to examine the effectiveness of national actions to counter it. The SPP's second phase was the plan formulation stage. This extended through May - July 2003.

STEP 1: The Conduct of the Situation and Response Analyses

Data for the situation analysis and response analysis derived primarily from a review of epidemiological data, a qualitative analysis of positions, policies and programmes of government ministries and departments and of other identified HIV/AIDS stakeholders in Saint Lucia. Interviews and focus group discussions involving a wide cross section of stakeholders, along with a review of available secondary materials, constituted the primary data gathering tools.

The situation analysis sought to put the epidemic in its social, economic and cultural context and to determine its precise characteristics with questions such as the following:

- Who was infected or vulnerable to HIV infection? Where were they? In what numbers?
- What were the immediate circumstances/behaviour that brought about that vulnerability?
- What were the underlying causes – social, economic and cultural conditions – that promoted that vulnerability?

The response analysis examined the country's overall response to the epidemic and asked:

- What were the key characteristics of the national response to HIV/AIDS?
- Did the response tackle the roots of the HIV/AIDS situation?
- Did the response take opportunities and obstacles into consideration?
- What were the strengths and weaknesses in the response? Its gaps?

The principal SARA findings are presented in Section 2 of this document.

STEP 2: Formulating the National HIV/AIDS Strategic Plan

The central activity in this phase was a two-day consultation, A Strategic Planning Exercise for a National Response to HIV/AIDS, 29-30 May 2003. More than eighty participants (Appendix II) deliberated on the SARA findings and then, against that backdrop, formulated the essential components that would comprise the framework for the new strategic plan.

Of special significance was the participation of the Minister for Health, Human Services and Family Affairs, the Honourable Damian Greaves. He attributed much importance to the exercise and stayed on long after the Opening Ceremony and the keynote address he had delivered. He participated actively in the first half-day's deliberations and challenged participants to define precisely what they expected from the political directorate. The Honourable Minister also stressed the need for more sociological research into the underlying determinants of HIV vulnerability among youths and he pledged to facilitate informed decision making in respect of HIV/AIDS legislation.

Over the two-day period, the multi-sectoral, multidisciplinary group of participants in the Strategic Planning Exercise brought their insights and experience to bear on the SARA findings. They considered the salient features of Saint Lucia's HIV/AIDS epidemic, as well as the strengths, weaknesses and gaps in the national response to it. Then, through a process of reflection, analysis and much discussion, they articulated the Priority Areas for action and Key Elements that would later be translated into the National HIV/AIDS Strategic Plan for 2005 - 2009. This May 2003 consultation was the focal point of the plan formulation phase. But, it did not stand alone. There were two other in depth consultations with NACCHA and another with a small cross section of stakeholders.

The first of the NACCHA sessions preceded the Strategic Planning Exercise. The focus was on defining the expectations, goals and procedures for the SPP and addressing the logistics of the exercise. The second NACCHA meeting and the second session with stakeholders, a small group this time, were painstakingly detailed exercises dedicated to vetting the draft strategic plan and ensuring that the document remained true to the deliberations and conclusions that led to its formulation.

After the SPP, Implementation

The strategic planning process, including the formulation of the plan, is important. But, this is just a beginning; a first step in the strategic management of the HIV/AIDS epidemic. Implementation of the plan, accompanied by monitoring and evaluation, is key. After the SPP then, the challenge is to ensure that every sector, every ministry, every stakeholder becomes well acquainted with the strategic plan and plays a part in implementing it.

Section

2

HIV/AIDS in Saint Lucia

Excerpts from HIV/AIDS in Saint Lucia: A Situation and Response Analysis (Burke and Reid, 2002) answering the questions: What is the HIV/AIDS situation? What is fuelling the epidemic? How effective is the response?

The picture of HIV/AIDS in Saint Lucia is a sketchy one. Some of the precise epidemiological details that are necessary for targeted strategic planning were not forthcoming during the Situation Analysis. That lack of information, which resulted in a spare portrait of the epidemic, was in itself a telling comment on the country's response to HIV/AIDS. It indicated the need for stronger infrastructure and systems to manage, monitor and keep the epidemic in check. This was later highlighted many times over during the Response Analysis. As a result, one of the four strategic focuses of the new plan is strengthening the management structure and systems for the delivery of an effective, coordinated and multi-sectoral response to the epidemic.

Following is the picture of the HIV/AIDS situation and the country's response to it, as determined by the Situation Analysis and Response Analysis.

The HIV/AIDS Profile

Saint Lucia's HIV prevalence rate is estimated at 0.12%. This puts it at low end of the scale among Caribbean nations. Heterosexual transmission accounts for 25% of all reported cases. However, in the vast majority of reported cases, the mode of transmission is unknown.

➲ **The most vulnerable group for HIV infection is the age group 25-34 years of age.** They accounted for a total of 32.5% of all infections, with men accounting for 31% and women 34% of the infected. There is now almost an equal HIV prevalence between the sexes, a marked difference from when the disease first started and males were more affected than females.

➲ **The most vulnerable group for AIDS disease are males between the ages of 35-44.** This group has also shown a higher trend in progressing from HIV to AIDS.

➲ **Females in the age group 25-34 years are the most dominant group in terms of both HIV (29%) and AIDS (34%).**

➲ **The fatality case ratio is high and measured 8.6% between 1995 to 1999.** In terms of gender, more men have died over the period 1985 – 2001 than women. But the trend in the last ten years has been towards a higher mortality among women than among men.

Structural and Behavioural Determinants of the Epidemic

It was found that the persons with the highest rates of HIV/AIDS were not those normally identified as engaging in high risk behaviour such as commercial sex workers, drug users and men who have sex with men**.** Rather, heterosexual adults have registered the highest rate of infection.

➲ **There is a large discrepancy between the cultural, moral and religious beliefs and the actual sexual practices of the sexually active population in Saint Lucia.**

➲ **Gender inequities at all levels of the society predispose women to the disease.** This includes cultural practices such as multiple partnering among men, age mixing and low levels of condom use. When these practices are considered within the context of women's poor sex negotiation skills, their limited access to information on sex and HIV/AIDS, and their high levels of economic dependency and poverty, it is no surprise that they are rendered more at vulnerable to the disease.

➲ **The traditional mores that inform child-rearing make it difficult for many parents and adults to communicate about sexuality and safe sex practices with young men and women.** This situation is further exacerbated by low levels of programming aimed at young people and the use of IEC modalities that do not match their tastes and interests.

The Response

While the state has developed and implemented various programmes to prevent the spread of HIV/AIDS, these have still not been successful enough in sufficiently raising the profile of the disease in the minds of the general public. The interventions do not form a part of a cohesive framework of activities. They also lack adequate resources, continuity and coverage.

In addition:

- **The state has not generally moved quickly enough in terms of mobilizing all sectors of government to come together to fight the disease.** In the main, HIV/AIDS still remains the purview of the Ministry of Health, Human Services and Family Affairs. Moreover, partnering with NGOs and the private sector has not been an active strategy that is pursued.

- **The level of political commitment and leadership at the various levels of government has been generally low.**
- **Efforts to mitigate the impact of the epidemic have not been sustained over time.** The numerous prevention mechanisms that have been established since 1988 have been piecemeal, lack cohesion and have generally been short term.
- **The surveillance system is not a completely effective mechanism for determining the epidemiology of the epidemic.** The Epidemiology Unit lacks the resources, technology and buy-in from key stakeholders. As such, information emanating from this Unit has not been as accurate, timely and relevant as is required for an effective response to the epidemic.
- **The allocation of resources has not matched the growing needs of the response to the epidemic.** The government has not been able to mobilize adequate financial or human resources. Expenditure on HIV/AIDS is critically low.
- **HIV/AIDS programmes have not addressed all the specificities of the national epidemic.** While interventions have generally focussed on young men and women and the general public, programmes targeting highly vulnerable populations are non-existent. Furthermore, programmes still tend to be highly centralized. This affects the timeliness and appropriateness of responses at the community levels.
- **National mobilization efforts have not been very effective in achieving buy-in from key sectors.** Efforts to include the church, the private sector and other members of civil society must be intensified and expanded.
- **Entrenched social and cultural mores and values encourage the spread of the epidemic and mitigate the impact of prevention interventions.** The issue of condomisation, for example, clearly illustrates how cultural beliefs hamper prevention efforts. The current response is ambivalent because of the highly polarized views that co-exist among secular and non-secular segments of the population.
- **Prevention programmes have not been very successful in effecting behaviour change.**

Section

3

The Strategic Framework

Guiding Principles, Goal, Broad Strategies and Institutional Framework

The values and assumptions which underpin the Strategic Framework for St Lucia's HIV/AIDS response during 2003-2008 are those enshrined in the nation's constitution, in the Principles of the Ethical Practice of Public Health and in the various international conventions to which the country subscribes, including The Universal Declaration of Human Rights. The Framework's immediate context is that defined by the country's HIV/AIDS situation, the response to date and the shortcomings which must be addressed for that response to be effective.

The Guiding Principles

The Principles which frame St Lucia's response to the HIV/AIDS epidemic in 2005-2009 are as follows:

- All persons have been endowed equally by God with inalienable rights and dignity (Constitution of Saint Lucia, 1978);
- Everyone has the right to work; to free choice of employment, to just and favourable conditions of work and protection against unemployment (The Universal Declaration of Human Rights, 1948);
- Public health policies, programmes and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members (Public Health Leadership Society, 2002);
- Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public (Public Health Leadership Society, 2002);

- Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all (Public Health Leadership Society, 2002).

The Strategic Goal

Over the five year period, 2003-2008, the Government and people of Saint Lucia aim to reduce HIV transmission and to mitigate the impact of HIV and AIDS on all levels of the society.

The Broad Strategies, Priority Areas and Key Elements

Four broad strategies define the Strategic Plan. As expected, these represent the areas deemed to be of highest priority for the country. They are also closely aligned with the Priority Areas of the Caribbean Regional Strategic Framework. These strategies, together with their respective Priority Areas and Key Elements are presented following:

First Strategy: Advocacy, Policy Development

PRIORITY AREA 1.1:	ADVOCACY, POLICY AND LEGISLATION
Key Element 1.1.1:	Advocacy
Key Element 1.1.2:	National HIV/AIDS Policy
Key Element 1.1.3:	Political Commitment
PRIORITY AREA 1.2:	**SOCIOECONOMIC DEVELOPMENT**
Key Element 1.2.1:	Poverty Reduction
PRIORITY AREA 1.3:	**HUMAN RIGHTS**
Key Element 1.3.1:	Protecting the Human Rights of PLWHA

This First Strategy singles out three Priority Areas for action.

- **Advocacy, Policy and Legislation:** This first Priority Area addresses the need for an informed, proactive and supportive political directorate. It seeks to ensure that the country's political leaders are kept aware of the implications of HIV/AIDS for the future of Saint Lucia and are updated at regular intervals on relevant national and international developments and issues. It also targets the enactment of a national HIV/AIDS policy and the allocation adequate funds for HIV/AIDS programming.

- **Socioeconomic Development:** The second Priority Area speaks to the need for poverty to be addressed as an underlying determinant of the epidemic. Studies will be undertaken to determine and document the interaction between HIV/AIDS and poverty. As well, HIV/AIDS issues will be integrated into debt relief negotiations and poverty reduction strategies.

- **Human Rights:** The third Priority Area targets the enactment of legislation to protect the human rights of PLWHA.

Second Strategy: Comprehensive HIV/AIDS care for all persons living with HIV/AIDS

PRIORITY AREA 2.1: TREATMENT, CARE AND SUPPORT
Key Element 2.1.1: Guidelines and Protocols Key Element 2.1.2: Scaled UP HIV/AIDS Care and Support Key Element 2.1.3: Home and Community-Based Psychosocial Care
PRIORITY AREA 2.2: ELIMINATION OF STIGMA AND DISCRIMINATION
Key Element 2.2.1: Workplace Interventions Key Element 2.2.2: Community Interventions Key Element 2.2.3: Health Care System Interventions

The Second Strategy, Comprehensive HIV/AIDS care for all PLWHA, has two major Priority Areas for action:

- **Treatment, Care and Support:** The first Priority Area delineates plans for scaling up HIV/AIDS care and treatment, including the delivery of free antiretroviral therapy, treatment for opportunistic illnesses and psychosocial support for PLWHA and their significant others.

- **Elimination of Stigma and Discrimination:** The second Priority Area highlights the need for a more compassionate environment for PLWHA and their significant others. Stigma and discrimination negatively affect both Care and Prevention programmes. In this instance, the issue is being addressed within the context of Care and Support because the emphasis is on creating a caring and supportive environment for the PLWHA, one which would facilitate adherence to positive living and to antiretroviral therapy. Of course, irrespective of where it they are located, programmes addressing stigma and discrimination will benefit both Care and Prevention efforts. The workplace, community and health care system have been singled out for specific attention because those are the frontline points of interaction for PLWHAs and also the areas where they most frequently encounter acts of stigma and discrimination.

Third Strategy: Preventing further transmission of HIV

PRIORITY AREA 3.1: SERVICES
Key Element 3.1.1: Prevention of Mother-to-Child Transmission (PMTCT) Key Element 3.1.2: Voluntary Counselling and Testing (VCT) Key Element 3.1.3: Sexually Transmitted Diseases
PRIORITY AREA 3.2: SPECIALLY TARGETTED GROUPS
Key Element 3.2.1: Youth In and Out of School Key Element 3.2.2: Vulnerable Groups

The Third Strategy has two Priority Areas for action. These are as follows:

- **Services:** This Priority Area targets the services that must be implemented if the spread of the epidemic would be curtailed. Free and accessible PMTCT and VCT programmes will be introduced and the STI services enhanced.

- **Specially Targetted Groups:** The second Priority Area focuses on risk reduction programmes for vulnerable groups. Some of the groups that have been singled out for attention are youths, both in and out of school; tourism sector workers, commercial sex workers (CSWs), and persons with one or more STIs.

Fourth Strategy: Strengthening national capacity to deliver an effective, coordinated and multi-sectoral response to the epidemic

PRIORITY AREA 4.1: RESEARCH AND SURVEILLANCE
Key Element 4.1.1: Strengthening Capacity of the Surveillance Unit Key Element 4.1.2: Monitoring the HIV/AIDS Situation
PRIORITY AREA 4.2: INSTITUTIONAL STRENGTHENING AND MANAGEMENT
Key Element 4.2.1: Empowering NACCHA Key Element 4.2.2: Multi-sectoral Coordination and Collaboration

This Strategy, Strengthening national capacity to deliver an effective, coordinated and multi-sectoral response to the epidemic, has been subdivided into two Priority Areas.

- **Research and Surveillance:** This Priority Area proposes actions to strengthen and improve Saint Lucia's capacity to carry out epidemiological surveillance and to track the impact of the HIV/AIDS response on the epidemic.

- **Institutional Strengthening and Management:** The second Priority Area deals with improving NACCHA's capacity and ensuring that it has an adequate staff and financing to coordinate the national HIV/AIDS response effectively. This Priority Area also details plans for mainstreaming HIV/AIDS programmes in sectors other than health and for coordinating that widened response effectively.

The Institutional Framework

The Institutional Framework for the delivery of the HIV/AIDS Strategic Plan is itself one of the areas targeted for further development under the plan.

The National Coordinating Committee on HIV/AIDS (NACCHA) was established in 2003 to advise and support the AIDS Secretariat. Both the Secretariat and NACCHA are located within the Ministry of Health, Human Services and Family Affairs (MOH). However, their purview extends beyond that Ministry to encompass oversight of the full national response.

Under this Strategic Plan, the intention is to revisit the current structures so as to strengthen the management and coordination of the HIV/AIDS response nationally and within the Ministry of Health. The following are envisioned:

- A well coordinated multi-sectoral response, facilitating meaningful and informed involvement of a wider range of partners, including key ministries, NGOs, CBOs, the private sector and faith-based organisations
- A clearly identified organizational structure with well defined roles and responsibilities – coordinating and implementing roles and responsibilities clearly differentiated and allocated
- A strong secretariat at national level, with resources sufficient to the task at hand – well trained staff in adequate numbers and better financed
- A stronger, more realistically financed and staffed programme to guide and implement the response of the Ministry of Health, Human Services and Family Affairs
- Stronger and tangible leadership and financial allocations on the part of the country's political directorate.

Section

4

The Cost

What will it cost to implement this plan?

The cost of implementing the programmes outlined in this Strategic Plan over the stipulated five year period has been calculated at approximately EC$ 13,908,620 (US$5,119,298).

Following is a breakdown of that cost by major lines and by year and calculated in US dollars.

The Cost Breakdown

YEAR	Medications and Commodities	Treatment and Support	Surveillance	Laboratory	Training & Education	Programme Support	TOTAL
2003/4	179,862	239,133	174,375	84,168	122,825	223,727	**1,024,090**
2005	140,529	253,186	168,558	98,980	99,913	232,166	**993,332**
2006	163,019	257,782	175,641	99,878	39,481	241,111	**976,912**
2007	189,868	267,954	175,650	109,666	34,156	250,593	**1,027,887**
2008	222,038	278,736	183,609	120,432	31,619	260,643	**1,097,077**
TOTAL	**895,316**	**1,296,791**	**877,833**	**513,124**	**327,994**	**1,208,240**	**5,119,298**

Section

5

The National HIV/AIDS Strategic Plan Matrix 2005-2009

Strategic Goal:

Over the five year period, 2005-2009, the Government and people of Saint Lucia aim to reduce HIV transmission and to mitigate the impact of HIV and AIDS on all levels of the society.

FIRST STRATEGY: ADVOCACY, POLICY DEVELOPMENT AND LEGISLATION

PRIORITY AREA 1.1:	ADVOCACY, POLICY AND LEGISLATION
Key Element 1.1.1:	Advocacy
Key Element 1.1.2:	National HIV/AIDS Policy
Key Element 1.1.3:	Political Commitment
PRIORITY AREA 1.2:	**SOCIOECONOMIC DEVELOPMENT**
Key Element 1.2.1:	Poverty Reduction
PRIORITY AREA 1.3:	**HUMAN RIGHTS**
Key Element 1.3.1:	Protecting the Human Rights of PLWHA

FIRST STRATEGY: ADVOCACY, POLICY DEVELOPMENT AND LEGISLATION

Priority Area 1.1: Advocacy, Policy and Legislation
Key Element 1.1.1: Advocacy

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
1.1.1.1 HIV/AIDS advocacy continued among the political directorate on an ongoing basis	1) Communication mechanisms established to link national HIV/AIDS programme with highest level political directorate by March 2006 2) Beginning in March 2006 and continuing, national political leaders publicly and consistently acknowledge the importance of HIV/AIDS issues	➲ Conduct at least one sensitisation and awareness session annually for national leaders ➲ Enable informed decision making through regular quarterly HIV/AIDS briefings for political directorate ➲ During 2005-2009, maintain sustained lobbying among the national leadership in regard to critical HIV/AIDS concerns	**National AIDS coordinating body and its operational arm** (to be established) **National AIDS coordinating body and its operational arm** (to be established) **National AIDS coordinating body and its operational arm, AIDS Action Foundation (AAF), Tender Loving Care (TLC), the mass media**, NGOs and the faith-based sector

FIRST STRATEGY: ADVOCACY, POLICY DEVELOPMENT AND LEGISLATION

Priority Area 1.1: Advocacy, Policy and Legislation
Key Element 1.1.2: National HIV/AIDS Policy

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
1.1.2.1 National HIV/AIDS policy being used to guide national response to the epidemic	1) By June 2006, national HIV/AIDS policy statement ratified 2) By September 2006, details of National HIV/AIDS policy statement widely known by key HIV/AIDS stakeholders and the public 3) By September 2006, national HIV/AIDS policy statement being used to guide the national response to the epidemic	➲ Approve national HIV/AIDS policy statement ➲ Disseminate and publicise popular version of national HIV/AIDS policy statement widely throughout the nation ➲ Monitor awareness of national policy statement and its use in guiding responses to the epidemic by stakeholders	**National policy makers with leadership from the Minister of Health**, **National AIDS coordinating body and its operational arm** (to be established) **National AIDS coordinating body and its operational arm**, Political leaders, the mass media **National AIDS coordinating body and its operational arm** and the Surveillance and Epidemiology Unit

FIRST STRATEGY: ADVOCACY, POLICY DEVELOPMENT AND LEGISLATION

Priority Area 1.1: Advocacy, Policy and Legislation
Key Element 1.1.3: Political Commitment

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
1.1.3.1 Commitment to an effective national HIV/AIDS response demonstrated at the highest political level	1) By 2009, HIV/AIDS integrated into national development plan 2) By 2009, government's allocation for HIV/AIDS increased to at least 1% of the national budget	➲ Implement programme to facilitate the integration of HIV/AIDS issues into the National Development Plan ➲ Make realistic budgetary allocations for the HIV/AIDS response	The national AIDS coordinating body and its operational arm (to be established) The national AIDS coordinating body and its operational arm, the Minister of Health and the Political Leadership

Priority Area 1.2: Socioeconomic Development
Key Element 1.2.1: Poverty Reduction

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
1.2.1.1 The interplay between HIV/AIDS and poverty documented	1) By January 2007, findings of studies showing the interaction between HIV/AIDS and poverty in St Lucia published and disseminated	➲ Conduct studies to determine: ▪ the impact of HIV/AIDS on current and projected poverty reduction efforts ▪ the relationship between poverty and vulnerability to HIV infection and the influence of gender on both ▪ the contribution that successful HIV prevention and care could make towards fighting poverty	**National AIDS coordinating body and its operational arm, the Surveillance and Epidemiology Unit** with Ministry of Finance, International Financial Services, Economic Affairs and Information
		➲ Brief the political directorate on the HIV/AIDS and poverty studies' findings	**National AIDS coordinating body and its operational arm**
		➲ Disseminate the findings of the studies	**National AIDS coordinating body and its operational arm**
1.2.1.2 HIV/AIDS mainstreamed into poverty reduction strategies	1) By 2006 budget exercise, steps taken to integrate HIV/AIDS into poverty reduction strategies	➲ Cost the National HIV/AIDS Strategic Plan and include same within the Medium Term Expenditure Framework and in the national budget	**NACCHA** with Ministry of Finance, International Financial Services, Economic Affairs and Information (MOF)
		➲ Include HIV/AIDS concerns prominently in debt relief negotiations	National AIDS coordinating body and its operational arm and the MOF

FIRST STRATEGY: ADVOCACY, POLICY DEVELOPMENT AND LEGISLATION

Priority Area 1.3: Human Rights
Key Element 1.3.1: Protecting the Human Rights of PLWHA

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
1.3.1.1 Instituting legislation and policy to protect human rights of people living with HIV/AIDS and their significant others in Saint Lucia	1) By mid 2007, legal and policy measures to guard the human rights of all PLWHA and their significant others in place 2) By 2009, 50% decrease in reported human rights abuses towards PLWHA and their significant others	➲ Convene a NACCHA subcommittee to address stigma and discrimination in all its forms ➲ Carry out baseline study on human rights abuses against PLWHA and their significant others ➲ Monitor and maintain a record of abuses against PLWHA ➲ Prioritise areas for reform together with actions and timetable for realizing same ➲ Undertake legal reform to protect the human rights of PLWHA and their significant others	**National AIDS coordinating body** (to be established), TLC, AAF, NGOs, FBOs **Operational arm of the national AIDS coordinating body**, **Surveillance and Epidemiology Unit**, TLC, Stigma and Discrimination Subcommittee **Operational arm of the national AIDS coordinating body, TLC** **Office of the Attorney General, National AIDS coordinating body and its operational arm**, the Bar Association, Stigma and Discrimination Subcommittee **Minister of Health, Parliament, Office of the Attorney General**, National AIDS coordinating body and its operational arm

SECOND STRATEGY: COMPREHENSIVE HIV/AIDS CARE FOR ALL PLWHA

PRIORITY AREA 2.1:	TREATMENT CARE AND SUPPORT
Key Element 2.1.1:	Guidelines and Protocols
Key Element 2.1.2:	Scaled UP HIV/AIDS Care and Support
Key Element 2.1.3:	Psychosocial Care
PRIORITY AREA 2.2:	**ELIMINATION OF STIGMA AND DISCRIMINATION**
Key Element 2.2.1:	Workplace Interventions
Key Element 2.2.2:	Community Interventions
Key Element 2.2.3:	Health Care System Interventions

SECOND STRATEGY: COMPREHENSIVE CARE FOR ALL PLWHA

Priority Area 2.1: Treatment, Care and Support
Key Element 2.1.1: Guidelines and Protocols

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
2.1.1.1 OECS HIV/AIDS care and treatment guidelines and protocols adapted for Saint Lucia	1) National HIV/AIDS treatment and care guidelines and protocols in use and guiding service delivery	➲ Facilitate the adaptation of the OECS HIV/AIDS Care and Treatment guidelines and protocols for the St Lucian context ➲ Orient staff, as relevant, to St Lucia's Care and Treatment guidelines and protocols	**Ministry of Health, NACCHA**, Medical and Dental Association, CAREC **Ministry of Health, AIDS Secretariat**, NACCHA, CAREC

SECOND STRATEGY: COMPREHENSIVE CARE FOR ALL PLWHA

Priority Area 2.1: Treatment, Care and Support
Key Element 2.1.2: Scaled Up HIV/AIDS Care and Support

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
2.1.2.1 Scaled up HIV/AIDS care and treatment, including antiretroviral therapy (ART) available	1) By December 2009, scaled up HIV/AIDS care and treatment services, including ART, available in all health districts	➲ Assess situation and develop plan for phased HIV/AIDS care and treatment scale up	**Ministry of Health,** Private Physicians, TLC, CAREC, PAHO/WHO, WJClinton Foundation
		➲ On a phased basis, beginning with sites - private and public - already offering ART, prepare for scaling up ART: ▪ sites ▪ equipment ▪ pharmacy stocks ▪ multidisciplinary teams (including training and team building for clinical, pharmacy, lab, nutrition, counsellors, psychosocial and ancillary staff) ▪ the PLWHA community and their significant others ▪ the public ▪ the entire health care system	**Ministry of Health, AIDS Secretariat**, NACCHA, TLC, private physicians, CAREC, PAHO/WHO, WJClinton Foundation
		➲ Implement scaled up HIV/AIDS care and treatment, including ART	**Ministry of Health, private practitioners (clinical and psychosocial teams)**

SECOND STRATEGY: COMPREHENSIVE CARE FOR ALL PLWHA

Priority Area 2.1: Treatment, Care and Support
Key Element 2.1.3: Home and Community-Based Psychosocial Care

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
2.1.3.1 PLWHA peer support groups strengthened and available	1) By December 2006, all known PLWHA and their significant others have ready access to peer support groups	➲ Provide training and ongoing guidance for the strengthening of PLWHA support groups in numbers and in the quality of their programmes	**Ministry of Health, TLC**
2.1.3.2 Quality home and community based programmes providing care and support to PLWHAs and their significant others	1) By 2008, at least one effective community and home based care programme in operation in each health district	➲ Facilitate the implementation of effective home and community based care programmes for PLWHAs in # sites in # districts	**Ministry of Health, NACCHA**, Faith based sector, NGOs
2.1.3.3 Programme for support to HIV/AIDS orphans and vulnerable children established	1) % HIV/AIDS orphans and vulnerable children (OVC) receiving psychosocial support	➲ Develop and maintain register of HIV/AIDS orphans ➲ Institute a programme to provide care and support for needy HIV/AIDS OVC	**Social Service** **Social Service, NGOs**

SECOND STRATEGY: COMPREHENSIVE CARE FOR ALL PLWHA

Priority Area 2.2: Elimination of Stigma and Discrimination
Key Element 2.2.1: Workplace Interventions

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
2.2.1.1 Employers and employees observing the right of PLWHAs and their significant others to humane treatment	1) By 2009, 50% decrease in reported workplace abuses against PLWHAs and their significant others	➲ Publicise the relevant legislation and policy widely within the workplace sector and among the public ➲ Sensitise and train workplace representatives to facilitate adherence to the legislation and policy ➲ Monitor workplace adherence to legislation and policy	**Operational arm of national AIDS coordinating body** (to be established), Labour Unions, Chamber of Commerce, Attorney General's Office **Operational arm of national AIDS coordinating body**, Bureau of Health Education **Operational arm of national AIDS coordinating body**, AAF, Stigma and Discrimination Subcommittee

SECOND STRATEGY: COMPREHENSIVE CARE FOR ALL PLWHA

Priority Area 2.2: Elimination of Stigma and Discrimination
Key Element 2.2.2: Community Interventions

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
2.2.2.1 The general public observing the human rights of PLWHA and their significant others	1) By 2009, 50% decrease in recorded human rights abuses against PLWHAs and their significant others by members of the public	➲ Implement an ongoing multifaceted advocacy and awareness building programme among the public to combat stigma and discrimination in all its forms ➲ Monitor public treatment of PLWHAs and significant others	**National AIDS coordinating body and its operational arm** (to be established), **Stigma and discrimination sub-committee, TLC**, mass media **Stigma and discrimination sub-committee, TLC,** mass media

SECOND STRATEGY: COMPREHENSIVE CARE FOR ALL PLWHA

Priority Area 2.2: Elimination of Stigma and Discrimination
Key Element 2.2.3: Health Care System Interventions

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
2.2.3.1 "PLWHA Friendly Health Care Institution" Policy in place	1) By the end of 2009, at least 50% of all health care institutions observing "PLWHA Friendly Health Care Institution" Policy	2) Define criteria for "PLWHA Friendly Health Care Institution" 3) Advocate among Ministry of Health directorate for adoption of "PLWHA Friendly Health Care Institution" policy 4) Facilitate the implementation of "PLWHA Friendly Health Care Institution" policy	**Ministry of Health, NACCHA,** Stigma and Discrimination Sub-Committee, TLC **Ministry of Health, NACCHA**, Stigma and Discrimination Sub-Committee, TLC **Ministry of Health, NACCHA**, Stigma and Discrimination Sub-Committee, TLC
2.2.3.2 Health care system addressing burn-out among HIV/AIDS staff as an integral part of PLWHA Friendly initiative	1) By the end of 2006, programme in place to prevent burn out among health care system HIV/AIDS staff	➲ Introduce staff burn out programme as an essential element of a "PLWHA Friendly Health Care Institution"	**Ministry of Health, NACCHA, Nursing Department**

THIRD STRATEGY: PREVENTING FURTHER TRANSMISSION OF HIV

PRIORITY AREA 3.1:	SERVICES
Key Element 3.1.1:	Prevention of Mother-to-Child Transmission (PMTCT)
Key Element 3.1.2:	Voluntary Counselling and Testing (VCT)
Key Element 3.1.3:	Sexually Transmitted Diseases
PRIORITY AREA 3.2:	**SPECIALLY TARGETTED GROUPS**
Key Element 3.2.1:	Youth In and Out of School
Key Element 3.2.2	Vulnerable Groups

THIRD STRATEGY: PREVENTION OF FURTHER TRANSMISSION OF HIV

Priority Area 3.1: Services
Key Element 3.1.1: Prevention of Mother-to-Child Transmission (PMTCT)

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
3.1.1.1 Free PMTCT and PMTCT Plus services integrated into all public and private antenatal services	1) By December 2006, all pregnant women routinely counseled and screened for HIV status without charge	➲ Integrate comprehensive PMTCT interventions into all existing public sector antenatal services throughout the country	**Ministry of Health** with guidance from NACCHA
	2) By December 2006, all HIV+ mothers-to-be provided with free and complete treatment and guidance for PMTCT	➲ Ensure comprehensive PMTCT interventions integrated into private antenatal services	**Private sector physicians, Ministry of Health** with guidance from NACCHA
	3) By December 2006, all clinically ready HIV+ antenatal clients referred for post delivery antiretroviral treatment (PMTCT Plus)	➲ Implement system for referring all clinically ready HIV+ mothers-to-be for post delivery PMTCT Plus	**Ministry of Health**

THIRD STRATEGY: PREVENTION OF FURTHER TRANSMISSION OF HIV

Priority Area 3.1: Services
Key Element 3.1.2: Voluntary Counselling and Testing

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
3.1.2.1 Free VCT services available in at least one primary health centre in every health region throughout the country	1) By January 2008, at least one primary health care facility in each health region staffed with adequately trained VCT counselors and offering free VCT services 2) From January 2006, all VCT services meet the minimum national and regional standards for quality	➲ Introduce free VCT services in at least one primary health centre in all health regions ➲ Ensure that VCT service delivery and staff meet at least the minimum regional and national standards for effective VCT services ➲ Implement a public education and awareness programme on the value of knowing one's HIV status and where to access VCT services	**Ministry of Health**, AAF, NACCHA **Ministry of Health,** NACCHA **Bureau of Health Education, AIDS Action Foundation, NACCHA, TLC, Mass Media**

THIRD STRATEGY: PREVENTION OF FURTHER TRANSMISSION OF HIV

Priority Area 3.1: Services
Key Element 3.1.3: Sexually Transmitted Infections (STIs)

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
3.1.3.1 Accessibility of STI services improved	1) STI services available in at least one Primary Health Care Centre in each district by the end of 2007	➲ Make STI services more accessible by integrating them into at least one PHC Centre in each health district	**Ministry of Health**
	2) By 2009, 50% increase recorded among clients with one or more STIs who sought treatment for STIs within the previous six months	➲ Improve accessibility of STI services by subsidizing private sector physicians for treating public sector clients within their private practice	**Ministry of Health, Private Physicians**
		➲ Publicise the availability of free STI services	**STI Services, Bureau of Health Education, Mass Media**
3.1.3.2 STI clients throughout the public and private health care system appropriately diagnosed and treated	1) By 2009, at least 75% of STI clients at selected public and private health care facilities receive appropriate care and treatment for their condition	➲ Ensure that newly introduced STI sites meet at least minimum national and regional standards for STI treatment and care	**Ministry of Health, STI Services**
		➲ Monitor all STI sites – public and private - for adherence to standards for client satisfaction	**Ministry of Health, AIDS Secretariat, STI Services**

THIRD STRATEGY: PREVENTION OF FURTHER TRANSMISSION OF HIV

Priority Area 3.2: Specially Targetted Groups
Key Element 3.2.1: Youth In and Out of School

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
3.2.1.1 All primary, secondary and tertiary level students participating in upgraded and gender-sensitive Life Skills and HIV and STI prevention education	1) Beginning in 2006, at least 3 teachers per school receive refresher training at least once annually to increase their capacity to address HIV/AIDS issues and the upgraded Life Skills curriculum effectively 2) By September 2009, 50% of all primary, secondary and tertiary level students receive upgraded Life Skills and HIV and STI prevention instruction at least twice monthly 3) From 2006, all instruction in Life Skills and HIV and STI prevention promote sexual responsibility among both males and females and address gender issues	➲ Conduct gender-sensitive Human Sexuality, Life Skills and HIV and STI prevention refresher training for all teachers and principals, as appropriate ➲ Upgrade tertiary level FLE curriculum to include gender-sensitive information and skills targeting the prevention of HIV and STI transmission ➲ Continue regular implementation of gender-sensitive FLE/Life Skills curriculum at primary, secondary and tertiary levels	**Ministry of Education in collaboration with the Bureau of Health Education** **Ministry of Education in collaboration with the Bureau of Health Education** **Ministry of Education in collaboration with the Bureau of Health Education**

THIRD STRATEGY: PREVENTION OF FURTHER TRANSMISSION OF HIV

Priority Area 3.2: Specially Targetted Groups
Key Element 3.2.1: Youth In and Out of School

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
3.2.1.2 Peer education programmes for school-based and community-based youth strengthened	1) Peer education programmes in and out of school upgraded to include strong HIV/AIDS/STI prevention and care emphasis by end of 2006	➲ Peer educators in all districts receive refresher training to enable them to deliver accurate, gender sensitive and effective support for HIV/AIDS/STI prevention and care	**Ministry of Youth, Ministry of Education and Health Education, Ministry of Social Transformation, community-based youth groups**
	2) By 2009, all youth both in and out of school have access to at least one peer education programme in every district	➲ Publicise peer education programmes widely among youth	**Peer Educators, Mass Media, Bureau of Health Education, Ministry of Education, Ministry of Youth, Ministry of Social Transformation**
3.2.1.3 Parents empowered to communicate with their children (both female AND male) on Life Skills and HIV/AIDS/STI issues	1) By 2009, 25% more parents expressing comfort with educating their children on Life Skills and HIV/AIDS/STI	➲ Conduct baseline survey in targeted sites to determine parent and child satisfaction with parent/child communication on Life Skills and HIV/AIDS prevention and care issues	**Health Education, Ministry of Education**, Faith-based Sector, Parent groups, youth groups
	2) By 2009, 25% increase in youth expressing satisfaction with parental communication on Life Skills and HIV/AIDS/STI	➲ Train parents to communicate effectively with their children, both female AND male, about Life Skills, HIV/AID/STI issues	**Bureau of Health Education, Ministry of Education, Faith-based Sector, AIDS Secretariat,** Parent/teacher groups, youth groups

THIRD STRATEGY: PREVENTION OF FURTHER TRANSMISSION OF HIV

Priority Area 3.2: Specially Targetted Groups
Key Element 3.2.2: Vulnerable Groups

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
3.2.2.1 Commercial sex workers (CSWs) targeted with HIV and STI prevention programme	1. 50% increase in CSWs reporting consistent condom use	➲ Continue condom distribution and HIV and STI prevention education among CSWs ➲ Establish special STI strategy for CSWs	**STI Services,** Bureau of Health Education, NGOs **STI Services**, NGOs and NACCHA
3.2.2.2 HIV and STI prevention programme within the tourism sector strengthened	1) By 2009, at least 50% businesses in the Tourism industry with workplace policies and programmes for aggressive HIV and STI prevention education among staff	➲ Encourage and facilitate implementation of tourist sector HIV and STI prevention and condom distribution programmes	**Operational arm of the national AIDS coordination unit (to be established), Ministry of Commerce, Tourism, Investment and Consumer Affairs**
3.2.2.3 Workplace HIV/AIDS and STI prevention programme for the uniformed services and taxi drivers strengthened	1) By 2009, all uniformed services and taxi drivers' associations implementing workplace prevention programmes 2) 30% increase in reported safer sex practices among uniformed services personnel and taxi drivers	➲ Facilitate strengthening of workplace prevention programmes for uniformed services and taxi drivers	**Bureau of Health Education, the Uniformed Services, Taxi Drivers' Associations**

THIRD STRATEGY: PREVENTION OF FURTHER TRANSMISSION OF HIV

Priority Area 3.2: Specially Targetted Groups
Key Element 3.2.2: Vulnerable Groups

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
3.2.2.4 Public awareness HIV and STI prevention programme continued	1) By 2009, at least 30% of respondents demonstrate knowledge of HIV and STI prevention methods 2) By 2009, at least 30% of respondents report adhering consistently to safer sex methods	➲ Continue mass media HIV/STI prevention programmes	**Bureau of Health Education,** National AIDS coordinating body and its operational arm, Government Information Service and NACCHA, Mass Media
		➲ Continue HIV/STI prevention programmes via radio and other culturally appropriate oral media for non-literate and/or creole-speaking segments of the population	**Bureau of Health Education,** National AIDS coordinating body and its operational arm, Government Information Service and NACCHA, Mass Media
3.2.2.5 Community-based HIV and STI prevention programmes for women and girls strengthened	1) By 2007, leaders of community groups catering to women and girls in all districts trained to deliver knowledge, skills and attitudinal based HIV and STI prevention programmes 2) From 2007 onwards, community groups catering to women and girls monitored at least once annually and provided with refresher training to ensure continued capacity to deliver effective HIV and STI prevention programmes for their membership	➲ Implement training to empower groups catering to women and girls to enable their constituents to reduce their vulnerability to HIV and STI transmission	**Gender Affairs, Bureau of Health Education**, NGOs
		➲ Monitor at least once annually the quality of HIV and STI prevention programmes provided by community groups catering to women and girls	**Gender Affairs, Bureau of Health Education**
		➲ Provide HIV and STI prevention refresher training for leaders of community groups catering to women and girls	**Gender Affairs, Bureau of Health Education**

FOURTH STRATEGY: STRENGTHENING NATIONAL CAPACITY TO DELIVER AN EFFECTIVE COORDINATED MULTISECTORAL RESPONSE

PRIORITY AREA 4.1:	RESEARCH AND SURVEILLANCE
Key Element 4.1.1:	Strengthening Capacity of the Surveillance Unit
Key Element 4.1.2:	Monitoring the HIV/AIDS Situation
PRIORITY AREA 4.2:	**INSTITUTIONAL STRENGTHENING AND MANAGEMENT**
Key Element 4.2.1:	Empowering NACCHA
Key Element 4.2.2:	Multisectoral Coordination and Collaboration

FOURTH STRATEGY: STRENGTHENING NATIONAL CAPACITY TO DELIVER AN EFFECTIVE COORDINATED MULTISECTORAL RESPONSE

Priority Area 4.1: Research and Surveillance
Key Element 4.1.1: Strengthening the Surveillance Unit

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
4.1.1.1 Strengthening the capacity of the surveillance unit to undertake comprehensive HIV/AIDS/STI surveillance	1) By January 2007, the surveillance unit's systems and staffing capacity to undertake comprehensive HIV/AIDS/STI surveillance established	➲ Introduce systems to strengthen: ▪ the flow of information into the national surveillance system ▪ data storage and management ▪ the frequency, regularity, consistency and quality of data analysis and dissemination	**Ministry of Health**, CAREC
		➲ Increase the capacity of the surveillance team to function effectively by providing: ▪ additional staff ▪ appropriate training for staff ▪ a budget commensurate with surveillance needs	**Ministry of Health**, CAREC

FOURTH STRATEGY: STRENGTHENING NATIONAL CAPACITY TO DELIVER AN EFFECTIVE COORDINATED MULTISECTORAL RESPONSE

Priority Area 4.1: Research and Surveillance
Key Element 4.1.2: Monitoring the HIV/AIDS Surveillance Situation

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERS
4.1.2.1 Surveillance unit disseminating regular and reliable updates on the national HIV/AIDS/STI situation and on the impact of the national response on it	1) By December 2007, accurate and timely information available to guide programming for reducing the spread, morbidity and mortality from HIV-infection and other STI	➲ Conduct systematic and regular surveillance and publish reports on the HIV/AIDS/STI situation, including the vulnerable population/geographic groups and sub-groups and what makes them vulnerable	**Surveillance and Epidemiology Unit**
		➲ Conduct repeat cross sectional surveys of behaviour in representative populations and disseminate findings to HIV/AIDS/STI planners	**Surveillance and Epidemiology Unit**
		➲ Carry out surveillance and publish annual reports on the quality of HIV/AIDS and STI care in Saint Lucia	**Surveillance and Epidemiology Unit with MOH AIDS Secretariat**

FOURTH STRATEGY: STRENGTHENING NATIONAL CAPACITY TO DELIVER AN EFFECTIVE COORDINATED MULTISECTORAL RESPONSE

Priority Area 4.2: Institutional Strengthening and Management
Key Element 4.2.1: Strengthening National Capacity to Manage and Coordinate an Effective HIV/AIDS Response

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERSHIPS
4.2.1.1 National body empowered to coordinate the national HIV/AIDS response	1) National AIDS coordinating body and its operational arm fully established and functional by December 2006	➲ Ensure the stability and credibility of the proposed national AIDS coordinating body and its operational arm by establishing a legal framework to undergird its formation, mandate and operations, including its Secretariat ➲ Constitute the national coordinating body to reflect influential and representative membership ➲ Establish the coordinating body's Secretariat with staffing and a budget commensurate with its mandate and responsibilities ➲ Coordinate, manage, monitor and evaluate the national HIV/AIDS response	**NACCHA, Office of the Attorney General,** Political Directorate **Minister of Health**, Political Directorate **Minister of Health**, Political Directorate **National AIDS coordinating body and its operational arm**

FOURTH STRATEGY: STRENGTHENING NATIONAL CAPACITY TO DELIVER AN EFFECTIVE COORDINATED MULTISECTORAL RESPONSE

Priority Area 4.2: Institutional Strengthening and Management
Key Element 4.2.1: Strengthening National Capacity to Manage and Coordinate an Effective HIV/AIDS Response

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERSHIPS
4.2.2.1 Ministry of Health's HIV/AIDS Secretariat and its advisory committee, NACCHA strengthened	1) By December 2006, Ministry of Health's AIDS Secretariat staffing and budget increased to levels commensurate with its responsibility 2) NACCHA membership more representative of HIV/AIDS stakeholders	➲ Assign appropriately qualified staff in adequate numbers to MOH's AIDS Secretariat ➲ Provide MOH's AIDS Secretariat with a budget commensurate with its responsibilities ➲ Increase NACCHA membership to include a wider representation of stakeholders	**Ministry of Health** **Political Directorate, Ministry of Health** **NACCHA**
4.2.2.2 HIV/AIDS on the agenda of key ministries and sectors	1) By December 2006, evidence of increased HIV/AIDS mainstreaming by key ministries and sectors under the umbrella of the National HIV/AIDS Strategic Plan (NSP)	➲ Provide training and technical support for HIV/AIDS mainstreaming into the programmes and budgets of key ministries and sectors	**The national AIDS coordinating body and its operational arm and NACCHA**
4.2.2.3 Faith based sector HIV/AIDS initiatives strengthened	1) By 2009, faith-based sector advocacy and other initiatives against HIV/AIDS stigma and discrimination increased by at least 25% over 2003 status 2) By 2009, faith-based sector HIV/AIDS care and support activities increased by 25% over 2003 status	➲ Conduct baseline study and assessment of faith-based sector HIV/AIDS initiatives ➲ Implement capacity and awareness building for HIV/AIDS advocacy among the faith-based sector clerical and lay leaders and congregations ➲ Provide training, technical guidance and seed funding for faith-based PLWHA care and support initiatives	**National Christian Council,** NACCHA, CCC **National Christian Council,** NACCHA, CCC **National Christian Council**, NACCHA, CCC

FOURTH STRATEGY: STRENGTHENING NATIONAL CAPACITY TO DELIVER AN EFFECTIVE COORDINATED MULTISECTORAL RESPONSE

Priority Area 4.2: Institutional Strengthening and Management
Key Element 4.2.1: Strengthening National Capacity to Manage and Coordinate an Effective HIV/AIDS Response

STRATEGIC OBJECTIVES	INDICATORS	STRATEGIC ACTIVITIES	LEAD AGENCY AND STRATEGIC PARTNERSHIPS
4.2.2.4 Private sector support for HIV/AIDS initiatives strengthened	1) By 2009, the number of private sector organisations contributing to public HIV/AIDS programmes increased by 25% over 2005 figures	➲ Advocate among private sector leaders for increased support for community HIV/AIDS programmes and for workplace interventions	**National AIDS coordinating body and its operational arm**
	2) By 2009, the number of effective and sustained private sector workplace programmes increased by 50% over 2005 figures	➲ Conduct training designed to improve private sector's capacity to mount effective HIV/AIDS workplace programmes	**National AIDS coordinating body and its operational arm**
4.2.2.5 Strengthened coordination within and between all stakeholders	1) Evidence of effective collaboration between stakeholder groups	➲ Facilitate partnerships, the sharing of information, Best and Worst Practices and the exchange of ideas among stakeholders	**National AIDS coordinating body and its operational arm**