



COMMONWEALTH OF THE BAHAMAS
ACCELERATING ACCESS TO CARE AND SUPPORT
FOR BAHAMIANS LIVING WITH HIV/AIDS

A Strategic Initiative of the Government of The Bahamas,
the United Nations System,
and the Private Sector

STRATEGY DOCUMENT

May 2002



TABLE OF CONTENTS

List of Acronyms	ii
Introduction	1
Basic Principles of the Initiative	1
Objectives of the Initiative	2
Bahamas: General Information	4
The Health Care System in The Bahamas	5
HIV/AIDS in The Bahamas	6
The National Response to the Epidemic	6
HIV/AIDS Care in The Bahamas	8
Pharmaceutical and Laboratory Services	10
The Approach of the Initiative in The Bahamas	11
Components of the Initiative	12
Management of the Initiative, the Advisory Board and Technical Support	15
Initiative Communication Strategy	16
Monitoring and Evaluation	17
Implementation	17
Acknowledgments	22
Annex 1	24
Annex 2	25
Annex 3	26



ACCELERATING ACCESS TO HIV/AIDS CARE FOR BAHAMIANS LIVING WITH HIV/AIDS

A strategic initiative of the Government of The Bahamas, the United Nations System, the Non-Governmental Organizations and the Private Sector

Introduction

The HIV/AIDS epidemic has hit The Bahamas hard. Fully 4% of all Bahamians aged 15-49 now live with HIV/AIDS. This translates into some 6900 people throughout the country who are living with the immunodeficiency virus¹. The disease occurs primarily among heterosexuals (87%). The male-to-female ratio is 1.

The impact of the HIV/AIDS epidemic in The Bahamas is most evident at the individual and household levels, where many families affected by this epidemic struggle to meet basic needs. While prevention efforts were undertaken on a national scale almost immediately from the onset of the epidemic, ongoing care for those already infected is now emerging as an important focus of government. However, due to economic constraints, the government prioritized the access to ARV treatment for all women enrolled in the national MTCT programme as well as their children. While all drugs for the treatment of opportunistic infections and psychosocial support are available in public and private health facilities, access to antiretroviral for those who are outside the target group for the antiretroviral Programme is based on self financing, and is therefore limited to those who can afford it.

Recognizing the epidemic's impact on future economic development across The Bahamas, and increasingly concerned with inequitable access to antiretrovirals for persons living with HIV/AIDS, the government of The Bahamas expressed one year ago its interest in the United Nations Accelerating

Access Initiative. The present document results from the combined efforts of the Government of The Bahamas, the UN System, civil society, local experts, and people living with HIV/AIDS to describe the national efforts currently underway to accelerate the access to comprehensive HIV/AIDS care and support for thousands of Bahamians living with HIV/AIDS.

Basic principles of the Initiative

National concern for the HIV/AIDS epidemic moved the government to initiate and implement a broad HIV/AIDS/STI strategy. The government moved quickly in the mid-1980's. Bahamas was one of the first countries to develop a strategic approach to the epidemic. Now, the government sees the need of further strengthening its response by participating in the global Accelerating Access Initiative. Core principles of the national response for the comprehensive and integrated management of persons living with HIV/AIDS (PLWHAs) include the following:

- Continued political commitment
- Increased mobilization of resources
- Increased access to voluntary counseling and testing
- Increased access to psychosocial support and impact alleviation through community and home based care
- Improved health service delivery, clinical management and nursing care

¹ UNAIDS Epidemiological Fact Sheet, 2000.

List of Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
ARV	Antiretroviral
CBO	Community Based Organization
CSW	Commercial Sex Worker
GTZ	German Technical Cooperation
HIV	Human Immunodeficiency Virus
HSV	Herpes Simplex Virus
JN+	Bahamian Network of People Living with HIV/AIDS
MSM	Men who have Sex with Men
NAC	National AIDS Committee
NGO	Non Governmental Organization
PAC	Parish AIDS Committee
PAHO	Pan American Health Organization
PLWAs	Persons Living With AIDS
PLWHAs	Persons Living With HIV/AIDS
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Fund for Children
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

- Build on the success of the programme for "Prevention of mother to child transmission"
- Continued involvement in research related to the clinical management of PLWHAs
- Increased access to drugs of special need to people living with HIV/AIDS, including anti-retroviral therapy
- Involvement of people living with HIV/AIDS at all stages of the development and implementation this initiative

In addition, the government recognizes the following as core axioms of its increased efforts in this area:

The Government, while recognizing its primary role for the care and support of Bahamians living with HIV/AIDS, also recognizes and reaffirms that successful efforts are dependent upon the active participation of all national health partners, including the private sector.

An effective HIV care strategy must rationally assess and prioritize available medical and public health interventions in the context of existing infrastructure and needs.

Selection of treatments and interventions must be based on objective assessments of their medical, public health and health economic benefits.

Equitable access to HIV-related commodities will be maximized when their costs are in line with local needs and with the public and private sectors' ability to pay for these commodities.

The government's leadership of this initiative will ensure that it is adequately and fairly implemented, with technical support from local and international partners and with the active participation of groups of people living with HIV/AIDS.

Antiretroviral therapy (ARV) has been demonstrated to have a direct influence on reducing the spread

of opportunistic infections. ARV also significantly increases quality of life and life expectancy among people living with HIV/AIDS. ARV is effective in preventing vertical transmission, and reduces the overall cost burden of HIV on individuals and families by helping to avoid costly opportunistic infections that prevent them from living productive lives.

The proven cost effectiveness of antiretroviral therapy in countries such as The Bahamas contributes to a more precise allocation of resources throughout the national health system.

Suppliers of HIV-related commodities have their own market-based incentives to facilitate access to their products by differentiating or subsidizing their prices—to address the varying economic, medical and public health characteristics of individual countries. An effective price that represents an agreed mutual value between supplier and purchaser will by definition vary according to the economic circumstances in which the product is acquired and its benefits realized.

Proper clinical and administrative management of all antiretroviral medicines is essential to minimize the development of resistance to newly available therapies and the under- or over utilization of drugs. Strong administrative procedures are required to ensure that access to antiretrovirals in The Bahamas is available for the Bahamian residents and also guard against the seepage and clandestine markets.

Objectives of the Initiative

The purpose of the Initiative is to expand access to comprehensive care and support for Bahamians living with HIV/AIDS.

Specifically, the Initiative seeks to:

- Build capacity at all levels in the national healthcare system for improved comprehensive



HIV/AIDS care

- Increase access to ARV medications for people living with HIV/AIDS
- Strengthen advocacy and resource mobilization efforts that will ensure universal access to Bahamians in need of ARV medication
- Reduce the threat to economic and social development

The national Initiative has three major components:

1. To build capacity at all levels in the public and private health care system for improved comprehensive HIV/AIDS care.

- Building capacity for comprehensive HIV care at various levels includes development and dissemination of HIV/AIDS technical norms, as well as focused training for clinical and logistics personnel at many levels, so the nation's care capacity is delivered accurately and effectively.
- Strengthening and unifying working relationships and collaboration among partners in the country's public and private sectors.
- Mobilizing national and international resources to secure the purchase of adequate supplies of medications, diagnostic equipment and other materials needed to expand access to care.
- Strengthening the nation's legal framework, to protect the rights of people living with HIV/AIDS and ensure their equal access to comprehensive care.
- Incorporating an array of positive living messages into a national communications campaign to influence people's individual private decisions.

- Supporting and coordinating those working on increasing access to care—including groups of people living with HIV/AIDS, as well as NGOs, CBOs, and various sectors of government.
- Supporting the government's unifying and coordinating role through the creation of an advisory board to guide the Initiative and build new partnerships in public and private sectors across the country.

2. To increase access to ARV medications for people living with HIV/AIDS.

Negotiating with the pharmaceutical industry for affordable prices of antiretroviral and other medications indicated in comprehensive care for people living with HIV/AIDS. These negotiations include bilateral discussions and possible participation in regional bulk purchase efforts.

- Patient education and support
- Comprehensive monitoring and evaluation of initiative components

3. To strengthen advocacy and resource mobilization efforts that will ensure universal access to Bahamians in need of ARV medication.

- Communication
- Identification of alternative resource mobilization schemes
- Design and implementation of a revolving fund mechanism
- Reinforcement of legal framework that will minimize restrictions on movement of life-saving drugs

General Information on The Bahamas

The Bahamas is a Caribbean archipelago of some 700 islands and cays with a total land mass of 5,382 square miles scattered over 80,000 square miles of the Atlantic Ocean. The population of 303,611 (year 2000 estimates), equally distributed between the sexes, has enjoyed political and economic growth for several years. The society is a democracy, having gained independence from Great Britain in July 1973. It very recently saw a change of Government administration, as of May 2002.

Over 95% of its people live on seven of its 700 islands. The country's two major population centers are Nassau, its capital, located on New Providence, and Freeport, located on Grand Bahama. Other populated islands and quays are called Family Islands. New Providence is the most densely populated, with 2340.4 persons per mile. Only three other islands/island groups have population densities greater than 100/square mile. As of the 1990 census, New Providence accounted for 67.4% and Grand Bahama 16% of the population.

The nation's economy is based primarily on tourism and offshore banking. The main industries in The Bahamas are tourism, financial services, oil refining and transshipment, container port industry, international ship registry, salt production, rum, and aragonite. Industry accounts for about 5% of the GDP and agriculture for 3-4%. The agricultural sector is characterized by small-scale producers whose principal products are citrus fruit, vegetables, and poultry. Tourism and tourism-related commerce are the most important economic activities.

Approximately 35% of the national recurrent budget is allocated to the social sectors. Thirteen percent of the recurrent budget is allocated to health.

Education is compulsory to age 16. According to a recent PAHO report, the combined primary, secondary and tertiary gross enrollment ratio was estimated at 74% in 1999.² The adult literacy rate in 1999 was 95.7%.

Life expectancy at birth has increased steadily—from approximately 60 years during the 1950-55 period to about 73 years in the 1990-95 period (68.8 years for males and 75.3 for females).

With a flourishing tourist economy that embraces the principles of equity, non-discrimination, and universal access, The Bahamas seeks to ensure that all legal immigrants are afforded similar access as that of its citizenry. Like other countries, the government faces the challenge of providing support for an immigrant population that is culturally diverse and different from the main population, but which makes a contribution to the nation's ongoing development. There is a clear commitment of the government to protect and promote the health of the people of The Bahamas, as reflected in the government's plan. Recently, the Ministry of Health (MOH) produced a comprehensive strategic plan to guide health development. A National Health Services Strategic Plan 2000-2004 was developed in 2000 with the participation of various stakeholders.

As of 2000, most Health programme were performing well—with notable achievements in maternal and child health, school health, adolescent health, environmental health and HIV/AIDS programmes, and oral health. Anti-retroviral therapy to prevent mother-to-child transmission of HIV was initiated in December 1995 and has reduced perinatal transmission of HIV from 30% to 5%. Likewise, the infant mortality rate has been reduced from 24p1000 to 14p1000. Additionally, as of October 2001, the government has guaranteed access to ARVs to all pregnant women and their children, as long as required.

² PAHO/WHO Bahamas. Health services system profile – Bahamas. January 2002



The Health Care System in The Bahamas

Organization and Management of the Government Health Sector

The Health Care System in The Bahamas is comprised of the public and private sector including the NGOs. Both sectors have relations with external Health related agencies. The government health sector includes four main clusters of services:

- The Ministry of Health (MOH) Headquarters
- Department of Public Health (DPH)
- Department of Environmental Health Services (DEHS)
- Public Hospitals Authority (PHA)

The Ministry of Health is responsible for health policy and planning, regulation and monitoring, public health services financing, development and implementation of public health programme, Community Health Services, and the provision and management of environmental health services.

Manpower

The number of health personnel in both the public and private sectors is presented in Annex 1 Table 1. There are 14 physicians and 33 professional nurses per 10,000 population. There are four times as many nurses in the public sector as in the private sector. Conversely, there are more pharmacists, physiotherapists, dental workers and laboratory workers in the private sector than in the public sector. There is some concern about shortage of nurses in the public sector.

Facilities and Technology

Data from Health Information Research Unit show that, as of 2000, there were five public and

private hospitals with a total of 1,068 beds in The Bahamas,³ with 35 hospital beds per 10,000 population. There are a total of 55 health centres or main clinics: nine in New Providence, five in Grand Bahama and 41 in the Family Islands. In addition, there are 59 satellite clinics distributed throughout The Bahamas.

A series of developments in the country's health infrastructure and technology have been initiated throughout the Ministry of Health. At the Princess Margaret Hospital, renovation of the Private Wards, Labour and Delivery Units, and Surgical Suites has been conducted in partnership with Physicians Alliance Ltd. The Neonatal Intensive Care Unit, a 15-bed specialised unit for sick new-born babies, was created. Establishment of a Trauma Unit in the Accident and Emergency Department and the development of the State Laboratory Service were major technological advances. Other notable advances include the new Dialysis unit, remodelling and expansion of onsite laboratories, and relocation of related laboratory services to a new off-site building, as well as other advances. The Radiology department introduced technology upgrades and new services while Pharmacy introduced a pharmacy information system during this period.

Health Financing

The total recurrent health expenditure increased from \$85,920,039 in 1990 to \$142,352,000 in 2000/2001. In relative terms, health expenditure as a proportion of the total actual recurrent expenditure increased from 15.2% in 1990 to 16.7% in 2000. Health expenditure in relation to the GDP increased from 3.6% in 1995 to 3.8% in 1998 and thereafter decreased to 3.4% in 1999.

In keeping with the predominantly curative health delivery, tertiary care receives up to two-thirds of the national health recurrent budget. The budget-

ary allocation to hospital care and management increased to 70% in 1999/2000 fiscal year. Funding for public health services—preventive and curative—has remained at 10% for several years. Cost recovery is less than 3%. Salaries and personal emoluments make up around 80% of institutional budgets.

HIV/AIDS in The Bahamas

The first confirmed case of AIDS was reported in 1983. By 2000, AIDS had become the leading cause of death among all persons aged 15-44. Epidemiological Surveillance suggests that, among this population, the HIV prevalence is 4%. Approximately 6900 people are estimated to be living with HIV in The Bahamas. However, from 1995 to 2000, the number of new AIDS cases declined from 384 to 319. This welcome trend needs to be supported, to reduce both human suffering and demand on the nation's health system.

The disease occurs primarily among heterosexuals. Two other epidemics have contributed to the high prevalence of HIV disease: widespread use of crack cocaine and increased incidence of genital ulcer disease. At the outset of the AIDS epidemic, approximately 30% of persons with AIDS were also users of cocaine. Widespread crack use in the mid-1980s led to persons engaging in high-risk behaviors, including having sex with multiple partners. The marked increase in genital ulcer disease was followed by a four-fold increase in HIV infection from 1985 to 1994.

The National Response to the Epidemic

The Ministry of Health

Significant steps have been taken to combat the spread of HIV/AIDS under the leadership of the Ministry of Health. A comprehensive HIV/STD

control Programme has been in place since 1985 and the level of awareness is high. Achievements since 1985 include:

- Effective steps to ensure a safe blood supply
- The establishment of many different bodies such as the National AIDS Secretariat and the Grand Bahamas AIDS Awareness Committee
- Formation of partnerships between Government and NGOs, particularly the AIDS Foundation, The Samaritan Ministry and PAHO/WHO
- Strengthening of behavior change/ communication programmes with emphasis on face to face communication, peer education, targeted community interventions and media awareness campaigns
- Capacity building in STD management
- Improvement of laboratory infrastructure
- Introduction of MTCT prevention Programme
- Provision of ARVs therapy for pregnant women and their children
- Provision of non-ARV care including provision of cotrimoxazole and INH for the prevention of opportunistic infection for PLWAs
- Monitoring of TB and HIV co-infections
- Development of the National Strategic Plan on HIV/AIDS
- Development of special interventions for identifiable groups with risk behaviours and groups in vulnerable situations, notably young people



- High level of HIV/AIDS awareness
- Involvement of the church community in the AIDS response

The National AIDS Secretariat

The National AIDS Secretariat (NAS) was established in 1988 to advise the Ministry of Health on policy issues and to mobilize the different sectors of society in the fight against HIV/AIDS. The NAS will be elevated in profile and strengthened in resources to ensure its role as the organization responsible for day to day coordination of the multi-sectoral response to HIV/AIDS.

Household response

Only a small number of persons living with HIV/AIDS can afford to purchase anti-retroviral drugs. Some PLWHA are receiving their anti-retrovirals from relatives and friends living overseas.

HIV/AIDS National Strategic Plan (NASP) 2000 – 2004

The NASP was completed in 2000. This plan takes into account the expanded response to HIV/AIDS in the region as well as the continuing spread of the epidemic in The Bahamas. Its goals are:

- To build an effective multisectoral response to the HIV/AIDS epidemic
- To mitigate the socio-economic and health impact of HIV/AIDS in the society
- To decrease individual vulnerability to HIV infection
- To reduce the transmission of new HIV infection
- To improve care and support and treatment services of PLWHA

The National HIV Strategic Plan will be executed under the technical guidance of the National AIDS Programme. The plan will be implemented by all sectors of Government and civil society, as broad-based participation is imperative if the epidemic is to be brought under control.

In recognition of constraints due to human and financial resources, five priority areas have been identified: (1) policy, advocacy, legal and human rights; (2) integrated and multisectoral response; (3) prevention; (4) care, treatment and support; and (5) monitoring, surveillance and evaluation.

Legal and ethical issues

Bahamas works towards the creation of an environment where HIV/AIDS issues are addressed in an open and tolerant manner, so that persons are guaranteed their fundamental human rights of privacy, freedom from discrimination and access to certain social and economic activities. These need to be at a legal and policy level, but also need to exist in the family and community spheres. The sub-objectives to meet this priority area are:

- To establish a policy and legal framework where HIV issues such as discrimination, testing and notification are embodied.
- To foster and promote advocacy for HIV/AIDS issues from the highest level of government and civil society.
- To address stigma and discrimination that undermine the rights of those infected with or/and affected by HIV/AIDS.

The Response of the International Community

The national Programme has received considerable support from PAHO/WHO and UNAIDS in the areas of Programme development and infrastructure strengthening, prevention, care and support,

3

Canadian strategic partners currently ensure biological follow up of all PIWAs on antiretroviral therapy.

Response of the Private Sector and NGOs

The private medical sector has not been centrally involved as the response is driven by the public sector. However, the national Programme has undertaken periodic training and updates for private sector medical professionals. More educated and affluent PLWHA access health care services from private practitioners, while the poor attend the public sector facilities. There is scope for further involvement of NGOs.

The NGOs play an important role in the overall AIDS response. The AIDS Foundation of The Bahamas, formed in 1992, contributes in the areas of education, fund raising, care and support. The Foundation mobilized the private sector, in particular insurance companies, banking industry and private corporations. The Samaritan Ministry, founded by the Catholic church, supports care and treatment activities.

HIV/AIDS care situation in The Bahamas

The adequacy of HIV/AIDS care is negatively influenced by several factors including:

- Lack of a funded implementation plan for comprehensive care policy
- High cost of antiretrovirals
- Incomplete national treatment guidelines
- Poor marketing of services, coupled with deficiencies in client knowledge and low expectations
- Providers of HIV/AIDS treatment and care include the public sector, the private for

profit sector, and non-governmental organizations. It is estimated that 10-20% of antiretroviral treatment are provided through the private sector. In the public sector, only pregnant women and their children have access to antiretrovirals.

The Public Sector

In New Providence, HIV/AIDS care delivery is centralized in Princess Margaret Hospital, the referral health centre in The Bahamas. In the family islands, care is provided in few public health clinics. These services include HIV counseling and testing, basic treatment of HIV, nutrition support. Antiretroviral therapy is mainly provided at the referral health center. Formal training of health workers on HIV/AIDS care outside Princess Margaret Hospital is minimal.

The first line regimen provided to most of the PLWAs in The Bahamas consists of AZT+3TC+nevirapine. The second line regimen is composed of D4t+3TC+Indinavir or Nelfinavir. There are national policies on use of cotrimoxazole and INH for the prevention of opportunistic infections.

The Private, for-Profit Sector

The private for profit providers are limited to the 'Doctors Hospital', which provides an almost identical set of services to the Princess Margaret Hospital and to a few physicians (4-5) whose clinics provide services identical to the Public Health clinics.

In practice there is also no nationally accepted single treatment protocol and though there is preference (by physicians) for 'Triple' therapy, preliminary information reveals that the treatment regime is determined by a patient's ability to procure or pay for ARVs.



Non-Governmental Organizations

NGOs partner with the public health service for care delivery by providing counseling for PLWAs, especially those on antiretroviral therapy.

Clinical management and nursing care

The Government has a policy to use cotrimoxazol prophylaxis to treat HIV/AIDS patients. Written guidelines have been developed for The Bahamas based on the guidelines from PAHO/WHO and CAREC and fashioned by the local and international experiences.

Although there has been no systematic study of the spectrum and burden of HIV-associated disease in The Bahamas, the epidemiological profile suggests that acute and chronic diarrhoeal diseases are common, as are chest complaints, wasting and febrile illnesses. TB is now a significant cause of deaths among PLWA. Other opportunistic infections include cryptococcal meningitis, PCP, toxoplasmosis, and candidiasis. There is a tendency to use the regional protocol developed by CAREC on clinical management and nursing care including prophylaxis for the prevention of opportunistic infections.

Counseling

In addition to a core of trained counselors, social workers and psychiatric nurses, many health workers have received 'on-the-job' training in counseling. HIV-related counseling training has been ongoing since 1985 when the first case of AIDS was diagnosed in The Bahamas. Training in counseling was originally confined to health personnel; recently, training has been extended to a variety of non-health personnel, including school teachers, bankers and representatives of youth. Use is made of the CAREC counseling guidelines for training purposes.

Psychosocial, spiritual and nutritional support

Like the majority of Caribbean countries, The Bahamas has a strong culture of extended families and is steeped in religious belief. Families provide psychosocial support for those infected and otherwise affected.

The Bahamas has no explicit policy on nutrition in HIV/AIDS. Within CFNI, adequate institutional capacity exists to develop policies, strategies and programme for food and nutrition improvement for PLWA. 'No cost' supply of food to PLWA occurs as direct 'food' parcels from the Samaritan Ministries, Red Cross, Salvation Army and All Saints Camp, while the government's social services ministries issue 'food' stamps.

Community and home based care

Hospice care is being provided by All Saints Camp, and by the Salvation Army and several churches on a short-term basis. These institutions also each provide day care and free meals and transportation to needy cases.

Private sector and HIV/AIDS care

Like much of Bahamian society, the private sector has much room for improved capacity, attitudinal changes and information—especially regarding new technological developments in treatment, care and support, and the evolution of government policies, including health systems reform. There is still no national health insurance scheme; this void is filled by a few private insurance firms. Health insurance premiums vary according to type of coverage, income category, and household size.

Use of Antiretrovirals in The Bahamas

According to informal reports by the distributors, it is estimated that 150-200 of the 6,900 PLWAs receive prescriptions of ARVs within the private health care sector. Antiretrovirals are provided in the public health sector only to mothers and

infants from the MTCT programme for health professionals, and for victims of sexual assault cases as part of the HIV post exposure prophylaxis (PEP).

The Pharmaceutical and Laboratory Services

Drug Agency

In response to growing dissatisfaction with the erratic availability and high cost of pharmaceuticals to the public sector, the Ministry put in place a system of procurement and distribution of pharmaceuticals to ensure the population's access to essential drugs.

The Bahamas Drug Agency was established in 1994 to address these issues as well as the development and maintenance of the pharmaceutical formulary for the country. The Drug Agency usually purchases drugs from wholesalers for use in the public sector. Government charges wholesalers (Lowe's, Nassau Agencies) a 2% stamp tax for pharmaceuticals. Wholesalers have a mark-up of approximately 10% and this may present some difficulty when the antiretrovirals are supplied.

The new initiative proposes that The Bahamas Drug Agency purchase the ARV drugs at the negotiated price and distribute these drugs to the public and private sector. Some concern was expressed about Government's ability to procure and distribute ARVs on a regular basis and ensure constant supply. Wholesalers indicated their willingness to assist with procurement and distribution if the Government is unable to meet the demand.

Antiretrovirals in The Bahamas

Since October 2001, the Government of The Bahamas has contributed a total of US\$1,000,000 for the purchase of ARVs. The Ministry of Health has introduced a treatment and Care Programme using the following drug regimen:

1st line costing US\$140 and US\$108

2nd Line costing US\$130 + US\$361 and US\$343

A large amount of generic drugs are sold to the public (80%) and private Sector (20%) at approximately US\$2500 per person/per annum. This has led to fewer patients on ARV treatment developing opportunistic infections. Since treatment with ARVs was begun, the number of children requiring care has drastically decreased. Beds in the pediatric ward that used to be fully occupied prior to ARV treatment are now empty.

The generic drug wholesaler said that he purchases the drugs from an Indian Company in Canada. It costs approximately US\$2,500. to treat one patient per annum. However, even though the prices of the generic are more reasonable, it is still 600% more costly than in India. Even so, the wholesalers and representative of Bristol Myers Squibb, Roche, Glaxo and other major pharmaceutical companies in The Bahamas cannot compete with the CIPLA wholesalers and are therefore not charging a mark-up. According to the representatives, they are already selling ARVs at a loss. These companies are agreeable to partner with Government cutting the mark-up on ARV and increasing the prices charged for other drugs. There may be a need to establish a protocol prohibiting mark-up on ARVs. Dr Badara Samb, WHO Adviser to the Accelerated Access Initiative, has indicated that if the present price for generics can be reduced as a result of the Initiative, it will be possible to increase the number of patients receiving treatment.

Leakage of cheaper Antiretrovirals

The danger of "leakage" of ARVs to the US market is regarded as almost impossible because wholesalers have stated that if they suspect a client is purchasing a consignment of drugs for re-export, they will refuse to continue selling ARVs to the govern-

ment. The Bahamas Drug Agency recommends that drugs are purchased according to the dangerous drugs act. Therefore, selling ARVs for re-export will be extremely difficult.

Laboratory Services

The Ministry of Health has extended basic laboratory services to selected Family Islands, including services to facilitate the diagnosis of sexually transmitted infections. The laboratories of Princess Margaret and the Rand hospitals participate in several WHO quality control programmes and make full use of the facilities of the Caribbean Epidemiology Center for monitoring blood bank and transfusion services. Rapid testing for HIV is done in nine community clinics and in the reference laboratory. Latest generation Elisa equipment is also available at the central level. CD4 counts and viral load are still done abroad (Canada). There is a sero-bank containing 10,000 samples.

The Accelerating Access Initiative: The Approach in The Bahamas

The Current Scenario

Since October 2001, access to ARV medications is already a reality for some in The Bahamas. However, the availability of these drugs is limited to approximately 150 women living with HIV involved in MTCT programme as well as to approximately 90 children. A first-line regimen consisting of the generic version of AZT+3TC+nevirapine is used for the treatment of these women and children.

The high cost of the other drugs, which do not exist as generic version in The Bahamas (except for D4T) is a potential limiting factor for the accessibility to a second-line regimen. Therefore, there is a real threat in the medium term for clinical management of those people already on antiretroviral treatment. Despite the commitment of the gov-

ernment for universal access to care for all Bahamians and the allocation of 13% of the GDP to health, the high cost of these drugs makes it impossible to provide ARVs to the people who currently need them in the country.

In the meantime, various strategies are employed to access these drugs. A high degree of mobility of Bahamians across the Caribbean region—and especially to and from the United States—translates into a flow of antiretrovirals secured there by residents and travelers on behalf of families and friends, especially those who cannot afford to purchase them at the prices currently available in The Bahamas. Risks related to such practice, notably the discontinuation of treatments due to the lack of a predictable availability of drugs—which often results in biological resistance to these drugs—may hamper efforts undertaken by the government to provide quality care.

The current antiretroviral Programme is centralized in New Providence, where hospitals have gained experience in the management of HIV/AIDS patients and have infectious disease specialists on staff, as well as some laboratory infrastructure. However, advanced biological follow-up, including CD4 count and viral load, is performed in Canada within an agreement that exist between the Hospital for Sick Children in Toronto and Princess Margaret Hospital. While this agreement increases the number of patients who will have access to antiretrovirals, the challenge remains to build increased capacity within The Bahamas.

The Need to Coordinate Efforts

The need for coordination continues to pose a series of challenges across The Bahamas. The country faces difficulties in: (1) securing steady supplies of ARV drugs in an island nation with scattered villages and cities, (2) standardizing ad hoc procurement procedures by pharmacies that

provide ARVs, (3) targeting technical capacity to ensure proper clinical management, and (4) working around the economic constraints that prevent or delay full funding and care. These factors contribute to a sub-optimal HIV/AIDS care Programme in the medium term.

The Bahamas' participation in the Accelerating Access Initiative recognizes and addresses these constraints, and is intended to take advantage of recent reductions in prices of antiretroviral medications and to broaden the access to improved care for Bahamians living with HIV/AIDS. Given the government's commitment to provide universal access to ARVs throughout the country, there is a clear need for the Ministry of Health to take a proactive role in the systematization of management of ARV—from procurement to clinical guidelines to monitoring of patients being treated—in order to track and control any resistance that may develop. In addition to the procurement of drugs, which will undoubtedly contribute to the growing numbers of Bahamians seeking access to ARV therapy, the Accelerating Access Initiative will focus on strengthening the role of government to provide leadership at the center of this effort to expand access.

Public-Private Partnership

National commitment to provide free of charge medical care and drugs prescribed in the public sector is well-established in The Bahamas. However, the private for profit health sector constitutes a significant source of ambulatory care, especially among HIV/AIDS patients. At present, 10-20% of the sales on antiretrovirals in the country are dispensed through the private health sector. In order to reach its goal of ensuring universal access to treatment for all Bahamians living with HIV/AIDS, the government will facilitate access to low-cost drugs for those patients using private medical services. It is anticipated that with the

increasing affordability of drugs, the stigma of both the disease and its treatment will be reduced.

The approach of the Accelerating Access Initiative in The Bahamas is based on organizing the health care sector to meet this challenge and strengthening the public health sector's capacity to manage ARV drugs, made available at reduced prices through the Initiative. Specifically, the Initiative is geared towards thorough systematization of ARV management in both the public and private sectors to ensure quality of care for an expanded number of patients.

The Strategic Value of Expanding Care Efforts Now

The need to develop and implement an expanded care agenda is urgent. Given the number of PIWAs in need of access to ARVs—a number that is likely to increase—the funds required to subsidize ARV therapy will be beyond The Bahamas' current prospects. As the public sector acquires experience with ARV management and increases both its expertise and its access to ARV, the government can place itself in an excellent position to take advantage of resources likely to be made available to countries demonstrating their commitment to expanded care and accumulating experience in the effective management of ARV regimes. The Bahamas intends to be among those nations afforded this level of access to ARV and the resources to manage its distribution.

Components of the Initiative in The Bahamas

The Accelerating Access Initiative builds on this technical effort and broadens the focus to include:

- Building capacity at all levels in the care system for improved comprehensive HIV/AIDS care



- Increasing access to the ARV medications for people living with HIV/AIDS
- Strengthening advocacy and resource mobilization efforts that will ensure universal access to Bahamians in need of ARV medication

Capacity Building

Various public and private health providers in The Bahamas have gained important experience in the management of HIV/AIDS patients. Several doctors manage significant numbers of patients in both public and private facilities. Bilateral cooperation with Canada ensures, for the moment, adequate biological follow-up. However, this work is concentrated in a few facilities in New Providence.

One of the Initiative's major components will consist of significant capacity building effort and will focus on including adequate and updated coverage of ARV issues in training and delivery modules and guidelines. This will include training in the management of ARV to internal medicine practitioners, pediatricians, gynecologists and general medicine practitioners—with emphasis on dosages, administration, side effects, interactions with other medications, management of viral resistance, monitoring techniques and adherence management.

In addition to the development and updating of necessary guidelines and training components, this aspect of the Initiative will focus on promoting information exchange and collaboration between the public and private sectors, and on facilitating coordination among partners at all stages of the Initiative. Given the number of actors already working on HIV in The Bahamas, and in particular those handling ARV drugs, enhanced communication and coordination among those involved in care is increasingly important, particularly in the area of monitoring and evaluation.

Given the range of health practitioners involved in care, as well as the important role of other professionals such as counselors and social workers, capacity-building efforts will be extended to other nurses, laboratory personnel, pharmacists, counselors and social workers, thereby ensuring that a comprehensive model of HIV/AIDS care is defined and developed at all levels.

Ensuring access to ARV medications

With the support of WHO, PAHO, and CARICOM, and under the supervision of the Ministry of Health, the Government of The Bahamas will seek to take advantage of reductions in prices of antiretroviral drugs through the Accelerating Access Initiative to provide universal access to ARVs. Drugs and other equipment will be purchased according to normal Government procedures, but also in consideration of the urgent need for these life-saving supplies. An important role is anticipated for The Bahamas National Drug Agency—the principal procurer of drugs for the public system—and for strengthening the government's relationships with the local private sector, notably the drug distributors.

For the private health sector, the role of the Government of The Bahamas will be one of a "broker" between the private health sector and the pharmaceutical companies, to secure the availability of ARV medications at a price affordable to Bahamians who take the option to access these drugs through the private channel. Given that this Initiative is based on the concept of partnership between the public and private sectors at the global level, this same partnership will be reinforced at national level. In practical terms, the government will facilitate access to affordable medicines for those patients seeking care in the private sector by allowing them to access the prices available through the National Drug Agency.

Advocacy and resource mobilization to ensure universal access

- Communications (human rights aspects of treatment, positive living messages; the growing capacity of the health sector to provide care)
- Advocacy for treatment issues (emphasis on impact studies, cost-benefit analyses) among corporate and other opinion leaders.
- Resource mobilization (revolving fund mechanism, taxation schemes, and similar strategies)
- Technical planning
- Outreach to non-urban centres that may be able to provide treatment in subsequent stages of the Initiative

Management of ARV medications under the Initiative

ARV medications will be managed in the pharmacies of those hospitals where treatment will be administered. Pharmacy personnel will be trained in relevant pharmacological aspects of the products under their management, and they will take necessary measures to ensure that no loss or damage occurs to medications under their control.

These medications will be provided to outpatients only with a prescription signed and sealed by an Infectious Disease Specialist and with an order plus prescription for inpatients. For inpatients, medications will be provided to patients on a single-dose basis.

The treating doctor will be responsible for supervising treatment, with the assistance of the Pharmacist and professional ward nurse, thereby assuring adherence, detecting side effects and managing any interactions with other medications in a timely fashion. Upon discharge, patients will be

assured of an adequate supply until the first post-hospitalization, which will occur no later than 15 days after discharge.

For outpatients, the infectious disease specialist will follow the patient on a fortnightly basis during the first two months; on a monthly basis for the following six months, and subsequently on an as-needed basis. The nurse attached to the outpatient infectious disease unit, having been trained to provide necessary counseling to the patient, emphasizing the importance of adherence, will provide orientation to the patient on adverse side effects and interactions with other medications.

A communication system will be established to ensure the patients' ease of access to the nurse or doctor in the case of inability to take the prescribed medication. A mechanism to ensure that the patient is taking the required medication will be established by the Pharmacy and the Outpatient unit. The Outpatient Unit, in collaboration with the Pharmacy, will maintain an appropriate record to ensure proper control on the number of pills provided to each patient.

Determination of Selection criteria

To reinforce precautions taken to avoid leakage of drugs at reduced cost to neighboring countries, only identified Bahamians with known residence in The Bahamas will have access to the Initiative.

Financial aspects and ARV coverage

A comprehensive package of care for all people living with HIV/AIDS is beyond the means of most developing countries—which is where over 90% of people with HIV now live. The issue of affordability in these countries stems from the combination of high costs of commodities and high HIV prevalence rates. This combination widens the gap between these countries' high financial needs and modest financial capacities. While considerable



efforts are being made to prevent HIV transmission and therefore reduce HIV prevalence, it is essential to address the other determinant of affordability and find ways to reduce the cost of care.

The cost of HIV/AIDS drugs contributes to a large extent to the high cost of care. An underlying assumption of the project is that access to these drugs will be maximized when drug costs are in line with the local needs and the country's ability to pay. Based on this approach, a patient in Bahamas whose income is lower than a patient in the USA or Europe should pay less for HIV-related medicines. The same assumption applies at the national level where those who earn more may be less subsidised to access care.

On this basis, one of the financial mechanisms proposed in the project is to enable pharmaceutical companies to provide HIV-related drugs to The Bahamas at country-specific subsidised prices. Price levels may be defined separately and independently by each company, following individual discussions with the national officials—taking into account the nature of the drugs to be purchased as well as the economic and epidemiological situation of the country.

It is anticipated that negotiations with pharmaceutical companies will result in price reductions at least equal to the one currently prevailing in The Bahamas. Once these reductions become available, universal access to ARV medications can be a nationwide reality within 18 months.

In the meantime, the government will intensify its advocacy to attract funds for access to care in anticipation of increased demand in the future. This advocacy will target private domestic companies, bilateral donors, donor foundations, and the recently established Global Fund Against HIV, TB, and Malaria.

Management of the Initiative, its advisory board and technical support

Management

The Initiative proposes the establishment of a Management Unit within the National AIDS Programme to ensure close collaboration with the Ministry of Health's ongoing activities. Partial terms of reference for the Unit will include:

- Overall coordination of Initiative activities
- Network formation and support (health care workers, private sector, pharmacies, NGOs, and other interested groups)
- Identification of capacity building opportunities
- Formulation and implementation of capacity-building agenda
- Brokering of technical support to ensure adequate monitoring, evaluation and documentation of the Initiative

The Advisory Board

A range of individuals, groups, organizations and government bodies in The Bahamas are actively promoting expanded access to comprehensive HIV/AIDS care. An ethical committee, composed of a multisectoral group, including representatives from Princess Margaret Hospital, the Medical Association, the AIDS Foundation, the legal system and the Health Education Unit has been involved in guiding the care and support programme to date.

However, the MOH recognizes the need to establish an Advisory Board to provide guidance to the new initiative. A more direct technical relationship with the participating health care institutions will also be established and maintained through their participation in the Advisory Board.

Among the roles of the Advisory Committee, chaired by the Ministry of Health will be to:

- Advise on the development, validation and dissemination of national HIV/AIDS care policies and protocols, including recommendations on currently available therapies, clinical management of HIV and TB infection, as well as maintaining the list of HIV-related drugs for adaptation to local uses
- Facilitate and assist in assessing the country's needs for HIV/AIDS related care
- Recommend minimum requirements for health care facilities to qualify for selection as centres where the rational prescription and use of these drugs can be assured
- Make recommendations on the selection of the qualifying centres where advanced care will be made available
- Recommend an action plan for improvement of the health care infrastructure where necessary in order to make HIV/AIDS and TB care more widely accessible in the country
- Recommend regulations of purchased HIV/AIDS drugs in the public and private sectors

Composition of the Advisory Board's 10-15 members will be established by the Ministry of Health, in collaboration with the AIDS Foundation. Its members will include:

- Representatives of the Ministry of Health
- Head of the National AIDS Programme, Ministry of Health
- Representatives of NGOs involved in HIV/AIDS care
- Representatives of people living with HIV/AIDS

- Clinicians and public health experts with expertise in HIV/AIDS and TB care.
- A representative of the UN system
- A communications specialist

Communication Strategy

Though the MOH is providing VCT services and psychosocial support, there is a need to strengthen the communication strategy to enhance the nation's care and support structure. The goal of the Initiative's communication component is to increase the demand and uptake of care and support services for people living with HIV/AIDS and their families, while also reducing the stigma that surrounds the epidemic.

The communication strategy will also seek to increase the visibility of prevention initiatives and send a clear message that prevention of the further spread of the HIV is still the best weapon for the successful fight against the epidemic. The strategy will address the six key areas of care and support: (1) voluntary counseling and testing; (2) prevention; (3) clinical care; (4) nursing and nutritional care; (5) home-based care; and (6) psychosocial support.

Monitoring and Evaluation

Monitoring and evaluation tools will be developed by the Advisory Board, with appropriate technical support as required. These tools will focus on clinical, epidemiological and economic and pharmaco-economic variables.

Economic and pharmaco-economic aspects

Pharmaco-economic aspects to be assessed include the potential savings achieved through the Initiative, including infections avoided, additional survivals, and working hours saved, and the impact of the Initiative on the nation's economic posture,



in order to make accurate projections for the Initiative's effective expansion. A qualitative assessment will be made of economic constraints related to costly therapy at the household and family level.

Clinical

The clinical effect of the care strategy will be evaluated with respect to survival and quality of life of participating patients and reductions in opportunistic infections.

Epidemiological

A crucial public health issue concerns the emergence of HIV strains that are resistant to antiretrovirals, as sometimes occurs when patients do not or cannot comply with their prescribed regimens. Therefore, it is of critical importance to evaluate the compliance rate among the patients receiving such drugs in The Bahamas, including the regulation of their supply. Treatments and combinations most commonly used will also be monitored, together with their compliance with treatment guidelines established by the Advisory Board.

Logistical

Logistical aspects of the Initiative will be a major focus of monitoring and evaluation. This will include needs assessments, procurement procedures, distribution of drugs to the clinics, stock management at the clinics, laboratory procedure, and delivery of test results.

Implementation and Project Management

A detailed work plan will be developed in coordination with the Advisory Board in the first phases of the Initiative. A technical coordinator and other necessary support will be recruited to facilitate the work of the Advisory Board.

The Ministry of Health

With the Ministry of Health as its backbone, the National AIDS Programme (NAP) embraced many features recognized internationally as "best practices" for the prevention and control of HIV/AIDS. The NAP adopted a multisectoral approach involving Government departments, the Private sector and NGOs. Most notable among these Non-governmental organizations are the Samaritan Ministries, the AIDS Foundation and the Imperial Life Financial. Significant contributions also came from international agencies in the areas of research, training, technical cooperation and support. The implementation of a comprehensive health promotion Programme has focused on targeting specific population groups and delivering quality, holistic care, support and education to all affected individuals and families.

The National Strategic Plan on HIV/AIDS

In the context of strategic direction, "Healthy People", the Ministry of Health has a mandate to develop and maintain strong national programmes for existing and emerging health needs. The strategic goal is to reduce the incidence and impact of HIV/AIDS and other sexually transmitted infections (STIs), while its main objective is to prevent and control the spread of STIs/HIV/AIDS, in The Bahamas.

Epidemiological surveillance and research

Epidemiological surveillance and research are essential components of the National AIDS Programme. Ongoing surveillance and data analysis have supported a timely response to identified trends and have strengthened all aspects of the national programme. Since HIV testing began in 1985, a strong epidemiological database has been developed and maintained. Ninety-five percent of the testing for HIV is performed at the main gov-

ernment hospital laboratories in New Providence and Grand Bahamas. Testing also takes place in private hospitals and private laboratories.

The National AIDS Programme has received numerous benefits from its partnerships with ongoing research activities. As early as 1988, a Knowledge, Attitude and Practice (KAP) Study was conducted; the results guided the development of the educational component of the AIDS programme. In 1991, a sero-prevalence study was completed. Selected populations studied included women attending antenatal and STI clinic attendees, prison inmates, along with crack/ cocaine abusers.

The prison sero-prevalence study was repeated in 1993, and a longitudinal study of HIV/AIDS clients continues. A Vertical Transmission Study was conducted in 1992 in cooperation with the University of Toronto; this programme is ongoing. An investigation also was undertaken to examine genital ulcer disease and its impact on the spread of HIV in 1993.

In 1994, the National AIDS Programme participated in a field evaluation of rapid testing for HIV with the U.S. Centers for Disease Control (CDC) and Caribbean Epidemiological Centre (CAREC). The Abbott Study examining the efficacy of the new protease inhibitor in children, kaletra (ABT 378/r) commenced in 1999. In the same year, the U.S. National Institutes of Health (ACTG 316) Nevirapine Study was performed. More recently, the Programme participated in a multi-centered, multinational study. Participation in high quality scientific research has provided our Ministry of Health with critical information to apply to the medical management, pharmaceutical treatment and prevention aspects of its National AIDS Programme.

Health Promotion

National health promotion provides communities and individuals with information and skills to advance their own health needs. From its inception, Health Promotion has been an integral part of the National AIDS Programme and the mandate of the AIDS Secretariat. It empowers Persons Living With HIV/AIDS (PLWHAs) and the community at large to promote well being by creating supportive environments.

The AIDS Secretariat was established by the Ministry of Health in 1988 to coordinate HIV/AIDS education, as well as to act as a resource center and clearinghouse for information. Significant work has been done at the community level. The French-Creole speaking population presented the challenge of a language barrier. In response, lay persons were trained and Creole community leaders emerged to exert a focused impact upon this population. Condom promotion activities—using bartenders as lay educators to encourage condom use—have been well received. Condoms are placed in hotels, guest houses, restaurants and bars, and places frequented by student spring breakers.

Youth groups such as The Bahamas Red Cross, Girl Guides and the Pathfinders have developed programmes within their respective organizations to prevent the spread of HIV/AIDS in their target areas. For example, in 1999 the Red Cross initiated a junior volunteers HIV/AIDS training programme to encourage the delaying of the initial sex act, explain various barrier methods, and advocate the concept of sound care. Teachers, guidance counselors, social workers, and persons living With HIV/AIDS (PLWHAs)—all work with the AIDS Secretariat to proactively target school populations in discouraging risk-taking behaviours.



Public policies

Public health policy, regulations, and legislation protect public and private health care providers and ensure quality services. The requisite legislative authority is now in place for setting and ensuring standards of service. It is forbidden to deny medical services to an HIV-positive person. HIV/AIDS patients are accommodated in specialty clinics and at designated inpatient units at public hospitals. The policy of confidentiality extends to the patient's records, which are coded to ensure anonymity. In The Bahamas, public policies are being formulated to ensure equitable treatment to persons living with HIV/AIDS, in the workplace, and for insurance purposes.

The Public Health Act was amended in 1986 to include AIDS as a reportable disease. To provide the optimum care and confidentiality for patients, special "HIV/AIDS-Only" clinics were established in 1985 at the Princess Margaret and Rand Memorial Hospitals.

A strong public health response

Initially, an HIV positive case was managed according to STI protocols. These protocols have been modified; greater attention is now given to voluntary testing with informed consent for:

- sexual contacts of HIV positive persons
- antenatal clinic attendees
- STI clients and contacts
- prisoners during intake medical assessment

Data generated by institutional services within the Public Health Department and The Princess Margaret and Rand Memorial Hospitals—e.g. blood bank, laboratories, clinics and similar facilities—are used to improve accessibility and monitor the effectiveness of service delivery in the pub-

lic sector. This effort encompasses clinical care, referrals/consultations and the support infrastructure, including the services and facilities of all public hospitals and community clinics.

Pre-test and post-test counseling is the most critical component in the administration of the National AIDS Programme. Counselors are mainly public health nurses and other healthcare providers in the hospitals' HIV/AIDS clinics.

Specific features of this Programme include:

- Discussion on confidentiality issues and informed consent prior to HIV testing being done
- Basic HIV/AIDS information, including mode of transmission
- Prevention strategies, including providing condoms and demonstrating their effective use
- Explaining the difference between HIV and AIDS
- Learning the meaning of a negative test and the importance of lifestyle practices to remain negative
- Understanding the meaning of a positive HIV test and the importance of not infecting others with HIV

Test results are available one week after testing. A positive HIV test sets in motion a process within the integrated health network. Referral is made to the Infectious Diseases AIDS Clinic held at the PMH in Nassau or the Rand Memorial Hospital in Freeport, Grand Bahama.

- Support services from a dedicated medical social worker assigned to the AIDS clinic to assess all patients for potential psychosocial problems

one' support programme to incorporate lay persons via a 12-week training programme. To date, 300 persons have been trained and more than 100 are active in New Providence and Grand Bahama. The support services include counseling, visitations, referral assistance with transportation, food, among other services.

The 'All Saints Camp' is a hospice facility catering for about 40 PLWAs, including both males and females. The camp is managed by volunteers and financed by the private sector (mainly the Dominion Life insurance company).

The Princess Margaret Hospital and the Rand Memorial Hospital provide many of the services available to persons living with HIV/AIDS. In addition, the Sandilands Rehabilitation Center (a psychiatric hospital), the Department of Public Health—with 115 Community Health Clinic centers—and the AIDS Secretariat collaborate and coordinate with other departments of the Ministry of Health, the private sector, and the NGO community. The Princess Margaret and Rand Hospitals provide similar services, which are the most comprehensive and which include:

Clinical assessments, Voluntary counseling and testing, Psychological and medical examinations and treatment, referral and supportive (counseling) serv-

ices and in-patient treatment care services. If these services require long-term ARV medications, the patient is required to bear the costs, except for those mothers originally enrolled in the MTCT programme.

Sandilands mainly provides supportive care for children. There is no ARV stored at this hospital though it may administer the ARV treatment. The Public Health facilities are staffed by general practitioners with basic training in the use of ARV and other health staff trained in counseling. These clinics offer clinical assessments, voluntary counseling and testing, psychological and medical examinations and treatment, referral and supportive (counseling) services. ARV medication may be prescribed, but is neither stored nor dispensed from these facilities.

The AIDS Secretariat focuses on HIV/AIDS prevention, social marketing and training in support of the majority of HIV/AIDS related programmes across the sectors. The Secretariat has collaborated with the Prison authorities in developing for the prison population initial 'health' assessments and follow-up services by prison staff. We hope, in time, to provide universal access to treatment and care.

- Referral to the appropriate service, depending on identified health and social needs. Most frequent referrals are made to Community Psychiatry for drug abuse, The Bahamas Red Cross for Meals on Wheels, Social Services for housing problems, and other health specialty areas, such as dentistry

Alliances with the media

The media plays a pivotal role in the HIV/AIDS programme, by disseminating AIDS messages to the public throughout the archipelago. In television, radio, and (to a lesser extent) print media, prevention efforts are designed to increase knowledge and personal health skills of specifically targeted populations.

There is now a greater public awareness of lifestyles and risk behaviours that contribute to HIV transmission. Public Service Announcements (PSAs) are produced as mini-daytime dramas—with two endings—a presentation structure that allows the viewer to interact with romantic or potentially sexual scenarios. By making the right decision for characters on-screen, viewers reinforce the safe choices that will protect them in real life.

Technical cooperation

In the early days of the HIV/AIDS epidemic, our country's resources and understanding of the disease were limited. Canada, through the Ontario Ministry of Health, the University of Toronto and the Hospital for Sick Children, provided collaboration on research projects, including confirmatory testing on HIV positive patients, development of the Mother-to-Child Transmission Prevention Programme, and early diagnosis of HIV in the newborn. This partnership has been extremely successful for the people of The Bahamas.

The Bahamas is now in the position to cooperate with other countries in the Region in the develop-

ment of HIV/AIDS prevention and control interventions. To that end, we are now engaged in a South-South Technical Cooperation, sharing our technical skills, knowledge, and experience with countries such as Belize and Antigua.

Alliances with non-governmental organizations

In The Bahamas, we are acutely aware that it takes the whole community to prevent and control the spread of HIV/AIDS. Very early in the development stages of the programme, partnerships were forged between the health system, the business community, civic groups, religious and other NGOs. The church is a most powerful organization in The Bahamas. Churches can be particularly effective in identifying certain services to assist PIWHAs, families and persons impacted by HIV/AIDS. They also leverage the influence they have on their congregants through the design and implementation of programmes promoting risk reduction behaviours.

The main NGOs dealing with HIV/AIDS are:

The Imperial Life Insurance Company, which became very active in 1994 and is the main source of funding (in collaboration with other insurance firms) for AZT and primary prevention activities and the rehabilitation of old buildings to accommodate meeting space, office space, counseling space, a center for meals and food distribution.

Civil organizations including the Kiwanis and The Bahamas Family Planning Association, are key partners of the national AIDS Foundation. Similarly the main sports clubs, schools, and several faith-based organizations collaborate actively on information dissemination and counseling.

The Red Cross Youth groups are also involved in Supportive counseling.

The Samaritan Ministries has extended its 'one-on-

ACKNOWLEDGEMENTS

We wish to thank those who assisted generously in the development of this Strategy Document: our collaborators from International Agencies, PAHO, WHO, UNAIDS, the Caribbean technical support team from CARICOM, local pharmaceutical companies, and Bahamas Governmental Ministries and Agencies, including: National Security, Customs, Foreign Affairs.

TO DISCUSS YOUR AREAS OF INTEREST, PLEASE CONTACT:

Senator the Hon. Dr. Marcus C. Bethel
 Minister of Health, Ministry of Health
 Commonwealth of The Bahamas
 P.O. Box N-3730, Nassau, Bahamas
 Tel: (242) 328-4140 — Fax: (242) 328-8389
 e-mail: drbethelm@batelnet.bs

Mrs. Elma Garraway
 Permanent Secretary, Ministry of Health
 Commonwealth of The Bahamas
 P.O. Box N-3730, Nassau, Bahamas
 Tel: (242) 322-7425 through 9
 Fax: (242) 328-8389
 e-mail: garrawaye@batelnet.bs

Dr. Merceline Dahl-Regis
 Chief Medical Officer, Ministry of Health
 Commonwealth of The Bahamas
 P.O. Box N-3730, Nassau, Bahamas
 Tel: (242) 322-7425 through 9
 Fax: (242) 328-8389

Dr. Perry Gomez
 Director, National AIDS Programme
 Commonwealth of The Bahamas
 P.O. Box N-3730, Nassau, Bahamas
 Tel: (242)322-2839 — Fax: (242) 328-8389
 e-mail: medicineid@bahamas.net.bs



Annex 1

The Accelerating Access Initiative promotes comprehensive care for people living with HIV/AIDS, which consists of four interrelated elements:

- Clinical management (early and accurate diagnosis, including testing, rational treatment and follow-up care)
- Nursing care (promotion of adequate hygienic practices and nutrition, palliative care, home based care, education for caregivers and family members, promotion of observance of universal precautions)
- Counseling and emotional support: psychosocial and spiritual support, stress and anxiety reduction, risk reduction planning, acceptance of HIV status, disclosure, positive living, planning for the future of the family
- Social support: information, peer support, welfare services, community support services, spiritual support, and legal advice

Source: Pan American Health Organization. Building Blocks: Comprehensive Care Guidelines for Persons Living with HIV/AIDS in the Americas. Summary Report. 2000.

**Annex 2****Bahamas: Human Development Indicators**

Human Development Index	0.851 (1999)
Human Poverty Index	24.1 (1996)
Gross Domestic Product	US\$ 6.1 billion
Per capita income	US\$ 1550
Life expectancy (2001) PAHO	75.5 male & 77.6 female
Fertility rate (per '000 births)	2.4
Adult literacy	86.7 % (2001)
Access to potable water	81.2% (2000)
Access to primary education	99%
Secondary education	91.7%

Annex 3

Category	Public			Private			Total	No. Per 10,000 Pop.
	Male	Female	Total	Male	Female	Total		
Physicians	204	116	320	69	48	117	437	14
Dentists	8	14	22	14	23	37	59	2
Hospital Administrators	3	13	16		4	4	20	1
Professional Social Workers	7	70	77	2	4	6	83	3
Assoc. Professional Social Workers	21	122	143	4	6	10	153	5
Nutritionists/Dieticians	1	17	18	2	13	15	33	1
Registered Nurses/ Nurse Practitioners	31	772	803	5	181	186	989	33
Enrolled Nurses/ Trained Clinical Nurses	20	422	442	1	53	54	496	16
Nursing Assistants/ Community Health Aides	113	417	530	17	126	143	673	22
Radiographers	3	17	20	2	13	15	35	1
Laboratory Technologists/Technicians	42	104	146	56	94	150	296	10
Pharmacists/Dispensers	15	26	41	36	99	135	176	6
Physiotherapists	17	31	48	17	93	110	158	5
Occupational Therapists	3	19	22	3	8	11	33	1
Dental Assistants	3	18	21	7	103	110	131	4
Public/Environmental Health Inspectors	34	36	70	2		2	72	2
Statisticians	1	3	4					