RETENTION IN CARE – PrEP – TUBERCULOSIS
SCIENCE AND COMMUNITY IN THE HIV RESPONSE
IN THE CARIBBEAN

AIDS 2018 POST-CONFERENCE WORKSHOP

Haiti, 28-29 November 2018
Jamaica Presentation
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University of the West Indies/Ministry of Health, Jamaica
THE JAMAICAN HIV RESPONSE
Jamaica HIV Response
Status as at December 2017

<table>
<thead>
<tr>
<th>Goal</th>
<th>Spectrum Estimates</th>
<th>Case-based Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce by half, the number of new HIV infections by 2019</td>
<td>2,020</td>
<td>1,266</td>
</tr>
<tr>
<td></td>
<td>↓6.1%</td>
<td>↓5.5%</td>
</tr>
<tr>
<td>Reduce the number of HIV related deaths by 25% by 2019</td>
<td>1,638</td>
<td>159</td>
</tr>
<tr>
<td></td>
<td>↓10.6%</td>
<td>↑84.3%</td>
</tr>
</tbody>
</table>
HIV treatment cascade (2018)

National Treatment Cascade as at September 2018

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PLHIV Estimated</td>
<td>34000</td>
</tr>
<tr>
<td>PHLIV Diagnosed</td>
<td>26426</td>
</tr>
<tr>
<td>PLHIV Ever Linked to Care</td>
<td>22727</td>
</tr>
<tr>
<td>PLHIV Retained in Care</td>
<td>12727</td>
</tr>
<tr>
<td>PLHIV Retained in Care on ARV</td>
<td>11900</td>
</tr>
<tr>
<td>PLHIV Virally Suppressed</td>
<td>6741</td>
</tr>
</tbody>
</table>
Lost to follow-up rates are especially high for those entering care.
There is a significant drop off of patients after their first visit, with overall retention worsening year over year.

There is significant retention drop off after the first visit

Persons on ART have marginally better retention

The slope only decreases marginally in later months
THE JAMAICAN TB RESPONSE
TB - JAMAICA

Tuberculosis programme integrated with the National HIV/STI programme since 2016.

**Tb is a Class 1 Notifiable Disease**

Jamaica is currently classified by the World Health Organization (WHO) as a low-burden Tb country

Estimated incidence of 4.4 per 100,000 population (n =119) in 2017 (Source: NSU).

- Male - 91 (76.5%) were male
- Female – 28 (23.5%) female.
- Largest proportion of cases - 25 -34 year age group (n = 21);
- 0 – 4 year age group -11 cases
CONFIRMED CASES

Number of confirmed TB cases notified annually to the National Surveillance Unit - 2007 to 2017 by treatment history (NSU)
TREATMENT OUTCOMES

Treatment outcomes for newly confirmed Tb patients in Jamaica: 2007 to 2016 (NSU)
TB/HIV CO-INFECTION

Prevalence of HIV in confirmed TB patients in Jamaica, 2007 to 2017 (NSU)
## TB/HIV Co-Infection

**TB/HIV Co-Infection 2013 - 2017**

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of confirmed Tb cases</td>
<td>96</td>
<td>86</td>
<td>103</td>
<td>103</td>
<td>119</td>
</tr>
<tr>
<td>% of Confirmed Tb Cases that were tested for HIV</td>
<td>77%</td>
<td>92%</td>
<td>64%</td>
<td>54%</td>
<td>81%</td>
</tr>
<tr>
<td>No. of Tb/HIV co-infected cases</td>
<td>16</td>
<td>19</td>
<td>15</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td>% of confirmed Tb cases that were tested for and found to be HIV positive</td>
<td>22%</td>
<td>24%</td>
<td>23%</td>
<td>50%</td>
<td>18%</td>
</tr>
</tbody>
</table>
THE JAMAICAN PrEP PILOT - 2019
• Implementation science approach using the CFIR framework

• 3 populations for inclusion:
  – MSM/TGW: NGO healthcare clinics
  – Preconception for sero-discordant couples: University Fertility and HIV clinic
  – STI clinic attendees: Government clinic
Implementation Outcomes

**MSM and Sero-discordant**
- Implementation (Primary)
  - Acceptability
  - Appropriateness
  - Feasibility
  - Implementation
    - Fidelity
    - Costs
    - Sustainability/Maintenance
- Service (Secondary)
  - Safety
  - Effectiveness
- Client (Secondary)
  - Satisfaction

**STI Clinic Attendees**
- Appropriateness
- Feasibility
Implementation Strategies

**MSM and Sero-discordant**
- Use Evaluative and Iterative Strategies
  - Develop a formal implementation blueprint
  - Develop and implement tools for quality monitoring
  - Obtain and use patients/consumers and family feedback
  - Stage implementation scale up
- Provide Interactive Assistance
  - Provide clinical supervision
  - Facilitation
- Train and Educate Stakeholders
  - Develop educational materials
  - Distribute educational materials
  - Conduct educational meetings
  - Provide ongoing consultation

**STI Clinic Attendees**
- Use Evaluative and Iterative Strategies
  - Assess for readiness and identify barriers and facilitators
  - Obtain and use patients/consumers and family feedback
  - Model and simulate change