



TRINIDAD & TOBAGO

Fact Sheets on HIV/AIDS Care and Treatment

Updated January 2005



ADULT HIV PREVALENCE	3 X 5 ART TARGET	CURRENT ART COVERAGE (%)
3.2%	1500	50%

1. Introduction

In 2003, the WHO developed a comprehensive strategy that outlines how life-long antiretroviral treatment can be provided to 3 million people living with HIV/AIDS in poor countries by the end of 2005. For the Americas, this initiative translates to a goal of providing 600 000 people living with HIV/AIDS with life-long antiretrovirals.

Within this framework, this Care and Treatment Fact Sheet was developed by the HIV/AIDS unit at PAHO/WHO in an effort to collate the most recent country-specific data on the care and treatment of people living with HIV/AIDS. It gathers information on antiretroviral coverage, lines of treatment, and average prices/year, as well as comprehensive information on laboratory diagnostic and human resources capacity, and voluntary counseling and testing. Finally, this fact sheet also includes details on the various agencies and NGOs working in the country on the fight against HIV/AIDS. The goal is for it to be updated each year until at least 2005, specifically to measure the progress in the 3 by 5 initiative, and preferably thereafter to continue to monitor the improved care and treatment of people living with HIV/AIDS.

The information in these fact sheets was compiled by PAHO/WHO, in collaboration with country focal points and national authorities from the Ministries of Health and NGOs. Not unexpectedly, information on all the agreed-upon indicators was not available for each country. However, these Care and Treatment Fact Sheets do contain a wealth of information that will showcase the particular strengths in current existing programs and comparison between countries. The Fact Sheet will also be instrumental in identifying some weaknesses that can be addressed in the future, either by PAHO/WHO or by another agency/NGO.

Clearly, the fact sheets are as good as the information made available to PAHO/WHO HIV/AIDS unit. Therefore, the HIV/AIDS unit would like to encourage program managers as well as national and international experts to communicate additional information to them, in order to maintain and update the Fact Sheets as needed.

For specific information on the prevalence and incidence of HIV/AIDS, behavior, and prevention strategies, please refer to the country-specific Epidemiological Fact Sheet on HIV/AIDS and STIs, compiled and updated by UNAIDS/WHO.

Situation Analysis

Epidemic level and trend, for the year ...	1990	1995	2000	2002	2004	2006
Prevalence in adults (%)			1.1%	1.2	3.2	
Prevalence in pregnant women (%)		1%				
Gender data and major risk behaviors, based on AIDS cases	1990	1995	2000	2002	2004	2006
Male : female ratio	1.9	2		1.8	1.6	
Mechanism for transmission (%)						
Sexual			78			
Perinatal			1			
Injecting Drug Users			20			
Blood products			1			
Other or unknown						

National Policies

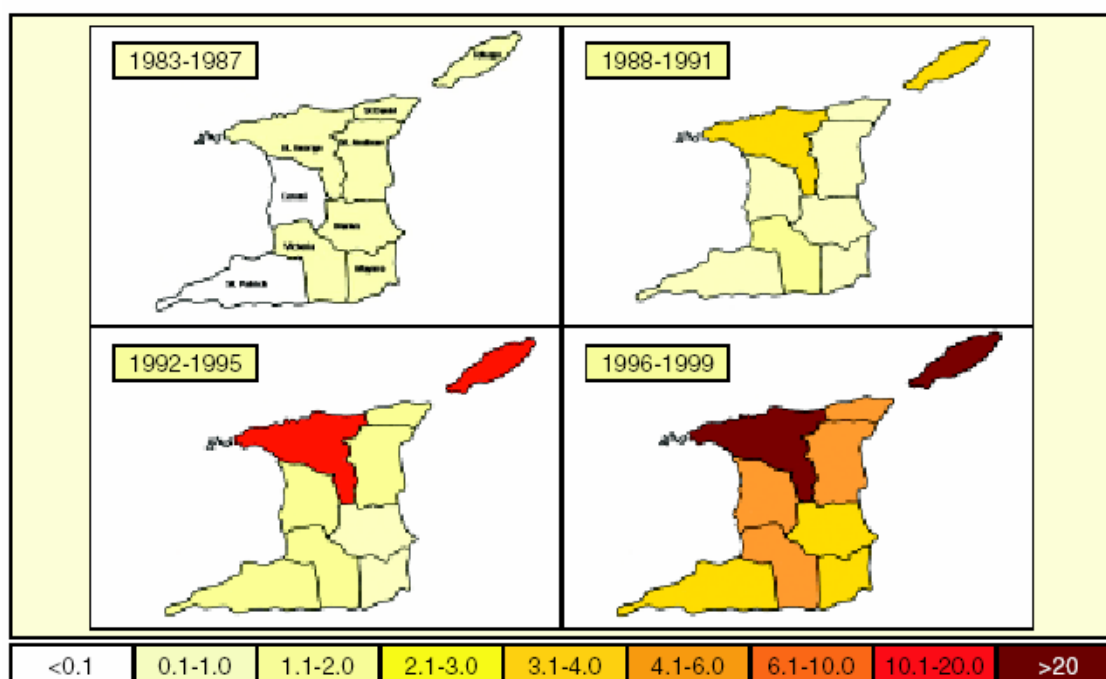
- Is there a national policy on comprehensive ART? No__ Yes X Since when? _____
- Is there a national policy on HIV testing? No__ Yes ___ Since when? _____

The “Three Ones”

- Is there ONE agreed HIV/AIDS national framework? No___ Yes X For what period? _____
- Is there ONE coordinating national authority? No___ Yes X Since when? _____
Name? National HIV/AIDS Coordinating Committee
- Is there ONE agreed country level monitoring and evaluation system? No X Yes ___ Since when? _____

Geographic distribution of HIV/AIDS, by major political districts

Graph 7: Reported HIV Positive Cases (asymptomatic) by County (1983-1999)
(PER 10,000 POPULATION)



Source: CAREC. Status and Trends Analysis of the Caribbean HIV/AIDS epidemic: 1982-2002.

Demographic and Socio-economic indicators

	Estimate	Date	Source
Total Population (thousands)	1,303	2003	PAHO
Life Expectancy at Birth	71.1	2003	PAHO
Under 5 mortality rate (per 1000 children)			
Adult mortality rate (per 1000 adults)	Female: 153 Male: 246	2002	WHO
GNI Per Capita (US\$)	6,750	2002	World Bank
% Government Budget Spent on Health Care	6.4	2001	WHO
Per Capita Expenditure on Health (US\$)	279	2001	WHO
% Health Care Budget spent on HIV/AIDS			SIDALAC

2. Antiretroviral Treatment (ART)

This section contains information about the number of people living with HIV/AIDS who require ART and the number who receive it. "People" refers to all ages and sexes. The data come from several sources, listed below, but primarily from UNAIDS or PAHO, where possible, for consistency reasons. The difference between those people requiring ART and not receiving it is the Treatment Gap, which is also the ART target for achieving universal coverage by 2005. Data on ART regimens, guidelines used, and cost of ART is also found in this section, as well as specific ARVs used and the amount required per year, the sources of which are primarily from the Ministries of Health and local NGOs of each country, unless otherwise specified.

ART surveillance						
	31/12/ 2003	Source	31/7/ 2004	Source	200 5	Source
1	Estimated # of people living with HIV/AIDS	20000	CAREC/ CDC	20000	CAREC/ CDC	
2	Estimated # of people requiring ART	1500	MOH	3000	MOH	
	Specify method used for estimating ART requirements:		2003: _____			
			2004: _____			
	% female (# females requiring ART / total people requiring ART x 100)	N/Avail		N/Avail		
	% < age 5 (# under 5 requiring ART / total people requiring ART x 100)	9%		6%		
3	Estimated # of people receiving ART	700	MOH	1500	MOH	
	% female (# females receiving ART / total people receiving ART x 100)	N/Avail		N/Avail		
	% < age 5 (# < 5 receiving ART / total people receiving ART x 100)	11.42%		8%		
4	Estimated Treatment Gap (#2 – #3)	800	-	1500	-	
5	% ART coverage (#3 / #2 x 100)	46%	-	50%	-	
6	Estimated/reported (underline one) number of sites that are providing ART					
7	% of health districts that have at least one ART outlet (# of health districts with at least one ART outlet / total # of health districts x 100)	75%	MOH	75%	MOH	
8	Mortality rate among ART users (# deaths of ART users / # of total ART users)	N/Avail		N/Avail		
9	% hospital bed occupancy by People infected by HIV/AIDS for a given month (# hospital beds occupied by PLWHA for a given month / # hospital beds occupied for the same month x 100)	N/Avail		N/Avail		

Antiretroviral Treatment: plans and regimens

- **Are ART treatment protocols in use?** No___ Yes X Since when? _____
- **Have revisions been made to the protocols?** No___ Yes ___ When? _____
- **Do the criteria for determining ARV needs include:**
 - CD4 count No___ Yes X
 - Viral Load No___ Yes X
 - Opportunistic Infections No___ Yes X
- **Specify treatment regimens:**
 - First line regimen for adults: CD4 count of <250
 - Alternative regimen for adults: _____
 - First line regimen for new borns (>18 months): _____
 - Alternative regimen for new borns (>18 months): _____
 - First line regimen for children: _____
 - Alternative regimen for children: _____
 - First line regimen for prevention of mother-to-child transmission _____

What is the average cost of first line ARV regimen per person / per year in US dollars?

Regimen	2000	2002	2004	2006
First line regimen for adults in the public sector				
Alternative line regimen for adults in the public sector				
First line regimen for adults in the private sector				
Alternative line regimen for adults in the private sector				

- **Is there a system in place to register adverse reactions involving the use of ARV?**
At the national level: No___ Yes ___ Since when? _____ or institutional: No___ Yes ___ Since when? _____
- **Is there a system in place to register drug resistance involving the use of ARV?**
At the national level: No___ Yes ___ Since when? _____ or institutional: No___ Yes ___ Since when? _____
- **Does the Government purchase generic ARVs?**
No___ Yes ___ Since when? ___ From what pharmaceutical companies? _____
- **State what % of ART delivery is covered by MOH, other ministries, NGOs, etc.**

	2000	2002	2004	2006
Ministry of Health				
Other ministries (social security)				
Armed Forces				
NGOs				
Other. Specify _____				

Specify the number of NGOs offering ARV treatment in your country?

ARV Selection, Prices & Amount purchased									
Antiretrovirals used				Price/unit (US\$)			Number of units purchased for the year *		
Generic name	Product name	Strength	Unit used **	2003	2004	***2005	2003	2004	***2005
Azithromycin		500mg	Tablet	38.54	38.54		5109	9006	10000
Didanosine		100mg	Tablet	1.34	1.34		6000	17520	15000
Didanosine		200mg	Tablet	2.68	2.68		3360	6720	7000
Efavirenz		200mg	Capsule	3.22	2.92		217350	25200	270000
Efavirenz		600mg	Capsule	8.66	5.99		1020	215610	216000
Fluconazole		150mg	Tablet	16.99	5.05		750	388	3000
Fluconazole		50mg	Capsule	9.81	4.10		38318	32802	30000
Gancyclovir		500mg	Injection	399.50	0.00		0	20	0
Imiquinod		5% Cream	Tube	31.74	36.51		0	210	2400
Indinavir Sulphate		400mg	Tablet	1.88	1.75		25380	37260	30000
Lamivudine	Lamivir	150mg	Capsule	1.80	1.41		84780	161130	120000
Lamivudine paed.	Lamivir	240ml	Suspension	52.10	46.93		831	798	1500
Lamivudine/ Zidovudine		150mg/300mg	Capsule	5.80	3.71		142380	375900	40000
Lopinavir/ ritonavir	Kaletra	400mg/100mg	Capsule	16.65	16.65		0	0	40000
Nelfinavir	Viracept	250mg	Tablet	7.28	7.27		72630	175680	100000
Nelfinavir paed.		500mg/gm x144gm	Suspension	254.00	248.90		840	370	1600
Nevirapine	Nevimune	200mg	Tablet	4.19	1.58		42420	100800	80000
Nevirapine		50mg/5ml X240ml	Suspension	318.62	318.68		172	69	1200
Pyrazinamide		500mg	Tablet	4.53	4.87		0	15000	75000
Pyrimethamine		25mg	Tablet	9.70	13.04		0	2600	1000
Ritonavir		80mg/ml X250ml	Suspension	1045.00	1020.62		85	68	130
Stavudine	Zerit	30mg	Capsule	1.78	1.16		38040	59520	75000
Stavudine	Zerit	40mg	Capsule	2.27	1.37		49260	84220	100000
Stavudine paed.	Zerit	1mg/ml	Suspension	103.63	0.00		890	602	0
Zidovudine	Zidovir	100mg	Tablet	1.64	1.52		13300	28900	16000
Zidovudine	Zidovir	300mg	Capsule	2.33	3.78		5340	6660	20000
Zidovudine paed.	Zidovir	240ml	Suspension	110.19	59.72		619	537	800

* "Purchased" refers to the # of units actually purchased for the people in treatment for that particular year.

** Specify unit as tablet, capsule, ampoule, bottle, etc.

*** 2005 figures are projected quantity and average tender price 2004-2005

3. Laboratory capacity and funding for procurement

For HIV/AIDS to be properly diagnosed and treated at the appropriate time, laboratories need to have access to the right tests at the best price. This section describes the diagnostic and follow-up tests available to the country and the number of tests required for the given year. This section also considers the coverage of laboratories throughout the country, the monitoring and surveillance systems in place, as well as the source of financing for procuring ARV and diagnostic tests.

HIV diagnostic/follow-up tests, Prices & Amount purchased							
Type	Tests used	Price/test (US\$)			Number of tests purchased for the year		
		2003	2004	2005	2003	2004	2005
Screening tests	Abbot Determine						
	Abbott Immunoenzymatic (ELISA)						
	Murez						
Confirmation tests	MedMira						
	HIVScan						
Follow-up	CD4 Count						
	Viral Load						

Laboratory services for HIV diagnostics				
	2000	2002	2004	2006
% of health districts that have at least one laboratory service for HIV diagnosis (# of health districts with at least one lab service / total # of health districts x 100)			44%	

- **Is there a system for quality control of laboratory services?**
At the national level: No Yes ___ Since when? _____ or institutional: No Yes ___ Since when? _____
- **Is there a system in place for conducting external evaluations of the quality of laboratory services?**
At the national level: No Yes ___ Since when? _____ or institutional: No Yes ___ Since when? _____

Financing and procurement for ARV and diagnostic tests

- **What is the principal source of financing for ARV purchase??** (i.e. through national budget, global fund, out of pocket, bilateral or private donors, etc.) Through the National Budget and World Bank Funding.
- **What is the principal source for financing HIV diagnostic supplies?** (i.e. through national budget, global fund, out of pocket, bilateral or private donors, etc.) The National Budget.
- **Is ART procurement done primarily through a**
 - centralized procurement mechanism (at national or provincial level) No ___ Yes X
 - or decentralized procurement mechanism (at institutional level) No ___ Yes ___
- **How is price solicitation for ARVs obtained?**
 - Through national tender No ___ Yes X
 - Through international tender No ___ Yes X
 - From a limited number of international suppliers, No ___ Yes X
 - Through negotiation with supplier? No ___ Yes ___
 - Other? _____
- **Are HIV/AIDS medicines required to be registered by the national regulatory authority?**
No ___ Yes X Since when? _____
- **Are the HIV medicines under patent protection in the country?** No ___ Yes ___ Since when? _____
- **Are ARVs subject to quality control testing prior to product use?** No ___ Yes X Since when? _____

4. Voluntary Counseling and Testing, Prevention of Mother to Child Transmission programs, and joint HIV/AIDS and TB/STI programs

Although Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) programs fall partly under prevention activities, they also fall under the "Care and Treatment" component, since their testing sites provide an interface between the diagnosis and the follow-up activities. TB and STI programs are also important entry points for Care and Treatment, given the high co-morbidity of TB and HIV/AIDS as well as other STIs and HIV/AIDS. This section therefore describes the coverage of VCT, PMTCT, and TB/STI services as well as the quality and comprehensiveness of such programs.

Voluntary Counseling and Testing (VCT) in the public sector						
	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
Estimated/reported (underline one) number of sites that are providing VCT services						
*% of health services (primary, secondary, or tertiary) that offer VCT services out of all health services that should provide VCT services. (# of health services (primary, secondary, or tertiary) that offer VCT services / total # health services that should provide VCT services x 100)	112			MOH		
% of health districts with at least one functioning VCT service (# of health districts with at least one functioning VCT service / total # of health districts x 100)	100			MOH		
# clients who used VCT services in public sector during the given year			NA			
% female clients (# women attending VCT services in public sector / total # clients of the public VCT services x 100)						
# clients who used VCT services in NGO sector during the given year			NA			
% female clients (# women attending VCT services in NGO sector / total # clients of the NGO VCT services x 100)						
% of persons who return for their results in public sector (# of persons who return for results / total # of tests done at VCT services x 100)						
% of persons who receive post-test counseling in public sector (# of persons who come for post-test counseling / total # of tests done at VCT services x 100)			NA			
% of positive HIV tests at VCT services in public sector (# of tests at VCT services with positive results / total # of tests done at VCT services x 100)						

* Number of health services that provide VCT services.

VCT framework and country strategies

- **Is VCT part of the Primary Health care package?**
No Yes Since when? _____ Available at ANC clinics and the STI clinic.
- **Is VCT integrated into a global health network that includes medical, social and emotional supports?**
No Yes Since when? _____ Being developed.
- **Is there a system for quality management system for VCT activities?**
No Yes Since when? _____
- **Is there an operational strategy for identifying barriers to VCT?**
No Yes Since when? _____

Prevention of Mother to Child Transmission (PMTCT) services in the public sector

	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
Estimated/reported (underline one) number of sites that are providing PMTCT services			112	MOH		
% of health districts with at least one functioning PMTCT service (# of health districts with at least one functioning VCT service / total # of health districts x 100)			100	MOH		
% of health services that provide PMTCT services of those that should provide PMTCT services (# of health services that provide PMTCT services / total # of health services that should provide PMTCT services x 100)						
# of women who used PMTCT services during the given year	14372	PMTCT coordinator				
Estimated/reported (underline one) number of HIV positive women that need PMTCT services						
Estimated/reported (underline one) number of HIV positive women that received PMTCT services						
% of women tested for HIV at PMTCT services (# of women tested for HIV / # of women who used PMTCT services x 100)	100%	PMTCT coordinator				
% of women tested who tested positive for HIV (# of women tested at PMTCT who tested positive for HIV / # of women tested for HIV who used PMTCT services x 100)	1.0%	PMTCT coordinator				
% of babies born of HIV+ mothers with a confirmed diagnosis of HIV (# of babies born of HIV+ mothers with confirmed HIV status / # of babies born of HIV + mothers x 100)						

PMTCT programs

- **Are there protocols/guidelines used for PMTCT services?** No Yes Since when? _____
- **Is there a national plan for PMTCT services?** No Yes Since when? _____

All pregnant mothers attending ANC clinics are offered an HIV test. Pre test counseling is done and HIV testing is done using the testing protocol. If positive test result, the mother is re-tested after post test counseling. If positive, mother is referred to MRF for follow up. Protocol for prevention of transmission – prenatal and during delivery is followed. Mother is followed up and baby is given AZT for six weeks and mother is strongly advised to avoid breast feeding. Formula is provided for six months and the baby is tested at 18 months.

Tuberculosis, Sexually Transmitted Infections, and HIV/AIDS services in the public sector

	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
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% of health services that diagnose and treat TB and offer concurrent VCT services for HIV/AIDS (# of health services that offer TB diagnosis and treatment and concurrent VCT services / total # of health services that treat and diagnose TB x 100)

% of health services that offer STI treatment services and offer concurrent VCT services for HIV/AIDS (# of health services that offer STI diagnosis and treatment services and concurrent VCT services / total # of health services that treat and diagnose TB x 100)

- With the exception of 2001, from 1998 to the end of 2002, TB patients were screened for HIV. The HIV seroprevalence rate varied between years but revealed that TB patients are seriously affected with HIV (43% average seroprevalence rate during the period 1999-2002).
- All TB patients are offered an HIV test after counseling at the Chest clinic, EWMSC or the Caura Chest hospital. If positive, they are referred to the MRF for assessment and treatment.

5. Trained Human Resources

The presence of sufficient trained human resources in all aspects of HIV/AIDS care and treatment is essential in the fight against HIV/AIDS. This section describes the coverage of trained health care workers, certification and accreditation mechanisms, and the existence of guidelines for supervising staff.

Human Resource capacity						
	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
ART training:						
# of Doctors who participated in ART training, during the given year	Nil					
# of Nurses who participated in ART training, during the given year	Nil					
# of other health workers who participated in ART training, during the given year	Nil					
% of health care workers trained in ART (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	NA					
VCT training:						
# of Doctors who participated in VCT training, during the given year	2	PAHO				
# of Nurses who participated in VCT training, during the given year	52	PAHO				
# of other health workers / community members who participated in VCT training, during the given year	4	PAHO				
% of health care workers trained in VCT (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	NA					
PMTCT training:						
# of Doctors who participated in PMTCT training, during the given year	Nil					
# of Nurses who participated in PMTCT training, during the given year	Nil					
# of other health workers who participated in PMTCT training, during the given year	Nil					
% of health care workers trained in PMTCT (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	NA					

Human Resource capacity, continued						
	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
# of laboratory workers who participated in laboratory training for HIV diagnosis testing and/or follow-up, during the given year	Nil					
Stigma reduction strategies training:						
# of health care workers (doctors, nurses, other health care workers) who participated in stigmatization reduction strategies training, during the given year	Nil					
% of health care workers who participated in stigma reduction strategies training (# of doctors, nurses, health care workers trained in stigma reduction training [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	Nil					
Psycho-social support training:						
# of health care workers (doctors, nurses, social workers, other health care workers) who participated in training for psycho-social support services, during the given year						
# of community members (PLWHA, family of PLWHA, other community members) who participated in training for offering psycho-social support services, during the given year						

Human resources

- **Is there a national accreditation process for training institutions and programs in HIV/AIDS?**
No ___ Yes X Since when? _____
- **Is there a certification process for HIV/AIDS training providers?**
No ___ Yes X Since when? _____
- **Is there a certification process for HIV/AIDS training participants?**
No ___ Yes X Since when? _____
- **Are there national standards for evaluating the competence of health workers involved in scaling up ART?**
No ___ Yes ___ Since when? _____
- **Is there a National Plan for ART, VCT, PMTCT training?**
No ___ Yes: X Since when? _____

Data sources

Data presented in this Fact Sheet on Care and Treatment of People Living with HIV/AIDS comes from several sources, primarily in the country, but also globally. This section contains a list of the more relevant sources used to prepare the Fact Sheet. If applicable, it also lists websites where additional information on HIV/AIDS can be found, however, the information found on these sites could change or may be incomplete, so due consideration must be taken.

- Camara B, Lee R, Caffee S, et al. Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002. Caribbean Epidemiology Centre – 2004. Pan American Health Organization/World Health Organization
- Results: HIV/AIDS. UNDP <http://www.undp.org/hiv/docs/results.pdf>
- Global Fund to fight AIDS, TB, and Malaria. <http://www.theglobalfund.org/>
- UNAIDS National Responses: <http://www.unaids.org/nationalresponse/result.asp>
- UNAIDS/WHO Epidemiological Fact Sheets for HIV and STIs: 2002 update.
- National HIV/AIDS Program, Ministry of Health.

Contact information

For more information on care and treatment of people living with HIV/AIDS in this country, please contact the HIV/AIDS unit at the Pan American Health Organization, by phone at (202) 974-3842 or by email at sida@paho.org.