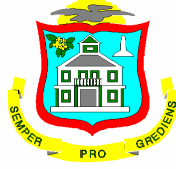

Sector Health Care Affairs
Policy, Epidemiology & Preventive Unit
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Sint Maarten's Strategic HIV/AIDS plan

2001 - 2005

Philipsburg, January 31st, 2001

List of Acronyms

A.D.C.	Analytic Diagnostic Center
AIDS	Acquired Immune Deficiency Syndrome
CAREC	Caribbean Epidemiology Centre
DSxm	Dutch St. Maarten
ERNA	Eilandenregeling Nederlandse Antilles (Islands Regulation of the Netherlands Antilles)
FSxm	French St. Martin
GGD	Geneeskundige en gezondheidsdienst
GOs	Governmental Organizations
HAART	Highly Active Antiretroviral Treatment
HIV	Human Immune-deficiency Virus
NGOs	Non Governmental Organizations
PAHO	Pan American Health Organization
PEP	Policy, Epidemiology & Preventive Unit
PLWHA	People living with HIV/AIDS
STIs	Sexually Transmitted Infections
SUWA	St. Maarten United Women Association
SHCA	Sector Health Care Affairs
SHTA	St. Maarten Hospitality and trade Association
SVB	Sociale Verzekeringsbank
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Participating Community Partners

GOs

Ambulance Dept.
Commissioner's Office
Dietician
Education Department
Police Station
Social Welfare Department
Women's Desk
Youth Department

NGOs

Bonafide
Church Council
Haitian Community
Haitian Foundation
Positive Foundation
St. Maarten AIDS Committee
Red Cross
Safe Haven
Salvation Army
Santo Domingo Co.
S.H.T.A.
St. Kitts-Nevis Association
S.U.W.A.
SXM AIDS Community
Turning Point

Health Institution/Foundation/Association

Blood Bank/Emergency
Analytic Diagnostic Center
O.D.E.A.N. (nurses ass.)
St. Maarten Medical Center
Specialists Association
S.V.B.
White & Yellow Cross

Service clubs

Lions Club
Rotary Club

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I. Introduction:

1.1 HIV/AIDS in St. Maarten:

HIV/AIDS is increasingly recognized as a major developmental problem in St. Maarten. As both government and various organizations seek to address its challenges, the need of coordination at the governmental level has been highlighted. The uniqueness of the island being both Dutch and French, the diversity and varying levels of integration, the liberal and sexuality, the double standards and the multitude of social and economic forces at work on St. Maarten, increases the chances of a variety of HIV challenges which are already underway. These factors may represent both opportunities and challenges to a strategic approach.

1.1.2 Purpose and expectation of the plan:

This plan is an initiative of getting a cross section of our community involved in putting their thoughts and suggestions together to formulate a plan that can be incorporated into the National HIV/AIDS Strategic Plan for 5 years. It is designed to meet the specific needs by attacking the identified situations that make people vulnerable to transmittable diseases and which have an impact on population and economy.

The plan will identify and make use of the unique strengths of our resources creating a multi-sector involvement in promoting a format to monitor, control and prevent the HIV/AIDS epidemic and locally increase HIV/AIDS awareness in mobilizing community involvement. The expectation is to have a completed insular chapter of the strategic national response plan, an insular 5 years action plan with time span and activities and an agreed laid out path to strategically accomplish a decline in the prevalence of HIV/AIDS and effectively deal with HIV/AIDS related challenges already present in our community.

This strategic Plan of Action articulates those specific opportunities and challenges for St. Maarten for the year 2000 until 2005. The plan identifies priorities that can best be addressed collectively with government and identified community organizations with a focus on key issues, which will advance the fight against HIV/AIDS. In this process, consultation is an imperative procedure. Up to date the realized consultations are: Women, Youth, Men, Health Care Providers, Haitian Speaking nationals, Tourist Department and PLWHA consultations.

The initial plan was developed with the input of local NGOs, GOs, Service Clubs, Foundations, and institutions in various meetings, workshops and discussions. However, it was identified that the plan did not have the global format and had to be restructured. Therefore, this plan has a similar format, framework and language as the recent established plan of the Caribbean HIV/ AIDS taskforce. This version of the strategic plan has been developed in close

collaboration with the presently existing HIV / AIDS working group. This temporarily working group consists of 7 representatives of the aforementioned participating community partners.

Once completed and agreed upon the strategic plan will be implemented and carried out by the identified community partners and others under the governmental leadership and responsibility of SHCA. The plan is a guide; as more research, consultation and data accumulation is carried out, changes will be made. Due to the fact that our society as we know it today is a multi-faceted and changing "Working in progress". This strategic plan is meant to be flexible and should be able to adapt to the challenges now and in the future.

The objective of this plan is to coordinate and support all efforts to prevent and control the HIV/AIDS epidemic. Close collaboration between government and the previously mentioned institutions is the only way to ensure the successful implementation of this plan.

1.1.3 Existing Temporarily Committee:
The temporarily working committee was created to get the input of a cross section of the involved organizations. This committee consists of Mrs. Sheryl Priest-Coram, President of SUWA; Mr. Neal Nunez, Representative of Media (PJD2); Pastor Thomas, Salvation Army, Representative of Church Council; Mrs. Beryl Berkel, Social Worker, Ms. Lisa Euton, Representative of SHTA & Service Clubs, Mr. Henry Javier, Representative of Haitian Community, Ms. Suzette Moses, Representative of Aids Committee,
Dr. Gerard van Osch, Representative of Physicians and AIDS Committee, Ms. Jalisca Carasco, Representative of Key Club (Youth Club), and Representatives of SHCA Ms. Maria Henry and Ms. Gloria Carter.

Conclusion
The Objective of our strategy is to bring about change in the community's thinking and behavior towards HIV/AIDs. The accomplishment of the desire change, to make the strategic document work, will take more than one agency, institution, group or doctor it will need a multi discipline approach and total community involvement. It should not and can not only be one organization alone taking a stand in the strategy with SHCA but each organization should identify their position within the HIV/AIDs Strategic Plan and become actively involved.

SHCA challenge the community to do its part in the execution of this strategic document. This objective or strategy can only be a reality when the change in community's thinking or behavior is influenced by each one and by every area of society or by every institution. Community recognizing that HIV/AIDs is a problem for each sector and that every person can be affected by HIV/AIDs is the only way to accomplish the curbing or prevention of the disease. It becomes imperative that each one holds hands in combating this disease by making it their personal or group task to bring a change in the community's life

style through the increase of awareness and the distribution of information, care and support. Lobbying and advocacy work on behalf of the various targets groups can also benefit the fight against HIV/AIDs.

The smallest effort if consistent can erode a giant like HIV/AIDS especially in our society. This commitment must be able to stimulate an action that should not come from outside but from within our society thinking that in one or two hours later the next person diagnosed with HIV/AIDS might be a family member, friend or neighbor. The fear of losing one's home, family, job or life because of being diagnosed with HIV/AIDs should not be stimulated or be condoned within our society.

In respect of globalization, St. Maarten is also confronted with various global occurrences and in preparation to guarantee a future and to ensure prosperity. St. Maarten, as a community must take a proactive stand on HIV/AIDS issues also on other damaging issues or factors to its society. The need to set consensus values, norms, respect and acceptance, no matter what the diagnosis should be stimulated.

Philipsburg, June 19th, 2001

Sector Health Care Affairs,
Ms. M. Henry, Acting Head Policy,
Prevention and Epidemiology Unit
Ms G. Carter, AIDS Coordinator

Island's Background:

1.1.4 Island's location:

Sint Maarten form part of the Windward Islands of the Netherlands Antilles and is situated near Puerto Rico, at 18° N and 63° W. The distance between the Windward Islands (Saba, St. Eustatius & St. Maarten) and the Leeward Islands (Curacao and Bonaire) is 900 km. St. Maarten's climate is tropical with a northeast trade wind, and is in the Atlantic hurricane zone. St. Maarten even though is one island is the island territory of two different Nations, Delightfully Dutch and Fantastically French.

1.1.5 Island's Population:

The present population of the Windward Islands follows from the history of the Windward Islands. The Caribs inhabited the Windward Islands, these islands were "discovered" in 1493 Saba and Sint Eustatius were taken over by the Dutch in 1632, the Leeward Islands in 1634 and the southern part of the island (St. Maarten) in 1648. The population is compound of a relatively small group of white persons, mixed European origin, and a large group of Afro-Caribbean persons.

From the history, various nationalities and races with their respective religions and cultures have lived on the island. The different cultures have come together in one Creole culture. There are influences of Caribbean, West-European and West African cultures. English influences are also prominent, because of other islands in the area, which were former British colonies. Partly because of this, the spoken language on the Windward Islands is English.

The island St. Maarten/St. Martin form one island, which consists of two territories: Dutch and French territories. The Dutch territory is 37 square miles and has a population of 41,896 (Census, 2000). The population density of the entire Netherlands Antilles is highest on Sint Maarten. The majority of the inhabitants were not born on St. Maarten, but come from islands and countries near and far. There are also a large group of persons, who are not registered, illegal. The majority of the population is Roman Catholic, which maybe gradually diminishing with the establishing of other religions.

1.1.6 Island's Governing Structure:

The first constitution of the Netherlands Antilles was enacted by the Dutch Parliament in 1865 however the most important revision was that of 1954 where the constitution of the Netherlands Antilles was established. To give an insight of St. Maarten's government structure the following abstract were

taken from “An Introduction to Government: Island Territory of St. Maarten” by Mr. Louis Duzanson.

The central and island government structures of the Territory of the Netherlands Antilles are laid down in the “Staatsregeling, which is the Constitution of the Netherlands Antilles. The central government directs the internal affairs of the whole Territory. The island territories of Bonaire, Curacao, Saba, St. Eustatius, and St. Maarten make up the Netherlands Antilles, a Territory of the Kingdom of the Netherlands. The Dutch kingdom structure as it includes the Territories of Aruba and the Netherlands Antilles, and the Netherlands as the principal country, is based on the Charter for the Kingdom of the Netherlands.

The island government administers the domestic affairs within the island territory -- as stipulated in the Constitution on the Islands Regulation (ERNA). The island territory’s government is ultimately subject to and invariably interacts with the central government in Willemstad Curacao, and the kingdom government in The Hague, The Netherlands. The island territory’s limited self-government is outlined in the ERNA. The ERNA can be amended by a central government ordinance (federal ordinance).

The kingdom government, led by The Netherlands, must approve the ordinance. The main responsibilities of the island territory’s government include the passing of laws on the levying and collecting of island taxes. The islands governments have the right to proposed additional subjects that should be determined by the island government ordinance or those that should not belong to its care or should be regulated by parliament. The primary governing bodies in the territory are the Island Council, the Administrative Council, better known as the Executive Council, and the Office of the Lieutenant Governor.

1.1.7 Epidemiology:

Statistical information from the A.D.C. and GGD Curacao provides cumulative figures from 1985-2000. These data show high infection amongst the 25-44 year age group, which is followed by 15-24 year age group. *See chart below.*

Table 1:

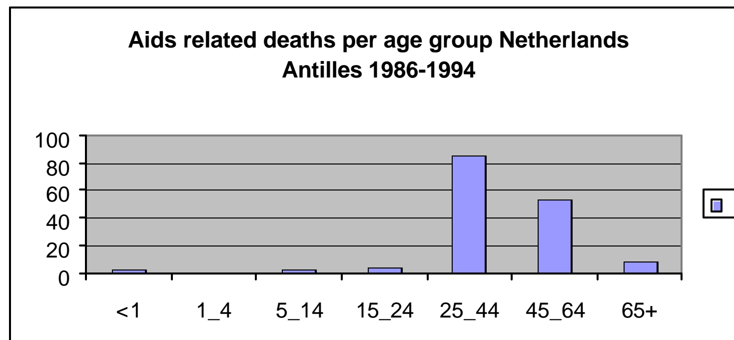
Age Group	*Male*	*Female*	*Total*
< 1	8	7	15
1-4	2	0	2
5-14	1	2	3
15-24	19	21	40
25-44	146	114	260
45-64	20	14	34
65 +	1	0	0
Total	**197**	**158**	**355**

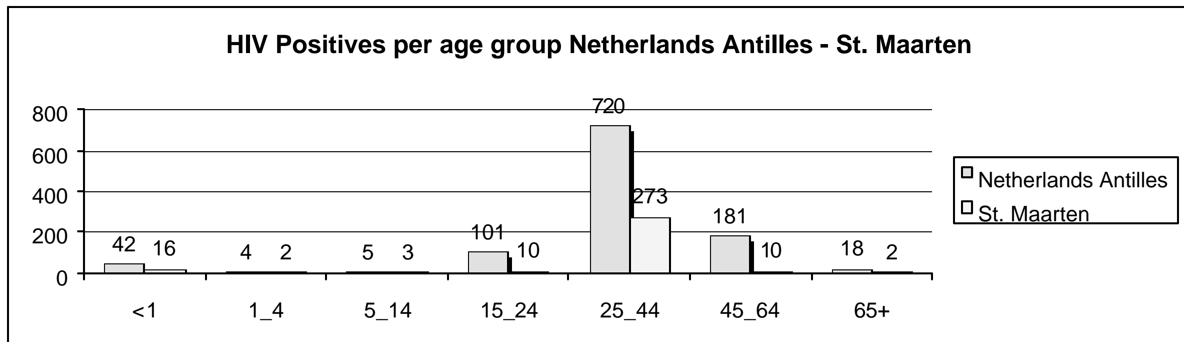
Table 2:

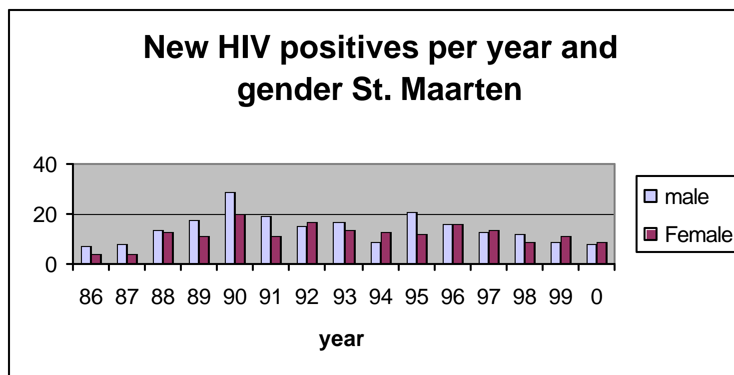
Year tested	# Tested
1985	0
1986	11
1987	12
1988	27
1989	29
1990	48
1991	30
1992	32
1993	31
1994	22
1995	33
1996	32
1997	27
1998	21
1999	19
2000	17
Total	391

N. Lourents at the Epidemiology & Research Unit in Curacao & N. Ayubi, Local A.D.C. prepared the aforementioned numbers.

At present approximately 83 patients infected with HIV/AIDS are under the surveillance of only two (2) physicians of which 52 presently receive triple therapy treatment. Till March 2000 the total number of persons, tested HIV positive by the French Laboratories is 713. Till December 2000 the total number of persons, tested HIV positive by the Dutch Laboratory, ADC, is 391. The total persons confirmed HIV positive for St. Maarten and St. Martin (both Dutch and French) is at least 1104. Within these statistics double tests, persons who were tested two or more times, have already been eliminated. Prevalence of HIV/AIDS on Dutch St. Maarten is double compared to that on Curacao, therefore making St. Maarten the territory with the highest prevalence of HIV/AIDS within the Netherlands Antilles.







On French St. Maarten the following statistical transmission data has been calculated:

Heterosexual 79%; homo/bisexual 4%; Prenatal 6%; IV drug-us 5% (these were all persons that where infected outside St. Maarten, but moved to the island afterwards), hemophilia 1% and unknown 5%. In 1997 on FSxm the division among those infected with HIV based on their origin were: 55% Haiti; 8% Sto. Domingo; 10% France (metropolitan) 18% France (Antilles) and 11% other countries. On both Dutch and French sides the impression is that over the past few years a larger proportion of especially "local" St. Maarteners /St. Martiners are becoming infected with HIV[1]. Formally, there were twice as many men infected with HIV in comparison with the women. Presently the male female ratio is 1,2 to 1.

1.1.8 Data limitations:

Presently there is no structured reporting of AIDS cases on the island of St. Maarten and under-reporting exists. Close collaboration between French and Dutch Governments is lacking with regards to exchange of HIV/AIDS data and joint surveillance systems. There is an overlap of persons tested in Dutch and French laboratories. There is no accurate number of cases or deaths related to HIV/AIDS. The registering of HIV/AIDS as the cause of death has system failures and is not practiced consistently. Family members often request physicians to register only the diseases as a cause of death rather than stating HIV/AIDS as the primary cause of death. The data on the history or follow up of patients

[1] Information provided by dr. G. van Osch & Dr. Ph. Claudel, FSxm.

diagnosed with HIV/AIDS is not reported which results in a lack of surveillance information.

There is a need to improve the quality of information and analysis on the prevalence and follow up of HIV infection.

1.1.9. Mode of transmission:
The possible mode of transmission that can and is posing a challenge for St. Maarten in the fight against HIV/AIDS varies from the assumed to the summarized.

1.1.9.1 Heterosexual Transmission:
Heterosexual contact is acknowledged as the main route of HIV transmission and accounts for the majority of HIV infections and AIDS cases on St. Maarten. This is based on the chart where the ratio of the number of infected men is compared with the number of infected women. Married couples have a tendency to feel protected from HIV/AIDS because of their marital status. Based on a survey done among HIV infected persons on FSxm, from 200 persons living with HIV, 60 did not inform others about their infection (all 60 where from Caribbean origin). From these 60 persons 20 were married. This indicates that 30% of persons with HIV/AIDS do not inform others and 33% of these persons are married.

1.1.9.2 Infection among women and vertical transmission:
Women are at greater risk of contracting HIV in both biological and social terms, as they are both physically more vulnerable and often have little or no power to negotiate safer sex practices with their male partners. As the number of HIV infected women grows, the number of children born with HIV would also increase. As prevention of transmission from mother to child becomes more economically feasible, there is a chance to re-examine preventive priorities and the allocation of resources at national level to maintain and improve available services and care. Due to prophylactic treatment of HIV positive pregnant women, the number of HIV infected infants has decreased tremendously over the past years

Since 1996 on FSxm from the 50 deliveries of HIV positive women, only one (1) child were born infected, the sero-prevalence among pregnant women on FSxm is 2.5%. Statistical data of pregnant women with HIV/AIDS exist on the French Side, however such does not exist on the Dutch Side, which in the future will be made available with the establishment of a surveillance system.

1.1.9.3 Male-to-Male transmission:
Despite a growing burden of HIV-infection among women, and heterosexual contact being the main route of transmission, male-to-male sexual contact remains a major route of HIV-infection.

There is a relatively large group of (to some extent) openly gay persons living on St. Maarten, however there is a much larger group of men living a predominantly heterosexual lifestyle, but for various reasons occasionally is having sex with other men.

Given the strong homophobic culture that pervades much of the region, this mode of HIV-transmission is grossly under-reported, particularly where it relates to bisexuality.

Among the openly gay population, there is an indication that HIV-prevalence is higher compared to the general population. Which percentage of HIV-prevalence should be attributed to (bisexual/hidden) male-to-male contacts is totally unclear, but is expected to be an important determinant in the spread of HIV.

Very few prevention campaigns have addressed the specific issues related to homosexuality and bisexuality. Stigma has driven many gay men to adopt a bisexual lifestyle where underground homosexuality co-exists with socially accepted, visible heterosexual lifestyles. Besides this phenomenon, there is a number of men who would consider themselves heterosexual, but who would at occasion decide to have sex with other men.

From consultations with gay men, estimates of 40 - 60 % of men (in general) having at least sometimes sexual contact with men seems high, as was confirmed by the interviewed target group. The group of openly gay persons is relatively easy to approach through private parties, and gay-friendly clubs. Approaching and educating the group of (bisexual) hidden men having sex with men will be a much bigger challenge. From consultations with gay men, there seems a very high awareness on the HIV/AIDS issue, and a high (but undocumented) use of condoms.

Continued awareness and education-activities with messages that are readily identified and relevant for this population will continue to be very important. As with other vulnerable groups it will be important to identify "peer-leaders" among these groups, and train them to help in peer education within their own niches. As in other communities especially the young gay men seem more at risk of having unsafe sex, and therefore more at risk of becoming HIV/STD-infected.

1.1.9.4 Sexually Transmitted Infections (STI's):

As confirmed in several research projects worldwide, having a Sexually Transmitted Disease (STD) increases the individuals' risk of becoming infected with HIV, and simultaneously increases the risk of HIV-transmission to others through higher Viral burdens of, semen and vaginal secretions.

Many of the STI's stay unnoticed because of lack of symptoms for the infected individual, making prevention activities even more important.

There is no proper registration/surveillance of STD's on St. Maarten.
STD's are diagnosed (and highly under-diagnosed) and treated by the family physicians.

There is no STD-clinic or STD-protocol as existing on other Caribbean islands. Improved diagnostic tools for STD-detection (improved laboratory facilities, and improved awareness among physicians), and increased preventive testing for STD's are crucial to decrease the number of persons living with a Sexually Transmitted Disease.

Proper STD treatment protocols should be implemented to improve effectiveness of treatment, and reduce the chances of future resistance of the microbes.

II. Social & Economic Impact:

2.1. Financial Implication/estimated costs:
Treatment of full-blown AIDS has a price tag in the range of Nafls.2.500 per month (Per patient). HIV infection is a life long disease which affects mainly the young age group(s), being the most economically active. This leads to social and economic repercussions. International studies have calculated and projected the economic consequences of the epidemic over time, and estimated that its direct medical costs and the indirect costs of lost productivity adds up to a very high financial burden. To demonstrate the high-anticipated cost we could look at statistics on FSxm where from all the persons living with HIV/AIDS 63% is under Social Security, 21% is illegal from FSxm and 16% is illegal from DSxm.[2].

The financial and economic burdens are not the only aspects of the epidemic's impact. At the individual level, the terrible burden of illness, stigma and discrimination are real. For households, valuable resources are frequently diverted to care for sick family members. At the same time, the household-budget is reduced because both the PLWHA and the care-giver(s) cannot work. At the social level, in first instance St. Maarten seems to be a rich island but with further analysis there are some factors that drive the epidemic forces: poverty, violence, marginalization, which lead to rising rates of prevalence. Due to the fact that Highly Active Antiretroviral Treatment (HAART) is provided to people living with AIDS, some of the individual burdens are reduced over time.

We will need frankness, openness, determination, policy frameworks and responsible, effective programs to reduce the effects of the epidemic.

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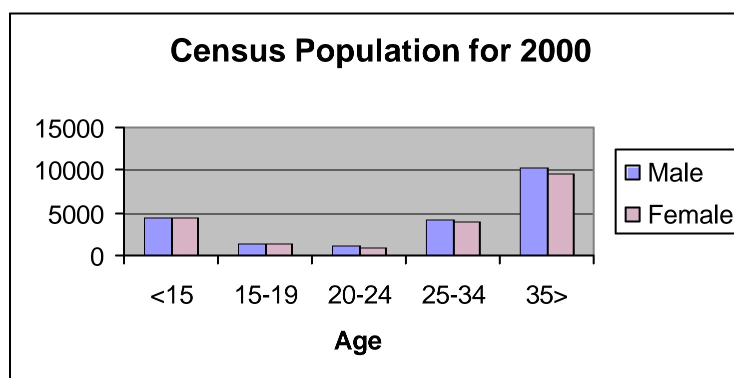
[2] FSxm statistical information is provided by Dr. G. van Osch.

2.2 Demographic implications:
One of the most important long-term effects of a generalized HIV/AIDS epidemic is its impact on demographic indicators. As younger age groups are disproportionately affected by a life-threatening disease, a reduction in life expectancy over time can be projected. As more people are generally expected to live for a shorter period, their expected contributions to the economic and social development become smaller and less reliable.

Population of 2000

Age	Male	Female	Total
<15	4517	4426	8943
15-19	1294	1390	2684
20-24	1106	1043	2149
25-34	4196	4015	8211
35>	10343	9566	19909
Total	100%	100%	100%



Data provided by Census Office

2.3 Health systems:
High prevalence of HIV and AIDS in any group means that more people become sick, and demand health care services. The slow medical progression of HIV infection means that people become gradually sicker over a long period. Left untreated PLWHA's need more and more care. With the availability of HAART, the total care could be reduced because people stay healthy longer, but the total direct cost will grow over time because with the growing number of PLWHAs the number of persons needing treatment will increase.

On FSxm Dr. Claude indicated that there are approximately 150-160 patients presently under surveillance of which 100 patients receive the HAART treatment. On the Dutch Side Between, two doctors (Dr. Jolles& Dr. van Osch) there are 83 patients under surveillance of which 52 receive HAART treatment. Also to be considered is the time that family members must spend caring for their sick relatives, which otherwise might have been spent on more productive activities. Time and resources invested in care for HIV and AIDS patients, can gradually affect other programs and burden resources for health activities.

2.4 Impact on the labor force and on strategic sectors:
Since it affects young adults and people in their prime working ages (20-60), the HIV/AIDS epidemic has an impact on the labor force. The HIV/AIDS epidemic will increase the prevalence of poverty and inequities because of its impact on the economy of the individual, caregiver, business, and island/country through:

* absenteeism, fewer working days;
* limited opportunity for better-paid work and shorter working life;
* loss of income or their breadwinner;
* loss of profit and productivity due to work force morbidity;
* increased staff turnover due to premature loss of services of experienced staff;
* lower productivity of new employees and investments in their training;
* loss of staff morale (fear of discrimination, loss of colleagues, worries);
* decrease of employee benefits due to growing demands for medical care from work place health services;
* early retirement, premature payments from pension funds due to early deaths, increased costs of insurance premiums.

The development of strong workplace-based HIV prevention and care programmes with full involvement of government, employers and workers' organizations is vital for St. Maarten.

III. Issues:

3.1 Mobility and tourism:
As St. Maarten is a popular tourist destination, it is uniquely exposed to various health threats. In addition to receiving more than one million visitors from abroad each year, the local population as inter-regional traveler in general is very mobile, traveling from island to island and outside the regions for work, study and family reasons. *See chart below*. Because mobility is often linked to increased risk of HIV infection, the characteristics of the population movements that make up such an important part of St. Maarten life need particular attention.

Political instability and huge socioeconomic inequalities between neighboring countries are important impulses for migration. Flows of migrants include sex workers, tourists, business travelers, petty traders, casual laborers and others. The predominance of either sex in a migration stream indicates that immigrants are not moving with spouses or families. This presents opportunities for high risk behaviors, such as multiple sexual partners, the likelihood of engaging in or purchasing commercial sex, and increased use of alcohol and drugs, the abuse of which can impair judgment and free up

inhibitators/restrictions that might otherwise offer protection from undue HIV risk.

Year	Cruise Tourism	Air Arrivals	Cruise Ship Arrivals
1998	881,823	532,252	536
1999	615,978	522,887	358
2000	868,318	512,244	492

Data is provided by the Tourist Office.

Visitors to our shores should also be targeted to increase safe sex practices in general, without loosing sight of the sensitivity of this subject for our tourist-product and economic livelihood.

3.2 The sex industry:

Being a promoted as a tourist destination and having a highly mobile population increases the presence of commercial sex industry on St. Maarten. Sex workers are generally defined as women or men who provide sex for material benefit. Commercial sex work is wide spread, and takes place under a variety of circumstances.

There are short term as well as fixed brothel workers, and mobile sex workers; they are single and married, women and men. Male prostitution in the form of "beach boys" exists. Brothels exist on the island of St. Maarten. They are not organized and they deny that such business is carried out from behind their doors. Most are labeled as bar or dance rooms. Only one brothel is presently registered by the Sector Health Care Affairs. This brothel undergoes regular check ups done by a doctor and a public health nurse.

The public health nurse does not check the others and they are not registered with the SHCA as brothels. There is no information on the amount of persons working in each business, from when they started and what type of safety measure and medical check up are in place. There are two known entrepreneurs in this business that ensure that safe sex is performed and is strictly carried out but there are other existing entrepreneurs, smaller, where there is no certainty that the necessary precaution are taken. It is even more difficult to obtain information from these smaller operations.

From within SHCA there are no systematic registration, structured guidelines, monitoring, legislation, policy or protocol on testing of the employees in such entrepreneurship. There are also independent and mobile entrepreneurs in this business, making it more difficult to monitor in the fight against HIV/AIDS. A more active/consistent role of the enforcement of the laws and policies will be needed to control the negative effects the sex industry will have on the epidemic.

The vulnerability of sex workers, as well as the role they play in the overall transmission of the epidemic in the region, requires special attention and adequate policy frameworks. In many cases, economic hardship is the single

most important reason given by sex workers for going into sex work. Alcohol and substance abuse are related issues. Alcohol, crack/cocaine and marihuana, make it easier for some women and men to carry out their trade. Sex tourism continues to grow and increasingly new groups are being pulled into commercial and or "transactional" sex (sex for survival) they include students, homemakers and the adolescent. Although totally undocumented there are a number of young men offering sex in exchange for money, a "good time", or material advantages.

Local persons might become infected from HIV-infected tourists who feel more unrestricted on vacation and can leave anonymously. Some tourists in return might be at risk of contracting unwanted infections if they decide to have unsafe sexual practices during their vacation. Attempts should be made to get a better understanding of the existence of the "Beach-boys" and the dynamics of the (illegal) sex industry, to improve and promote HIV/STD awareness and education for these target groups.

IV. Challenges:

The different modes of HIV transmission are known by most of our English speaking community. Distribution of information to the public is realized through random lectures in the schools and in various groups within the community. Actions taken by these partners under the leadership of the Policy, Epidemiology and Preventive Unit must include advocacy and social mobilization, national policy development, the establishment of age, culture, gender, and language-specific HIV prevention activities and programmes. As the epidemic continues to evolve, complex issues related to access care, policies and coordination will present additional challenges.

4.1 Contributing social and behavioral norms:
Many men and women have multiple sex partners; social and cultural norms condone and even encourage this. Poor communication among partners on sexual needs and concerns is coupled with and compounded by women's emotional and socio-economic dependence on men, which limits women's ability to negotiate safer sex practices. These factors are often compounded by high levels of sexual violence and the fact that sexual activity among youth often begins at much earlier ages than is commonly believed by parents, teachers, and other adults.

Social "taboos" prevent teaching or discussing sex with young people and prohibits adequate incorporation of sex educational programmes in schools curricula. Heavy stigma surrounding same-sex relationships means both individual and societal denial of actual risk; many men who have sex with men also have sexual relationships with women, thereby increasing the risk of transmission to women and children. Although condoms are widely available,

their limited acceptability restricts their use. Widespread use and abuse of alcohol and other substances, especially among young people, often act as a dis-inhibiting factor and facilitate sexual violence and other high-risk behaviors. In order to be successful, prevention campaigns will have to acknowledge and address these factors in a realistic way.

4.2 St. Maarten AIDs Committee Past Interventions:

The St. Maarten AIDS Committee was founded in September 1991, as subcommittee of the Foundation for Health Promotion.
It's objectives are:

- To promote the awareness among the general population about the existence of HIV/AIDS and Sexually Transmittable Diseases (STD's).
- Prevention of HIV-infection in the community.
- Prevention and reduction of possible negative social and/or personal consequences of the AIDS-epidemic.

It is a Non Governmental, but recognized volunteer organization.
In the beginning years, the committee especially concentrated on Awareness and Education activities for the general population, youths (schools), workplaces, immigrant populations, and religious groups.
Over the past years and especially today, the committee concentrates its efforts in support and empowerment of persons living with HIV/AIDS on St. Maarten.

Education has continued but on a smaller scale, and discussions have been ongoing with Government to divide responsibilities.
Funding for activities came from local fundraisings since there was a lack of financial support from government and international organizations.
Even though much was accomplished by this organization in bringing attention to the HIV/AIDS topic, many issues/challenges were not realized due to the lack of finances and employed professional staff.

As has been concluded in several formal National AIDS Plans, there is a need to professionalize the HIV/AIDS prevention efforts, since dependence on volunteer initiatives does not lead to a sustained approach.
To strengthen the organization and improve the chances that it's objectives are accomplished, assistance through resources, financial injection, and support are needed. ***(See Appendix 1***)

4.3 Past Governmental Interventions:

Even though, the Health Information Foundation and the SHCA Aids Coordinator realized information and awareness programs in the past it has not 100% stimulated political will and government initiative, openness regarding sexually sensitive issues and targeted interventions. St. Maarten population has been directly or indirectly exposed to HIV/AIDS prevention messages. This exposure was done by the SHCA Aids coordinator through lectures given in various primary and secondary schools on a request basis. Also through talk shows,

radio and television, and the highlight of World Aids Day in the community through street interviews, distribution of condoms, pamphlets and T-Shirts to heighten the HIV/AIDs awareness. The Aids coordinator also assister or supported the activities of the Aids committee, which are listed in more details in appendix 1.

4.4 Mobilizing and coordinating an expanded multi sectoral response:
An effective response to HIV must be based on the involvement of all sectors of society including health, education, social welfare, labor, law enforcement, finance and the highest levels of Government, being the Executive Council. High-level support and political commitment is key to the long-term success of any effort. Although some political leaders have spoken out publicly on the importance of the epidemic, there remains the need to obtain highly visible, sustained political will, commitment to give unambiguous and personally identifiable leadership at the highest level to the fight against the epidemic in St. Maarten.

Participation in the strategic planning with the full involvement of all of the sectors of society remains a key challenge for St. Maarten.

St. Maarten's plan should assess the situation and specific issues, assess the effectiveness of the response to date and, based on this, determine the priorities for action. The effective responses need to be supported and improved while new initiatives need to focus on the most critical areas. Another key challenge is to sensitize all sectors that HIV/AIDS is not merely a health issue. Failure to see HIV/AIDS as a developmental concern permeates not only amongst government, but also civil society and the business sector.

4.5 Policy and Program Development:
Policy and program development remains weak for a variety of reasons, including lack of reliable data on the size and scope of the epidemic, its causes and consequences, and projections of its future course. Adequate operational and behavioral research is still needed to implement new policy making. Lack of resources available for a strategic response highlights the low level of priority given to date to the epidemic. Strategic planning will be crucial to determine how best to allocate scarce resources, in particular with regard to cost effective interventions.

4.6 Prevention:
The speed of behavioral change and increase in condom use has been outpaced by the rate of the spread of the epidemic. Targeted interventions particularly those geared towards vulnerable, hard-to-reach groups are needed. These hard to reach groups include: men who have sex with men (MSM), sex workers, immigrant groups, multi-cultural groups, institutionalized populations, school drop-outs and substance abusers. Other challenges include: prevention of mother-to-child transmission and blood safety. To address these issues technical expertise should be sought and financial resources should be made

available/budgeted. The success of both general and more specific prevention interventions depends on an empowered policy making body that openly acknowledges both the reality of the epidemic and its underlying social and economic causes and consequences.

4.7 Meeting the special needs of young people:
One of the most important areas of emphasis for prevention efforts must be young people. As a sexually transmitted disease, HIV/AIDS disproportionately affects the young segments of the population. Early sexual initiation usually brings with it high risk of HIV Infection. On DSxm, there is a high prevalence of teen-age pregnancy. A recent survey conducted by SIFMA shows that 13 % of teenage girls (ages 12- 19 years old) are pregnant or have a child. With this incidence, St. Maarten is the highest within Netherlands Antilles. From all abortions done on DSxm, 16% are performed on Teenage girls. From the total number of abortions done on Teenage girls the breakdown based on origin are Haitians 4.95%, St. Domingo 13.11% and Statians 19.15%; DSxm origin is 39.52% and FSxm origin is 42.59%.[3*]

4.8 The special risk for young girls:
Some young girls are particularly at risk of becoming infected due to a tendency that older men prefer to have sex with younger girls for various reasons. Other reasons why young girls are more at risk of having sex at an early age especially with older men: peer pressure hidden story of coercive sex, rape, incest, domestic violence and commercial sex, which the young girls must cope with.

Young girls are exposed to sexual abuse and sexual exploitation, often associated with dysfunctional families and poverty. Children subjected to sexual abuse in childhood are typically robbed of self-esteem and of a feeling of control over their lives, which increases their risks of substance abuse and involvement in sex work later in life. Young girls are more embarrassed than the boys to buy condoms if they are sexually active because society will put a label being promiscuous.

4.9 The need to expand care and support:
Many issues will need to be addressed in the (near) future, many of which have not been properly formulated/identified at this moment. PLWHA have not been able to make their voices known about the issues at hand, due to their isolated/underground and stigmatized living.

Improving access and quality of care for the growing number of people living with HIV/AIDS on St. Maarten must be a priority. Health services are already struggling to respond to persons with HIV/AIDS requiring care support and treatment. Treatment of this infection has become challenging and highly specialized in this constantly changing field of medicine. Medical care for this

[3] Statistical information is provided by Dr. G. van Osch & Dr. G. Foeken.

infection is concentrated and given only by two physicians on DSXM. The added workload is presently still manageable by both doctors, but a more multi-disciplinary approach (physician, sociologist, psychologist, dietician, etc), and in the future a larger group of physicians might need to be trained to effectively take care of the growing number of PLWHA. A small PLWHA support-group is presently active, with support from the local AIDS Committee.

Persons that cannot pay for necessary CD4 and Viral Load testing receive financial assistance from the AIDS Committee. Other assistance programs are needed occasionally, but financially not feasible at this time.
Although care and treatment does exist, these facilities can be improved on. Planning is essential to ensure sustainability in the future. Additional budgeting by Government, and Social Insurance Bank will be needed, and possibly international financial support should be sought. Another possibility is to look for separate (quantum) deals with pharmaceutical companies, or look into possibilities of obtaining generic antiretroviral medicines as is done in some South American countries.

Some Private Insurance Companies do not insure HIV/AIDS related costs, and in refusing so increase the financial burden for the Government. Effective federal policy pertaining to medical insurances should be implemented, if necessary through a change in legislation.

In order to accomplish a proper surveillance unit, additional resources, education and upgrading are needed. This unit could identify some of the challenges that should be addressed e.g. improve counseling, improve health care training, improvement of confidentiality and privacy legislations and many other care issues.

There is a need for SHCA to set up structured policy/legislations and encourage regular contacts and brainstorming with the entrepreneurs of the sex industry. There is also a need to improve counseling, care facilities for PLWHA, and reduce stigmatization and discrimination.

By assisting PLWHA in understanding and coping with their infection, the community can help reduce the unwitting/ignorance transmission of HIV to others. Sometimes this access is limited not by lack of facilities but by fear of stigma and discrimination, including fear of being identified as a member of a "high risk group", the fear of being tested without consent, and limited (trust in) confidentiality.

Therefore, programmes aimed at strengthening the capacity of health services must include not only better access to medications, but improved quality and privacy of services. Confidentiality related to HIV/AIDS remains one of the most important issues for PLWHA. This disease should on one side be lifted out of the doom of stigmatization, and brought more in the foreground/openness. At the

same time because of the stigmatization of this infection, it continues to be difficult/dangerous for PLWHA to disclose their status.

< **The following abstract is a personal view on discrimination from a person living with HIV/AIDS** *"Beside the side effects of medication, which are mild to non-existent in my case, the most difficult part of living with HIV is the constant awareness (fear) that if the wrong person finds out, it will immediately become public knowledge. In this small and judgmental community, this means the loss of respect from the public being judged and condemned by people you don't know and who don't know you. Ostracized by acquaintances and all the negative that we know abound in this community. This will make life for me emotionally unbearable and it will be impossible to function well in this community, all the while feeling physically fit and cape able of contributing to society. The few friends or family from whom one might receive sympathy do not deserve to have to bear this burden as long as it is not necessary."* >

It will need a multi-directional approach from both general public/legislative bodies, and PLWHA to lift the discriminating burden from this disease, especially in a small community as St. Maarten.

Persons that are illegal on St. Maarten (undocumented persons) of which many are not insured are not able to receive antiretroviral treatment, unless they pay for the medicines themselves, which is often not possible due to the high cost. A lot of these persons already live many years on the island without being able to secure proper legal status.

Proper planning and programs should be implemented for these persons especially because many have made their contributions to the economy of St. Maarten.

Illegal women that are pregnant and HIV-infected will need proper preventative antiretroviral treatment, to reduce the number of HIV infected infants, and reduce the financial burden for the future.
Better protocols, and financial budgeting are needed to improve the present situation. An improved immigration control is needed simultaneously, underlining the need for a multi-sectoral approach.

4.10 Stigma:
HIV/AIDS is coupled with a general reaction of fear and prejudice in most societies, also in St. Maarten. This often results in the marginalization, stigma and outright discrimination of the human rights of people infected and living with HIV/AIDS.

People living with HIV/AIDS continue to be stigmatized and shunned from the community, thus many still choose not to disclose their HIV status for fear of being rejected by the community and families, losing their jobs, their housing

and social status. Although there is a gradual movement of PLWHAs organizing themselves and articulating their own care and support needs, their efforts should be supported and included in policy and program development.

4.11 Opportunities for a strategic response:
In order to combat or influence the number of HIV/AIDS patients there should be a consistent focus on education within the community and within schools with the goal to erase the existing stigmatism, myths and religious barriers associated with the disease by promoting safe sex and absenteeism. Government should ensure that such topics are taught in every school as part of the school curriculum. A committee should be put in place to ensure the realization of making HIV/AIDS or STI's information as a permanent part of the curriculum.

A strategic response also means a mass communication approach where HIV/AIDS workshops and information sessions will be organized; in the various languages and in the various districts with the goal to encourage informal discussions on the topic. With the aim to diminish the shame and taboo associated to the disease, stimulating the willingness to come forward and share personal experiences.

V. St. Maarten Strategic plan:

The overall intention of the plan is to reduce the spread and impact of HIV/AIDS on St. Maarten. Its framework identifies areas of priority at a local and regional level, which are focused on promoting a strengthened multi-sectoral, effective and coordinated response to the epidemic.

5.1 Identified local problems:
During preliminary meetings to develop a new HIV/AIDS Policy Plan some of the identified local problems were:

- Continued Stigmatization of HIV/AIDS and the persons living with this disease.
- Lack of Awareness for HIV/AIDS among all levels of our (multicultural) society.
- Lack of support for effective Awareness/Education programs for HIV/AIDS and other Sexually Transmitted Diseases.
- Lack of support for persons living with HIV/AIDS.
- Lack of self-esteem among youths, and other persons in our society.
- Non-existence of an effective school-curriculum on HIV/AIDS/Sexual Education.
- Loss of interest in HIV/AIDS. Many people think that with the availability of new antiretroviral medicines it is no longer important to really pay attention to this disease
- fuelling the continued ignorance.
- "Macho-mentality"

- Lack of negotiation skills among youths, and women, to force 100% condom-use.
- Lack of easy access and willingness to use condoms consistently by both men and
  women.
- Lack of information, and counseling in different languages. (especially Haitian Creole and Spanish).

5.2 Challenges to be addressed in the plan:
Challenges to be addressed in the context of this strategic plan include:

- **Advocacy, policy development and legislation**
- **Regional cooperation** (French Side, Saba, St. Eustatius, Anguilla and St. Barths)
- **Support of people living with HIV/AIDS**
- **Prevention of HIV transmission, with a focus on**
  * Young people
  * Religious groups
  * Married women
  * PLWHA
  * Women & men (gender issues)
  * Immigrant Population
  * local media
  * NGOs
  * Key governmental departments
- **Prevention of HIV transmission among especially vulnerable groups:**
  *Men who have sex with men (MSM)
  * Sex workers
  * Immigrant population
  * Multi-cultural groups
  * Institutionalized populations
  * School dropouts
  * Substance abusers.
- **Prevention of mother to child transmission of HIV.**
- **Strengthening the response capabilities.**
- **Strengthening capabilities of the Health Care Systems.**

5.3 Linkage with existing programmes and activities:
Successful implementation of the plan will require the support of a variety of partners that operate locally and regionally. To facilitate the execution of the plan, existing local programs should be supported and the work done by the SHCA should be structured and consistent. Some of these programs are: the St. Maarten AIDS Committee’s program supporting people living with HIV/AIDS (PLWHA), the Red Cross Youths & AIDS program, who has committed its organization to increase youth awareness in regards to HIV/AIDS by mobilizing a

"Red Cross HIV/AIDs Youth Committed" SIFMA program for Teenage Mothers, the Rotary HIV/AIDS awareness program.

5.4 Resource mobilization:
Existing programs and planned projects provide a basis for resources required to implement the strategic plan. However, important gaps remain, and as various donors and partners consider options and means of supporting an expanded response, it is important that new activities are coordinated within the framework of the plan. Government retains the responsibility to mobilize additional resources in support of the plan.

In order to arrive at a broad based strategic plan negotiations amongst local and regional partners are ongoing. To support and implement the strategic plan, cooperation and support are needed from International organizations e.g.: UNAIDS, PAHO, CAREC, Caribbean Task Force on HIV/AIDS and Red Cross.

Anticipated resources to be mobilized are:

- A growing number of appropriately skilled persons, able to contribute to effective policy development and implementation of programs.
- An expanded and effective local network of people living with HIV/AIDS, advocating improved care and support, and contributing to policy development.
- Improved local capacity to design, implement and evaluate interventions to reduce high-risk behavior related to the spread of STI/HIV infection.
- More comprehensive and accurate surveillance/research on the course, consequences and costs of the epidemic, which included data collection, monitoring and evaluation of programs.

5.5 Implementation:
First phase of planning:
to ensure that a community-based document was produced, a temporarily working committee was established to define and refine the accumulated data used in this plan.

Second phase of planning:
To ensure that the community based involvement, in the second phase, it was identified that for an effective realization of the strategic plan a community-based platform should be appointed. The platform's task will be to monitor, adjust, evaluate, lobby, stimulate advocacy and encourage the realization of the different aspects of the strategic plan.

Platform:
The platform for the prevention, care, technical support and guidance for HIV/AIDS requires the cooperation, support and action form different groups, both in the public and private sectors. The Platform is the advisory mechanism for this high level, multi-sectoral support. Members on the Platform are not implementation but in their own group implementers.

The board is not an operational, implementing, administrative body with the responsibility for executing programs.
Its expressed purpose should be:

- To serve as the executing and implementing agency for executing the policies, programs and directives of the SXM HIV/AIDS Project Team.
- To articulate the commitment from the highest level of the government on HIV/AIDS prevention and control
- To profile the issues related to HIV/AIDS to a wide cross section of the population and society, that would attract attention to the issue of HIV/AIDS
- To solicit broad support for has to determine which type of support
- To serve as the lobbyist and the advocacy body for HIV/AIDS in the highest circles
- To advise on HIV/AIDS policy and review existing related policies to ensure consistency with the strategic vision on HIV/AIDS, consistent with the developmental objectives of the island.
- To facilitate communication and coordination among government sectors and other organizations involved in National AIDS programs and activities
- To facilitate resource mobilization for the National Aids Program
- To encourage contributions from new partners in the expanded response to HIV/AIDS through the mobilizing and channeling of resources.

The committee's composition should reflect the fact that HIV/AIDS is not only a health issue but also a developmental issue, which transcends, affects and impacts on all aspects of society. Towards this end, it is critical that government, private, NGO, community sectors be included at the highest level of the dialogue and is allowed to play an integral role in the strategic direction of the planning process and implementation of the plan.

The proposed members of the platform should consist of representatives of the following community partners:

Sector Health Care Affairs	1 representative
Government Executive	1 representative
People Living with HIV/AIDS	2 representative
Medical	1 representative
Youth	1 representative
Speakers of other languages	2 representatives
Non-governmental Organizations	1 representative

Aids Foundation	1 representative
Service Clubs	1 representative
Religious Groups	1 representative
Tourist Affairs	1 representative
Financial Affairs	1 representative
Media	1 representative
Legal Affairs	1 representative
French Side	1 representative
Insurance	1 representative
French Side Faith Based	1 representative

The life span of the platform is five years in accordance with the strategic plan. Each institution or clusters of the respective organizations should select their own representative(s) who is delegated to make decisions on their behalf and submit the names to the SHCA.

The profile of platform members:
Persons appointed, as members of the platform should fit the following profile
Committed to the work of HIV/AIDS prevention program & the realization of the strategic document;
Committed to bringing a positive change in regards to HIV/AIDs issues within the community;
Organized;
Capable of working independently and in a group;
Knowledge of finance;
Good administrative skills, communication skills;
Managerial and meeting skills/experiences;
Comfortable with articulating and discussing the issues surrounding HIV/AIDs (sex, condom use, homosexuality, PWLHA, etc.);
High energy levels;
Self-motivation and should be able to influence decision-making.

St. Maarten HIV/AIDS Project Team:
An appointed project team within SHCA will have a more day-to-day execution of the plan and an advisory role to the St. Maarten Strategic HIV/AIDs Platform. The purpose of the SXM HIV/AIDS Project Team is to facilitate and sustain an effective expanded response to AIDS through the stimulation and coordination of activities within the team, there should at least a Project Leader, a Communication Specialist and a Project Assistant.

Its specific objectives should include:

- To develop suitable programs to meet the needs of the country in terms of education, information dissemination, training, care, support and counseling in the area of HIV/AIDS;

- To coordinate the multiple efforts from other public and private agencies in stemming the spread of HIV/AIDS in St. Maarten;

- To serve as the focal point for information and advice on HIV/AIDS to the community and as requested;

- To ensure continuous networking between the partners to achieve the necessary synergies;

- To ensure that surveillance and research are conducted by the competent agencies to generate information required for the planning and evaluation of HIV/STI prevention, care, counseling and support;

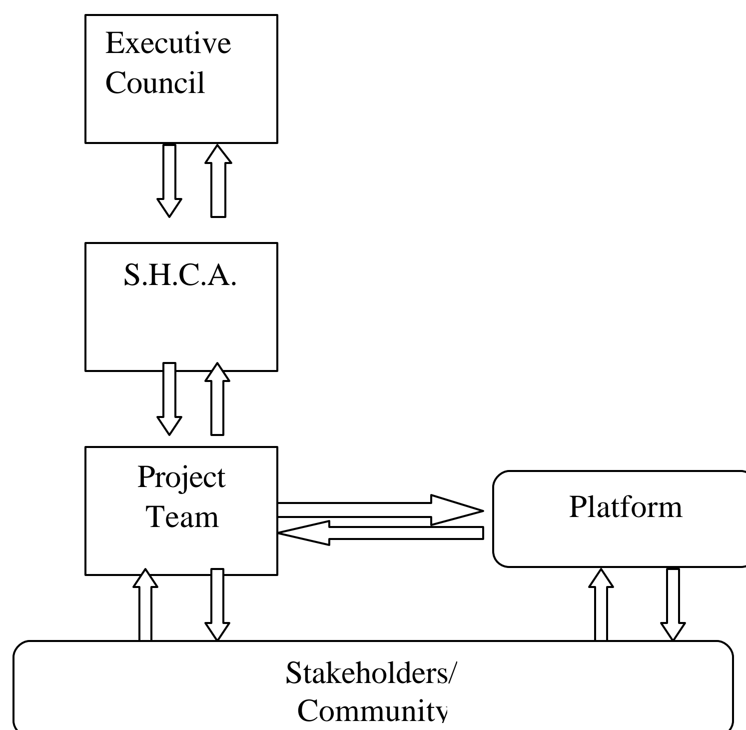
- To act as the clearing house/repository for all HIV related information and to analyze and disseminate this information to all community partners: government sectors and stakeholders;

- To present to the political directorate via the National AIDS Committee of the Netherlands Antilles updates on the insular HIV/AIDS situation.

The profile for the project leader of the project team:
Core competencies and experience;
Managerial training and background in Strategic Planning;
Understanding of behavioral issues;
Comprehensive understanding of HIV/AIDS and its relevance to the Caribbean region;

Character skills:
Relationship-building skills - includes team building, contact, mediation and negotiation skills.
Exhibiting sensitivity to the social and political issues in the region;
Exceptional communication skills (written & oral);
Comfortable with articulating and discussing the issues surrounding HIV/AIDS (sex, condom use, homosexuality, PWLHA, etc.);
High energy levels;
Gender sensitivity;
Confidentiality.

Organizational Chart of Future HIV/AIDS Structure:



5.6 Budget:
The budget listed in this strategic plan will give an approximate outline of financial resources needed to full-fill the objectives over a five year period. The local government will cover a percentage of the budget, considering the available resources, funding will be sought from community partners and international funding agencies. An economical study should be done to determine the financial burden of this disease on the island of St. Maarten to justify and stimulate financial involvement from non-governmental institutions or agencies.

VI. Priority Areas & Strategic Objectives:

The plan is flexible because as more information and data are accumulated and situations alter, the priorities and objectives will change to suit the dynamics of the HIV/AIDS epidemics.

6.1 Priority Area 1: Advocacy, policy development and legislation

- **1.1.** To promote the incorporation of human rights and non-discrimination in policy and legislation, in accordance with international guidelines.

- **1.2**. To mobilize local leaders from political and religious organizations on HIV/human rights issues.

- **1.3**. To promote awareness and commitment at multi-sectoral level on HIV and human rights issues.

- **1.4.** To ensure that policy decisions reflect international standards.

- **1.5.** To seek the most effective structure for the implementation and execution of the strategic plan.

- **1.6.** To increase participation of PLWHA in policy dialogue.

- **1.7.** To expand analysis of the impact of the epidemic on social and economic sectors.

- **1.8.** To identify opportunities for participation in international research.

- **1.9**. To ensure a standard of cooperation between both Dutch & French St. Martin in accumulating and comparing data.

- **1.10.** To identify and address policy issues affecting mobile populations (testing, immigration requirements, employment, insurance etc.).

6.2 Priority Area 2: Prevention of HIV transmission:

- **2.1**.To ensure general access to reliable and accurate information about HIV/AIDs.

- **2.2.**To ensure recognition of gender issues within all prevention campaigns.

- **2.3**. To ensure that prevention messages are integrated into as many opportunities as possible.

- **2.4.** To improve and support the implementation of Health and Family Life Education Programs.

- **2.5.** To integrate HIV and STI issues into adolescent programmes including reproductive health programs.

- **2.6.** To ensure the availability and accessibility of condoms to youth and all others in our community.

- **2.7.** To advocate for the provision of youth-oriented health services and facilities.

- **2.8.** To promote and support innovative peer counseling models for youth, parents and teachers.

- **2.9.** To ensure the access of out of school youth to HIV/AIDS prevention and services.

- **2.10.** To ensure the churches involvement in support and education.

- **2.11.** To decrease the religious barriers that exists in giving HIV/AIDS information.

- **2.12.** To ensure that the preventive information is geared toward the different national groups.

- **2.13.** To identify opportunities within the tourism sector for HIV prevention.

- **2.14.** To mobilize and support employers to assess HIV/AIDS in their workplaces and to introduce appropriate prevention and support programmes for employees.

6.3 Priority Area 3: Prevention of HIV transmission among especially vulnerable groups:

Men who have sex with men (MSM)

- **3.1.** To support and incorporate networks of MSM in addressing HIV prevention and care.

Sex workers/Substance abusers

- **3.2**. To strengthen the understanding of the role of sex workers/substance abusers locally and in the region.

- **3.3.** Epidemiology of HIV/STIs, and to use information in appropriate prevention and care strategies.

- **3.4.** To support development of networks of NGOs addressing HIV prevention and care.

- **3.5.** To address the special needs of sex workers/substance abusers.

6.4 Priority Area 4: Sustain and improve support/care for PLWHA

- **4.1.** To support people living with HIV/AIDS.
- **4.2.** To improve and sustain adequate health care for PLWHA.

6.5 Priority Area 5: Prevention of mother to child transmission of HIV

- **5.1**. To strengthen primary prevention among women.

- **5.2.** To develop policy and operational guidelines.

6.6 Priority Area 6: Strengthening of response capabilities.

- **6.1.** To establish a surveillance system.

- **6.2.** To expand and improve the quality of information available to programme managers and policy makers on the course, causes and consequences of the epidemic.

- **6.3.** To promote information exchange, coordination and formation of strategic alliances.

- **6.4.** To inform and mobilize policy makers at the highest levels with more comprehensive information, consequences and costs of the epidemic.

- **6.5.** To ensure participation of key economic and social sectors in the dialogues on HIV/AIDS.

- **6.6**. To increase quality and coverage of HIV/AIDS issues in the media.

- **6.7.** To expand the cadre of HIV/AIDS educators.

- **6.8.** To improve effective evaluation of all interventions within the scope of this strategic plan and to adjust future interventions according to the lessons learned.

6.7 Priority Area 7: Strengthening capabilities of the Health Care System

- **7.1.**To improve education on HIV/AIDS related matters.

- **7.2.**To ensure that the right tools are in place to protect against occupational infections (HIV, Hep B, Hep C, etc.).

- **7.3**.To ensure that the safety procedures are enforced on the job.

- **7.4.**To establish protocol/guidelines in treating job-related infections.

- **7.5.**To improve/sustain clear confidentiality protocols within the health care system.

- **7.6.**To improve/sustain proper blood transfusion protocols according to international guidelines.

Appendix 1
The St. Maarten AIDS Committee
What worked, what didn't work, and what leads to be done:

The St. Maarten AIDS Committee was officially founded in 1991, and has its legal basis within the Foundation for Health promotion St. Maarten.
It is a non-governmental, not for profit, volunteer organization.

The initial objectives of the AIDS Committee where:
- To promote the awareness among the general population about the existence of Acquired Immune Deficiency Syndrome, and Sexually Transmittable Diseases.
- Prevention of Human Immunodeficiency Virus infection in the Community.
- Prevention and reduction of possible negative social and/or personal consequences
  of the AIDS-epidemic.

Over the years, this Committee has performed many Awareness and Educational activities. Gradually the activities have shifted from an educational focus towards support and care for Persons Living With HIV/AIDS (PLWHA).

The following is a summarized overview of the different activities over the past 10 years:
- Epidemiology surveys including statistics of both Dutch and French St. Maarten.

- Workshops on HIV/AIDS/STD are to train Health Care and Social workers, counselors, Junior AIDS Committee members, Help-line/Health Information Center volunteers.

- Sensitization of all Ministers of Health, Commissioners of Health, Lt. Governors, the Governor of the Ned. Antilles, and even the Queen during her visit to St. Maarten on the importance of HIV/AIDS prevention and Government involvement/responsibilities

- Program and Budget Proposals to PAHO/WHO and EEC/Depos. No funds where received however.

- Opening and maintenance of Health Information Center and AIDS-Help-line. This Center supplied free confidential testing for HIV, counseling, general information on HIV/AIDS/STD's and many other medical subjects, library for schools with video's and audio's on HIV/AIDS.

- Assistance in the writing of a "Beleids Plan" on HIV/AIDS.

- Participation within the National AIDS Program, and liaison with several regional

Organizations (Fr. St. Martin, Puerto Rico, Haiti, Dom. Republic, Anguilla)

- Setting up of a Junior AIDS Committee for peer education/activities among the youths.

- Discussions/advise on improvement of the Laboratory facilities of Landslaboratorium.
  (Eliza test was finally introduced, Western-Blot not financially feasible, CD4 testing and Viral Load testing only possible through French Private Laboratories).

- Since '92 planning and discussion to introduce a school-curriculum on "Healthy Lifestyles" which would include HIV/AIDS/STD/Drugs. Unfortunately, this curriculum has not been implemented till now.

- Printing/distribution of locally adapted folders/posters/bumper-stickers.

- Multitude of newspaper articles press releases, and sensitizing ads.

- Multitude of Radio and Television appearances, live call-in programs, including 4 TV programs in which a PLWHA came forward to highlight the effects on his/her life. Broadcasting of videos and films on HIV/AIDS on the local TV stations. Production and broadcasting of Radio jingles.

- A survey on knowledge, awareness, and (sexual) practices among all secondary school youths ('93).

- Yearly World AIDS Day activities, including Red Ribbon Day, with distribution of Red ribbons, T-shirts, and buttons, cultural manifestations, youth-rallies, lectures, workshops, mass-media support, library exhibits, introduction of a Quilt-project (which never really came off the ground), etc. etc.

- Multitude of lectures for General public, youths, church-groups, women-organizations, businesses/workplace interventions, men having sex with men, immigrant groups (including Haitian, Dominican Republic, Dominica, Jamaica), Red Cross, etc.

- Introduction and seeking Government's approval for the appointment of a full-time AIDS-Coordinator (civil servant).

- Mobile HIV/AIDS information stand, which traveled to many public gatherings/fairs.

- Condom distribution whole year round and especially during Carnival.

- 5 successive years of Grand Parade Carnival participation with yearly awareness messages and condom distribution.

- Information kits for Churches.

- Staging of 2 different plays on HIV/AIDS (Godfrey Seally, Louis Laveist), all with local casting.

- Setting up of an AIDS Steering Committee with participation of Local Government, French St. Martin officials, Turning Point members, and AIDS Committee ('92,'93).

- Installation of sensitizing billboards along the roads.

- Radio HIV/AIDS Quiz.

- Advise and implementation to abolish the HIV-testing of immigrants and food-handlers.

- Assistance with clothing/bedding and food for PLWHA that where living on the streets after being evicted from their homes. Fortunately this has not been necessary in the past few years, possibly because a higher level of tolerance and awareness among the population.

- With financial support of the Althea Turner Scholarship program and the AIDS Comm. a total of 7 PLWHA where able to travel to the USA to participate in AIDS Medicine and Miracle Conferences.

- Other PLWHAs where financially supported to attend conferences of the Caribbean Regional Network of people living with HIV/AIDS (CRN).

- Setting up of a local HIV/AIDS support-group called HOPE (Helping Ourselves in a Positive Environment).

- Assistance in setting up of Nursing-protocols for local hospital.

- Protocol advice for Post Exposure Prophylaxis, and Prevention of HIV transmission from Mother to Infant.

- Counseling for PLWHA by local M.D. and a person living with HIV/AIDS.

- Improvement/advise and acquisition of up to date Highly Active Antiretroviral Treatment on St. Maarten. Medications are fully covered by SVB, Government and some (not all!) private medical insurances. Only very few (illegal) persons have to pay for their medications themselves.

- The AIDS Committee assisted in the placement of in total 3 HIV-orphans that where living in the local hospital.

- Presently a KABP-study is in its final stages financed by CEDE-Antia and the AIDS Committee.

- Last year St. Maarten participated for the first time in the Internationally organized AIDS National Candlelight Memorial.

No substantial funding was ever received from International organizations mainly due to difficult political climates, and below level commitment.
All funds where locally raised through Gala Dinners, sports manifestations, cultural events, Youth talent shows, Celebrity Culinary Contests, benefit concerts, movie theatre proceeds, the generous support of local Service clubs, and private donations.

We should learn from the many activities that where done, all by dedicated volunteers. The lessons learned should include the fact that it is impossible to maintain an up to date and effective HIV/AIDS program without the committed involvement and responsibility of Government, and the involvement of full-time paid personnel.

Only relying on volunteers means a constant up and down of visibility and activity due to regular burnout of the staff. It also makes little sense to appoint an AIDS-Coordinator and only budget for salary but no activities (as was done in the beginning). The constant non-availability of funds and red tape for such a staff member has proven to be extremely frustrating.

It is advised that Government will employ a very active Coordination-Unit solely for the implementation/coordination of this Strategic Plan. This Unit should have a known budget set aside for them so they can concentrate on accountability and not waste time on begging for money. It will be crucial for Government to set aside a reasonable and large enough budget for this plan otherwise the plan is already doomed at its inception.

Government is off course not solely responsible for the success of this plan. Participation of Community Partners will be crucial to monitor the process and adapt this plan according to changes in society. Additional finances and volunteer resource should be sought through these Partners.

International Funding should be requested, and contrary to experiences of the past will hopefully benefit this Program. With a well supported Strategic Plan, and commitment of the different partners, plus the new possibilities that funds can be directly requested without involvement of the Federal level, a more stable financial input should be possible.

For a more effective contact with PAHO it is advised that the Windward Islands (St. Maarten, Saba, St. Eustatius) would fall under the PAHO bureau in Barbados, and not the one in Venezuela. The Venezuela connection including

the connection through the Federal level in Curacao has proven to be very ineffective.

Liaison with UNAIDS, CAREC and the Caribbean AIDS Task Force will have to improve in both directions especially on Governmental level. These liaisons have till now depended too much on private/individual contacts. At the official level it is still to be evaluated how these organizations can help St. Maarten in its fight against HIV/AIDS and how we can cooperate with the mentioned organizations to make the HIV/AIDS fight in the Caribbean as a whole more effective.

The St. Maarten AIDS Committee has shifted its activities from Awareness and Education towards support and care for PLWHA. This leaves a void on the extremely important prevention/education level. There is a need for at least one creative and active Health Educator. Other organizations (like the Red Cross) have already expressed their commitment in helping with prevention activities, and further evaluation on who could assist is very important.
The 2 remaining members of the AIDS Committee will continue to educate and work on prevention but it will not be their focus at this moment.

Laboratory facilities should be improved both for basic testing of HIV and for CD4 and Viral Load testing. Cooperation with the French Laboratories should be sought, and financial coverage from Government insurance and SVB should be implemented.

In the small but diverse, multicultural society on St. Maarten it has been very difficult to involve all, or many of the different groups/backgrounds/interests. In a society where most volunteer work is done by only a few committed and concerned persons it has been difficult to maintain continuity.

PLWHA seem to feel safer within the realms of professional/medical counseling and care, and find it frightening to consult with trained volunteer workers.
All work/contacts with PLWHA has been done by one person living with HIV, a nurse and a M.D. PLWHA have indicated they would "never" go to just anyone, especially if these persons would not have some form of legal confidentiality commitment.

If a program geared towards PLWHA would be implemented it should be safe and very consistent, which would also need a committed financial support for several years. Just training more people to perform counseling is not effective if these persons are not already very committed and linked to a "safe/confidential/friendly structure".

Also the training of more persons to give prevention lectures is fruitless if these persons are not involved in teaching/counseling/guidance already.
It has proven to be a loss of resource if we continue to spend money on training if the trainees are not part of a coordinated structure.

Because St. Maarten is not HIV/AIDS friendly and it is not a safe place for PLWHA to come out, most volunteers have no hands-on contact experience with PLWHA , which makes it difficult to stay focused and committed.

Volunteers for the AIDS Committee always thought they would go out and help PLWHA but this was not possible out of understandable fear from the side of PLWHA. It usually frustrated the volunteers to be busy only with prevention activities, not having any contact with PLWHA. In the future volunteers could be sought for specific short-term projects, instead of keeping them constantly interested for long-term programs. It is frustrating to put so much effort in keeping everybody together, when at times not much is going on. Burnout will happen faster if one constantly feels that one has to do something just for the sake of keeping things going.

A stronger input of, and cooperation with PLWHA will be needed to be more effective long-term. This will need adaptation of legislation in such manner that PLWHA <u>are</u> safe (will not loose their job, house, insurance, etc.) when they decide to come out.

It will take time and courage for PLWHA to also <u>feel</u> safe. This process will need a two-way commitment both from the community in general and PLWHA. Better understanding of the many different sexual contact-lines is needed to be able to target the different groups effectively (youths among themselves, older males having sex with youngsters, "beach-boys" , illegal/legal prostitution, by-sides, MSM in all it's facets especially where it pertains men having sex with men who openly live a heterosexual lifestyle, etc.)

A more aggressive approach to condom distribution and 100 % condom use when at risk should be introduced. Free condom distribution, and promotion of female-condom use should improve.

Use of printed materials is needed, but should not receive focus, because especially the people you wish to reach tend not to read very much. Effective use of the mass media (without sensationalism) is however essential to be effective in the implementation of the Strategic Plan.

When giving preventative messages/lectures/workshops, there should be a focus on small groups, to insure inter-active participation of the participants. Renewed attempts should be made to implement an adequate school curriculum for secondary schools and last 2 grades of primary schools. Active participation of the Education Department in this process is essential, because till now this has in part hampered the implementation of such curriculum.

Training of teachers failed in the past due to the fact that this had to be done after school hours, which reduced the interest of teachers to participate. Possibly training at other times more convenient for the teachers could be tried.

Till now the approach of the AIDS Committee has been more towards, the Health Department, and Health related politicians. The HIV epidemic has clearly shown to affect all aspects of society, so a multi-sectoral approach with participation on all political and non-political levels of the community is necessary.

Too often have politicians and others waited for the AIDS Committee and recently the Health Department to come up with suggestions and program proposals. This should change. Every department should actively seek for solutions for the HIV/AIDS problem, because in the end everybody will be affected in some form or the other.

A free of charge and confidential testing system should be implemented again. Either through a separate financially supported organization or through existing General Practitioners clinics. If a separate office would be set up, this office should be open every day during office hours, including some evenings, due to the very long and shifting working hours of people on St. Maarten. HIV testing is now mostly done without the necessary Pre- and Posttest counseling, which does not help to eradicate the myths about HIV/AIDS. One on one counseling is the ideal way to sensitize persons about their past and current risk-behavior, much more than lectures and workshops can do. So counseling should be better implemented as part of HIV antibody testing.

Epidemiology is the basis for planning and understanding of the epidemic. After more than 10 years of promises by Government, it is more than high time to implement an adequate and regionally integrated surveillance system of the epidemic, in coordination with French St. Martin and other countries in the region.

G. van Osch, M.D.
President St. Maarten AIDS Committee.

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NOTE:
The official hardcopy of this document contains a time/worktable and budget for the five year period. This time/worktable is presently not available in electronic format, but can be obtained through the project management team at Sector Health Care Affairs.

Ask for Mrs. Suzette Moses-Burton or Mrs. Shanna van Eer.
From this time/worktable a yearly work-plan is generated. For those interested, a copy of the yearly work-plan once approved by the Executive Council is available through the program management team.