

JAMAICA

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) office in Jamaica serves as a regional hub for CDC's Caribbean Regional Office (CRO) which also provides direct support to Guyana, and Trinidad and Tobago. CRO opened in 2002 in Trinidad and Tobago, relocated to Barbados in 2008, then moved to Jamaica in 2018. CDC works to support the Government of Jamaica and other partners in-country to reach the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 goals. This includes accelerating HIV epidemic control through support of World Health Organization (WHO) and globally known best practices. The UNAIDS 95-95-95 targets are, by 2030: 95 percent of all people living with HIV (PLHIV) will know their HIV status; 95 percent of all people with diagnosed HIV will receive sustained antiretroviral therapy (ART); and 95 percent of all people receiving ART will have viral suppression. CDC's main goals are to: Improve access to quality services for PLHIV; re-engage people living with HIV (PLHIV) with interruption in treatment and retain them on treatment to achieve viral suppression; enhance laboratory capacity and improve viral load (VL) testing services; and improve data access and quality, particularly for key populations (KP) to inform program decisions.

Jamaica is CDC CRO's priority country due to its higher HIV/AIDS burden and clinical cascade challenges. To reach epidemic control, CDC will work with partners to address key barriers to accessing care, treatment initiation, retention in care, and viral suppression. CDC's main objectives include finding undiagnosed persons, rapid initiation of ART among PLHIV not currently on treatment and achieving viral suppression among PLHIV who are on ART. International best practices and policies based on WHO recommendations will be fast-tracked to accelerate progress. Disaggregated epidemiological and program data combined with key survey results will serve as the driver for targeted interventions.

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV Prevention, Care and Treatment: CDC continues to build clinical capacity to institutionalize WHO Treat All Guidelines (all PLHIV are started on ART) and support gaps in the 95-95-95 cascade. CDC's support to the return-to-care campaign (February – March 2019) resolved 2,703 cases and re-initiated 394 patients on life saving ART. Key activities to improve the clinical cascade include:

- Implementing a targeted and data-driven case finding approach.
- Tailoring a patient-centered approach to find, initiate and retain PLHIV on ART.
- Resolving all HIV cases with interruption in treatment.
- Implementing differentiated service delivery.
- Strengthening of continuous quality improvement activities.
- Promoting Undetectable equals Untransmittable (U=U) messaging, once viral suppression is reached and HIV is undetectable on tests, PLHIV will not transmit the virus to others.

Enhance Laboratory Capacity:

- Supporting continuous quality improvement towards accreditation, including strengthening human resource capacity through technical training.
- Implementing the HIV Rapid Test Quality Improvement Initiative and monitoring quality assurance of HIV testing and providing external quality assurance panels to monitor HIV and related testing.
- Expanding the Laboratory Information System.
- Scaling up and strengthening VL testing.
- Strengthening National Laboratory Services Network.
- Implementing an HIV drug resistance platform.

Strategic Information:

- Enhancing availability of high quality and timely data by strengthening essential data and information systems to monitor and evaluate program interventions.
- Strengthening patient tracking and monitoring Treat All implementation. Activities include updating electronic patient records ("data sweeps") and completing an ART outcome analysis.
- Ensuring timely data analysis and use by linking disparate information systems (prevention, treatment and laboratory) and developing electronic data collection tools.
- Supporting staff capacity at the national, regional and site levels to monitor and evaluate the HIV program and make informed programmatic and policy decisions.

Key Country Leadership

Prime Minister:
Andrew Holness

Minister of Health:
Christopher Tufton

U.S. Chargé d'Affaires:
John McIntyre

CDC Regional Director:
Varough Deyde

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$4,620 (2020)

Population (millions):
2.96 (2020)

Under 5 Mortality:
14/1,000 live births (2019)

Life Expectancy:
74 years (2019)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 1.4% (2020)

Estimated AIDS Deaths
(Age ≥15): <1,000 (2020)

Estimated Orphans Due to
AIDS: 12,000 (2020)

Reported Number Receiving
Antiretroviral Therapy (ART)
(Age ≥15): 12,908 (2020)

**Global Tuberculosis
(TB) Epidemic**
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
3.2/100,000 population (2019)

TB Patients with Known HIV
Status who are HIV-Positive:
14% (2019)

TB Treatment Success Rate:
22% (2018)

Estimated TB Mortality:
0.35/100,000 population (2019)

DGHT Country Staff: 11
Locally Employed Staff: 8
Direct Hires: 2
Fellows & Contactors: 1

Our success is built on the backbone of science and strong partnerships.

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