

**Written Response to Recommendations on the Fourth Report of the Joint Select Committee on Social Services and Public Administration on an inquiry into the prevalence of Sexually Transmitted Diseases (STDs) amongst school students and into the general services administered to treat STDs in Trinidad and Tobago**

**OBJECTIVE 1:**

**To determine the prevalence of Sexually Transmitted Diseases (STDs) including HIV/AIDS amongst secondary school students**

In light of the foregoing, the Committee recommends the following:

**A. That the Minister of Health in his response to this report provide the Parliament with a status update on the publication of findings of the Global School Health Survey (GSHS) that was conducted April 2016.**

The Global School Health Survey (GSHS) was completed in November 2017 and is awaiting the preliminary assessment report from the Pan American Health Organisation (PAHO). The final report with the country analysis should be finalised by April 2018.

**B. That there be greater collaboration between the Ministry of Education and Ministry of Health to better equip teachers to effectively deal with sexual behaviour among the student population and with students and co-workers who are infected with Sexually Transmitted Diseases (STDs); and**

The Ministry of Health (MOH) has collaborated with the Ministry of Education (MOE) to implement the Health and Family Life Education (HFLE) Programme. The HFLE programme consists of four (4) themes which include the following:

1. Self and Interpersonal Relationships
2. Sexuality and Sexual Health
3. Eating and Fitness
4. Managing the Environment

The MOH along with the MOE, United Nations Fund for Population Activities (UNFPA) and Civil Society Organisations collaborated on a presentation on teaching Comprehensive Sexuality Education (CSE) which aimed to sensitise administrators and teachers of Forms 1 to 3 on the implementation of the HFLE. Also, the MOH continues to provide information for school staff on the Sexuality and Sexual Health module of the HFLE Curricula. Further to this, the MOH has established a Committee, which the MOE is a part of, that implemented a pre-Carnival programme to reduce the incidences of Sexually Transmitted Infections.

Apart from the collaboration between the MOE and MOH, the sub-stakeholders within these Ministries have to be better equipped to effectively deal with sexual behaviour among the student population. This reiterates and underscores the need for a more comprehensive and network driven School Health Programme with key stakeholders such as the Queen's Park Counselling Centre and Clinic (QPCC&C); Child Guidance Officers, the Trinidad and Tobago Unified Teachers Association (TTUTA), the National Council of Parent Teacher Associations (NCPTA) and religious leaders. Furthermore, a policy should be developed by the MOH in collaboration with the MOE, the Children's Authority, the Office of the Attorney General, NCPTA and other stakeholders on the care and treatment of adolescents with STIs.

**C. That social media be utilized as a communication platform for the promotion of abstinence, safer sex and furthermore, boost awareness of the various health risks associated with unprotected sex.**

Currently, the MOH utilizes different forms of online campaigns and awareness initiatives based on seasonal events such as Carnival and internationally recognized observances such as World Aids Day and World Health Day Awareness. These campaigns seek to directly target the vulnerable population and are geared towards promoting abstinence, safer sex as well as the health impacts associated with unprotected sex. Such initiatives include the following:

- World Health Day Awareness- At schools the Healthy School Initiative TT mini-health fairs was conducted and representatives from the Population Programme Unit were there to counsel to students and distribute brochures on adolescence and sexuality;
- World AIDS Day- MOH in collaboration with National AIDS Coordinating Committee (NACC) - Office of the Prime Minister, the North West Regional Health Authority and Civil Society held a World AIDS Day 2017 Awareness Activity and Health Fair at the Brian Lara Promenade. Attendees participated in the creation of a human AIDS ribbon, free health screening, free HIV testing and received general information. The Tobago Regional Health Authority of the THA Division of Health, Wellness and Family Development also participated in the joint activity and created a human ribbon and hosting a health fair in key areas of Tobago; and
- Establishing a booth at the University of the West Indies, St. Augustine Campus during their annual Fresher's Orientation Week. This booth was managed by the Population Programme Unit (PPU) of the Ministry of Health in which the PPU aimed to highlight the contraceptive commodities and services offered by the Family Planning Clinics in the various health centers throughout Trinidad and Tobago. Furthermore, Brochures, pamphlets, leaflets and other material were distributed informing on all matters related to Sexual and Reproductive Health (SRH) and promoting healthier lifestyles by empowering students with information and alternatives to make more informed choices. A Questions and Answers segment was conducted with simple and general knowledge of SRH to ensure effective dissemination of relevant material through active participation, friendly competition and extrinsic motivation.

However, a more comprehensive approach incorporating social media is being reviewed and developed by the MOH Corporate Communications Unit to target student population on the topic of sexual activity.

## **OBJECTIVE 2:**

**To assess strategies the line Ministries are implementing to reduce the rate of infection amongst this cohort**

- A. We recommend that a continuous education approach be adopted in respect of Teachers who deliver HFLE. This approach would ensure that existing and new teachers are equipped with the most current knowledge and skills associated with family life education. To circumvent financial constraints, the MoE and MoH can seek to incorporate online resources into teacher training and or seek technical assistance from International organizations such as the Pan American Health Organization.**

The Ministry of Health recognises that a continuous education approach will empower the teachers who deliver HFLE to better address the situation and deal with the queries of this age group with most current knowledge and skills. Continuous education approach for training the existing and new teachers will serve to sustain the programme. Further to this, MOE & MOH is currently considering incentivising the programme for greater involvement of teachers providing HFLE to ensure sustainability.

- B. The implementation of a National School Health Policy and establishment of an Adolescent Health Service;**

The MOH is currently updating the National Health School Policy with the engagement of key stakeholders including the MOE and consideration is being given to the establishment of a dedicated service for adolescents.

- C. In light of the reservations expressed by some denominational schools and parents with reference to participation of students in the Health and Family Life Education (HFLE); the Committee recommends that an appropriate forum be established to facilitate dialogue on such issues between Denominational Board, the MoE, MoH Trinidad and Tobago Parent Teacher Association, TTUTA and other**

**relevant stakeholder with a view to determining appropriate ways of teaching the Health and Family Life Education (HFLE) Programme in these schools**

MOH & MOE is presently considering the establishment of an appropriate forum such as technical committee or stakeholder meetings with key partner national and international agencies, to communicate the importance of HFLE, epidemiology of STDs nationally and worldwide, availability of services for diagnosis and management of STDs and possible complications due to untreated STDs. Additionally, in order to encourage the targeted cohort to make the best use of the services, the MOH acknowledges the need to establish:

- Sexual and Reproductive Health Clinic
- Youth and Adolescent Clinics
- Provisions for “after hour clinics” to facilitate the school children.

**OBJECTIVE 3:**

**To evaluate the quality/standard of health care services and facilities provided to treat STDs and the associated cost.**

**In light of the foregoing, the Committee recommends the following:**

- A. There should be a national plan of action for the implementation of strategic objectives of the MoH and related stakeholders (such as the MoSDFS and the MoE) as it relates to the testing, diagnosis and treatment of STDs. These objectives should be assigned specific timeframes for Implementation.**

MOH recognises the importance of collaborating with other key stakeholders to draft a national plan of action and way forward. National guidelines for the diagnosis and treatment of STIs should be developed in collaboration with PAHO and other international organizations and a training programme designed for health care workers can be explored

through review of the MoH Sexual and Reproductive Committee Terms of Reference to include representation from the other government agencies proposed.

**B. That the Ministry of Health collaborate with the Ministry of the Attorney General to assess the feasibility of enacting legislative provisions to criminalise the deliberate transmission of HIV/AIDS by one person to another.**

A draft bill was prepared in 2004 and the MOH will collaborate with all key stakeholders to reflect the current needs and address the pertinent issues arising in the criminalisation of the deliberate transmission of HIV/AIDS by one person to another. .

**C. That the Ministry of Health proceed with alacrity to formulate a Draft Proposal for a policy framework to guide the testing and treatment protocols for STDs in the private health care sector. This Committee suggests that this policy framework be completed within three months of the presentation of this report.**

The National Guidelines for the testing and treatment of STIs can be implemented in the private sector with the appropriate training programme and reporting requirements to the MOH. A proper Monitoring and Evaluation system will be developed to ensure quality control.

**D. Subject to the completion of (B) above, the MoH must undertake consultations with Private Hospitals and Health care providers with a view to obtaining their feedback on a proposed framework for the implementation of the quality management programme to support HIV rapid testing and Clinical Quality improvement processes. This committee further recommends that the consultations and a finalized policy framework be completed by March 2018.**

The MOH plans to scale up of the Rapid HIV testing training and reporting to include the private sector and to conduct consultations with the Private Sector on Public Private Partnership.

**E. That subject to the findings of the Ministry of Health’s Manpower Audit, the Ministry determine the order of priority for the filling of vacant positions at the various testing and treatment facilities.**

According to the ten (10) years Manpower Plan and the University of the West Indies (UWI) projection post graduate initiative 2016-2026 for the post graduate speciality Management of HIV infection, there is a total of fifty (50) students per year that will enter the five (5) year programme. Currently, the MOH is conducting interviews to fill these vacant positions at the various HIV/AIDS testing and treatment facilities.

**F. That a copy of the Ministry’s Manpower Audit be appended to its Ministerial Response to this report. If still in progress, the Ministry must submit the report to this Committee within 7 days of its completion.**

See Appendix 1 for Manpower Plan.

**G. That the Ministry of Health, in its response to this report articulate its policy position on the disbursement of free antiretroviral drugs at public health facilities to non-nationals.**

MOH is currently drafting policy to include the emergency treatment of non-nationals with HIV and has implemented "Treat All" project for patients with HIV to suppress their HIV viral loads and reduce HIV transmission. The policy will promote medical tourism and CARICOM Development.

The National Health Insurance System is being conceptualised by the Ministry of Health as an appropriate option for health financing to include non-nationals for greater management and control.

**H. Should Polymerase Chain Reaction (PCR) machines be available in the private health care sector, the MoH should explore the feasibility of outsourcing the necessary testing to private health care institutions. Members of the public can be asked to pay a subsidized fee.**

The MOH recognises that this is a good initiative but there are few challenges: Affordability of the clients attending QPCC&C is an issue as the majority are from the lower socio economic strata and therefore:

- Fee for service will become a deterrent to avail STD services; and
- Long term complications will result because of non-treatment or partial treatment-impending epidemic may ensue.

Reporting of STIs to the MOH and partner notification programmes to limit the spread of STIs in the private sector can be a challenge. The MOH is in the process of acquiring a new HIV viral load platform which can also carry out PCR testing for STIs in the public sector.

The Ministry of Health recognizes the fact that private hospitals may not have the capacity to provide this service. However, a Public Private Partnership Agreement may facilitate access by persons availing of this service in the private sector to viral load testing. In such an arrangement, however, private hospitals managing this testing service outside of a regulatory protocol may see non-compliance with patient care and reporting of results to the Ministry of Health's HIV Surveillance Programme. This may make it difficult to monitor the progress towards achieving the global 90-90-90 targets, which include using viral load test results to indicate widespread viral load suppression among those living with HIV.