

Prevention of HIV AIDS in the Maldives

Expanding reach to the Most At Risk Populations (MARPSs)

The Maldivian situation is one that is of criticality to initiate prevention interventions now to avoid a future generalized epidemic. The country has low prevalence and as a lower middle income country raises the issues of why additional funding for HIV/AIDS prevention is required. The low prevalence situation can be due to several factors that have not been captured but the vulnerabilities that can fuel the epidemic potentially are all present. Prior to 2008 there was no evidence of the risk and vulnerability factors but the Bio-behavioral Study (BSS) carried out has established risk and vulnerability factors and also the existence of MARP in Male', Addu and Laamu. It has also established the risk behavior being practiced by youth in the three locations where the BBS has been carried out. In the Prisons about 80% of the prisoners serving sentence is for drug related crimes and there is evidence that the drug use/injecting drug use is continuing within the prisons where the use of non-sterile injecting equipments and unprotected sex is common.

Considering the above it has been felt necessary to act now in terms of interventions among Most at Risk Population (MARP) to prevent a potential future epidemic. Though the prevalence is low, considering the fast changing cultural context of high rate of divorce among men and women and the number of partners each of them have and coupled with the risk of drug use and sexual practices the situation is conducive to propel an injecting drug use driven epidemic. Therefore, the situation is right to act through interventions in order to maintain the low prevalence of HIV in the country as well as prevent the spread among MARP.

The proposal is being submitted under the MARP stream corresponding to the situation in the country. The groups that have been identified for intervention are:

- Interventions among Drug Users/Injecting Drug Users
- Most at Risk Women (FSW, female partners of drug users/IDU and MSM)
- Most at Risk Men (MSM and male sex workers)
- Most at risk youth and adolescents (MARA)
- Prison Population

The proposal has four objectives that are related to each other in terms of reach, messages and materials for behavior change, strategic information management to facilitate evidence based planning of response and the strengthening of the National AIDS Program with adequate staff in different functions to facilitate implementation of quality interventions.

Objective 1: Provide age and gender appropriate prevention and support services to key population at higher risk: drug users, sex workers, men who have sex with men, most at risk adolescents and prison inmates.

The proposal has identified the package of services required for each one of the MARP group in terms of the following:

- Communication and information
- Services such as STI, Condom, VCT, Counselling and access to services
- Distribution of commodities to promote safer sex such as condoms, lubricants, safe injecting equipments and Opioid substitution (Methadone)
- Linkages with services provided by the government health systems

The delivery of services will be through trained peer educators who will be drawn from the community. The coverage of the MARP will be in terms of at least reaching them twice a year through communication, commodities and through referral services. The services required for the different groups will be as identified through the interventions in the region and based on good practices published through the WHO/UNAIDS publications.

National and local advocacy has been built in strongly in order that the interventions can be implemented smoothly and have the buy in from the religious groups as well as from the law enforcement agencies.

Objective 2: Build and strengthen capacity and commitment of relevant stakeholders to lead, coordinate and provide a comprehensive response to the epidemic.

This will aim to build the capacity of the different stakeholders through exposure visits to different regions where good interventions are being implemented among the respective MARP in order that the implementing agencies can learn and implement the same in the country. Further, under this objective the strategic packages required for each target group will be designed and developed for use in the program through consultations with a wide variety of stakeholders including the representation from the different MARP population. Under this objective the capacity of Civil Society Organizations will be built to provide quality interventions among the MARP including their capacity to manage programs.

Objective 3: Strengthening the strategic information system to strengthen evidence based response to the HIV epidemic

Periodic surveillance and mapping will provide information on the movement of the HIV as well as the growth and size of the different high risk groups through mapping as well as identify hot spots where the intervention needs to be intensified. The routine surveillance through the system is one aspect while the strengthening through periodic conduct of BBS assessments will provide risk group specific information to modify the strategies as required. These have been built into

the proposal in order that the information is available every two years. The validation of the mapping exercise will also be carried out every alternate year.

Objective 4: Strengthening program management capacity of National AIDS Program

The staffing at the National Program Office is inadequate and do not have the functional capacity in terms of the different functions such as communication, health services, finance and accounting, M&E to manage the program. The proposal has addressed this strongly and it is expected that the same will be absorbed by the government over the period of the proposal. The responsibility of implementation being taken up by the government will improve the commitment to HIV/AIDS issues and will also enable them to mount strong advocacy on these by providing the implications of HIV/AIDS as a health and development issue.

Expected Outcomes:

- Bring about behaviour change among the MARP and increase in awareness, knowledge and perception of self-at-risk
- Shift to safe sexual and other practices such as use of condoms, safe injecting equipments, other oral substitution therapies
- Prevention of spread of HIV among MARP
- Maintenance of HIV at the current level and preventing a potential future epidemic.

The work with the MARP is considered as the right approach with high value for money invested as it can avert a potential epidemic and can bring about savings in future costs of handling an epidemic and its consequences in the public health as well as in the development domain.