

PUERTO RICO ENHANCED COMPREHENSIVE HIV PREVENTION PLAN (PRECHPP)  
**EXECUTIVE SUMMARY**

BACKGROUND

In September 2010, the Puerto Rico Department of Health (PRDOH), received funding from the Centers for Disease Control and Prevention (CDC) for the development of an Enhanced Comprehensive HIV Prevention Plan. This is a demo project<sup>1</sup> created by the CDC that provides funds to facilitate the development and implementation of such plans in the twelve Metropolitan Statistical Areas most affected by the HIV epidemic. It responds to the goals of the National HIV/AIDS Strategy of: 1) reducing the number of people infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities.

During the past months, the PRDOH has been engaged in the preparation of the above-mentioned Plan for the San Juan -Caguas-Guaynabo Metropolitan Statistical Area (SJMSA). The SJMSA comprises forty one (41) municipalities and has the highest HIV/AIDS incidence, prevalence and mortality rates in Puerto Rico.

The Plan was the result of an intensive planning process, which involved the participation of over fifty (50) stakeholders from the public sector, the private sector (particularly CBOs) and the affected community. Decisions regarding strategies and objectives were based on the results of the situational analysis which combined primary and secondary data sources. Interventions were prioritized using a participatory deliberation model based on three main criteria: Timing, Balanced Inclusion of Prevention and Treatment Interventions and Feasibility (Resources & Previous Experience). A total of sixteen (16) interventions were addressed in the analysis and the Plan: fourteen (14) required interventions and two (2) recommended interventions. The document is comprised of two main components: the results of the Situational Analysis, and a set of Goals and Objectives for each of the interventions.

SITUATIONAL ANALYSIS

Puerto Rico, like many other jurisdictions in the United States, has been greatly affected by HIV/AIDS/STD/TB infections. As of 2009, the HIV/AIDS Surveillance System indicates that a

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<sup>1</sup> Funding Opportunity Number: CDC-RFA-PS10-10181.

total of 33,277 cumulative cases of AIDS have been diagnosed and reported since the first individuals were diagnosed in the early 1980's<sup>2</sup>. As of February of 2011, a total of 14,271 cases of HIV/AIDS have been diagnosed in the SJ- SJMSA.

The Puerto Rico Department of Health (PRDOH) is the agency responsible for the epidemiological control of HIV and for developing and implementing public policy regarding this subject<sup>3</sup>. Other governmental, federal, state, and municipal entities that provide direct and preventive epidemiology-related services collaborate with the PRDOH. Similarly, a network of nonprofit and community based organizations (CBOs) that also provide these services has emerged throughout the years.

Prevalence and epidemiologic data for Puerto Rico, as well as other sources of information consulted as part of the development of the PRECHPP, identified five main areas that present gaps in terms of scope, reach, coordination, and service impact. These are: lack of a general public policy concerning testing in clinical and non-clinical settings; education and knowledge (of the community as well as service providers) regarding the procedures and guidelines for the implementation of some of the interventions; absence of a formal structure and mechanisms to assess the efficiency of condom distribution; communication and alliances among agencies and service providers to facilitate linkage to care and to maximize the use of available resources; and limitations of the current institutional and regulatory framework which affect certain aspects of service provision and the implementation of prevention strategies. Interventions and their corresponding strategies and actions, developed as part of the PRECHPP, focus on these five areas of needs.

### THE PLAN

The portfolio of interventions that will be implemented in Puerto Rico is aligned with the National Strategy goals. Interventions proposed include 14 required interventions and 2 optional interventions (Intervention #15, distribution of condoms for the general population and Intervention #16 HIV and sexual health communication or social marketing campaigns targeted to relevant audiences). In general terms, three of these interventions will be implemented (5, 6 & 16); eight will be scaled up (1, 2, 3, 9, 12, 13, 14 & 15), and the rest will continue.

Intervention # 1, "Routine, opt-out screening for HIV in clinical settings", will be scaled up by increasing the number of clinical sites that participate in the intervention. This involves

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<sup>2</sup> <http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/pdf/table20.pdf>.

<sup>3</sup> Puerto Rico Department of Health (2008), OCASET, Transition Report.

developing a clear policy that defines the clinical settings, both private and public, and establishing whether it will be directed to priority groups or the general population, within the parameters of guidelines established by the Federal Government in 2006. It also includes a process for training professionals in the clinical setting, and consideration of the limitations of the current regulatory framework in Puerto Rico concerning the type of personnel that can perform tests in these contexts.

Intervention #2, "HIV testing in non-clinical settings to identify undiagnosed HIV infection" will also be scaled up in order to Increase the number of community based organizations that administer HIV tests in the SJMSA. This includes improving communication among these and the PRDoH, and identifying new sources of funding to pay for testing. Attention will also be paid to working with structural and public policy issues that affect the strategy (for example, current restrictions on who can perform tests).

Intervention #3 and #15 related to condom distribution will be scaled-up in collaboration with community based organizations. The aim is to develop a structured, unified strategy to distribute condoms to targeted populations and to the general population, to coordinate distribution with prevention education, and to measure effectiveness.

In terms of intervention 5, ("Efforts to change existing structures, policies, and regulations that are barriers to creating an environment for optimal HIV prevention, care, and treatment"), although there have been efforts in this direction, a formal structure will be established in the form of a committee to give continuity to the initiative.

As part of the Intervention #6: ("Implement linkage to HIV care, treatment, and prevention services for those testing HIV positive and not currently in care) efforts will focus on coordinating the work performed by CPTET, PRDoH, and Community Based Organizations. An important part of this process is to achieve the most effective distribution of medications to eligible persons with HIV in the island. Additionally, agreements will be established with various partners to the PRDoH to refer HIV-positive cases to treatment.

Intervention #9 ("Implement interventions or strategies promoting adherence to antiretroviral medications for HIV-positive persons") will be scaled up to include the creation and implementation of adherence protocols for MSMs and injecting drug users. Efforts will also be made to strengthen systems to search for and follow up on patients who are non-adherent.

Intervention 12 (“Implement ongoing partner services for HIV-positive persons”) will be scaled up to establish a uniform partners’ services monitoring and referral system. Intervention #13 (“Behavioral risk screening followed by risk reduction interventions for HIV-positive persons (including those for HIV-discordant couples) at risk of transmitting HIV”) will be scaled up by expanding effective behavioral interventions offered by CBOs and CPTETs. This includes analyzing the efficacy of syringe exchange programs and providing training to personnel in order to implement evidence-based practices.

“Implement linkage to other medical and social services for HIV-positive persons”, intervention #14, will be scaled up by updating the current inventory of support and preventive resources for AOD treatment, medical treatment, MSM, and illegal immigrant services. Additionally, work will be conducted on formalizing collaborative agreements and referral relationships with these agencies, as well as embark on an initiative to cross-train staff at these agencies on effective interventions for people with HIV/AIDS.

Interventions #7, #8, #10 and #11 will be continued, focusing on capacity building and education to further strengthen actions in these directions.

Finally, as part of intervention #16, a collaborative agreement will be established with the HIV Prevention Division of the PRDOH to disseminate preventive measures directed towards changing high risk behavior in MSM.

In order to implement these interventions a multidisciplinary team has been identified, part of which has been already recruited. This team will work with the different interventions, and is composed of a program coordinator, evaluators, health educators, and experts in Informational Technologies.