

# PAHO Caribbean HIV/STI Plan

for the Health Sector, **2007 to 2011**

**A Strategy and Plan to Support Countries in  
Strengthening Health Systems to Maximize the  
Access, Quality, and Impact of HIV/STI Services**



**Pan American  
Health  
Organization**

Regional Office of the  
World Health Organization

## ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral therapy
<b>CAREC</b>	Caribbean Epidemiology Centre
<b>CARICOM</b>	Caribbean Community
<b>CCC</b>	Caribbean Council on Churches
<b>CCH</b>	Caribbean Cooperation in Health
<b>CFNI</b>	Caribbean Food and Nutrition Institute
<b>CHART</b>	Caribbean HIV/AIDS Regional Training Initiative
<b>CHRC</b>	Caribbean Health Research Council
<b>CLA</b>	Critical Line of Action
<b>CMC</b>	CAREC Member Country
<b>CO</b>	Country Office (PAHO)
<b>CRN+</b>	Caribbean Regional Network of People Living with HIV/AIDS
<b>CSME</b>	Caribbean Single Market and Economy
<b>CSW</b>	Commercial sex worker
<b>CTCU</b>	Caribbean Technical Coordination Unit
<b>DR</b>	Drug resistance
<b>EU</b>	European Union
<b>GDP</b>	Gross Domestic Product
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis, and Malaria
<b>HIV</b>	Human Immunodeficiency Virus
<b>HR</b>	Human resource
<b>MDG</b>	Millennium Development Goal
<b>MSM</b>	Men who have sex with men
<b>NGO</b>	Nongovernmental organization
<b>OCPC</b>	Office of Caribbean Programme Coordination (PAHO)
<b>PAHO</b>	Pan American Health Organization
<b>PANCAP</b>	Pan Caribbean Partnership for HIV/AIDS
<b>PHCO</b>	PAHO HIV Caribbean Office
<b>PEP</b>	Post-exposure prophylaxis
<b>PLWHA</b>	People living with HIV
<b>PMTCT</b>	Prevention of mother-to-child transmission of HIV
<b>PWR</b>	PAHO/WHO Representative
<b>SPSTI</b>	Special Programme on Sexually Transmitted Infections
<b>STI</b>	Sexually transmitted infections
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Joint Program on HIV/AIDS
<b>UNGASS</b>	United Nations General Assembly Special Session on HIV/AIDS
<b>VCT</b>	Voluntary counseling and testing
<b>WHO</b>	World Health Organization

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# EXECUTIVE SUMMARY

## 1

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Universal Access to treatment, care, and prevention is central to the Caribbean's success in controlling the spread of HIV and mitigating its impact. With approximately 250,000 persons living with HIV (UNAIDS 2006), achieving Universal Access will require a strong health-sector response.

The Pan American Health Organization (PAHO) is the UN agency with the primary mandate to strengthen the health sector in the Americas. In 2005, it developed a comprehensive strategy to intensify efforts to scale up the health-sector response to HIV/STI in the Americas. The Regional HIV/STI Plan for the Health Sector, 2006–2015 was endorsed by member countries in the Directing Council of September 2005, and launched by PAHO/WHO in November 2005. By endorsing this Plan, Caribbean Governments reaffirmed their commitment to the implementation of national health policies and plans toward the achievement of universal access to prevention, care, and treatment.

### OVERALL OBJECTIVE AND TARGETS OF THE REGIONAL PLAN ENDORSED BY CARIBBEAN GOVERNMENTS<sup>1</sup>

By 2015, to halt and begin to reverse the spread of HIV/AIDS as well as STI in the Region by providing universal access to prevention, care, and treatment.

**TARGET 1:** By 2010, there will be a 50% reduction in the estimated number of new HIV infections followed by a further 50% reduction in new infections by the end of 2015.

**TARGET 2:** By 2010, there will be universal access to comprehensive care including prevention, care and antiretroviral treatment.

**TARGET 3:** By 2015, incidence of mother-to-child transmission of HIV will be less than 5% and incidence of congenital syphilis will be less than 0.5% cases per 1000 live births.

### PAHO'S STRATEGIC APPROACH FOR THE CARIBBEAN

PAHO, in its supportive role to the Caribbean health sector in achieving its goals, has developed a Caribbean-specific plan called The PAHO Caribbean HIV/STI Plan for the Health Sector, 2007 to 2011. The plan is aligned with the overall strategies and targets endorsed by Caribbean Governments under the broader Regional HIV/STI Plan for the Health Sector, 2006–2015 for Latin America and the Caribbean.

The present document describes proposed strategies that will be implemented by PAHO and its administered Caribbean Regional Health Institutions (CAREC and CFNI) to contribute to health-sector HIV efforts over the next five years. In supporting the health-sector HIV/STI responses in the Caribbean, PAHO will adhere to the following principles:

- 1 Adopt a Pan-Caribbean approach
- 2 Support decentralized implementation of strategies
- 3 Facilitate harmonized support by development partners

- 4\_Promote sustainable health systems
- 5\_Adopt a public-health approach
- 6\_Facilitate evidence-based decision making

PAHO is one of many development partners supporting HIV/STI efforts in the region. Based on its institutional strengths, it has identified four Critical Lines of Action (CLAs), as a means of structuring its HIV-related support over the next five years.

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## CLA 1 (HEALTH SYSTEM STRENGTHENING)

### DESCRIPTION

Strengthening health-sector leadership & planning capacity; establishing standards & norms; addressing health-systems capacity

### PROGRAMMATIC PRIORITIES FOR PAHO IN THE CARIBBEAN

Advocacy; health-sector planning; guideline-setting; human resource management

### CLA 1 STRATEGIES AND TARGETS

- 1.1 Implementing national policies for universal access and sustainable financing within the health sector, engaging civil society and people living with HIV and AIDS  
**TARGET:** By 2010, policies and necessary health reforms, including financing, will be implemented to ensure universal access to health services for prevention, care and treatment within countries
- 1.2 Strengthening the planning and management capabilities of Ministries of Health (inclusive of National AIDS Programmes) in relation to the health sector's responses to HIV/STI  
**TARGET:** From 2007-2015, within the Ministries of Health, the execution of a strong health-sector response becomes or continues to be a priority with clearly defined mandates, plans and resources to optimally contribute to achieving Universal Access
- 1.3 Scaling up the health system's response for vulnerable groups  
**TARGET:** By 2015, targeted prevention interventions will have been implemented to reach vulnerable groups based on the local characteristics and trends of the epidemic.
- 1.4 Establishing norms and standards for essential HIV services  
**TARGET:** By 2011, quality assurance systems for comprehensive health care will have been established and will be functional.
- 1.5 Strategic management of human resources and capacity building.  
**TARGET:** By 2015, human resource management systems will be in place to ensure that health services will be appropriately staffed to meet HIV/STI requirements.

### EXPECTED CLA 1 OUTCOMES IN THE CARIBBEAN

- \_ 20 countries with integrated/coordinated gender-sensitive policies and guidelines on HIV/AIDS
- \_ 15 countries subscribing to and implementing sub-regional policies to increase access to HIV services for migrants/mobile populations
- \_ 10 countries supported by PAHO in the development of HIV/STI health sector plans which also address issues of gender & vulnerable populations
- \_ 12 countries implementing plans/strategies for development of human resources (HR) for HIV prevention, care and treatment, including policies and management practices on incentives, regulation and retention, HR needs assessments, and capacity building

## CLA 2 (SERVICE DELIVERY)

### DESCRIPTION

Strengthening, expanding and reorienting health services

### PROGRAMMATIC PRIORITIES FOR PAHO IN THE CARIBBEAN

Human capacity development at all levels of the health system; service integration; Quality Assurance; expansion of services for vulnerable populations

### CLA 2 STRATEGIES AND TARGETS:

- 2.1** Integrating the most appropriate set of HIV prevention care and treatment services at each level of care.  
**TARGET:** By 2015, HIV care will be available at each level of care with appropriate referral systems for secondary and tertiary care.
- 2.2** Strengthening STI prevention & treatment using a public health approach, including promotion of STI management at the point of first contact with health providers, partner notification, including the use of STI syndromic management, & other innovative approaches.  
**TARGET:** By 2010, primary health care facilities will be implementing an STI/HIV control basic package including counseling, contact referral, HIV testing, and treatment.
- 2.3** Ensuring services to specific vulnerable groups identified in the national health sector strategy.  
**TARGET:** By 2015, specific services for vulnerable groups will be integrated into services and programs.

### EXPECTED CLA 2 OUTCOMES IN THE CARIBBEAN:

- \_ 20 countries with expanded access to HIV testing and counseling
- \_ 20 countries scaling up health services for the prevention of sexual transmission of HIV
- \_ 10 countries implementing strategies to increase access to HIV services by vulnerable groups
- \_ 20 countries attaining at least 80% coverage of PMTCT interventions through MCH services
- \_ 20 countries attaining at least 80% ART treatment coverage for those in need of treatment
- \_ 20 countries achieved targets for prevention and control of STI, including the regional target for elimination of congenital syphilis

### CLA 3 (PROCUREMENT AND SUPPLIES)

#### DESCRIPTION

Improving access to medicines, diagnostics and other commodities

#### PROGRAMMATIC PRIORITIES FOR PAHO IN THE CARIBBEAN

Drug pricing; logistics and supply chain management; decentralized laboratory support for HIV service delivery

#### CLA 3 STRATEGIES AND TARGETS

- 3.1** Ensuring effective systems for the management and regulation of strategic public health supplies, including HIV medicines, diagnostics and other commodities

**TARGET:** By 2011, Caribbean countries/territories are able to procure in a timely manner and manage quality antiretroviral drugs, essential medicines, diagnostics, and other commodities including condoms, reagents, and necessary supplies.

- 3.2** Strengthening capacity in quality control evaluation and rational use of medicines and other commodities.

**TARGET:** By 2011, a Caribbean mechanism will exist to ensure quality control of diagnostics, medicines, & commodities & their rational use

- 3.3** Establishing and strengthening national laboratories and regional networks to support HIV prevention, care and treatment

**TARGET:** By 2011, all care and treatment sites will have access to the necessary laboratory services for diagnosis, clinical staging, and monitoring treatment outcomes.

#### EXPECTED CLA 3 OUTCOMES IN THE CARIBBEAN

- 25 countries have increased access to affordable essential medicines for HIV/AIDS whose supply is integrated into national pharmaceutical systems
- All countries have laboratory services (or access to such services) to support comprehensive HIV care, including PCR and genotyping
- All countries perform quality basic HIV laboratory services (e.g., HIV serology, OIs, CD4, Haem, Biochem, TB, syphilis diagnosis)
- 10 countries are supported by CAREC with quality and timely reference services including PCR and genotyping
- 15 countries have "good laboratory practice" guidelines and mechanisms for national drug quality control measures
- All countries are implementing quality-assured HIV screening of all donated blood



## CLA 4 (STRATEGIC INFORMATION)

### DESCRIPTION

Improving information and knowledge management, including surveillance, monitoring and evaluation, and dissemination

### PROGRAMMATIC PRIORITIES FOR PAHO IN THE CARIBBEAN

biological and behavioral surveillance; patient monitoring; routine health information systems; operations research

### CLA 4 STRATEGIES AND TARGETS

- 4.1 Strengthening health surveillance systems using state-of-the-art techniques  
**TARGET:** By 2010, national surveillance systems will be providing comprehensive data on all the key components of the state of the art surveillance systems.
- 4.2 Developing and strengthening monitoring and evaluation systems in the health sector  
**TARGET:** Development and strengthening of monitoring and evaluation systems in the health sector as part of the global efforts in monitoring and evaluation
- 4.3 Developing networks & partnerships to support a common HIV/STI surveillance, monitoring, & evaluation framework for the health sector  
**TARGET:** By 2010, national capacity will be built for monitoring and evaluation to assess prevention, care and treatment programs.
- 4.4 Building capacity for information, knowledge management, and dissemination  
**TARGET:** By 2010, national capacity will exist to analyze use and disseminate user friendly data, and this data will be distributed within and among countries.

### EXPECTED CLA 4 OUTCOMES IN THE CARIBBEAN

- All countries regularly collect, analyze and report surveillance and impact data on HIV using PAHO/WHO's standardized methodologies, including appropriate age and sex disaggregation
- All countries regularly collect, analyze and report data on delivery of HIV services, using PAHO/WHO's standardized methodologies, including age and sex disaggregation
- 15 countries report data on HIV drug resistance disaggregated by sex and age as part of the sub-regional/regional/global surveillance and monitoring system
- 5 operational research studies on HIV/STI conducted in the region and published in international journals

## ENSURING SUSTAINABILITY

PAHO has identified two issues related to sustainability: 1) the strength of the health system as a whole, and 2) the strength of the regional health institutions (CAREC and CFNI). PAHO is committed to leveraging HIV/STI resources in strategic ways to contribute to broader health system strengthening. Strategic partnerships with regional agencies and development partners are a major underpinning of the PAHO Caribbean Plan. Through those partnerships, PAHO hopes to strengthen health systems by the following means: a) mainstreaming HIV into existing health services, b) employing different modalities for identifying and responding to capacity



gaps within the health sector, and c) fostering public health advocacy, leadership, and management. PAHO also has specific plans to strengthen its Regional Health Institutions, CAREC and CFNI. Organizational development issues such as: 1) human resource development (recruitment of new staff, professional development/capacity building of existing staff); 2) strengthening management systems (e.g., evidence-based planning, results-based management, strategizing and managing technical support to countries); 3) resource mobilization and advocacy for increased levels of local (i.e., national government) support will be addressed.

## EXECUTING THE PLAN

### *PAHO Organizational Structure in the Caribbean*

The key PAHO entities are as follows:

1. **PAHO HEADQUARTERS (HQ)** administrative and technical entities will facilitate advocacy and policy dialogue with public health stakeholders and decision-makers in the Caribbean, as well as provide technical guidance to the Regional Health Institutions.
2. **PAHO HIV CARIBBEAN OFFICE (PHCO)** based in Trinidad and Tobago, is the PAHO sub-regional office for HIV/STI and will manage PAHO's Caribbean HIV/STI approach. Its three main functions are the following: 1) coordination and monitoring of the PAHO HIV/STI response in the Caribbean; 2) technical support and oversight in specific areas (not covered by other Regional PAHO entities): aspects of Treatment and Care, Testing and Counseling, Prevention role of the health sector, Information and Knowledge Management; and Health Planning and Management; 3) interface with HIV specific organizations/institutions in the Caribbean (e.g., PANCAP, UNAIDS, CHART, CHRC, CRN+, UWI, etc.).
3. **PAHO/WHO COUNTRY OFFICES (COS)** will be responsible for the implementation of PAHO/WHO technical cooperation in countries. This involves direct technical support for the development and implementation of national health sector HIV/STI plans. The exact nature and scope of technical support is defined jointly with National Authorities. The COs are the major conduit for data, information, and requests between countries, as well as to/from the PAHO HIV Caribbean Office and the Regional Health Institutions. They will play a pivotal role in achieving and reporting on progress towards Universal Access.
4. **REGIONAL HEALTH INSTITUTIONS (RHI)**, namely the Caribbean Epidemiology Centre (CAREC) and the Caribbean Food and Nutrition Institute (CFNI), will provide technical leadership and capacity-building support on discrete aspects of responses in the health sector. Within the context of the PAHO Caribbean HIV Plan, CAREC's institutional scope pertains primarily to epidemiology/surveillance (biological and behavioral) and laboratory support. CFNI will provide technical leadership in the area of HIV and Nutrition.
5. **OFFICE OF THE CARIBBEAN PROGRAMME COORDINATION (OCPC)**, based in Barbados, interfaces with broader regional institutions, with a focus on health, specifically CARICOM. It will support the PAHO HIV Caribbean Office in promoting and fostering integration of HIV/AIDS in the CCH-III and coordination/harmonization of CCH-III HIV/AIDS-re-

lated goals, targets with HIV/AIDS specific plans. OCPC will also support the PAHO HIV Caribbean Office in facilitating specific technical support from PAHO HQ technical units (e.g., on procurement and supply chain management issues, Human Resources Development, Health Systems and Services).

### ***Results-based Management***

Over the next five years, PAHO will employ more rigorous monitoring and evaluation (M&E) practices as a management tool to support results-driven approaches. PAHO has two functions vis-à-vis M&E: 1) assisting countries (and the region as a whole) in monitoring and evaluating the health-sector HIV response (vis-à-vis Universal Access targets); 2) monitoring and evaluating the effectiveness of PAHO support to health-sector HIV/STI efforts in the Caribbean. The Expected Outcomes presented under each of the Critical Lines of Action will be the basis for a concise and manageable set of process and outcome indicators, and a corresponding internal M&E system. The internal M&E system will ensure harmonization and alignment with other systems within PAHO and WHO, such as the WHO M&E Framework for Universal Access, and the M&E framework of the PAHO/WHO Strategic Plan 2008-2012, being developed in 2007.

In sum, by building on past achievements and lessons learned, and taking more strategic approaches to partnership and capacity building, it is believed that successful execution of this plan will not only help the region achieve its strategic targets, but encourage stronger health systems that bring about meaningful and sustainable health impacts.

# INTRODUCTION

## 2

The Pan American Health Organization (PAHO) is the UN agency with the primary mandate to strengthen the health sector in the Americas. PAHO's Secretariat, in fulfilling its responsibility to the Region, has developed a comprehensive strategy to intensify efforts to scale up the health-sector response to HIV/STI. The Regional HIV/STI Plan for the Health Sector, 2006–2015 was endorsed by member countries in the PAHO Directing Council of September 2005, and was launched by PAHO/WHO in November 2005. By endorsing this Plan, Caribbean Governments reaffirmed their commitment to the implementation of national health policies and plans toward the achievement of universal access to HIV prevention, care, and treatment.

Country policies and plans reflect the recognition of the health sector's central role to achieving Universal Access in the Caribbean. Regional stakeholders such as CARICOM and PANCAP also acknowledge the important role of the health sector, as reflected in key strategic documents, such as the Third Caribbean Cooperation in Health (CCH-III) and the Caribbean Regional Strategic Framework for HIV/AIDS, 2002–2006. The role of the health sector was also highlighted in the Regional Universal Access Consultation (Jamaica, 2006).

### **PAHO'S SUPPORT FOR A PUBLIC HEALTH RESPONSE TO HIV IN THE CARIBBEAN**

Since the beginning of the HIV epidemic, PAHO/WHO has provided technical support to countries to effectively respond to the epidemic. In the Caribbean, this has been possible through the work of several entities and units, including the PAHO/WHO Country Offices (COs), the Office of the Caribbean Programme Coordination (OCPC), and the Regional Health Institutions (CAREC and CFNI). The overall strength of the technical cooperation has rested, to a large extent, with CAREC through its Special Programme on Sexually Transmitted Infections (SPSTI).

With the CAREC/SPSTI Programme coming to an end in July 2007, PAHO is currently rationalizing its support role to countries and establishing HIV/STI as a clear priority. Lessons learnt from the PAHO/CAREC/SPSTI Programme and other relevant HIV initiatives in the Region (e.g., 3 by 5 Initiative, Medlabs Project, World Bank Laboratory Strengthening Initiative, and bilateral projects) suggest the need for greater synergy and a comprehensive and well-coordinated PAHO response. There is also a clear need to focus on bolstering health systems to respond to HIV.

Over the last year, there have been a series of consultations with Caribbean countries and regional stakeholders regarding priorities for addressing HIV/STI in the health sector through a pan-Caribbean approach. The current document presents the PAHO Caribbean HIV/STI Plan for the Health Sector, 2007 to 2011, which is the culmination of that consultative process. This PAHO Caribbean Plan is derived from the PAHO Regional Plan referred to earlier, and it provides a Caribbean-specific perspective. It describes proposed strategies to be implemented by PAHO and its Caribbean Regional Health Institutions (CAREC and CFNI) to contribute to the control of HIV/STI in the Caribbean over the next five years. It also presents region-wide and country-specific actions and priorities for addressing HIV/STI in the health sector.

The strengths of this Plan are that it:

- 1\_ Is pan-Caribbean (bridging different parts of the region)
- 2\_ Stems from the Regional HIV/STI Plan endorsed by Ministers of Health
- 3\_ Emphasizes coordination and monitoring
- 4\_ Increases opportunities for technical cooperation with countries
- 5\_ Places broader issues of sustainability and health systems strengthening at the forefront

The document is organized in five parts:

**PART ONE: SITUATION ANALYSIS**, discusses the current HIV/STI situation and the program/policy environment in the Caribbean.

**PART TWO: PAHO'S STRATEGIC APPROACH FOR HIV/STI, 2007-2011**, presents the proposed approach and strategies to be employed over the next five years by PAHO and its regional health institutions in the Caribbean (CAREC and CFNI) to support the health sector in achieving its targets.

**PART THREE: ENSURING SUSTAINABILITY**, highlights key issues related to the health system as a whole and the strengthening of the Regional Health Institutions (CAREC and CFNI).

**PART FOUR: EXECUTING THE PLAN**, discusses organizational, operational, and budgetary issues.

**PART FIVE: ANNEXES, PRESENTS** i) a matrix with specific activities, outcomes and a detailed budget according to the critical lines of action, ii) a summary of CAREC's strategic priorities, and iii) a list of source documents.

PAHO/WHO is committed to implementing major organizational changes, as well as mobilizing additional resources for the full realization of this Plan. It is intended that at the end of the period covered by the Plan, the Caribbean will not only be a few steps closer to eliminating HIV as a threat, but will be in a position to reap the benefits of stronger health systems overall.

## SITUATION ANALYSIS

# 3

### HIV/AIDS IN THE CARIBBEAN

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HIV is a major development issue in the Caribbean, and eliminating it as a threat requires a strong public health response. The Caribbean is the region in the world with the second highest HIV prevalence rates. It is currently estimated that 250,000 (range: 190,000 to 320,000) people infected with HIV live in the Caribbean (UNAIDS 2006 Report). Haiti and the Dominican Republic have the greatest numbers of people living with HIV in the region, which is not surprising, due to their larger population sizes relative to other countries and territories.

An examination of the absolute number of people living with HIV reveals only part of the story, however. Prevalence rates clearly indicate that in small populations, a seemingly low number of HIV cases can still have a major impact on society. According to available data, the adult HIV prevalence rate ranges from 1% to 4% throughout the Region, with Cuba being the exception with a prevalence rate of 0.1% (SOURCE: CAREC). Countries such as Barbados, Dominican Republic, and Jamaica report HIV prevalence rates of 1% to 2%, whereas Trinidad and Tobago, Haiti, and The Bahamas report HIV prevalence rates of 2% to 4%.

Prevalence data among pregnant women suggest that the overall rate of HIV infection in some countries has been fairly stable over the years. For example, in The Bahamas, the HIV prevalence rate in pregnant women was 3.6% in 1996 and 3% in 2002. Rates in the Dominican Republic have remained unchanged, estimated at 1.1%. The region cannot afford to be complacent, however. There are many gaps in our knowledge base, but the limited data that do exist suggest that we must remain vigilant in slowing the rate of new HIV infections. HIV infection rates among young people serve as a proxy for the rate of new infections in the general population. If HIV prevalence rates among young people (e.g., 15–19 years and 20–24 years) are lower than the overall HIV rate, this suggests a decreasing trend in the rate of new HIV infections. The region is not yet experiencing lower rates among young people, suggesting that much work remains to be done in stopping new infections from occurring.

Adult mortality data in the region also indicate the negative impact of HIV on societies in the Caribbean. In 2006, 19,000 persons died of AIDS in the Caribbean, making AIDS the leading cause of death among adults in the region (SOURCE: CAREC). It is noteworthy that some countries (e.g., Cuba, Barbados, The Bahamas, Guyana, and Jamaica) have been able to improve access to antiretroviral treatment (ART). However, the Caribbean continues to have the widest treatment gap in the Americas (PAHO/WHO 3 by 5 Report). The gap is currently estimated at about 50%. It can be expected that as the need for ART is increasingly met, this will have a positive impact on mortality trends.

Despite considerable progress and an increase in the availability of resources in the Region, HIV and AIDS continue to threaten the social and economic fabric of society. HIV is affecting individuals during their peak productive years. The 20 to 49 year age group accounts for over 65% of annual AIDS cases in the Caribbean (CAREC, 2006). The data also show that poor and vul-

nerable individuals are bearing the brunt of the epidemic, with disturbing trends of an increased burden of the disease among women. For example, surveillance data submitted by countries to CAREC show that in 1985, out of 138 total AIDS cases reported by CAREC Member Countries (CMCs), 20% were females; and in 2003, out of 2,638 AIDS cases reported by CMCs, 42% were females. The data make a clear case for gender-sensitive delivery of prevention, care, and treatment services, as well as efforts to address the root causes of vulnerability in the region.

### ***The Socioeconomic and Cultural Environment***

There is ample recognition that the risk of HIV is closely intertwined with gender inequality, marginalization, and poverty. High levels of stigma and discrimination throughout the Region persist, and many people who are at high risk of infection still do not know their HIV status (PAHO Regional Plan).

**POVERTY:** Poverty remains high in the region, with many countries having in excess of 30% of the population living below the poverty line. This economic environment is characterized by low rates of GDP growth and high levels of unemployment; especially among the young and females.

**THE HEALTH SECTOR:** High rates of migration, especially among nurses, exist in some countries reporting health worker vacancy rates above 50%. While health expenditures have remained constant from 1990 to 2005 (4–8% of GDP), the response to HIV has increased the cost of delivery of health care. Many countries rely on external funding to support HIV-related health services, begging the question of sustainability.

### ***Vulnerable populations***

**YOUTH AND GENDER:** The unemployment rate among youth is high, averaging between 13% for Antigua in 1991 to 40% in St. Lucia in 2003. Young women bear the brunt in terms of unemployment. By 2002, female unemployment rates ranged from 22% in The Bahamas to 41% in St. Lucia, as compared to male unemployment rates of 18% and 32%, respectively. Such high unemployment is linked to poverty, single-parent households, and commercial sex work.

**MOBILE AND MIGRANT POPULATIONS:** Internal and external migration has traditionally been a response to the lack of economic opportunities “at home”. Migrant populations may not have the power to protect themselves, or they might participate in high-risk sexual activity for their survival. In many instances, access to health services is also quite limited among these groups.

**SINGLE, FEMALE-HEADED HOUSEHOLDS:** Approximately 55% of all households in the Caribbean are headed by women. In order to resolve their economic position, they may put themselves at risk when they enter into abusive relationships or illegal activity, such as drug trafficking, human trafficking, or sex work.

**TOURISM, WOMEN, AND SEX WORK:** Since the 1980s, the main earner of foreign exchange in the region has been tourism. Attendant on tourism is the sex trade. Sex workers, who generally range in age from 11 years to 60 years of age, are exposed to physical and sexual abuse. They are also highly vulnerable to sexually transmitted infections (STI).

**MEN WHO HAVE SEX WITH MEN (MSM):** The Caribbean HIV/AIDS epidemic is largely heterosexual; however, UNAIDS reports that unsafe sex between men who have sex with men

accounts for approximately one tenth of the reported HIV cases in the region. Homosexuality is criminalized in the Caribbean, which has posed challenges in terms of addressing HIV risks. The Gay Research Initiative Studies (CAREC, 1996 and 1998) documented the self-stigmatization among men who have sex with men in the region and the extent to which they would disguise their orientation through being bisexual. A more recent CAREC study in Trinidad (2004) further underlined this group's vulnerabilities. Ad-hoc studies throughout the region suggest that concerted efforts are required to facilitate the adoption of safer sexual practices among individuals who are most at risk for HIV/STI infection.

### **Behaviors**

Behavioral studies reveal that high levels of knowledge on HIV and AIDS are not correlated with widespread practice of safe/preventive behaviors. For example:

1. A high proportion of youth initiate sex in their early teens.
2. There is low and inconsistent condom use among individuals who are most-at-risk.
3. Cultural attitudes pertaining to sex and sexual practices, rape, forced sexual initiation, sex among partners of unequal ages (power) remain key features of risk in Caribbean communities.

## **MAJOR ACHIEVEMENTS IN RESPONDING TO HIV/STI TO DATE**

The health sector has played a pivotal role in the Caribbean response to the HIV epidemic, and during the early years, it was the national response. National AIDS Programs (NAPs) established by Ministries of Health in the 1980s were the first national mechanisms for a national response. Today, the health sector is joined by other partners in the government, private, and civil-society sectors. Yet, the importance of the health sector's role remains undiminished. The following are key achievements to date, many of which are the results of efforts driven largely by the health sector.

**PREVENTION AND PUBLIC EDUCATION:** All countries have mounted public education campaigns, of which many were initiated by Ministries of Health and National AIDS Commissions. The campaigns focused on prevention of transmission and more recently, promotion of HIV testing. Public access to information on HIV and AIDS has increased. Mainstream media in the Caribbean have moved from being a passive observer with a sensational fascination with HIV to being a public health partner in the prevention and control of the epidemic.

**UNIVERSAL ACCESS TO PREVENTION, CARE, AND TREATMENT:** National and regional policy support for Universal Access is a major achievement. The health sector was pivotal in achieving this. Treatment scale-up has been substantial over the last few years. The region is now at a critical juncture where mechanisms need to be put into place to address health systems issues that are essential to achieving Universal Access.

**PEOPLE LIVING WITH HIV—ESTABLISHMENT OF A VOICE AND A MECHANISM FOR PARTICIPATION:** All countries now have groups and associations for people living with HIV, many of which are also part of the Caribbean Regional Network of People Living with HIV/AIDS (CRN+). These NGOs enable participation of people living with HIV at both the national and regional levels. CAREC is cited by CRN+ as a key partner and an agency that supported its development.



**CIVIL-SOCIETY PARTNERSHIPS:** Civil-society organizations (CSOs) (e.g., faith-based organizations, NGOs, CBOs) are now involved in many initiatives to serve the community. The family planning NGOs are now moving towards HIV-related services, such as testing and counseling. Some organizations offer support to vulnerable populations, such as men who have sex with men, sex workers, and people living with HIV, while others are invested in work with youth.

## CHALLENGES TO DATE

**SLOW EXPANSION OF HIV TESTING:** Despite some important policy decisions (e.g., regarding Universal Access), most persons infected with HIV in the Caribbean do not know their HIV status. In recent years, a large number of individuals (health professionals and lay providers) have been trained on voluntary counseling and testing (VCT). While the cadre of “VCT counselors” has increased, there has not been a commensurate increase in the numbers of individuals getting tested for HIV. Access to HIV testing and counseling is a prerequisite for ensuring that HIV-infected individuals have access to the full constellation of prevention, treatment, care, and support services. Testing and counseling clearly also has an important role to play in reinforcing prevention strategies. Different service delivery models for increasing access to HIV testing and counseling will need to be explored, including Provider Initiated Testing and Counseling.

**ACHIEVING UNIVERSAL ACCESS TO TREATMENT:** Although Caribbean countries have endorsed Universal Access to treatment and scaled up access to it, considerable gaps remain. Overcoming the multiple barriers to access is the preoccupation of the health sector at both the national and regional levels. It is estimated that roughly 50% of persons who need treatment currently have access to it.

**PREVENTION IN THE HEALTH SECTOR:** The capacity of the health sector to contribute to the prevention of HIV transmission is largely unrealized. Reorienting services to facilitate the identification of persons with HIV and persons who are most at risk for infection, as well as preventing further transmission of HIV, is urgent. The potential for the health sector to prevent HIV transmission, especially among vulnerable populations, needs to be more fully exploited.

**RE-STRUCTURING/RE-ORIENTING SERVICE DELIVERY:** HIV/STI Service delivery is very centralized in the Caribbean and not sufficiently integrated into primary care. There is the need to move away from a vertical approach by mainstreaming HIV into existing services and addressing barriers that affect access among vulnerable population groups. This will require effective partnerships between health and other sectors.

**PROCUREMENT AND SUPPLIES HINDER EFFORTS TO SCALE-UP ACCESS TO TREATMENT:** A rapid scale-up of comprehensive care and treatment requires an array of essential support services which are largely inadequate across the Region. For example, drug procurement and management have not expanded rapidly enough, and the supply of antiretroviral drugs (including the increasing demand for second line drugs) and laboratory diagnostics has been hampered.

**HUMAN RESOURCE CAPACITY:** Qualified and experienced personnel are limited in a variety of critical areas and at most levels within the health system. This situation is exacerbated by the economic conditions which fuel significant out-migration of qualified health care providers from the region.

**STRATEGIC INFORMATION:** There is an outstanding need for stronger evidence on which interventions and policies can be based. Surveillance data are still inadequate and sometimes unreliable. In addition, there is a need for more and better behavioral data and other critical information for decision making and program development. There are key challenges in the areas of management, monitoring, and evaluation, including the need for functional and sustainable health information systems and capacities to collect, analyze, and interpret data, assuring secured confidentiality at different levels.

**A COHERENT RESPONSE:** There continues to be considerable fragmentation of local responses to HIV/STI and a need for development partners to make further progress towards meeting the Three Ones of having a single framework, authority/mandate, and monitoring and evaluation system to guide national HIV efforts.

**SUSTAINABILITY:** While there is some national investment, many countries continue to rely on external funding to support their response to HIV, especially in the area of provision of treatment services. This raises serious questions regarding countries' capacity to sustain important services and programs without external investment.

# PAHO'S STRATEGIC APPROACH FOR THE CARIBBEAN, 2007–2011

## 4

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### GUIDING PRINCIPLES

As mentioned in earlier sections of this document, there is a need to strengthen the health-sector response to HIV/STI in order to achieve Universal Access targets. Treatment will need to be delivered through public health services, the private sector and some appropriate civil society entities—all within the context of a health-sector response under the leadership of the public health authorities. PAHO has identified the following principles as critical to supporting health-sector HIV/STI efforts in the Caribbean:

- 1\_ **ADOPT A PAN-CARIBBEAN APPROACH**—Undertake an integrated and comprehensive approach that reflects the a) multi-faceted nature of HIV and STI epidemics, and b) diversity of overseas territories and sovereign nation-states that comprise the region. The Plan addresses the English, Dutch, French and Spanish speaking countries and territories of the Caribbean.
- 2\_ **SUPPORT DECENTRALIZED IMPLEMENTATION OF STRATEGIES**—Support the achievement of meaningful national-level outcomes and impacts through integrated service delivery, and facilitate the leveraging of those achievements for regional benefit.
- 3\_ **FACILITATE HARMONIZED SUPPORT BY DEVELOPMENT PARTNERS**—With the myriad of development partners in the region, promote a harmonized and coherent approach to addressing HIV and STI within the health sector.
- 4\_ **PROMOTE SUSTAINABLE HEALTH SYSTEMS**—Leverage HIV resources to address issues that affect the long-term sustainability of health responses and impacts, namely political will, human resource development, and institutional and systems capacity.
- 5\_ **ADVANCE THE PUBLIC-HEALTH APPROACH**—Assist countries and regional stakeholders in rationalizing interventions and services for the public good, while raising awareness on the need to reduce health inequities, with greater attention paid to the most vulnerable segments of society.
- 6\_ **PROMOTE GENDER-SENSITIVE POLICIES AND PROGRAMS**. Assist countries and regional stakeholders in implementing interventions and services that mitigate inequalities that arise from the different roles of women and men, the unequal power relationships between them, and the consequences of these inequalities for women and men's lives, health and well-being.
- 7\_ **UNDERSTANDING HEALTH AS A HUMAN RIGHTS ISSUE** and addressing the broader social and political determinants of health.
- 8\_ **FACILITATE EVIDENCE-BASED DECISION MAKING**—Provide leadership in the generation of HIV strategic information in the health sector and its use in programme and policy processes.

### OVERALL OBJECTIVE AND TARGETS

That broader PAHO strategy, which was endorsed by Caribbean governments, has one overall objective and three main targets.

**OVERALL OBJECTIVE:** By 2015, to halt and begin to reverse the spread of HIV/AIDS as well as STI in the Region by providing universal access to prevention, care, and treatment.

- 1\_ **TARGET 1:** By 2010, there will be a 50% reduction in the estimated number of new HIV infections followed by a further 50% reduction in new infections by the end of 2015.
- 2\_ **TARGET 2:** By 2010, there will be universal access to comprehensive care including prevention, care and antiretroviral treatment.
- 3\_ **TARGET 3:** By 2015, incidence of mother-to-child transmission of HIV will be less than 5% and incidence of congenital syphilis will be less than 0.5% cases per 1000 live births.

The PAHO Caribbean plan supports the achievement of that overall objective and set of targets and contains Caribbean-specific strategies based on identified priorities and needs within the region.

## CRITICAL LINES OF ACTION (CLAS) IN THE CARIBBEAN

As discussed in earlier sections of this document, the Caribbean is at a critical juncture in the HIV epidemic. Capacity gaps related to health planning, strategic information, and laboratory support pose challenges in identifying and implementing state-of-the-art and contextually appropriate interventions in the Caribbean. The region has not yet achieved a critical mass of individuals who know their HIV status, and while there have been some strides with respect to ART coverage there remains a large unmet need for comprehensive and high-quality treatment, care and support. In addition, there has been limited traction in terms of HIV/STI prevention interventions.

PAHO is one of many development partners supporting HIV/STI efforts in the region. Based on its institutional strengths, it has identified four broad strategies, referred to as Critical Lines of Action (CLAs), as a means of structuring its HIV-related support over the next five years:

### CLA 1 (HEALTH SYSTEM STRENGTHENING)

- CLA 1 DESCRIPTION: Strengthening health-sector leadership and planning capacity, establishing standards and norms, and addressing health-systems capacity
- PROGRAMMATIC PRIORITIES FOR PAHO IN THE CARIBBEAN: advocacy; national health-sector planning; guideline-setting; human resource management

### CLA 2 (SERVICE DELIVERY)

- CLA 2 DESCRIPTION: Strengthening, expanding and reorienting health services
- PROGRAMMATIC PRIORITIES FOR PAHO IN THE CARIBBEAN: human capacity development at all levels of the health system; service integration; Quality Assurance; expansion of services for vulnerable populations

### CLA 3 (PROCUREMENT AND SUPPLIES)

- CLA 3 DESCRIPTION: Improving access to medicines, diagnostics and other commodities
- PROGRAMMATIC PRIORITIES FOR PAHO IN THE CARIBBEAN: drug pricing; logistics and supply chain management; decentralized laboratory support for HIV service delivery

### CLA 4 (STRATEGIC INFORMATION)

- CLA 4 DESCRIPTION: Improving information and knowledge management, including surveillance, monitoring and evaluation and dissemination
- PROGRAMMATIC PRIORITIES FOR PAHO IN THE CARIBBEAN: biological and behavioural surveillance; patient monitoring; routine health information systems; operations research

The success of the above strategies is predicated upon a systematic approach to formulating HIV plans for the health sector. The plans will need to be developed via a process that entails a comprehensive review of evidence, profiling of vulnerability and barriers to Universal Access to inform policy and programme development, and active engagement of the full spectrum of HIV stakeholders.

For each CLA, PAHO will support the mainstreaming of HIV to extend the benefits of HIV-specific resources and technical support to the entire health sector. Strategic partnerships are a major underpinning of the PAHO Caribbean Strategy and are critical to maximizing results over the next five years. In addition, issues of long-term sustainability are at the forefront. Over the next five years, PAHO will work with regional and national stakeholders to address issues of resource mobilization, resource allocation, cost-benefit of various interventions, and human resource management.

The following pages present concise overviews of each CLA.

### **CRITICAL LINE OF ACTION 1: STRENGTHENING HEALTH-SECTOR LEADERSHIP AND PLANNING CAPACITY; ESTABLISHING STANDARDS AND NORMS, AND ADDRESSING HEALTH SYSTEMS CAPACITY**

As in other parts of the world, the Caribbean has adopted a multi-sectoral response to HIV. However, the health sector remains at the cornerstone of both national and regional-level responses. Strengthening the health sector therefore has positive implications for the overall HIV response in the Caribbean.

Political will to address HIV is a major determinant of success in controlling the epidemic and mitigating its impact. In addition, HIV serves as an impetus to address long-standing, unresolved issues related to vulnerability and health equity, as well the sustainability of health systems in the Caribbean. Public health leadership within the region must be equipped to advocate for changes in policies and programmes based on evidence. In addition, underlying issues related to health systems capacity must be addressed.

In order to achieve Universal Access to prevention, care, and treatment for HIV, consensus must be reached on the concept of 'vulnerability'. Policies and programs will need to be re-oriented to address vulnerability and barriers to Universal Access in tangible and meaningful terms. In addition, the establishment of standards and guidelines for essential HIV services will help to ensure that minimum elements are in place across the region to bring about desired outcomes and impacts.

There is the need to improve the rigor of planning efforts in the region, and mechanisms for identifying and developing state-of-the-art and contextually appropriate health-sector HIV strategies need to be formalized. It is critical that the health sector in each country has a health-sector HIV plan, which serves as a template for action in light of identified priorities. A number of countries are currently in the process of developing new multi-sectoral National Strategic Plans for HIV. Health-sector planning must be linked to the multi-sectoral HIV planning processes. By embarking on a systematic and participatory planning process based on evidence, the health sector is poised to lead by example.

#### **CARIBBEAN-SPECIFIC STRATEGIES AND TARGETS UNDER CLA 1:**

- 1.1** Implementing national policies for universal access and sustainable financing within the health sector, engaging civil society and people living with HIV and AIDS  
**TARGET:** By 2010, policies and necessary health reforms including financing will be implemented to ensure universal access to health services for prevention, care and treatment within countries
- 1.2** Strengthening the planning and management capabilities of Ministries of Health (inclusive of National AIDS Programmes) in relation to the health sector's responses to HIV/STI  
**TARGET:** From 2007-2015, within the Ministries of Health, the execution of a strong health-sector response become or continue to be priority programs. With clearly defined mandates, plans and resource to optimally contribute to achieving Universal Access.
- 1.3** Scaling up the health systems response for vulnerable groups  
**TARGET:** By 2015, targeted prevention interventions will have been implemented to reach vulnerable groups based on the local characteristics and trends of the epidemic.
- 1.4** Establishing norms and standards for essential HIV services  
**TARGET:** By 2011, quality assurance systems for comprehensive health care will have been established and functional.
- 1.5** Strategic management of human resources and capacity building  
**TARGET:** By 2015, human resource management systems will be in place to ensure that health services will be appropriately staffed to meet HIV/STI requirements

#### **PAHO'S PRIORITIES FOR TECHNICAL COOPERATION IN THE CARIBBEAN:**

All persons living within a society—whether legally or illegally—have the right to access essential HIV-related services. Although some Caribbean countries are supportive of Universal Access in principle, many have not made the requisite funding decisions, nor have they created the necessary policies or programs, to ensure that Universal Access becomes a reality. Advocacy will be a major thrust of PAHO's work under CLA 1. PAHO entities will provide technical and capacity building support to public health leaders in the development of advocacy tools and strategies. Many gaps exist with respect to key strategic information that should be taken into account as part of health-sector planning. PAHO will assist countries with systematic data review and facilitate the timely generation of priority information on vulnerability and health equity for incorporation in policy and programme policies. PAHO will support countries in the systematic development of health-sector HIV plans based on a review of evidence (e.g., data on epidemiology, vulnerability, service gaps, human resource development gaps, etc.) and inputs of the full spectrum of stakeholders (including civil society and people living with HIV). Through strategic partnerships with agencies such as UNAIDS, PAHO will facilitate linkages between health-sector plans and multi-sectoral National Strategic Plans, which are currently under development in many countries. PAHO will also lead a consensus process to establish regional guidelines and standards for essential HIV services. These norms will be adapted at the country level with PAHO support, and will serve as the basis for service expansion and Quality Assurance (as discussed under CLA 2).

**OVERVIEW OF CLA 1 IMPLEMENTATION APPROACH:**

In Year 1 of the PAHO Caribbean HIV/STI strategy, the PAHO Caribbean HIV Office (PCHO) will facilitate a regional-level process to develop a policy framework for achieving Universal Access in the health sector. PHCO will also initiate advocacy and capacity building support to public health leadership at different levels, with the aim of developing policies and mobilizing resources to facilitate access, for example, through routine screening for HIV in the health sector. In Year 2 and onward, the PAHO Country Offices (with support from PHCO) will assist countries in the local adaptation of regional policies.

However, PAHO recognizes the urgency in expanding services to address HIV. As a result, strategic approaches need to be developed concurrently with policies and guidelines. During the first six months during the implementation of the PAHO Plan, PHCO, in consultation with the Country Offices, will devise a standardized approach to HIV strategic planning in the health sector. The approach will entail a participatory, evidence-based process with clear roles and contributions of civil society in defining vulnerability and devising viable strategies for reaching the most vulnerable segments of society.

Countries vary considerably with respect to health-sector strategic planning for HIV. Some countries have relied solely on their multi-sectoral National HIV Strategic Plans to guide efforts in the health sector. Others have embedded HIV programming into broader (i.e., non-HIV-specific) health-sector plans. Very few countries have formulated strategic approaches for tackling sustainability issues, and no countries have costed their strategies. During the first two years of the PAHO strategy, the PAHO Country Offices, under guidance from PHCO, will support countries in assessing and rationalizing their HIV efforts in the health sector. For the few countries that already have health-sector HIV strategic plans, PAHO will assist with costing activities, as well as ensuring that issues of decentralization, service integration, and sustainability are being adequately addressed. Most countries, however, will need assistance in developing health-sector HIV strategic plans from start to finish. During the start-up phase of the strategy, PAHO will formulate an approach for dealing with cohorts of countries. Notably, some countries are currently engaged in a multi-sectoral HIV strategic planning process; others will initiate that process within the next two years. To maximize linkages and synergies between planning in the health sector and planning for the multi-sectoral response, PAHO will be strategic in the timing of its technical support to those countries.

**EXPECTED OUTCOMES VIS-À-VIS CLA 1:**

- a. 20 countries with integrated/coordinated gender-sensitive policies and guidelines on HIV/AIDS
- b. 15 countries subscribing to and implementing sub-regional policies to increase access to HIV services by migrants and mobile populations
- c. 20 countries supported by PAHO in the development of HIV/STI health sector plans<sup>1</sup> which also address issues of gender and vulnerable populations
- d. 12 countries implementing plans/strategies for development of human resources (HR) for HIV prevention, care and treatment, including policies and management practices on incentives, regulation and retention, HR needs assessments, and capacity building

<sup>1</sup> Health-sector plans will be developed with full engagement and participation of stakeholders, including civil society, people living with HIV, and members of vulnerable groups. The plans will be comprehensive in scope, presenting action priorities, as well as addressing issues of financing, capacity development, systems strengthening, inter-sectoral collaboration, and monitoring and evaluation.



**LEAD PAHO IMPLEMENTING ENTITIES:**

**FOR HEALTH-SECTOR PLANNING:** PAHO Country Offices (with support from other PAHO entities)

**FOR NORMS AND STANDARDS** PAHO HIV Caribbean Office (in collaboration with other PAHO entities)

**LEAD PAHO COORDINATING ENTITY:**

PAHO HIV Caribbean Office

## **CRITICAL LINE OF ACTION 2: STRENGTHENING, EXPANDING, AND REORIENTING HEALTH SERVICES**

In order to achieve Universal Access targets, the Caribbean health sector must integrate HIV services at all levels of health service delivery, as well as decentralize services to ensure the broadest possible access. A public health approach must be employed to address the holistic needs of beneficiaries and ensure quality service delivery.

Countries will need to consider and implement different models of service delivery (e.g., provider-initiated HIV testing) to support service expansion. While increased service coverage is a priority, the issue of quality cannot be overlooked. Systematic approaches will be required for a) improving service provider capacity and b) creating an enabling environment for sustainable performance improvement. Countries require support in operationalizing Quality Assurance systems based on agreed-upon norms and standards, as well as fostering working conditions that protect the health and rights of the health care worker. Collaboration with the private health sector and civil society will be essential to expanding access, reducing stigma, promoting self help among people living with HIV, and keeping attuned to the ever-changing environment of need and access.

It will be important to use existing services as the entry points for HIV prevention and treatment services. These include maternal and reproductive health services, TB, STIs, medical clinics, domestic violence services. However, this by definition puts pressure on already understaffed systems. Essential to this approach is the integration of HIV testing and counseling into the primary care level of services. The scale up of testing and counseling services and the application of the provider-initiated approach are key to the identification of persons in need of treatment. In this context, the promotion of patient's rights is central to strengthening access, promoting adherence and reducing stigma and discrimination within the health sector.

Through an integrated approach, existing health services can be strengthened via HIV efforts, for example:

- Leveraging PMTCT interventions to improve antenatal and delivery care
- Pursuing primary care strengthening under the rubric of 'HIV programming' to serve the entire health sector
- Bolstering of health promotion interventions, particularly the promotion of sexual health and the scaling up of specific health services for the prevention of HIV, with the expectation of extending health promotion gains to other health outcomes such as teenage pregnancy, STI, unwanted pregnancies
- Leveraging of strides in HIV treatment and care to the management of other chronic diseases

Given the dynamics of the HIV epidemic, HIV/STI prevention in the health sector provides an opportunity to focus on segments of the society deemed most vulnerable to HIV infection. Joint programming with different sectors will be essential to reaching most-at-risk groups. With the existence of policies that address vulnerability, the health sector will be poised to embark on an appropriate set of interventions to reduce risks in the most vulnerable segments of the society, which also has implications in terms of the public good.

#### **CARIBBEAN-SPECIFIC STRATEGIES UNDER CLA 2:**

- 2.1** Integrating the most appropriate set of HIV prevention care and treatment services at each level of care.

**TARGET:** By 2015, HIV care will be available at each level of care with appropriate referral systems for secondary and tertiary care.

- 2.2** Strengthening STI prevention and treatment using a public health approach including the promotion of STI management at the point of first contact with health providers, partner notification, including the use of STI syndromic management, and other innovative approaches.

**TARGET:** By 2010, primary health care facilities will be implementing an STI/ HIV control basic package including counseling, contact referral, HIV testing, treatment.

- 2.3** Ensuring services to specific vulnerable groups identified in national health sector strategy.

**TARGET:** By 2015, specific services for vulnerable groups will be integrated into services and programs.

#### **PAHO'S PRIORITIES FOR TECHNICAL COOPERATION IN THE CARIBBEAN:**

Whereas the work under CLA 1 is intended to create a positive context for achieving Universal Access (through advocacy, policies, plans, and guidelines), the proposed work under CLA 2 addresses the specific service delivery requirements for achieving Universal Access. Under this CLA, PAHO entities will assist countries in operationalizing their health-sector HIV/STI plans, addressing issues such as the national adaptation of regional guidelines, the integration of HIV service delivery into pre-existing health services, capacity development of service providers, and Quality Assurance. Special attention will be paid to service expansion and quality improvement related to prevention in vulnerable groups, HIV testing, STI treatment/control, treatment and care (including but not limited to the provision of ARVs), and PMTCT. In the interest of achieving Universal Access targets, PAHO will assist countries in the identification, testing, and wider implementation of a variety of service delivery models for HIV testing, introducing new modalities to the region (e.g., provider-initiated testing) that increase access and coverage.

#### **OVERVIEW OF CLA 2 IMPLEMENTATION APPROACH:**

In implementing its five-year HIV strategy in the Caribbean, PAHO will adopt the internationally recognized definition of Universal Access, which is program coverage of 80% and higher. PAHO will use the service delivery areas of PMTCT, ART, and STI as barometers of progress in achieving Universal Access. By the end of the 2011, most countries should be implementing comprehensive HIV services, capitalizing largely on existing entry points within the health system.

Achieving the 80% milestone in key program areas will entail assisting countries to increase service availability through integrated approaches, reduce barriers to access, and improve quality of care. The proposed PAHO strategies and activities under CLA 2 contribute to those three aspects.

<sup>1</sup> Examples of such services include: promotion and protection of sexual health, condom promotion, positive prevention, and STI case management

Countries vary considerably with respect to the above three elements. PAHO will first focus on providing technical support to countries that have program coverage levels of 50% and lower. Through strategic partnerships with civil society and other entities, PAHO will support those countries in introducing new intervention strategies and service delivery models that would allow for rapid scale-up and include an effort to reach the most vulnerable segments of the population. The PCHO will provide strategic direction to the PAHO Country Offices, and the Regional Health Institutions (CAREC, CFNI) will contribute to the development of intervention strategies according to their institutional mandates.

Among countries that have already achieved program coverage levels above 50%, PAHO will assist them to sustain coverage gains and improve quality of care to maximize impact. Those countries, which have already achieved some degree of programmatic traction, will be viable candidates for establishing Quality Assurance systems. The countries might also require assistance in re-orienting services based on projections in HIV trends and changing dynamics, and a clear focus on providing services to the hard-to-reach segments of the population.

**EXPECTED OUTCOMES VIS-À-VIS CLA 2:**

- a. 20 countries with expanded access to HIV testing and counseling
- b. 20 countries scale up health services for the prevention of sexual transmission of HIV
- c. 10 countries implementing strategies to increase access to HIV services by vulnerable groups
- d. 20 countries attain at least 80% coverage of PMTCT interventions through MCH services
- e. 20 countries attain at least 80% ART treatment coverage of those in need of treatment
- f. 20 countries achieved targets for prevention and control of sexually transmitted infections, including the regional target for elimination of congenital syphilis

**LEAD PAHO IMPLEMENTING ENTITY:**

PAHO Country Offices (with support from other PAHO entities)

**LEAD PAHO COORDINATING ENTITY:**

PAHO HIV Caribbean Office

**CRITICAL LINE OF ACTION 3: IMPROVING ACCESS TO MEDICINES, DIAGNOSTICS & OTHER COMMODITIES & LABORATORY SUPPORT**

The region's ability to achieve Universal Access targets rests largely on a comprehensive approach to increasing access to essential medicines, diagnostics, and commodities and effective logistics and supply chain management.

Pricing of medicines and commodities is a mediating factor in achieving and maintaining Universal Access. Regional efforts to reduce the price of medicines, such as joint negotiations and pooled procurement, must be established and maintained. The PAHO Regional Revolving Fund for Strategic Public Health Supplies (the "PAHO Strategic Fund") is one mechanism to facilitate access to medicines and other public health supplies for all member countries under the principles of cost effectiveness and solidarity.

There are multiple systems of procurement in the Caribbean region. Individual countries have their own national procurement processes and systems and the Organization of Eastern Caribbean States (OECS). At present some Caribbean countries depend on external funding to purchase these supplies of medication and commodities; this represents potential vulnerability regarding sustainability of supplies in countries to ensure uninterrupted access to treatment and care; as these funding supplies are finite. The PAHO Strategic Fund offers countries opportunities for group purchases at reduced costs.

Laboratory services must be improved to ensure accurate reliable diagnosis of infectious disease, monitoring of disease progression, treatment, evaluation of drug resistance and epidemiological surveillance. Care and treatment sites must have timely access to quality laboratory tests as required by protocols and sub Regional or inter- country laboratory networks must be implemented to allow for sharing of services and expertise. Some Caribbean countries (for example Jamaica, Barbados and Guyana) have enhanced the capacity of their laboratories. This has created a potential resource for some Caribbean countries being able to offer others critical laboratory services; thus creating a network of regional lab support. The Special Programme on Sexually Transmitted Infections has been instrumental in enabling countries access to CD4 technology, initial supplies and technical support to provide laboratory services to support access to treatment and care. The CAREC Med Lab Project has also been instrumental in enhancing overall lab capacity in the Caribbean laying a foundation for increased capacity in countries for access to treatment.

#### **CARIBBEAN-SPECIFIC STRATEGIES UNDER CLA 3:**

- 3.1** Ensuring effective systems for the management and regulation of strategic public health supplies including HIV medicines, diagnostics and other commodities  
**TARGET:** By 2011, Caribbean countries/overseas territories are able to procure in a timely manner and manage quality antiretroviral drugs, essential medicines, diagnostics, and other commodities including condoms, reagents, and necessary supplies.
- 3.2** Strengthening capacity in quality control evaluation and rational use of medicines and other commodities.  
**TARGET:** By 2011, a Caribbean mechanism will exist to ensure quality control of diagnostics, medicines, and commodities and their rational use
- 3.3** Establishing and strengthening national laboratories and regional networks to support HIV prevention, care and treatment  
**TARGET:** By 2011, all care and treatment sites will have access to the necessary laboratory services for diagnosis, clinical staging, and monitoring treatment outcomes.

#### **PAHO'S PRIORITIES FOR TECHNICAL COOPERATION IN THE CARIBBEAN:**

Through the PAHO Strategic Fund, PAHO aims to enhance mechanisms at the regional level to support national procurement and supply management. It will provide country-level capacity building and technical support to facilitate the continuous supply of diagnostics, safe medicines, reagents, and supplies. Countries will also benefit from PAHO's expertise in formulating regional guidelines for quality control and procurement systems, as well as the monitoring of performance indicators related to Quality Assurance and laboratory support. Laboratory support is an identified priority for the region, and a major linchpin in health-sector HIV responses. As described in the next paragraph, PAHO will need to strengthen laboratory capacity at both the level of CAREC and the countries. The strengthening of the Regional Health Institutions (CAREC and CFNI) is discussed in greater detail in the next section of this document.

### OVERVIEW OF CLA 3 IMPLEMENTATION APPROACH:

Over the next five years, PAHO's Office of Caribbean Programme Coordination (OCPC) will facilitate country access to the PAHO Strategic Fund, when needed. The PAHO Strategic Fund is complementary, not competitive, with existing procurement mechanisms, and it will serve as a much-needed source of training and in-country technical support for improved procurement and supply chain management in the health sector.

Both OCPC and the PAHO HIV Caribbean Office will work at the regional and sub-regional levels to advocate for reduced costs of ARVs, diagnostics, and essential supplies. Increasing the availability of affordable second-line ARVs in the region will be a priority throughout the five-year strategy.

In addition to procurement issues, CLA 3 responds to the issue of laboratory support. PAHO has identified the need for a two-pronged approach to a) strengthen CAREC's capacity (infrastructure, equipment and human resources) to provide leadership and support to the region in the area of laboratory services (providing guidance on emerging technologies; serve as a reference laboratory for a select number of countries) and b) strengthen country capacity to provide decentralized laboratory support. During the first two years of the strategy, PAHO will focus on the institutional strengthening of CAREC as the regional locus of technical leadership, coordination, consensus building, and quality assurance in the area of laboratory support. However, in the interest of decentralizing laboratory services throughout the region, CAREC will simultaneously target capacity-building support to countries that currently have limited capacity to perform basic laboratory services such as CD4. Advanced laboratory services such as viral load testing are being increasingly recognized as an important tool in the clinical management of HIV. In light of the fact that every country does not have the capacity to offer advanced laboratory services, nor is it prudent to establish those services in low-burden countries, CAREC will need to be strengthened in certain aspects of diagnostic laboratory support, as well as its overall reference laboratory function.

In the short term, the focus for the region will be on a) reaching consensus on quality standards, guidelines, and technical assistance; and b) identifying mechanisms for coordination. Efforts to decentralize laboratory support and ensure adherence to quality assurance standards will be intensified over the next five years.

### EXPECTED OUTCOMES VIS-À-VIS CLA 3:

- a. 25 countries have increased access to affordable essential medicines for HIV/AIDS whose supply is integrated into national pharmaceutical systems
- b. All countries have laboratory services (or access to such services) to support comprehensive HIV care, including PCR and genotyping
- c. All countries perform quality basic HIV laboratory services (e.g., HIV serology, OIs, CD4, Haem, Biochem, TB, syphilis diagnosis)
- d. 10 countries are supported by CAREC with quality and timely reference services including PCR and genotyping
- e. 15 countries have "good laboratory practice" guidelines and mechanisms for national drug quality control measures
- f. All countries are implementing quality-assured HIV screening of all donated blood

**LEAD PAHO IMPLEMENTING ENTITIES:**  
**FOR STRATEGIC FUND/THS:** OCPC  
**FOR LABORATORY SUPPORT:** CAREC

**LEAD PAHO COORDINATING ENTITY:**  
 PAHO HIV Caribbean Office

#### **CRITICAL LINE OF ACTION 4: IMPROVING INFORMATION AND KNOWLEDGE AND MANAGEMENT INCLUDING SURVEILLANCE, MONITORING AND EVALUATION AND DISSEMINATION.**

Timely, high-quality, and appropriate information is essential to evidence-based action. However, many countries within the region are unable to report on the most basic parameters related to HIV/STI. There is the need for leadership in a consensus process regarding a minimum set of core information in the Caribbean, and timely, appropriate, and state-of-the-art support in the primary collection, management, analysis, and interpretation of core information.

PAHO is strategically placed to support countries on strategic information issues within the health sector, and it recognizes that Regional Health Institutions, namely CAREC, must be supported in addressing internal capacity and organizational development gaps in order to provide the kind of leadership and support that countries require. The formulation of a country-focused capacity building and technical support strategy that reflects the fact that different countries have different strategic information capacities and support needs is essential.

Increased data availability is a priority; however, equally important is the fact that data should be 'packaged' appropriately and in a timely manner to support policy formulation, planning processes, and programme implementation.

#### **CARIBBEAN-SPECIFIC STRATEGIES UNDER CLA 4:**

- 4.1** Strengthening health surveillance systems using state-of-the-art techniques  
**TARGET:** By 2010, national surveillance systems will be providing comprehensive data on all the key components of the state of the art surveillance systems.
- 4.2** Developing and strengthening monitoring and evaluation systems in the health sector  
**TARGET:** Development and strengthening of monitoring and evaluation systems in the health sector as part of the global efforts in monitoring and evaluation
- 4.3** Developing networks and partnerships to support a common HIV/STI surveillance, monitoring, and evaluation framework for the health sector  
**TARGET:** By 2010, national capacity will be built for monitoring and evaluation to assess prevention, care and treatment programs.
- 4.4** Building capacity for information, knowledge management, and dissemination  
**TARGET:** By 2010, national capacity will exist to analyze use and disseminate user friendly data and this data will be distributed within and among countries.

#### **PAHO'S PRIORITIES FOR TECHNICAL COOPERATION IN THE CARIBBEAN:**

Strategic information is a crosscutting domain that supports all program areas. In response to the limited availability of quality HIV-related strategic information within the region, PAHO will provide leadership in defining a minimum set of core HIV- and STI-related parameters that will be tracked at the national and regional levels. Through strategic alliances with entities such as the Regional M&E Technical Working Group, it will embark on harmonized technical support related to the recording, reporting, processing, and interpretation of routine health information. More specifically, PAHO will focus on strengthening routine health information systems to generate data on HIV service coverage, quality, and impact. In an effort to strengthening strategic information capacity within the region, it will employ innovative modalities to expand the cadre of public health professionals with expertise related to health surveillance and information systems.

'Packaging' and proper documentation and dissemination of available data have been major shortcomings in the past. PAHO will support countries in developing periodic HIV epidemic reports that can facilitate reporting to global initiatives (e.g., UNGASS, Universal Access) and, most importantly, support local decision-making and action.

#### **OVERVIEW OF CLA 4 IMPLEMENTATION APPROACH:**

During the first six months of the strategy, the PCHO and CAREC will lead a consensus process on a minimum set of epidemiological and service delivery parameters that will be collected by all countries. A priority during the first year of the PAHO strategy will be to strengthen CAREC's Epidemiology Department through the recruitment of additional staff, professional development of existing staff, and the introduction of tools and systems for data quality assurance, analysis, and country feedback. Throughout the five-year Plan, PAHO will also tap into external technical cooperation to bolster CAREC's surveillance support to countries, as well as mentor a regional cadre of surveillance experts. During the first three years of the Plan, the focus will be on countries that have not been able to consistently report HIV-related data. In 2006, those same countries were targeted by CAREC for an HIV surveillance workshop. Under the auspices of the new PAHO HIV/STI Plan for the Health Sector for the Caribbean, CAREC and development partners will provide follow-up surveillance support to those countries.

Unlike surveillance, which simply entails the routine tracking of disease outcomes and behaviors over time, M&E is much more program-dependent. PAHO M&E support will be mistimed and of limited utility for countries that are faltering with respect to access and coverage. As a result, PAHO will first target countries with higher than average coverage levels to strengthen local M&E capacity in the health sector, with an emphasis on routine health information systems to generate data on coverage, quality, and impact.

For countries that already collect the minimum set of HIV parameters, CAREC and other PAHO entities will focus their assistance on the timely and appropriate analysis of available data from different sources. Increased access to strategic information (through a number of dissemination methods) will be a major thrust during the last two years of the PAHO Plan.

Operations research supported by PAHO will be linked directly to scale-up efforts under CLA 2. For example, some countries are poised to participate in pilot studies related to different service delivery models to expand HIV testing. Other countries with in-country capacity to conduct evaluation research on the effectiveness of specific intervention components (e.g., care and treatment, prevention interventions in the health sector) will be mentored to design evaluation approaches that can be implemented during the life of the PAHO strategy.



**EXPECTED OUTCOMES VIS-À-VIS CLA 4:**

- a. All countries regularly collect, analyze and report surveillance and impact data on HIV using PAHO/WHO's standardized methodologies, including appropriate age and sex disaggregation
- b. All countries regularly collect, analyze and report data on delivery of HIV services, using PAHO/WHO's standardized methodologies, including age and sex disaggregation
- c. 15 countries report data on HIV drug resistance disaggregated by sex and age as part of the sub-regional/regional/global surveillance and monitoring system
- d. 5 operational research studies on HIV/STI conducted in the region and published in international journals

**LEAD PAHO IMPLEMENTING ENTITIES:**

**FOR EPIDEMIOLOGY AND BIOLOGICAL/BEHAVIOURAL SURVEILLANCE:** CAREC  
**FOR STRATEGIC INFORMATION RELATED TO UNIVERSAL ACCESS AND SERVICE DELIVERY QUALITY AND IMPACT:** PAHO Country Offices

**LEAD PAHO COORDINATING ENTITY:**

PAHO HIV Caribbean Office

The following page depicts PAHO's contribution (vis-à-vis the CLAs) to priority regional-level impacts and results.

## **IMMEDIATE NEXT STEPS IN IMPLEMENTING THE PAHO CARIBBEAN HIV/STI STRATEGY**

Baselines and end-of-project values for the outcome indicators presented in this document are based on the best available data at the time PAHO was developing its HIV/STI Plan for the Caribbean. During the start-up phase of the Plan, PAHO will conduct a more-thorough assessment of countries vis-à-vis the strategic plan indicators. Baselines and targets will be revised accordingly.

In addition to ensuring that PAHO has appropriate and achievable targets for its Plan, this initial exercise will also serve as an entrée into broader discussions with countries regarding their monitoring and evaluation (M&E) efforts in the health-sector. It will also be the basis for a more rigorous M&E system pertaining to PAHO HIV support in the region. This internal M&E system will ensure harmonization and alignment with other systems within PAHO and WHO, such as the WHO M&E Framework for Universal Access, and the M&E framework of the PAHO/WHO Strategic Plan 2008-2012, being developed in 2007.

As mentioned previously under each CLA, the status of countries vis-à-vis Universal Access will guide how countries are stratified for technical support. In the interest of providing technical support in the most efficient manner possible, natural groupings of countries (e.g., OECS, United Kingdom Overseas Territories Dutch territories, and French Departments) will be strongly considered due to their common geo-political, epidemiological, and socioeconomic traits. The baseline review process during the start-up phase of the PAHO Plan might also unearth other ways to categorize countries (e.g., countries that require strengthening for basic laboratory services; countries with program coverage levels below a certain threshold; countries that have advanced laboratory capacity). PAHO will structure its support accordingly to respond to country needs in the most timely and efficient manner possible, as well as act strategically to achieve the highest possible outcomes at the regional level within the next five years.

## PAHO'S CONTRIBUTION TO REGIONAL RESULTS AND IMPACTS

PRIORITY REGIONAL IMPACTS		PRECURSORS TO REGIONAL IMPACTS		PAHO'S CONTRIBUTION	
				What	How
Reduced number of new HIV infections*		Improved individual-level health outcomes (e.g., treatment adherence, reduced OI burden; reduced STI burden)	Universal access to quality information, drugs, commodities, and services for a) HIV-infected individuals and b) vulnerable populations*	Planning (Evidence-based HIV plans for the health-sector—CLA1 )	<ul style="list-style-type: none"><li>• TA for vulnerability assessments &amp; service mapping to guide targeting &amp; development of interventions/services</li><li>• Technical cooperation with plan development process, involving civil society &amp; beneficiaries</li><li>• Strategic alliances linking health-sector HIV planning with a) health and b) multi-sectoral planning</li></ul>
				Advocacy (for resource allocation, policy development—CLA 1)	<ul style="list-style-type: none"><li>• Develop policy briefs</li><li>• Support countries in costing health-sector HIV plans</li></ul>
Low incidence of mother-to-child transmission of HIV*		Human capacity development on key competency areas (e.g., HIV testing, surveillance, STI management, etc.—all CLAs)		<ul style="list-style-type: none"><li>• Support in conducting human resource assessment</li><li>• Strategic partnerships in the execution of capacity building activities &amp; development of training materials for different levels of service delivery/types of service providers</li></ul>	
Reduced rate of congenital syphilis*	Increased uptake of risk-reduction behaviors (condom use, reduced sexual partners, abstinence)	Normative support (Guideline, standard, & technical policy setting—CLA 2)		<ul style="list-style-type: none"><li>• Lead consensus processes to develop state-of-the-art yet contextually appropriate standards for different aspects of service delivery based on local and international evidence</li></ul>	
Decreased rate of AIDS-related deaths		Service expansion and Quality Assurance (CLA 2)		<ul style="list-style-type: none"><li>• Technical cooperation in designing interventions for vulnerable groups, rolling out Quality Assurance systems, integrating essential HIV services into existing health service delivery</li></ul>	
		Procurement, logistics, & laboratory support (essential medicines, supplies, etc.—CLA 3)		<ul style="list-style-type: none"><li>• PAHO Strategic Fund</li><li>• Strengthen CAREC Laboratory Division a) as a reference lab</li><li>• Strengthen country capacity for basic lab functions</li><li>• Strengthen certain countries to serve as intra-regional nodes of laboratory support</li></ul>	
		Evidence (Improve the quantity & quality of strategic information (SI) related to HIV/STI—CLA 4)		<ul style="list-style-type: none"><li>• Strengthening CAREC Epidemiology Department</li><li>• Standardized tools/templates for priority SI</li><li>• Increased cadre of SI experts (training, mentoring, supporting nodes of expertise)</li><li>• Country technical cooperation with development partners in areas of surveillance, HMIS, operations research, vulnerability assessments</li></ul>	
		Knowledge management ('packaging' & disseminating strategic information to facilitate evidence-based action—CLA 4)		<ul style="list-style-type: none"><li>• Technical cooperation in timely country-level &amp; regional analysis of available SI</li><li>• Development &amp; dissemination of fact sheets &amp; comprehensive regional reports</li></ul>	

*An asterisk (\*) denotes PAHO's Priority HIV Targets for Latin America & the Caribbean*

An asterisk (\*) denotes  
PAHO's Priority HIV  
Targets for Latin America  
& the Caribbean

## ENSURING SUSTAINABILITY

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In any resource-constrained setting, it is critical to think beyond the achievement of short-term gains, and address issues to ensure that positive outcomes are sustained into the future. In executing its Caribbean HIV/STI strategy, PAHO has identified two issues related to sustainability:

- 1\_ The strength of the health system as a whole
- 2\_ The strength of regional health institutions (CAREC and CFNI)

### STRENGTHENING HEALTH SYSTEMS

PAHO is committed to leveraging HIV/STI resources in strategic ways to contribute to broader health system strengthening. It will achieve this through the following means: a) mainstreaming HIV into existing health services, b) employing different modalities for identifying and responding to capacity gaps within the health sector, and c) fostering public health advocacy, leadership, and management.

#### *A. Mainstreaming HIV through Integrated Service Delivery*

As mentioned earlier, PAHO will work with countries to strengthen existing services within the health sector and utilize those services as entry points for HIV prevention, care, and treatment services. Important precursors to service integration include: assisting countries in better understanding vulnerability as it relates to health and HIV; mapping health service availability, as well as points of contact with the most vulnerable segments of society; and addressing quality of care issues; and fostering a culture of results-based management. HIV resources have also created an opportunity to strengthen linkages between a) the formal health system and civil society and b) the public and private health sectors. These are tangible examples of how the rigor of HIV efforts can “spillover” to other disease areas and benefit the entire health sector.

#### *B. Sustainable Capacity Development*

PAHO acknowledges that there is great variation across countries in terms of capacity and support needs within the health-sector. Countries with larger populations and/or better resources tend to have very different technical support needs than countries with smaller populations and/or fewer resources. Many of the countries that fall into the former category are fairly self-sufficient and quite advanced in their response. In contrast, countries that fall into the latter category still require a tremendous amount of direct technical support in order to advance their activities.

PAHO will work with development partners to formulate a clear and agreed-upon approach to responding to that diversity, supporting the development of contextually appropriate capacity-building ‘infrastructure’ (e.g., local nodes of expertise, centers of excellence, communities of practice) to respond to capacity gaps related to HIV and other health issues. The following are illustrative ways that support may differ for the two types of countries.

#### FOR COUNTRIES WITH LARGER POPULATIONS AND/OR MORE HEALTH-SECTOR RESOURCES AVAILABLE FOR HIV ACTIVITIES:

- 1\_ Dissemination and adaptation of state-of-the-art and standardized guidelines, protocols, tools, methods, or systems (e.g., for example patient monitoring)

- 2\_ Advocacy support
- 3\_ Support in the identification, testing, and/or documentation of innovations
- 4\_ Cultivation of individuals or entities within those countries to become nodes of expertise for the region
- 5\_ Assistance in expanding the scope of activities beyond agreed-upon 'minimum standards' for the Caribbean

#### **FOR COUNTRIES WITH SMALLER POPULATIONS AND/OR FEWER RESOURCES:**

- 1\_ Dissemination and adaptation of state-of-the-art and standardized guidelines, protocols, tools, methods, or systems (e.g., for example patient monitoring)
- 2\_ Advocacy support
- 3\_ Support in the testing and/or documentation of innovations
- 4\_ Training, public health mentoring and knowledge/skills transfer
- 5\_ Systems strengthening (e.g., related to procurement, surveillance, routine health information, patient monitoring, Quality Assurance) in order to achieve agreed-upon 'minimum standards' for various elements of the health-sector response

The following are pending issues that will be addressed in the short-term in order to facilitate the development of a more detailed capacity-building strategy:

- i\_ Identification of 'minimum standards' (related to service delivery, strategic information) to ensure that all countries are on stream, irrespective of variations in capacity.
- ii\_ Exploration of different modalities for better use of donor technical cooperation resources (short-term and long-term)
- iii\_ Identification and/or establishment of 'communities of practice' (networks of experts organized around technical issues or competencies [e.g., surveillance, laboratory support, patient monitoring, rapid HIV testing]) and comprised of Caribbean professionals and experts external to the region. These communities of practice can provide both technical guidance (e.g., in developing guidelines, materials, or approaches) and technical support in the health sector.

### ***C. Public Health Advocacy, Leadership, and Management***

PAHO will utilize its Caribbean HIV/STI Strategic Plan as a platform for bringing issues related to public health leadership and management to the fore. For example, PAHO will:

- 1\_ Support the development of advocacy tools (targeting national and regional policymakers) that establish the link between health, HIV, and issues such as sustainable development and CSME
- 2\_ Use HIV as the impetus to improve the rigor of health planning in the region by linking health-sector HIV planning with overall health sector planning.
- 3\_ Facilitate the costing of health-sector HIV/STI plans to assist Ministries of Health in articulating their budgetary requirements to policy decision makers.
- 4\_ Assist countries in improving human resource (HR) management (e.g., through HR assessments, development of HR services in response to gaps identified in the assessments)
- 5\_ Work with countries and development partners to determine the cost-benefit of various interventions

## STRENGTHENING THE REGIONAL HEALTH INSTITUTIONS

The Regional Health Institutions play a key role in the implementation of the HIV/STI Health Sector Plan, whereby activity areas will be fully aligned with their respective core functions. Greater focus on what they do best will strengthen both CAREC and CFNI. Along with the strengthening of the PAHO/WHO HIV response in the Caribbean, Findings and recommendations from various assessments (Universal Report, CAREC Laboratory Assessment, SPSTI evaluation) are being used to inform institutional strengthening strategies.

There is a particular urgency in strengthening the institutional capacity of CAREC to specifically address countries' needs in the areas of surveillance and laboratory support. In this regard, PAHO/WHO is currently supporting CAREC in the finalization of its institutional strengthening strategy. This strategy includes the implementation of organizational changes to strengthen core mandates and the positioning of CAREC as a sustainable public health resource to the Region. CAREC's new strategic plan (currently under development) explicitly addresses technical capacity gaps within CAREC, as well as critical organizational elements (e.g., highly motivated and technically sound staff; appropriate infrastructure (physical and operational); improved management capacity; effective and appropriate policy guidance and support provided by governing bodies). {See Annex 2 for a draft summary of strategic priorities for CAREC.}

At minimum, PAHO will support CAREC and CFNI with the following:

- 1\_ Human resource development (mapping of human resource requirements to fulfill organizational responsibilities outlined in the strategic plan; recruitment strategies; retention and professional development of existing staff)
- 2\_ Strengthening management systems (institutional M&E; results-based management)
- 3\_ Resource mobilization
- 4\_ Closer alignment with regional governing bodies (e.g., CARICOM)

It is also important to note the organizational development implications stemming from a more pan-Caribbean approach. For example, linguistic diversity in the region will necessitate recruiting staff with certain language capabilities, or developing those language capabilities in existing staff, in order to ensure meaningful technical support to the diverse array of countries. There are also implications in terms of materials development and information dissemination. PAHO can leverage its institutional resources to assist the Regional Health Institutions in the above.

## OPTIMIZING PAHO'S FUNCTIONING IN THE REGION

In moving forward with its commitment to support countries in the implementation of the PAHO Caribbean HIV/STI Plan for the Health Sector, 2007–2011, PAHO has also initiated a process to streamline processes and improve coordination across the different PAHO entities with the Caribbean. Issues such as the following will be addressed:

- a\_ Better coordination and greater synergies across all PAHO-administered functional entities (described further in Section IV of this document) in the HIV area of work in the Caribbean is required. Hence, the greater decentralization of PAHO/WHO HIV program achieved in the last 18 months has proven to improve substantially implementation, maximize the use of

resources, and increase support to countries. For this purpose, FCH/AI has decentralized human and financial resources to the Caribbean.

- b\_ Mechanisms to respond quickly and to move resources effectively within the organization need to be strengthened. Decentralization of both human and financial resources to those entities responsible for the implementation of activity areas of the Plan, including the Country Offices, is essential.
- c\_ Strong, HIV-competent Country Offices are the key to optimal support to national responses. The posting of HIV focal points in Country Offices has proven to be a step in the right direction, but further strengthening is needed. Equally, Country Offices continue to play a key role in supporting country-level actions needed to operationalize strategies and plans embraced by the Regional Health Institutions (CAREC and CFNI).

## EXECUTING THE PLAN

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Previous sections of this document outlined what will be addressed as part of the regional health-sector response to HIV/STI in the Caribbean, as well as how PAHO will support the health-sector response. This section presents PAHO's organizational framework for the Caribbean, which reflects some of the operational issues that will need to be addressed in order to ensure successful execution of the plan and the achievement of desired targets and outcomes.

### THE IMPORTANCE OF STRATEGIC ALLIANCES

There are a number of agencies and regional institutions that PAHO will need to work closely with in executing its five-year strategy. The following is an illustrative list of organizations that are key candidates for strategic alliances with PAHO:

- 1\_ **PANCAP** (e.g., on policy formulation, linkages with the soon-to-be developed Caribbean Regional Strategic Framework for the next five years; technical priority-setting, resource mobilization)
- 2\_ **CARICOM HEALTH DESK** and **OECS SECRETARIAT** (on service integration, health advocacy, and health systems strengthening)
- 3\_ **CHRC** (e.g., on M&E and/or research issues)
- 4\_ **CCNAPC** (e.g., on identification of best practices and diffusion of innovations; strengthening of National AIDS Program/Council support for the health-sector response)
- 5\_ **CHART** and the **UNIVERSITY OF THE WEST INDIES** (e.g., on pre-service and in-service training and capacity development of the full spectrum of HIV service providers)
- 6\_ **CIVIL SOCIETY ORGANIZATIONS**—including but not limited to **CRN+** or national associations for people living with HIV (on appropriate engagement of civil society in comprehensive care and treatment)
- 7\_ **UNAIDS** (e.g., on alignment of health-sector planning process with National (multi-sectoral) Strategic Plan development; advocacy and policy issues)
- 8\_ **DONOR AGENCIES** (e.g., technical cooperation for priority areas such as HIV/STI surveillance)

In addition to investing in the formation and/or enhancement of strategic alliances, attention will also be paid to assessing and documenting the effectiveness of those partnerships. In the future, it will be important to document two aspects of strategic alliances (at minimum): a) evidence of partnerships and b) by-products of those partnerships.

### PAHO ORGANIZATIONAL STRUCTURE AND FUNCTIONS IN THE CARIBBEAN

The key PAHO entities to support the implementation of the PAHO Caribbean HIV/STI Health Sector Plan include: PAHO Headquarters (HQ); the PAHO HIV Caribbean Office (PHCO); PAHO/WHO Country Offices (CO); PAHO Regional Health Institutions (RHI), namely CAREC and CFNI; and PAHO's Office of Caribbean Programme Coordination (OCPC).

For the 2007–2011 period, greater attention will be paid to alignment of roles and responsibilities with institutional mandates; organizational development of regional health institutions; fostering

of synergies between the regional health institutions, as well as with other regional entities; and enhanced mechanisms for planning, implementation, and performance measurement.

### ***PAHO Headquarters (HQ)***

**DESCRIPTION:** The relevant entities within PAHO HQ will be the Director's Office, the Assistant Director, Executive Management, and FCH-AI (Family and Community Health Area of Work, the AIDS unit). All of the aforementioned entities are based in Washington.

**FUNCTIONS:** For all HIV/STI-related issues, PAHO HQ (through its decentralized office in the Caribbean (PAHO HIV Caribbean Office, described in more detail below) will provide public health leadership and technical guidance to the Regional Health Institutions (CAREC, CFNI) and country offices in facilitating advocacy and policy dialogue with public health stakeholders and decision-makers in the Caribbean. The various PAHO technical units will also provide technical inputs to the Caribbean in the area of HIV/STI).

### ***PAHO HIV Caribbean Office (PHCO)***

**DESCRIPTION:** This unit, which will be based in the Caribbean, is an extension of PAHO's FCH/AI. It is the PAHO sub-regional office for HIV and is expected to manage PAHO's Caribbean HIV approach. The PHCO will consist of a Director and a small team of individuals.

**FUNCTIONS:** The PAHO Caribbean HIV Office will create a cohesive PAHO HIV/STI support package to the region. It will also serve as a facilitator and enhancer for technical support and capacity-building to countries, with the aim of strengthening health systems to improve access, coverage, quality, and effectiveness of health-sector HIV services. Its three main functions are the following: 1) coordination and monitoring of the PAHO HIV/STI response in the Caribbean; 2) technical support and oversight in specific areas (not covered by other Regional PAHO entities): aspects of Treatment and Care, Testing and Counseling, Prevention role of the health sector, and Information and Knowledge Management and Health Planning and Management; 3) interface with HIV specific organizations/institutions in the Caribbean (e.g., PANCAP, UNAIDS, CRN+, etc.)

### ***PAHO/WHO Country Offices (COs)***

**DESCRIPTION:** At present, there are PAHO/WHO Country Offices (CO) in The Bahamas, Barbados, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago, the Dominican Republic, Cuba, and Haiti. The Office of the Eastern Caribbean Countries (OECC) located in Barbados office has a mandate to serve the OECS sub-region. The OCPC has the mandate to serve the Caribbean French Departments. The COs are staffed with a Representative (PWR) and technical personnel. In an effort to decentralize PAHO technical support to countries, PAHO has placed an HIV Focal Point within each CO. In addition, financial resources will be decentralized to COs to empower them to support country-driven national health sector responses.

**FUNCTIONS:** The COs and, more specifically, the PWRs supported by their HIV Focal Points within the COs, will be responsible for the implementation of PAHO/WHO technical cooperation in countries. This involves direct technical support for the development and implementation of national health sector HIV/STI plans. The exact nature and scope of technical support is defined jointly with National Authorities; however, the COs are also expected to facilitate technical support provided by PAHO Regional Health Institutions, as needed. The COs are the major conduit for data, information, and requests between countries, as well as to/from the PAHO Ca-



ibbean Office and the Regional Health Institutions. They will play a pivotal role in achieving and reporting on progress towards Universal Access.

### ***Regional Health Institutions (RHI) – CAREC and CFNI***

**DESCRIPTION:** There are two PAHO-administered Regional Health Institutions (RHIs): the Caribbean Epidemiology Centre (CAREC) and the Caribbean Food and Nutrition Institute (CFNI).

Both CAREC and CFNI have very defined institutional mandates and are intended to provide technical leadership and capacity-building support on discrete aspects of responses in the health sector. Within the context of the PAHO Caribbean HIV Plan, CAREC's institutional scope pertains primarily to epidemiology/surveillance (biological and behavioral), laboratory support. CFNI will provide technical leadership in the area of HIV and Nutrition.

The Regional Health Institutions are long-standing entities within the Caribbean. As such, PAHO plans to facilitate their institutional strengthening within the context of its HIV/STI strategic plan. Specific organizational development issues such as: 1) human resource development (recruitment of new staff, professional development/capacity building of existing staff); 2) strengthening management systems (e.g., evidence-based planning, results-based management, strategizing and managing technical support to countries); 3) resource mobilization and advocacy for increased levels of local (i.e., national government) support will be addressed. PAHO will be facilitating stronger links between the RHI and global experts/communities of practice. With PAHO support to address organizational and capacity gaps, the RHIs will, in turn, be able to 'lead by example', illustrating to countries best practices in surveillance, laboratory support, and other issues. Stronger linkages with indigenous regional entities (e.g., PANCAP/CARICOM, OECS Secretariat, UWI, CHART, CHRC, CCNAPC, and CRN+) will be essential to the sustainability of the RHIs.

**FUNCTIONS:** Both CAREC and CFNI have important roles to play. CAREC's Epidemiology Department will work very closely with personnel within national surveillance units. With support from the PAHO HIV Caribbean Office, it will also engage other development partners to increase the cadre of public health professionals with surveillance/epidemiological skills. The achievement of a critical mass of surveillance experts is vital to the region's ability to describe the epidemic and formulate evidence-based responses. The Epidemiology Department will improve the processing and dissemination of HIV- and STI-related strategic information. CAREC's Laboratory Division has roles to play both as a reference laboratory (e.g., for PCR, genotyping) for selected countries, and as a technical leader in laboratory support as the region moves towards a more decentralized approach for basic laboratory services. CFNI will play a technical consultative role, ensuring appropriate integration of nutrition-related issues into the development and implementation of policies, guidelines, standards, and intervention approaches.

### ***Office of the Caribbean Programme Coordination (OCPC)***

**DESCRIPTION:** This office, based in Barbados, interfaces with broader regional institutions, with a focus on health, specifically CARICOM.

**FUNCTIONS:** OCPC plays a key role in supporting the development, monitoring and evaluation of the Caribbean Cooperation in Health—III (CCH-III). Over the next five years, it will support the PAHO Caribbean HIV Office in promoting and fostering integration of HIV/AIDS in the

CCH-III and coordination/harmonization of CCH-III HIV/AIDS related goals, targets with HIV/AIDS specific plans. OCPC will also support the PAHO HIV Caribbean Office in facilitating specific technical support from PAHO HQ technical units (e.g., on procurement and supply chain management issues, Human Resources Development, Health Systems and Services).

## **PAHO HIV RESPONSE IN THE CARIBBEAN: ORGANIZATIONAL FRAMEWORK**

*Please refer to the Annex for budget projections according to CLA.*

### ***Results-based Management***

Over the next five years, PAHO will employ more rigorous monitoring and evaluation (M&E) practices as a management tool to support results-driven approaches. PAHO has two functions vis-à-vis M&E:

- 1\_ assisting countries (and the region as a whole) in monitoring and evaluating the health-sector HIV response (vis-à-vis Universal Access targets)
- 2\_ monitoring and evaluating the effectiveness of PAHO support to health-sector HIV/STI efforts in the Caribbean
- 3\_ The Expected Outcomes presented under each of the Critical Lines of Action (Section II: PAHO's Strategic Approach for the Caribbean, 2007-2011) will be the basis for a concise and manageable set of process and outcome indicators, and a corresponding internal M&E system.

Priority M&E next steps include the following:

- 1\_ Develop an M&E plan that provides a comprehensive description of the HOW (e.g., instructions on indicator tabulation; draft tools/reporting templates; description of key processes and systems; forecasting of resource requirements for M&E; timelines for implementation of M&E activities).
- 2\_ Address capacity gaps within PAHO Caribbean entities to a) address PAHO's institutional M&E needs, b) support countries in improving M&E in the health sector.

## **THE BUDGET**

The PAHO Caribbean HIV/STI Plan for the Health Sector 2007 – 2011 will require almost forty-one million dollars (US\$40,790,905) to enable its full implementation.

**PAHO CONTRIBUTION** - PAHO is committed to contributing the full value of its system, infrastructure, and broad team of expertise at both the field and HQ levels to ensuring that the Caribbean Health Sector will have significant success in preventing and controlling the HIV epidemic in the region. It has also invested in hiring dedicated personnel to serve countries both at the country and regional levels. PAHO's overall investment amounts to over sixteen million dollars (US\$16,481,025) and represents 40% of the total budget

**FUNDING GAP** - This PAHO five year plan will require additional funding in excess of twenty-four million dollars (US\$24,309,880) in order to support full implementation.

**TABLE 1: BUDGET REQUIREMENTS FOR PAHO HIV CARIBBEAN PLAN (SUMMARY)**

<b>Programmatic &amp; Administrative Costs</b>	<b>Total cost US\$</b>	<b>PAHO/WHO Contribution</b>	<b>GAP</b>
CLA1: Strengthening Health Sector	11,149,158	3,562,219	7,586,940
CLA2: Health Services	11,048,138	5,273,710	5,774,428
CLA3: Medicines and Laboratory support	9,545,078	3,869,566	5,675,511
CLA4: Strategic Information/Surveillance	9,048,531	3,775,530	5,273,001
<b>Total Cost</b>	<b>40,790,905</b>	<b>16,481,025</b>	<b>24,309,880</b>

**COST CATEGORIES** - The total cost of implementing the plan has been calculated taken into account two types of costs:

- Programmatic cost: this includes salary cost for technical staff and activity costs (consultancies, travel, workshops, and seminars) required to deliver each of the Critical Lines of Action.
- Administrative cost: this includes salary cost of administrative staff and operational costs (office space, utilities, stationary, equipment, security, courier etc.) required to deliver each of the Critical Lines of Action.

PAHO/WHO contributions have been estimated based on staff (technical and administrative), administrative services, and regular budget allotted for HIV specific activities. For staff that is not full-time dedicated to HIV/STI, this budget accounts for the estimated proportion of the time spent on HIV/STI related activities. It is important to mention that some of the PAHO positions are financed through WHO voluntary contributions from different extra-budgetary sources.

### *Allocation and management of resources*

This plan will be implemented using the full range of PAHO's entities.

To enable these PAHO entities to fully execute their responsibilities under the PAHO Plan, each will be allocated funding and human resources directly to ensure effective and timely action. It has been necessary to estimate the total cost that each implementing entity will incur to deliver activities under their primary responsibility. In that regard, total costs have been calculated for PAHO HIV Caribbean Office (PHCO), CAREC, CFNI, OCPC and PAHO Country Offices. The cost by implementing entity is based on the volume of activities that they will need to deliver. (See table 3)

### *Costing the Plan by Entity*

Each PAHO implementing entity contributed to the development of the plan, informing the plan on their anticipated levels of action to achieve the targets expressed within. Each entity therefore was intimately involved in costing the plan.

The country plans in particular reflect that investment is emphasized at the field level. More than half of this budget, 56%, will be available to support direct in-country implementation. The remaining 44% will be used for activities at the regional level which are intended to enhance country capacity. Table 2 below illustrates this.

**TABLE 2: BUDGET ALLOCATIONS FOR COUNTRY AND SUB REGIONAL PAHO ENTITIES**

PAHO Implementing Entities	Budget Allocation	Budget Share
Sub regional PAHO Entities CAREC/CFNI/OCPC/ PHCO	17,832,880	44%
Country Offices	22,958,025	56%
<b>Total</b>	<b>40,790,905</b>	<b>100%</b>

PAHO will continue strengthening the decentralization of resources to countries through the development of country specific plans linked to the agreed upon regional goals, targets, and based on specific country needs. These country plans will be developed jointly by each PAHO/WHO Country Office and the MOH. Country plans will be part of the activities to be conducted in the first year of the implementation of the plan, under the CLA1. However, in order to proactively mobilize resources to support country plans, an estimated cost has been established for countries and territories based on regional experience with 3by5 initiative and the one year decentralization of the SPSTI resources.

The following principles have been applied:

**A “FLOOR” OR MINIMUM ALLOCATION** has been established for all countries. This minimum allocation has been estimated at US\$115,000 per year per country. This amount is based on the minimum allocation that has been used for Latin American countries + a 30% increase to compensate higher transaction costs in the Caribbean.

**AN ADDITIONAL AMOUNT** (+allocation) established for priority countries (defined as those countries with 50% or less ARV coverage). That amount has been estimated at US\$25,000 for small countries, and 75,000 for big countries. These figures are based for the big countries on figures used for Latin American countries, and for the small countries based on the analysis of their current absorption capacity and expected improvement with the assignment of full time staff.

**TABLE 3: BUDGET REQUIREMENTS FOR CARIBBEAN PLAN  
(BY LEAD IMPLEMENTING ENTITY)**

		Lead implementing entity					Total
		PHCO	CAREC	CFNI	OCPC	COs	
Prog. Cost	Tech staff	3,204,000.00	1,250,400.00	184,300.00	243,900.00	5,242,050.00	10,124,650.00
	Activity	4,020,000.00	3,720,030.00	950,000.00	1,021,100.00	14,598,750.00	24,309,880.00
	Admin staff	597,000.00	348,750.00	33,300.00	8,100.00	540,975.00	1,528,125.00
	Operational	1,107,000.00	645,000.00	240,000.00	260,000.00	2,576,250.00	4,828,250.00
Total		8,928,000.00	5,964,180.00	1,407,600.00	1,533,100.00	22,958,025.00	40,790,905.00

# ANNEX 1: MATRIX WITH SPECIFIC ACTIVITIES, OUTCOMES AND A DETAILED BUDGET ACCORDING TO THE CRITICAL LINES OF ACTION

Critical Line of Action 1													
Health System Strengthening for HIV/STI													
PAHO Expected Outcomes:													
Number of countries that receive policy support and/or normative guidance from PAHO to facilitate universal access with emphasis on vulnerable					Baseline	Targets							
Number of countries supported by PAHO in the development and monitoring of costed HIV/STI health sector plans which also address issues of gender					6	20							
Number of countries that are supported by PAHO to implement regional policies to increase access to HIV services by migrants and mobile populations					0	15							
Number of countries that are supported by PAHO in human resources planning and capacity building for comprehensive services					0	10							
					2	7							
					Annual activity costs (not including salary costs)								
Activities					Lead PAHO Entity	PAHO Collaborating Entities	External Collaborators	Programmatic Cost (including salary cost)	2007	2008	2009	2010	2011
1.1 Strategy:													
Implementing national policies for universal access and sustained financing in the health sector with the engagement of civil society and PLWHAs													
Target:													
By 2010, policies and necessary health reforms including financing will be implemented to ensure universal access to health services for prevention, care and treatment for HIV/STI within countries													
1.1.1 Identify policy options and advocacy strategies at the regional level. These include: issues related to universal access; Health Financing ; Testing and Counselling, Access by vulnerable populations; Health sector workplace policies; Gender; Stigmatization					PHCO	CO, CAREC, CFNI, HQ	PANICAP, MOH, CHRC, PLWLAS	323,463	0	155,000	25,000	0	0
1.1.3 Improve public health leadership for HIV to advance the universal access agenda (skills, tools, establishment of alliances)					PHCO	PHCO, CAREC, CFNI	MOH	467,224	30,000	100,000	130,000	0	0
Sub-Total								790,687	30,000	255,000	155,000	0	0
1.2 Strategy:													
Strengthening the planning and management capabilities of the Ministries of Health (inclusive of National AIDS Programs) in relation to the health sector's responses to HIV/AIDS													
Target:													
From 2007-2015, Within the Ministries of Health the execution of a strong health sector response become or continue to be priority programmes. With clearly defined mandates, plans and resource to optimally													
1.2.1 Provide Guidelines, Tools and Support on the development of Health Sector Plans for countries as part of broader national strategic plan, including monitoring and evaluation					PHCO	CO, CAREC, CFNI, MOH	MOH	646,925	20,000	150,000	130,000	30,000	30,000
1.2.2 Contribute to the development of guidelines, tools and support on the development of Health Sector Plans in the area nutrition as in 1.2.1.					CFNI	PHCO, CAREC, CO	MOH	238,800	0	50,000	50,000	50,000	50,000
1.2.3 Facilitate comprehensive evaluations of the health sector response including analysis of health sector spending					PHCO	CO	MOH	269,552	0	0	50,000	50,000	50,000
Sub-Total								1,155,278	20,000	200,000	230,000	130,000	130,000
1.3 Strategy:													
Planning interventions for vulnerable groups													
Target:													
By 2015, targeted prevention interventions will have been implemented to reach vulnerable groups based on the local characteristics and trends of the epidemic.													
1.3.1 Provide technical support to countries to conduct vulnerability mapping & Design of appropriate intervention and programmes to address vulnerable groups					PHCO	CO	MOH	233,612	0	30,000	50,000	50,000	0
Sub-Total								233,612	0	30,000	50,000	50,000	0

<b>1.4 Strategy:</b>	Provide normative guidelines for comprehensive HIV/STI health care services including OA systems									
<b>Target:</b>	By 2011, quality assurance systems for comprehensive health care will have been established and functional									
1.4.1	Update/adapt and develop guidelines and build consensus for HIV care: (Children, adolescents and adults) STIs/PMCT (Testing and Counselling/nutrition) and emerging issues	PHCO	CO, CAREC, CFNI	CHART, MOH, other international bodies (e.g CDC, ITECH)	0	120,000	150,000	120,000	50,000	
1.4.2	Develop guidelines on HIV and nutrition and support the development of the nutritional component of other HIV related guidelines	CFNI	PHCO, CAREC, CO	CHART, MOH, other international bodies (e.g CDC, ITECH)	25,000	50,000	75,000	75,000	75,000	
1.4.3	Develop standards, strategies and mechanisms to assess compliance with national guidelines, norms and protocols including guidance on patient monitoring and tracking systems.	PHCO	CO, CAREC, CFNI	CHART, MOH, other international bodies (e.g CDC, ITECH)	0	60,000	60,000	0	0	
	<b>Sub-Total</b>				1,364,528	230,000	285,000	195,000	125,000	
<b>1.5 Strategy:</b>	Strategic management of human resources and capacity building									
<b>Target:</b>	By 2015, human resource management systems will be in place to ensure that health services will be appropriately staffed to meet HIV/STI requirements									
1.5.1	Develop relevant tools and regional capacity to improve the HR response (materials development, capacity building, minimum competencies, training curricula, HR assessment tool)	PHCO	CO, CFNI, HQ	MOH	0	30,000	30,000	30,000	10,000	
1.5.2	Participate in the development of relevant tools and regional capacity to improve the HR response for HIV and nutrition	CFNI	PHCO, CO, HQ	MOH	0	50,000	50,000	50,000	50,000	
1.5.4	Advocate and collaborate with regional tertiary institutions to develop and implement pre-service HIV training curriculum for various cadres of health care workers	PHCO	CO, HQ	UWI, MOH and other tertiary institutions, professional association, PLWHAs	0	20,000	20,000	20,000	10,000	
1.5.5	Monitor the occurrence of stigma and discrimination in the health sector and assist countries in taking corrective action (policy decisions, education and training, provision of universal precautions, PLWHA involvement)	PHCO	CO	MOH, PLWHA groups, UWI, professional bodies	80,000	50,000	80,000	50,000	20,000	
1.5.6	Work with countries and partners to enhance systems to include workplace safety rules, policies, regulations for health care providers involved in HIV service delivery	PHCO	CO, HQ	MOH, MOL, ILO and professional bodies	10,000	20,000	20,000	20,000	20,000	
	<b>Sub-Total</b>				1,209,188	170,000	200,000	170,000	110,000	
<b>1.6</b>	<b>Direct country support for Health System Strengthening</b>				4,960,200					
<b>1.7</b>	<b>Administrative Cost</b>				1,435,666					
	<b>CLIA Total</b>				11,149,158	885,000	920,000	545,000	365,000	



Critical Line of Action 2 Strengthen, expand and reorient health services									
PAHO Expected Outcomes									
Number of countries supported by PAHO to expand access to HIV testing and counseling									
Number of countries supported by PAHO to have primary care health facilities offering services for early detection and treatment of STI									
Number of countries supported by PAHO to scale-up health services for the prevention of sexual transmission of HIV									
Number of countries implement strategies to increase access to HIV services by vulnerable groups									
Number of countries attaining at least 70% coverage of PMTCT interventions MCH through services									
Number of countries attaining at least 80% ART Treatment coverage of those in need of treatment									
Baseline									
6									
TBD									
0									
0									
0									
0									
12									
Targets									
20									
20									
20									
20									
10									
12									
Annual activity costs (not including salary costs)									
2007									
2008									
2009									
2010									
2011									
Activities									
Lead PAHO Entity									
PAHO Collaborating Entities									
External Collaborators									
Programmatic Cost (including salary cost)									
2.1 Strategy:									
Integrating the most appropriate set of HIV prevention care and treatment services at each level of care									
Target:									
By 2015, HIV care will be available at each level of care with appropriate referral systems for secondary and tertiary care.									
2.1.1	Promote and work with countries to support the implementation of service delivery models which promote decentralization, integration and task shifting (TB, STI, MCH, Gender, mental health, primary care and chronic disease). Enhance HIV/TB collaborative programming	PHCO	CO, CAREC, CFNI, HQ	MOH, professional bodies	341,433	20,000	35,000	35,000	35,000
2.1.2	Support the integration of HIV and nutrition strategies into HIV/STI service delivery models	CFNI	PHCO, CAREC, CO	MOH, professional bodies	298,500	25,000	50,000	50,000	50,000
2.1.3	Develop and implement regional strategy and relevant tools for supporting countries to develop prevention options for the health sector (prevention of sexual transmission of HIV, PMTCT, PEP)	PHCO	CO, CAREC, CFNI, HQ	MOH	413,313	20,000	90,000	30,000	30,000
2.1.4	Develop and implement regional strategy and relevant tools for supporting countries to scale up testing and counselling (operational guidelines, training curricula, TOT, testing algorithms, quality assessment)	PHCO	CO, CAREC	MOH	287,522	0	30,000	30,000	30,000
2.1.5	Finalize and publish Regional HIV Testing and Counselling Operational Guidelines including guidelines for quality assessment published and available for use in training	PHCO		MOH	134,776	35,000	10,000	10,000	10,000
Sub-Total					1,475,545	100,000	215,000	155,000	155,000

<b>2.2</b>	<b>Strategy:</b> Strengthening STI management using a public health approach <b>Target:</b> By 2010, primary health care facilities will be implementing an STI/HIV control basic package including counselling, contact referral, HIV testing, treatment										
2.2.1	Conduct comprehensive STI situational analysis and develop a regional strategy and plan for STI management	PHCO	CO/CAREC	MOH	71,881	0	40,000	0	0	0	0
2.2.2	Revise Caribbean guidelines on STI management for service provision and develop regional capacity for implementation	PHCO	CO/CAREC	MOH	305,493	0	90,000	50,000	30,000		
	Sub-Total				377,373	0	130,000	50,000	30,000		0
<b>2.3</b>	<b>Strategy:</b> Ensure services to specific vulnerable groups identified in national health sector strategy <b>Target:</b> By 2015 specific services for vulnerable groups will be integrated into services and programmes										
2.3.2	Promote the participation of vulnerable populations in the development and/or reorientation of services at all levels	PHCO	CO	MOH, PLWHAs group, professional bodies	98,836	15,000	15,000	15,000	10,000		
	Sub-Total				98,836	15,000	15,000	15,000	10,000		0
<b>2.4</b>	Direct In-country Support to Strengthen, Expand and Reorient Health Services				7936320						
<b>2.5</b>	Administrative Cost				1160064						
	GLA Total			\$	11,048,138	115,000	425,000	280,000	195,000		155,000



Critical Line of Action 3										
Improving access to medicines, diagnostics and other commodities and laboratory support										
PAHO Expected Outcomes										
Number of countries utilizing the PAHO Strategies Fund for technical support and procurement										
Number of countries performing quality basic HIV laboratory services (e.g. HIV serology, Ois, STs, CD4, HAEM, Boichem)										
Number of countries supported through a functional regional laboratory network to support comprehensive HIV laboratory (including PCR and										
Number of countries with satisfactory performance in external quality assurance programmes in the following areas-HIV testing, CD4 cell, TB,										
Number of countries supported by CAREC with quality and timely reference services including PCR and genotyping										

<b>3.3</b>	<b>Strategy:</b> Establishing and strengthening national laboratories and regional networks to support HIV prevention, care and treatment <b>Target:</b> CAREC laboratory capacity strengthened By 2011 all care and treatment sites will have access to the necessary laboratory services for diagnosis, clinical staging, and monitoring treatment outcomes.									
3.3.1	Strengthen CAREC's laboratory capacity for the provision of HIV-related reference services in the region (e.g. viral load, genotyping, DNA PCR, accreditation, quality systems, infrastructure, reagents and supplies, human resources, coordination of the regional network)	CAREC	PHCO, CO, HQ	MOH, external technical support	1,336,126	50,000	300,000	250,000	200,000	200,000
3.3.2	Strengthen CAREC's capacity for the provision of technical support to improve in-country capacity for quality HIV basic lab services (e.g. quality assurance, training, development of guidelines and SOPs)	CAREC	PHCO, CO, HQ	MOH, external technical support	467,644	30,000	100,000	100,000	70,000	50,000
3.3.3	Assistance to countries for the strengthening existing mechanisms for the implementation of quality laboratory services in support of HIV diagnosis, care and monitoring treatment (including human resource development, testing and supplies, policy/procedure testing programs, standard operating procedures, testing algorithms)	CAREC	PHCO, CO, HQ	MOH, external technical support	601,257	50,000	100,000	100,000	100,000	100,000
3.3.4	Conduct operational research and assessment of new technologies and algorithms and provide support for the implementation in countries.	CAREC	PHCO, CO, HQ	MOH, external technical support	374,115	30,000	80,000	60,000	60,000	50,000
	Sub-Total				2,779,143	160,000	580,000	510,000	430,000	400,000
<b>3.4</b>	Direct In-country Support to Improving access to medicines, diagnostics and other commodities and laboratory support									
<b>3.5</b>	Administrative Cost				2,976,120					
	GLA Total				2,165,412					
					\$ 9,545,078	404,220	824,220	754,220	674,220	644,220

<b>Critical Line of Action 4</b>										
<b>Improving information and knowledge and management including surveillance, monitoring and evaluation and dissemination</b>										
<b>PAHO Expected Outcomes</b>										
Number of countries with quality data on a regionally agreed-upon minimum set of HIV/STI epidemiological and service delivery parameters				Baseline				Targets		
Number of countries producing an annual comprehensive country report on the HIV and STI epidemiological situation, progress towards				TBD				All countries		
Annual comprehensive regional report prepared on the HIV and STI epidemics, progress towards Universal Access, and drug resistance				TBD				11		
At least five PAHO supported operations research studies to address information gaps related to HIV/STI policies, programmes and services				0				5		
				0				5		
								Annual activity costs (not including salary costs)		
Activities	Lead PAHO Entity	PAHO Collaborating Entities	External Collaborators	Programmatic Cost (including salary cost)	2007	2008	2009	2010	2011	
<b>4.1 Strategy:</b>										
Strengthening health surveillance systems using state-of-the-art techniques										
<b>Target:</b>										
By 2010, national surveillance systems will be providing comprehensive data on all the key components of the state of the art surveillance systems										
4.1.1	Strengthen the regional surveillance system based on a minimum set of core epidemiological information; develop standardized tools and reporting formats and mechanisms for analyzing and reporting data including the production of an annual HIV epidemic update	CAREC-Epid	PHCO, CO	MOH, external technical expertise (e.g. Health Canada and CDC)	627,979	150,000	150,000	150,000	60,000	60,000
4.1.2	Strengthen CAREC's capacity for analysis and forecasting of the HIV epidemic, status and trends in the region including data reporting mechanisms between CAREC and the countries	CAREC-Epid	PHCO, CO	MOH, external technical expertise (e.g. Health Canada and CDC)	734,869	150,000	150,000	150,000	100,000	100,000
4.1.3	Foster local nodes of surveillance expertise and support within the existing cadre of junior and senior-level Caribbean public health professionals	CAREC-Epid	PHCO, CO	MOH, external technical expertise (e.g. Health Canada and CDC)	360,794	30	110,000	100,000	60,000	0
4.1.5	Support countries in conducting HIV biological and/or behavioural risk factors sero-surveys	CAREC-Epid	CAREC, PHCO	MOH, national stakeholders, external technical expertise (e.g. Health Canada and CDC)	467,644	0	125,000	125,000	100,000	0
<b>Sub-Total</b>					2,191,287	100,030	535,000	525,000	320,000	160,000

<b>4.2</b>	<b>Strategy:</b> Development and strengthening of monitoring and evaluation systems in the health sector as part of the global efforts in monitoring and evaluation <b>Target:</b> By 2010, national capacity will be built for monitoring and evaluation to assess prevention, care and treatment programs									
4.2.1	Review guidelines, standardized templates and/or tools for health-sector HIV/AIDS M&E plans	PHCO	CO/CAREC	MOH/CHRC	88,851	20,000	30,000	0	0	0
4.2.3	Establish a standardized system for the routine collection of a minimum set of core service delivery data to monitor progress towards universal access	PHCO	CO/CAREC	MOH/CHRC	179,701	30,000	70,000			
	<b>Sub-Total</b>				269,552	50,000	100,000	0	0	0
<b>4.3</b>	<b>Strategy:</b> Building capacity for information, knowledge management and dissemination and research <b>Target:</b> By 2010, national capacity will exist to analyze use and disseminate user-friendly data and this data will be distributed within and among countries									
4.3.1	Work with regional stakeholders to develop comprehensive and evidence-based country and sub-regional profiles (e.g., fact sheets) using data on the epidemiological situation, contextual factors, service availability, program coverage, quality, and impact	PHCO	CO/CAREC	MOH/CHRC	413,313	30,000	50,000	50,000	50,000	50,000
4.3.3	In close collaboration with the Caribbean partners, identify priority operations research questions and information needs related to program and policy development e.g., special needs of people living with HIV, gender and HIV	PHCO	CO/CAREC, CFNI, HQ	MOH/PANCAP, PLWHAs and other national stakeholders	179,701	0	100,000	0	0	0
4.3.4	In close collaboration with the Caribbean partners, conduct operations research to support programme and policy development program	PHCO	CO/CAREC, CFNI	MOH/PANCAP, PLWHAs and other national stakeholders	437,284	0	0	80,000	80,000	80,000
	<b>Sub-Total</b>				1,024,299	30,000	150,000	130,000	130,000	130,000
4.4	Direct In-country Support for Improving information and knowledge management									
4.5	Administrative Cost				3,988,160					
	<b>CLA Total</b>				1,595,233					
					9,048,531	30,000	170,000	0	0	0
	<b>Overall Total</b>				40,790,905	714,220	2,304,220	1,954,220	1,414,220	1,164,220

## ANNEX 2: CAREC STRATEGIC PLAN (DRAFT)

### *Strategic Objectives*

- 1\_ Strengthen national and regional surveillance systems.

#### EXPECTED RESULTS

- \_ Public health surveillance in CMCs developed and/or strengthened.
- \_ Surveillance data translated into information to support development of policy, interventions, and programmes and facilitate evaluation.
- \_ Human Resource Capacity (country and regional levels) strengthened to enable effective execution of surveillance activities.

- 2\_ Strengthen Research Capacity of CAREC

#### EXPECTED RESULTS

- \_ Research agenda for CAREC developed
- \_ Scientific and operational research executed
- \_ Research results translated into information for action

- 3\_ Provide quality reference and referral laboratory services in support of CCH and other priority public health programmes

#### EXPECTED RESULTS

- \_ Laboratory networks for provision of reference, referral and diagnostic services to support public health needs of the region strengthened and maintained
- \_ Country capacity in Quality Assurance strengthened.
- \_ Public health laboratory capacity within the region strengthened.

- 4\_ Strengthen capacity of CAREC to fulfill its mission.

#### EXPECTED RESULTS

- \_ Adequate financial and human resources mobilized
- \_ A highly motivated and technically sound staff exists
- \_ Appropriate infrastructure (physical and operational) in place
- \_ Management capacity improved
- \_ Effective and appropriate policy guidance and support provided by governing bodies.

### ANNEX 3: LIST OF SOURCE DOCUMENTS

- 1\_ Summative Evaluation Report – Caribbean Epidemiology Centre’s Special Programme on Sexually Transmitted Infections (CAREC/SPSTI)
- 2\_ Caribbean Regional & Country Priorities – developed by CAREC/SPSTI
- 3\_ Caribbean Cooperation in Health III
- 4\_ Extended Situation Analysis
- 5\_ UNAIDS Report on the Epidemic
- 6\_ Review of Economic Conditions in CAREC Member Countries – Health Economic Unit, University of the West Indies
- 7\_ A Situational Analysis on Influences on Sexual Practices in Caribbean Populations, especially on Women - Dr. Brader Brathwaite, University of the West Indies
- 8\_ Profile of Anglophone Caribbean – Status of Women, Dr. Judith Soares, University of the West Indies.