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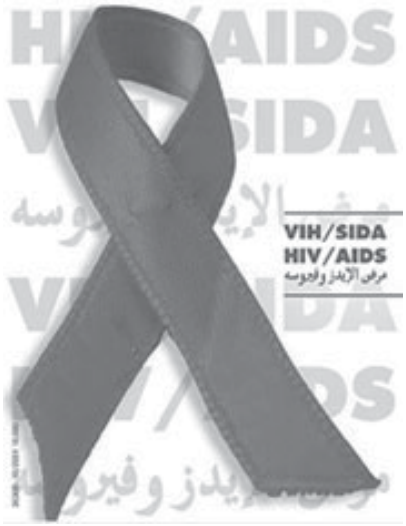
TAKING DECISIVE ACTION
THE BARBADOS HIV/AIDS PREVENTION PROJECT

Patricio Marquez

The first case of HIV/AIDS was detected in Barbados in 1984. At that time, HIV/AIDS was viewed more as a consequence of risky personal behavior by men who have sex with men than as a public health issue that affects the general population. Since then the number of reported HIV cases has risen continuously particularly among 15-49 year olds and the most economically active group, 25-49 year olds. Today, prevalence among adults in Barbados is conservatively estimated at over 3%. But people who test positive are estimated to represent only one-fifth of the infected population.



Barbados has a window of opportunity to prevent the spread of HIVAIDS, as its Government is now publicly committed to vigorous action. A National Commission on HIV/AIDS (NACHA) was established in the Prime Minister's Office in 2001 with a mandate to implement a broad program to limit further spread of the epidemic into the general population, by preventing HIV infection among vulnerable and high-risk groups, without stigmatizing them, and treating infected persons.

The Caribbean Multi-Country HIV/AIDS Program

In June 2001, the Barbados HIV/AIDS Prevention and Control project was the first approved under the US$155 million Multi-Country HIV/AIDS Prevention and Control Adaptable Program Loan (APL) for the Caribbean. The APL offers individual countries separate loans and/or credits and grants for their national HIV/AIDS Prevention and Control projects. A PHRD Grant from the Government of Japan at the end of 2000 supported the preparation of country projects in the Dominican Republic (total project cost US$30 million; approved June 2001); Jamaica (total project cost US$20 million; approved in 2002), Grenada (total project cost US$7 million, approved in 2002), St. Kitts and Nevis (total project cost US$4 million, approved in 2003), and Trinidad and Tobago (total project cost US$25 million, approved in 2003). All of these projects are currently under implementation. In addition, project preparation is underway in Guyana (to be financed through a 100% grant), St. Lucia (25% grant), St. Vincent and the Grenadines (25% grant) for approval in FY04, along with an US$8 million Regional HIV/AIDS IDA Grant to support regional institutions and foster horizontal cooperation and sharing of experiences among countries.

The development of the APL began with the report "**HIV/AIDS in the Caribbean: Issues and Options**," (World Bank, June 2000, "red cover" published March 2001). This report provided an overview of the HIV/AIDS epidemic in the Caribbean and the challenges and opportunities in addressing it. It compared country responses to the epidemic, and discussed options for addressing the crisis, highlighting strategies for donor coordination and cooperation, including the World Bank's proposal to finance a multi-country program. The report was presented to Prime Ministers, Finance Ministers, and other key

decision-makers from member countries at the Caribbean Group on Cooperation in Economic Development (CGCED) meeting, June 12-16, 2000. Participants, including senior representatives of other bilateral development partners and international organizations, agreed to assign the highest priority to dealing with HIV/AIDS in the region. Prime Minister Arthur of Barbados thereafter became a "champion" of the regional initiative.

Box 1

"AIDS in the Caribbean has reached a watershed moment."

Dr Peter Piot, Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS), 2001

"Without decisive action, the epidemic and its impact will cause untold harm for decades ahead. Combating the epidemic in the region also requires focusing on the dignity of people already infected and living with HIV/AIDS, including improving their access to good quality, humane care and treatment."

Former Director General of the Pan American Health Organization (PAHO/WHO), Sir George Alleyne, 2001

"Millions of dollars that we now devote to care and treatment, especially behind the active anti-retroviral therapy programme, will be of no consequence unless there is a dramatic and drastic change in personal behavior, especially among members of society who are most at risk."

Barbados Prime Minister Owen Arthur, Second National Consultation on HIV/AIDS, 10/10/03

Barbados leads the way

Although Barbados graduated from the World Bank in 1993, the World Bank Team obtained approval from the Board of Directors to include Barbados in the APL loan as an exceptional case. This was justified on several grounds: Barbados is one of the countries in the region most severely affected by HIV/AIDS; it plays a strong regional leadership role and provides a center for technical expertise and health infrastructure; there would be transferable development lessons; and the funding would provide public goods and positive externalities.

In 2001, Barbados became the first country to receive World Bank funding for a multi-sectoral HIV/AIDS Prevention and Control Project that includes scaling-up of antiretroviral drug therapy (ARV), a cocktail of drugs that decreases HIV levels in the blood, enabling people living with AIDS to live healthier, longer lives.

Project interventions include: (i) communication and advocacy to increase government commitment, attention and funding related to HIV/AIDS and to raise awareness, knowledge and understanding among the population about HIV/AIDS; (ii) scaling up of intervention activities at the national and community levels; (iii) scaling up of treatment, care and support at the national and community levels; (iv) research and national surveillance; and (v) capacity building.

Achievements

The Project, implemented through the National HIV/AIDS Commission, has built working partnerships with sector ministries, trade union representatives, business leaders, and persons living with AIDS.

Substantial progress has been made toward the stated goal of reducing HIV/AIDS mortality by 50% by 2004. The basic physical and institutional infrastructure for scaling up HIV/ADS treatment and care is in place. The Government is committed to universal and free provision of antiretroviral therapy for all citizens living with AIDS who require treatment, and has allocated the required funds.

A dedicated care and support out-patient facility, the Ladymeade Reference Unit, opened in early 2002 and staff for Ladymeade have been trained and deployed. Services include voluntary HIV counseling and testing, family counseling, anti-retroviral therapy (HAART), medication adherence counseling, medical diagnosis, assessment and monitoring, state-of-the-art laboratory service including CD4 and Viral Load testing, and pharmacy services for storage, monitoring, and dispensing treatment. A Clinical Psychologist and Senior Counselor provide psychological interventions and staff training. Community involvement is emphasized and community nurses follow-up non-attendee patients and defaulters.

The procurement process for increased quantities of ARV drugs

has been clearly established at the Barbados Drug Service. Evidence-based Treatment Guidelines developed by WHO are in use, and have proven easy to comply with; adherence to the standard three drug regimes has been very good.

Expanded laboratory services, including Elisa testing, CD4, CD8, and viral load estimations have been essential for offering and monitoring treatment. The Government of Barbados gave this priority, since adequate monitoring allows earlier detection of virological and treatment failure.

A computerized HIV/AIDS case management, monitoring, evaluation, and surveillance system has been established, that captures real-time comprehensive information on patient treatment, care and social support of person living with HIV/AIDS (PLWHA). It also collates comprehensive surveillance data, including risk factor and transmission details for all persons tested for HIV whether positive or negative. It will be expanded to polyclinics to capture data on sexually transmitted infections (STIs).


Mr.Owen S. Arthur, Prime Minister of Barbados

Outcomes

The number of AIDS patients being followed has grown to 520, including 260 patients on HAART. Available data on patient adherence to treatment regimes and clinical outcomes (comparing May 2001-April 2002 before Ladymead Center opened, with 12 months of unit operations May 2002-April 2003) indicate:

- 85 percent of patients achieved an adherence rate greater than 95 percent of treatment regime recommendations,
- 69 percent achieved virologic success,
- baseline socio-demographic data are not correlated with adherence or virologic success,
- mean Karnofsky scores increased 5.8 (-20 to 90),
- AIDS patients showed a median CDS4 rise over 10 cells/mm^3, increasing their health status and decreasing the risk of getting sick or dying from an opportunistic infection.
- Hospital admissions for treatment of opportunistic infections among HIV+ patients decreased by 442 percent from 316 to 183,
- total hospital days fell by 59.4 percent, and average length of stay fell 30 percent,
- outpatient visits rose 228 percent from 4,727 visits per year to 10,782,
- inpatient cost post-HAART fell 41% (with an average length of stay of 27.8 days, inpatient costs for AIDS are over four times higher than for general medical care),
- AIDS related events fell overall,
- deaths of clinic-registered patients fell by 56 percent overall,
- mother-to-child transmission fell six-fold, maintaining levels of less than 6 percent transmission over five years.

Also:

- the number of patients attending the clinic increased 56 percent and uptake of the various services has been significant,
- patient satisfaction is high and increasing. For example, 90% of more than 1,000 people living with HIV/AIDS rated the quality of medical care received as excellent or very good (HIV/AIDS Social Services Utilization Study; two-year survey using structured interviews and focus groups, of needs, health status and experiences of PLWHA).

Multi-sector activities

The Project has helped to institutionalize a multisectoral approach to HIV/AIDS. For example, led by Prime Minister Arthur, the National HIV/AIDS Commission has organized two annual National Consultations on HIV/AIDS. The 2003 Consultation theme was "*The Expanded Response to HIV/AIDS: Get Involved!*" It brought Ministers of Government and their core HIV/AIDS implementation groups together with strategic partners from international and private and community organizations: PAHO, UNAIDS Caribbean, CDC, UNICEF, UNDP, CAREC, Barbados Employers' Confederation, Congress of Trade Unions and Staff Associations of Barbados, AIDS Society of Barbados, Barbados Family Planning Association, PAREDOS, Men's Educational Support Association, National Organization of Women, CARE Barbados, Artists Against AIDS Barbados, National Cultural Foundation, Small Business Association, Barbados Chamber of Commerce and Industry, representatives from 19 HIV/AIDS Community committees, Barbados Registered Nurses' Association, members of the

AIDS Management Team, and the National HIV/AIDS Commission.

> "I was a bit wowed by the degree to which Barbados has truly institutionalized a multi-sector approach to addressing HIV/AIDS. You are not only a role model for the Caribbean, truly and honestly Barbados is a global role model. (I've) worked on HIV/AIDS in several countries in the former Soviet Union, south Asia and East Africa….Barbados has surpassed all. In fact, Barbados has surpassed US and western European efforts in this area!".
> *Rebecca J. Rohrer, Director, USAID HIV/AIDS, Caribbean Regional Program, 10/03*

The Barbados HIV/AIDS Commission has led national campaigns to dispel the myth that people with AIDS can be identified on sight, and to encourage condom use. These have been well received by the general public, and survey results demonstrate their impact. The Ministry of Health has directed a condom social marketing campaign, and over the past 6 months, condom distributors have noted a significant increase in male condom sales. Recently the Ministry began promoting female condoms as part of the Commission's "Speak Sister" campaign, focusing on women's vulnerability to HIV/AIDS. The Ministry of Tourism and other units have also conducted successful IEC programs, assessed through surveys. The Ministry of Education, Youth Affairs and Sports has sensitized one-third of teaching staff about HIV transmission and prevention measures. The Commission's abstinence program was launched in primary schools, with UNICEF funding.

Sharing experiences

The Barbados National HIV/AIDS Commission is now providing technical assistance to other Caribbean National AIDS Programs (NAP), via peer-to-peer technical exchanges. For example, the Barbados NAP hosted a three-day study tour in August, 2003, comprising on-site visits to observe Barbados' treatment and care capacity; visits and discussions with key actors such as local health clinics, community organizations and other service delivery providers; structured discussions on key topics; and development of individual action plans to implement lessons learned upon return. Officers from NAPs of The Bahamas, Suriname, Dominica, Dominican Republic, Jamaica, Trinidad and Tobago, and Grenada have benefited from Barbados' assistance.

Lessons Learned

The Barbados program provides evidence of the beneficial impact of ART on morbidity and mortality from HIV infection, as has been reported in Europe, United States and Canada. ART effectively restores the immune system, reducing opportunistic infections and greatly improving patient management, costs, quality and length of life. ART has made it increasingly possible to consider HIV infection as a manageable chronic disease. Best practice is still evolving, so the inclusion of ART in the Barbados project, though initially controversial, provides important lessons for others. Barbados was suitable as a pilot because of its small size, good fiscal management (making ART financially sustainable), and superior procurement and financial management capacity.

Major difficulties, such as low compliance and drug resistance, have not arisen because ART was backed by well established infrastructure supported under the project: laboratory facilities and equipment, timely drug supply, adequately trained staff for diagnosis and treatment, and adequate patient follow up in their communities and in hospital.

In summary, the results in Barbados indicate that ART drugs significantly improve survival, treatment adherence is high, reducing the risk of HIV-drug resistance, and that the expanded program generated considerable client satisfaction and increased health-seeking behavior. Barbados is a model for enhanced HIV/AIDS treatment and care in developing countries.

Moving Forward

Decriminalization of homosexuality and prostitution will soon be placed "on the front burner", if Attorney-General Mia Mottley has her way. She is determined to remove the "cancer of discrimination" that prevents "highly at risk" people from benefiting from HIV/AIDS prevention.

About the Authors

Patricio V. Marquez is a Lead Health Specialist in the World Bank's Latin America and Caribbean Region and Team Leader for the Multi-Country HIV/AIDS Prevention and Control Program in the Caribbean.

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