



en breve

January 2005 HIV/AIDS Series



A regular series of notes highlighting recent lessons emerging from the operational and analytical program of the World Bank's Latin America and Caribbean Region

ACTION THROUGH PARTNERSHIPS: THE PAN-CARIBBEAN PARTNERSHIP AGAINST HIV/AIDS (PANCAP)

Mary Mulusa and Carmen Carpio

Background

The Pan-Caribbean Partnership Against HIV/AIDS (PANCAP) was designated an “international best practice” by the Joint United Nations Program on HIV/AIDS (UNAIDS) during the press launch of the joint CARICOM/UNAIDS secretariats’ publication: “Common Goals, Shared Responses: A Case Study on the Pan-Caribbean Partnership Against HIV/AIDS (PANCAP)” in December, 2004. PANCAP is an umbrella mechanism which brings together key partners to accelerate and coordinate the regional response to the spread of HIV/AIDS in the Caribbean.

HIV/AIDS in the Caribbean

The Caribbean region is second only to Sub-Saharan Africa in HIV prevalence with an estimated adult HIV prevalence rate of 2.3% in 2003. Approximately 430,000 adults and 23,000 children are living with HIV in the region. HIV/AIDS is the leading cause of death among adults in the age group 15-44 years. The epidemic is not just a health problem, but a developmental and economic problem as it affects the most productive human resources and redirects efforts from productive activities to HIV/AIDS treatment and care. If the prevalence of HIV in the Caribbean region continues to increase and maintains its negative effects on production and savings, per capita growth will significantly decline. A study of the University of West Indies (UWI) and the Caribbean Epidemiology Center (CAREC) estimated that the total cost of the epidemic could reach

approximately 6% of the Gross Domestic Product (GDP) of the region in 2005. The HIV/AIDS epidemic is a major threat to the economic growth of the Caribbean region.

A regional response to HIV/AIDS

The Caribbean region is characterized by high rates of population mobility due to the large socioeconomic differences among the countries. People travel from island to island for work, study, and family reasons. The Caribbean is also a popular tourist destination. This movement fuels the HIV/AIDS epidemic. Furthermore, the small size countries and the limited human resources and institutional capacity render highly specialized HIV/AIDS prevention, care and treatment expensive. It was recognized very early on that a collaborative and coordinated response was an imperative for the region. This collaboration aims to bridge the resource gap, improve efficiency of resource allocation, gain economies of scale and enhance quality. The regional response also provides an opportunity for sharing information and replicating best practices among countries.



The groundwork for the establishment of PANCAP was laid through a process which included technical cooperation involving: CAREC, UWI, the Caribbean Community (CARICOM) Secretariat, the Caribbean Regional Network of Persons Living with HIV/AIDS (CRN+), the Caribbean Health Research Council (CHRC), together these agencies and bilateral and multilateral external partners developed the

Caribbean Regional HIV/AIDS Strategic Framework led by the Caribbean Task Force on HIV/AIDS and high level dialogue.

Consultative meetings were held within the region and between regional leaders and external partners. HIV/AIDS was put on the agenda of two consultative meetings of donors and Caribbean Governments: the Caribbean Consultative Group donors' meeting in Brussels in April, 2000; and, and the Meeting of the Caribbean Group for Cooperation in Economic Development (CGCED) at the World Bank, Washington, in June 2000. A meeting of CARICOM Heads of Governments in St. Vincent and the Grenadines in August, 2000 recognized the threat HIV/AIDS posed to development achievements.

In September of 2000, the Caribbean Conference on HIV/AIDS was held in Barbados. It was sponsored by CARICOM, PAHO, UNAIDS and the World Bank. This conference demonstrated to the international community the region's high-level political commitment to respond to HIV/AIDS and led to direct action from the donor community including the World Bank's pledge for a substantial financial support to the individual countries. The decision was taken during the meeting to establish a partnership against HIV/AIDS building on the Caribbean Task Force on HIV/AIDS and other existing processes and structures. PANCAP was formally established in February of 2001 through the signing of the Caribbean Partnership Commitment at a meeting of CARICOM Heads of Government. The original six signatories were the Prime Minister of Barbados, who was at the time the Chairman of CARICOM, the Prime Minister of St. Kitts and Nevis, who was responsible for the CARICOM health portfolio, the Secretary General of CARICOM, the Executive Director of UNAIDS, the Founder and Coordinator of the Caribbean Network of People Living with HIV/AIDS, and the Director of the PAHO. Today, PANCAP consists of 70 partners (1) member countries (all 28 countries), (2) regional NGOs, (3) academic/educational organizations, (4) private sector, (5) religious/faith-based organizations, (6) network of persons living with HIV, (7) regional inter-governmental organizations, (8) networks of national AIDS programs/commissions, (9) UN agencies, (10) bilateral donor organizations and governments.

PANCAP

The Caribbean Regional Strategic Framework for HIV/AIDS, 2002-2006 (CRSF) provides overall vision and direction for

“The collective programme that has been adopted through the Caribbean Regional Strategic Plan is indeed a model of functional cooperation that has spared the small countries of the Region from having to duplicate efforts and has enable the rationalization of scarce resources.” *Dr. Denzil Douglas, Prime Minister St. Kitts and Nevis, 2004*

PANCAP. The CRSF was developed through a series of partner and stakeholder consultations in the region. The CRSF has established seven priority areas each with a responsible lead partner:

- (1) Advocacy, policy development and legislation - Lead Partner: CARICOM
- (2) Care, treatment, and support for people living with HIV/AIDS - Lead Partner: CRN+
- (3) Prevention of HIV transmission, with a focus on young people - Lead Partners: Red Cross/UNICEF/ Caribbean Federation of Youth

(4) Prevention of HIV transmission among especially vulnerable groups - Lead Partner: UNAIDS

(5) Prevention of mother to child transmission – Lead Partner: CAREC/PAHO

(6) Strengthen national and regional capacities for analysis, program design, implementation, management, and evaluation – Lead Partner: University of the West Indies

(7) Resource Mobilization – Lead Partner: CARICOM

The core functions of PANCAP are to:

(1) Provide and maintain collective/unified vision and direction among partners to eradicate HIV/AIDS in the Caribbean region;

(2) Coordinate partners' activities at the regional level, particularly with respect to the CRSF, the CARICOM Action Plan, and the Global Fund Program;

(3) Act as a clearinghouse for information for decision-making;

(4) Build awareness of HIV/AIDS issues and advocate for the elimination of

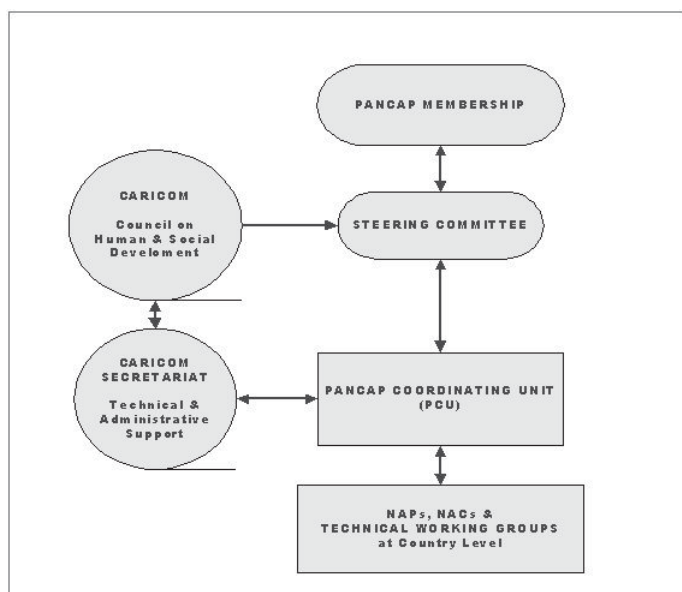
PANCAP Member Countries

Anguilla
Antigua & Barbuda
The Bahamas
Barbados
Belize
Bermuda
British Virgin Islands
Cayman Islands
Cuba
Dominica
Dominican Republic
Grenada
Guyana
Haiti
Jamaica
Montserrat
Netherlands Antilles
Puerto Rico
St. Kitts & Nevis
St. Lucia
St. Vincent & The Grenadine
Suriname
Trinidad & Tobago
Turks & Caicos Islands
US Virgin Islands

discrimination against persons infected or affected by the disease and the greater participation of persons living with HIV/AIDS;

- (5) Build the capacity of partners;
- (6) Increase the flow of resources for the fight against HIV/AIDS;
- (7) Monitor the impact of programs in member countries and organizations, and
- (8) Assist in streamlining programs and projects to avoid duplication of effort and consequently, more effectively utilize resources.

The overall structure of PANCAP is made up by four main areas – the partner members, the steering committee, the PANCAP Coordinating Unit (PCU), and technical working groups. The Steering Committee is made up of 17 representa-



tives of the PANCAP membership and serves as the decision-making executive board. The PCU is responsible for the day-to-day operations from administrative to technical support. It is supported by the CARICOM Secretariat. There are four Technical Working Groups created by the Steering Committee to liaise with national AIDS programs for program implementation. They cover: (1) Care, Treatment and Support; (2) prevention; (3) Human Rights and Stigma Reduction; and (4) Capacity building and Resource Mobilization.

Achievements

PANCAP has been instrumental in maintaining HIV/AIDS as a priority for the Caribbean region's development agenda.

Although there is much work ahead, the foundation has been laid with key advances. PANCAP has provided the structure and mechanism for coordinated and collaborative action by bringing together partners to work under the CRSF. PANCAP has directly supported resource mobilization by

Regional HIV and AIDS estimates for the Caribbean, end 2003

Adult (15-49) HIV prevalence rate	2.3% (range: 1.4-4.1%)
Adults (15-49) living with HIV	410 000 (range: 260 000-720 000)
Adults and children (0-49) living with HIV	430 000 (range: 270 000-760 000)
Women (15-49) living with HIV	200 000 (range: 120 000-370 000)
AIDS deaths in 2003 (adults and children)	35 000 (range: 23 000-59 000)

Source: 2004 Report on the global AIDS epidemic

providing donors with information to better coordinate funding efforts. Through its annual meetings, outreach, and communications material, PANCAP has strengthened communication among partners allowing for sharing and exchanging of best practices. PANCAP has also served as a platform through which its members can pool resources and coordinate activities so as to not duplicate efforts. One of PANCAP's principal achievements has been leading joint regional initiatives such as the successful negotiations with pharmaceutical companies for reduced prices for anti-retroviral drugs for Caribbean countries. PANCAP's achievements have also had a global impact as Caribbean countries are sharing best practices on a global scale and are providing guidance to other regions on how to develop an approach for ARV price negotiations.

Challenges

Although a politically supportive environment emerged for the establishment of PANCAP, there were a number of challenges. Given the differences in size of countries and the economic status of the countries, it was important to convince the smaller countries that these differences would be taken

into account in resource allocation. In addition, partners in non-health sectors needed strong guidance on ways in which they could contribute to the response as it became clear that the response needed to be multi-sectoral. Another key challenge faced by the regional partners in the estab-

lishment of PANCAP was the need to identify what would be handled at the regional level and how regional actions would support and complement national level actions. Most importantly as the need for action on a regional level grew,

"I believe PANCAP is a model of a successful regional approach which can be a stimulus and a source of lessons learned for other regions."
Dr. Peter Piot, Executive Director, *Joint United Nations Programme on HIV/AIDS (UNAIDS)*, 2004

PANCAP was faced increasingly with a shortage of resources. When it came to resource mobilization, the PCU faced the challenge of dealing with the different processes required to secure funding, while at the same time having to meet the expectations of its partners who were eager to see rapid results. Thanks to the commitment and patience of PANCAP's partners, these challenges are being overcome.

Lessons learned

A number of lessons emerge from PANCAP's experience. The building of the partnership was regionally led and owned. It built upon the existing Caribbean regional cooperation; political leadership was mobilized once HIV/AIDS was recognized as a threat to the economic development of the region; the People Living with HIV/AIDS (PLWHA) played a central role in the building of the regional partnership; the process of the development of a strategic framework on HIV/AIDS through a consultative process helped to secure the buy-in of the partners and to guide collective action; priority was given to resource mobilization to a solid funding base for the regional response and resulted in increased resources both to countries and to the PCU and regional partner agencies; PANCAP maintained open coordination and communication channels with partners; partners were provided with the opportunity to contribute to the development of the regional strategic framework, the regional dialogue and the resource mobilization based on their different areas of focus and strength. These lessons are important for other regions and groups looking to embark on a similar challenge of strengthening regional cooperation or coordinated and collective responses to the HIV/AIDS epidemic.

Looking ahead

As PANCAP moves forward with its agenda and with the commitment of its partners it will need to maintain and strengthen high-level leadership, support visible and concrete results at the country level, create synergy between the regional level advances and those on a national scale, clearly define the roles of its members and the role of its functioning structure with relation to other regional bodies, and strengthen the communication and coordination among the members of the Partnership. It will in particular, need to strengthen the capacity of the PCU to support the work of the Partnership. PANCAP is still in its early stages but even as it strives to consolidate and strengthen its role, it is already a model for regional collaboration in dealing with the HIV/AIDS epidemic.



About the HIV/AIDS En Breve Series

En Breve is proud to present the HIV/AIDS Series which will run from January until June of 2005. The series looks to raise awareness on how HIV/AIDS directly affects the overall development of the region focusing on the Caribbean. The series will include monthly notes each highlighting a different priority topic relating to HIV/AIDS in the Caribbean region. Among the topics to be addressed are: PANCAP, Gender and HIV/AIDS, Raising HIV/AIDS awareness in the most vulnerable groups, HIV/AIDS workplace policies and their implementation/enforcement, Ongoing social research in HIV/AIDS and what it means, HIV/AIDS and Orphan Care.

The Series will be complemented by parallel, interactive global dialogues facilitated through the Global Development Learning Network (GDLN). These global dialogues will bring together stakeholders and policy-makers from the Caribbean nations of Barbados, Jamaica, and St. Lucia with counterparts in Ghana, Tanzania, and Ghana. The global dialogues will serve as the channel through which cross-regional exchanges can take place and will feed the development of the En Breve Series. In addition, the monthly topic will be featured on the www.worldbank.org/lac aids website through which additional publications and background documents will be available.



This Series is made possible thanks to a joint collaboration of the Human Development and Knowledge Management teams of the World Bank's Latin America and Caribbean Region.

About the Authors

Mary Mulusa is a Senior Public Health Specialist in the Health, Nutrition and Population Sector of the Human Development Department and also serves as the HIV/AIDS Focal Point of the Latin America and Caribbean Region of the World Bank.

Carmen Carpio is a Knowledge Management Officer with the Knowledge Management Team of the Latin America and Caribbean Region of the World Bank.

About "en breve"

Subscribe to "en breve" by sending an email to en_breve@worldbank.org