Progress Report for the ECOCT Project
Strengthening the Integration of the British and Dutch Overseas Territories in the Regional Response to HIV/AIDS within the PANCAP Framework
October 2009-May 31, 2012

INTRODUCTION

Understanding that the improvement of HIV services and programmes must be harmonized with efforts to strengthen the health sector, the ECOCT project emphasized the strengthening of HIV prevention, care and treatment within the context of the health system. This is especially important since the health sector has a significant component of the national response to HIV particularly in the areas of prevention of HIV, care and treatment and which by extension will contribute to the reduction of morbidity and mortality of those who are infected, while mitigating the effects of HIV in the societies. It is the health sector through the engagement with strong partnership, either through multisectoral or intersectoral collaboration that the above will be realized.

In general the project has strived to strengthen and expand services for HIV (based on the realities and needs of the territories), while emphasizing the human rights of all individuals. Therefore, a cross cutting theme to addressing HIV prevention, care, treatment and support is that of human rights. A rights-based approach is utilized for to the development and implementation of plans which includes the right to the availability and access to quality HIV services and information, while striving to achieve the progressive realization of right to health. The project also utilizes different strategies and approaches to the development of outputs and outcomes so as to ensure a sustained impact after the closure of the project.

The first two years of the project focused on establishing and finalizing mechanisms and structures for project implementation, while strengthening the capacity of territories to scale-up its response in a strategic manner. Activities scheduled for implementation in the territories in 2011 were delayed due to the late disbursement of funds. However with an advancement of funds from PAHO/WHO Director, financial support was provided for some priority activities. Despite delays and with limited effects, the project was able to continue in October 2011 following receipt of the Year 3 funds.

The information below provides an analysis of the results and impact of project implementation to date.

ANALYSIS OF ACHIEVEMENTS BY EXPECTED RESULTS

1. Enhanced Prevention Efforts to Reduce the Spread of HIV in the OCTs.

The impact of HIV prevention depends on the manner in which appropriate interventions are designed and implemented for target groups. The focus of HIV prevention in the OCTs is to strengthen HIV prevention efforts at the community level, parallel to HIV prevention interventions with in the health sector. At the community level, efforts focused on the development and implementation of targeted interventions that will have long-term impact on HIV prevention within the communities. The process of developing effective interventions for youth, workers (in the public and private sectors) and the vulnerable population, particularly men who have sex with men and other sexually diverse groups have been the main focus.

Early sexual debut, lack of knowledge, substance abuse and limited access to services are among the factors that are influencing HIV transmission among young persons. In order to guide the development of targeted interventions for young people, and the need to generate strategic information regarding young persons, an adolescent health study was developed for implementation in eight territories (Aruba, Bonaire, British Virgin Islands, Cayman Islands, Montserrat, Saba, St. Eustatius & St. Maarten). The goal of the study is to strengthen HIV/STI prevention efforts within the context of sexual and reproductive health for young people in the OCTs. Five territories (Aruba, British Virgin Islands, Montserrat, St. Maarten and St. Eustatius) have completed data collection and the analysis of the information. The process of writing the individual reports which will be validated by the territories has commenced.

Based on the implementation schedule as is detailed in the territories work plans, the remaining territories (Bonaire, Cayman Islands and Saba) will implement the study during September 2012-June 2013. Following the data collection process the report will be validated and finalized, including that of the regional report. The study when fully completed will provide information on the risk and protective factors that influence the health and wellness of young people in the OCTs, especially in the areas of sexuality and reproductive health. It will support the development of evidence based interventions and the enhancement of existing services such as HFLE, Girl Power, etc. that are available for young people.

The HIV epidemic is concentrated in the largest portion of the productive age group (15-49 years) among persons from diverse backgrounds and cultures in most territories, and so addressing HIV prevention in the work place is critical. With the technical support of the ILO, Country Focal Points and key individuals participated in core skills building activities both at regional level and in selected territories utilizing a tripartite approach. These training sessions provided the basis for individuals to effectively lead the HIV and AIDS work place response in

their respective OCTs, emphasizing the ILO's recommendations. The technical support from the ILO in this area has contributed to the advancement of work place policies and the implementation of work place programmes and campaigns such as the Red Campaign within the private companies.

Currently territories such as Anguilla, British Virgin Islands, Curacao, Montserrat, St Maarten and Turks and Caicos are implementing work place policies and programmes which are at varying levels. The process of developing work place policies and programmes has provided an opportunity to sensitize private businesses and national authorities on the role of corporate actions in the fight against HIV, and the understanding that one of the most effective place to educate and reach the wider population is through the work place. This understanding has obtained the support of businesses and national authorities for the development and institutionalization of the work place policies and programs in the territories mentioned above. It is anticipated that the implementation at the level of the OCTs will be strengthen, the programmes and policies will be evaluated and aspects incorporated into the best practices prior to the closure of the project.

Under the project, a training package on Men's Health, HIV and Sexual Diversity for health care workers, front-line services providers from NGOs, CBOs and FBOs that are providing outreach services for men who have sex with men and other sexually diverse groups was developed. This training package was developed to reduce HIV stigma and discrimination against MSM and other sexually diverse groups and to improve their access to services. It examines the issues that affect the overall access of men to HIV services and, within this framework, the issues of sexual diversity of men is addressed. The training package also addresses issues of men's health seeking and risk taking behaviours that can significantly impact the transmission of HIV.

The overall purpose of the training curriculum is to increase the competencies (knowledge, skills, and attitudes) of professionals, promoting a comprehensive approach to service delivery that encourages and accommodates male health issues in the context of sexual diversity. The Curriculum also seeks to address stigma and discrimination within the framework of homophobia, gender inequality and human rights.

A regional training workshop was implemented on the training curriculum and a wide range of individuals from the territories were trained in the provision of services to this target population. This training package has helped to develop the understanding and increased awareness to service providers that the organization of services, particularly health services, and the manner in which the services are provided often times exclude access by the vulnerable populations.

Through the regional training and in-country support, two Community-Based Organizations in Curacao and Aruba are forging ahead, using the framework of the training to strengthen the out-reach services to MSM and transgendered. This includes HIV prevention education and counselling, particularly counselling for MSM, especially those that are having problems with acceptance and self-confidence. On-going support to these two CBOs to build the capacity of the institutions, while strengthening their competencies to this vulnerable population will continue.

Condoms are a key for any comprehensive HIV response and a combination of approaches have been utilizes in the OCTs. The condom assessments in OCTS, followed by a regional training for key individuals on the Demand Generation of Condoms supported the promotion of condoms among target populations mainly young people and women. Equipped with knowledge from these training activities and evidence from the condom assessments in selected OCTs, technical support was provided for the development of Condom Demand Generation plans in Aruba, Anguilla, BVI, St. Maarten, Saba and St. Eustatius targeting specific populations. While both male and female condoms were promoted, the female condoms were widely promoted with the support of UNFPA and were disseminated within the public health sector, at various out-reach activities, and through other medium. On-going and future promotion and advocacy to increase the demand of condoms will be supported by the territories through local initiatives.

2. Expanded access to treatment, care and support for people living with HIV in the OCTs

Primary health care is the key to achieving universal access and to ensure that the UNAIDS global theme of "Zero New Infections, Zero Discrimination and Zero AIDS Related Death" are realized. In order to achieve these goals, the project has supported the expansion of HIV care, treatment and support based on findings from the gaps and challenges identified in the situation analysis, coupled with a rapid assessment of the health sector's response to HIV. Collectively these documents have contributed to the identification of essential HIV services to be offered in the health sector. This process has led to the development of a comprehensive package of services and plans for the strengthening of HIV prevention, care, treatment and support in six of the OCTs (Anguilla, Aruba, British Virgin Islands, Curacao, Montserrat and St. Maarten,).

The plans have created the blueprint for the expansion and strengthening of HIV services in the health sector, while integrating HIV into the primary care structure. It outlines comprehensive services to scale-up HIV prevention in the health setting which includes HIV Testing and Counselling, Post-Exposure Prophylaxis, Elimination of Vertical Transmission of HIV and

Congenital Syphilis and STIs detection and management to strengthen HIV prevention in the health sector.

As a way of increasing and expanding HIV prevention, care, treatment and support the comprehensive plans also incorporates new initiatives for HIV such as the Treatment as Prevention (Treatment 2.0). The introduction and implementation of Treatment 2.0 which will be emphasized in the OCTs within the context of the implementation of the plans, will help to reduce the new HIV infection and mortality, while scaling-up access to treatment, utilizing the five pillars (the optimization of drug regimes, point of care services, cost reduction, adapt services delivery, and mobilizing communities) and principles of this new initiative. The Elimination of Vertical Transmission of HIV and Congenital Syphilis, through simple and affordable measures will help to ensure that maternal and neonatal mortality and morbidity are reduced and prevent adverse effects on both mother and child.

The comprehensive service for care and treatment includes the updating of protocols and guidelines to ensure the standardization of services, a process that has commenced in some of the territories. The essential package of services will ensure that the services for HIV are acceptable and of good quality, and link to critical services such as sexual and reproductive health and mental health so as to scale-up HIV prevention and to support adherence to ARVs respectively. Within the framework of a comprehensive care, training has been provided to health care providers in various areas to improve the provision of services as outlined in the plans which includes training to four of the Dutch (St. Maarten, Saba, St. Eustatius & Aruba) received training in care and treatment based on the Dutch norms and standards of care. On-going technical support will continue for the effective implementation of key priority activities as detailed in the plans to scale up prevention and treatment initiatives towards sustained universal access for persons utilizing the services for HIV.

Laboratory diagnosis to support care and treatment has been strengthened in selected OCTs. In the Cayman Islands, Anguilla and British Virgin Islands for instance, this has been done through the procurement of the Serology Analyser, CD4 machines, Bio Safety Cabinet and HIV testing kits. This equipment has facilitated the expansion of HIV testing services including confirmation and CD4 testing and other diagnostics capacity for co-infections such as TB/HIV in these territories. In The Cayman Islands, the project has provided technical and financial support for a Laboratory and Rapid Testing Assessment which yielded recommendations for strengthening lab capacity in that territory. Further support to the territories and those that were identified from the rapid assessment will continue as the project advances.

Bonaire was supported with the technical support for the Institutionalization of an Infectious Unit. This Unit was developed within the Public Health Department for the effective management and control of HIV/STIs as there was not a Unit or Department to assume this role. This Unit is operational and technical support to further strengthen the Unit, based on the needs identified by the Public Health Department to effectively collect information and monitor the epidemic is on-going.

The expansion of HIV services for persons with HIV requires emphasis on HIV prevention for persons who are HIV positive and the provision of psychosocial support. As such a training curriculum "Positive Health for HIV Prevention Care and Treatment" was adopted for utilization in the OCTs. This curriculum will ensure that health care providers are providing quality care for persons who are HIV positive, while people living with HIV will have the information needed to live a healthy lifestyle, increasing their quality of life. The project has supported the development of an e-counselling service which has been established within the framework of the British and Dutch Overseas Networks of people living with HIV. Given the small communities and the perceived lack of confidentiality, the use of a virtual approach to create psychosocial support seems to be appropriate. Such a mechanism will help to bring persons who are HIV positive closer, will allow them to share issues and support each other outside the standard approach of the face to face counselling. While the mechanisms for operationalizing this service are being finalized, a cadre of peer counsellors are scheduled to be trained to support this service. An E-counselling guideline which includes referrals to mental health professionals for advance counselling has been developed and will be incorporated into the training.

However, in order to strengthen HIV prevention, care and treatment in the health sector, it is important to have available data to guide planning, decision-making and the monitoring of the response. Within the framework of the health system and the overall strengthening of HIV surveillance, support has been provided to the OCTs (Cayman Islands, Turks and Caicos, St. Maarten, Saba and St. Eustatius) for the implementation of HIV case-based surveillance (which includes patient tracking information and indicators for HIV drug resistance). Readiness assessments of the surveillance systems to implement case based surveillance have been conducted in the above mentioned countries and work plans to strengthen the surveillance system for HIV/STIs utilizing a phase approached have been developed and implementation of the work plans was initiated. It is anticipated that a functional case-based surveillance at the minimum will be available in all the OCTs.

The Readiness Assessments found that surveillance systems for HIV/STI data collection is extremely weak, fragmented across programmatic areas including in-patient and outpatient

clinical records, MCH and labs to name a few. The process of strengthening country capacity for HIV Case Based Surveillance has therefore supported the harmonisation of the data collection process, particularly in instances where countries did not have a surveillance system or database in place. One key output of this process has also been the development of an epidemiological profile for the countries. This is the first comprehensive HIV analysis to be completed in the OCTs, and once finalised can provide critical data for calculating HIV prevalence, for monitoring patterns and trends to determine the magnitude of the HIV epidemic, and ultimately to effectively profile the HIV epidemic and evidence based planning in support of some of the new evidence for HIV. This document should provide key evidence for the integration and strengthening of HIV services for prevention, care treatment and support.

Given the understanding and experience of not having readily available patient monitoring information, territories in which the surveillance assessment have completed, have expressed the desire for a proper system to track patient information. PAHO/WHO has proposed the Patient Monitoring System (PMS version1.3) and presentations were made to those territories (both in country and at the Regional Epidemiology Profile Meeting) for consideration for possible utilization. This system which is free to the OCTs, (for which there are plans to make it web-based) can also interface with a National Health Information System and has an added benefit of being able to extract data to standard database programmes (Access and Excel). Additionally, requests for the installation of the system were received and appropriate follow-up actions will be implemented.

3. **Strengthen human rights of PLWHA through increased OCT capacity to implement interventions for the reduction of stigma and discrimination**

Stigma and discrimination is perpetuated by a lack of attention to human rights issues in the small close knit territories such as the OCTs. Consultations with persons with HIV were conducted at the regional and local levels to examine factors that affect stigma and discrimination. To collectively and effectively address stigma and discrimination, persons living with HIV from both the British and Dutch Networks have been empowered and organized into two Networks which will address issues that violate human rights that lead to stigma and discrimination within their respective territories, as well as on the regional level. The Networks are in the process of being legally established giving them the framework in which they will function and the process by which decisions will be made. The legislation of the Networks will also provide for the mobilization of resources and engagement with regional partners.

Network members have received training in the various human rights international conventions, legislations and treaty bodies that are available to protect their rights, right to health, life etc. As a result of various capacity building activities, members of the network

through an action plan, linked to the human rights strategy. The human rights strategy which was developed at the inception of the project was revised to ensure a more focused approach to addressing the issue of human rights and stigma and discrimination in the OCTs. Through the plan the Networks have identified ways in which they can bring to the attention of the international community issues of human rights violations as it relates to HIV, while establishing partnerships at the regional and local levels to advocate for the improvements of services and changes in policies and legislations. Members of the Dutch Network in some territories, with technical support have engaged in the transfer of knowledge through the coordination and implementation of training on human rights and stigma and discrimination for different target groups and the general populations in their respective communities.

A Training Session on Human Rights is planned for the upcoming meeting of the Project Steering Committee schedule to take place in Aruba in September 2012. The training will target Steering Committee Members (who are senior Government Officials) and will be expanded to include other national authorities from the host territories. The Training and Advocacy, as outlined in the Human Rights Plan, will help to ensure that human rights violations, particularly those that perpetuate stigma and discrimination, are placed on the national agenda of the territories.

Issues of human rights are ingrained in the societies and the current legislations support the perpetuation of stigma and discrimination. Small territories require support from the regional partners (such as PANCAP and CARICOM) and international organizations (UNAIDS, ILO etc) to effectively address human rights and stigma and discrimination. To bring about the desired change, a regional strategy and high level advocacy with leaders is essential to ensure that the issue of legislations and other factors that hinder a public health approach to addressing HIV/STIs are place on the national and regional health agenda.

In an effort to advocate for actions that will strengthen the HIV services ensuring a rights based approach, PAHO/WHOs supported the development of a Policy Dialogue on the integration of HIV into Health Systems. This Policy Dialogue detailed key recommendations that can significantly affect a public health approach to addressing HIV prevention, care, and treatment and support while progressing towards the realization of health as a human rights. The policy dialogue, which is based on the evaluations of the health systems response to HIV also mirrors the information and challenges identified in the Situation Analysis for the OCTs. The Policy Dialogue was first tabled at the CMOs meeting, in which some OCTs were invited and later presented to the Caribbean Ministers of Health meeting where recommendation for the HIV/STI integration into the primary care was endorsed.

The key recommendations emerging from the Policy Dialogue in support of human rights include:

- Revision of national public health policies to ensure equity and universal access; and
- Clear policy on integration of the HIV program into the primary health care system based on national context to include Gender equity, human rights and reduce stigma and discrimination

4. Strengthen OCTs territorial capacity for effective management of a comprehensive HIV response

A commonality of the OCTs is that the HIV response is lead, coordinated and managed by the Ministry of Health/Department of Health, providing the governance, leadership and the opportunities for synergies with National Heath Sector Plans and policies. Such linkages have allowed for the process of strengthening the health system to deliver quality HIV services to the population. In addition, this situation has also allowed for the prioritization of interventions to be implemented in collaboration with a multi-sectoral committee. The strong partnership and involvement of the health sector with civil society has the potential to improve the advocacy needed to address the social determinants of HIV and for the delivery of quality HIV services.

The strengthening of the national response for HIV requires efficient management of programme and services, both technical and financial. The National AIDS Programme Coordinators have gained knowledge that has enhanced their management, technical skills and knowledge through training such as the development of strategic plans, human Rights, Provider Initiated Testing and Counselling, HIV Drug resistance, STI management, case-based surveillance and participation in the Caribbean Health leadership (CHLI) training offered by the UWI for approximately 20 national HIV Coordinators and Managers. Training in administrative procedures, and the process of requesting technical support from PAHO for the implementation of project activities and the development of technical and financial reports have cemented the importance of ensuring administrative accountability and transparency from a management perspective.

The development of the situation analysis which was developed in line with the building blocks of a health system for each of the territories supported the development of the national strategic plans for HIV/STIs that addressed the gaps and challenges that were identified. The development of the strategic plans in nine OCTs and health plans in Cayman Islands and Turks and Caicos details priority activities to strengthen the HIV response and supported collaborative planning with the multi-sectoral committee and government Units so as to allow for national ownership and active participation for implementation. While some countries developed

national health plans, both type of plans have helped to define HIV within the wider health response linked with civil society, identifying what needs to be done and how the activities will be accomplished.

In keeping with global and Caribbean Reporting frameworks, the OCTS have been supported since 2012 to develop the Universal Access Reports. While the OCTs are not required to submit country reports to WHO and UNAIDS, the development of these reports will facilitate the analysis of country data to strengthen the local response to the epidemic, across the global parameters established for HIV responses. It will also allow the countries to align to regional and global data collection processes for evidenced based planning and management of the HIV response at the country level. Similarly, data from the newly epidemiological profile and from the universal access reports will support the establishment of targets to support the management of the comprehensive response through effective monitoring of the national response within the context of the monitoring and evaluation framework for the plans. It is anticipated that the inclusion of the OCTs in the collection of regional and international data, that their information will be incorporated into some of the existing reports. As a start in 2012 the process of collecting data for the Elimination Initiative indicators and the ART in Spotlight (which details the progress of ART in the region) is expected to do just that.

The quality and number of outreach activities in the schools and the communities have increased with the development and dissemination of appropriate IEC materials that have been developed for use as a result of the equipment (laptops, photocopiers, computers, projector, and xerography) procured for the National AIDS Programme. Similarly the equipment has simply strengthened the management of the day to day activities, while facilitate improve communications with key counterparts and partners.

5. **Established regional HIV/AIDS coordination within the OCTs PANCAP wider Caribbean HIV/AIDS regional activities and programmes.**

As the region forges to eliminate vertical transmission and congenital syphilis the concept was adopted for the Caribbean region and OCTs have been integrated into the structured process. The elimination of both infections will result in a substantial savings in cost associated with care and treatment for preventable cases for these infections. OCTs are currently in the process of reporting on the set of indicators that have been developed for the initiative so as to ensure that they are included in the regional monitoring process, and that the progress of these territories will be reflected in the regional reports. Currently there are a number of OCTs that have reported zero vertical transmission during the past five years, and as a result efforts will focus on the validation of the data so as to validate the zero vertical transmission as reported and put mechanism in place to ensure the continuous elimination of the vertical transmission

and congenital syphilis. The integration of the OCTs into this regional initiative will further contribute to the strengthening of the HIV response, and by extension contribute to global and regional goals and targets such as the Convention on the Rights of a Child (CRC), Caribbean Cooperation in Health (CCH-111), Caribbean Regional Strategic Framework (CRSF) and the MDGs goals 4, 5, & 6. Continued support will be provided to the territories to ensure that the necessary mechanisms are in place (including process for proper data collection) to eliminate vertical transmission and congenital syphilis.

The support to the OCTs for the development of case-based surveillance and the implementation of the patient monitoring system is part of a regional initiative that is being supported by PANCAP and CAREC. With the readiness assessment for surveillance needs, coupled with the strengthening of surveillance for HIV/STIs, territories have understood the importance of having available reliable HIV/STI data and have now embraced the initiative to collect reliable data to monitor the HIV response. The assessment and development of case based surveillance has created an awareness and desire for a health information system to capture all health data as oppose to a stand-alone system for HIV/STI. Requests for a comprehensive Health Information System (HIS) are being advocated for by some of the larger OCTs as opposed to a stand-alone system. Outlining the challenges and commitment of a HIS, while charting the way forward is one of the topics identified for the next Steering Committee Meeting.

The project has support the participation of National HIV Coordinators, and persons who are HIV positive in International and Regional HIV Conference such as International HIV Conference and Bahamas Caribbean Conference in 2010 and 2011 respectively. This has allowed for the individuals to network with key partners while expanding their understanding of the HIV epidemic, and more importantly, exposure to new evidence in HIV prevention, care, treatment and support. Through participation in these activities they have broaden their scope and understanding of the HIV epidemic and have examine best practices that can be utilized or adapt to their reality.

The understanding of PANCAP has been broadening through the annual participation of the National AIDS Coordinators in the regional PANCAP meetings and planning sessions. The active participation of the Coordinators to PANCAP has allowed for the representation of the OCTs in the Regional Coordinating Mechanism (RCM) which functions as the Executive Board of PANCAP, and is responsible for the revision and monitoring of the implementation of the CRSF.

As the region focus on human rights as a key strategy for the strengthening of services for HIV, PAHO in collaboration with PANCAP, based on findings of the health sector evaluation of some

of the independent Caribbean Countries and the situation analysis from the OCTS (as similar concerns were highlighted) developed a Policy Document with recommendations for the region to strengthen HIV response. The Policy Document was tabled at the CMOs meeting in which some OCTs were invited and at the XVI Special Meeting of COHSOD. It is anticipated that this document will be presented at the Steering Committee Meeting for discussion on how the document can be used in the OCTs.

To start the process of documenting the human rights issues that affects HIV in the Caribbean region, PAHO/WHO in collaboration with PANCAP supported the development of a report to the Inter-American Human Rights Commission outlining the human rights violation in the Caribbean and highlighted recommendations from a regional human rights conference. This has stimulated interest within the OCTs for more direct interventions such as the development of Shadow Report to the UN treaty bodies to be developed and submitted.

The OCTs through the project has benefitted directly from PAHO/WHO technical cooperation in various aspects. The project has utilized in house expertise in the area of human rights, surveillance, care and treatment, Elimination Initiative etc. to ensure the effective implementation of programmes and services which meets the need of the populace. In addition, the territories (which are not CARICOM Countries) have benefited from technical support from CAREC in the area of communicable disease surveillance.

Following the mid-term evaluation of the Project Management Team has reviewed the work plans to ensure that the activities are aligned to the recommendations from the report. Unfortunately the report has not been shared with the Project Steering Committee, but this is anticipated to take place at the annual meeting in September. The late presentation will not affect the implementation of the activities as the recommendations in the report are in line with the areas identified for scaling-up by the PMT for year three.

Table 1: OUTSTANDING PROJECT PRIORITY ACTIVITIES TO BE COMPLETED

The table below outlines the priority activities to be completed under the project in order to ensure that the project goals and objectives are realized. The table details the year and quarter in which the activities are expected to be completed.

Activities	2012		2013				2014			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ER1: Enhanced prevention efforts to reduce the spread of HIV in OCTs										
Finalization and validations of country reports for the Adolescent Health Study (Phase 1 and 2)	1	1	2	2						
Complete implementation of Adolescent Health Study in 4 additional territories (Cayman Islands, Bonaire, Curacao & Saba)										
Write and disseminate the regional report for the Adolescent Health Study										
Development and implementation of interventions for young people based on findings from the adolescent health study to support evidence based planning and enhances existing services such as HFLE										
Structured a work place programmes fully operational for employers to address HIV prevention										
Evaluation of workplace programmes in selected countries to assess impact										
Strengthen the capacity of OCTs (CBOs and Health Sector) to provide services to vulnerable populations (using men's health and other available tools)										
ER2: Expanded access to treatment, care and support for people living with HIV in the OCTs										
Finalization of revision of clinical protocols and guidelines for HIV testing and counselling, care& treatment, PMTCT & PEP for British and Dutch OCTs (***Based on WHO Plans to release new recommendations for prevention, care and treatment in 2013)***										
Assessment towards validation of achievements of Elimination Initiative targets in six OCTs										
Technical support for the integration HIV with into existing health services/programmes (including SRH, mental health, MNCH, etc.) in the British OCTs										
Training of Peer Counsellors and the implementation of virtual counselling										
Develop Epidemiological profile (including ART in the										

Activities	2012		2013				2014			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
spotlight, Universal Access)										
Complete the needs assessment in remaining OCTs and operationalize case based surveillance, including HIV drug resistance										
Implement a patient tracking system for selected OCTs (CAY, ANG, TCI, BVI)										
Continue to conduct procurement supply and management assessments in OCTs (SXM, ARU, CUR)										
Laboratory support for the strengthening of algorithm for HIV testing and other diagnostics to support the clinical management of HIV										
Implementation of the Positive Health Curriculum for HCPs and PLHIV										
ER: 3 Strengthen human rights of PLWHA through increased OCTs capacity to implement interventions for the reduction of stigma and discrimination										
Human Rights Training for Steering Committee Members and Nationals of Aruba										
Implementation of human rights action plan (with networks and at local level) to address (i)capacity building for human rights, (ii)stigma and discrimination, (iii)strategic partnerships, (iv) realisation of right to health and (v) plans, policies and legislation										
Conduct (i) formative assessment in selected OCTs to assess stigma and discrimination and its effect on persons who are HIV positive and (ii) Development and implementation of interventions into the National HIV Programmes in selected OCTs based on findings of the formative assessment										
ER: 4 Strengthen OCTs territorial capacity for effective management of a comprehensive HIV response										
Capacity building for National Coordinators and other key individuals to manage the HIV response in the following areas: (i) costing of plans and programmes, (ii) result based management,(iii) Gender, human rights & HIV,(iv) monitoring and evaluation (for evidence based planning); (v) resource mobilization and proposal writing										
Technical support for the continued implementation										

Activities	2012		2013				2014			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
of the strategic plan										
Utilise the Epidemiological Profile data to monitor the epidemic and support evidence based planning										
Year 4 and Year 5 Work plan development in collaboration with countries										
Foster an environment for sustainability of national interventions beyond the life of the project										
ER: 5 Established regional HIV/AIDS coordination within the OCTs PANCAP wider Caribbean HIV/AIDS regional activities and programmes										
Regional dialogue to support the sustainability of OCTs in regional frameworks (CARPHA, PANCAP)										
On-going field visits to OCTs to provide technical support for the implementation of the project										
Implementation of the Steering committee Meeting to monitor the implementation of project										
Participation of the OCTs in key regional activities/meetings towards integration into the Pan Caribbean response to HIV (PANCAP RCM, AGM etc) to emphasise sustainability										
Document lessons learnt and best practices from the implementation of the project										
Develop and submit the final technical and financial reports for closure of the project										
Maintain Project Management Team to provide technical support and coordination for full implementation of the project										
Six months activities for closure of project										

CHALLENGES IN THE IMPLEMENTATION OF THE PROJECT

While there are significant achievements under the project, there are certain factors that slowed the implementation of activities within the territories. The following are some of the key factors that have been identified to impact the implementation of the project.

1. The absence of limited human resources within the territories to support the implementation of activities is an on-going challenge. Many of the National AIDS Coordinators support other key programmes within the health sector. This situation results in delays in the implementation of scheduled activities and appropriate follow-up actions. This means that in times of national

emergencies, these personnel can be redirected to emergency responses, shifting prioritisation of HIV to second place.

2. The above situation has resulted in delayed implementation of activities and also affects the absorptive capacity of the territories to execute programmatic funds.
3. The implementation of some key activities such as the expansion and strengthening of HIV, care and treatment (which includes the development of guidelines) in the health sector coupled with the strengthening of surveillance for HIV/STIs requires lengthy preparation time and establishing of mechanisms since appropriate framework for such actions is often not available.
4. The constitutional change in the OCTs occurred during the second year of the project implementation. It also brought with it numerous uncertainties that affected the manner in which the project will be implemented, especially for those Islands that have been incorporated as municipalities of Holland. In some territories the change in leadership and political situations has served to undermine the level of achievement of the project.
5. The changes in Administrative management by the UK of the TCI Government have also affected the availability of key personnel.
6. The project management team provide on-going technical support and monitoring to the implementation of project activities. The cost and the time associated to travel to reach the territories have affected the number of monitoring visits conducted.
7. Maintaining regular contacts with the territories Focal Points and other key counterparts through an inexpensive means such as scheduling of virtual meetings has proven to be difficult in 2012.
8. The high travel costs associated makes it difficult to schedule meeting with the Steering Committee outside the annual meeting. With the high travel cost, incorporating the meetings into other regional activities have been explored, but did not prove to be fruitful.
9. The varied interpretation of the financing agreement coupled with the unavailability of reporting format for the submission of financial and technical reports have contributed to delays in the approval of the reports as well as the disbursement of funds.
10. The costs associated with implementing the project has increased since the project was developed. Some areas affected by cost includes consultancies and travel costs has escalated in the last few years.
11. Delay in the disbursement of Year Three funds in 2011 significantly affected the level of execution in the territories.

Table 11: PROGRESS TOWARD THE ACHIEVEMENTS OF THE INDICATORS

	Expected Result	Indicators	Countries progressing or to be strengthened toward the achievement of the indicators	Source of data collection	Responsible for collecting data	Periodicity of data collection
Overall Objective	To halt and reverse the spread of HIV/AIDS in the British and Dutch Caribbean (OCTs) and minimize its impact on the health, social, and economic sectors in the context of poverty reduction strategies	By September 2013, 60% of adults with HIV known to be on treatment 12 months after initiation of antiretroviral therapy in 6 OCTs	In progress Validation of target at Sept 2013	National epidemiological data	MOH	Annually HIV
		By September 2013, the percentage of infants born to HIV-infected mothers is less than 2% in at least 8 territories	Data will be validated in 2012. Countries to be validated include: BVI, Montserrat, St. Maarten, Anguilla, Bonaire, Saba, Cayman Islands, TCI, St. Eustatius	National epidemiological data, MCH data	MOH	Annually
Programme Purpose	British and Dutch OCTs manage and implement an	All eleven territories have costed and	ACHIEVED Completed multisectoral plans in	PHCO reports Costed NSP	PHCO	

	effective multi-sectoral response to the HIV/AIDS epidemic whereby achieving greater integration with the Caribbean vulnerable regional HIV/AIDS response	updated strategic plans for HIV/STI by September 2011.	Anguilla, Aruba , Bonaire, BVI Montserrat, Saba, St. Eustatius, and St Maarten Completed the development of National Health Plans in TCI & Cayman Islands			
Expected Result 1	Enhanced prevention efforts to reduce the spread of HIV in the OCTs	At least 6 territories are providing life skills-based HIV education to young girls and boys by September 2012	Montserrat, BVI, Anguilla, Saba, Cayman Islands, TCI & St. Eustatius	Reports, Plans	Implementing agencies	Twice Yearly
		At least 5 territories will have structured HIV/STI workplace programs in the public or private sector by September 2012	Montserrat, BVI, St. Maarten, TCI (focusing on Tourism and was developed with the support of DFID), Anguilla, & Curacao	Report from territories work plan program	Work place Programs/policy	Twice Yearly
Expected Result 2	Expanded access to treatment, care, and support for	By September 2013, at least 80% of HIV-	In progress	National epidemiological data, MCH data	PHCO	Twice yearly

	persons with HIV in the OCTs	positive pregnant women receive ART medicines to reduce the risk of mother-to-child transmission in 6 OCTs				
Expected Result 3	Increased OCT capacity to implement interventions for the reduction of stigma and discrimination of persons living with HIV/AIDS	Two sub regional networks of men and women living with HIV are operational by September 2013	Dutch Network Agreement for the transfer of the British Network from Cayman Islands to BVI. Bi-laws developed and network is in the process of registering.	Training plan/reports	PHCO	Annually
Expected Result 4	OCTs effectively manage a comprehensive HIV/AIDS response programme	60% of HIV program coordinators are trained to implement the strategic plans by September 2012	St. Maarten, BVI, Aruba, Bonaire , Saba and St Eustatius	Training reports and list of participants Reports from Implementing agencies	PHCO	Quarterly
		By September 2013 all OCTs have produced at least two surveillance reports with data disaggregated at	2012 Epi report in process	Epidemiological Reports	PHCO MOH	Annually

		least by sex, and age to monitor the epidemic and to support evidence based planning				
Expected Result 5	Strengthened regional HIV/AIDS programming coordination within the OCTs, between OCTs and PANCAP/Wider Caribbean HIV/AIDS regional activities and programmes	By September 2010 coordination and programme management mechanisms between British and Dutch OCT and within sub-regional groups of OCTs established, operational and evaluated	ACHIEVED		PHCO	Annually
		By September 2013 at least 4 experiences or lessons learned regarding the management and implementation of HIV response in the OCTs documented and	The following were proposed as possible topics for the lessons learned. The lessons learned will be developed by PHCO in collaboration with OCTs. Proposed topics include the: • Integration	Report, Publications	PHCO	End of project

		disseminated	PANCAP, • Red Campaign • RAPPORT (a youth project in TCI) • Case Based Surveillance • Regional Network			

JUSTIFICATION FOR NO-COST EXTENSION

JUSTIFICATION FOR NO-COST EXTENSION

The project "*Strengthening the Integration of the British and Dutch OCTs in the Regional Response to HIV/AIDS within the PANCAP Framework"* was developed with the overall objective to enhance the capacity of the OCTs to manage and implement an effective multi-sectoral response to the HIV/AIDS epidemic. Also embedded in the overall project is the greater integration of the OCTs within the regional response in the Caribbean. Over the past two years, this goal has been the underlying principle for the implementation of the project in the OCTs. However, if the project is to be successful, an important goal is ensuring sustainability of the interventions beyond the life of the grant. A no-cost extension is therefore critical as there are several factors, including current global initiatives and regional changes that are in progress and which have the potential to affect the project if the institutionalization of the interventions is not realized.

At the inception of the project there was an urgent call to action to scale-up the HIV response in the region as there was a perceived threat to the social development of the Caribbean. The project was also developed at a time when financial resources in the region did not benefit the OCTs due to their relationship with the motherland. However, since the inception of the project, the global economic recession has significantly impacted the funding available for HIV globally and in the Caribbean region, reducing drastically international funding to support HIV. For example, the Global Fund Project which has provided financial support globally and has contributed to the development and implementation of key interventions in the region through PANCAP over the past ten years has announced reduction in funding and particularly to the Caribbean region with changes in the eligibility criteria. In addition, PEPFAR that has been a solid partner (with the exception of the OCTs) in the fight against HIV is also reducing its funding in the Caribbean. With the global economic recession and reduction in funding in the region it is essential that the current available funds to the OCTs are utilized to strengthen the response in the OCTs as originally intended given the framework that have been established over the past years.

During the first year of the project implementation, the Dutch territories in the region announced the proposed constitutional change. The anticipated changed, coupled with the actual changed in October 2010 has also caused some implementation delays in Dutch OCTs. Two of the six territories emerged autonomous and were faced with the extremely difficult task of creating a "country" within the framework of the Kingdom of the Netherlands. They are expected to develop a new form of democratic government that is strong and capable to function in the global and regional political, social and economic arenas. The other three smaller Dutch OCTs (one of which has changed governments approximately four times since the constitutional change) have been incorporated into the jurisdiction of Holland, changing also the manner in which the project is implemented prior to the constitutional change. Therefore the project is being implemented at a time when the territories are responding to the political changes, challenged by limited financial and human resources, and the development of institutions in which the project is expected to formalize mechanism and structures to ensure leadership

and institutional management for a sustained response. The no-cost extension with additional time for execution should provide time for the institutionalization of interventions within the new structures

The CARICOM Heads of Government approved the plans for the implementation of CARPHA on the 12th March 2010 and it is expected to become on board by January 2013 and to be fully functional agency by the latter half of 2014. When CARPHA is established it will integrate the functions and administration of the existing five Caribbean Regional Health Institutions (RHIs), the Caribbean Epidemiology Centre (CAREC), the Caribbean Food and Nutrition Institute (CFNI), the Caribbean Environmental Health Institute (CEHI), the Caribbean Regional Drug Testing Laboratory (CRDTL) and the Caribbean Health Research Council (CHRC)). The proposed agency will rationalize the functions of the current RHIs and have a more comprehensive mandate in addressing the public health needs and the provision of technical cooperation to the countries.

In 2010 and 2011, new scientific evidence has modified the priority and essential interventions for HIV prevention, care and treatment in the health sector. This includes the Elimination of Vertical transmission of HIV coupled with elimination of congenital syphilis; Combination Prevention recognizing the importance of biomedical, behavioural and structural interventions in HIV prevention includes the new evidence of HIV Treatment as Prevention (TasP). In addition, WHO and UNAIDS advocates for the scale up of Treatment 2.0 which includes optimization of treatment regimens, lowering cost, point of care testing, delivery testing and community involvement. There exist through this project the opportunity to ensure the OCT benefit strengthen their response through the implementation of these interventions within the context of their realities. For example, Treatment as prevention will reduce the likelihood of an HIV positive individual on treatment to pass HIV to others. This new strategy coupled with combination prevention which includes the strategies for PMTCT, the correct and consistent use of condoms and other prevention efforts in the health sector such as the availability of safe blood will play a critical role in rapidly responding to the epidemic in the small OCTs, and by extension the region. These new evidence based interventions are embedded in the OCTs plans to strengthen the health sector response to HIV. The availability of the no-cost extension will assist the OCTs to apply these strategies in a meaningful manner that is likely to yield impacting results in the future.

With the changing dynamics and challenges of the region and the late disbursement of funds in 2011, the project was able to make some significant contributions to key activities which were critical for the expansion and strengthening of the HIV response in the territories. Efforts since the three years of implementation have concentrated on ensuring that a comprehensive response for HIV prevention, care, treatment and support is achieved through the leadership and ownership of the national response. The project implementation has set the framework for the health system to improve HIV services and other related health conditions. This has occurred while increasing the health sector coordination with civil society and other partners and the involvement of persons living with HIV, while building the capacity for the management of the national response and service delivery.

Sustained reform takes time, similarly the process of putting in systems and structures in place are complex and time consuming, requiring on-going technical support to ensure the realization of the

outcomes and the potential impact of this grant. Further it is critical that the institutionalization of norms, protocols and their effective implementation, coupled with the reorientation of services to strengthen HIV prevention, care, treatment and support is maintained. The no-cost extension will allow for full implementation of the project, without elimination of priority activities.

However, these advancements can be compromised if the funding is not available to ensure the continued and effective implementation of the plans that have been developed. The ability to build on the achievements of the project will ensure that the mechanisms are established and are implemented in a manner that will increase the efficiency of the health sector and key partners to reach the ultimate goal and objective of the project.

Therefore for the project to realize its overall objectives, the availability of the no-cost extension will help to ensure that priority activities as outlined in the matrix are fully implemented in a manner that will ensure sustainability. It will also allow for the operationalization of systems and structures to support the implementation of plans, policies, and other priority interventions/activities that have the potential to create public health response to HIV while strengthening the leadership and the managerial capacity to support the comprehensive response beyond the life of the grant.

Annex 1:

List of equipment and commodities procured with year 2 funds

EQUIPMENT	Purpose	TERRITORIES
Serology Analyzer	To support laboratory strengthening	Cayman Islands
3 in one copy machine (scanner, printer and copier)	To support the management of the response and community outreach prevention activities	Saba
3 in one copy machine, 2 desk top computer, 1 lap top and projector	To support the management of the response and community outreach prevention activities. Desktop computers is to support the strengthen of the surveillance at the epidemiology unit	Aruba
CD4 and CD5 Machine	Diagnostic laboratory test to improve care and treatment of persons who are HIV positive	Anguilla
1 copier 1 laptop 1 projector	To support the management of the response and community outreach prevention activities	Anguilla
CD4 Machine	Diagnostic laboratory test to improve care and treatment of persons who are HIV positive	British Virgin Islands
Bio safety cabinet	To support the diagnosis of TB HIV co-infection	British Virgin Islands
HIV test kits	Scaling up HIV testing	Montserrat & Anguilla

Annex 2:
Number of Participants Trained

Training Activities	Number of Participants
Training module for health service providers and relevant decision makers	20
Capacity building for NGOs and CBOs to provide prevention services for MSM and other vulnerable populations	37
Caribbean Leadership Training (CHLI)	18
Training on protocol for the implementation of Adolescent Health Survey	29
HIV testing and counseling training in territories	15
Training on work place policies and programs	77
Training on HIV DR for British Territories	10
STI training	13
Human Rights (regional & territories)	60
Strategic Planning (in country activities)	89
Training on case-based surveillance	15
Training on administrative processes	35
Training on development of epidemiological profile	8