

Update on ECOCT Project

The Pan American Health Organization, through the HIV Caribbean Office (PHCO) continues to implement the project “Strengthening the Integration of the British and Dutch OCTs in the Regional Response to HIV/AIDS within the wider PANCAP Framework.” The project which is being implemented in line with the contribution agreement receives additional technical guidance and administrative support from the PAHO/WHO Country Offices in Jamaica, Bahamas and Barbados to Cayman Islands, Turks & Caicos, Montserrat, Anguilla, and the British Virgin Island respectively. The PAHO/WHO office in Venezuela is responsible for the Dutch OCTs; however under the Contribution Agreement, the PHCO provides technical support and guidance to the Dutch territories in collaboration with this office.

Understanding that the improvement of HIV services and programmes must be harmonized with efforts to strengthen the health sector, the EC-OCT project emphasizes 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 through the clinical management of the infection. It is anticipated that with strong partnerships either through a multi-sectoral or intersectoral collaborations, the health sector will reduce the morbidity and mortality of those who are infected, while mitigating the effects of HIV in the societies.

The year 3 reporting period covers the period January 1, 2011 to October 31, 2012, a period much longer than the previous years. The year 2 technical and financial reports were submitted in October 2010. In December 2010 an addendum to the year 2 report was submitted detailing activities for the period September 2010-December 2010. It is also important to note that disbursement of Y3 funds took place in September 2011.

During the period under review, emphasis has been placed on the strengthening and expansion of the HIV response of the individual territories based on their unique realities. The technical support emphasised the collection of data to support evidence-based decision making, the effective management of the HIV response and the identification of a minimum package of HIV services to be implemented in the health sector. The minimum package of services for HIV emphasize linkages with HIV and other essential health services such as mental health, sexual and reproductive health and non-communicable diseases so as to ensure the delivery of a comprehensive response at the primary care level. Such services will support improve quality of care and by extension, improve quality of life for those who are HIV positive while contributing to the achievement of universal access for those requiring the services. The expansion and strengthening of the HIV services seeks to address issues of health and human rights through improve access and availability of key quality services, emphasizing the institutionalization of health services which are essential and will be sustainable after the project ends.

A cross-cutting theme to addressing HIV prevention, care treatment and support is that of human rights, with a rights-based approach to the development and

implementation of plans which includes the right to the availability and accessibility to quality HIV services and information.

Through the territories work plans, direct technical support continues to address the gaps, challenges and weaknesses identified in the situation and response analyses and the national strategic plans. Technical guidance was provided to achieve the expected results which are highlighted below.

Under the first expected result “***Enhanced prevention efforts to reduce the spread of HIV/AIDS in the OCTs***”, emphasis was placed on the strengthening of HIV prevention at the community level, parallel to HIV prevention interventions in the health sector. In this regards efforts were concentrated on the strengthening and establishment of work place policies and programs in selected OCTs in order to reach the working population. Similarly, the strengthening of HIV prevention for two most-at-risk populations, men who have sex with men, (including transgendered) and young people have been highlighted. The findings from the adolescent health studies conducted in 6 OCTs will further support the strengthening and expansion of services for young people. Through the implementation of Condom Demand Generation Plans (formally referred to as condom social marketing), condoms were promoted among most-at-risk populations which also included women and young girls.

The second expected result, “***Expanded access to HIV care and support for PLWHA in the OCTs***” focused on the strengthening and expansion of HIV services in the health sector to provide quality care for persons that are HIV positive. Support was provided for the identification of a minimum package of services to improve HIV prevention, care, treatment and support within the primary care structure which is expected to foster sustainability in selected territories. Within the context of a plan to strengthen and expand services for HIV, support has been provided for the revision of clinical guidelines, the operationalization of e-counselling for persons with HIV, development of a curriculum on “Positive Health for HIV Prevention Care and Treatment” for individuals HIV and health care providers, and the strengthening of case-based surveillance for HIV/STIs. Collectively the activities as detailed in the health sector plans are a step towards the progressive realization of the right to health.

Expected result 3, “***Strengthened Human Rights of PLWHA through increased OCT capacity to effectively implement interventions for the reduction of stigma and discrimination***” focused on the revision of a strategy to address the right to health in the health system. The strategy also addresses advocacy and partnerships critical for addressing policies and legislations that have the potential to significantly affect a public health approach for the management and control of HIV. The Networks of persons with HIV were formally established to allow for stronger unit in addressing issues that affect their health and wellbeing such as human rights which perpetuates stigma and discrimination. Human Rights trainings were provided to the members of the Networks and the country Focal Points, providing them with basic knowledge and understanding of health and human rights with an aim to foster awareness while building the capacity of the individuals to effectively address issues such as stigma and discrimination at the local and regional and levels.

Accomplishments under expected result 4, “***Strengthened OCT capacity for the effective implementation of a comprehensive HIV/AIDS response***” address leadership and other capacity building for key individuals of the national response. The finalization of the National Strategic Plans and health plans has institutionalized the framework for the strengthening of the national response. Similarly the collection and harmonization of HIV/STI data from multiple sources, and the completion of universal access report in some of the OCTs have supported the development of epidemiological reports which profiles the HIV epidemic. Collectively these documents serve to provide a comprehensive understanding of the epidemic and can guide decision-making in the territories.

Under expected result 5 “***Strengthened Regional HIV/AIDS Programming Co-ordination within the OCTs and between the OCTs and PANCAP/wider Caribbean regional activities and programmes***”, focused on the integration of the OCTs into the wider Pan-Caribbean initiatives, utilizing strategies for the Caribbean. The OCTs have been integrated into the following initiatives; (i) case-based surveillance (ii) Elimination Initiative, which includes the prevention of vertical transmission and congenital syphilis (iii) Caribbean Framework for Health Information System as efforts strengthen surveillance for HIV/STIs within the context of strategic information needs.

Several factors have affected the timely implementation of activities over the past two years. Activities scheduled for implementation in the territories in 2011 were delayed due to the late disbursement of Year 3 funds. With an advancement of funds from PAHO/WHO, financial support was provided for the implementation of some key activities. Another key factor that has affected the implementation of activities is that of the Constitution change which occurred in the Dutch Territories in October 2010. The changes in governance and political structures were limitations in the advancement of the project.

Partnerships and alliances have been forged with key agencies such as the ILO to ensure the effective implementation of the project. In addition, the territories (which are not CARICOM member countries) have benefited from technical support from CAREC in the area of communicable disease surveillance. On-going technical support through planning, programming, and monitoring of the work plans has been the main focus of the Project Management Team (PMT) in collaboration with other PAHO/WHO Advisors and collaborators for key activities at the regional and local levels. Through the project, the OCTs have 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 meet the need of the populace.