



CARICOM

PAN CARIBBEAN PARTNERSHIP



AGAINST HIV & AIDS

ASSESSMENT OF PANCAP FINAL REPORT

Consultant

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15 September, 2017

Acronyms

AGM	Annual General Meeting
ARV	Antiretroviral (drug)
CariFLAGS	Caribbean Forum for the Liberation of Gender and Sexualities
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CDC	U.S. Centers for Disease Control and Prevention
CMLF	Caribbean Med Labs Foundation
CMO	Chief Medical Officer
COIN	Centro de Orientacion e Investigacion
COHSOD	Council on Human and Social Development
CRN+	Caribbean Regional Network of People Living with HIV/AIDS
CRSF	Caribbean Regional Strategic Framework on HIV/AIDS
CVC	Caribbean Vulnerable Communities
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation
HEU	Health Economics Unit of the University of the West Indies
IDB	Inter-American Development Bank
KfW	German Government Kreditanstalt für Wiederaufbau
KP	Key population
LCI	Local Capacity Initiative
OECS	Organization of Eastern Caribbean States
PACC	Priority Areas Coordinating Committee
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PCU	PANCAP Coordinating Unit
PLHIV	People living with HIV and AIDS
RCM	Regional Coordinating Mechanism
PRG	Regional public good
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNSGSE	United Nations Secretary General's Special Envoy
UWI	University of the West Indies
WHO	World Health Organization

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Executive Summary

The Pan Caribbean Partnership against HIV and AIDS (PANCAP) was established in 2001 as a regional partnership of governments, regional institutions and organizations, civil society, bilateral and multilateral agencies and donors. As the primary regional mechanism to coordinate and support the regional HIV response, PANCAP's goal is to curtail the spread of HIV and its impact on the development of the region, with a mandate that spans three key areas: coordination, provision of regional public goods and resource mobilization. The strategic regional approach to HIV builds on a strong history of collaboration in public health and a longstanding regional integration process of over 30 countries.

In spite of significant progress, and within a context of shrinking resources and competing health and development priorities, Caribbean continues to contend with the unfinished agenda to end AIDS. Countries are being asked to scale-up treatment programs to achieve and consolidate the 90-90-90 targets even as they face rapid declines in donor funding. In light of these challenges, an examination and evaluation of the PANCAP model, to assess its contributions, achievements, missed opportunities, strengths and weaknesses, is timely. The findings of this review will help to guide decisions about the future of PANCAP, and to identify aspects of the model that might be beneficial for the wider health and development goals of the region.

To this end, the PANCAP Executive Board has commissioned an independent assessment of PANCAP guided by the following overarching questions:

- What are PANCAP's achievements/contributions to the HIV response?
- What are PANCAP's strengths?
- What are PANCAP's weaknesses?
- What aspects of the PANCAP model might be applicable to the broader health challenges facing the region?
- What are feasible options for the way forward for PANCAP?

The evaluation has employed both primary and secondary data collection methods to gather the information needed to address the evaluation questions. Twenty-five interviews and one focus group were conducted by skype, telephone or in-person with a range of stakeholders. Three online surveys were targeted to three stakeholder groups: PANCAP partners, National AIDS Program Managers and international partners/donors.

Options for the future of PANCAP

The assessment proposes three options for the future of PANCAP:

1. End PANCAP to allow resources coming into the region to be used to address priority health issues with higher burdens, in line with national efforts to integrate the HIV response into primary health or sexual and reproductive health services.
2. Streamline and refocus PANCAP on its core mandate to achieve the end of the epidemic in the region. The CRSF 2014-2018 provides a framework to support country priorities

with regard to integration and sustainability. PANCAP can support scaling up treatment programs towards achieving and consolidating the 90-90-90 targets while supporting a wider health and development agenda by leveraging the PANCAP model and structure for multi-sectoral engagement.

3. Expand to address other health issues such as Non-Communicable Diseases or Sexual and Reproductive Health, social determinants that drive the HIV epidemic such as gender based violence or to lead a more strategic approach to promoting human rights and achieving legislative and policy reform.

Key findings

Epidemiological trends show that the region has made significant progress, particularly with reducing AIDS-related mortality, reducing new infections in most countries and expanding treatment coverage although challenges with early diagnosis and retaining people on treatment continue to be important.

PANCAP has made clear contributions to the fight against HIV, including by increasing the number and variety of organizations involved and their capacity to respond, increasing the level of financial resources available for AIDS, enabling the generation and sharing of information, and expanding the scope of the response.

PANCAP has been important in setting a regional HIV agenda that builds on a better understanding of the epidemic, aligns with international guidance, focuses on key populations, and enables dialogue on sensitive issues related to sexuality, sexual health and structural barriers. In providing regional public goods, enhancing collaboration and reducing duplicative projects, the partnership has enabled economic efficiencies and savings. Resource mobilization for the range of partners and countries has been a major achievement, as have been capacity building, international engagement, and increased political commitment to the HIV response.

The strengths of the partnership are grounded in a unique collaborative approach that enables diverse groups to participate as equal partners, increasingly feel that their voice is valued and respected. PANCAP sustained and engaged leadership at all levels of the partnership, as well as strong buy-in and commitment. The PANCAP Coordinating Unit and governance mechanisms have provided an effective infrastructure for coordination and mutual accountability, and its strong links to the CARICOM secretariat have facilitated political engagement and contributed to the PCU' sustainability.

PANCAP has not been as effective in branding and marketing itself. Among partners, there is confusion about what the term PANCAP actually refers to, and there is a low-level awareness of PANCAP outside of the HIV sectors. Question of value for money in respect of the high costs to maintain governance structures and perceptions of disproportionately high spending on HIV obscure success in promoting economies of scale and the savings achieved through regional public goods. Limited success in moving forward a progressive legislative and policy agenda has also fueled this concern, in light of the investment that have been directed to these efforts. Ensuring that countries with diverse capacity and needs are able to benefit equally from regional public goods has also been difficult, and some stakeholders also point to missed opportunities to leverage the regional HIV response to strengthen health systems.

Resource mobilization is an increasing challenge on a number of levels: to enable regional action in important areas which are not currently donor-supported; to enable the PCU to establish and maintain the capacity needed to support PANCAP's mandate; and to sustain the important governance and coordination mechanisms of the partnership.

There are several aspects of the PANCAP model that can benefit other regional health and development imperatives, including the effective coordination and governance platforms that have been honed over the years, including the CRSF as a tool for regional reporting against agreed targets. PANCAP has been deliberate about keeping national programs at the center of the regional response while expanding the range of stakeholders that have been engaged in a way that leverages their comparative advantages. There are lessons to be learned from effective approaches to strengthen the Caribbean voice on the international stage and keep the regional response up-to-date with international thinking; to work to mobilize resources to widely benefit partners; and to build capacity at both the national and regional levels through peer-to-peer linkages and by sourcing technical assistance from within the region. Finally, regional efforts can benefit from better PANCAP's experiences in facilitating joint negotiation and pooled procurement of medicines; promoting dialogue on sensitive issues; piloting innovative approaches; sharing best practices; and supporting networking and mobilization.

1. Background

The Pan Caribbean Partnership against HIV and AIDS (PANCAP) was established in 2001 as a regional partnership of governments, technical agencies, civil society, bilateral and multilateral agencies and donors. The Caribbean Partnership Commitment established PANCAP as the primary regional mechanism to coordinate and support the efforts of partners to fight the HIV epidemic in the Caribbean. PANCAP has been endorsed by CARICOM Heads of Government as the voice of the Caribbean in the fight against HIV, and this has boosted its legitimacy and stature in the region and internationally. The commitment to the regional HIV response is articulated in the Nassau Declaration of July 2001, which affirms that the health of the region is the wealth of the region, and identifies PANCAP and the Caribbean Cooperation in Health (CCH) as the two operational pillars for regional health collaboration.

The overarching goal of PANCAP is to curtail the spread of HIV and to reduce its impact on the development of the human, social and economic capital of the region. The strategic regional approach to HIV builds on a strong history of collaboration in public health to overcome the challenges inherent in the diversity of the Caribbean. It builds on and supports a unique, longstanding and deepening regional integration process of over 30 of varying population size, social and economic development, language and culture. There are vast disparities in health system capabilities among partner countries, with HIV programs relatively well-developed in some larger countries while others are unable to support the social and technological requirements of a comprehensive response. The collective efforts of the PANCAP membership seek to mitigate these challenges by promoting economies of scale, shared capacity and regional level action to address common opportunities and challenges particularly in the areas of policy and legislation, resource mobilisation and health systems strengthening. PANCAP aims to prioritize the needs of members countries that are best addressed at the regional level, and to add value to national programs by providing access to services that individual countries cannot provide on their own. To this end, PANCAP's mandate spans three key areas:

- Coordination
- Provision of regional public goods and services, and
- Resource mobilisation.

Rationale for the evaluation

Since its inception, PANCAP has played an important role in supporting country efforts towards HIV epidemic control. The coordinated regional HIV response has sought to provide leadership in setting the regional agenda to end AIDS and HIV transmission; to provide regional public goods to respond to the common needs of member states; to mobilize resources to strengthen national programs and for regional technical agency efforts to build country capacity; to mobilize and involve civil society and marginalized populations who otherwise would not be heard and to open the door for these groups to be similarly engaged at the national level.

The PANCAP model can serve as an example of how a regional partnership can contribute significantly to achieving important health goals, and there are features of the partnership that can be leveraged to the advantage of the wider regional public health agenda. The partnership

has successfully maintained governance mechanisms that bring together diverse stakeholders in a space that provides opportunities for marginalized populations and civil society to engage on equal footing with international partners, regional technical agencies and national governments. PANCAP has deliberately and strategically sought to champion the needs of its constituency in non-health areas that are critical drivers of the epidemic and has worked to address key social determinants through non-traditional approaches and partnerships. PANCAP's reach has extended well beyond the bounds of the traditional health sector. This is due, in part, to focus of the HIV constituency on inclusive, client-centered and human rights-based prevention.

In spite of significant progress, and within a context of shrinking resources and competing health and development priorities, the Caribbean continues to contend with the unfinished agenda to end AIDS. Countries are being asked to scale-up treatment programs towards a Treat All approach, in order to achieve and consolidate the 90-90-90 targets even as they face rapid declines in donor funding. Some countries have made strides towards achieving both sustainability and scale-up through strategies such as integration of the HIV programming into Sexual and Reproductive Health services or primary health care, and by increasing domestic financing for HIV treatment. Countries like Trinidad and Tobago, where the national response has largely been supported by donor resources, must find a way to shoulder the costs associated with meeting the commitment to Treat All in the face of an economic downturn due to falling oil prices.

In light of these challenges, an examination and evaluation of the PANCAP model, to assess its contributions, achievements, missed opportunities, strengths and weaknesses, is timely. The findings of this review will help to frame on-going conversations about the future of PANCAP and to identify those aspects of the model that might be beneficial for advancing the agenda to end AIDS and to achieve the wider health and development goals of the region.

Evaluation methodology

This evaluation has employed both primary and secondary data collection methods to gather the information needed to address the evaluation questions.

The Terms of Reference required the consultant to:

- Undertake a desk review of the Caribbean Regional Strategic Framework 2014-2018, evaluation reports of previous iterations of the CRSF, CCH III Evaluation Report, annual PANCAP reports, and other relevant reports and documents, and complement this review with an online survey of partners.
- Conduct interviews with a sample of PANCAP's partners and stakeholders with support from the PANCAP Coordinating Unit.

Evaluation questions

The assessment of PANCAP is guided by the following overarching questions:

- What are PANCAP's achievements/contributions to the HIV response in the Caribbean region?
- What are PANCAP's strengths?
- What are PANCAP's weaknesses?
- What aspects of the PANCAP model might be applicable to the broader health challenges facing the region?
- What are feasible options for the way forward for PANCAP?

Data collection

Data were collected in July and August 2017, through online surveys and virtual interviews and in-person discussions in Guyana.

Document review and analysis

The consultant has reviewed:

- Reports from, and submissions to, the Executive Board and PACC
- UNAIDS Best Practice Study
- PANCAP Round 9 Phase 2 Submission to the Global Fund
- PANCAP Concept Note to the Global Fund
- CVC/COIN Concept Note the Global Fund
- UNAIDS Global Report
- CRSF 2014-2018
- Report of the United National Secretary General's Special Envoy for HIV (UNSGSE)
- Reports to the Executive Boards

Interviews with key stakeholders

The consultant conducted individual interviews with key stakeholders in order to complement information from the document review. The following categories of stakeholders were interviewed:

- International and regional partners
- Regional technical agencies that are members of PANCAP
- Chief Medical Officers
- National AIDS Program Managers
- Regional civil society organizations
- Members of the PACC
- Members of the Executive Board
- PANCAP Coordinating Unit Staff (individual interviews and focus groups)

Twenty-five interviews were conducted by skype, telephone or in-person. Interviewees spanning more than one stakeholder category were asked questions relevant to all of their multiple roles. All interviewees received information on the purpose and nature of the evaluation, and were

informed that their participation was voluntary and that the information would not be reported in any way that would allow for attribution to specific individuals.

Table 1. Number of Interviewees by category and description.

Category		Number
International and regional partners	UNAIDS, PAHO/WHO	2
Regional technical agencies	UWI, CARPHA, CARICOM Secretariat, CMLF	9
Chief Medical Officers	British Virgin Islands, St. Kitts and Nevis, Grenada	3
National AIDS Program Managers	Barbados	1
Regional civil society organizations	CVC, CSWC, CariFLAGS, CRN+	5
Members of the PACC		3
Members of the Executive Board		10
PANCAP Coordinating Unit Staff		2 + focus group with 8

Surveys

Three surveys were created on the Survey Monkey platform, targeted to three stakeholder groups: PANCAP partners, National AIDS Program (NAP) Managers and international partners/donors. Responses were received from 17 PANCAP partners, 7 NAP managers and 3 international partners/donors. Survey responses are attached as Annex 1.

Evaluation process

After an initial document review, the consultant submitted an Inception Report detailing the evaluation methodology, evaluation questions and a protocol detailing the methods, procedures and data collection instruments. Interview protocols were developed for each of the following groups of stakeholders: PANCAP partners, health ministers, chief medical officers and international partners. The consultant incorporated feedback from the working group overseeing the evaluation before initiating data collection.

Evaluation limitations

- Data collection has focused primarily on stakeholders who have been directly involved with PANCAP, many of them representing organizations that have benefited materially from PANCAP's resource mobilization efforts.
- Limitations in reaching a range of stakeholders are due, in large part, to the short time allotted to the consultancy, the timing of the consultancy over the summer period when travel is typically heavy, and challenges in scheduling interviews by skype or telephone in multiple countries. The consultant, through the administrative staff of the PCU, reached out to a large number of stakeholders, including health ministers, non-HIV and non-health partners, and

national authorities from several countries. Some of these did not respond to interview requests. In several cases, stakeholders who indicated their willingness to participate could not fit an interview into their schedules. Even where interviews were scheduled, the consultant was unable to connect with health ministers in particular, and therefore, this perspective is not reflected in the evaluation findings.

- Experiences across countries in the region are widely divergent and most respondents mostly offered a regional perspective. National perspectives were only garnered from NAP managers and CMOs in Barbados, St Kitts and Nevis, British Virgin Islands and Grenada.
- Response rates to the online surveys were lower than expected. There is also likely to be respondent bias, with those stakeholders who are more committed to and supportive of PANCAP more likely to respond to the survey.

Measuring the impact of PANCAP

The evaluation report presents a summary status of the epidemic based on the UNAIDS Global Report 2017. Progress towards the targets defined by the CRSF 2014-2018 M&E Framework is not presented. The first progress report for the region in this regard is expected to be available later in the year. The paucity of up-to-date regional data has been flagged by several stakeholders as an on-going weakness of the regional response.

2. The regional context

The Caribbean region comprises over 30 islands and four continental entities, most quite small, and with a majority considered to be small island states. As such, there are a number of critical contextual factors which influence the performance of regional health collaboration and the regional HIV response, in particular. The main challenges are as follows:

- Linguistic and cultural diversity of the region where there are four official languages;
- Widely divergent social attitudes towards sexual minorities;
- Disparities in social and economic development, and high vulnerability to external shocks;
- Geographic and population size differences and widely dispersed populations;
- Disparities in the development of health systems and national HIV programs.

The diversity of the region is reflected in the range of needs to be served by the regional HIV response. The largest countries have relatively well-developed health systems with strong HIV response capabilities, while the smaller countries require financial and technical support to provide the full range of services required for the national response, and are particularly challenged to reach key populations with comprehensive and stigma-free HIV services. The region has, therefore, required support in areas well beyond coordination and information sharing between self-sufficient country programs. To this end, the Caribbean Regional Strategic Framework (CRSF) guides the collective efforts of the PANCAP partnership to mitigate these challenges by promoting economies of scale, shared capacity and regional approaches to address common needs, particularly in the areas of policy and legislation, resource mobilisation and health systems strengthening.

Although the health sector has been foremost in the HIV response, social drivers of the epidemic require a strong multi-sectoral approach. Important drivers for the region include:

- High levels of poverty and unemployment that are often exacerbated by economic shocks and natural disasters;
- Stigma and discrimination, directed both at people living with HIV and key populations;
- High rates of unprotected sex, casual sex, multiple partners, transactional and commercial sex and sex tourism;
- High rates of population mobility, including for sex work, and a large proportion of migrants being undocumented;
- Gender dynamics giving rise to early sexual debut, sexual risk taking and high levels of violence;
- Increasing use of cocaine and other illicit drugs, with insufficient availability of harm reduction interventions.

The HIV epidemic in the region

- There were an estimated 310 000 [280 000–350 000] people living with HIV at the end of 2016 with five countries accounting for 92%: Haiti (48%), The Dominican Republic (22%), Jamaica (10%), Cuba (8%) and Trinidad and Tobago (4%).
- The annual number of new infections among adults has remained static for the last six years at an estimated 17 000 [15 000–22 000] as reported in 2016.
- In Cuba, estimated numbers of new HIV infections more than doubled between 2010 and 2016 from 1,600 [1,400-1,800] to 3,200 [2,600-3,600].
- AIDS-related deaths declined by 55% from an estimated 21 000 [16 000–26 000] in 2000 to an estimated 9400 [7300–12 000] in 2016.
- From 2000 to 2016 the number of people accessing antiretroviral treatment more than doubled.
- Eight countries have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count.
- New infections among children (aged 0–14 years) decreased by 44% between 2010 and 2016. That is from an estimated 1800 [1500–2200] in 2010 to fewer than 1000 [<1000–1000] in 2016.
- Of all people living with HIV in the Caribbean, 36% were unaware of their HIV status in 2016. Late diagnosis is a challenge, particularly for men.
- In 2016 more than half (52%) of people living with HIV were on treatment as compared to 24% in 2010.
- Retaining people on treatment has proven challenging for most countries in the region. Only Haiti has >89% of diagnosed people living with HIV on treatment.
- One-third (33%) of people living with HIV on treatment were not virally suppressed in 2016.
- In 2016 at least three of four people on treatment achieved viral suppression in Barbados, Dominica, Guyana, St. Lucia, Suriname and Trinidad and Tobago.
- In spite of efforts, little progress has been made in improving the legislative and policy framework for an effective public health response that meets the needs of the region's key populations. Stigma and discrimination and other structural barriers continue to limit access to HIV prevention, treatment and care services.

3. The Structure of PANCAP

The Executive Board

Since its inception, PANCAP's Executive Board has functioned to provide policy guidance; to oversee the implementation of the CRSF and related regional initiatives; to monitor adherence of partners to the strategic priorities of PANCAP; and to direct all projects executed under the aegis of PANCAP. As the recognized regional governance body for HIV, the PANCAP Executive Board benefits from a high level of engagement and support from national governments, civil society and donor partners. It is able to bring together diverse regional and national perspectives to improve harmonization of efforts and reduce the potential for duplication.

The Regional Coordinating Mechanism (RCM)

The RCM is established in response to Global Fund requirements, as high-level multi-sectoral committee to provide oversight for the Caribbean regional grant programs.

A Combined Executive Board/RCM

Given the existence of a well-functioning and inclusive governance mechanism with broad representation from government, civil society and donor partners, it was agreed that the Executive Board would function in the capacity of the Regional Coordinating Mechanism for the Global Fund Round 9 grant. There were many recognized advantages to this approach that integrated the oversight of the Global Fund program into the oversight of the wider regional response, providing the broader context needed to promote harmonization of donor efforts, reduce duplication and identify gaps. In a region with limited human and financial resources, PANCAP was able to meet Global Fund requirements in a way that strengthened rather than replicated existing mechanisms and processes. This approach was cost effective, as it minimized the high travel and accommodation costs typically associated with regional meetings, and ensured that best use was made of available expertise. Importantly, the combined Executive Board and RCM continued to function with the legitimacy of a mechanism that emerged to meet the needs of the region rather than something created for the purpose of meeting donor requirements.

Under the current Global Fund grant, the Executive Board and RCM have been uncoupled, at the request of the Global Fund. A separate secretariat mechanism situated outside of the PCU, has been established to support the meetings and functions of the RCM. While this development may ultimately serve to improve the oversight of the PANCAP and CVC/COIN Global Fund grants, the benefits of a combined approach described above have been undermined. In effect, the regional HIV response is now supporting a second duplicative mechanism that can undertake functions that the Executive Board has taken on effectively in the past, as evidenced by the sustained high performance of the Global Fund grant. Supporting a parallel, duplicative regional mechanism is unfortunate at a time when the region faces rapidly declining external financing and addressing issues of sustainability and integration of HIV into wider health and development is imperative.

The Priority Areas Coordinating Committee (PACC)

The PACC is chaired by the Deputy Chairman of the Executive Board and comprises both EB members and non-members. Each of the PACC members brings to bear specific management, financial, procurement or other technical skills required for its primary function of information review and analysis. The overarching function of the PACC is that of strategic management and technical oversight in the planning, monitoring and evaluation of projects and programs in support of the CRS. The Terms of Reference are as follows:

- Coordinate the development of operational plans for each priority area in support of the implementation of the CRSF with the participation of relevant agencies;
- Facilitate communication and collaboration within each priority area;
- Advise on and monitor the implementation of the CRSF;
- Advise the Executive Board on resource needs in relation to the implementation of the CRSF and recommend strategies for resource mobilization;
- At a minimum, submit bi-annual reports to the RCM on the implementation of the CRSF; and
- Ensure the evaluation of the impact of the CRSF.

The PANCAP Annual General Meeting (AGM)

The AGM is the highest decision-making organ of PANCAP and is the principal forum of expression for its broad membership of 65 formal partners, including organizations of People Living with HIV. By convention, the Chairman of the AGM is the lead spokesperson on HIV within the Quasi-Cabinet of the CARICOM Heads of Government. The AGM provides a larger forum for the Executive Board to engage a wider range of stakeholders in oversight, and to share information and solicit feedback. The prescribed functions are to provide overall guidance and policy direction; to monitor the progress of interventions at the regional and national levels; to advocate for advancement of PANCAP ideals across sectors; to support the mobilization of resources for a scaled-up response; to act as a forum for accountability of national authorities, regional support agencies and other partners in the implementation of the CRSF; and to provide an annual forum for information-sharing and networking among partners.

The Caribbean Regional Strategic Framework (CRSF)

PANCAP has sought to align regional goals and targets with international guidance. The Caribbean Regional Strategic Framework (CRSF) has evolved to reflect both changes in international thinking, epidemiology, progress in the development of national programmes, and the emerging needs of countries. Over the period 2002-2006, the first iteration of the CRSF focused on institutional strengthening of core PANCAP partners to be able to provide technical assistance to countries and to build regional capacity. The 2008-2012 CRSF emphasised the provision of regional public goods and services to meet the needs articulated by countries in their National Strategic Plans (NSP). The findings of an independent evaluation of the 2008-2012 CRSF were used to inform the development of the current 2014-2018 CRSF.

The 2014-2018 CRSF is a strategic investment approach to guide regional efforts for sustainable health and development. Priority areas and objectives are intended to strengthen and supplement national and community-level programmes through focusing on issues best addressed through inter-country collaboration and with regional public goods and services. Within each objective, high-level expected results are defined to allow for variations in country capacity and rate of progress. The CRSF was developed through a lengthy consultative process that received stakeholder input at all levels, from NAP managers, Chief Medical Officers, regional technical agencies and ministers of health via the COHSOD. Expressed national and regional priorities are at the core of the document; for example, the inclusion of the strategic priority area of integration was a directive from the COHSOD.

The PANCAP Coordinating Unit (PCU)

The PCU is responsible for managing and coordinating all PANCAP related activities through implementation of the following core functions:

- Coordinate the strategic and operational planning, implementation, monitoring and evaluation of programs within the context of the CRSF;
- Identify technical and financial resource gaps in the implementation of the various components of the CRSF and provide leadership in mobilizing the necessary resources;
- Coordinate the timely revision and expansion of the CRSF;
- Collect, collate and disseminate HIV/AIDS information emanating from program implementation and research for the benefit of all partners;
- Support the efforts of national authorities in capacity building and resource mobilization in the implementation of National Strategic Plans;
- Stimulate operational research at the national and regional levels, including the documentation of best practices.

Current PANCAP Initiatives being managed and implemented by the PCU:

- Sub Recipient of the Global Fund multi-country grant, including implementation of Justice For All
- PANCAP Advisory Group on Resource Mobilization
- Knowledge for Health project
- Local Capacity Initiative
- Representation on the Global Fund Board
- Annual NAP Managers and Key Partners meeting
- Management of the Executive Board and PACC meetings

4. Key Findings

4.1 What are PANCAP's achievements/contributions to the HIV response?

This section presents PANCAP's achievements and contributions identified through key informant interviews and based on evaluations of PANCAP projects and grants, including the Global Fund Round 9 grants, that detail outcomes that support the broad categories of contributions and achievements listed below. Annex 2 details findings from major independent evaluations including the recently conducted Joint Baseline Evaluation for the PANCAP and CVC/COIN Global Fund grant that describes the current situation across the 16 beneficiary countries.

There is good consensus among PANCAP members, with 88% (15) of those surveyed agreeing or strongly agreeing, that there have been substantial achievements by the partnership. Areas where PANCAP has made clear contributions include increasing the number and variety of organizations involved and their capacity to respond, increasing the level of financial resources available, enabling the generation and sharing of information, and expanding the scope of the response.

On the other hand, there are challenges associated with determining the extent to which progress at the national level is attributable to PANCAP, not the least of which is the lack of availability of up-to-date and comprehensive data from countries. While evolving epidemiology of HIV shows that the region has made progress in key areas critical for the achievement of the 90-90-90 targets (refer page 13), aggregate figures mask differences between countries and key population groups that are important for understanding the impact of the regional response. Analyses, such as the Joint Baseline Evaluation for the PANCAP and CVC/COIN Global Fund grants provide a more nuanced overview but still extrapolate regional trends from data that is available for a few countries.

A further challenge is determining the extent to which PANCAP has directly contributed or enabled the progress of countries in achieving HIV targets and goals. Even countries that have not directly benefitted from a PANCAP-facilitated activity may benefit from spill-over effects, including knowledge generation, capacity development and access to resources. The development of an M&E Framework for the CRSF 2014-2018 is an important step that will help to provide a clearer picture of the contributions and achievements of PANCAP.

How has PANCAP contributed to the HIV response?

What the NAP managers say ...

- Through PANCAP's work, the national HIV response was able to increase its reach, assess and evaluate various aspects of the response, develop new perspectives on how to manage as well as to bring sharp focus to some "not so widely discussed" issues; such as stigma and discrimination.
- They have created gains by coordinating the regional response to decrease the spread of HIV, ascertain earlier diagnosis and decrease AIDS related deaths

- Through regional and high-level negotiations and consultations of hard issues
- Development of human resources capacity
- Through meetings where best practices are shared which can be adopted and adapted to the Belizean context
- The facilitation of capacity building workshops, networking and focus of priority programs
- PANCAP JFA has help shape the national JFA response.
- Capacity building of government officials and CSOs.
- Through supporting in country missions, support for regional workshops and training, reporting and supporting high level commitment and buy in for the AIDS response.
- Yes, evidenced in PANCAP's ability to engage Permanent secretaries, CMOs, Program Managers and CSO at the same forum, as well as parliamentarians and FBOs all of whom will play a key role in the success of the national response. This has resulted in a more unified approach to the national response.
- Providing a conduit through which best practices goods can be utilized nationally. Helping to engender difficult national issues and open for discussion matters that are difficult to deal with within national social and cultural contexts.

What international partners say ...

- Through coordination, technical sharing, capacity building reduction in wasteful duplication, resource leveraging, development and dissemination of strategic frameworks and other normative guidelines.
- PANCAP has contributed as a regional political advocate for the HIV responses in the individual countries, fund raiser, and policy advocate.
- It has provided a platform for individual NAP Managers to feel supported. It has provided a louder voice for the individual countries--by elevating it to a regional voice.

The PANCAP Model

PANCAP has sustained, built on and improved an active multi-country, multi-stakeholder partnership that has evolved to meet the changing needs of the countries that it serves and the emerging challenges of the HIV epidemic in the region.

The principles of the partnership and its way of working were early on hailed as an international best practice, its enduring relevance and on-going efforts to serve national programs in tangible ways holds lessons for regional collaboration in any area of health and development. The partnership has maintained the core principles identified in the UNAIDS Best Practice study (refer Annex 2), including its commitment to engage and involve people living with HIV as key partners and its commitment national programs as the main building blocks of a relevant regional response.

The partnership has maintained the interest and active involvement of partners from a wide range of sectors, in part because it has established a working mechanism to support their engagement and a space where diverse groups are increasingly able to feel that their voice is valued and respected. The current Global Fund grant program provides the opportunity to further strengthen engagement of key populations, including youth, key populations of MSM and sex workers, and non-traditional stakeholders, such faith leaders and parliamentarians.

PANCAP remains unique in the region for its ability to pull together the region's best technical experts, national authorities and international partners, alongside representatives of key populations, and to leverage the particular interests and strengths of each group for joint planning, implementation and oversight of regional interventions.

What do you think PANCAP should most be proud of?

What international partners say ...

- The collective, the partnership, and the methodology used (CRSF) to support this network around the response
- It's leadership and advocacy for the response in the face of stigma, discrimination, and tight government and donor budgets over the years. All this contributed to the many gains that were made at the country and regional levels since its founding.
- The willingness of PANCAP partners to be part of PANCAP (the buy in).

What regional civil society says:

"PANCAP is an asset for CariFLAGS. Even when CariFLAGS wasn't working under a grant, PANCAP mechanisms allowed it to be at the table and to contribute to the regional response."

"PANCAP has always been the biggest supporter of CRN+. The PCU has always made sure that CRN+ is included and receives information and solid support. The impact of being part of the partnership has been tremendous."

"PANCAP proves the point that the broadest grouping of stakeholders around the table is valuable to challenging the orthodoxy, stimulating new ideas, bringing better ways of looking at the problem, We need to challenge each other ... this kind of breath of vision solves problems."

Setting the regional HIV agenda and better understanding of the epidemic

With three iterations of the Caribbean Regional Strategic Framework (CRSF), PANCAP has generated and presented consensus on technical approaches to strengthen and support the national response in member countries. The CRSF is a framework for action that has evolved in line with international thinking, the epidemiology of the epidemic in the region, national program priorities, and the emerging needs of countries.

Through the inclusion of international and regional funding and technical agencies as key partners, PANCAP has helped to promote greater understanding and acceptance of international targets and recommended technical approaches. Mechanisms such as the NAP Managers and Key Partners annual meeting and regional training workshops, have enabled information sharing and capacity building to develop and promote regional approaches that align with international guidance.

PANCAP has provided leadership to promote a stronger focus on key populations through inclusion and support for the work of CVC/COIN and other regional civil society partners, in the CRSF 2014-2018, and in the Global Fund Round 9 grant program that focused on addressing structural drivers and social barriers to access to services for KPs. Important outcomes of the grant are KP studies that contribute to improved understanding of the underlying risk settings and behaviors. The Round 9 grant was instrumental in supporting a PANCAP-led shift in the priorities of regional and national efforts to ensure that resources and services reach those KP groups that did not previously receive adequate attention.

In a similar way, PANCAP has enabled and advanced regional dialogue on sensitive issues related to sexuality and sexual health issues. Regional meetings, including of the PANCAP AGM, Executive Board and RCM, have provided the space to advance these conversations. The Round 9 grant generated policies to ensure that students receive life skills-based Sexuality & Sexual Health and Self and Interpersonal Relationships modules of the HFLE Program and a Regional Peer Education Program using a Sexual Health Approach. The current Global Fund grant programs include efforts to expand these dialogues to a broader constituency, including political and faith leaders.

The CRSF and PANCAP projects have also advanced a regional agenda to address structural barriers to further reductions in HIV transmission rates and AIDS-related mortality. The PANCAP Justice for All program is working to improve awareness of structural drivers of the epidemic with particular attention to high-level advocacy on policy and legislative issues. Civil society partners, led by CVC/COIN, are engaged with these issues in a complementary community-based approach.

PANCAP has generated better information on the epidemic and the response, including on key populations, through participatory studies, program-specific evaluations, evaluations of National Strategic Plans and capacity building in monitoring and evaluation. Information sharing is enabled through governance meetings, the annual meeting of NAP managers and key partners and through communications initiatives and tools such as the Knowledge for Health project, PANCAP website, social media efforts, webinars, etc. Many of these tools reach a wider audience than PANCAP partners, including regional political leadership.

How have countries been able to operationalize the CRSF into activities that fit with their own priorities, circumstances and capacities?

What the NAP managers say ...

- The CRSF, especially utilizing the M&E framework allows countries to do a well-informed assessment of the status of HIV management and to assist in identifying the gaps that will need to be worked on to achieve more.
- Sort of difficult for my country with such a small population
- Not quite clear. THE CRSF operates on a regional level and there is not direct country level operationalization
- The activities of the CRSF were already part of the National Strategic Plan of the national HIV/AIDS program

- Aligning own strategic plans and M&E frameworks and programs to the CRSF
- Incorporation into operational plans and country targets
- CRSF are in line with the WHO/ UNAIDS strategies and as such are taken into account. Room for improvement on the country level to better operationalize Caribbean specific targets out of the CRSF
- We are still in the process of operationalizing CRSF into strategic planning for the HIV epidemic
- Harmonization of the indicators was done by CARPHA for ease of reporting and a readiness assessment for reporting with special focus on the S&D indicators was undertaken, PANCAP will be instrumental in guiding countries in the examination of their legal framework to address these challenges.
- Has not been operationalized per say in-country.

How have you used the CRSF in your work in the region?

What the international partners say ...

- The CRSF is used to align all subsidiary strategies and interventions with regional goods, outputs and outcomes; and to advocate for resources to develop and implement said initiatives
- I used it in my work in the region to understand the priorities and financial needs of the countries and CSOs leading the response to the disease.

Political commitment

Since the establishment of PANCAP, high-level political commitment to the HIV response in the Caribbean has been demonstrated in various ways, including participation in international and regional mechanisms such as the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), the International AIDS Conference, and the Board of the Global Fund. UNGASS targets were integrated into the Nassau Declaration on Health and HIV is identified as a priority area within the third and fourth iterations of the Caribbean Cooperation in Health Initiative (CCH), with CCH IV noting the role of PANCAP within the wider health agenda of the region. The early championing of PANCAP by a Caribbean Prime Minister was instrumental in advancing political support for the partnership. So too has been the involvement of the UNSG Special Envoy as an advisor to the PCU and leading proponent of the Justice for All program.

PANCAP has consistently and regularly engaged the COHSOD and Chief Medical Officers, not only through the PCU but also by facilitating access for civil society partners such as CMLF and CVC. Strong links to CARICOM, by virtue of the location of the PCU within the Secretariat, close working relationship with the CARICOM Health Desk and with the Secretariat as the Principal Recipient for the Global Fund grants, have been important for building and sustaining high-level political buy-in.

Regional public goods

PANCAP has played a pivotal role in the provision of regional public goods (RPGs). One stand-out early achievement in this area is the successful negotiation for lower ARV prices for the region.

In 2011, the PCU conducted an evaluation that showed moderate but steady progress in the implementation of the CRSF, with demonstrated achievements in two-thirds of the RPGs. RPGs include sharing of information and skills; access by small countries to regional services to fill national-level gaps; developing regional capacity for sustainable sources of quality technical assistance; and building capacity for regional policy responses, not only directly in regard to HIV issues but also on related fronts, such as certification of laboratory and training services.

The OECS Round 3 Global Fund grant supported the establishment of pooled ARV procurement, subsidizing purchase of medicines, and has strengthened in-country capacities for VCT, PMTCT, advocacy, public awareness, development of treatment protocols and guidelines, and training of health care workers. The Rd 9 grant program build on this by explicitly pursuing regional public goods through such activities as pooled procurement of ARVs for the OECS, the development of regional capacity to meet the common needs of countries and the sharing of specialized capacity, including skills to adequately forecast drug and lab needs; improve storage, record keeping and distribution to avoid stock outs, expired drugs, and late delivery; monitoring prescription practices to ensure that transition from 1st line to 2nd line drugs.

Resource mobilization

Mobilizing resources for collaborative action and to finance the work of regional technical partners in support of national programs, has been an important area of achievement for PANCAP. This has been particularly important to civil society organizations such as CMLF, CRN+, CVC, CariFLAGS and CSWC that would otherwise not meet the requirements of major international donors. Inclusion of CVC and COIN as sub-recipients in the Round 9 grant from the Global Fund paved the way for CVC/COIN to successfully apply for its own Global Fund grant. CMLF credits its inclusion in the Round 9 grant with helping establish the NGO as a credible technical partner in the regional response.

PANCAP also provides a mechanism for small countries to benefit from international funding in ways that they could not access on their own, including the inclusion of 'non-eligible' countries as a part of the Global Fund multi-country concession. It has successfully managed a collaborative and non-competitive approach that has facilitated funding for multiple countries and agencies to implement complex multi-sectoral grant programs. In this way, PANCAP has advanced its goal of capacity building and has drawn on the strengths of a range of partners to enable innovative approaches to regional problems.

Economic efficiencies and savings

Counties have benefited from the regional response with little or no investment of national monies into PANCAP structures or activities. While PANCAP may be able to provide gross numbers on the resources mobilized and expended on the regional response, it is more difficult to quantify the resources that have been directed to individual countries and the savings that have accrued by virtue of access to regional public goods. The economic efficiencies and savings for countries resulting from lowered ARV prices and access to regional training programs may be most obvious

but are likely only a small fraction of the economic impact of PANCAP. Further analysis to provide a quantification should be considered as a follow-up to this assessment.

Coordination and information sharing

Effective coordination and information sharing has been achieved in multiple areas and across multiple partners through PANCAP's governance bodies and regional meetings including the annual meeting of NAP managers and Key Partners. Coordination of resource mobilization and international partner efforts has been a particular strength, enabled through multi-country grants; inclusion of international partners in governance mechanisms to enable a better understanding of the wider context; and the development of the CRSF as a tool for understanding regional priorities. Resource pooling is facilitated through collaboration with multiple international partners and regional agencies on projects such as the Stepwise Process for Quality Management Systems Implementation (CDC, PEPFAR and PAHO), evaluations of the health system response to HIV in Jamaica (with PEPFAR–USAID-CDC), Barbados (World Bank) and OECS countries (with PAHO and PEPFAR-USAID). A key result has been a reduction in duplicative donor-funded projects. Information sharing is also driven by partners, as with the CVC/COIN best practice series, inclusion of PANCAP in PEPFAR planning processes, and workshops and trainings supported by PAHO, UWI and other partners.

Building capacity of partners

A major focus for PANCAP has been to support national programs through a range of modalities that expose program managers to international guidance, new ways of thinking and pilot approaches, good practices and learning from other countries in the region. Training for national health leaders working within and outside of the HIV response has been made available through programs like the Doctorate of Public Health at UWI, the CHILI leadership initiative and CHART. The focus of these efforts is determined by expressed country needs, with content provided by regional technical agencies and national programs themselves. Utilizing an approach in which technical support is sourced within the region and implemented through peer-learning methodologies is an important strategy for building the capacity of regional institutions. PANCAP has also facilitated capacity building and learning opportunities in the way that regional grant programs and projects are designed, implemented, managed and evaluated, and by funding participation in international events and study tours and exchanges.

PANCAP has had a positive impact on strengthening civils society networking and engagement at both the national and regional levels. All three KP regional networks represented on the Executive Board and RCM receive funding under either the PANCAP or the CVC/COIN Global Fund grant, and the PCU has consistently provided support to strengthen CRN+. CVC/COIN will continue under the current grant to reach national KP organizations, as they did in Round 9. The Local Capacity Initiative (LCI) project coordinated by the PCU in collaboration with the UWI-HEU aims to build the capacity of civil society organizations working at the national level through training and small grants.

How have countries benefitted from PANCAP?

What international partners say ...

- Technical support in good practices and strategies to accelerate the response to HIV; resource leveraging; capacity building; normative guidance; support for monitoring measurements and incentivization.
- Individual countries benefit from the information sharing that PANCAP facilitates among countries, development partners and regional institutions.
- Camaraderie, sharing of knowledge, sharing of challenges.

What the NAP managers say ...

- Technical support for various components of the national program, funding to support meetings and conferences for program personnel to play active roles, the various toolkits and the Stigma and Discrimination thrust which the national program embarked upon to include the study, the trainings and other components.
- Assisted heavily in the validation exercise of the EMTCT of HIV and Syphilis
- Enhanced programmatic response with regards to capacity building of NAP, Support in KP activities, increased in HR education among KP, uniform body and immigration.
- Evaluation of the national program care and treatment services
- Training in anti-stigma and discrimination toolkit which was used to provide training to Police department, judiciary and health care providers
- update of guidelines and 90 90 90 strategies
- JFA program elements were adopted in NSP and GF concept notes; 2/ PANCAP migrants project result now fundament for development of migrant health strategic health policies
- Capacity building, monitoring and evaluation strengthening and facilitating/supporting training
- Helping to get to 90/90/90 targets increasing knowledge of NAP
- PANCAP has made contributions to the HIV testing by assisting in the coordination of the Regional Testing Week, support was also provided to the nutritional program (food drive) which targets vulnerable PLHIV to ensure retention in care and on treatment
- The transition process from global to local financing of HIV management

What PANCAP activities or approaches has your program benefitted from?

- PANCAP's work has been integral in the planning and implementation of many trainings/workshops, been an influential voice in policy decisions locally and supported the implementation of aspects of the program, whether by assisting with technical support or in the actual provision of resources.
- Sharing of best practices and how to monitor indicators to improve National response to HIV fight
- Regional meetings on S&D, Human Rights, NAP annual Meetings, Knowledge Workshops
- Training of providers in Monitoring and Evaluation
- Anti-stigma and discrimination toolkit
- Capacity building
- The PANCAP migrants project was fruitful; assessments were done, migrant specific activities developed and fundament for further development of migrant HIV/ health

issues

- Through supporting in country missions, support for regional workshops and training, reporting and supporting high level commitment and buy in for the AIDS response
- capacity building
- The meeting for Program managers, CMOs and Permanent Secretaries, the Regional Policy Working Group Meeting, the K4Health initiative, Webinar which focuses on the 90-90-90 strategy, the remodeled website; all of which were able to bring into perspective not only nationally but regionally the progress made thus far in the HIV response and the gaps to be addressed
- K- For Health training and initiatives at one of the regional meetings

4.2 What are PANCAP's strengths?

The survey of PANCAP partners suggests that the partnership is performing well in several areas related to principles and practices. In particular, there is good consensus that partners know and understand the value of PANCAP, and when and how it works best (refer Annex 2 for summary of partner responses to the survey).

Respondents scored the partnership highly in the following areas:

1. The factors associated with successful working of the partnership are known and understood.
2. The principal barriers to successful partnership and collaboration are known and understood.
3. There is a clear understanding of the value of the partnership in achieving shared goals.
4. There is mutual understanding of those areas where action through the partnership can achieve more than through working individually.

This is a strong indication of buy-in that was echoed in interviews with stakeholders who have been directly engaged with the partnership, many for extensive periods of time. This strong commitment is driven by shared values, principles, goals and priorities, and an understanding that PANCAP has directly contributed to an improved HIV response, even if progress has been slow. As a representative of a regional technical agency put it: “what little we got done, we got done because of PANCAP.” Some members spoke of personal growth and professional development as key factors in their continued engagement with the partnership, as well as the opportunity to interact with highly experienced and respected regional leaders and practitioners.

For some, the commitment is linked to PANCAP's clear position on the centrality of human rights to an effective response that meets the needs of marginalized populations. It is affirming to be part of an organization that is openly addresses, discusses and takes a stand on what are seen as sensitive but critical issues. While respondents recognize that progress in this area is slow, they appreciate that no other regional institution is taking any concrete steps to promote legislative and policy reform in the way that PANCAP has done and continues to do.

The UNAIDS study suggested, even early on in the partnership, that a sense of ownership of PANCAP was being built by the way that “the Partnership functions as a network that encourages each partner to work within its own mandate and areas of comparative advantage, while fostering an environment for partners to pursue their respective programs in a harmonized and coordinated fashion whenever appropriate.”¹¹

There is a high degree of concurrence with the following statements:

- The partnership has a clear vision, shared values and agreed principles.
- The partnership has clearly defined joint aims and objectives.

¹¹ The UNAIDS Best Practice Study

- The partnership has clearly defined outcomes.
- The partnership recognizes and encourages networking skills.

Respondents are appreciative of the structures that are in place to support the partnership and agreed ways of working together. This reflects well on the PCU, suggesting that staff function in a way that meets the needs of partners and that the modus operandi of the various governance and coordination mechanisms are well-aligned with partner expectations and needs. This is perhaps unsurprising given that PANCAP meetings are entirely donor-funded, requiring no expenditure from government and civil society partners and with logistical arrangements the responsibility of the PCU. Apart from questioning their financial sustainability, partners are satisfied that governance mechanisms are effective.

- Operational partnership arrangements are simple and task-oriented.
- There are clear arrangements to ensure wide sharing and dissemination of information among the partners.
- The partnership has clear success criteria in terms of both impact goals and the partnership itself.
- The partnership has clear arrangements to monitor and review how successfully goals and objectives are being met.
- The partnership has clear arrangements to monitor and review how the partnership itself is working

Stakeholders identify the following strengths of the partnership:

- Sustained and engaged leadership at all levels, including the early engagement of the Hon. Denzil Douglas former Prime Minister of St. Kitts and Nevis as a champion of PANCAP; leadership of national authorities through representation on the Executive Board and PACC; leadership of strong technical partners on the PACC; and leadership at the level of the PCU.
- Well-developed capacity to manage consensus-building consultative processes that engage diverse stakeholders at different levels and across multiple countries. This has been key to sustaining relevance and buy-in to PANCAP activities and for minimizing implementation bottlenecks.
- Well-functioning mechanisms and practices for mutual accountability:²
 - National authorities are responsible to their governments for the performance of the national HIV programs; to their international partners for the activities they fund; and to PANCAP for agreed goals and core indicators defined in the CRSF.

² As described in the PANCAP Round 9 Phase 2 proposal to the Global Fund

- Regional technical agencies are accountable to countries and to PANCAP for providing the regional public goods agreed in annual work plans and the CRSF.
 - The PACC is accountable to the EB for coordinating the planning and implementation of all regional activities.
 - The PCU is accountable to the EB for reporting on the deliverables and outputs described in the annual work plans and to the RCM for the Global Fund grant program.
 - The EB is accountable AGM for timely reporting on progress in the implementation of CRSF and towards achieving regional goals and indicators.
 - The EB and RCM are accountable to international partners for the deliverables they fund; provide strategic direction and are responsible for monitoring performance in each priority area.
- The CRSF as a tool for harmonization that was developed through a consensus process involving a range of stakeholders, and provides a framework for alignment of the programs of regional agencies and donor partners.
 - PANCAP's strong links to the CARICOM Secretariat provide easy access to an important mechanism for engaging political leadership and aligning the regional HIV response with other regional strategies.

What do you see as the value of PANCAP?

What the international partners say

- Harnessing the collective power of a multi-sectoral multi-disciplinary and diverse group of development and social agencies to impact regional and national advocacy, legislative and policy changes that impact the elimination of HIV transmission and stigma in the Caribbean.
- Ability to represent the region's response to development partners, advocacy, resource mobilization and management of regional funds
- It has provided a platform for individual NAP Managers to feel supported. It has provided a louder voice for the individual countries--by elevating it to a regional voice.

What the NAP managers say

- PANCAP has been instrumental in leading the discussions for many of the goals and targets set for the region, as well as assist [sic] in critical areas to see the realization of these goals. Being a multi-stakeholder organization has augured well for the region, since many entities are given a platform from which to voice their concerns.
- High level advocacy and technical support.
- PANCAP is a valuable partner in collaboration and technical advice, as well as knowledge sharing.
- Sharing information and experiences acquired throughout the region.
- Leadership, operational plans and strategies.

- As representative of the Caribbean region on geo-political HIV stage in the world.
- As advocate for the Caribbean region ensuring that the Caribbean HIV agenda is taken into account, for example with regards to antiretroviral meds, laboratory testing and region specific key populations eg youth.
- Coordinating body for implementing of CRSF 2014-18 and drafting of next CRSF.
- Forum for networking, capacity building of HIV government officers and other stakeholders in the Caribbean enforcing the total Caribbean HIV response.
- PANCAP is a valued partner in the national AIDS response. Strengthens the regional response to HIV and also at the country level.
- PANCAP has help [sic] to develop my personal and professional capacity. PANCAP contributed to knowledge sharing.
- Advocacy for Reduction of Stigma and Discrimination, bridging the gap between government and CSO, capacity building for program managers, voice for policy changes in keeping with sound scientific evidence, knowledge hub.
- Coordinating regional approaches towards a common agenda.

4.3 What are PANCAP's weaknesses?

This section presents weaknesses both in the functioning of the partnership as well as gaps and challenges related to the outcomes of PANCAP's efforts.

While the online survey reflects a generally high level of satisfaction with the principles and practices of the partnership, there are several areas in which partners would like to see improved performance.

In responding to the online survey, PANCAP members suggest room for improvement in the following areas:

- There is a clear commitment to the partnership from the most senior levels of each partnership organization.
- There is widespread ownership of the partnership across and within all partners.
- The way the partnership is structured enables partners to fully contribute to all aspects of PANCAP's work.
- The way the partnership's work is conducted appropriately recognizes each partner's contribution.
- Benefits derived from the partnership are fairly distributed among all partners.
- There is sufficient trust within the partnership to encourage risk-taking.
- There are clear lines of accountability for the performance of the partnership as a whole.
- Partnership successes are well communicated outside of the partnership.

PANCAP members score the partnership lowest in the following areas:

- The partnership has succeeded in having the right people in the right place at the right time to promote partnership working.
- Each partner's areas of responsibility are clear and understood.

Defining PANCAP

Stakeholders use "PANCAP" to refer interchangeably to both the wider partnership and the PANCAP Coordinating Unit. Further, it is not entirely clear that stakeholders consider ministries of health and national AIDS programs to be part of the partnership or as beneficiaries of the partnership. This raises the following questions for an assessment of PANCAP: To what degree are national-level health efforts, HIV specific and otherwise, considered to be achievements of the partnership?

Ensuring tangible country-level benefits

Although PANCAP can point to a number of RPGs that have been provided with the goal of increasing country capacity, these do not always produce the desired results for the following reasons:

- At the national level, capacity building is constrained by human resource limitations, including too few staff members and high turn-over.
- In small countries, in particular, technical support providers report that 'readiness' for capacity building has hampered efforts and prevented better impact at the national level, suggesting poor alignment between the regional technical support programs and the needs of individual countries, and inconsistency between regional and national plans. National programs continue to face capacity challenges in some areas where significant efforts and resources have been directed such as laboratories and monitoring and evaluation.
- There has been insufficient attention to capacity building in some areas such as integration of HIV programs in SRH and primary health care. Sustainability planning at the national level has also not been sufficiently supported, with efforts in this area largely directed to the working towards sustainability of the partnership itself.

Managing diverse country needs

The regional response is also challenged to manage the significant diversity that characterizes the region, including differences in the development of national health systems and national HIV programs. Some small countries report that their national HIV programs continue to struggle with basic issues around treatment provision and M&E, in spite of their active engagement with PANCAP. The implication by some countries is that regional engagement, with frequent travel and training, may be a distraction, taking away NAP managers from their on-the-ground work. Larger countries are grappling with different issues related to treatment scale-up and transition away from a reliance on external funding, and PANCAP's engagement in these areas is considered to be inadequate. PANCAP has also to consider whether it has been effective in reaching across cultural and linguistic differences to effectively support and engage with Haiti and the Dominican Republic.

Value for money

Although PANCAP has recognized and discussed the challenges related to value for money in several grant proposals and meetings, it is not clear that sufficient effort has been expended to fully understand the challenges and tackle them head on. The high costs of operationalizing PANCAP's governance structures and of implementing multi-country projects and grant programs, are key drivers of questions of value-for-money. Critics of PANCAP point to years of spending on regional meetings, including a Caribbean AIDS Conference, as a wasteful diversion of resources away from the public health response: "PANCAP did not bring new ideas to the region but was enabled by large amounts of money available for the regional response. Without

this money, PANCAP mechanisms are not sustainable or replicable.” Others acknowledge that the region can no longer afford nor justify the high costs associated with an HIV-specific response.

The PCU has worked to offset these costs, including by identifying more cost-effective options such as hosting one of the two biannual Executive Board meetings at the CARICOM Secretariat, and rotating the country location of the second. Further, during the Round 9 Global Fund grant, EB and RCM meetings were combined, resulting in improved efficiency and lower costs. The high cost of bringing people together coupled with the high costs of organizing large events in other countries are key reasons that PANCAP has not convened a regular AGM in spite of its utility in bringing together a wide range of members from countries throughout the region.

These questions of value-for-money are also relevant to the travel and meeting-related costs associated with implementing multi-country projects. While the current management structure of the Global Fund grant represents an improvement over Round 9, there are still significant levels of expenditure associated with the travel of grant management staff to participate in and observe grant activities, and to undertake monitoring visits to sub-recipient and implementing partners.

High levels of donor dependency

PANCAP success in direct resource mobilization and in facilitating access to resources for national programs has contributed to a high level of dependency on external financing for HIV programs in many Caribbean countries. Between 2001 and 2012, an estimated US\$1.3 billion has been committed by external sources through various financing agreements towards supporting the Caribbean’s response to HIV (PANCAP). While national governments have progressively increased their domestic spending on HIV over the past decade, countries where the Global Fund and PEPFAR have been significant funders now face the difficult task of scaling up treatment programs while also increasing domestic funding to absorb donor supported program costs. The Global Fund continues to be the major funder of the regional response.

Declining availability of donor resources for the regional agenda

Changes in the international and regional context have led to a shrinking of the resource envelope for the HIV response and for the Caribbean region in general. PANCAP has recently constituted a Resource Mobilization Working Group which will need to act aggressively to address a number of challenges, including:

- Sustaining donor-funded projects has not typically been a strong suite of PANCAP. This requires urgent attention so that previous investments and achievements can be maintained and built on.
- The inability to access funding from traditional donors for areas and institutions that the wider partnership has determined as important for an effective regional response, such as the CRSF strategic priority areas of integration and sustainability. Strengthening laboratory capacity and the UWI training and research initiatives while included in the regional grant proposal, were not funded by the Global Fund. This fuels questions about

the extent to which the regional response truly reflects country needs, given that the PANCAP Global Fund grant program constitutes a large part of the regional response. Many of the interventions omitted from the current Global Fund grant remain insufficiently financed, thereby jeopardizing the progress that had been made in areas such as laboratory capacity strengthening.

- The need to generate funding to sustain technical capacity in the PCU that is adequate and appropriate for meeting the needs of countries and the wider partnership, and ensuring that the PCU can effectively perform its functions in support of PANCAP's mandate.

Regional investment in the partnership

A lack of financial investment in partnership structures and to continue or scale-up activities initiated with PANCAP funding may be indicative of a low level of national buy-in. In several instances, national programs have failed to make the investment to sustain promising PANCAP programs beyond the availability of donor funding. Examples include the PANCAP migrants project, CMLF lab strengthening initiatives and the CHART training program.

The fact that members, including member states, do not fund their participation in meetings of the Executive Board, RCM or PACC is a major issue for sustainability and is widely perceived as indicative that countries do not see value in the PANCAP mechanisms: "people come because everything is paid for." It also puts pressure on the PCU to mobilize resources for the meetings and to maintain the level of administrative capacity necessary to organize and implement these meetings.

A related concern regarding ownership and investment of the partnership is the decision by CVC/COIN to pursue a Global Fund grant outside of the PANCAP partnership. This is viewed by many as signaling a lack of investment in the partnership on the part of civil society that is detrimental to a strong multi-sectoral response. It is felt that this decision served to undermine PANCAP's unique value in facilitating partnership between government and civil society. The PCU and CVC have since developed a close working relationship, and are committed to seeking out opportunities for collaboration in grant implementation and management. However, this may need to be communicated to the wider partnership to allay the perception that civil society partners are dissatisfied with the PANCAP model and have chosen to disengage from the partnership.

Capacity of the PANCAP Coordinating Unit

The need for the PCU to undertake resource mobilization to maintain its own staffing and functions, in addition to leading resourcing efforts for the wider partnership, has had serious implications for its functioning. PANCAP has not been particularly good in determining the appropriate capacity – the number and type of human resources - that is required in the PCU for it to be able to effectively and efficiently implement its functions; the PCU has alternately been criticized for having too much staff "that did things that are not in PANCAP's mandate" and for

having insufficient capacity. The requirement for PANCAP to mobilize resources to sustain itself has resulted in a project-driven approach whereby technical staff are engaged solely for the implementation of the project that is supporting their salary. Partners are concerned that the shift towards implementation, driven by the PCU's responsibilities as the sub-recipient for the GF grant, prevents adequate attention to the core functions that are required for its core mandate.

Missed opportunities for health systems strengthening

PANCAP has supported national HIV responses that been implemented mainly through 'vertical' programming and has engaged countries largely by working through NAP program managers. At the national level, HIV programs have often been executed at the detriment of other programs, with expertise extracted from the health sector human resource pool and stand-alone facilities. The fact that HIV programming is perceived to have benefitted from much more attention and external financing than other health priorities has led to resentment and in some cases, national authorities see PANCAP as being complicit in the weakening of national health systems. While this is presented as a weakness, it must be noted that many stakeholders hold the entirely opposite view: that PANCAP has deliberately sought to leverage HIV-specific funding for wider application and benefit to the health sector, particularly its efforts in cross-cutting areas such as laboratory capacity and monitoring and evaluation. The intent to strengthen health systems is articulated in the 2014-2108 CRSF as well as the last two proposals to the Global Fund.³

Defining, branding and marketing the partnership.

In spite of PANCAP's longevity and activity in the region, there continues to be a low level of understanding of PANCAP among stakeholders who are not directly engaged with, and who have no first-hand experience of the partnership. There has not been consistency in the branding of activities undertaken by partners, although there has been some effort to improve this particularly with regard to activities implemented with funding directly accessed by PANCAP. PANCAP's strengthened communications function may already be providing the strengthened effort that is needed in this area. Sustained engaged with key national stakeholders such as CMOs as well as with non-health sectors has been a weakness that needs urgent attention if the region is to truly

³ For example, the Phase 2 proposal notes that addressing the core systems is critical to sustainability especially since in the majority of CARICOM countries the HIV diagnostic service provided by the public sector is not an isolated event but an integral component of the entire laboratory service i.e dependent on the same structures & quality systems that support the entire laboratory service. An example is the continuation in Round 9 of the process established to strengthen regional medical and public health labs by the 2002-2007 CAREC/EU project through the Caribbean Med Labs Foundation (CMLF). This emphasized the provision of services needed by patients with HIV, including more generally used procedures, like routine blood work. Rd 9 aimed to provide cost-effective access to timely quality assured lab services at all levels, both in country and regionally for advanced services, by establishing national networks with appropriate quality assurance and monitoring systems and accreditation as appropriate. There has been significant collaboration with CDC, PEPFAR and PAHO, in the development of the Stepwise Process for Quality Management Systems Implementation. Other issues actions through donor collaboration have included evaluations of the health system response to HIV in Jamaica (with PEPFAR–USAID–CDC), Barbados (World Bank) and 6 OECs countries (with PAHO and PEPFAR-USAID) to inform policy interventions for HSS and integration; technical support was provided by PANCAP to Tobago to develop a model for integration of HIV in Primary Care with linkages with Chronic Care; Policy Dialogue on Health Systems Strengthening and Integration was approved by the Caucus of Ministers in September 2011 and a collaborative strategy developed with PANCAP and CARICOM.

understand the potential and limitations of the partnership with respect to regional collaboration for health and development.

Limited success in moving forward a progressive legislative and policy agenda.

Prohibitive legal frameworks attached to homosexuality and sex work remain intact, except in the notable case of Belize where PANCAP was not directly involved in the successful public interest litigation. No country has adopted the PANCAP Model Anti-Discrimination Legislation; other legal and policy problems that endure in spite of PANCAP efforts include lack of access to legal services and redress for persons who experience discrimination on the grounds of race, gender, disability and sexual orientation and sexual harassment. Countries report that stigma and discrimination continue to pose serious challenges to access to services, particularly for key populations.

What does PANCAP currently not offer that is needed?

What the NAP managers say ...

- Not sure...in my short stint I really feel that PANCAP's input has been invaluable and insightful.
- Funding. UKOTs cannot benefit directly from the donor funding PANCAP receives.
- More information sharing particularly in French. Because of language barriers, Haiti feels like an outsider.
- A central HIV database for the region.
- More leverage with regards to having the agendas/ scopes of work of HIV external donors in the region more in line with other pressing needs observed in the region.
- More in country support for the CRSF reporting.
- The strategic framework for HIV response has been an excellent model and should be mimicked for other diseases based on the burden of same. PANCAP has demonstrated leadership in its regional response to HIV/AIDS which is now viewed as a Chronic Disease and is well equipped to do the same for other diseases. This will provide the opportunity to integrate HIV with other chronic diseases and in so doing guarantee sustainability of the HIV response while simultaneously addressing NCDs.

What international partners say ...

- Repository of studied, norms, good/best practices, know how, etc.
- Discrete sector strategies to advance and measure impact of sector mobilization on the regional response.
- Timely production facilitation and dissemination of epi data on HIV.
- I think it currently offers the services that it is most well suited to support.

4.4 What aspects of the PANCAP model might be applicable to the broader health challenges facing the region?

- Engagement of civil society, key populations and people living with HIV, as equal partners alongside government and technical agencies, in the regional response. PANCAP has been particularly strong in its support of people most affected by HIV.
- Coordination approaches and mechanisms to promote inclusivity, ownership and buy-in to the regional response; that respects and maximizes the expertise of all partners through consistent engagement of regional technical agencies as lead partners in strategic priority areas, and by facilitating resources and access for civil society and community partners who speak for themselves.
- Collaborative, non-competitive approaches to multi-country and multi-agency grant proposals.
- Mechanisms for consultation to building consensus on regional priorities, including for the development of grant programs.
- Strong links to the CARICOM Secretariat and governance bodies while retaining the independence to respond to PANCAP governance mechanisms and member needs.
- Strong and effective mechanisms for technical oversight from regional experts and mutual accountability within the partnership.
- Links and interface between the countries and regional support programs that are defined and agreed to by national partners, as well as expected national results for each of the CRSF priority areas.
- Efforts to ensure the centrality of national programs in decision-making, planning and oversight of the regional response.
- Consistent and regular support for building the capacity of NAP managers, promoting peer-linkages, information sharing and knowledge development through the annual meeting of NAP Managers and Key Partners.
- Collaboration with technical partners to raise awareness, and increase understanding of international guidance and targets, and their implication for the region.
- A platform for information and joint planning and mechanisms for ensuring harmonization and coordination of international partner funding and technical support. The Executive Board and PACC provide critical engagement with donors and implementing agencies to identify areas of duplication, possible synergies and to monitor project process.
- Development of the CRSF Monitoring Evaluation Framework for regional reporting against targets in all strategic priority areas.
- Sustained high-level engagement through the COHSOD.
- Engagement at the international to amplify the priorities of the Caribbean and the regional response.
- Approaches to negotiating for lower prices for medicines and pooled procurement.
- Experience grappling with, and advocating for, the development and implementation of approaches to promote dialogue on sensitive issues; to raise awareness of structural drivers of the epidemic in the Caribbean; to address structural drivers; and to advance a progressive legislative and policy agenda.

4.5 What are feasible options for the way forward for PANCAP?

When asked about a vision for the future of PANCAP, stakeholders recognize the partnership's viability rests on the continued availability of external funding for the governance mechanisms of the response and the PCU. They are clear about the need to move ahead in a more efficient and effective way that provides tangible benefits for national health systems and that "business as usual" approaches are unsustainable.

As the vast majority of interview and survey respondents work directly with HIV-specific approaches, many articulate the need for continued regional attention to HIV response, especially in light of the fact that national programs are currently struggling to reconcile the seemingly incompatible imperatives of treatment scale-up and sustainability (including absorption of donor-supported costs).

Many partners speak to importance of maintaining key functions, principles, approaches and capacity developed under PANCAP, without specific reference to a particular health issue. PANCAP's core mandate of coordination, resource mobilization and facilitating the delivery of regional public goods is seen as widely relevant to the development of the region. So too is the PANCAP model of engaging civil society, government, technical agencies and international partners, and the strategy to amplify the Caribbean voice and agenda at the international level. The positioning of the PCU function under the aegis of the CARICOM Secretariat and with good access to Secretariat leaderships and organs, while maintaining a large degree of autonomy to respond to its membership, is also seen as a model that this worth maintaining or replicating.

Others, and particularly those working in a wider health and development context, suggest that ending PANCAP might be option best aligned with regional and national health priorities. i.e. there is no place for an HIV-specific response at the regional level when countries are moving to integrate; other mechanisms related to CARPHA and the CCH IV are better placed to support and manage a multi-sectoral regional approach that addresses the critical health priorities related to NCDs and vector-borne diseases; the Region does not have the human resources or financial capacity to support a low-utility, disease-specific mechanism; the Region cannot continue to sink resources into the costly PANCAP mechanism and cannot afford to direct mobilized resources to HIV-specific programming.

What role do you see for PANCAP in the next 5 to 10 years?

What the NAP managers say ...

- A greater force to be reckoned with as it continues to highlight the areas of care, treatment and support that will assist the region to achieve the set targets together.
- Dormant if their approach is not strengthened
- Expanding beyond HIV and inclusive of other STIs and pertinent health issues.
- Fulfilling its current role in a more efficient manner
- Stronger advocate on the global stage for overarching regional SRH/ HIV issues on the global level; Monitoring body for the JFA agenda; Continue regional networking/ capacity building activities
- To continue to be a regional support for HIV/AIDS response
- As the leading supporting HIV/AIDS partner
- PANCAP possess the relevant skillset to accomplish its mission. The success of this is not solely dependent on PANCAP but the political will existing in-country to support that vision and facilitate vital discussions with the right persons, at the right time and the appropriate forum. Like any other organization PANCAP will be as successful as the support it receives from the country.
- Because of the potential risk of the reversal of gains made in HIV response, I hope PANCAP continues to provide the guidance and focused approach needed for adequate management.

What the international partners say ...

- Advancing regional cooperation in procurement; dissemination of know-how and good practices; advocacy on adoption state of the art methodologies strategies and treatment for HIV; Mobilizing advocates/champions to engage left wing detractors reversing the advocacy gains; support to regional advocacy on addressing laws and policies that militate against the response.
- PANCAP's role will continue to be important as a representative of the region to international organizations, as a central clearing house of the challenges and progress at the country level, and as an advocate for regional public goods vis-a-vis other priorities in the region.
- Continued role in advocating for PLHIV and key populations. Continued role in mobilizing resources for the region. It would be great if this could be expanded to other disease areas.

The 3 options presented below describe the range of stakeholder positions on the future of PANCAP. Option 2, the recommended option, is further fleshed out to describe why it is proposed as the most feasible choice.

Option 1: End PANCAP

A minority of stakeholders, and particularly those not working directly or specifically in the HIV response, suggest a number of reasons to consider ending PANCAP: the high costs of sustaining the PANCAP structures; the need to focus resources on addressing other priority health issues that are more of a burden than HIV; questions of value-for-money and perceptions of wasted resources and missed opportunities in the HIV response; too slow progress in achieving targets and particularly in the areas of legislative and policy reform; and the pressing

need to integrate the HIV response at the national level. Proponents of this option suggest that PANCAP's capacity and experience could be integrated into the CARICOM Secretariat or CARPHA to better benefit the region.

While these are valid concerns, there are also compelling reasons that PANCAP should be maintained, foremost among which is the 'unfinished agenda to end AIDS' with countries in the region not yet achieving the 90-90-90 targets. Another is the recognized value of the PANCAP model of multi-sectoral engagement and collaboration. PANCAP's unique positioning viz-a-viz governments and the CARICOM Secretariat has enabled civil society to engage with government in a way that has not yet been replicated in any other regional body or collaborative process. Given the strong international brand recognition and support that PANCAP enjoys, a decision to dissolve the partnership could undermine the numerous achievements that have been made at the regional and national levels. It could also have a detrimental effect on international support for other regional health efforts if the region is seen to be willing to give up the significant investment that has been made to establish and maintain a unique and well-functioning regional mechanism.

What would be lost without PANCAP?

What the NAP managers say

- The level of leadership in so many areas and the uphill thrust towards the regional targets.
- Coordinated approach towards having an AIDS free generation
- Regional best practice in having a national response to an epidemic/ health issue
- It would be very regrettable not to have a coordinating body for the region
- Inter-country collaboration, unity and common goal
- Networking and capacity building at the regional level
- The representation and advocating for Caribbean region-specific HIV matters, without which countries may end up 'getting lost' in the agenda setting by larger, more powerful territories.
- Networking and support for NAPs
- The link between CSOs and Government
- An advocacy organization emanating from a regional voice to the international arena on matters pertain to HIV response
- Decline in donor funds to the region

What the international partners say ...

- The CRSF and the opportunity to exact a collective impact on the heart of the epidemic in the region
- An important regional representative of the HIV response, which helps keep HIV a priority among other health priorities in the region.
- A strong willing partnership of people.

Option 2: Streamline and refocus

PANCAP continues to be relevant to achieving the end of the HIV epidemic in the region. However, even among partners that strongly support a continued role for PANCAP, there is good consensus that the status quo is not sustainable particularly given the current context of decreasing availability of external funding and competing health priorities. Maintaining PANCAP will require a more strategic approach to streamline its structure and to re-focus efforts on its core mandate, and on meeting the expressed needs of countries in a way that provides better value for money and clear national-level impact.

The CRSF 2008-2014 already provides a framework to support country priorities in the areas of integration and sustainability, but urgent and strategic action is needed by the Executive Board and the PACC to develop a clear approach and work plan to achieve the agreed expected results in these strategic priority areas. By focusing on an integration agenda, PANCAP can address issues relevant not only to HIV but to other health areas, including sexual and reproductive health, while supporting the scale-up of treatment programs to consolidate and achieve the 90-90-90 targets. Other clear gaps and challenges that require urgent attention include laboratory capacity, viral load and drug resistance testing in particular.

Promoting human rights and addressing structural drivers of stigma and discrimination must remain a key focus of the HIV response. However, the current strategy of relying on the PCU to drive this work, particularly in light of its current capacity constraints, must be revisited. A strong foundation has been laid through raised awareness and increasing engagement of a range of stakeholders but this approach has not yielded tangible results and continues to fuel concerns about value for money in the regional response. There is need for the PANCAP leadership to deal with these issues head on, to articulate a theory of change for achieving a more progressive legislative and policy agenda, and to agree on roles and responsibilities for a coherent multi-sectoral and multi-agency approach.

Strengthening PANCAP's relevance and impact requires a strategic approach to the capacity and functioning of the PCU that is not driven by the grant management requirements. Steps need to be taken to support and enable the PANCAP Director to revert to a focus on leadership in the areas of coordination and strategic resource mobilization. The Director cannot function in this role and implement a Global Fund grant program, so additional project management capacity would be needed. This could be approached by leveraging the funding currently available from the Global Fund and the CARICOM Secretariat for a better balance of technical and administrative support. The PCU has done well in establishing a strong foundation for the current GF grant program, and resourcing an additional technical officer, through grant program savings or shifting HR resource allocations, to take this work forward would be well worth the effort and investment.

Improved value for money will also require streamlining the governance mechanisms to reduce expenses associated with face-to-face meetings. PANCAP (and the Global Fund) should reconsider the uncoupling of the Executive Board and RCM which undermines important principles of inclusivity in oversight, information sharing and efficiency. Cost cutting can also be achieved through a more efficient meeting scheduling, including considering an annual rather than biennial face-to-face EB meeting that is strategically located to reduce costs; leveraging the

role of the PACC by devolving greater responsibility for decision-making between EB meetings, and formalizing and strengthening mechanisms for accountability and transparency outside of EB meetings (for example, make PACC meeting reports routinely available to EB members through email rather than presentations at a face-to-face ED). The PCU currently has good communications capacity to manage the information-sharing function that a more streamlined governance approach would require.

What is the strongest argument for sustaining PANCAP?

What the NAP managers say ...

- The region's benefits
- It's the Caribbean advocacy voice
- Best regional response to date. Has the potential to lead other health focus in a similar direction.
- Importance to coordinate the effort towards eliminating HIV/AIDS in the region by 2030 or 2040 the latest.
- Regional networking and collaboration.
- Partnership.
- Monitoring, and capacity building in the Caribbean region towards 90-90-90.
- PANCAP provides the support necessary to help end AIDS.
- Well, I don't know any other organization in country that has been successful in being a voice for CSOs, FBOs, NAP Managers and at the same time, have parliamentarians from both sides of aisle discuss HIV response at the same forum. Secondly, advocacy is vital to the HIV response especially in addressing key population and I am not familiar with any other organization in country that has demonstrated the same level of advocacy as PANCAP.
- Its track record in the achievements made that impacted HIV incidence and mortality.
- This model could be used to tackle other health matters of public health significance
- Decline in donor funds to the region.

What the international partners say ...

- Opportunity for multi-sectoral multi-disciplinary mobilization of agencies around HIV advocacy, legal and policy change; and south-south technical sharing of good practices
- PANCAP is uniquely positioned to advocate, mobilize resources and share information among the countries of the Caribbean. Most of the countries have small NAPs and can use the support of a regional advocate.
- It has contributed so much to the HIV response in the region. This needs to be continued (and possibly transferred to other diseases).

Option 3. Expand to address other health issues.

Many partners speak to the value of maintaining PANCAP's role and functions but directing these to health and development issues in addition to, and other than, HIV. PANCAP's international recognition and capacity to mobilize resources, in particular, could be valuable if applied to other health and development issues. What PANCAP offers a unique structure and space to bring together government and civil society, including key populations, to work collaboratively and on equal footing. There is no similar mechanism for any other health issue, giving rise to the suggestion that expanding the scope of PANCAP to address additional health issues, is the best approach to build on this rich experience and to capitalize on existing investments and capacity.

A useful input into consideration of this option would be a scan of international agency interest in supporting a regional response to any of the proposed areas or for maintaining any of PANCAP's functions in support of the region's broader health and development agenda. This is recommended in light of the strong consensus that funding from national governments is unlikely to be available for supporting the PANCAP structure, given other pressing priorities and regional health mechanisms.

There are a number of suggested areas in which PANCAP could add value:

- Regional NCD response, as PANCAP could build on and consolidate the framework based on the Port of Spain Declaration and previous regional efforts. PANCAP could apply its experience and expertise in resource mobilization, coordinating a regional response, addressing social determinants, supporting national prevention and treatment programs.
- Social determinants that drive the HIV epidemic such as gender based violence.
- Broader sexual and reproductive health issues, recognizing that PANCAP has played a key role in enabling dialogue and increasing awareness and focus on sensitive issues around sexuality and sexual health.

At the current time, PANCAP does not have the capacity to manage an expanded focus, and given widespread concerns about the cost of sustaining the PANCAP mechanisms, its leadership would have to determine how to manage an expanded focus at little or no additional cost. Partners would need to agree and develop a strategic plan for PANCAP that clarifies how resources are to be mobilized; what capacity is needed in PCU; how PANCAP will work with existing structures and countries in a way that builds on strengths; the roles of various technical agencies and additional technical capacity needs; and how to accommodate new partners and identify changing roles of existing partners.

What knowledge, skills, resources does PANCAP have that would allow it to play that role?

What the NAP managers say ...

- Strong leadership, great networking skills and capacity, innovative and visionary staff and partners, an "all-regional" approach to planning and implementation.

- Engagement of high level players; resource negotiation and mobilization skill.
- Regional coordination for the different national program.
- Collaborative resources, technical expertise, coordination role.
- Political mandate through CARICOM; regional human resources.
- PANCAP facilitates collaboration between the member countries to align our AIDS response as a region.
- Leadership communication policies.
- Institutional memory of the health sector, organizational skills, ability to deliver in a timely manner, program management skills, ability to unify multiple sectors, efficient human resources, leadership qualities, innovative thinking.
- The collaborative, engagement and advocacy potential with the myriad of stakeholders that touches and concerns HIV. Further, they have to ability to access even the highness political levels.

What the international partners say ...

- CRSF; Technical expertise in communication and advocacy; COSOD and CARICOM
- Unmatched knowledge of the programmatic, resources, and knowledge strengths and weaknesses of the countries & CSOs in its membership as navigate the changes in the disease and demands to the response. Convening power among diverse stakeholders.
- A very strong Director and strong PCU team (including the other project staff-- such as LCI, Youth, K4H). Strong support from the donor community. The human resources on the PACC.

Sustainability of PANCAP

- The decision to retain, end or change PANCAP should not be donor-driven. PANCAP should be retained if there is still potential for accessing international funding but should now have an explicit strategy for supporting integration of HIV, and strengthening health systems.
- To maintain PANCAP in a way the adds value requires a more strategic approach to resource mobilization that is driven by country needs and a clear vision of what will be provided by the regional response. PANCAP, through the PCU, has taken steps to advance a more strategic approach including convening a Resource Mobilization Working Group. There also needs to be clarity on the role of the PCU and the kinds and numbers of technical staff that would be required.
- The value (and value added) of PANCAP in pursuing either option 2 or 3 should be clear to stakeholders), it should not be seen as competing for resources or drawing resources away from other health and development priorities. Option 3, in particular, requires clear mandate from countries.

Is PANCAP well-positioned for sustainability and continuing relevance?

What the NAP managers say ...

- Yes, ...from where I sit, it does appear that way.
- Yes with strengthening initiatives
- No. There seems to be a lack of appreciation in the region by other partners to the benefits of PANCAP. Rather than learn from PANCAP as a best practice, there seems to be a competition for others to stand out.
- Yes if it received appropriate considerations
- Yes
- I believe it is
- PANCAP is of regional importance for overarching monitoring of regional specific gaps towards the 90-90-90 targets and thereafter towards the 95-95-95 targets
- Yes
- Yes
- Until we find a cure for HIV/AIDS and there is zero Stigma and Discrimination PANCAP will remain relevant. Once effective program efficiency is practiced PANCAP will be positioned for sustainability.
- Yes

What the international partners say ...

- CRSF; CARICOM and relationship to governments
- It executes its current activities and roles with excellence and that is recognized by current funders and stakeholders. It has a strong leadership and governing structure that is committed to its continued relevance and sustainability.
- The current strong leadership.

What would be critical constraints or limiting factors?

What the NAP managers say

- Possibly continued funding sources
- Financial barriers. HIV response is costly with decrease funding it makes the functioning of PANCAP unsustainable
- Regional support at the highest level, both in speech and financial resources. Rebranding and widening of itself to focus on other health areas.
- Non-appropriation of the value of PANCAP by the OAS
- Financing/commitment/collaboration
- Resources
- Finance; regional diversities
- Decline in donor funds to the region?
- If PANCAP choses to undertake NCDs, existence of limited data (with the exception of STEPS Survey) will be a limiting factor in developing a strategy to accomplish the SDG targets.
- Financial sustainability

What the international partners say ...

- Articulating value-added compared to CARPHA; Integration of HIV and SRH; Focus on HIV vs Health; Resource mobilization strategy; Demonstrable value added to the regional response;
- It is difficult to balance the interests of CSOs, communities, national governments, regional and international organizations with funding needs. CSOs need the advocacy role (sometimes v the governments with which they work) and yet the governments and regional bodies may have more funds to provide. The private sector has low interest in donating given other potentially more attractive opportunities for CSR funding.
- PANCAP needs human resources to help coordinate. Mr. Springer cannot do it by himself. Because he is so limited--there are so many missed opportunities.

What additional competencies/capabilities would be needed?

What the NAP managers say

- Continue to build capacity among the members in all areas
- Human Resources to assign to specific program areas. PANCAP is not adequately staffed for the work at hand and the growing demands.
- Human resources in all programs aspects: Prevention, Psychosocial support, care and treatment, viral load
- None
- Human resources
- Finance challenging
- More participation from country level personnel
- In my opinion, none at the moment

Would you be interested in continuing to fund PANCAP, and why or why not?

What the international partners say ...

- Yes. Because of the value added outlined above.
- I would hope that others would continue to fund PANCAP (I am not a funder.)
- Yes. If possible, PANCAP could take on more health issues. The reputation and respect that PANCAP has is very strong--if there is a way this can be harnessed for other disease areas that would be very powerful.

Annex 1. List of Interviewees

1. Ms Miriam Edwards, CSWC
2. Mr. Lucien Govaard, CariFLAGS
3. Dr Eduard Beck, UNAIDS
4. Prof. Peter Figueroa, UWI
5. Dr Carolyn Gomes, CVC
6. Mr. Roger McLean, HEU, UWI
7. Prof Donald Simeon, UWI
8. Ms Elizabeth Lloyd, CARPHA
9. Ms Sandra Jones, PAHO
10. Dr Rudolph Cummings, Health Desk, CARICOM Secretariat
11. Ms Valerie Wilson, CMLF
12. Dr James Hospedales, CARPHA
13. Mr Winfield Tannis-Abbott, CRN+
15. Dr Anton Best, Barbados
16. Dr Douglas Slater, ASG
17. Ambassador Manorma Soeknandan, DSG, CARICOM Secretariat
18. Dr Edward Greene, UNSGSE and PANCAP Advisor
19. Mr. Dereck Springer, Director, PANCAP
20. Mr. Collin Kirton, Senior Accountant, PCU
21. Dr. Irad Potter, CMO, BVI
22. Dr. Laws, CMO, St. Kitts and Nevis
23. Dr. George Mitchell, CMO, Grenada
24. Mr. John Waters, CVC
25. PANCAP PCU

Annex 2. Findings from previous evaluations

PANCAP has been the subject of a number of independent evaluations that have been important in shaping the way forward for the partnerships. These have included:

- UNAIDS Best Practice Collection: A study of the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) Common goals, shared responses
- Evaluation of the 2008-2012 CRSF
- Evaluation of the Global Fund Round 9 grant
- Baseline evaluation for the 2016 Global Fund Grant.

Findings from these evaluations are summarized here because of their continuing relevance.

Key findings from the evaluation of the CRSF 2008-2012⁴

- **HIV incidence in the region is declining but the rate of decline is still too slow**, and AIDS-related illnesses are a leading cause of death among the 15 to 44-year old population.
- **The partnership has been characterized by high-level political leadership**, including active participation from Prime Minister Denzil Douglass, the COHSOD, individual ministers of health and heads of regional technical institutions driving decision-making, partnership and resource allocation.
- **PANCAP has led advocacy efforts to accelerate the human rights agenda and to eliminate stigma and discrimination, but there is little evidence of impact of these efforts on reducing stigma and discrimination in national settings.** Under the second iteration of the CRSF, a regional stigma and discrimination unit, a regional policy on HIV-related stigma and discrimination, model anti-discrimination legislation were established and national human rights dialogues were held in several countries. At the end of the period, all countries had integrated some elements of human rights programming in their national programs, but in many instances, new policies are not being implemented;⁵ surveys of health facilities on three islands found stigma and discriminatory practices present across all levels of staff;^{6,7} and the legislative framework continued to be at odds with the inclusive rights-based approach necessary for a successful public health response. A positive development was the increasing use of Caribbean courts for legal challenges, although the practice of public interest litigation remains limited. It should be noted, however, that PANCAP regional partners were not directly engaged in this litigation in which national LGBTI groups and activists were supported by U-RAP.

⁴ Taken from the CRSF 2014-2018

⁵ (UNAIDS, KSIII).

⁶ Getting to “Stigma-Free” HIV Services in Dominica. Testing and Rolling-out an Intervention Package for Health Facilities. (The Health Policy Project, 2013).

⁷ Getting to “Stigma-Free” HIV Services in St. Kitts and Nevis. Testing and Rolling-out an Intervention Package for Health Facilities. (The Health Policy Project, 2013).

- **PANCAP has effectively engaged people living with HIV(PLHIV) and other key populations (KP) in its governance mechanisms and consultative processes.** It has supported institutional capacity building for regional and national KP networks as well as individual activists.
- **Regional collaboration has been strengthened but similar levels of engagement and broad-based partnership are missing at the national level.** The PANCAP multi-country Global Fund grant and the establishment of the Caribbean Public Health Agency (CARPHA) as a key PANCAP partner, have been important drivers of partnership.
- **Resource mobilisation has been strength of the partnership but domestic investment is slow compared to other regions.** PANCAP has successfully managed a number of multi-country grants from a range of donor partners. In 2010, 64 percent of AIDS spending in the region came from international donors such the Global Fund, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank.⁸ Countries are highly dependent on external funding for ARTs and there are large differences, between countries, in the per-patient cost of treatment.⁹ Domestic investment for HIV is increasing in the region, but not at high enough rates to mitigate decreasing donor funds and to meet resource gaps of expanding treatment programs.
- **Access to services for key populations is inadequate,** with only five countries reported prevention programmes for MSM in 2012, up from three in 2009. While countries have improved the provision of testing services for the general population through such initiatives as national days of testing, low levels of HIV testing continue to be reported among key populations in some countries.
- **PANCAP has provided regional public goods and services.** Good examples are the dissemination of treatment guidelines, training of health care workers, and regional procurement and advocacy processes to improve access to ARVs.
- **PANCAP has supported capacity building of national programs but weaknesses in health systems continue to pose barriers to access and sustainability of services, particularly since parallel service delivery systems for HIV have been established in most countries.** Vertical systems are inefficient, costly and perpetuate stigma and discrimination, resulting in low rates of entry and retention in treatment. Equitable access and the quality of service provision are a concern given the low numbers of people achieving viral suppression.

Technical assistance, needs-based training and sharing of information, skills and regional service providers have focused on human resources, laboratory services and monitoring and evaluation. PANCAP has worked to strengthen national monitoring and evaluation systems in

⁸ UNAIDS Report on the Global AIDS Epidemic 2013. Accessed on 23 December 2013 at http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf

⁹ UNAIDS Report on the Global AIDS Epidemic 2013.

a number of key areas, including evaluation of national AIDS programmes; to conduct of special studies among key populations; to develop monitoring and evaluation (M&E) plans; and to provide training in results-based management. However, countries continue to face deficiencies in research capacity and in translating findings into actionable recommendations for policy and programme development. Weaknesses in procurement and supply chain management capacity impact the availability of medication and other supplies.

UNAIDS Best Practice study

In 2003, UNAIDS recognized PANCAP as an international best practice based on the unique partnership model that brings together governments, regional bodies, civil society and international partners to harmonize a regional approach to the HIV response.

The study identifies key accomplishments in five main areas:

- Establishment of mechanisms to support collaborative action;
- Resource mobilization;
- Information sharing and communication among partners;
- Pooling of resources and coordination of efforts;
- Success of joint regional initiatives; and
- Establishment of links at the global level.

identifies the following noteworthy achievements:

- AIDS has been dramatically highlighted in the region, and the response significantly accelerated.
- Reduction in antiretroviral drug prices for all Caribbean countries through negotiations with six pharmaceutical companies. As a result, the William J. Clinton Presidential Foundation became a partner in PANCAP and a major player in helping member countries provide better access to treatment.
- **The operationalization of a working structure to support collaborative action.** PANCAP clearly demonstrates that it is possible to bring together diverse partners and players around a single issue. The CRSF is being used by partners as the reference point for their collaborative actions.
- **Creation of an opportunity and mechanism for coordinated input from persons living with HIV throughout the region.** It has provided a focal point for their advocacy and given PLHIV groups a much stronger voice in helping to reduce stigma and discrimination. CRN+ has received funding from the Global Fund to strengthen advocacy and care, treatment and support initiatives.
- **HIV funding for the Caribbean region from bilateral and multilateral donors, at the country and regional level, increased more than threefold from 2000 to 2004, due in large part to the advocacy efforts of PANCAP.** Prior to establishment of the

Partnership, the Caribbean was not seen as a priority by most donors, and individual countries had little success in mobilizing resources. By acting collectively, with political leadership from the highest levels, the region was able to attain a global profile and attract the attention of sponsors. Funding is available from a range of other multilateral and bilateral donor partners, and the amount of support and the number of donors involved have grown steadily.

- **Provision of a mechanism for donors to share information and improve coordination.** As PANCAP partners, donors participate in discussions and decisions focused on the priorities of the region, and have a broader context for their work in countries.
- **Production of a range of communications products to meet the needs of different partners and audiences. PANCAP Annual Meetings provide unique opportunities for broad, multisectoral, multilevel information sharing and problem solving.** Members are able to assess progress against the CRSF and accountability to the membership is maintained.
- Increasing reliance on the PCU to coordinate regional projects and approaches based on the recognition that the partnership model enables the best use of the respective partners' resources. Examples include work on human rights, stigma and discrimination funded by CIDA, USAID and DFID; regional workshops; regional condom social marketing initiative funded by KfW. Coordinated proposals to the GF and World Bank.
- Technical partners benefit from sharing of experiences, transfer of knowledge and capacity building to provide technical and other support for country-level action.
- PANCAP is helping to build two-way links between the Caribbean region and the global arena. For example, PANCAP representatives comprised the largest delegation of any region at the 2001 UN General Assembly Special Session on HIV/AIDS (UNGASS).
- The focus of the Caribbean response has shifted from being primarily a health-sector responsibility to a intersectoral response that recognizes that the economic, development, health and social issues requiring a multi-sectoral response.

Factors facilitating success of PANCAP:

- Existence of key regional institutions identified as a facilitating factor in establishment and success, namely CARICOM, PAHO, UWI, CAREC and then CARPHA.
- High level political commitment, strong champions, previous regional experience of working together, and the ability of partners to contribute from their strengths and recognize and build upon one another's differing capacities.
- A growing sense of success and accomplishment based on the experience of working together to develop the partnership, agree on principles for collaborative action and overcome obstacles.

Challenges for PANCAP moving forward:

- Need to manage diversity of country members and ensure large countries do not dominate.
- Need to move away from a purely health focus to an intersectoral approach under the guidance of Heads and Ministers.
- Need organizations to continue to harmonize and coordinate their individual goals and resources, to put aside their 'territorial impulses', to share responsibility and accountability for joint efforts.
- Even with the recent mobilization of new resources, the capacity of many partners to participate effectively remains a challenge. This may need strengthening technical capacity at regional and country levels. More clearly delineating roles and responsibilities for different PANCAP partners and strengthening coordination and communication among partners.
- Applying newly mobilized resources to quickly and effectively scale up programs at the country level.
- Ensuring more effective linking between action at the regional and country levels.
- Maintaining and further strengthening high-level leadership for the regional response
- Knowledge about PANCAP, and support for its work, vary considerably from country to country, and among regional level organizations.
- Build the capacity of regional and national partners that have differing capabilities to implementation national programs, as well as different abilities to participate in regional level activities

Notable achievements in Phase 1 of the Global Fund Round 9 grant include:

- Approval of draft Model Anti-Discrimination Legislation by the CARICOM Chief Parliamentary Council (CPC) and the CARICOM Legal Affairs Committee (CPC)
- Increased access to prevention information and services and treatment and care services for MARPs
- 12% increase in the number of eligible people receiving ARVs in the OECS
- Increased access for OECS countries to specialized HIV testing services
- Use of the OECS Pharmaceutical Procurement Service (PPS) for pooled procurement of ARV medications
- Collaboration between the Global Fund and the Health Resources and Services Administration (a PEPFAR agency) in training of health care workers via the CHART network with joint reporting of training numbers
- Establishment of regional networks for HIV related laboratory services
- Participatory research supported by COIN, to identify and gather data on MARPs sub-populations.
- Individual and institutional capacity has been built at the community, national and regional levels.

The Global Fund Office of the Inspector General (OIG) identified the following as best practices of the Rd 9 grant program:

- The capacity-building initiatives of UWI, including the innovative structured in-service learning program (CHILI) and the academic degree program in public health.
- The work of COIN/CVC to identify and characterize sub-groups of KPs, and to develop tailored and innovative programs to reduce their vulnerability.
- The work of COIN/CVC to create awareness and tolerance of sexual diversity.
- COIN/CVC's work to strengthen the capacity of community-based organizations to monitor their activities.

Key findings from the baseline evaluation of the PANCAP and CVC Round 9 grants

A Legal Environment Assessment (LEA) is available for Jamaica and is in process in Belize. A review of the Jamaican LEA and international guidance provides guidance with regard to the scope of LEAs but the framing of each LEA should take into consideration the country context and consultation with national stakeholders, including key populations, in order to ensure that it is useful for identifying priority issues and measuring change. The Jamaica LEA does not coverage issues pertaining to specific KP sub-populations.

Legal literacy is scarcely developed among the KPs in the region who, in general, also lack access to effective legal aid. COIN's Human Rights Observatory for Vulnerabilised Groups in the DR has shown the feasibility and benefits of access to legal aid by KPs. The University Rights Advocacy Project (U-RAP) promotes human rights in the region by collaborating with pro bono lawyers and CSOs on strategic litigation. It has supported the challenge to the buggery law in Belize (Orozco v. AG) and initiated the English-speaking Caribbean's first case to affirm the human rights of transgender people in Guyana.

There exists no effective, systematic framework to document stigma, discrimination, and human rights abuse related to HIV and the key populations, and to transform that information into pattern analysis and effective countermeasures. Capacity has not been established among KP communities at either the national or regional levels to systematically document cases of stigma, discrimination and rights abuse, nor to share and to use that data and the information from legal environmental assessments to pursue legal change, policy improvement, and advocacy goals. Several national LGBTI CSOs document human rights abuses but there is typically no possibility to attain redress for these. Institutionalized support mechanisms for documentation and use of data on stigma, discrimination and rights abuse are lacking, such as an easily usable database, clearinghouse and reference functions, pro bono legal and paralegal services, and connections to advocacy and media resources. COIN's human rights Observatory in the DR has had limited coverage to date.

A key barrier to reporting is discrimination by the police in responding to reports of violence and the perception that the police will not facilitate access to justice or may perpetuate further victimization. CVC is spearheading development of a human rights observatory that will invite participation from across the Caribbean through an online platform with software that can be used to document individual cases and then aggregate, analyze, and generate reports.

People who experience discrimination on the grounds of HIV status, gender, disability and sexual orientation are largely without redress. Multiple reports have documented how states have failed

to protect key populations, particularly LGBT people, from violence and human rights violations, undermining their own HIV prevention efforts. Weak justice systems, with backlogs of cases, poor witness protection, and a limited culture of rights litigation results in impunity. Sub-populations face specific concerns. Transgender women sex workers face arbitrary detention, and inhuman and degrading treatment and punishment at the hands of police, including sexual extortion.

Key populations continue to face oppressive legal, policy and regulatory regimes. This includes laws that criminalize consensual sex between adults of the same sex; laws that ban the entry of homosexuals to the country and criminalize HIV transmission; laws that restrict entry to PLHIV; criminalization of sex work in all English-speaking countries; legislation that creates disparities between the age of consent and the age at which health care can be accessed without parental consent; the absence of a legal framework for protection of PLH and their families; exclusion of LGBT people from family law protections; Laws to protect LGBT youth from violence and discrimination are also lacking in the region. The right to privacy is protected by Caribbean constitutions but may not be enforceable. In most countries, there is no comprehensive anti-discrimination legislation and no Caribbean constitution explicitly provides protection against sexual orientation discrimination.

The arbitrary application of laws and policies allows authorities to repress gays, sex workers, participants in transactional sex, transgender people, cross dressers, street youth, drug users and others using arbitrary interpretations of laws.

While many CARICOM countries are signatories to various ILO conventions, there are different policy approaches to the treatment of migrant workers (legal and illegal) across the region that lead to different outcomes in respect of vulnerabilities of migrant workers.

A survey of 29 national KP organizations shows that 79% have an advocacy plan; 65% are engaged in litigation, 19% in lobbying and 62% in capacity building for advocacy; 79% are active in regional advocacy efforts and 21(72%) in global advocacy efforts.

There are no regional-level advocacy plans. PANCAP has established a Policy and Strategy Working Group on Stigma and Discrimination as an external specialized advisory technical group for PANCAP and national HIV programs.

The priorities of key populations and sub-populations differ across countries but include anti-discrimination that explicitly protects from discrimination on the grounds of sexual orientation and/or gender identity, especially in the areas of employment, education, healthcare and when accessing goods and services; and policies to address bullying and workplace discrimination.

Provisions to protect human rights defenders from legal or physical harm in reaction to their activism are generally lacking, and needs are undefined. Protection mechanisms for rights defenders are largely informal and depend on networks of activists and ease of movement between CARICOM countries. International organizations have offered security training for LGBTI rights defenders.

Human rights defenders may be systematically subjected to unfounded criminal proceedings, and that defenders working advance sexual and reproductive rights and LGBTI rights have been more frequently targeted. HR defenders also face threats from non-State actors within the context of societies where rule of law is weak. A broader perspective of what constitutes a risk is

needed to consider, for example, feasible exit strategies exist for activists, including for safety reasons, and how to address economic protections, mental health, etc.

States have made international and regional commitments to protect and promote human rights of key populations, although attention has focused largely on MSM and youth. There has also been progressive rhetoric as well as national-level actions which can be taken as further evidence of this commitment. However, evidence of meaningful action to protect and promote human rights continued to be lacking. International and regional commitments include a 2013 PAHO resolution, various IOM and other international conventions on protecting and promoting the rights of migrants. Participation in regional events hosted by PANCAP and Parliamentarians for Global Action (PGA), as well as sign-off on resolutions emanating from these events can signal high level political commitment and interest in protecting and promoting human rights. National level actions have included establishment of special select committees and formal responses to mechanisms such as the IACHR. Other the other hand, CARICOM countries have a mixed track record with regards to votes at the UN and in the use of referenda to decide human rights-related issues. Progressive rhetoric by high-level leaders can also be seen as an indication of political support for human rights.

The level of understanding of political, faith-based and professional leaders is generally low. There is increasing understanding of the challenges facing MSM, and much less information available about the challenges facing transgender people, sex workers, migrants, people using drugs and young people within these key populations.

A poll of 10 regional HIV leaders reveals that Heads of States and faith leaders are perceived to have the lowest levels of understanding while regional HIV and civil society leaders are perceived to have the best understanding of the link between HIV and human rights of KPs.

At the national level, opportunities for KP activists to engage with high level leaders are rare and typically occur through national CCMs, HIV coordinating bodies and the PANCAP Regional Coordinating Mechanism/Executive Board. The GIZ Migrant Project worked to improve inclusion of migrants on regional and national HIV Bodies in order to advocate for equal access to health care. Some progress has been made on supporting the inclusion and participation of KP groups in oversight and decision-making for the regional response with the PANCAP RCM now including seats for MSM, transgender, SW, vulnerable youth, migrants, and people living with HIV. PANCAP has had limited success in engaging with marginalized young people.

There is little political will for law and policy reform among heads of government. This is evident in the deferral of the actionable, time-bound commitments contained in the regional Justice For All declaration and the failure of any country to adopt the PANCAP model legislation. Even where progressive laws have been drafted, such as in the Dominican Republic and Haiti, the process for enacting them has stalled. Caribbean governments have sought to block region-wide efforts to protect sexual minorities. Government calls for referenda on issues related to LGBTI-rights, including decriminalization, can also be seen as evidence of a lack of political commitment to protecting and promoting KP rights.

National programs continue to experience significant challenges in reaching key populations and meeting their needs. The majority of countries do not have KP-specific data to determine the current status of linkage and retention in care, and many are not implementing KP-specific

programming. Gaps in the response for KPs include: low coverage with prevention interventions, testing and treatment, and low retention and viral suppression rates.

Many countries lack capacity for comprehensive HIV prevention programming and effective linkage to care and lack the capacity to develop and implement KP-specific programming along the prevention, diagnosis, treatment and care continuum.

Migrant-specific interventions have been developed for Antigua and Barbuda, Barbados, Belize, the Dominican Republic, Trinidad and Tobago and Suriname. Key population specific interventions targeting MSM, sex workers and transgenders have been implemented in Belize, Guyana, Haiti, Jamaica and Suriname.

KP-specific data for the continuum of care are not available for the region and there is inadequate documentation of key population coverage, particularly in smaller countries where information systems are not appropriately developed. Incomplete reporting of risk factor data, mortality data and inconsistent compliance with national reporting standards negatively impact the quality and timeliness of surveillance data in some countries. There are major challenges throughout the region in the analysis, uptake and use of data in decision-making and programming.

KP-specific data for the continuum of care are not available for the region and there is inadequate documentation of key population coverage, particularly in smaller countries where information systems are not appropriately developed. Incomplete reporting of risk factor data, mortality data and inconsistent compliance with national reporting standards negatively impact the quality and timeliness of surveillance data in some countries. There are major challenges throughout the region in the analysis, uptake and use of data in decision-making and programming. There are substantial gaps in evidence to support an understanding of the epidemic in KPs and KP-specific programming in the Caribbean. Data and research are particularly scarce for lesbian, transgender and intersex communities and LGBT youth. Because most countries continue to regard transgender women as biological males who have sex with other males, there is very little disaggregated data available, although some national programs have started to provide transgender specific data, largely for trans women. While efforts to improve the availability of data in target countries, capacity to use of data for evidence-informed programming is weak.

No country has been able to map complete treatment cascades for specific key population groups. Countries are working towards generating national (not disaggregated) treatment cascades, with the following countries reporting that they have mapped a national treatment cascade: Barbados, Guyana, Jamaica, Suriname, Dominican Republic and Haiti. Other countries, including Belize and the OECS countries, are working to build capacity to collect, clean, analyze data to generate treatment cascades. There are site-specific or partial KP treatment cascades available in some countries, including Dominican Republic, Guyana and Suriname. JASL in Jamaica also generates cascade data but it is not KP-specific, although the majority of their clients are KPs.

Several NSPs cite limitations in their health systems that restrict the provision of effective services to KPs. Efforts to improve KP access to services continue to be hamstrung by data limitations and lack of attention to monitoring progress. While poor adherence to appointment schedules and to treatment, especially by KPs, are major barriers to improving treatment outcomes, other obstacles include lack of adherence to protocols, poor geo-targeting of services, non-employment of new technologies, staff shortage, and inadequate linkages with CSOs and the private sector. Stigma and discrimination by health care workers and breaches of confidentiality continue to be common barriers to services for key populations.

Common challenges to coverage of KP sub-population specific gaps in the treatment cascade include: the weakness of national strategic planning to address KP issues; poor quality data to assess interventions, especially for KPs; limited use of data to inform decision-making; limited implementation of high-impact evidence-driven interventions for KPs; limited utilization of civil society and the private sector; high levels of stigma and discrimination limiting access to services; and weak legislative protections and redress systems for breaches of patient rights. Further, survey among NAP managers revealed the following capacity gaps that inhibit coverage of KP-specific issues along the cascade: limited understanding of KPs (size estimates, venue mapping and social networks); lack of specific KP behavior data; lack of understanding of special needs for KPS to promote linkage and retention in care.

CSOs are a key element of the HIV response for key populations. Several groups are active in most countries, including human rights and LGBTI rights organisations (advocacy, legal support, activism, police harassment, support groups, HIV prevention) and HIV groups. Community involvement in the regional and national responses to HIV is primarily focused on prevention, testing and counselling, adherence counselling, peer support, and advocacy, as well as addressing stigma and discrimination and the need to improve access to health services. CSO capacity and collaboration with national programmes is uneven across countries.

National-level capacity has been improved in the areas of monitoring and evaluation (M&E) capacity, development and implementation of M&E plans, analyze data and produce data-driven reports, including national program evaluations; sensitization of key senior officials in ministries of health. Key outcomes have been growth in the number of M&E-related positions within ministries of health and national AIDS programs; increased demand for M&E training and for technical assistance to prepare key M&E documents. 75% of countries have a current M&E Plan for HIV and are collecting GAM data to meet their international reporting obligations. Countries have increased capacity to produce data-driven reports, undertake evaluations and use evaluation findings.

Ongoing challenges include limited capacity of in-country staff, infrastructure and systems to absorb technical assistance or training. In some countries, limited infrastructure and systems, including paper-based systems, make data compilation and analysis difficult. Many countries do not currently report data disaggregated by key populations. There is no mechanism for reporting on S&D indicators across the region.

At the regional level, the CSWC has in place a viable organizational structure but connections to the national level are only formalized in three countries. CariFLAGS does not currently have an institutional structure, networking and collaboration are strong as are linkages to the national level. CRN+ has a formal structure in place at the regional level but this is not currently functioning well. National groups exist with varying capacity. At the national level, LGBTI community systems are better organized and funded and in general, more effective at advocacy and collaboration with national programs, than are community systems for sex workers, migrants, marginalized youth and people using drugs. Regional and national community systems for migrants and people using drugs are weak to non-existent in the majority of countries. Marginalized youth are mobilized and organized within youth arms of national LGBTI and SW organizations.

There is evidence of increasing levels of social mobilization and community linkage and cross-movement collaboration. This is strongest among LGBTI organizations, youth and is less evident among sex workers. Social mobilization is weakest among migrants and people using drugs.

Community linkage continues to be challenge for regional networks because of the resources required to interface with national and community groups in order to maintain effective communication, coordination and collaboration. This is particularly difficult where there are few or no formal national organizations, as is the case for all KP populations except MSM.

CVC supports the development of national CSOs to undertake advocacy, service provision, public education campaigns and initiatives towards legal reform. CVC's oversight mechanisms include Board of Directors and Annual General Meeting. The Community Mini Grants Management Manual provides guidance for CSOs in reporting and data collection, including through a web-based system.

The PANCAP RCM/Executive Board provides oversight of KP initiatives that are funded with resources received to support the regional response through PANCAP. The PANCAP Coordinating Unit is responsible for reporting on implementation progress to the RCM/Executive Board which is comprised of representatives of national governments, civil society, regional KP representatives, technical agencies and development partners. CariFLAGS currently has no board, secretariat or other organizational structure for oversight or coordination, but is represented on the PANCAP RCM/Executive Board which could provide oversight for the network.

CSWC has a board but no secretariat function to support effective oversight, and enable communication and coordination. Its leadership has depended on a limited number of activists and has been unchanged for several years. The CRN+ Board is functioning in a limited way with an interim board and no secretariat support following the closure of the Global Fund Round 9 grant. Regional organizations face the following challenges to oversight:

- Resources and capacity to conduct oversight in multiple countries and to convene regional meetings.
- Meeting the needs of many national groups with diverse capacity and implementing a range of activities.
- Challenges in communicating across multiple countries.
- Coordination is constrained by the capacity of national level groups and networks.
- Board members of regional networks are unpaid volunteers and face time and resource constraints.

Small number of activists working at the regional level leads both to fatigue, time constraints and limits effectiveness and representativeness

Advocacy efforts have, to date, been limited in their reach, effectiveness and strategic focus. Key population voices are largely absent at the highest levels of regional advocacy efforts, both as a result of lack of access and because of the need to develop advocacy skills and capacity among regional and national KP leaders. Countries have not been held accountable for implementing HR commitments, in large part because there is no routine monitoring or reporting on relevant aspects of the social and legal environment and on the programmatic response to human rights in the context of HIV.

Country-level CSO action plans to work toward law and policy reform and to improve access to justice and proper law enforcement have not been developed. National programs, for the most part, have not integrated KPs in program design, planning, and in all areas of implementation. Effectiveness can be unclear because of inadequate evaluation of the impact of advocacy and social accountability mechanisms and efforts CVC's best practices series and attempts to

document outcomes of small grants is helpful in this regard. A number of efforts have been implemented to strength capacity for advocacy and social accountability.

Across the region, there is a great need to build capacity to reduce and respond to GBV through advocacy and other structural interventions. Initiatives to prevent or respond to GBV are overwhelmingly focused on violence against women and girls while there is also increasing evidence of violence against LGBTI communities. Current regional and national levels are largely focused on awareness raising but there is regional attention being played to improving capacity of the judiciary to respond to GBV and gender discrimination. Community-led initiatives are limited.

Annex 3. International partners support

The European Union has supported in-country HIV prevention and regional efforts. *Strengthening the Institutional Response to HIV/AIDS in the Caribbean (2002-2007)* built regional capacity to plan and implement effective HIV responses in 15 countries. PANCAP HIV programs that were also funded included strengthening of regional medical and public health labs. This was carried forward under the Global Fund Rd 9 grant. A smaller EC Overseas Countries and Territories HIV grant for 2008-2011 supported PAHO which complemented the Rd 9 grant in areas such as PMTCT, VCT, and STI treatment.

PAHO: PAHO's HIV Caribbean Office (PHCO) in Trinidad and has developed the *PAHO Caribbean HIV/STI Plan for the Health Sector, 2008-2012*. The PAHO/UNICEF Elimination Initiative targets eradication of mother to child transmission of HIV and other STIs, 2009-2014. The PHCO is represented on the PACC and RCM.

UNAIDS: UNAIDS has supported PANCAP through the Caribbean Regional Team based on Trinidad which worked with the PCU, NAPs, policy and law makers, PLH and civil society groups. It supported the CVC to improve access by KPs to HIV services.

USAID: Programs, at about \$5.7 million per year, focusing on institutional and human capacity development, were implemented under PEPFAR funding. USAID works with regional partners to support national and regional efforts, primarily expanded HIV prevention, treatment, and care; monitoring of the epidemic; and reduction of HIV transmission in high-risk and vulnerable populations.

DFID: The British international development department has supported HIV projects at PANCAP and other regional and national programs, but none overlap with this proposal.

KfW: German foreign aid supports condom social marketing in the region with a €15.6 M grant to PANCAP, 2005-2013 to cover condom promotion and distribution previously done by PSI under the R3 GF grant. HIV Resource Allocation Database under the Regional HIV Prevention Project, Phase 11 funded by German Development Bank (KfW). The project will develop and maintain a searchable and interactive electronic database as strategic and operational planning tool that would provide up-to-date information on financial and technical resources allocated to the HIV response in the Caribbean. The database has been piloted with data collected from 9 countries, 8 PANCAP regional support agencies and 4 donors on resources allocated for 2011 and 2012. Once fully functional, the data generated will complement the NASA coordinated by UNAIDS and may be transformed

UNDP: The Trinidad & Tobago, Guyana, Barbados, and Jamaica offices support Caribbean NAPs with technical assistance and small grants; these may include support for PLH and MARP NGOs and CBOs trained under this grant.

US Centers for Disease Control: CDC's programs in the region support the CRSF and are part of the PEPFAR program. They focus on strengthening capacity to gather and use surveillance, epidemiologic, M&E, and other strategic data, as well as on prevention of HIV transmission in MARPs and youth, and on strengthening and modernizing the HIV laboratory diagnostic and

patient monitoring capability at country and regional levels. CDC has supported strengthening of PANCAP's capacity in strategic information and communication, and has provided TA to the OECS.

Clinton Foundation HIV/AIDS Initiative: Coordination continues with CHAI in 1) ARV and lab supply chain management; 2) decentralization and provision of HIV services in rural areas, expanding clinics, strengthening primary care, and focusing on quality of care; 3) policy development for HIV care and treatment, integration/ decentralization, PMTCT, and pediatric programming; and 4) support of pediatric programming to reach more children.

UNFPA: targets vulnerable groups, reproductive and sexual health, and manages a small grants facility for CSOs.

UNICEF: has been a leader in the areas of PMTCT promotion and OVC care and support.

UNESCO: has promoted development and incorporation of life skills-based HIV curricula in schools

ILO's Regional office for the Caribbean has led efforts to fight HIV and related S&D in the workplace.

IOM has supported studies and policy development on the relation of HIV to migration.

Global Fund: The Global Fund has provided support to the Caribbean region through individual country grants and through Round 3 grants to PANCAP and the OECS. The Round 9 grant supports the Pan Caribbean Partnership against HIV/AIDS (PANCAP) in strengthening the capacity of Caribbean countries to fight HIV. The grant programme was developed within the framework of the CRSF which articulates the regional response to HIV, defining epidemiological targets, strategic priorities, regional public goods and country-based measures of progress. Phase 2 provided XXX for a stronger focus on MARPs and High Impact Interventions, and better reflect the value added by this multi-country grant. One of the phase 1 objectives, viz. "Lower PLH morbidity and mortality (in the small islands of the OECS)", has been removed. A new objective in relation to building capacity and promoting sustainability corresponds with Priority Area 5 of the CRSF. The Health Systems Strengthening objective has been expanded to include the improved management of medicines in the OECS. The five objectives in phase 2 are:

1. An enabling environment that fosters universal access to HIV services.
2. Reduced HIV transmission in vulnerable populations.
3. Health systems strengthening: Improved human and laboratory resources; Improved management of medicines in the Organization of Eastern Caribbean States (OECS).
4. Better information on the epidemic and the response.
5. Build capacity and promote sustainability.