

Sustaining PANCAP as a Best Practice: Involving Faith Leaders in this Venture

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Presentation Outline

- **Genesis of PANCAP**
- **Evolution and Institutionalization of PANCAP as a Best Practice**
- **Role of Faith Based Organisations**

Genesis of PANCAP

The formation of the Pan Caribbean Partnership against HIV and AIDS (PANCAP) followed a series of consultations resulting from the first International Conference on HIV in the Caribbean convened in Barbados in September 2000 by then Prime Minister Owen Arthur.

It followed the July 2000 International AIDS Conference in Durban, South Africa in which the prognosis of AIDS as a death sentence was startling.

Two landmark presentations at the Barbados Conference illustrated the negative economic effects of failure to take action against the spread of the HIV virus.

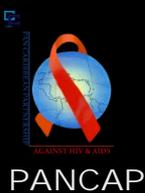
What emerged was a consensus on the imperative for a regional approach to combatting the AIDS epidemic, given the enormity of the challenges for any one small country of the Caribbean.

Genesis of PANCAP

A working group to accelerate the region's response to HIV and AIDS was endorsed by the 4th Council of Human and Social Development (COHSOD) held in Guyana.

The group held its first meeting coordinated by the Directorate of the Human and Social Development, CARICOM Secretariat with the support of UNAIDS and DIFID in Saint Lucia, November 2000.

This meeting established the broad framework of a sustainable partnership. It included one Coordinating Unit, one strategic plan and one effective mechanism for cohesion among the various national, regional and international partners and for financing the mechanism.



Genesis of PANCAP

The PANCAP Partnership Agreement which was signed on 14 February 2001 in Barbados was the result of an iterative process that established the Pan Caribbean Partnership against HIV and AIDS .

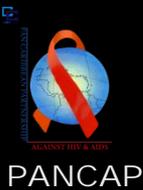
Evolution and Institutionalization of PANCAP as a Best Practice

- CARICOM Heads of Government endorsed PANCAP as a pivotal entity in the region's fight against HIV, which was significant to its legitimacy regionally and internationally.
- Placement of PANCAP Coordinating Unit within the CARICOM Secretariat ensured its organizational stability and guaranteed fiduciary accountability.
- The region's commitment to the AIDS response is best illustrated by the enunciation of the Nassau Declaration in July 2001 that: *the health of the region is the wealth of the region* based on two operational pillars, The Caribbean Cooperation in Health and PANCAP.
- Noteworthy is that 10 CARICOM Heads of Government and 14 Ministers of Health attended the UN General Assembly Special Session on HIV (June 2001) at which the then Secretary General Kofi Annan launched the financing initiative that is now the Global Fund to Fight AIDS, TB and Malaria (GFATM)

Evolution and Institutionalization of PANCAP as a Best Practice

- Conference of CARICOM Heads of Government held in Suriname mandated that semi-annual reports be provided by PANCAP on the progress to alleviate HIV and AIDS.
- Subsequently the militant stance of COHSOD Ministers of Health supported by a technical team from CARICOM, UNAIDS and PAHO resulted in the first ever regional negotiations with six pharmaceutical companies, leading to the signing of an Agreement at the International AIDS Conference in Barcelona (July 2002) giving effect to substantial reductions in the prices of ARVs from US\$12,500 to US\$1,200 per person per annum.
- By 3rd Annual General Meeting in November 2003, PANCAP membership grew from 6 original signatories in 2001 to over 50 partners. Among them was the Clinton Foundation which was instrumental in the implementation of access to generic drugs to PANCAP members, with substantial benefits to PLHIV.

Evolution and Institutionalization of PANCAP as a Best Practice



- Over the years PANCAP has played a critical role in supporting countries control of the HIV epidemic in the Caribbean. It has facilitated a coordinated regional response to HIV, provided important regional public goods to countries, build capacity and certified health professionals, mobilized significant resources for HIV, and involved representatives of civil society and the marginalized who would not normally have a voice.
- The UWI-HIV and AIDS Response Programme (UWI-HARP) and the CVC-C among others were spawned from the EU-funded Institutional Strengthening Project and therefore became entrenched into the PANCAP system. Subsequently in the post 2010 period, they developed into independent collaborating entities of the Partnership.
- By the time of the International AIDS Conference, Bangkok, Thailand in July 2004, PANCAP was universally acclaimed as an exceptional regional response to the epidemic and a model for other regions. Based on an assessment of its organizational development and governance arrangements, PANCAP was declared by UNAIDS as an International Best Practice.



Working to perfect the Partnership

Perfecting the Partnership was adequately captured in the theme of the 13th Annual General Meeting of PANCAP held in Guadeloupe, November 2014: **Positioning the Partnership for the post 2015 era: Overcoming the challenges related to prevention, treatment, stigma and discrimination and financing.**

These themes are reflected in the Caribbean Regional Strategic Framework on HIV and AIDS 2014-2018. In this regard, a watershed in this process commenced with an attempt to define how best PANCAP could implement the **2011 Political Declaration: Intensifying our efforts to eliminate HIV and AIDS.**

It revolved around five major elements: enhancing family life and focusing on those in need; increasing access to treatment and affordable medicines; reducing gender inequality including violence against women and girls; promoting sexual and reproductive health and rights; and achieving legislative reforms for modifying and repealing discriminatory laws.

Working to perfect the Partnership

The 15 actionable recommendations contained under these elements will be the subject of discussion in the working groups of the Conference.

The aims are to establish which of these recommendations are acceptable to faith leaders and which can be implemented immediately, in the medium and long term respectively.

Similar engagements with parliamentarians and civil society are intended to assist PANCAP in charting the way toward ending the AIDS epidemic in the Caribbean by 2030 in keeping with the goals of the 2016 UN High Level Meeting Political Declaration.

The Role of FBO in the next steps

PANCAP has been involved in consultations with Faith Leaders starting with **The Champions for Change Initiative** in 2004 which sought to incorporate “champions” willing to promote the reduction of stigma and discrimination. While a DIFID-funded Stigma Unit was coordinated by an NGO, the outcomes fell far short of expectations.

A more specifically designed programme to reduce stigma and discrimination, one of five elements in PANCAP Justice for All programme was launched in 2014. Based on consultations involving representatives of FBOs in Belize, Grenada, Guyana, Haiti, Jamaica, St Kitts/Nevis, Saint Lucia, Suriname and Trinidad and Tobago November 2013-November 2015 a series of prospects and challenges have emerged.

The Role of FBO in the next steps

Faith Based organizations are implementing varying levels of activities in the areas of care for the persons living with and affected by HIV.

They contribute to the 90-90-90 treatment targets aimed at ending AIDS by 2030 by getting 90 percent of PLHIV **Tested** and therefore knowing status, 90% of those having access to Treatment in the form of affordable medicines and 90% of those on **Treatment** to achieve suppressed viral loads that significantly reduce transmission of HIV.

There is overall agreement about the need for prevention strategies but some divergence in views on the issue of sexual and reproductive health and rights and age appropriate sexual education.

At the same time violence against women, girls and adolescents in the Caribbean are among the highest globally and so are teenage pregnancies which require a multisectoral response.



The Role of FBO in the next steps

In some countries like Belize, Barbados, Guyana, Saint Lucia, Suriname and Trinidad and Tobago there is a willingness to engage in discussions on reducing AIDS-related stigma and discrimination, including at the workplace and AIDS as a pre-existing condition for purposes of insurance.

In some instances the issue of stigma and discrimination in access to public health services is often conflated with a “gay” agenda. Given the high prevalence of disease among key populations, including recently detected spike among girls, FBOs are ideally placed to consider, advocate for and implement policies and programmes to reverse this trend.

Most FBOs identify financing as a major impediment to the implementation of viable programmes.

The Role of FBO in the next steps

These challenges are partly the reason for caution in declaring victory. They are part of the next steps for which solutions must be found if the Caribbean is to end the AIDS epidemic by 2030.

Incorporating Faith Leaders in the programme to achieve the end of AIDS in the Caribbean is essential.



PANCAP

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