Improving access of migrant populations to HIV Services in the Caribbean

09/2010 – 02/2013

A PANCAP project assisted by the German Government via the German Agency for Technical Cooperation (GTZ), implemented in co-operation with EPOS Health Management
HIV Prevalence Rates in the Caribbean: which figures tell the true story?

Average Adult HIV prevalence rate in the Caribbean

HIV prevalence rates among population at large vs. most-at-risk populations

Groups of Most-At-Risk-Populations (MARPs)

- Regional average HIV prevalence rate stagnating at 1.1%
- In-Country fluctuation between 0.1% (Cuba) and 3% (Bahamas)

- MARP Prevalence Rate averages b/w 5 and 33%
- MARPs are driving the epidemic

- Migrant and Mobile Populations (est. 3% of region’s population or 1.26 million persons)
- People Living with HIV (PLHIV), STI clinic attendees
- MSM, Commercial Sex Workers, Drug users,
- Prisoners
- Orphans and other vulnerable children

Lesson Learned from CRSF 2002 – 2006:

Targeted prevention programmes for MARP are crucial

Targeted prevention interventions for the most-at-risk and vulnerable populations such as sex workers, MSM, persons with multiple sex partners, migrant populations, and prisoners need to be scaled up in all countries.“ (CRSF 2008-2012, p. 22)

Strategic objectives defined in the CRSF 2008 - 2012

- **Objective**: To achieve universal access to targeted prevention interventions among most-at-risk populations (such as MSM, SW, drug users, prisoners, and migrant populations).“ (p. 38)
- **Expected action**: „Support countries in the development and implementation] of innovative approaches to secure access to HIV services by mobile/migrant populations.“ (p. 69)
**Brief History of Project**

- **Last Quarter, 2009**
  - Funding Proposed to PANCAP by GTZ for project to support CRSF

- **January, 2010**
  - Meeting with PCU staff and Consultant from GTZ to develop proposed project concept and next steps

- **March, 2010**
  - Workshop in Barbados to facilitate development of project concept with regional stakeholders and some invited countries
Brief History of Project

March - August, 2010
- Consolidation of workshop input and finalization of project concept
- Engagement of EPOS Health Management to implement project in collaboration with PANCAP

September, 2010
- Commencement of Inception Phase Project

October, 2010
- Country Visits to potential Pilot countries to present project
- Commencement of Inception Phase consultancies
Objectives of Country Visits

- To promote ownership of project as PANCAP project to countries
- To advocate for cooperation during implementation of project at country level
- To introduce and provide information on project to proposed pilot countries
- To provide forum for clarification of issues/queries on project on an individual basis so as to inform country decision to participate in the project
- To guide choice of countries for inception workshop
- To inform PCU and EPOS on final pilot country selection process
Introducing Innovative Financing Instruments

Strengthening Advocacy Networks

Building Regional & National Policy Frameworks

Enhancing Access and Quality of HIV Services

Introducing Innovative Financing Instruments

Reaching the target: Improving Access of Migrant Populations to HIV Services
### Key Deliverables

- **Analytical report on existing policy and legal frameworks**
  influencing the access of migrant populations to HIV services in the Caribbean.

- **Development of regional model policy guidelines**
  on the access of HIV-services by migrant populations.

- **Piloting of regional model guidelines in selected countries**
  to enhance the accessibility and quality of HIV services for mobile populations.
Introducing Innovative Financing Instruments

Development and piloting of effective financing mechanisms / models to secure the access of mobile populations to HIV services

Key Deliverables

1. **Costing of basic HIV service packages for mobile populations.**

2. **Identification of successful social security mechanisms**
   for strengthening access of mobile populations to HIV services.

3. **Cost-Benefit studies on (sub-) regional health insurance mechanisms.**

4. **Action research on the introduction of health insurance mechanisms**
   nationally / regionally.

5. **Piloting of innovative financing instruments in selected pilot countries.**
Strengthening Advocacy Networks

Identify organizations representing the interests of mobile populations and strengthen the participation of migrant populations in decision making processes

Key Deliverables

1. **Capacity building of organisations currently working with and for migrants, or able to provide HIV support services to migrant populations.**

2. **Development of a training manual on the rights of mobile populations with regards to accessing HIV services.**

3. **Compilation of IEC materials on HIV services accessible by migrants.**

4. **Publication of specific legal and health related material concerning the access of HIV services by migrant populations.**
### Key Deliverables

1. **Definition of a basic package of HIV prevention, treatment, and care services for migrant populations.**

2. **Mapping of migrants with relation to access to selected HIV services.**

3. **Compilation of evaluation report on a sub-regional referral system test.**

4. **Publications of Best Practices on HIV services for migrants.**

5. **Training needs assessment for HIV-service providers.**

6. **Training of trainers and support of training institutes offering targeted training to service providers.**
The project will be piloted in 3-5 countries which will be selected using the following proposed criteria:

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<th>Preliminary Selection Criteria</th>
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<td>• Magnitude of the migration problem in the respective country</td>
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<td>• Countries where there is the greatest challenge to access services by migrant populations.</td>
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<td>• Is improving access for migrants to HIV services a country priority?</td>
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<td>• Interest and willingness of the country to participate (allocation of project responsibility to a specific body, political willingness to create or promote the involvement of stakeholders)</td>
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<td>• Commitment to avail/availability of resources to participate (human resources, time, etc.)</td>
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<td>• Findings from consultancies supporting Components 1, 3 and 4</td>
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