

**Caribbean Regional HIV Resource Allocation Mapping Exercise
HIV/AIDS Prevention and Reproductive Health Promotion Programme
Phase 11: BMZID 2006 66 404**

Final Report

Submitted: 27 July 2012

Executive Summary

1. The overarching objective of Regional HIV Resource Allocation Mapping Exercise (RHRAME) was to create a searchable electronic database that would provide up-to-date information on resources allocated to the HIV response in the Caribbean as a strategy for enhancing strategic and operational planning, identifying resource gaps and promoting more effective donor coordination.
2. Further, the creation and maintenance of such repository is expected to increase harmonization of regional and national HIV resource allocation efforts, establish baselines for conducting further gap analyses and contribute to the availability of strategic information that may be used by the broad membership of PANCAP for planning and programming.
3. For operational reasons, RHRAME was executed in two phases. A pilot phase allowed for the collection of data for 2011 and 2012 from nine (9) randomly selected PANCAP countries and from all regional support agencies¹ and donors. The second phase will involve the expansion of the initiative to all 24 PANCAP countries, regional support agencies and donors from 2013 and beyond drawing on the lessons learned from the pilot phase. This report relates to the outcome of the first phase.
4. The strategic approach to the execution of the pilot phase involved the following key steps:
 - Comprehensive literature review
 - Active and consistent engagement of key stakeholders
 - Design and testing of data collection instrument
 - Design of electronic database platform
 - Collection, validation and entry of data into electronic platform
 - Documentation of processes, findings and lessons learned
 - Transfer of knowledge and experiences to the PCU
5. The establishment of a management committee was used as a key strategy in harnessing the collective experiences of regional support agencies in providing oversight during implementation. Agencies involved were CARICOM/PANCAP, CARISMA/Options, PHCO and UNAIDS. In retrospect, CHRC should also have been included at this level given their comparative advantage in the areas of monitoring, evaluation and research.
6. The PCU played a pivotal role in the engagement of stakeholders that contributed in no small measure to the achievement of planned outcomes. Even so, the experience indicated that

¹ Regional support agencies refer to institutions based in the Caribbean that provide technical support for HIV programming

regular follow-up action among several stakeholders was required in order in order to achieve desired results.

7. The data collection process benefited from the active engagement of national and regional focal points supported by the use of a standardized data collection instrument. Although there was universal understanding of the priority areas listed in the data collection instrument, significant differences surfaced in the interpretation of several of the sub-categories. These differences were resolved through on-going interaction between focal points and the Consulting Team.
8. The completion of the data collection instrument was not a spontaneous exercise for many respondents and deadlines had to be revised on three separate occasions to facilitate receipt of all submissions. It is a deficit that will require careful attention in the future.
9. The electronic database has been designed as an integral component of the PANCAP website and consistent with approved specifications. It has been loaded on to the PANCAP website platform and is ready for use.
10. A minimum set of actions will be required to ensure the long-term viability of HIV resource allocation mapping in the Caribbean. These minimum requirements include:
 - I. The PCU will be required to continue to play a proactive and catalytic role in promoting the central relevance of the database in providing information that would assist in rationalizing resource allocation and streamlining the regional HIV response. It should designate a focal point from within its ranks with specific responsibility to spearhead the initiative.
 - II. The involvement of national and regional focal points must be nurtured and expanded to ensure the timely collection of qualitative data. However, validation, analysis and data entry should be managed centrally by the PCU
 - III. The PCU should establish an ad hoc advisory group with relevant experience and expertise drawn from NAPC, UNAIDS, PHCO and CHRC to advise and support the continued improvement of the data collection process in the face of new and emerging realities.
 - IV. The standardized and tested questionnaire should be maintained as the basic data collection instrument and upgraded annually, as necessary, to maintain relevance and rigor. This activity may be undertaken under the auspices of the proposed ad hoc advisory group.

- V. The PCU must retain responsibility for the core functions related to the effective management, operation and maintenance of the electronic database. In that regard, the following should obtain:
- The database must be housed within the framework of the PANCAP website with the responsibility for operational oversight and technical upgrade vested in the Information Manager/Webmaster. There are no cost implications.
 - An appropriate technical officer on the establishment of the PCU must be assigned responsibility for interfacing with national and regional stakeholders and focal points, receiving completed questionnaires and supervising the validation process. Most of this interaction will be undertaken virtually at only very minimal cost, if any.
 - Data entry may be undertaken by an existing clerical staff member in conjunction with substantive duties, with no cost implication. If existing work conditions render this recommendation infeasible, short-term employment might be contemplated for period not exceeding four weeks.
- VI. The database must be updated by the end of the fourth month of each year.
- VII. The PCU should develop a comprehensive dissemination strategy aimed at promoting the database as a rich repository of strategic information that may be used for planning and programming. The strategy must include the production of analytical reports that may be presented at meetings of the key organs of PANCAP and disseminated widely at national and regional levels.
11. Continuous tracking of resources allocated to HIV programming in the Caribbean is eminently feasible and should be pursued by the PCU as a strategic option in the future. The efficiency of the process would be enhanced greatly if countries, regional support agencies and donors could be persuaded to consistently articulate detailed annual work plans with associated cost estimates.
12. At its “wrap-up” meeting held on 13 July 2012, the Management Committee endorsed the findings and recommendations of the Draft Final Report in their totality and agreed that the next steps in advancing the process will be as follows:
- a) The PCU will convert the recommendations of the Final Report into a “Framework for Action” that will be tabled for ratification at the next meeting of the Executive Board of PANCAP that will be held on 5-6 September 2012.

- b) An “Analytical Report on HIV Resource Allocation in the Caribbean, 2011-2012” based on the results of the RHRAME will be presented at the next meeting of the Executive Board of PANCAP that will be held on 5-6 September 2012.
- c) As a matter of urgency, the PCU will mobilize the financial resources required to achieve the full execution of the Framework for Action.
- d) The PCU will continue to liaise with UNAIDS to gain synergy between NASA and RHRAME.
- e) Country and agency concurrence will be sought for posting the data on PANCAP website ahead of the upcoming meeting of the Executive Board of PANCAP.

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Abbreviations and Acronyms

CARICOM	Caribbean Community
CARISMA	Caribbean Social Marketing Agency
CCNAPC	Caribbean Coalition of National AIDS Programme Coordinators
CHRC	Caribbean Health Research Council
CRSF	Caribbean Regional Strategic Framework on HIV and AIDS
KfW	German Development Bank
NAP	National AIDS Programme
NAPC	National AIDS Programme Coordinator
NASA	National AIDS Spending Assessments
NSP	National HIV and AIDS Strategic Plan
Options	Options Consulting Services Limited
PANCAP	Pan Caribbean Partnership against HIV and AIDS
PCU	PANCAP Coordinating Unit
PHCO	Pan American Health Organization HIV Caribbean Office
RHRAME	Caribbean Regional HIV Resource Allocation Mapping Exercise
UNAIDS	United Nations Joint Programme on AIDS

1. Background

1.1 General

1. One of the essential functions of PANCAP is to act as a “clearinghouse” of information for decision making². Yet, prior to the initiation of the Regional HIV Resource Allocation Mapping Exercise (RHRAME), there was no centralized and searchable database that readily provided adequate and up-to-date information on resource allocation for HIV programming in the Caribbean.
2. RHRAME was conducted under the aegis of CARICOM/PANCAP with CARISMA/Options serving as the executing agency. Funding support was provided by the German Development Bank (KfW) through the Regional HIV and AIDS Prevention and Reproductive Health Promotion Programme – Phase 11 BMZID 2006 66 404.
3. The initiative was implemented by a Consulting Team under contract with CARISMA/Options and conducted during the period March-July 2012.

1.2 Anticipated Outputs

1. The overarching objective of RHRAME was to create a searchable electronic database that would provide up-to-date information on resources allocated to the HIV response in the Caribbean region as a means of enhancing strategic and operational planning, identifying resource gaps and promoting more effective donor coordination.
2. The primary outputs contemplated were as follows:
 - Creation of a searchable and user-friendly electronic database populated with validated information on resource allocation for HIV at national and regional levels.
 - Comprehensive report describing the essential elements of the process, lessons learned and recommendations for sustaining the initiative.
 - PCU staff trained in the management and operation of the electronic database.
3. It was considered that the creation and maintenance of the electronic database would increase harmonization of regional and national HIV resource allocation, establish baselines for conducting further gap analyses and contribute to the availability of strategic information that may be used by the broad membership of PANCAP for planning and programming.

² Caribbean Regional Strategic Framework on HIV and AIDS, 2008-2012, Page 6

2. Methodology

2.1 Guiding Principles

1. The execution of RHRAME was driven by the following underlying principles:
 - Interactive management and coordination through the establishment of a Management Committee comprised of representatives of all key stakeholders including the PCU, CARISMA/Options, PHCO, UNAIDS and NAPs for the purpose of overseeing and advising on all aspects of implementation.
 - Ownership and mutual responsibility through early and continued engagement of stakeholders at national and regional levels.
 - Ensuring integrity of information through consistency in collection, analysis and recording of data.
 - Sustainability through the application of user-friendly and inexpensive tools and technologies.

2.2 Strategic Approach

1. **Phased Implementation.** The design allowed for the execution of RHRAME in two phases. The pilot phase allowed for the collection, analysis and presentation of data for 2011 and 2012 from nine (9) randomly selected PANCAP countries as well as from all regional support agencies³ and donors providing support to the Caribbean region. These activities were executed by the Consulting team. During the next phase, the initiative would be expanded to include all twenty-four (24) PANCAP countries from 2013 and beyond and would be coordinated by the PCU
2. **Briefing Stakeholders.** Sustained efforts were applied in sensitizing key stakeholders to the rationale, objectives and benefits to be derived and to garner their support. These efforts included:
 - Circular letters to countries, regional support agencies and relevant donors.
 - Full sensitization of designated national and regional focal points utilizing a combination of media forms such as telephone and, email.
 - Dissemination of background information through various PANCAP bulletins for general consumption.
 - Formal responses of commitment to the process were provided by fourteen (13) countries and eight (8) regional support agencies.

³ Regional support agencies refer to institutions based in the Caribbean that provide technical support for HIV programming

3. **Operational Planning.** A Detailed Work Plan was completed utilizing a highly iterative process involving the PCU, CARISMA/Options and the Management Committee. It served as a useful guide to project implementation. **(See Attachment 1)**
4. **Literature Review.** A comprehensive review of all relevant documents was undertaken in order to obtain a global understanding of factors relevant to the design, management and implementation of the initiative. A full Literature Review Report is available at **Annex 1**.
5. **Data Collection and Validation.** The following steps were followed in ensuring the collection of complete and accurate data:
 - Development of a user-friendly data collection instrument with data fields mirroring the priority areas and sub-categories outlined in the CRSF. This instrument was reviewed by a range of stakeholders, including NAPs, prior to its final approval by the Management Committee. An accompanying document on “Guidelines and Procedures for Data Collection, Validation and Entry into Database” was also prepared. **(See Annex 2)**
 - Data were collected directly from four (4) countries – Barbados, Dominica, Guyana and Jamaica – through on-site visits and remotely from Antigua and Barbuda, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines and Trinidad and Tobago. Data were also collected remotely from the following regional support agencies and donors:
 - Caribbean Broadcast Media Partnership
 - Caribbean Health Research Council
 - Caribbean HIV and AIDS Alliance
 - CARICOM/PANCAP
 - Pan American Health Organization HIV Caribbean Office
 - Population Services International (Caribbean)
 - UNAIDS
 - University of the West Indies HIV Response Programme
 - DFID through Associates for International Development (AID Inc) and Options Consultancy Services Limited
 - KFW through Options Consultancy Services Limited
 - GIZ (Formerly GTZ)
 - PEPFAR

National and regional focal points played pivotal roles in every aspect of the data collection process.

- All completed data collection instruments were subjected to thorough review to assure completeness, accuracy and standardization in the categorization of information.
- Information provided by countries in relation to loans, grants and technical support was cross-referenced with information provided by regional support agencies and donors for

the purpose of identifying gaps, duplication or inaccuracies. Clarifications were sought and adjustments made as necessary with the full concurrence of all relevant parties.

- A comprehensive list of key contacts and stakeholders from all countries, regional support agencies and donors has been compiled and is attached as **Annex 3**.

6. **Design of Electronic Database.** The design, pilot-testing and validation of a searchable and user-friendly database proved to be the most technically challenging component of the exercise. However, the task was completed to a high level of satisfaction by applying the following steps:

- Development, documentation and approval of precise specifications for the database that would ensure compatibility and full integration into the PANCAP website. Joomla 2.5 Extension with standard MVC coding structure was the basic software design adopted.
- Preparation of a preliminary design consistent with the approved specifications that was uploaded on a demonstration site provided by the PCU. This demonstration site served as a medium for pilot-testing the software and generating critical feedback on the content and functionality of the database.
- An advanced design showing the range of features and functions of the database was demonstrated during an interactive meeting between the PCU and the Consulting Team.
- Finalization of all database design work with due regard given to prerequisites and recommendations.
- Completion of a “Database User Guide” that provides step by step instructions on the management and operations of the software. **(See Attachment 2)**.

7. **Data Entry.** The database has been populated with validated information for 2011 and 2012 collected from nine (9) countries, eight (8) regional support agencies and four (4) donors.

2.3 Definitions

The database contains eight (8) main fields of information that are described in the matrix that follows.

Terms	Definitions
Country Allocation	Country allocation refers to the sum total of resources – financial, technical, physical (manuals, user guides, posters, pamphlets, media material, etc.) – that are made available from all sources for the implementation of national HIV programmes. The sources may be local through national budgets, private sector and civil society contributions; or external from loans, grants and technical support ⁴ .

⁴ No data were collected for in-kind contributions by private sector and civil society.

Regional Allocation

Regional allocation refers to resources made available for the implementation of programmes designed to deliver regional goods and services, usually through designated regional support agencies, and are not earmarked for use by or on behalf of any specific country. These resources may originate from the core budgets of regional and international organizations, grants and technical support. There is no record of any regional HIV programme supported by grant funds.

Priority Areas

Essentially, priority areas refer to the six (6) broad programmatic areas outlined in the CRSF, 2008-2012, that guide the regional HIV response⁵. They are:

- Creating an enabling environment
- Multisectoral response
- Prevention
- Care, treatment and support.
- Capacity development
- Evaluation, monitoring, research

An additional component on Health System Strengthening, with appropriate sub-categories, has been included in the database to accommodate information generated that did not fit into any of the priority areas listed in the CRSF.

Sub-categories

These refer to the sub-categories of information that fall under each of the defined priority areas. For example, the priority area on “creating an enabling environment” has three (3) sub-categories:

- Policy development and legislation
- Stigma and discrimination and human rights
- Gender programmes

Altogether, the database makes provision for thirty-three (33) sub-categories of information distributed among seven (7) priority areas.

National resources

National resources refer to funding for HIV programmes generated exclusively from within the individual country whether through direct government provision, private sector or civil society contribution. This category does not include any form of external support, whether directly or indirectly.

⁵ Caribbean Regional Strategic Framework on HIV and AIDS, 2008-2012, Chapter 6

Grants Grants refer financial donations made to a country or regional support agency from an external source for the implementation of national or regional HIV programmes and for which no direct repayment, in any form, is required.

Loans Loans refer to financial resources made available to a country or institution by an external source, which funds must be repaid consistent with the terms and conditions of the loan agreement.

Technical support Technical support refers to the provision of technical expertise through consultants, training and information technology or physical support in the form of manuals, user-guides, BCC materials, media messages to a country or institution in the form of grant and for which no direct repayment is required.

3. Experiences and Lessons Learned

3.1 General

1. This section summarizes the processes, achievements and lessons learned in the execution of RHRAME. The narrative builds on information presented in earlier sections of this Final Report and the accompanying annexes and attachments.
2. National AIDS Spending Assessments have been conducted in the Caribbean at least since 2002⁶. However, mapping of resources allocated for HIV programming in the Caribbean has never been attempted and the lessons learned from this novel initiative would be instructive to similar efforts in the future.

3.2 Management and Coordination

1. The establishment of a Management Committee was vindicated as a strategic move in harnessing the collective experiences of key regional support agencies such as CARICOM/PANCAP, CARISMA/Options, PHCO and UNAIDS in advancing the objectives of the initiative.
2. Unfortunately, there was no consistent involvement of NAPC on the Management Committee despite concerted attempts to do so. Such involvement was challenged by the absence of a

⁶ National AIDS Spending Assessment, Trinidad and Tobago, 2002-2006

regional coordinating entity for NAPC. Although ad hoc inputs were received from individual NAPC from time to time, the consensus was that the decision-making processes would have been enhanced by their more consistent involvement.

3. CHRC was not included among the membership of the Management Committee although it is the regional support agency with designated responsibility for monitoring, evaluation and research within PANCAP. It was an oversight that may have deprived the Management Committee of valuable expertise and experience.

3.3 Stakeholder Involvement

1. The centrality of the role of the PCU in interfacing with countries, regional support agencies and donors has been reinforced during this exercise. Indeed, it was a key success factor in the execution of RHRAME.
2. Early sensitization and formal engagement were underlined as important features in building stakeholder support and commitment. At the same time, the experience highlighted differences in the timeliness of responses from countries and agencies and consistent follow-up was required in some cases in order to achieve desired results. Institutional culture appeared to influence the pace of decision-making and feedback responses.

3.4 Data Collection

1. The active engagement of national and regional focal points was pivotal to the success of the data collection process and is considered indispensable to long-term sustainability. However, effective engagement of focal points required constant coaching and support in identifying data sources and coding information. The expectation is that continuous support will be required to ensure the effective performance of “old” and “new” focal points going forward.
2. The standardized data collection instrument provided a very useful platform for gathering the required information. Its congruity with the CRSF and NSPs reinforced its relevance and usefulness.
3. There was universal understanding of the priority areas listed in the data collection instrument due largely to familiarity with the CRSF. However, significant differences surfaced in the interpretation of some of the sub-categories. For example, there were divergences in the interpretation of the elements that should be coded under policy development and legislation versus stigma and discrimination and human rights; private sector collaboration versus workplace initiatives; and behavior change communication versus sexual and reproductive health. As such, clarification of terms should be an integral component of the orientation process for focal points.

4. The completion of the data collection instrument was not a spontaneous exercise for many respondents. Indeed, the deadline for return of completed questionnaires was revised three times in order to achieve full compliance. The reasons noted were several:
 - A level of fatigue in filling questionnaires over time has been reported.
 - Data collection from various sources - government, private sector and civil society organizations - was a complex and time-consuming exercise. For example, there are 24 civil society organizations in Jamaica alone that had to be tapped for information.
 - For the most part, information is not readily available in the sub-categories listed in the questionnaires and must be extracted from larger and often ill-defined data sources. This situation was most stark in countries like Dominica, St. Kitts and Nevis and St. Vincent and the Grenadines that have progressed with the integration of HIV services into the general health care system. Among countries, only Jamaica had defined work plans with sub-categories and linear budgets that were closely aligned to those in the data collection instrument.
5. Validating the integrity of data prior to entry into database is fundamentally important. Evidence of duplication and gaps was identified in data received from multiple sources. For example, discrepancies were discovered in data reported by countries and regional support agencies for identical activities within the same sub-category. Validating data also required reconciliation of arithmetic calculations and alignment of financial data with priority areas and sub-categories.

3.5 Electronic Database

1. The database has been designed as an integral component of the PANCAP website and not as a stand-alone application. This feature provides the following advantages:
 - The content remains within the searchable architecture of the PANCAP website and will link seamlessly with other existing features.
 - Management of the database will be done through with a single administrative interface with no duplication of efforts.
 - The database will be powered by existing website technology used by the PCU and no additional licensing and maintenance costs will be incurred.
2. The database has been validated by all requisite tests and loaded on to the PANCAP website. It is capable of generating a wide range of reports in various field combinations, e.g.,
 - Resource allocation for individual countries by year, priority areas, sub-categories, type and source.

- Resource allocation for all countries collectively by year, priority areas, sub-categories, type and source.
- Resource allocation for regional programmes by year, priority areas, sub-categories, type and source.
- Resource allocation by year, priority areas, sub-category, type and source.

4. Recommendations

The recommendations that follow emerge from the findings and experience in implementing RHRAME and are interlocking although presented separately for the sake of convenience.

4.1 Stakeholder Involvement

The full and active participation of all stakeholders - national authorities, regional support agencies and donors - is foundational to the successful mapping of HIV resource allocation in the region in the future. In order to sustain this involvement, the following measures should be taken:

1. The PCU should continue to play a proactive and catalytic role in promoting the central relevance of the database to policy decision-making and in planning and programming at national and regional levels.
2. The strategy of designating focal points to assist with coordination and spearheading data collection at the national and regional levels should be nurtured and made universal as the outreach expands beyond the pilot sites.
3. The PCU should establish an ad hoc advisory group that would be responsible for advising on the continued upgrade of the database and other strategic actions in response to evolving realities. This body should comprise representation from national authorities and regional support agencies with relevant experience and expertise including NAPC, UNAIDS, PHCO and CHRC. Most of the exchanges among members of the advisory body may be undertaken virtually with minimal attendant cost.
4. A mechanism should be devised to ensure the central participation of NAPC on the advisory body. One approach may be to enlist the services of a senior NAPC who previously played a leadership role in the now defunct CCNAPC.

4.2 Data Management

The process for data collection, validation and entry into the database for 2011 and 2012 was coordinated by the Consulting Team. However, this responsibility will be transferred to the PCU from 2013 and beyond and the following recommendations are offered in order to ensure effectiveness:

1. The PCU should designate a focal point from within its ranks to spearhead the operation of the regional HIV resource allocation mapping exercise working in close collaboration with the proposed ad hoc advisory group.
2. Data collection within countries, regional support agencies and donor organizations should be undertaken by designated focal points who should receive full orientation in all relevant facets of the process. Such engagement should be seen as an element of stakeholder contribution to the effort with no direct cost to PANCAP.
3. The standardized and tested questionnaire should be maintained as the basic data collection instrument. This tool should be reviewed and updated on an annual basis to respond to new and emerging conditions and this action may be undertaken in collaboration with the proposed ad hoc advisory group.
4. Validation, analysis and entry of data should be controlled centrally by the PCU. As such, the PCU focal point should undertake responsibility for receiving all completed questionnaires from national and regional sources and supervising the validation and data entry processes. The data entry functions may be undertaken by an existing staff member of the PCU, in conjunction with substantive duties, or by a short-term employee. In either case, the person undertaking such functions should be carefully trained in coding the data and navigating the database.
5. The PCU should promote a culture of detailed annual operational plans with associated costing among its partners at all levels. This practice would not only improve effectiveness in monitoring HIV programmes but would also facilitate the tracking of resources allocated.

5.3 Sustaining the Database

1. The PCU has committed to maintaining the electronic database within the framework of the PANCAP website. The effective management and operation of the database will require a set of dedicated technical and other resources that may be harnessed from existing internal assets of the PCU or attracted from external sources. In either case, the issue of resource availability- human and financial - will be an important consideration.
2. The Consulting Team considers that the most cost-efficient and practical approach to the management and operation of the database would be for the PCU to retain responsibility for as many of the core functions as possible.
3. The Information Manager/Webmaster should retain primary responsibility for management oversight and technical upgrade of the database. This approach is eminently feasible and has no direct cost implications.

4. An appropriate technical officer on the establishment of the PCU should be vested with responsibility for interfacing with national and regional focal points, receiving all completed questionnaires and supervising the validation process. Most of this interaction will be done virtually with only very minimal cost.
5. While country visits enhance the efficiency and completeness of data collection and the validation of information, the benefits to be derived are not counterbalanced by investment costs and the approach is not recommended from the perspective of cost-effectiveness.
6. Data entry will require the assignment of an appropriately trained “research assistant”. The functions may be undertaken by an existing staff member of the PCU in conjunction with substantive duties or by someone recruited on a short-term basis. The level of effort involved in data entry is estimated at four weeks per year.
7. The database should be updated by the end of the fourth month of each year. This time frame is quite feasible since budgetary allocations are usually completed by January of each year.

4.4 Dissemination of Information

1. The PCU should develop a comprehensive dissemination strategy aimed at promoting the database as a rich repository of strategic information on HIV resource allocation in the Caribbean that may be used by policy-makers and practitioners for planning and programming. This strategy should address both national and regional strategic information needs.
2. The PCU should produce annual analytical reports that:
 - Provide a global picture of HIV resource allocation in the Caribbean. Summaries of these reports should be presented at meetings of the key organs of PANCAP – Policy and Priority Areas Coordinating Committee, Executive Board and Annual General Meeting.
 - Outline the dimensions of HIV resource allocation for individual countries. These reports should include key issues of relevance to policy makers and practitioners and should be circulated to the relevant national authority and other stakeholders.
 - A compendium of these regional and national reports should be compiled annually for widespread distribution.
3. The database and its benefits should be actively promoted through PANCAP bulletins and all available websites.

5 Conclusion

Continuous tracking of resources allocated to HIV programming in the Caribbean is eminently feasible and should be pursued as a strategic option within the framework of PANCAP. Already, PANCAP partners at all levels have demonstrated considerable interest in the initiative and the momentum should be capitalized on.

6 Next Steps

The experiences, lessons learned and recommendations were presented at a “wrap-up” meeting of the Management Committee held at the Headquarters Building of the CARICOM Secretariat on 13 July 2012. The meeting endorsed the findings and recommendations in their totality and agreed that the next steps in advancing the process will be as follows:

1. The PCU will convert the recommendations of the Final Report into a “Framework for Action” that will be tabled for ratification at the next meeting of the Executive Board of PANCAP that will be held on 5-6 September 2012.
2. An “Analytical Report on HIV Resource Allocation in the Caribbean, 2011-2012” based on the results of the RHRAME will be presented at the next meeting of the Executive Board of PANCAP that will be held on 5-6 September 2012.
3. As a matter of urgency, the PCU will mobilize the financial resources required to achieve the full execution of the Framework for Action.
4. The PCU will continue to liaise with UNAIDS to gain synergy between NASA and RHRAME.

Annex 1

Literature Review Report

Introduction

The purpose of the Literature Review was to provide the Consulting Team with a thorough understanding of the objective context within which the Regional HIV Resource Allocation Mapping Exercise was being executed and its central relevance to enhancing the Caribbean regional response to HIV within the framework of the enabling environment of the Pan Caribbean Partnership against HIV and AIDS (PANCAP). Thus, the specific objectives of this activity were to:

- Undertake a careful review and analysis of historical information on HIV resource mobilization, allocation and expenditure in the Caribbean region in order to develop the most strategic approach to the achievement of the key outputs of the project.
- Identify good practices and lessons learned in the implementation of past financial data collection initiatives in the Caribbean region.
- Apply lessons learned in the elaboration of strategic and culturally-sensitive responses that will ensure the most effective implementation of the Regional HIV Resource Allocation Mapping Exercise.

1. Findings

This Report summarizes the main findings of the Literature Review as well as the perspectives of the Consulting Team gleaned from the critical analysis of a range of background documents. For ease of reference, the findings and critical response of the Consulting Team are presented under three headings that are considered to synergistic and cross-cutting.

2.1 Earlier Scoping and Design Work

The initial scoping and design work in relation to the Regional HIV Resource Allocation Mapping Exercise was conducted by the Caribbean Coalition of National AIDS Programme Coordinators (CCNAPC) under contract with Options Consulting Services Ltd and yielded two substantive reports – the Final Progress Report, July-December 2010 and the Software Consultancy Report on Database Design Specification, December 2010. Together, these reports provided a wealth of background information and useful insights into strategies that may be adopted and pitfalls to be avoided in the collection, storage and use of financial data.

The central relevance of these reports to the design and execution of the project stemmed from the fact that they captured the collective knowledge and experience of National AIDS Programme Coordinators who are at the forefront of the regional HIV response.

Specifically, the reports highlighted the following **key issues**:

- The categories for data collection on HIV resource allocation at the national and regional levels should be standardized in line with the priority areas outlined in the Caribbean Regional Strategic Framework on HIV and AIDS, 2008-2012 (CRSF). At the same time, the reports recommend that the core information be collected in eight (8) broad categories although the CRSF contains only six (6) priority areas, thereby presenting a contradiction.
- National AIDS Programme Coordinators should be engaged formally as focal points responsible for data collection in their individual countries given their central location in the HIV response and should be paid an “administrative fee” for their services.
- The database for housing the information collected should be searchable, interactive and compatible with the PANCAP website where it should be hosted.
- Twenty-four (24) countries across four language groups (English, Dutch, French, and Spanish) have been proposed for inclusion in the mapping exercise, with English advanced as the operational language for data collection.

The **critical response** of the Consulting Team to the issues emerging from the initial scoping and design work that bear upon the methodological approach to the execution of the project is as follows:

- The recommendation to collect data on HIV resource allocation by priority areas within the CRSF is endorsed fully. Thus, the contradiction resulting from the actual listing of eight (8) broad areas in the Software Consultancy Report should be rectified. At the same, careful consideration should be given to the level of disaggregation by sub-categories that will be attempted and, by extension, the level of effort that will be required to collect the data.
- The reports make only passing reference to data collection at the regional level although significant donor resources allocated to HIV are channeled through regional support agencies. There are at least eight (8) such agencies from which data should be collected.
- A phased approach to the implementation of the project is highly indicated given two overriding considerations - the number of language groups that fall within the ambit of PANCAP and the combined total of thirty-two (32) national authorities and regional agencies involved.
- The recommendation to reward national focal points with the payment of an “administrative fee” is patently unsustainable. Indeed, it appears much more reasonable for countries to be persuaded to assign focal points as their counterpart contribution and in demonstration of their commitment to the process. In addition, national representatives of PAHO and UNAIDS may be enlisted in support the process.
- It will be imperative for the PCU to assign an appropriate staff member to provide oversight in the management, operation and updating of the database beyond the life of the project in order to assure its long-term sustainability.

2.2 National AIDS Spending Assessments

In 2010, twelve (12) of the sixteen (16) Caribbean countries targeted by UNAIDS reported on their national AIDS spending. An analysis of the information indicated that one-third of all expenditure on HIV in these countries originated from domestic sources, while the bulk of the resources expended were contributed by bilateral donors and other partners. Draft reports on “Health Systems and Private Sector Assessments” conducted in 2011 in six (6) Caribbean countries confirm this trend.

The **key issues** emerging under this thematic area as follows:

- Under-reporting of national AIDS spending persists in the Caribbean region with no more than 75% of countries reporting in any one year since 2001, while only Trinidad and Tobago has produced comprehensive National AIDS Spending Assessment (NASA) Reports on a consistent basis during that period.
- Estimates of public sector spending on HIV have been much more reliable than those emanating from civil society/non-governmental organizations with the latter reportedly being more guarded in the disclosure of sources and quantum of financial support received and expended.
- NASA reports submitted by countries conform to the standard classifications and definitions used by UNAIDS globally. Unfortunately, these classifications are not in full alignment with the priority areas and sub-categories outlined in the CRSF and a measure of flexibility will have to be built into the database to facilitate direct comparison between data on HIV resource allocation and HIV expenditure in key areas.

The **critical response** of the Consulting Team to issues elaborated above is as follows:

- A measure of rationalization in the categories for data collection used by NASA and those promoted by the CRSF will be required in order to enhance comparative analysis of information on HIV resource allocation and expenditure. Perhaps this rationalization can be accomplished at the time of the development of the next version of the CRSF that is due in 2013.
- Deliberate strategies will be required to ensure full and accurate information-gathering from civil society, non-governmental and private sector organizations. In this context, the following strategies may be applied:
 - Establish a full list of all civil society, non-governmental and private sector organizations involved in HIV operating at the national and regional levels.
 - Undertake full sensitization of these organizations on the importance and non-intrusive nature of reporting on available resources for HIV drawing heavily on the support of focal points and national and regional representatives of PAHO, UNAIDS and the PCU.

- Collaborate with donors in validating information provided by civil society, non-governmental and private sector organizations.
- Careful validation and triangulation of data collected from all sources will be critical given the range bilateral donors and other partners involved at the national and regional levels.

2.3 *Regional and National Strategic Planning*

The CRSF provides the strategic direction and programmatic orientation for the regional response to HIV. At the same time, most Caribbean countries have current National HIV Strategic Plans (NSP) that may be accessed through the PANCAP website or at <http://pancap.org/en/governance/the-community/pancap-countries.html>. The NSP are closely aligned to the CRSF in outline, content and approach and also show indicative (not detailed) costs by broad categories.

The **critical response** of the Consulting Team to the review of the CRSF and NSP is follows:

- All pilot countries identified in this mapping exercise have living NSP that show indicative costs and identify roles and responsibilities of key sectors and partners. This information will be useful in identifying key sources of data on HIV resource allocation.
- The close nexus between the CRSF and NSP will enhance the collection and comparative analysis of data on HIV resource allocation at the national and regional levels.
- The extent to which annual work plans, whether by calendar or fiscal year, with detailed costing exist at the national and regional level is unclear and will require further investigation. However, it is known that such documents are potentially invaluable reservoirs of data on resource allocation and should be high on the list of research material to be collected and analyzed during this exercise.

3. **Conclusion**

The issues arising from the Literature Review have been applied in honing the overall strategic approach to the execution of the Regional HIV Resource Allocation Mapping Exercise with special reference to the engagement of stakeholders at the national and regional levels, development of the data capture instrument, approaches to data collection, design of the electronic database and management and coordination of the project.

At another level, the lessons learned will be used in guiding the implementation, monitoring, evaluation and reporting processes; as well as in re-planning as circumstances dictate.

Annex 2

Guidelines for Data Collection, Validation and Entry into Database

1. General

The collection of complete and accurate data is the central focus of the Regional HIV Resource Allocation Mapping Exercise and will be undertaken through the consistent application of a standardized Data Collection Instrument that will be administered at the national and regional levels. Data collection, validation and entry into database will be undertaken in two (2) Phases as described below.

Phase 1

A two-pronged approach will be applied in the collection of data during this cycle:

- i. Data will be sourced directly through on-site visits by the Principal investigator to four (4) countries – Barbados, Dominica, Guyana and Jamaica.
- ii. Data will also be collected remotely through the active engagement of national focal points in Antigua and Barbuda, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines and Trinidad and Tobago. Similarly, data will be collected from regional support agencies and donors through the involvement of designated focal points. Such regional support agencies and donors include CBMP, CFNI, CHAA, CHRC, PHCO, PSI, UWI, UNAIDS, DFID, Global Fund, KfW, PEPFAR and World Bank⁷.

This process will be directed by the Principal Investigator with support from the Research Assistant and working in close collaboration with designated national and regional focal points at every stage and in all aspects of the collection and validation of data.

Phase 2

- The mapping exercise will be expanded to include all PANCAP countries from 2013 and beyond.
- The process will be the exclusive responsibility of the PANCAP Coordinating Unit and will be directed by a designated focal point.

⁷ CBMP – Caribbean Broadcast Media Partnership
CFNI – Caribbean Food and Nutrition Institute
CHAA – Caribbean HIV/AIDS Alliance
CHRC – Caribbean Health Research Council
KfW – German Development Bank
PEPFAR – U.S. President’s Emergency Plan for AIDS Relief
PHCO – Pan American Health Organization HIV Caribbean Office
PSI – Population Services International
UWI – University of the West Indies

- Data will be collected remotely utilizing the services of respective national and regional focal points although support will be provided by officials of the PANCAP Coordinating Unit during routine country visits.
- Validation of data will be undertaken jointly by the PANCAP focal point and national and regional counterparts.
- Data entry will be the direct responsibility of the PANCAP Coordinating Unit.

2. Procedures for Data Collection

- 1) All participating countries, regional support agencies and donors will assign focal points who will assume primary responsibility for data collection on a sustained basis.
- 2) A comprehensive list of all national and regional focal points with full contact details will be established. This list will also include information on all key informants in the public, private and civil society sectors.
- 3) The standardized Data Collection Instrument will be circulated by email to all national and regional focal points with follow-up telephone calls initiated by the Principal Investigator to address questions, clarify issues and agree on a schedule for completing the questionnaire.
- 4) A schedule for on-site visits to selected pilot countries by the Principal Investigator will be developed working in close collaboration with relevant national focal points. On-site visits will be undertaken in conformity with established schedule.
- 5) The Principal Investigator will monitor progress on data collection through regular email exchanges or telephone contacts with national and regional focal points and remedial measures taken as deemed appropriate.
- 6) National and regional focal points will return completed Data Collection Instruments via email to the Principal Investigator.
- 7) The deadline for completion of data collection exercise will be 15 May 2012.

3. Procedures for Validation of Data

- 1) All completed Data Collection Instruments will be reviewed thoroughly by the Principal investigator and Research Assistant to ensure completeness and accuracy of information. This review process will also ensure standardization in the categorization and sub-categorization of data.

- 2) Information provided by countries in relation to loans, grants and technical support will be cross – referenced with information provided by regional support agencies and donors for the purpose of identifying gaps or inaccuracies. Clarification will be sought and adjustments made as necessary.
- 3) National and regional data that have been reviewed and validated by the Consulting Team will be returned to focal points for final review and sign off prior to entry into database.
- 4) Formal approval of national authorities, regional support agencies and donors will be secured prior to publication of data.

4. Procedures for Data Entry

- 1) The Research Assistant will enter all validated information into the specially-designed electronic database.
- 2) The IT Consultant will collaborate with the Research Assistant in the data entry process to ensure correct application of the features of the database and to identify and resolve any lingering challenges.
- 3) The Principal Investigator will undertake a thorough review of information entered into the database to check for completeness and accuracy.
- 4) The populated database will be submitted to the PANCAP Coordinating Unit for critical review.
- 5) Data entry will be finalized following feedback comments from the PANCAP Coordinating Unit.

5. Beyond 2012

The guidelines and procedures for the collection, validation and data entry outlined above apply equally to Phase 1 and Phase 2 of the mapping exercise. It is expected, therefore, that they will be applied with due diligence by the PANCAP Coordinating Unit beyond 2012.

Annex 3

List of Stakeholders and Contacts

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ⁱ **Abbreviations**

- Gov’t - Government/Public Sector
- PS - Private Sector
- CS - Civil Society/NGO Sector
- RSA - Regional Support Agency