

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

## **Analytical Report, 2011-2012**

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## Background

A regional mapping exercise on resources allocated for HIV programming in the Caribbean for 2011 and 2012 has recently been completed. The initiative was undertaken under the aegis of PANCAP with funding support provided by KfW and executed through Options Consulting Services Limited. Information was gathered from nine (9) countries, eight (8) regional implementing agencies and four (4) international development partners operating within the framework of PANCAP.

The countries from which data were collected were Antigua and Barbuda, Barbados, Dominica, Guyana, Jamaica, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines and Trinidad and Tobago while, at the regional level, data were collected from the following PANCAP implementing agencies:

- 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

In addition, data were collected from the following international developing partners providing support for HIV programming in the Caribbean:

- DFID through Associates for International Development (AID Inc) and Options Consultancy Services Limited
- KfW through Options Consultancy Services Limited
- GIZ (formerly GTZ) through PANCAP Coordinating Unit
- PEPFAR

This Analytical Report provides a critical examination of the data collected from the countries and agencies listed above and is set out in four (4) separate but inter-related sections as follows:

- 1) Section 1: Combined Resource Allocation
- 2) Section 2: Regional Resource Allocation
- 3) Summary of Key Issues
- 4) Emerging Strategic Themes

## Section 1: Combined Resource Allocation

Combined Resource Allocation is defined as the aggregate of resources allocated for HIV programming at the national and regional levels. Thus, Combined Regional Allocation presents the global picture on all resources made available for HIV programming in the Caribbean countries from which data were collected and resources allocated to regional initiatives<sup>1</sup>.

### 1.1 Funding by Sources

1. Three-quarters of all resources available for HIV programming in the Caribbean in 2011 and 2012 were generated from external sources in the form of grants (39.2%) and technical support (33.5%). Government contribution through direct budgetary allocation (16.2%) and external loans agreements (8.3%) accounted mostly for the remainder. For all practical purposes, the contribution from the private sector and civil society was insignificant<sup>2</sup>. (**Table 1**).
2. Direct budgetary contribution from government sources increased by 28.6% in 2012 and was largely responsible for the 3.6% increase shown in overall resource allocation for that year.
3. Apart from the clear incline in direct government contribution, all other sources of funding for HIV programming in the Caribbean either remained stable or decreased marginally in 2012.

**Table 1: Distribution of Resources for HIV Programming in the Caribbean by Funding Source, 2011-2012**

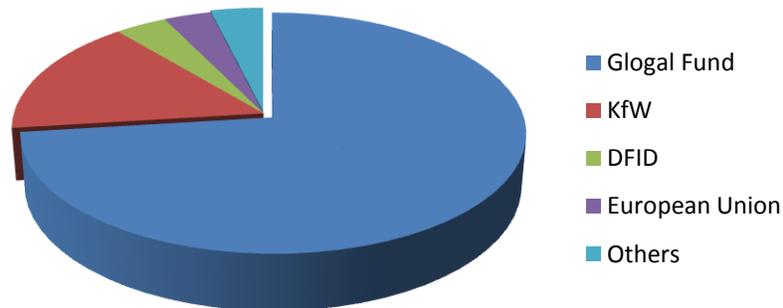
| Funding Source                | 2011                |                     | 2012                |                     | Total Allocation   | % of Total   |
|-------------------------------|---------------------|---------------------|---------------------|---------------------|--------------------|--------------|
|                               | National Allocation | Regional Allocation | National Allocation | Regional Allocation |                    |              |
| Government Direct             | 10,358,191          | -                   | 13,259,581          | -                   | 23,617,772         | 16.2         |
| Government Loans              | 5,807,950           | -                   | 6,190,872           | -                   | 11,988,822         | 8.3          |
| Private Sector/ Civil Society | 149,700             | -                   | 159,466             | -                   | 319,166            | 0.2          |
| Grants                        | 14,717,519          | 15,102,974          | 14,974,398          | 12,576,247          | 57,371,138         | 39.2         |
| Technical Support             | 21,629,503          | 4,515,750           | 19,687,830          | 3,214,500           | 49,047,583         | 33.5         |
| Unspecified                   | -                   | 50,000              | -                   | 3,795,309           | 3,795,309          | 2.6          |
| <b>Total</b>                  | <b>52,672,863</b>   | <b>19,668,724</b>   | <b>54,572,147</b>   | <b>19,586,056</b>   | <b>146,499,790</b> | <b>100.0</b> |
|                               | <b>72,341,587</b>   |                     | <b>74,158,203</b>   |                     |                    |              |

<sup>1</sup> Relevant countries and agencies are listed in the Background Information of this Report.

<sup>2</sup> No data was collected on in-kind contribution by private sector or civil society.

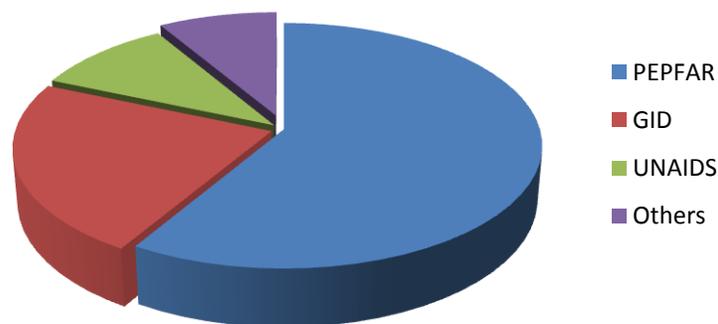
4. Fourteen (14) different grant sources were reported. These grant sources may be placed into three distinct categories – dedicated international HIV financing mechanisms such as the Global Fund, development partners such as KfW and DFID, and international philanthropic organizations like the Kaiser Family Foundation and Elton John Foundation. The leading grant sources were the Global Fund, KfW, DFID and EU in that order. (See **Figure 1**).

**Figure 1: Distribution of HIV Grants by Funding Source**



5. The Global Fund was the only source of grant funding for HIV programming available to countries. All other sources of grant funding were directed at regional initiatives.
6. Overwhelmingly, PEPFAR was the largest contributor of technical support for HIV programming in the Caribbean accounting for 95% of all such funding. The other main sources of technical support were GIZ (formerly GTZ), UNAIDS and other UN agencies. (See **Figure 2**).

**Figure 2: Distribution of Technical Support by Funding Source**



- Country-level programmes attracted 73.2% of all resources allocated for HIV in the Caribbean as a whole with the remainder (26.8%) earmarked for the execution of regional initiatives. This allocation translates into a ratio of distribution of 2.7:1. At another level, grant resources were fairly evenly distributed among national and regional programmes but the former attracted as much as 85% of available technical support.

## 1.2 Funding by Priority Areas

Priority Areas refer to the broad programmatic parameters outlined in the Caribbean Regional Strategic Framework on HIV and AIDS, 2008-2012 that defines the agenda for action within PANCAP. In large measure, these Priority Areas are replicated in the various national HIV strategic plans. For the purpose of this exercise, health system strengthening was treated as an additional priority area.

- The bulk of resources (87.9) allocated for HIV programming in the Caribbean are devoted to three (3) Priority Areas - prevention (31.5%), treatment, care and support (28.4%) and health systems strengthening (28.0%), in that order.
- Altogether, the remaining four (4) Priority Areas – capacity development, creating an enabling environment that fosters universal access to HIV services, expanded and coordinated multisectoral response to the HIV epidemic and monitoring, evaluation and research benefited from a mere 11.6% of overall resource allocation. (See **Table 2**).

**Table 2: Distribution of Resources Allocated for HIV Programming in the Caribbean by Priority Area 2011-2012**

| Resource Allocation by Priority Area | 2011                |                     | 2012                |                     | Total Allocation | % of Total |
|--------------------------------------|---------------------|---------------------|---------------------|---------------------|------------------|------------|
|                                      | National Allocation | Regional Allocation | National Allocation | Regional Allocation |                  |            |
| Capacity Development                 | 1,317,318           | 1,940,890           | 1,386,079           | 1,454,953           | 6,099,240        | 4.2        |
| Promoting Enabling Environment       | 523,828             | 1,277,442           | 654,977             | 974,650             | 3,430,897        | 2.3        |
| Health System Strengthening          | 15,699,181          | 4,051,127           | 17,679,399          | 3,507,791           | 40,937,498       | 28.0       |
| Monitoring Evaluation, Research      | 210,699             | 1,197,099           | 694,629             | 2,405,174           | 4,507,601        | 3.1        |
| Multisectoral Response               | 700,783             | 489,180             | 1,258,011           | 505,023             | 2,952,997        | 2.0        |
| Prevention                           | 13,833,340          | 8,264,082           | 15,102,154          | 8,954,413           | 46,153,989       | 31.5       |
| Treatment, Care and Support          | 20,387,714          | 1,703,220           | 17,796,898          | 1,716,052           | 41,603,884       | 28.4       |

| Resource Allocation by Priority Area | 2011                |                     | 2012                |                     | Total Allocation   | % of Total   |
|--------------------------------------|---------------------|---------------------|---------------------|---------------------|--------------------|--------------|
|                                      | National Allocation | Regional Allocation | National Allocation | Regional Allocation |                    |              |
| Unspecified                          |                     | 745,684             |                     | 18,000              | 763,684            | 0.5          |
| Total                                | <b>52,672,863</b>   | <b>19,688,724</b>   | <b>54,572,147</b>   | <b>19,586,056</b>   | <b>146,499,790</b> | <b>100.0</b> |
|                                      | <b>72,361,587</b>   |                     | <b>74,158,203</b>   |                     |                    |              |

## Section 2: Regional Resource Allocation

Regional Resource Allocation reflects resources made available from all sources for the implementation of programmes designed to deliver regional public goods and services and are not earmarked for use by or on behalf of any specific country. Typically, these resources reside with regional implementing agencies that are vested with the responsibility by PANCAP for executing regional programmes within their sphere of expertise.

### 2.1 Funding by Sources

1. Funding for the implementation of regional HIV initiatives originate from two sources only – external grants and technical support. There is no direct government, private sector or civil society contribution to the implementation of regional HIV programmes.
2. An amount of US\$39.2 million was allocated for the implementation of regional HIV programmes in 2011-2012 emanating from grants (70.6%) and technical support (19.7%) and unspecified external sources (9.7%). The distribution between both years appeared constant. (See **Table 3**).
3. The quantum of resources available through grants and technical support for the implementation of regional initiatives declined by 16.7% and 28.8% respectively in 2012. However, this apparent decline may be a function of the manner in which the data was reported for 2012 rather than any real decrease in these two aspects. For example, funding from “unspecified” sources increased from US\$50,000 in 2011 to approximately US\$3.8 million in 2012 and, in all probability, explains the differential.

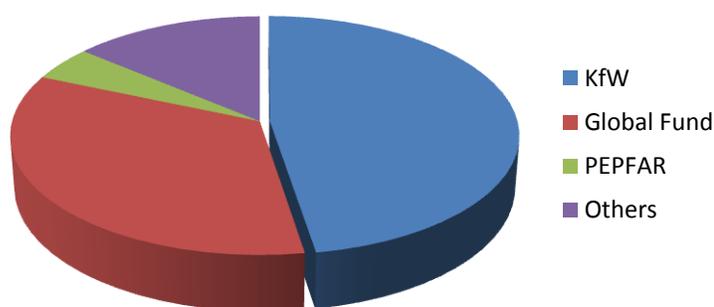
**Table 3: Distribution of HIV Resources for Regional Initiatives by Funding Source  
2011-2012**

| Funding Source    | Year              |                   | Total             | % of total   |
|-------------------|-------------------|-------------------|-------------------|--------------|
|                   | 2011              | 2012              |                   |              |
| Grants            | 15,102,974        | 12,576,247        | 27,679,221        | 70.6         |
| Technical Support | 4,515,750         | 3,214,500         | 7,730,250         | 19.7         |
| Unspecified       | 50,000            | 3,795,309         | 3,795,309         | 9.7          |
| <b>Total</b>      | <b>19,668,724</b> | <b>19,536,056</b> | <b>39,204,780</b> | <b>100.0</b> |

## 2.2 Funding by Priority Areas

1. Prevention was the largest consumer (43.9%) of resources allocated for the implementation of regional initiatives. This percentage is considerably higher than the 31.5% allocated to region-wide prevention activities. The main contributors to regional prevention initiatives have been KfW, Global Fund and PEPFAR in that order. (See **Figure 3**). Behavior change communication (36.5%), NGO initiatives (30.7%) and diagnosis and treatment of STI (8.7%) were the main beneficiary areas within the prevention category.

**Figure 3: Resource Allocation for Preventing By Funding Source**



2. Health systems strengthening (19.3%) received the second largest allocation, with PEPFAR alone contributing 55% of these resources followed by the Global Fund (18.1%). These resources were

distributed among the sub-categories of human resources including salaries and consultancy fees (48.6%), purchase of equipment and supplies (42%) and operational costs (9.4%).

3. Unsurprisingly, only 8.8% of regional resources were allocated to treatment, care and support in contrast to 35.7% at country level and 28.4% of the combined regional and national allocation. Even so, 64% of these regional resources were earmarked for OECS countries mainly for ARV treatment and monitoring, purchase of laboratory equipment and diagnostic supplies and psycho-social support.
4. Altogether, the priority areas related to capacity development, creating an enabling environment that fosters universal access to HIV services, expanded and coordinated multisectoral response to the HIV epidemic and monitoring, evaluation and research benefited from almost 20% of resources allocated for regional initiatives. (See **Table 4**). Again, this picture is somewhat different from the region scenario as a whole where the combined allocation for the same priority areas was 11.6%.

**Table 4: Distribution of Resources Allocated for Regional HIV Initiatives by Priority Area  
2011-2012**

| Priority Area                       | 2011              | 2012              | Total             | % of Total   |
|-------------------------------------|-------------------|-------------------|-------------------|--------------|
| Capacity Development                | 1,940,890         | 1,454,953         | 3,395,843         | 8.7          |
| Enabling Environment                | 1,277,442         | 974,650           | 2,252,092         | 5.7          |
| Health System<br>Strengthening      | 4,051,127         | 3,507,791         | 7,558,918         | 19.3         |
| Monitoring, Evaluation,<br>Research | 1,197,099         | 2,405,174         | 3,602,273         | 9.2          |
| Multisectoral Response              | 489,180           | 505,023           | 994,203           | 2.5          |
| Prevention                          | 8,264,082         | 8,954,413         | 17,218,495        | 43.9         |
| Treatment, Care and<br>Support      | 1,703,220         | 1,716,052         | 3,419,272         | 8.8          |
| Unspecified                         | 745,684           | 18,000            | 763,684           | 1.9          |
| <b>Total</b>                        | <b>19,668,724</b> | <b>19,536,056</b> | <b>39,204,780</b> | <b>100.0</b> |

## **Section 3: Summary of Key Issues**

### **3.1 Combined Resource Allocation**

1. Alternative financing mechanisms are urgently required to reduce the disproportionate dependence on external grants and loans for HIV programming in the Caribbean especially given the imminent completion of key Global Fund Grants, World Bank Loans and technical support through PEPFAR by 2015 that together account for 83% of all allocation.
2. The significant increase in direct government contribution observed in 2012 should be promoted as the beginning of a trajectory in the right direction.
3. Definitive strategies are required to stimulate private sector and civil society engagement in resource allocation for HIV programming. Such involvement is badly lagging at the present time.
4. So far, resources for HIV available through international philanthropic organizations have remained largely untapped. This is an area of external funding that may be explored more vigorously.
5. Distribution of resources among the priority areas identified by PANCAP for special attention appeared skewed and requires objective re-examination to ensure alignment with strategic objectives.

### **3.2 Regional Resource Allocation**

1. The need to diversify the resource base for regional initiatives beyond traditional donors is highly indicated. For example, a mere 1.4% of regional resources originate from international philanthropic organizations while government and the private sector make no direct contribution to the portfolio.
2. A measure of pooled donor resources appears to have emerged in 2012 as shown by the near 10% of funding reported as unspecified source type. If indeed real, this may be useful step towards harmonization of resources.

## **Section 4: Emerging Strategic Themes**

### **4.1 Sustainable Financing**

The resource base for HIV programming in the Caribbean must be diversified with greater reliance on indigenous financing and support. This holds true for both national and regional programming. Issues for consideration include the following:

- Development of alternative financing mechanisms to reduce the disproportionate dependence on external grants and loans. In this regard, governments and CARICOM/PANCAP will be required to play catalytic and proactive role.
- Mechanisms must be established to stimulate private sector and civil society engagement in resource allocation for HIV programming.

## **4.2 Distribution of Resources**

Distribution of resources among priority areas identified by PANCAP appeared to be tilted in favour of prevention at every level while other technical areas such as creating an enabling environment and promoting the multisectoral response appeared under-resourced.

A comprehensive approach to the HIV response in the Caribbean remains a critical factor and a rational alignment of resources among priority areas and strategic objectives is required to accomplish this.

## **4.3 Operational Planning**

While most countries and regional institutions have well articulated national HIV strategic plans, there is little evidence of supporting operational plans that display budgets. Such an operational planning framework will enhance planning, monitoring and evaluation of HIV programmes as well as facilitate the collection of data on resource allocation.