

Regional Applications

CONCEPT NOTE

Investing for impact against HIV, tuberculosis or malaria

A concept note outlines the reasons for Global Fund investment. It should be based on robust national and regional strategies, and supported by data and information that shows why the proposed approach will be effective. It should clearly prioritize the needs identified at the regional level and the gaps within the broader regional context. It should also describe how implementation of the resulting grant(s) can maximize the impact of the investment, by achieving the greatest possible effect on the health of the people in the region.

The concept note is divided into the following sections:

- Section 1:** A description of the regional epidemiological situation, health system and other barriers to access, and the various national and regional responses.
- Section 2:** Information on the regional funding landscape and sustainability.
- Section 3:** A funding request to the Global Fund, including a programmatic gap analysis, rationale and description, and modular template.
- Section 4:** Implementation arrangements and risk assessment.

IMPORTANT: Regional applicants, who have been invited to submit a concept note to the Global Fund, should use this template. Applicants should refer to the Regional Concept Note Instructions in the platform or on the website to complete this template.

SUMMARY INFORMATION

Applicant Information

Applicant Name	Pan Caribbean Partnership Against HIV/AIDS (PANCAP)		
Applicant type	Regional Coordinating Mechanism (RCM)	Component	HIV
Funding Request Start Date	1 October 2016	Funding Request End Date	30 September 2019
Principal Recipient(s)	Caribbean Community (CARICOM) Secretariat		


Eligibility Information: Countries** included in the regional application

Country	Income Category*	Disease Burden*	Eligibility*	Focus of application*
Antigua & Barbuda**	HI			
The Bahamas**	HI			
Barbados**	HI			
Belize*	UMI	High	Yes	
Dominica*	UMI	High	Yes	
Dominican Republic*	UMI	High	Yes	
Grenada*	UMI	Low	Yes	
Guyana*	Upper-LMI	High	Yes	
Haiti*	LI	Severe	Yes	
Jamaica*	UMI	High	Yes	
Montserrat				
St Kitts & Nevis**	HI			
Saint Lucia*	UMI	High	Yes	
St Vincent & The Grenadines*	UMI	High	Yes	
Suriname*	UMI	High	Yes	
Trinidad & Tobago**	HI			

* According to the [Global Fund 2014 Eligibility List](#).

** World Bank designation

Funding Request Summary Table

 A funding request summary table will be automatically generated in the online grant management platform based on the information presented in the programmatic gap tables and modular template.

IMPORTANT: A regional application shall only be eligible for funding where the majority (at least 51 percent) of countries included in the concept note are eligible to submit their own request for funding for that same component through a single-country application.

SECTION 1: REGIONAL CONTEXT

This section requests information on the regional context, including the disease epidemiology, the health systems and community systems setting, and the human rights situation. This description is critical for justifying the choice of appropriate interventions.

1.1 Regional Disease, Health and Community Systems Context

With reference to the latest available epidemiological information, highlight:

- a. The current and evolving epidemiology of the disease(s) and any significant geographic variations in disease risk or prevalence.
- b. Key populations that may have disproportionately low access to prevention and treatment services (and for HIV and TB, the availability of care and support services), and the contributing factors to this inequality.
- c. Key human rights barriers and gender inequalities that may impede access to health services in the region.
- d. The health systems and community systems context in the region (and the countries of this regional application), including any constraints.
- e. Important regional issues (i.e. epidemiological, health system, community system, human rights or gender issues) that impact on service delivery or health outcomes related to the three diseases.

A. The current and evolving epidemiology of the disease(s) and any significant geographic variations in disease risk or prevalence.

The Caribbean region comprises over 30 islands and four continental entities, most quite small. This proposal involves 16 countries that are members of the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) as well as of CARICOM and/or CARIFORUM,¹ and all of which were included in PANCAP's Round 9 grant. The populations total 27 million, with 24.2 M in four countries larger than 1.3 M (average 6.0M), 2.2 M in five countries of between ¼ and ¾ M (average 0.4 M) and 598,000 in the remaining seven countries ranging from 6,000 to 172,000 (average 85,000). The span in population size is reflected in the range of needs to be served: on one hand, coordination and interchange among country programs with relatively well developed HIV response capabilities and on the other, financial and technical support for the smaller countries with insufficient human and material resources to organize full-fledged HIV responses. For countries which lack critical mass, drawing on regional experience and skill is important, especially for reaching vulnerable populations.

The contextual framework for the preparation of two complementary Caribbean regional concept notes is based on the strategy of combining top down and bottom up approaches to creating a more enabling environment for key population (KP) access to the HIV continuum of care. The top down focus pertains to this concept note submitted by PANCAP, while the bottom up tack is taken by CVC/COIN. In line with the recommendations of the TRP for concept note iteration, this complementarity is informed by the membership and mandate of each entity: political leadership, heads of ministries, heads of national programs, regional and international organizations and agencies in the case of PANCAP; regional key population networks and CSOs in the case of Caribbean Vulnerable Communities Coalition /Centro de Orientación e Investigación Integral Inc (CVC/COIN). PANCAP's relative strategic advantages which inform the focus of this concept note, include, in addition to human rights advocacy, a specific and unique regional role for coordination, convening stakeholders, monitoring results, and reducing duplicative efforts. With its broad based membership, including CVC and COIN, PANCAP is well placed to function as a bridge between these partners working in different sectors and at all levels of the Caribbean HIV response, building on its success in coordinating the regional response across languages, large distances and country contexts. This regional concept note process has and will continue to provide a unique opportunity for partnering civil society with state actors, international partners and technical agencies to develop programs that can address

¹ Cuba is not included because it is not a member of PANCAP despite several invitations to membership.

the needs of key populations thereby addressing the more general need to rapidly diminish the HIV epidemic in an efficient and effective manner. Importantly, the two notes not only ensure that the efforts and activities of collaborators are mutually reinforcing and aligned towards achieving the common agenda and shared measures, but also afford the opportunity for formalizing partnerships and institutional strengthening that can sustain these programs beyond the horizon of Global Fund support.

Since the inception of PANCAP in 2001, the Caribbean HIV response has made significant progress. Major epidemiological trends are described in detail in the Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) 2014-2018 (**Annex 1**) (pg 20).² By 2012, new infections among children had been reduced by 52%; treatment coverage dramatically improved, with 70% of eligible people living with HIV receiving ARVs; and AIDS-related deaths declined to an estimated 11,000. The 2014 data show regional prevalence at 1.1%, and for countries covered by this concept note, a high of 1.9% in Haiti to 0.6% in the Organization of Eastern Caribbean States (OECS) sub-region.³ Five of these countries (Haiti, Dominican Republic, Jamaica, Trinidad and Tobago, Guyana) accounted for more than 80% of new infections in 2014.

Figure 1.

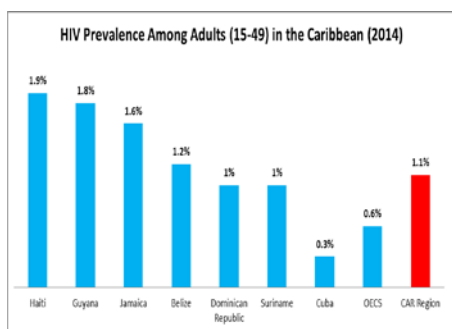
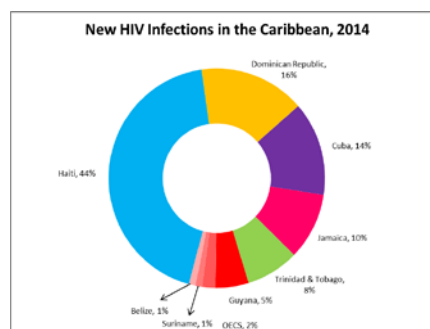
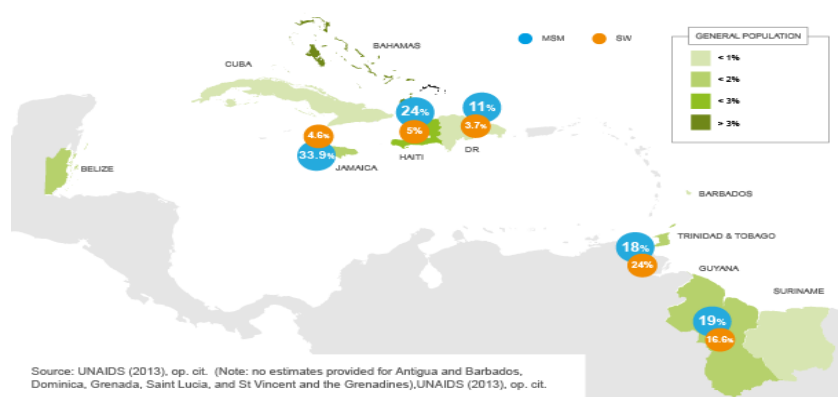


Figure 2.



Despite the overall gains, progress has not been uniform and the rate of decline of HIV incidence is too slow: AIDS remains a leading cause of death among 15 to 44 year-olds⁴ and the Caribbean is still the second most affected region behind sub-Saharan Africa, with an estimated 250,000 people living with HIV.⁵ The epidemic remains entrenched in key populations including men who have sex with men (MSM), sex workers (SW) and youth, and in many countries, prevalence for MSM and SW is higher than for the general population.

Figure 3. Country prevalence



B. Key Populations and Contributing Factors for Risk in HIV

Key Populations

This proposal focuses on the following key populations in the region: **MSM, Transgender, SW, PLHIV, migrants and youth belonging to these key populations.**

² PANCAP (2014). *Caribbean Regional Strategic Framework (CRSF) on HIV and AIDS 2014-2018*

³ Simeon. D.T., October 2015. *Overview of the HIV Epidemic and Response in the Caribbean*, PPT presentation

⁴ PANCAP (2014). *Caribbean Regional Strategic Framework (CRSF) on HIV and AIDS 2014-2018*

⁵ UNAIDS (2014). *Global AIDS Progress Report*, Available at:

http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf These figures do not include Belize, Guyana and Suriname. Including these three countries the estimated number of persons with HIV in the region would be approximately 265,000.

The conservative and close knit nature of Caribbean societies makes it difficult to identify, define and reach key populations, and there are limited data on these groups, particularly in smaller countries where information systems are not fully developed, such as the OECS islands. Population size estimates for KPs therefore exist only for a few countries. In order to address the TRP request for greater information on the reach of the activities proposed in this concept note, we have supplemented national program population size estimates with those developed by PEPFAR for the countries they directly support. In Jamaica, the total number of KPs is estimated at 51,696; the number of MSM at 33,000 and total number of FSW at 18,696 (MOH estimates). In Suriname, the MSM population is estimated at 5,000 (2,813-7,500) (NSP 2014) and total number of FSW at 2,228 (NSP 2014). In the Bahamas, the Ministry of Health estimates the KP population at 8,715, MSM at 4,000 and PEPFAR estimates total FSW at 4,715.⁶ In Trinidad and Tobago, PEPFAR estimates the overall key population size at 28,528, MSM at 8,271, and FSW at 13,536. In Barbados, PEPFAR estimates the overall key population size at 8,428 and the number of MSM at 2,784.

Men who have Sex with Men

In the Caribbean, HIV prevalence is highest among MSM with rates of 33% in Jamaica and over 20% in Dominica, St Vincent and the Grenadines and Trinidad and Tobago.^{7,8} Despite this, MSM remain underserved by national programs - and in 2012, only six countries (Dominica, Dominican Republic, Guyana, Haiti, Jamaica, Suriname) reported data on MSM.⁹ Stigma, including high levels of self-stigma, and discrimination fuel transmission and are barriers to diagnostic, treatment and care services: the Caribbean Men Internet Survey (CARIMIS),¹⁰ conducted with self-identifying MSM, found that nearly half of HIV-positive respondents keep their status hidden. One in five had been shunned because of their HIV status, and many instances of violence, stigma and discrimination associated with HIV testing and service provision were reported.

Transgender

Because most countries continue to regard transgender women as biological males who have sex with other males, there is very little disaggregated data available. Where prevalence data is available, such as in the Dominican Republic, it is elevated (17.2%).¹¹ Guyana has also started to provide transgender specific data: HIV prevalence is 8.4% for all transgender; 9.1% for transgender male to female 14-24 years; 7.8% for transgender male to female 25 years and older; 10.39% for transgender sex workers (under 18 years - 14.3% and above 18 years -9.7%); 4.8% for transgender non sex workers.

Sex workers

High levels of HIV prevalence persist, even where progress has been made among female, establishment-based and self-identifying SWs. Rates are 8.4% in Haiti, 5% in the Dominican Republic and 4% in Jamaica.¹² HIV prevalence among migrant sex workers has also been found to be high (e.g. 7.1% for Haitians living in the Dominican Republic),¹³ and knowledge about HIV and STIs and uptake of services have been found to be low among migrant Hispanic sex workers in Trinidad and Tobago.¹⁴

Youth belonging to key populations

Under the Round 9 grant program, a baseline study was conducted in 6 countries (Dominican Republic, Jamaica, Trinidad and Tobago, Haiti, Suriname and Guyana) with marginalized youth. Findings suggest that these youth are subject to stigma and discrimination, and face specific challenges negotiating safe sex owing to power imbalances. Health and social services fail to meet their unique needs. Data from Trinidad and Tobago show that only 23% of LGBT youth reported that someone had spoken to them about HIV in the past 6 months; 16% had been taught how to use a condom correctly; fewer than half reported ever being tested

⁶ PEPFAR 2015. *Caribbean Regional Operational Plan 2015*. . The PEPFAR Operating Plan provides estimates for some countries which assume that 2% of the adult male population is MSM and FSW sizes to be 3.8% of the adult female population

⁷ UNAIDS (2014). *Global AIDS Progress Report*. Available at: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

⁸ PEPFAR. *Caribbean Regional Operational Plan 2015*, April 2015

⁹ PANCAP Coordinating Unit. *Analysis of 2012 Country Progress Reports*.

¹⁰ UNAIDS (2014) CARIMIS: *Caribbean Men Internet Survey*

¹¹ COPRESIDA (2008), *1era Encuesta de Vigilancia de Comportamiento con Vinculación Serológica en Poblaciones Claves: Gais, Trans y Hombres que tienen sexo con hombre (GTH), Trabajadoras Sexuales (TRSX), Usuarios de drogas (UD)*, Consejo Presidencial del SIDA, 2008, p. 52

¹² UNAIDS (2014) *Global AIDS Progress Report* pg 55

¹³ Encuesta de Vigilancia Centinela 2013

¹⁴ Julia Hasbún et al (2012), *Diversity and Commonality: A Look at Female and Transgender Sex Workers in Three Caribbean Countries*, Caribbean Vulnerable Communities Coalition/The Center for Integrated Training and Research and the Pan Caribbean Partnership on HIV and AIDS, Dominican Republic

for HIV. Similar data is available for marginalized youth in the other five countries where the study was conducted.¹⁵

Migrants

Intra-Caribbean migration, including high levels of transnational mobility and return migration, increases the vulnerability of certain migrant sub-populations who may face a range of barriers to accessing health services. In addition to undocumented migrants, other groups at higher risk may include irregular migrant workers across a range of sectors (including agriculture, construction, tourism, sex work); families and partners of migrants. Studies on migrant, Hispanic sex workers in Trinidad and Tobago describe immigration status and language barriers for accessing HIV prevention and testing services. An elevated 7.1% HIV prevalence in migrant Haitian sex workers living in the Dominican Republic (compared with the national average in sex workers of 5%) suggests migrant sex workers may be at increased risk for HIV.

C. Key Legal and Human Rights Barriers, and Gender Inequalities

Legal and human rights barriers

The Caribbean Regional Dialogue of the Global Commission on HIV and the Law Report 2014¹⁶ and other research such as a global report by the Harvard School of Public Health found that many of the laws, policies and regulations in Caribbean countries present obstacles to effective HIV prevention, treatment and care for MSM, sex workers and youth.¹⁷ Stigmatizing and discriminatory legal and policy measures common in the regional legal and health systems prevent people from being tested, disclosing their HIV status and accessing HIV and other sexual health services.^{18,19,20}

Of particular concern are:

- Same-sex activities among consenting adults, sex work and HIV transmission are criminalized in 11 Caribbean countries: Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines, Trinidad and Tobago.^{21,22,23}
- Willful transmission of HIV is criminalized in two countries and three countries with laws which restrict entry to people who are HIV positive.
- Sex work is illegal in thirteen countries.
- Two countries have HIV-specific restriction on entry, stay or residence.
- Discrepancies between the age of sexual consent (typically 16) and the age at which young people can access health services without parental consent (18) results in unacceptably restricted access to health services.²⁴
- Stigma and discriminatory practices continue to be evident across all levels of staff in health systems.²⁵

Gender inequalities and socio-cultural norms

Higher prevalence in key population groups has been linked to deeply ingrained social and cultural norms and beliefs, particularly concerning gender roles. These drive the epidemic by increasing vulnerability and

¹⁵ CVC/COIN Vulnerabilized Groups Project - An Independent Evaluation. *CVC/COIN Baseline Studies Round 9 grant*

¹⁶ UNDP 2011. *Global Commission on HIV and the Law (2011), Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law*, Port of Spain, Trinidad and Tobago, 12-13 April 2011 (2012), *op. cit*

¹⁷ L. Gruskin and S. Ferguson (2008). *Ensuring an Effective HIV Response for Vulnerable Populations: Assessing national legal and policy environments*. Harvard School of Public Health, Boston.

¹⁸ See report A/HRC/27/L.27/Rev.1 of the United Nations Human Rights Council "Human Rights, sexual orientation and gender identity", available at: http://ap.ohchr.org/documents/alldocs.aspx?doc_id=24000

¹⁹ G. Alleyne and R-M. Belle Antoine (eds.) (2013). *HIV and Human Rights: Legal and Policy Perspectives on HIV and Human Rights in the Caribbean*; PANCAP (2012). *Perspective on Human Rights*; and The Global Commission on HIV and Law (2012). *Final Report*; cited in PANCAP Perspective Vol 1 Issue No. 4/2013, *op. cit*.

²⁰ *Regional Issue Brief* prepared for the Caribbean Regional Dialogue of the Global Commission on HIV and the Law, April 2011.

²¹ Human Rights Watch (2004), *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*, Human Rights Watch: and Human Rights Watch (2014), *Not Safe at Home: Violence and Discrimination towards LGBT people in Jamaica*, Human Rights Watch.

²² IACHR (2012), *Report on the Situation of Human Rights in Jamaica*, OAS

²³ UNDP 2011, *Global Commission on HIV and the Law (2011), Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law*, Port of Spain, Trinidad and Tobago, 12-13 April 2011

²⁴ CVC/COIN Vulnerabilized Groups Project (March 2012) - *Real Youth - HIV and Marginalized Youth Programmes in the Caribbean - Effective Models and Opportunities for Scale Up*

²⁵ The Health Policy Project (2013a), *Getting to "Stigma-Free" HIV Services in Dominica. Testing and Rolling-out an Intervention Package for Health Facilities*; and The Health Policy Project (2013b), *Getting to "Stigma-Free" HIV Services in St. Kitts and Nevis. Testing and Rolling-out an Intervention Package for Health Facilities*

creating barriers to services. The CRSF 2014-2018 (pg 29), Social and Cultural Factors) and numerous other studies^{26,27,28,29} describe how gender inequality is manifest in:

- Early sexual initiation, typically before the age of 15, and often through coercion.
- Young women involved in transactional sex with older, more sexually experienced partners.
- High prevalence of intimate partner violence and gender based violence. In addition to high rates of intimate partner violence experienced by young women, violence against LGBT persons has been extensively documented by PANCAP,³⁰ and for sex workers, physical, sexual and psychological abuse, threats, coercion and arbitrary deprivation of liberty, is common.³¹

D. Regional Health Systems and Community Systems Context

Some well-intentioned policies and practices implemented in HIV responses have contributed to HIV stigma and discrimination and impeded the effectiveness of the HIV response in many countries.³² One such example is the implementation of vertical HIV programs to respond to the varying needs of different population groups. The context and constraints of regional health systems are outlined below:

Governance and management

Ministries of Health are responsible for the establishment and regulation of health policies. Key challenges include regulation of the private sector, and quality assurance in public and private health services; coordination with non-health sectors, including community-based systems; and complex vertical structures for the national response to HIV and lack of evidence of impact.

Health service delivery

In most countries, HIV services have been delivered through vertical or stand-alone programs with parallel human resource, procurement and service delivery systems. There is widespread agreement on the need to improve efficiency by integrating HIV and other health platforms (CRSF pg20), and many countries which have made significant progress with this have benefitted from reduced costs, improved planning and resource allocation and increased return on investments. Weaknesses or gaps in the national health systems can hinder integration efforts, however, and shared needs in this area which can benefit from regional support include: strengthening governance and management, health service delivery, financing, information systems, and human resources for health.³³

Health financing

The cost of health care is financed by Ministries of Health and, in some countries, by private and national health insurance as well. None of the countries have a national financing strategy for health and there continues to be significant reliance on external resources for HIV within a context of a shrinking ability to finance priority government programs due to the global economic downturn since 2008. Recent increasing GDP per capita gap, with some countries now referred to as high income (the Bahamas, Barbados and Trinidad and Tobago), is encouraging for the several CARICOM and OECS countries contemplating regional and national health insurance schemes. Jamaica, for example, has decided to implement a Jamaica National Health Fund to address the high economic burden caused from non-communicable diseases.

Information systems

Data is collected at various levels of the health system, but often not in a standardized manner, affecting the reliability and quality of the data. Over the years, there have been some improvements in the availability of quality surveillance and survey information but there is still limited accurate and timely information to

²⁶ UN WOMEN. *Addressing the Links Between Gender-Based Violence and HIV in the Caribbean: Summary of Research and Recommended Actions.*

²⁷ J. Hasbun (2012), op. cit.

²⁸ Le Franc, E., et al., *Interpersonal violence in three Caribbean countries - Barbados, Jamaica and Trinidad and Tobago.* Revista Panamericana de Salud Publica, 2008. 24(6): p. 409-21.

²⁹ UNFPA, *ONUSIDA, Nuevas evidencias del vínculo entre violencia contra la mujer y VIH, República Dominicana*, Junio 2011

³⁰ H. Royes (2007). *PANCAP Survey of HIV/AIDS Stigma and Discrimination in Six Caribbean Countries.* PANCAP

³¹ See Caribbean Sex Worker Coalition (CSWC) Montego Bay Declaration, September 2013,

<http://caribbeansexworkcollective.org/index.php/en/campaigns-and-upcoming-events/119-montego-bay-declaration> and <http://www.hivlawcommission.org/index.php/news/news/200-caribbean-sex-workers-coalition-calls-for-an-end-to-discrimination-against-sex-workers-urges-transgender-recognition>

³² PANCAP (2013), *Justice for All: Creating a Facilitating Environment to Reduce HIV Related Stigma and Discrimination in the Caribbean*

³³ PAHO (2012), *Roadmap for Strengthening the Caribbean Health Workforce 2012-2017.* Draft document, April 2012

characterize and monitor the HIV epidemic, its determinants and associated vulnerabilities region-wide. Some key challenges include non-existent or limited reporting from the private sector; lack of analysis, reporting, and data management to inform and guide policy and program development; current systems rarely track the risk behaviors that provide the early warning signs for HIV spread; surveillance resources are often targeted to the general population while key populations are neglected.

Under the Round 9 grant, the Caribbean Public Health Agency (CARPHA) worked toward increasing the availability of strategic information on HIV in the region by developing monitoring and evaluation (M&E) capacity and assisting countries to develop and implement M&E plans, analyze data and produce data-driven reports, national program evaluations. The Round 9 grant evaluation recommends the refinement of the regional M&E capacity development strategy with an aim toward integration of M&E for HIV into broader health M&E systems, the development of a regional HIV M&E information system, and increased advocacy for M&E system development and resource allocation at the national and regional levels.³⁴

Efforts to develop HIV Case Based Surveillance (CBS) in the OECS have been ongoing for several years, and previously organizations including PAHO and the Caribbean Epidemiology Center (currently incorporated into CARPHA) have taken initiatives. While progress has been made under the Round 9 grant, adjustments in the initial plan and administrative delays have meant that activities were only started in Phase 2 and full implementation will not be achieved under the grant. An operational manual has been provided to be adjusted to the specific context of each country.³⁵ The HIV clinical management module is expected to reduce the level expenditure required for updating the national health information system as it is expected to provide a universal 'Conversion' entity to allow existing systems to have their surveillance data accepted into the regional and global health Information grids. Country progress is varied. In St Vincent and the Grenadines, manuals have been printed but the information system has not been updated. Antigua has held a stakeholder meeting to refine the manual and the data collection form, and the manual is being printed. Saint Lucia has reviewed and updated their Data Protection Act and HIV policy, and has procured some hardware to update their information system for CBS implementation. Hardware has been purchased by Dominica and the electronic system to support CBS is being developed.

Human resources for health (HRH)

The health workforce in the region is burdened by continuing high losses of experience and institutional memory, particularly nurses, and low ratios of health professionals to population size. While most of the smaller countries in the region have met the minimum number of trained health professionals per capita to ensure an acceptable level of health coverage, two of the larger countries (Belize and Jamaica) fall well below the WHO target. The University of the West Indies' capacity building initiatives, supported in Round 9, have all contributed to human resource strengthening in ways consistent with country's capacity development strategies and needs. The closure of Caribbean HIV AIDS Regional Training (CHART) Network, Caribbean Health Leadership Institute (CHLI) and The Caribbean Training and Technical Assistance (CARTTA) programs will create a gap in the capacity building structure in the region even while needs continue in areas such as clinical care for HIV, prevention interventions for KPs, laboratory skills, management and leadership.

Medical products and technologies

Most countries have a functioning supply management system. With the exception of the OECS, countries procure pharmaceuticals based on their national drug formulary. In some countries, the procurement of HIV drugs and other commodities takes place outside of the national system, with significant implications for stock outs and the effective management of supplies. Further, parallel systems for dispensing ARVs can negatively impact the clinical management of patients. The OECS countries utilize a pooled pharmaceutical procurement service. Declines in HIV mortality, stabilization of incidence, increased utilization of viral load testing and increased viral suppression can be attributed to the consistent availability and distribution of ARVs by the OECS Pooled Procurement System (PPS) which has contributed to significantly reduced prices for ARVs. There is movement toward using the mechanism for the procurement of laboratory supplies.³⁶

Under the Round 9 grant, important contributions have been made to laboratory strengthening with customized assistance provided to countries to strengthen laboratory and HIV care and treatment support systems. Laboratory strategic plans and policies were developed in addition to an electronic laboratory

³⁴ End of Project evaluation of PANCAP Round 9 Project November 2015

³⁵ Ibid.

³⁶ Ibid.

information system for use by labs that cannot afford commercial systems. A number of activities were conducted to improve the quality of laboratory services, including proficiency testing and support for planning the regional reference laboratory system and to Caribbean Cytometry and Analytical Society (CCAS) meetings.³⁷ All countries in the region are conducting essential diagnostics for the management of HIV care and treatment, with some able to conduct drug-resistance testing. Most have recognized the importance of quality assurance and have initiated, but have not yet completed, the accreditation process. Despite this progress, the laboratory strengthening needs in the region are extensive, with the single greatest constraint being cost, as the region faces both reduced budgetary allocations and increasing costs for laboratory tests.

Community systems

The delivery of health care has always included strong community participation, especially in the implementation of primary health care. Community involvement in the HIV response has evolved over the years, transitioning from family- and community-led financial, social and psychological support to individuals, to the establishment of formal community-based HIV support organizations and networks. It now focuses on testing, education and health promotion at the local level with linkages to health services.

Community systems strengthening work in the Rd 9 grant program focused on supporting KP networks, facilitating national programming and outreach to these populations, conducting KP-specific monitoring and evaluation and research. Efforts by CVC/COIN included capacity development and strengthening of the networks of SW, MSM, transgender, and youth, and a mini-grant initiative that supported 34 NGOs. Recipients were strengthened in many areas, including in M&E through the development of a web-based application. Financing continues to be the number one constraint to community involvement. Many organizations, regardless of their focus, now face severe sustainability challenges that have led to closures, reduction of human resources and service provision.³⁸ While civil society representation on National AIDS Commissions, CCMs and the PANCAP RCM has increased trust and partnership, in some countries, civil society continues to fight for inclusion in all decision making bodies.³⁹

Community involvement at the regional level is now more evident in planning, implementation and advocacy in support of the HIV response. Increasingly, civil society is advocating for mechanisms to address issues that impact key populations and to improve accountability. Regional and national networks have played a significant role in promoting acceptance of people living with HIV in the Caribbean. Under the Round 9 grant, significant support was provided to revitalize CRN+ because of its important role in regional advocacy and in strengthening the national organizational structures. Much more can be done to incorporate their active involvement and participation: further developing the PLHIV network, promoting acceptance outside of the health sector and strengthening their voice in advocacy and lobbying efforts.

E. Significant Regional Issues

Caribbean countries are confronted with the reality of shifts in the focus, quantity and modalities of external donor funding. Funding decisions depend heavily on the World Bank's operational classification of economies based on gross national income (GNI) per capita, which now categorizes the majority of the Caribbean (with the exception of Haiti, low income and Guyana, lower middle income) as high and middle income economies. This classification overlooks economic disparities, human development deficiencies and health system capacity. The de-prioritisation of the region by international funders has taken place in tandem with a worsening of the fiscal and economic environment, with service-based economies particularly suffering because of reduced tourism arrivals following the global financial crisis of 2008-09. Weak growth has, in turn, negatively impacted unemployment which is high across the region (4.9% to 21.4%) and has increased in countries like Barbados and Jamaica.⁴⁰ The CRSF 2014-2018 (pg 29) details the special vulnerabilities common to small island developing states that constitute severe and complex challenges to the sustainable development of Caribbean countries, and which make them ideal candidates for a regional approach. In summary, these are:

- Competing health priorities which shift the focus of regional and national health agencies, and strain resources. Recent public health threats have included dengue, chikungunya, Ebola and Zika virus.

³⁷ *Ibid.*

³⁸ *End of Project evaluation of PANCAP Round 9 Project November 2015*

³⁹ *Suriname Global AIDS Response Report 2014*

⁴⁰ United Nations. ECLAC. *Economic Survey of the Caribbean 2013.*

- Vulnerability to external shocks linked to lack of economic diversity and heavy reliance on international trade and tourism, limited institutional capacities, small domestic markets.
- High levels of exposure to frequent and devastating natural disasters with disproportionate and long-lasting consequences because of the small land mass, high population density and limited resources. Countries are listed among the top 50 hot spots for natural disasters.
- Vulnerability to the adverse effects of climate change and sea-level rise.

The special vulnerabilities of small island developing states coexist with economic and fiscal challenges which result, in large part, from the detrimental effects of trade liberalisation and globalisation. For decades, this has included high rates of migration of professionals and skilled workers, seriously depleting the region's human resources in the areas of education and health.

1.2 National and Regional Disease Strategic Plans

With clear references to the current **national and/or regional strategic plan(s)** and supporting documentation, briefly summarize the following:

- a. The key goals, objectives and priority regional program areas.
- b. Implementation to date, including the main outcomes and impact achieved, at the regional level.
- c. Limitations to implementation and any lessons learned that will inform future implementation. In particular, highlight how the inequalities and key constraints described in question 1.1 are being addressed.
- d. If applicable, the main areas of linkage to the national / regional health strategy, including how implementation of this strategy impacts relevant disease outcomes.
- e. For standard HIV or TB funding requests, describe existing TB/HIV collaborative activities at regional level, including linkages between the respective national TB and HIV programs in areas such as: diagnostics, service delivery, information systems and monitoring and evaluation, capacity building, policy development and coordination processes.

The applicant can also refer to the technical partners' regional frameworks or guidance while answering this question. Further, the response to this question should be tailored by the applicant in context of the situation in the region and focus of the application.

a. The key goals, objectives and priority regional program areas.

The Pan Caribbean Partnership against HIV and AIDS (PANCAP) was created by Caribbean Heads of Government in 2001 to facilitate a coordinated regional response to reduce the spread and mitigate the impact of HIV. With a membership of 65 countries and organisations and 50 affiliates, PANCAP is characterised by a strong culture of partnership and inclusiveness, and is internationally recognised by UNAIDS as a best practice. The PANCAP approach is premised on the application of UNAIDS 'Three Ones' principles at the regional level: one agreed strategic framework developed through an inclusive consensus-building process (the Caribbean Regional Strategic Framework on HIV/AIDS); one multisectoral governance body for mutual accountability (the PANCAP Regional Coordinating Mechanism (RCM)/Executive Board (EXB)); and one mechanism for monitoring and coordination (the Priority Areas Coordinating Committee (PACC) of the RCM/EXB).

Caribbean Regional Strategic Framework on HIV and AIDS 2014-2018

The Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) (**Annex1**) defines the links and interface between PANCAP partners working at all levels of the HIV response. The uniqueness and value of the CRSF 2014-2018 lies in the inclusion of all stakeholders in a process of articulating the vision and collective priorities of Caribbean states, technical agencies, civil society and key populations. The CRSF is more than a plan for PANCAP alone, it represents a consensus to strategically align efforts by stakeholders working at all levels of the HIV response through joint decision-making in setting programmatic priorities. At the regional level, the CRSF is a strategic investment approach designed to strengthen and supplement national programs by focusing the work of regional technical agencies on priorities best addressed through a regional approach. At the national level, the CRSF provides a framework for guiding national responses by articulating policy directions

and agreed expected results over the timeframe. The CRSF 2014-2018 was developed through a lengthy consultative process that went hand in glove with the regional dialogue for this concept note, with the participation of government officials (Heads of Government, Ministers of Health, Chief Medical Officers and NAP Managers), regional technical support agencies, non-governmental organisations, key population networks, faith-based organisations, youth movements, universities, and development partners.

The overall goal of the CRSF 2014-2018 is to halt the spread and reduce the impact of HIV in the Caribbean, while promoting sustainable health and development. Six strategic priority areas, each with two objectives are identified as key to achieving the vision of an AIDS-free Caribbean. Expected results take cognizance of varying capacity and differing levels of progress in national responses but are intended to align with national strategic plans. Implementation progress be monitored and evaluated through 26 indicators which countries will report on through a mechanism to be established by CARPHA, PANCAP’s lead technical partner in the area of strategic information. Indicators have been developed through a consultative process designed to maximize completeness and fill gaps in information related to stigma and discrimination, while minimizing additional reporting burden on countries. However, many countries still lack the capacity to provide timely and accurate data in many areas included in the M&E framework.

CRSF M&E Framework

Four indicators measure progress towards the overall goal of the CRSF 2014-2018:

1. Percentage of persons aged 15 – 49 years newly infected with HIV in the last year
2. Percentage of children born to HIV-infected mothers who are infected
3. Percentage of eligible people in ART by treatment line and disaggregated by sex and age group (< 15 and >15)
4. Domestic and International AIDS spending by category and funding sources

Table 1. CRSF indicators by objectives and strategic priority areas

Strategic priority area	Objectives	CRSF Indicators
1. An Enabling Environment	1.1 Increase access to justice for all in the Caribbean. 1.2 Promote the development and acceptance of <i>positive social norms</i> and behaviours that support healthy and equitable societies.	5 Number of countries achieving legislative reform for modifying and repealing discriminatory laws that infringe on human rights 6 Number of countries that have a monitoring system to address discrimination 7 Percentage of PLHIV and key populations that report discrimination in the health sector 8 Number of countries with national HIV responses that are gender transformative 9 Number of countries with established minimum package of sexual and reproductive health (SRH) services for key populations 10 Number of countries that have cases of forced sterilization 11 Number of countries that have reduced the rate of violent acts/hate crimes against PLHIV and other Key Populations (including LGBTI, Sex Workers)
2. Shared Responsibility	2.1 Strengthen country ownership through multisectoral approaches and by increasing the use of modalities such as horizontal cooperation. 2.2 Strengthen accountability and transparency mechanisms to promote good governance.	12 Percentage of countries implementing national strategic plans that support coordination of HIV-related service delivery by civil-society organizations 13 Percentage of partner countries and organizations with functional systems to track and report on funding flows
3. Prevention of HIV Transmission	3.1 Expand access to high quality evidence-based and appropriately targeted packages of prevention services (combination prevention). 3.2 Scale-up access to high-quality interventions for the elimination of mother to child transmission (EMTCT).	14 Percentage of young people aged 15-24 reached with HIV prevention programs 15 Percentage of sex workers reached with HIV prevention programs 16 Percentage of men who have sex with men reached with HIV prevention programs

		17 Percentage of sexually experienced women/men aged 15-49 who received at least one reproductive health service in the last 12 months 18 Percentage of HIV-positive pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission
4. Care, Treatment and Support	4.1 Expand and sustain access to high-quality care, treatment and support, including management of STIs and co-morbidities. 4.2 Improve linkage, adherence and retention in care, treatment and support.	19 Percentage of eligible people in ART by treatment line (first, second, third) disaggregated by sex and age group (< 15 and >15) 20 Percentage of countries that provide STI services or referrals to such services in all primary, HIV, reproductive health, family planning and ante- and post-natal care services 21 Percentage of patients on ART tested for viral load (VL) with VL <1000 copies /ml after 12 months of therapy 22 Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy 23 Percentage of health facilities offering integrated HIV clinical care and treatment services in primary health care
5. Integration	5.1 Integrate HIV services into national health systems. 5.2 Integrate HIV prevention into social and economic development efforts.	24 Number of national programs implementing interventions to address the social determinants of HIV with at least one non-health partner
6. Sustainability	6.1 Sustainable financing of national responses. 6.2 Policy, planning and evaluation for sustainable high-impact programs	25 Percentage countries with adequately resourced National Strategic Plans 26 Number of national programs undertaking mid/end of term national evaluation plan

Under the leadership of the Caribbean Public Health Agency, CARPHA, the Regional Monitoring and Evaluation Working Group will discuss and agree on the targets for each of the indicators above. This process will be completed by the end of April 2016.

The 2014-2018 CRSF is operationalized through two year plans (Annex 2) which detail regional actions delivered by key technical and civil society partners. Within each strategic priority area, a lead agency has priority responsible for coordinating implementation, monitoring and reporting. Oversight of the implementation of operational plans is the responsibility of the PACC, with support from the PANCAP Coordinating Unit (PCU), the secretariat of PANCAP. In addition to the PANCAP governance mechanisms described in Section 5, regular meetings of lead agencies and an annual meeting of National AIDS Program (NAP) managers facilitate tracking of implementation progress.

B Implementation to Date

The current version of the CRSF is in its second year of implementation and has not yet been evaluated.

Findings from an independent evaluation of implementation of the previous version of the CRSF 2008-2012 form the basis for the strategic priorities and expected results of the CRSF 2014-2018, and are detailed on pages 33-44 of that document. These include:

- Important PANCAP-led initiatives to accelerate the human rights agenda and to eliminate stigma and discrimination have included the establishment of a regional stigma and discrimination unit, a regional policy on HIV-related stigma and discrimination, model anti-discrimination legislation and national human rights dialogues in several countries. Policies to ensure universal access to HIV services are in place in eight countries but in many instances, are not being implemented. In spite of these efforts, stigma and discrimination persist with surveys of health facilities on three islands showing stigma and discriminatory practices present across all levels of staff.
- A positive development is the increasing use of Caribbean courts for legal challenges, although the practice of public interest litigation remains limited.
- Capacity building has focused on human resources, laboratory services and monitoring and evaluation and has been achieved through technical assistance, needs-based training and sharing of information, skills and regional service providers.

- Weaknesses in health systems continue to present barriers to access and sustainability of services, particularly where parallel service delivery systems for HIV have been established.
- PANCAP has worked to strengthen national monitoring and evaluation systems in a number of key areas, including evaluation of national AIDS programmes; conduct of special studies among key populations; development of M&E plans; and training in results-based management. Countries continue to face deficiencies in translating findings into actionable recommendations for policy and programme development.

The successful implementation of the second CRSF 2008-2012 contributed to a 50% decline in the rate of new HIV infections, a rapid decrease in the number of people dying from AIDS, and increasing numbers of people receiving treatment, care and support. In this way, PANCAP has successfully demonstrated the added value of a strategic regional approach in providing regional public goods and services to support national-level efforts; developing and rolling out high-quality pilot interventions; achieving economies of scale in the procurement of ARVs and establishment of regional lab capacity; mobilising resources in ways unavailable to individual countries; and advancing human rights advocacy through regional governance bodies.

Global Fund Grant Round 9, 2011-2015⁴¹

The Round 9 grant focused on equitable access to services for KPs in 16 countries: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago. Grant objectives were aligned with those of the CRSF:

- An enabling environment that fosters universal access to HIV services
- Reduced HIV transmission in key populations
- Health systems strengthened with improved human and laboratory resources and improved management of medicines in the OECS.
- Better information on the epidemic and the response
- Build capacity and promote sustainability of the HIV response

In Phase 2, the focus of the grant was sharpened to two goals: (1) reduce the number of new HIV infections, and (2) lower mortality due to HIV. Over the five year grant period (January 2011-December 2015) PANCAP has consistently met or exceeded expectations, with the most recent rating being A1. Expenditure rates have been in excess of 90% and performance targets have been met with the exception of the indicator related to countries with consensus on human rights.

An independent evaluation of the Global Fund Round 9 grant program (MAC-910-G02-H: Fighting HIV in the Caribbean: a Strategic Regional Approach) which was developed to advance implementation of the CRSF 2008-2012, was completed in November 2015 and informs on the status of the regional response.⁴² Significantly, the evaluation found that the grant has contributed to the complete or partial fulfillment of all of the strategic objectives in four of six priority areas of the CRSF 2008-2012, with 65% of the expected results of the CRSF 2008-2012 either fully or partially addressed. The evaluation report details the achievements of individual SRs and SSRs, and these are also referred to in section 1.2 of this concept note.

Key overall findings are summarized here:

Grant management

- The success of the Round 9 grant demonstrates that the region can competently develop, manage, and implement a multi-country multi-institutional grant.
- The location of the PR at the CARICOM Secretariat was beneficial in providing access to high-level regional governance mechanisms and support from all organs of that institution. Overall, the benefits outweigh challenges related to the CARICOM Secretariat's lengthy procurement and human resource processes.
- Institutional strengthening has occurred at several levels, including improved project management capacity at the PR, SRs, implementing partners and NGOs receiving mini-grants.
- Implementation success can be attributed in part to SRs' considerable experience working in the regional response, in participating countries and with NAPs. In many instances, the grant provided

⁴¹This section is based on D. Springer (2013). *Presentation on GFATM Round 9 Grant to 21st Meeting of CARICOM Chief Medical Officers*, Barbados, 29-30 April 2013.

⁴² *End of Project evaluation of PANCAP Round 9 Project November 2015*

resources to build on earlier or existing initiatives. Information sharing and collaboration among SRs improved over the grant period, although some potential areas for collaboration were not explored and communications and linkages with national programs could have been more structured. The collaborative working relationships developed between the PR and this set of SRs can minimize “start-up” challenges for future grants, and allow for greater leveraging of SRs’ technical expertise.

Enabling environment

- The Justice for All consultations led to the adoption of elements of the program and incorporation in the NSPs of selected countries. However, many of the JFA activities coincided with the challenge to the sodomy law in Belize and the Bain case in Jamaica in 2014. The widespread publicity associated with these and perception that the program was HIV-specific may have slowed uptake of the program elements.
- Elements of the program targeting migrants achieved limited success, with the general distrust of migrants of government institutions and fear of deportation contributing to lower than expected participation rates. Government and unions were focusing on other priorities. In addition to HIV, other health issues, such as alcohol abuse, are important among the migrant workers.
- The Human Rights Observatory established in the Dominican Republic is identified as a best practice model of a fully functioning mechanism for reporting on human rights violations in all areas, including HIV, and for embedding HIV into broader social structures.

Strategic information

- While the grant has contributed to some improvement in strategic information at the national level, including specific to key populations, this is not the case at the regional level where standardized and comparable data on HIV and health outcomes across countries is insufficient. Regional reporting on Global AIDS Response Progress Reporting (GARPR) indicators is inconsistent although the number of indicators reported on is high, they do not provide a complete picture of the region’s progress. Further, no institution has assumed responsibility for collecting, managing, analyzing and disseminating information for the region as a whole. The evaluation suggests that CARPHA is best placed to implement a regional M&E system, and to advocate for developing and institutionalizing M&E systems in countries.

Community systems strengthening

- Regional KP networks (including Caribbean Network of People Living with HIV (CRN+), Caribbean Sex Workers Coalition (CSWC), Caribbean Forum for Liberation and Acceptance of Genders and Sexualities (CariFLAGS) were strengthened with improved capacity for advocacy and to meaningfully contribute to the regional response. At the national level, NGOs reported increased networking and improved linkages with NAPs, CCMs, other NGOs and donors. The strengthening of youth networks has not been as successful, in part due to maturation and turnover of participants. A more systematic and structured approach to facilitating networking among NGOs could increase synergies and more deliberate engagement with national programs is needed to maintain investments in NGOs.
- CVC/COIN sought to facilitate government recognition of the added-value and cost-effectiveness of community based organizations to scale-up their work with vulnerable groups, and facilitate government ownership of the HIV response. CVC/COIN experienced difficulty with engaging the most influential and senior persons in ministries and efforts to increase national ownership and engagement with NGOs were not especially successful. There remains a need for effective approaches to sensitize senior ministry officials and increase government’s engagement with NGOs and ownership of HIV responses.

Pooled procurement

- The OECS pooled procurement system works well, and is a model approach for pooled procurement. Prices for antiretroviral drugs have dropped significantly and the procurement system ensures the availability of antiretroviral drugs, including through a stock-sharing system.

Laboratory strengthening

- CMLF supported countries to develop national strategic plans, policies and network plans based on initial baseline assessments conducted in phase 1, 13 countries developed lab policies; 10 countries

developed strategic lab plans; and national laboratory network plans were supported in 10 countries. National plans and policies are intended to ensure the access to sustainable quality laboratory services by enabling national representatives to advocate for resources to sustain the critical role of the laboratories. In spite of this progress, many countries have not yet approved or endorsed policies or plans. Consequently, they have not been operationalized and implemented.

Case based surveillance

- The goal of HIV Case-Based Surveillance in the OECS, supported under the Round 9 grant, was to provide quality information for evidence-informed HIV and STI programming and policy decision making, thereby minimizing the impact and reducing the spread of HIV/AIDS and other sexually transmissible infections. Specific objectives include to collect, collate, analyze and disseminate data in order to monitor sexual behaviors and practices driving the HIV/AIDS epidemic, assess HIV/AIDS/STI trends over time, measure coverage and quality of care of persons living with HIV/AIDS and other STIs and to provide evidence for public health actions. Due to adjustment of the initial plan and administrative delay, the Case-Based Surveillance activities were only started in Phase 2. Country level progress is detailed in Section 1.1 D.

Sustainability

- In spite of successful systems for managing the complexity of a Global Fund multi-country grant, insufficient attention was been paid to sustainability planning for grant activities. Efforts to sustain grant activities were not initiated as early as needed.

C. Limitations to Implementation and Lessons Learned

The CRSF 2014-2018, and by extension this grant program, was developed taking into account lessons and limitations to implementation that are detailed in the CRSF 2014-2018, pg 13-14:

- Regional collaboration has been strengthened through the PANCAP multi-country grant but there is need to reinvigorate efforts to implement a multisectoral response to structural barriers. Strengthening alignment with broader national development plans could create opportunities for synergies and for activities to be supported through non-health programs and aligned to national budgets.
- Given that the epidemic remains entrenched in key populations, further progress in the regional response will only be possible with the removal of the legal, social and cultural barriers affecting KPs.
- High-level political leadership is critical to PANCAP's success and particularly, to improve the enabling environment. Deferral of endorsement of the Justice for All Roadmap by Heads of Government, amidst backlash from right-wing religious groups, points to the need for a more strategic and coordinated approach to regional advocacy.
- A wider range of stakeholders from mainstream society, professionals, the faith community and wider duty-bearers must be engaged to build consensus and support for human rights. This is important for building political commitment, including for policy and law reform efforts, as well as for addressing harmful societal norms, attitudes and behaviors.
- More must be done to promote the voice of KPs and facilitate access to regional governance mechanisms and high-level political leadership. Capacity building and support for advocates are essential for the long term engagement that is required to shift structural barriers.
- There is need strengthen strategic information for evidence-based programming, including to better understand and target constraints to retention of patients along the HIV treatment and care continuum.
- Capacity building, specifically training, is an on-going need of national programs as turnover of health professionals continues to be high.

The independent evaluation of the Round 9 grant makes the following recommendations for the PANCAP Global Fund regional concept note:

- **Human rights:** Findings point to the need for continued effort to increase protections for human rights of vulnerable groups, including the regional Justice for All program and advocacy to complement national efforts. Greater emphasis on migrants as vulnerable population is needed given the high rates of work-related migration and mobility in the Caribbean.
- **HIV integration:** Deliberate and concerted effort in this area will be required to sustain HIV responses. Regional institutions (PAHO and CARPHA) have critical roles to play in supporting Ministries of Health to advance integration of HIV programs.

- **Strategic information:** The paucity of standardized, comparable data across countries means that progress in the regional response cannot be adequately monitored and evaluated. An initiative that facilitates the collection of standardized data is needed to permit monitoring the implementation of the new CRSF, and to measure the reach and effectiveness of programs that target key populations. CARPHA should conduct a mapping of countries' M&E needs to review and update a regional M&E capacity strategy to incorporate both individual and cross-cutting country needs, and include the use of alternative modalities of training such as web-based courses. Deliberate efforts to increase analysis and use of data for policy and programming are needed.
- **Laboratory Strengthening:** The evaluation finds that significant deficiencies continue to exist in the laboratory services that adversely affect the quality of care and treatment for PLHIV, including in the development and implementation of national plans and policies. PANCAP should therefore advocate for their approval, adoption and implementation. Countries will require support with operationalizing the plans and policies and PANCAP should advocate for countries to mobilize resources for laboratory strengthening. Caribbean Med Lab Foundation (CMLF) should also finalize the draft model legislation for the regulation of labs and engage in consultative processes with countries to customize and develop national laboratory legislation. A cost benefit analysis for lab strengthening should be conducted for advocacy for laboratory initiatives.
- **Capacity building:** With the end of the CARTTA, CHART and CHLI programs, there will no longer be any structured HIV capacity building and strengthening mechanisms in the Region. On-going capacity building is needed given staff turnover and the need to update treatment providers on advances in care and treatment guidelines. Capacity development needs which can benefit from a regional approach exist particularly in the areas of program management and leadership, and prevention. The main recommendation from this evaluation is to develop a mechanism to continue to provide health and HIV management, leadership and HIV clinical training.

D. Linkages with National and Regional Health Strategies

In 1984, the region launched the Caribbean Cooperation in Health (CCH) to identify the highest health priorities and address the gaps in the regional health agenda. The CCH III is subscribed to by national partners and guided by the following principles: the right to the highest attainable level of health; equity; solidarity; people-centred; and leadership in public health. Now in its third iteration, the CCH III⁴³ focuses on addressing specific regional public health gaps in eight priority areas: communicable disease; non-communicable disease; health system strengthening; environmental health; food and nutrition; mental health; family and child health; and human resource development. It notes the rising mortality related to communicable diseases and that this is linked in particular to the epidemic of HIV/AIDS (and, more recently, to dengue fever and malaria). While national and regional statistics show that chronic non communicable diseases (NCDs) are the leading cause of death for the population, HIV/AIDS is one of the three leading causes of death among youth and the population of productive and reproductive age. Under areas for joint collaborative action, the CCH III identifies support for implementation of the CRSF. As the CRSF 2014-2018 forms the basis for this concept note, the proposed program is strongly linked to the overall guiding health framework for the region.

E. Linkages with National AIDS Plans and Related Country-level Interventions

A review of national strategic plans (NSPs), country GARPR and HIV investment case briefs was conducted to identify national-level work which complements the regional proposal, and to identify synergies with national programs that can contribute to and enhance the design and delivery of the planned regional interventions. Relevant interventions are synthesized in **Annex 3**. In order to address TRP concerns regarding the potential for duplication of concept note and NSP activities, PANCAP requested NAP managers to provide an update on the status of implementation of planned interventions. Even the limited responses received suggest that countries are finding it difficult to move forward with implementation. Under the previous Round 9 Regional Grant, CARPHA completed outcome evaluations of several national strategic plans as both a capacity building exercise and as a means to producing useful information on the status of program outcomes. Common themes from these evaluations included the weakness of national strategic planning to address KP issues; poor quality data to assess interventions (especially for KPs); the limited use of data to inform decision-making; the limited implementation of high-impact evidence-driven interventions for KPs; limited utilization of civil society and the private sector; the presence of high levels of stigma and discrimination (S&D) limiting access to services; and

⁴³CARICOM (2010). *Caribbean Cooperation in Health Phase III (CCH III): Regional Health Framework 2010-2015*.

weak legislative protections and redress systems for breeches of patient rights. These are all gaps which this concept note proposes to address.

The regional concept note takes into account and complements Global Fund country programs: 12 countries (the six OECS countries, Belize, the Dominican Republic, Guyana, Haiti, Jamaica, and Suriname will be implementing grant programs which include activities to support an enabling environment that are summarized in Table 2 below.

Table 2: National Concept Notes: Human Rights and Key Populations Focus

Country	Human Rights Focus
Belize	Strengthening and improving access to services by key populations for HIV and TB.
	The criminal code is mentioned in the document but there are no interventions to address this issue.
Dominican Republic	Strengthen access to services for key populations
Guyana	Strengthen access to services for key populations
Haiti	Map the MSM networks and analyze capabilities within the MSM and transgender organizations to implement a capacity building plan and provide support to those stakeholder organizations providing services to MSM. Organize advocacy with community leaders, media managers and journalists, law professionals (lawyers - judges - bailiffs), human rights organizations and the Police Department. Update the mapping of prostitution 'hot spots' to improve BCC service coverage and analyze the capacity of organizations working SWs and their clients to implement a capacity building plan and provide support to those stakeholder organizations providing services to SWs.
Jamaica	Improve access to service for key populations. Provide capacity building for community based organisations (CBOs) and build partnerships for improving access to key affected populations (KAPs).
Suriname	Strengthen and increase access to services for the key populations (MSM, SWs and Transgender (TG)), increase linkages to care, retention, psychosocial support and adherence to treatment.
	Establishment of human rights desk to address stigma and discrimination (redress system).
	Collaboration with the PANCAP regional project.
OECS	Strengthen access to HIV and TB services for key populations

Source: Communication from PAHO, January 2015

The clear synergies between the NSPs and the CRSF, national and OECS Global Fund grants and the proposed PANCAP grant program demonstrate a clear consensus, among partners at all levels, of the importance of addressing the enabling environment in order to further progress towards the achievement of regional and national goals. At the same time, the limited progress at the country-level and the many gaps which remain suggest that country capacity or limited political will may be barriers to actually implementing proposed activities. Given this track record, as countries move from the concept note to grant making, it is unclear whether the few proposed human rights (HR)-related activities will be retained and successfully implemented. This points, instead, to the need for a strategic regional approach that can provide high-level political advocacy and technical expertise to support countries to take on common sensitive societal, policy and legislative challenges which are difficult for national governments to address on their own.

Within a context of conservative and strongly religious societies, law and policy reform clearly remains a common challenge, lending itself to a regional approach in which cross-border advocacy, strategic information and shared technical capacity are strengthened, model approaches are available for adaptation, and demonstrated success in some countries catalyzes change in others. Where direct support for national efforts is deemed necessary for advancing the regional response, in areas such as the implementation of national Justice for All (JFA) action plans, products are clearly linked to a regional outcome and will serve to advance a regional strategy. Country interests will be protected by integrating these PANCAP supported activities into national programs to sustainability and to stimulate further action in this area. The PANCAP RCM, which includes CVC-COIN and donor partners, will also explicitly engage national coordination mechanisms, including

CCMs, to ensure that PANCAP work is complementary, does not duplicate but rather adds value to national efforts.

F. Existing Collaborative Activities in TB/HIV⁴⁴

According to PAHO, all countries are currently implementing TB/HIV collaborative activities at the national level, although to varying degrees. Collaboration between TB and HIV programs ranges from formal to very informal, but is more structured in settings with high TB/HIV co-infection rates such as Haiti. Joint TB/HIV norms and guidelines are being developed by national programs, since addressing TB/HIV is a priority for all TB programs and increasingly so for HIV programs. In Haiti, for example, some NGOs have fostered integrated service at the primary health care level; in other countries such as Jamaica, some type of joint care is provided by default; others such as Guyana are decentralising TB and HIV services and, along the way, facilitating collaboration and integration; and in others such as the smaller island nations with a very low TB/HIV burden, the sporadic cases are seen jointly by clinicians. The English speaking Caribbean countries follow the TB and TB/HIV guidelines developed by CHART in 2010 and some have already updated these.

Nonetheless, there are several challenges to implementation. TB/HIV joint planning is partial or non-existent in several countries, with an unclear definition of responsibilities, activities and allocation of resources between the two programs. The provision of TB and HIV services is disconnected in most countries with centralized HIV services and decentralized TB services. There are inappropriate metrics and limited data (especially for TB screening, CPT and IPT); and infection control measures are not followed adequately in many health facilities.⁴⁵ Ongoing regional initiatives include PAHO's second survey on TB/HIV implementation in the Americas and a pilot project on the integration of TB and HIV service provision to optimize management of TB/HIV co-Infected patients in the Dominican Republic and Honduras. Documentation of this pilot will serve as an example for other countries in the Americas.

SECTION 2: FUNDING LANDSCAPE, ADDITIONALITY AND SUSTAINABILITY

To achieve lasting impact against the three diseases, financial commitments from national governments and other sources must play a key. Global Fund allocates resources which are far from sufficient to address the full cost of technically sound programs. It is therefore critical to assess how the requested funding fits within the overall funding landscape and how national governments or other donors plan to commit increased resources to the regional disease program and health sector each year.

2.1 Overall Funding Landscape for Upcoming Implementation Period

In order to understand the overall funding landscape of the regional program and how this funding request fits within that, briefly describe:

- a. The availability of funds for each program area and the source of such funding (national governments and/or donors). Highlight any program areas that are adequately resourced (and are therefore not included in the request to the Global Fund).
- b. How the proposed Global Fund investment has leveraged (in case of any existing Global Fund grants) and will leverage resources from national governments and other donors.
- c. For program areas that have significant funding gaps, planned actions to address these gaps and raise additional funds.

Please keep your response specific to the aspect of the program for which funding is being requested through this concept note, instead of describing the overall funding landscape for the entire disease program in the region.

⁴⁴The information in this section is taken from a presentation by M. Ghidinelli, *TB/HIV in the Americas Review of Progress, Barriers and Successes*, at the 19th Core Group Meeting of the Global TB/HIV Working Group in Washington DC, USA - 11 February 2014.

⁴⁵PAHO (2012). *TB/HIV Collaborative Activities and Indicators in the Americas (2012): TB/HIV Regional Survey 2012*.

The 2015-2016 CRSF Operating Plan includes activities to be implemented by selected key regional technical partners. The costing of the plan, which does not include big ticket items related to procurement of medicines and supplies and infrastructure costs, amounts to approximately USD 6.1 million in 2016 and USD 5.2 million in 2017, and indicates substantial gaps in the resources needed to fund the regional response. At the national level, external support continues to play an important role in most countries, with higher levels registered in such countries as Belize, Jamaica and Barbados. Haiti stands out as an almost entirely dependent country on external support.

Table 3. HIV spending by source of funding

Country	Public	Private	External
Belize	29%	4%	66% (GF - 18%)
Jamaica	26%	1%	73% (GF - 61%)
St. Kitts & Nevis	64%	1%	27%
Dominica	56%	0%	44%
St Vincent & Grenadines	42%	2%	56%
Barbados	34%	0%	66% (WB - 62%)
Antigua & Barbuda	52%	2%	46% (USG - 29%)
Haiti	1%	0%	99% (Bi-lateral -67%)

Source: UWI-HEU An Assessment of the Financial Dependency of the Caribbean Region's Response to HIV/AIDS 2014

In 2014, the PANCAP resource mobilization goal was approximately US\$10 million with funding from a range of donors, with the majority of the funding to be mobilized from KfW Development Bank (51%) for the CARISMA IV project and approximately 37% of the resources allocated were from the Global Fund HIV project in the region (See Table 4 below). In 2015, these same donors collectively represented only 79% of the PANCAP resource mobilization goals. PANCAP's resource mobilization strategy seeks to expand the pool of donors in order to fill this resource gap. New sources of funding for the region include the PEPFAR Local Capacity Initiative (LCI), which will provide an additional USD 2.1 million to continue to strengthen PANCAP's current programs.⁴⁶ The LCI is specifically designed to strengthen the sustainability of PANCAP and other regional institutions responsible for coordinating policy and advocacy issues for human rights issues and key populations.⁴⁷ A CARIFORUM-European Development Fund grant to PANCAP through CARICOM was recently signed, which will provide European Union funding for some PANCAP activities through 2018.⁴⁸ AIDS Healthcare Fund has provided USD21,600 the PCU to support staff cost in 2016 and UNICEF will be providing funding in the sum of USD20,000 to support strengthening of the information system in the Caribbean to better monitor the Elimination of mother to child transmission (MTCT) in 12 targeted countries in 2016.

Table 4: PANCAP Funding Sources, 2014-2015

⁴⁶C. Chadbourn and L. Tarantino (2014). *Pan Caribbean Partnership Against HIV and AIDS Resource Mobilisation Strategy*, December 2014.

⁴⁷*Ibid.*

⁴⁸*Ibid.*

PANCAP Funding Sources	2014	% of total	2015	% of total
GFATM (Fighting HIV in the Caribbean: A Strategic Approach)	3,707,471	36.8%	6,415,543	66.17%
CARISMA IV / KfW	5,160,000	51.2%	914,759	9.44%
GIZ: Improving Access of Migrant Populations	921,429	9.1%	139,750	1.44%
USAID Enhanced Regional Response to the Caribbean HIV/AIDS Epidemic	168,684	1.7%		0.00%
USAID Support to the PCU 2014-2015	49,756	0.5%	149,267	1.54%
CARICOM	67,856	0.7%	70,000	0.73%
Total	10,075,196	100%	7,689,319	79%

Source: PANCAP Coordinating Unit

A critical look at how HIV resources are allocated across programmatic areas in the Caribbean shows that the majority of HIV finances are allocated to treatment, care and support, health systems strengthening and prevention. As indicated earlier (pg 20), national programs have not been well-resourced to implement activities in support of an enabling environment, even where these are included in NSPs. Figure 4 below shows the funding allocated to creating and enabling environment represents the smallest proportion of total funding for the regional response, and it is this funding gap that the proposed grant program seeks to address.

Table 5: Financial Resources Allocated for the HIV Response in the Caribbean by Program Area

Country	Prevention	Care & Treatment	Program Mgt	Enabling Environment	Other
Belize (2012/13)	27%	19%	33%	8%	14%
Jamaica (2010/11)	30%	34%	21%		15%
St. Kitts & Nevis (2010/11)	66%	33%	1%		
Dominica (2010/11)	58%	32%	2%		
St Vincent & Grenadines (2012)	28%	16%	39%		17%
Barbados (2011/12)	12%	66%	21%		1%
Haiti (2011)	14%	58%	12%	11%	7%
Dominican Republic (2008)	25%	41%	29%	1%	4%
Trinidad & Tobago (2006)	40%	44%	13%		2%
Guyana (2013)	23%	42%	20%	14%	

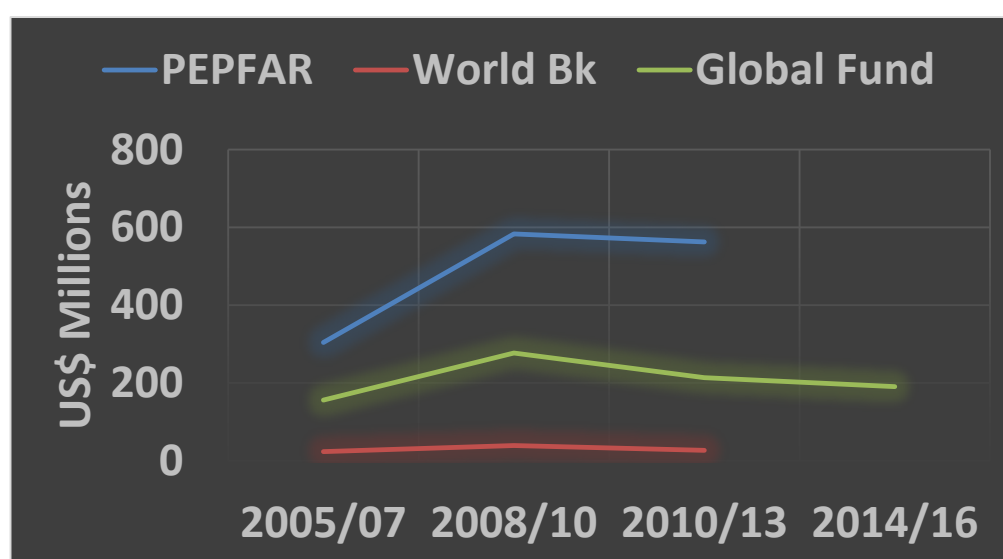
Source: UWI-HEU An Assessment of the Financial Dependency of the Caribbean Region's Response to HIV/AIDS 2014

Limited government resources for health have been stretched to meet multiple demands, including expanding treatment programs and emerging diseases such as Ebola, chikungunya and most recently, Zika virus. At the regional level, government support for PANCAP and the regional response is channeled through

the CARICOM Secretariat which provides in-kind administrative support to the PANCAP Coordinating Unit which is housed within the Secretariat. Government quota contributions to CARPHA also benefit the HIV response through technical support to strengthen health systems in a range of areas, including laboratory services, monitoring and evaluation and research, surveillance, etc. Competing priorities and limited national funding are major constraints on the level of government contributions. The CRSF 2014-2018 notes that while domestic investment for HIV is increasing in the region, it continues to be low compared to other regions.

The main external funding sources for HIV programming in the Caribbean are the Global Fund, PEPFAR, PAHO and the UN Joint Program. These partners provided a consolidated report at the 2015 NAP managers and key partners meeting. This meeting is an important mechanism for bringing together national programs, international partners and regional technical agencies to identify critical gaps and needs, and harmonize their support to address these in the most cost-effective way. Sharing information at this level allows donor programs to be leveraged for maximum impact throughout the region.

Figure 4. General downward trend in donor support with World Bank falling by 31% between 2008/10 and 2010/13 and GFATM falling by 23% over the similar period



Source: UWI-HEU An Assessment of the Financial Dependency of the Caribbean Region's Response to HIV/AIDS 2014

Table 6. Global Fund grants in the Caribbean approved under allocation model

Country	Funding for HIV	TB/HIV
Belize grant approved 11 th September 2015		Total grant agreement amount: \$3,359,024
Dominican Republic 2 grants approved on 19 th October 2015	Total grant agreement amount \$8,659,346 – DOM-H-CONAVIH \$9,668,208 – DOM-H-IDCP	
Haiti grant approved 12 th October 2015		Total grant approval amount: \$45,055,551
Guyana	No information available	
Jamaica grant approved 13 th Nov 2015	Budget \$15,242,178	Total grant agreement amount: not yet available
Suriname grant approved 11 th September 2015		Total grant agreement amount: \$4,045,495
OECS		Total grant approval amount: \$5,278,070

Source: www.theglobalfund.org

PEPFAR's financial and technical support now focuses on reaching KPs (MSM, SW, TG) in Jamaica, Suriname, and Trinidad and Tobago. A smaller amount will go to Barbados and the Bahamas. PEPFAR's contribution

remains a relatively small percentage of overall investments as, with the exception of Suriname, the national programs supported by PEPFAR are funded at levels greater than 50 percent by national governments.

PEPFAR Planned spending in 2016	Amount Allocated
Other Sexual Prevention	3,027,336
Counseling and Testing	1,622,593
Adult Care and Support	2,379,365
Strategic Information	2,995,195
Health Systems Strengthening	4,399,180
Management and Operations	6,197,929
	23, 300,000

PEPFAR ROP15 Budget by country	Amount Allocated
Jamaica	7,117,794
Suriname	3,426,049
Trinidad and Tobago	2,951,675
Bahamas	1,503,273
Barbados	1,030,273
Other regional	772,909
	16,801,973

PEPFAR ROP Allocations by tier

Tier 1 (Jamaica, Suriname, Trinidad and Tobago, Guyana)	80%
Tier 2 (The Bahamas)	15%
Tier 3 (OECS)	5%

PEPFAR's programmatic focus will be to strengthen core activities along the HIV continuum of care, including identifying HIV positive MSM, SW and transgender (TG) earlier and improving rates of linkage to and retention in care. In-country technical assistance will be provided to Ministries of Health (MOH) and civil society, and activities will be implemented at high volume, high yield facilities and community hot spots where transmission occurs. PEPFAR will support the following areas related to improving the enabling environment and access to services for KPs:

1. Prevention, Care and Treatment

- Technical assistance (TA) to improve targeted outreach/HIV testing and counseling (HTC) and increase use and access of HIV services by KPs
- Implementation of evidenced based interventions and promising innovations focused on service demand generation among KP across the continuum
- TA to strengthen collaboration between public and private sector service providers to improve linkage to care and retention in care
- TA to reduce barriers to accessing, using and receiving KP- sensitive critical care and treatment services, particularly stigma and discrimination
- TA to identify and address KP service and support quality gaps that serve as barriers to effective use of and navigation through the HIV prevention, care and treatment cascade
- TA to develop and implement KP specific strategic action plans
- TA and implementation of interventions to promote positive gender norms and behaviors, and screening to address Gender Based Violence (GBV) among KP

2. Health systems strengthening

- Human Resources for Health (HRH) for sustainability
 - Increase the cadre of health care workers through clinical mentoring
 - Develop and implementation of a supportive facility monitoring program
 - Develop supervisory teams in health facilities to promote an enabling environment
 - Strengthen clinic staff ability to collect, analyze and use data
 - Implement QI/QA activities to increase uptake of HTC, improve linkage to care, reduce barriers to retention in care
- Addressing high levels of stigma and discrimination
 - Implement the stigma reduction package (PANCAP Stigma Reduction Framework)
 - Implement a transgender (TG) health activity to build healthcare provider capacity
 - Implement and measure the effects of introducing KP anti-discriminatory HIV-related national policies and clinical practices across the continuum
- Information Communication Technology (ICT) to increase uptake of services
 - Develop and use ICT platforms and social media to improve reach, linkage to care and retention for KPs
- Providing support to improve expenditure data
 - Establish baseline fiscal data
 - Map financial systems to ensure that the data sets are routinely and efficiently collected
 - Build capacity within the Ministries of Health and the University of the West Indies Health Economics Unit (HEU) to provide routine sustainable financial data analysis in addition to developing an advocacy platform for domestic resource mobilization.
- Building a knowledge management (KM) platform to accelerate south-to-south learning
- Short term Global Fund Grant management assistance

3. Strategic information

- Strengthening data collection and reporting systems (routine program M&E and HIV case reporting – with KP and clinical cascade focus)
- MSM and FSW bio-behavioral surveys
- Cost analyses (earlier ART initiation)
- GIS mapping of key population hotspots
- Data analysis and monitoring of epidemic control
- Process and outcome evaluations of linkage to care, and retention in care
- Regional data analysis workshops

PEPFAR is financing the Local Capacity Initiative (LCI) project that is being jointly implemented by the University of the West Indies Health Economic Unit (UWI-HEU) and PANCAP Coordinating Unit (PCU). The LCI aims to build capacity of PLHIV, MSM, and CSW civil society organizations (CSOs) to implement technically-sound HIV response activities, including addressing stigma and discrimination, advocacy and strengthening of their own financial viability; to facilitate CSO involvement in national and regional policy/legislation processes, including linking CSOs and government bodies to increase advocacy for the inclusion of KPs; and to strengthen the capacity of the UWI-HEU to facilitate sustainability. USAID has approved the PCU's request to reprogram USD128,160 of its USAID Financial Year 2016 funding to support five key staff positions (Director, Secretary to the Director, Senior Accountant, Senior Accounts Clerk, Clerk/Stenographer) from 1 May to 31 October 2016.

The UN Joint Program will contribute USD53,797,933 over the 2016-2017 period. At the regional level, the Joint Program helps adapt the global vision and adapts it to practice that suits particular national contexts, and facilitates political and technical approaches to respond to epidemic issues in all countries.⁴⁹

PAHO has budgeted approximately USD 686,000 to support the following priority areas in 2016:

- Elimination of Mother to Child transmission of HIV/CS (EMTCT)
- Treatment 2.0 (HIV DR, monitoring and Evaluation)
- Strategic information (baseline data for VH and HIVDR monitoring)
- Guidance on KP interventions, and combination prevention
- Implementation of the Global Health Sector Strategy for HIV, STI and VH in the Caribbean

⁴⁹ PANCAP Development Partners Consolidation Presentation to the NAPS Program Managers Meeting, October 28, 2015, Port of Spain, Trinidad.

- Capacity building for health care providers (TB/HIV, STI).

b. How the proposed Global Fund investment has leveraged (in case of any existing Global Fund grants) and will leverage resources from national governments and other donors.

The PANCAP grant program proposes to leverage the efforts of national governments and other donors to accelerate progress towards the goals and targets of the grant program and ultimately, the regional response, as articulated in the CRSF 2014-2018. The following points respond to the TRP recommendation to present more detailed about plans for doing so:

1. The grant program includes direct advocacy to target Heads of State, Ministers of Health and Finance, other policy makers and the private sector with the goal of increasing the level of domestic resources for the HIV response, and to leverage these resources by ensuring they are directed to areas that align with the grant program and effectively target key populations. The PANCAP Advisory Group on Resource Mobilisation will be convened to oversee the implementation of activities designed to leverage additional funding for the regional response, including through public-private partnerships, implementation of the PANCAP resource mobilisation strategy, replication of cost effective best practices/models geared toward sustainability; and identification of new funding sources and opportunities, including regional corporations and entrepreneurs.
2. PANCAP will provide technical oversight, guidance and capacity building to national programs and KP networks to leverage activities funded by other partners and aligned with this grant program by strengthening their effectiveness, reach and impact. PANCAP will add value and increase the likelihood of success by facilitating technical support from regional experts, by expanding the regional dialogue on human rights, and by conducting advocacy to increase political support for improving the enabling environment and increasing access for KPs. Comprehensive Justice for All national action plans will include activities supported by non-Global Fund funding. PANCAP will advocate on behalf of, and provide oversight and coordination of all included activities. In this way, progress in areas not directly supported under this concept note can be used to stimulate action in grant areas.
3. Work under objective 2, towards strengthening coordination and harmonization of partners through better reporting, information sharing, use and analysis for evidence-based interventions will build on and leverage effective national-level initiatives to stimulate work in other countries to replicate or scale-up innovative and high impact approaches through information sharing and peer learning. This will be achieved by strengthening reporting and coordination to identify opportunities to build on and learn from programs in all areas of the HIV response, whether funded by governments and other donors. Strengthening the governance structure for greater accountability is also an approach to leveraging investments by holding partners accountable for working in ways that maximize impact and achieve the best value for money.

Although PEPFAR's Caribbean regional support is limited to 5 countries, the focus of programming is strongly aligned with the goal and objectives of the grant program proposed in this Concept Note. While service delivery is not a focus on this proposal, PEPFAR's work to improve KP access to services along the continuum provides the opportunity to identify, document and replicate innovative and high impact approaches in other countries. Data generated will be useful for guiding the work of regional technical support agencies to better target the needs of KPs. Identification of barriers and gaps while country specific will point to areas for strengthening in other countries in the region. The PANCAP grant program will enable this information sharing between countries and partners. Strengthening strategic information in PEPFAR supported countries will directly contribute to PANCAP's efforts to improve governance of the regional response by improving reporting and information sharing for greater transparency and accountability.

4. A key element of the proposed grant program is to provide a platform for regional KP networks to interface with the political leadership, an approach which will leverage capacity building and national advocacy efforts. As co-implementer of the the PEPFAR-USAID funded Local Capacity Initiative project (LCI), the PANCAP Coordinating Unit (PCU), a proposed Sub-Recipient in this concept note, is well positioned to identify potential areas of overlap and to leverage approaches and outcomes of civil society capacity building efforts for policy advocacy and sustainability. The LCI will build the capacity of a regional organisation (UWI-HEU) and local community service organisations (CSOs) which specifically focus on key populations in two areas: organisational financial viability and advocacy and policy

dialogue. This will include facilitating links between local CSOs and government bodies to ensure their inclusion and participation in HIV policy decision-making and program implementation. Specifically, these links will serve to aid CSOs in advocating for transparency, evidence-based policies and regulations and engagement in each stage of HIV program development and implementation for key populations. One way for the concept note to leverage the LCI is to include strengthened CSOs in developing regional advocacy materials and as regional advocates to participate in high-level political dialogue. The UWI-HEU has strategically engaged CVC-COIN in the planning and development of the LCI capacity building curriculum and CVC-COIN will have a role in mentoring KP CSOs whose capacity will be built through the project. Lessons learned and best practices emerging from the LCI will also inform grant program implementation.

5. It is expected that grant management activities such as regular meetings of SRs, SSRs and the RCM which includes representatives of national CCMs, will provide on-going opportunities to identify national-level activities which PANCAP can leverage in support of regional goals and targets.

Leveraging the CVC/COIN grant program:

PANCAP's proposed grant program has been developed in conjunction with the CVC regional concept note and is intended to leverage and maximize the impact of Global Fund resources for the Caribbean regional response provided through both grants. The common aim of strengthening the enabling environment for key populations to improve their uptake of services, will be achieved through complementary approaches and activities that exploit the comparative advantages of both organization to promote an enabling environment through a top-down and bottom-up approach.

Activities under this grant program will benefit from, contribute to, and build on CVC's efforts in the areas of advocacy, policy and law reform and community systems strengthening in a number of ways:

- PANCAP will complement CVC/COIN's on-the-ground efforts through high-level advocacy designed to strengthen political support for these efforts and for the sustainability of national programs, including through increased domestic funding;
- PANCAP will leverage its access to regional support agencies and regional institutions to provide focus technical support and guidance on common cross-border challenges;
- PANCAP will facilitate access to high-level politicians and governance organs, enabling key populations to represent their own interests in these for a;
- CVC/COIN's work to build capacity of KP networks will be a critical input to the effectiveness of KP-led high-level advocacy;
- PANCAP's governance mechanisms, relationships with national programs and technical partners, will facilitate information sharing, networking, dialogue and communications to maximize the regional value added of CVC/COIN pilot programs and on-the-ground approaches;
- PANCAP will work to build the capacity of NAPs to utilize data, including from participatory research conducted by CVC/COIN partners, for effective programming and policy for key populations;
- PANCAP will utilize research evidence collected through participatory research and documentation of HR abuses to guide the development of regional frameworks, strategies and plans by regional technical experts. In turn, CVC's health policy monitoring efforts will be guided by regional frameworks developed by PANCAP and help to ensure that regional guidance is being implemented at the national level.
- PANCAP and CVC/COIN will collaboratively implement a number regional workshops and meetings (including through cost-sharing), to maximize reach, reduce duplication and promote linkages between state actors, technical agencies and civil society and community representatives.

A. Addressing Any Funding Gaps

PANCAP has also developed a Resource Mobilisation (RM) Strategy (Annex 4) intended to secure adequate funding to meet the needs of the partnership by diversifying funding to mitigate risk and promote financial sustainability, and by securing on-going, non-project-based funding for overhead and to fund core functions of PANCAP and the PCU. The success of the PANCAP RM strategy is essential to PANCAP's financial sustainability and for implementation of the strategic priority areas of the CRSF for 2014-2018 and beyond.

The distribution of resource allocation by program area, discussed in section 2.1A, indicates very low levels of resources allocated for creating and enabling environment, monitoring and evaluation and research, the multisectoral response and capacity development. The proposed funding request to the Global fund is in line with filling these funding gaps while on-going advocacy for increased national ownership continues.

The majority of the expenditure for treatment and care is allocated to the costs of ART and the proportion of resources directed to treatment is expected to increase as more countries move towards the new WHO treatment recommendations for earlier initiation. A recent assessment⁵⁰ confirms that, in spite of a marked reduction in donor aid, the region continues to be highly dependent on external funding for the HIV response. With increasing commitment to scaling up treatment, Caribbean countries are critically analyzing ways of reducing the cost of HIV treatment including revision of tendering and purchasing processes, diversifying suppliers and shifting to generic drugs, pooled procurement, and improvement in drug quantification and forecasting. This has resulted, for example, in cost reductions for ARVs in the OECS. The table below points to countries that have successfully reduced dependency on external funding. With the reality of diminishing external donor funding, however, there is need for greater national ownership beyond treatment programs. Investment in health care systems in the Caribbean continues to be essential to ensuring the sustainability and delivery of quality health services.

Table 7: Dependency on External Resources for ART Financing

Level of dependency on external funds for ARVs	2007-2008	2013
High dependency (75-100 %)	Antigua and Barbuda, Dominica, Grenada, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines, Saint Lucia, Suriname	Antigua and Barbuda, Dominica, Grenada, Haiti, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines
Medium dependency (20-75%)	Belize, Montserrat, Guyana	Dominican Republic, Saint Lucia
No dependency (0-5 %)	Bahamas, Barbados, Trinidad and Tobago, Dominican Republic	Bahamas, Barbados, Belize, Montserrat, Suriname, Trinidad and Tobago

Source: WHO (2013). *Antiretroviral Use Survey*. PAHO (2012). *Antiretroviral therapy under in the spotlight: a public health analysis in Latin America and the Caribbean 2012*. Updated 2015

As countries struggle to expand treatment programs, advocacy implemented under this proposed grant program will focus on strengthening political will to increase domestic funding for HIV by increasing understanding of new WHO guidelines and treatment 2.0 and related technical issues. Attention will also be paid to developing capacity for effective resource mobilization and sustainability planning to address gaps resulting from declining external funding.

This will build on ongoing PANCAP efforts, including two regional dialogues involving international development partners, civil society organizations and ministries of health, finance and planning. The main objectives included identifying opportunities to improve country level prioritisation, technical efficiency and decision-making for the allocation of HIV resources and to understand the need for both shared responsibility and country ownership in the context of sustaining the HIV response. Recommendations included the development of national and regional cases for HIV investments; and review of national and regional programs for opportunities to achieve greater value for HIV investments.⁵¹

In September 2014, the resource mobilization situation of the regional HIV response, including the issue of the rising cost and lack of attention to laboratory services in the region, was brought to the 19th Special Meeting of the COHSOD – Health in September 2013 and again at the 28th COHSOD in September 2015. The COHSOD noted the recommendation from UNAIDS to match expenditure with vulnerability; urged PANCAP and its partners to prioritize a new initiative for negotiating prices for HIV commodities; and endorse the

⁵⁰ UWI Centre for Health Economics, HEU (2014). *An Assessment of the Financial Dependency of the Caribbean Region's Response to HIV/AIDS*, December 2014.

⁵¹ UNAIDS (2014). Meeting Report: *Caribbean Regional Meeting on Strategic HIV Investment and Sustainable Financing*

need to integrate HIV prevention and care strategies into the existing chronic care programs.⁵² These issues were also discussed at the 13th Annual General Meeting of PANCAP in November 2014.⁵³

SECTION 3: FUNDING REQUEST TO THE GLOBAL FUND

This section details the request for funding and how the investment is strategically targeted to achieve greater impact on the disease and health systems. It requests an analysis of the key programmatic gaps, which forms the basis upon which the request is prioritized. The modular template (Table 2) organizes the request to clearly link the selected modules of interventions to the goals and objectives of the program, and associates them with indicators, targets, and costs.

3.1 Programmatic Gap Analysis

A programmatic gap analysis needs to be conducted for three to six priority modules.

Complete a programmatic gap table (Table 1) detailing the quantifiable priority module(s) within the funding request. For any selected priority modules that are difficult to quantify (i.e. not service delivery modules), explain the gaps, the types of activities in place, the populations or groups involved, and the current funding sources and gaps.

If applicable, ensure that the coverage levels for the priority modules selected are consistent with the coverage targets in section D of the modular template (Table 2).

The proposed PANCAP grant program is developed within the context of the Caribbean Regional Strategic Framework 2014-2018 (CRSF) which guides the PANCAP regional response, providing a framework for national programs, regional technical support agencies, regional civil society and private sector partners, and international partners. Within this framework, the under-funded activities which are identified in the grant program respond to common regional needs of key populations and common capacity building priorities of national programs.

This proposal requests funding support for interventions within the following modules:

- Removing legal barriers to access
- Health systems strengthening

Module: Removing Legal Barriers to Access

Regional level activities in place or completed to improve the enabling environment:

- A key feature of the achievements of the regional HIV response has been PANCAP's successful coordination of the combined efforts of a broad-based multisectoral partnership of over 62 countries and organizations. Strong collaboration with the CARICOM Secretariat and unparalleled access to Caribbean Community institutions have allowed for successful leveraging of high-level political leadership to drive decision-making, partnership and shared responsibility. Regional collaboration has been strengthened through such mechanisms as the establishment of the Caribbean Public Health Agency (CARPHA) and PANCAP multi-country grants. It is the well-established coordination roles and existing functions and mechanisms of CARICOM and PANCAP that well-position the partnership to continue to lead coordinated advocacy efforts and which will be built on to accelerate the human rights agenda.
- Efforts to accelerate the human rights agenda and to eliminate stigma and discrimination have included legal assessments conducted in several countries, the establishment of a regional stigma and discrimination unit, a regional policy on HIV-related stigma and discrimination. Policies to ensure

⁵² CARICOM (2014). *Draft Summary of Conclusions of the 19th Special Meeting of the Council for Human and Social Development (COHSOD) - Health*

⁵³ PANCAP (2014). *Meeting Declaration: 13th Annual General Meeting of the Pan Caribbean Partnership Against HIV and AIDS (PANCAP)*

universal access to HIV services are in place in eight countries; countries have integrated some elements of human rights in their national response to HIV

- Under the Round 9 grant, model anti-discrimination legislation was approved by the CARICOM Chief Parliamentary Counsel (CPC) and the Legal Affairs Committee (LAC).
- National human rights dialogues were conducted with parliamentarians in nine countries and one at the regional level, resulting in a roadmap and declaration with 15 actionable elements (Annex 5). The JFA Declaration was brought before Heads of Government but endorsement was deferred.
- Awareness of HIV vulnerabilities was built among Caribbean Congress of Labour (CCL) affiliate members and migrant workers to intensify advocacy on discrimination issues.
- Intervention strategies for migrants' access to a minimum package of HIV services were designed and implemented in Antigua and Barbuda, Barbados, Belize and Trinidad and Tobago.
- CRN+ and its affiliate national networks were revitalized and training provided in the regional epidemic and response with the aim of increasing their understanding and response to the Caribbean epidemic in support of universal access to HIV services.
- Capacity building support has been provided to KP networks and organizations, including CSWC and CariFLAGS.
- Training to increase awareness and analytic skills of media broadcasters by Caribbean Broadcast Media Partnership on HIV and AIDS (CBMP) led to dissemination of information aimed at reducing stigma and discrimination. Media was utilized to reach at-risk populations reluctant to access services and to foster greater interaction with this group through the involvement of PLHIV.
- Polls have been conducted by UNAIDS and UWI-HEU to examine issues affecting MSM in the region, societal attitudes and stigma and discrimination in the health sector.

Funding sources

- **Global Fund:** Under the Rd 9 grant, 16% or USD 4,560,508 was targeted at activities to improve the enabling environment. The GF is also currently supporting HIV national programs, at various stages of grant making, in the following countries included in this proposal: Belize, Dominican Republic (2), Guyana, Haiti, Jamaica, Suriname and the OECS. While all countries include activities aimed at strengthening access to services for key populations, there are few references to interventions to improve the enabling environment: Belize has planned a legal environment assessment (LEA) for 2016 in its concept note; Haiti proposes advocacy with community leaders, media managers and journalists, law professionals (lawyers, judges and bailiffs), human rights organizations and the police department; Suriname proposes to establish a human rights desk to collect and inventory human rights abuses. Through the RCM, PANCAP will continue to request updates on the status of grant programs and implementation, to ensure that the proposed regional concept note with its strong focus on the enabling environment continues to address this glaring gap in national programs in a way that does not duplicate any activity supported through Global Fund national grants.
- **PEPFAR:** Support is provided to target countries to address stigma and discrimination through implementation of the PANCAP Stigma Reduction Framework; and implementation and measurement of the effects of introducing KP anti-discriminatory HIV-related national policies and clinical practices across the continuum.

Gaps. In spite of the efforts described above, little progress has been made towards law reform in the vast majority of countries in the region: many countries have not completed legal environment assessments or conducted national consultations to identify priorities for reform; while all countries have integrated some elements of human rights in their national response to HIV, in many instances, new policies are not being implemented.⁵⁴ This is attributable, in part, to the programming gaps described below:

1. There is inadequate political will for law and policy reform among heads of government who deferred consideration of the actionable, time-bound commitments contained in the regional Justice for All declaration. In order to address this gap, grant resources will be used not only to put law and policy reform squarely on the agendas of high-level meetings across CARICOM organs, but to also undertake efforts to ensure that when political leaders are considering these issues, they have the evidence and information they need to understand the connection between an enabling legislative framework, the protection of human rights and health outcomes.

⁵⁴ UNAIDS (2011), *Keeping Score III: The Voice of the Caribbean People*

2. Advocacy efforts have, to date, been limited in their reach, effectiveness and strategic focus. As the regional HIV response has evolved, PANCAP, and in particular, the PANCAP Coordinating Unit, has been challenged to shift the focus of its technical expertise and financial resources to provide leadership, strategic guidance and coordination for law and policy reform efforts. Addressing these new demands alongside resource reductions and competing priorities of a diverse range of government, donor and civil society partners has not been easy. There has been limited ability to dedicate the long-term, careful attention needed to follow up work key areas such as country adoption of the PANCAP Model Legislation, endorsement of the Justice for All Declaration and national-level implementation of Justice for All plans. A critical breakthrough has been the consensus-building approach of the CRSF 2014-2018 which establishes law and policy reform as a priority area endorsed by all PANCAP partners, creating the political space for more explicit and inclusive dialogue on the way forward towards law and policy reform. The funding requested in this Concept Note will capitalize on this progress and allow PANCAP to strengthen its role as the regional leader in advocacy for law and policy reform by providing dedicated resources, including for coordination mechanisms such as a Regional Advocacy Strategy and Action Plan that will effectively leverage the strengths and expertise of all partners.
3. Key population voices are 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. Over the years, PANCAP has worked to support capacity building, primarily in terms of organizational development, for key population groups and networks and has worked to ensure their inclusion in and access to PANCAP governance mechanisms (Executive Board/RCM and PACC) and resources (including as SRs and SSRs in the Round 9 grant). CVC's limited success in engaging government ministers under the Round 9 grant underscores the challenge and need to do more to facilitate constructive dialogue between political leaders and key populations. PANCAP believes that key populations should have the opportunity to speak for themselves and to participate in decision-making about issues that directly affect them. PANCAP is well-positioned to provide this access and to support a non-confrontational approach that is conducive to the long-term engagement between KP and political leaders that is needed to advance law and policy reform. Through this grant program, PANCAP will be able to dedicate resources, including PCU staff time, to capitalize on its high-level political access to create space and provide financial and technical support for civil society and community voices on the agendas of regional governance meetings, including the Conference of Heads and the Council for Human and Social Development (government ministers). In addition to working with established key population partners (CariFLAGS, CRN+, CSWC), PANCAP will build on CVC/COIN's concept note to include key population activists who have benefited from capacity building efforts.
4. On-going advocacy for country adoption of the PANCAP Model Antidiscrimination Legislation has seen little traction despite efforts by the UNSGSE and the Director of the PCU in national and regional JFA consultations and face-to-face meetings. Only Belize has committed to develop a Cabinet Paper on a phased approach to JFA including the adoption of the model legislation. An important factor has been the high turn-over, in the region, of ministers of health who are key policy shapers and well-placed to influence national uptake of the legislation. To address this gap, additional national officials, including Permanent Secretaries and Chief Medical Officers, will be targeted for advocacy and education under the grant program, and will be enlisted to update new ministers on the model legislation and to support PANCAP's advocacy for its adoption. Resources will also be directed towards providing technical support to help national programs and advocates to develop an understanding of law and policy reform approaches and processes, in order to improve capacity to carry out the actions needed to fulfill human rights commitments.
5. A further contributing factor to lack of progress is that 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. PANCAP proposes to address this gap by better utilizing regional governance and coordination mechanisms and meetings for country reporting and information sharing on efforts to implement HR commitments and in particular, towards achieving the agreed expected results under Strategic Priority Area 1 of the CRSF 2014-2018 (Enabling Environment). In conjunction with CVC/COIN efforts, this will contribute to a more systematic approach to tracking policy and law reform work throughout the region. PANCAP will also target capacity building to improve regional reporting on S&D indicators for the CRSF 2014-2018 and on the regional zero discrimination targets (detailed under the HSS module).

6. Advocacy efforts have so far been directed exclusively at political leaders (parliamentarians) and the health sector, primarily as a result of resource limitations. However, PANCAP has recognized that the inadequate political will for law and policy reform and limited follow through on human rights commitments, including Justice For All, require engagement and advocacy with a broader range of societal leaders. Efforts to move in this direction have been the inclusion of faith based and civil society in JFA consultations, the PANCAP Policy and Strategy Working Group on Stigma and Discrimination convened in 2014 and face-to-face meetings with faith leaders initiated with the UNSG Special Envoy for HIV in the Caribbean. The concept note proposes to build on and strengthen these in order to co-opt influential voices to support and advocate for the rights for KPs. We believe that it is particularly important to facilitate constructive dialogue with faith leaders, following the vocal, well-organized and aggressive anti-reform posture of large numbers of right-wing and conservative churches which linked the JFA program with the Bain case in Jamaica and the constitutional challenge in Belize. As such, regional dialogue is proposed as part of an on-going attempt to build understanding of the public health impacts of stigma and discrimination and to build consensus on approaches to address this in faith communities.
7. While progress has been made on supporting the inclusion and participation of some KP groups (i.e. PLHIV, MSM, SW) in the regional response, PANCAP has had limited success in engaging with young people, a critical gap given the overwhelming evidence that early initiation of sex is a main driver of HIV transmission and that national programs do not adequately meet the needs of mainstream youth, much less those of marginalized youth and youth belonging to KP communities. The dissonance between the age of sexual initiation (before age 15), prevailing legislation on the age of consent (16 years), and the age for independent access to health care (18 years) make serious risk reduction interventions among youth difficult, and access to condoms and to basic sexual health unacceptably limited (CRSF 2014-2018). While CARICOM Youth Ambassadors program (CYA), a regional network of Caribbean young people, is represented on the PANCAP Executive Board/RCM, we recognize that this somewhat elite body cannot fully be representative of the diversity of youth population in the region and cannot fully represent the needs of youth belonging to KP communities, in particular. The CARICOM Youth Ambassadors (CYAs) are the Caribbean Community's focal points for deepening the regional integration and development process through advocacy and peer education initiatives. Membership of the network currently stands at thirty-four (34) CYA's from fourteen Full and four Associated States and are selected from the membership of National Youth Councils or other representative youth organizations and/or are experienced youth leaders. There is need to work more systematically with young people belonging to KPs who are more difficult to reach from a regional vantage point. Nevertheless, we believe that CYA provides a unique platform for leadership development and collaboration that can strengthen the participation of a more diverse and better informed youth constituency in CARICOM decision making. To this end, the grant program proposes to collaborate with CVC/COIN to link at-risk youth (those benefitting from capacity building interventions proposed in their concept note) with the CYA program. This will serve a mutually beneficial purpose of strengthening the relevance and impact of the youth ambassadors as well as providing access to high-level CARICOM fora for KP youth, allowing for collaborative approaches to high-level advocacy that better links the issues and priorities of CARICOM to those of young people.
8. The CRSF 2014-2018 identifies the integration of HIV into wider health and development frameworks as a regional priority. While some countries have made progress towards integrating HIV and other health platforms, weaknesses or gaps in the national health systems (discussed in Section 1.1. and under the HSS module) hinders these efforts and shared needs in this area can benefit from regional support. Outside of the health sector, the challenge is for countries to capitalize on investments in support of other development priorities in order to effectively address the social and structural factors that drive the epidemic. Capacity constraints have limited PANCAP's ability to date to support the proactive and deliberate process of collaboration required for sectors such as education, labour, social security, culture, youth and community development to play more meaningful roles in challenging harmful law, policies, norms and behaviours. Under this module, PANCAP will work through the CARICOM Secretariat Directorate of Human and Social Development which has responsibility for creating synergies among these sectors, to advocate with regional leaders in key areas of health, social development, trade and economic development, for aligning the regional HIV response with other strategies, for social sector programs which can address the social determinants of HIV and for the ongoing inclusion of HIV as a priority in the Sustainable Development Goals. This approach will also seek to increase political commitment, across sectors, for promoting human rights and achieving law and policy reform.

Module: Health Systems Strengthening

Regional level activities in place or completed for health systems strengthening

The status of health systems and current initiatives are described in section 1.1D. In summary, the Round 9 grant program has supported:

Human resource capacity building. Regional efforts to build leadership and management skills include the UWI Doctorate in Public Health which provide Public Health Specialist training and develop advanced competencies in current and future leaders, the CHILI program geared towards developing health and HIV management and leadership, and the Caribbean Regional Training and Technical Assistance (CARTTA) program which has the mandate to build technical capacity of public health programs and HIV programs in particular.

Strategic Information. CARPHA has worked to strengthen national monitoring and evaluation systems in a number of key areas, including evaluation of national AIDS programs; conduct of special studies among key populations; development of M&E plans; and training in results-based management. At the regional level, CARPHA has provided technical support to finalize the M&E Framework for the CRSF 2014-2018, with consensus on 26 indicators. CVC/COIN conducted the first behavioral studies in the region on sub-populations of sex workers and marginalized youth, such as transgender and migrant sex workers, gay and bisexual youth, and youth who engage in transactional sex.⁵⁵ The OECS has also received support for a case based surveillance system.

Laboratory strengthening. CMLF has strengthened the regional and national laboratory networks to support care and treatment of HIV/AIDS. In addition to Round 9 efforts, CMLF, PAHO/WHO, CDC, CARICOM Regional Organisation for Standards and Quality (CROSQ) have been working on a Laboratory Quality Management Systems - Stepwise Improvement Process (LQMS-SIP) and support to countries to improve QMS. CMLF will also be supporting laboratory strengthening under the new OECS Global Fund grant program.

Strengthening pooled procurement and distribution system in the OECS to meet procurement needs for drugs, lab supplies and services and other health products, and activities to improve prescription and use of ARVs through clinical mentoring, updated guidelines and chart reviews. Technical assistance was provided for scaling-up early detection, care and support.

- **Development and piloting of tailored and innovative programs** to reduce the vulnerability of KPs and build capacity of NGO recipients through CVC's mini-grants program.

Gaps. This concept note proposes to address the following key gaps:

Leadership and governance:

9. Gaps in leadership resulting from a lack of understanding, among key policy and decision-makers, of the linkages between human rights and health outcomes for key populations can hinder efforts to direct national resources to high-impact, evidence based interventions that meet the needs of key populations and to ensure the sustainability of effective national programs. While NAP managers are exposed through the annual NAP managers and key partners meetings, as well as other regional trainings, to current global thinking, innovations and new global guidelines, this is typically not the case for key Ministry of Health administrators (Permanent Secretaries) and non-HIV specific technical directors (such as Chief Medical Officers). This concept note therefore proposes to build political support among a broader range of national health authorities for strengthening and adequately resourcing key population programming, including the need for an enabling legislative and policy environment that supports compliance with new global guidelines and regional targets. Approaches will build on and utilize existing mechanisms, including those supported under the Round 9 Global Fund grant, such as the UWI/CARTTA programs and will leverage the expertise of technical partners such as PAHO.

Service delivery:

10. Many countries do not have targeted programs for KPs and lack the capacity to develop and implement KP-specific programming along the prevention, diagnosis, treatment and care continuum.
 - a. Program monitoring data suggest low rates of prevention intervention coverage for key populations (~20%). Comprehensive HIV prevention programs to support reduction in the

⁵⁵ CVC/COIN Vulnerabilised Group Project. *Focus Right: Diversity and Commonality – a look at Female and Transgender Sex Workers in three Caribbean Countries*, 2012

spread of HIV, facilitate linkages to the continuum of care and serve as a catalyst for reducing stigma, are lacking in the majority of countries.

- b. Low positivity rates from key population testing events, and low coverage rates suggest the need for revised strategies to reach and diagnose MSM and FSW.⁵⁶ Regional estimates indicate that 70% of PLHIV in the Caribbean know their status.⁵⁷ Approximately 40% of PLHIV receive a concurrent HIV and AIDS diagnosis.⁵⁸
- c. A review in selected countries reveals gaps in the treatment response throughout the region.⁵⁹ With the application of the 2013 WHO Treatment Guidelines, regional coverage falls below 50%.⁶⁰ Gaps in coverage are partly explained by eligibility criteria; national guidelines recommend ART initiation at CD4 350 for all countries except Suriname.
- d. Available continuum of care data show low retention and viral suppression rates. Retention of ART patients is shown to decline after 12 months (PAHO 2013; GARPR 2014 reports). The 12-month retention rate for adults and children is as low as 33% in St. Kitts and Nevis.⁶¹ Forty three percent (43%) and 83% of patients on ART are virally suppressed in Jamaica and Barbados, respectively. In Jamaica, viral suppression rates of patients on ART vary by site from 38 – 71%.⁶²

Strengthening service delivery for KPs is a focus in country and OECS Global Fund grants (allocation break downs are not yet available), and for PEPFAR-supported countries in the region. As noted in Section 2, PEPFAR will work in 5 countries to strengthen core activities along the HIV continuum of care, including identifying HIV positive MSM, SW and transgender (TG) earlier and improving rates of linkage to and retention in care. Countries will develop and implement KP specific action plans, and activities will be implemented at high volume, high yield facilities and community hot spots where transmission occurs. While service delivery is not a focus on this proposal, the grant program will capitalize on the opportunity to identify, document, share and replicate innovative and high impact approaches in other countries in the region, including effective regional-adaptations of the PLACE methodology.

Laboratories:

11. The existing laboratory environment in Caribbean countries, in particular in the public sector, continues to exhibit a general lack of sensitization, sensitivity and understanding of issues related to vulnerable populations who anecdotally report experiences of stigma and discrimination when seeking laboratory services. These experiences serve to inhibit access by vulnerable populations to laboratory services that are essential for diagnosis, treatment and care and by extension for prevention and control of the epidemic. Traditionally, in many Caribbean countries, HIV services, including laboratory services, have been delivered through vertical or stand-alone programmes. More recently there have been attempts to introduce elements of decentralization into laboratory service delivery through introduction of limited point-of-care capacity but these have not addressed the needs of vulnerable populations in any significant manner and in many instances, the quality of testing has not been monitored or maintained.
12. Enduring gaps include the urgent need for supportive policies and legislation for the delivery of laboratory services for vulnerable populations; strategies to support implementation of relevant laws and policies for improved laboratory access; staff trained to provide effective oversight for laboratory standards implementation; reorientation and restructuring of laboratory services to reduce stigma and discrimination through attention to, for example, location and hours of service and sensitization of staff. PANCAP's regional level efforts under this concept note, focus on advocacy and technical support for establishing policies, standards and guidelines to complement and enhance the effectiveness and sustainability of national-level and CSO laboratory strengthening work to be undertaken by CMLF in the OECS and CVC/COIN grants. CMLF, the proposed SSR in this area, is well placed to ensure complementarity and synergies with other on-going approaches, including collaboration with PAHO/WHO, CDC, CARICOM Regional Organisation for Standards and Quality (CROSQ) on a Laboratory

⁵⁶ PEPFAR (2015) *Caribbean Regional Operational Plan 2015*

⁵⁷ *Ibid*

⁵⁸ *Ibid*

⁵⁹ Global Report - *UNAIDS Report on the Global AIDS Epidemic 2013*

⁶⁰ PAHO (2015) *World Health Organisation Treat All Recommendation; Impact and Feasibility; Portion of Late Diagnosis*. Ppt

⁶¹ *Ibid*.

⁶² PHCO Presentation to 25 COHSOD (2013). *The Rationale for Implementing the WHO Option B+ Treatment Approach in the Caribbean*, September 2013.

Quality Management Systems - Stepwise Improvement Process (LQMS-SIP) and support to countries to improve QMS.

Strategic information:

13. While the CRSF 2014-2018 M&E Framework has been finalized, with 26 indicators for measuring progress in the regional response, there is currently no mechanism in place to operationalize this and many countries are unable to report particularly on S&D and KP indicators. 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,⁶³ and information sharing across partners and countries can be strengthened for more peer learning. On-going work in the region supported by PEPFAR and GF country grants focuses on improving national data collection and reporting systems with a focus on routine program M&E including for KPs and the clinical cascade, as well as MSM and FSW bio-behavioral surveys. While these efforts will improve the availability of data in target countries, PANCAP will seek to strengthen reporting at the regional level, information sharing and the use of data for evidence-informed programming.

Integration:

14. While some countries have made progress with the integration of HIV into health, this has been a neglected area in the regional response. There continues to be a need to strengthen capabilities in the majority of countries to move towards more integrated service delivery, including through targeted technical support and the sharing of best practices and effective approaches. There is also limited coordination with non-health sectors, including community-based systems, in promoting the regional HIV agenda, and little progress has been made in integrating HIV services into programs in the non-health sector. Although advancing the integration agenda is critical for the sustainability of effective national programs, efforts to support this are largely absent from national-level programs.

Sustainability:

15. Sustainability planning has largely focused on financial imperatives, with limited success. A few countries have made good progress in reducing their dependency on external funding of ARVs, although 9 countries must still address the challenges of maintaining treatment programs while all must contend with expanding access in line with the 2013 WHO Treatment Guidelines. Some countries (for example Jamaica, Barbados, Guyana) have developed sustainability plans but in general, there is insufficient attention to critical non-financial sustainability elements including evidence-informed planning and priority setting for sustainability.

Funding sources:

Global Fund: Under the Round 9 grant, allocations for Health Systems Strengthening were as follows: USD 1,446,361 (5%) to improving human and laboratory resources; USD1,467, (5%) to better information on the epidemic; and USD2,352,936 (8%) to capacity building and promoting sustainability. The GFATM is also currently supporting national programs which include activities to strengthen health systems, but a breakdown of funding amounts is not available.

PEPFAR: Planned spending for 2016 allocated USD2,995,195 to Strategic Information and USD4,399,180 to Health Systems Strengthening principally in 5 countries (Jamaica, Suriname, Trinidad and Tobago, The Bahamas and Barbados). For details on areas of focus refer to pg 38.

⁶³ *Ibid.*

3.2 Funding Request

In order to understand the applicant funding request:

- a. Provide a strategic overview of the funding request to the Global Fund, up to the maximum allowable investment amount. Clearly outline the prioritization among different program areas while describing the funding request and any request above this amount.
- b. Describe how it addresses the gaps and constraints described in sections 1, 2 and 3.1.
- c. Describe the value-add of a regional approach in the context described in section 1 and how it complements, and not duplicates, the existing efforts of national governments and/or other major donors.
- d. Describe how the new grant will continue scale up and/or refocus interventions, with reference to the past activities, their outcomes and lessons learned, as described in question 1.2.
- e. If the Global Fund is supporting existing programs, explain how they will be adapted to maximize impact.
- f. If support for direct services provision is included in the application, describe why such services cannot be covered by existing grants at country levels when available. Also describe how the proposed interventions will increase sustainability of other (single country) Global Fund investments, if applicable.

A detailed grant program is attached at Annex 1. This concept note does not request above-budget allocation and does not include support for direct services provision.

The overarching goal of the grant program is to contribute to the removal of barriers that impede access to HIV and sexual and reproductive health services for key populations, thereby promoting the achievement of regional HIV targets. Key populations are defined as PLHIV, MSM, Transgender, SW, Migrants, Youth belonging to these groups.

The barriers to be addressed by this concept note include:

- 1 The legal and policy environment that is at odds with a public health response
- 2 Harmful societal norms and high levels of stigma and discrimination
- 3 Limited capacity of national programs to integrate and implement rights-based approaches
- 4 Limited capacity of national programs to provide innovative, evidence-based, high impact services that reach key populations, especially in the area of prevention
- 5 Weaknesses in health systems, particularly in the areas of strategic information and laboratory services
- 6 Insufficient attention to sustainability planning and financing.

Two complementary objectives, one focused on the enabling environment and the other on health systems strengthening, reflect a consensus that increasing uptake of health services by key populations requires a synergistic approach to strengthen both the enabling environment as well as the provision of sound evidence-based prevention, treatment and care services. PANCAP is in a unique position to drive an ambitious program to achieve progress in both these areas: the broad-based nature of the partnership provides an opportunity to systematically address both policy and legislative, and technical capacity issues at all levels, throughout the region. Through its close relationship to the CARICOM Secretariat, PANCAP provides an important mechanism for engaging political leaders at the highest levels, and aligning with other Caribbean-wide developmental strategies. The partnership also allows for unparalleled access to the best regional technical expertise to build capacity at the institutional and individual levels. PANCAP has developed strong relationships with national programs and effective mechanisms, including the annual NAP managers' meeting, for ensuring that regional efforts are grounded in national priorities and are implemented in ways that promote national capacity building and sustainability. CVC/COIN and other PANCAP regional civil society partners, including CRN+, CariFLAGS and CSWC, link communities and community efforts to the regional response, through national programs and through direct participation in PANCAP governance and decision-making. In this way, the partnership ensures engagement of critical

stakeholders across sectors in a coherent and coordinated way that exploits synergies, prevents duplication and maximizes the impact of Global Fund resources in the region.

Objective 1: To promote law and policy reform to remove barriers that impede access to services to prevention, diagnostic, treatment, care and support services for key populations.

Under this objective, PANCAP will work to strengthen regional programming to improve the enabling environment and address structural drivers of the epidemic, addressing specifically, the discriminatory legislative framework, high levels of stigma and discrimination, and societal norms, attitudes and behaviours.

Strategy 1.1: Leverage the influence of high-level CARICOM bodies, including the Conference of Heads, Community Council, Council for Human and Social Development, to strengthen political commitment for law and policy reform. Funding request: \$714,600

Major actions:

1.1.1 Engage the Conference of Heads, Community Council, Council for Human and Social Development (COHSOD), the Conference of Ministers of Health, caucus of Chief Medical Officers (CMOs) and the CARICOM Legal Affairs Committee to expand the Justice for All (JFA) dialogue and increase understanding and support for key issues and new approaches for effectiveness and sustainability of the HIV response.

Through a more strategic approach, high-level engagement will educate leaders and advocate to advance political support for the (i) adoption of incremental legal measures to immediately improve the enabling environment for KPs, such as moratoria on enforcement of punitive laws; (ii) enactment of anti-discrimination and protective laws, including the PANCAP model legislation; and (iii) reform of discriminatory legislation and policies.

The deferral of the JFA Declaration, developed under the Round 9 grant, by CARICOM Heads of Government, has taught that more attention is needed to increasing the understanding of regional political leaders of the interconnection between an enabling legislative framework, the protection of human rights and public health outcomes for key populations. It is also critical to ensure that leaders understand what is needed to eliminate HIV transmission and associated long-term benefits, as well as the costs to the region of non-action. PANCAP will develop advocacy tools and policy briefs using information collected from countries on KP programming (supported by activity 2.1.1 of this grant program) as well as from the LEAs and documentation of human rights violations to be undertaken by CVC/COIN. PANCAP's approach will build on its experience of successful advocacy and resulting acceptance of HIV issues in high level policy discourse in the region, to create a similar space for addressing issues related to key populations.

Implementer: PCU **Countries:** Regional **Funding request:** \$232,900

1.1.2. Support the participation of CSO and key population advocates in the above-listed high-level governance meetings

to strengthen the presentation of issues and set the stage for their sustained, strategic engagement with duty bearers. PANCAP's role in providing the space to integrate key populations in high-level advocacy will leverage CVC/COIN's work to build the evidence base on key population issues and the capacity of these groups to represent their own issues effectively. More than this, linking the grassroots and key populations with political leaders at the regional level can allow for more effective engagement on sensitive issues that are difficult to address at the national level, and will go a long way in encouraging the kind of constructive, dialogue and long-term engagement necessary to achieve policy and legislative reform. **Implementer:** PCU **Countries:** Regional **Funding request:** \$46,800

1.1.3. Face-to-face advocacy meetings with high-level political and faith leaders to be conducted by the United Nations Secretary General Special Envoy (UNSGSE) for HIV in the Caribbean

will complement and lay the ground work for PANCAP's efforts at governance meetings. The UNSGSE leverages his history of diplomatic engagement in the Caribbean region, access and good relationships with high-level leaders, to advocate for the major priorities in the UN High Level Meeting Political Declaration (2011), in particular "shared responsibility" and "every woman, every child" and to advance the human rights agenda in the Caribbean consistent with the Global Commission on HIV and the Law and in keeping with the Justice for All program. As an advocate, the UNSGSE promotes the region's HIV agenda, ensuring that its priorities are kept at the forefront of development efforts, acts as a catalyst for accelerating responses, engages in the resolution of conflicts that would hinder the goal of ending the AIDS epidemic, and facilitates attention to

sensitive issues, including related to human rights and law and policy reform, with utmost regard to health diplomacy. **Implementer:** PCU **Countries:** **Funding request:** \$55,200

1.1.4. Develop and support an innovative approach to mobilizing regional youth leaders to actively engage in high-level advocacy and policy dialogues by linking the CARICOM Youth Ambassador (CYA) program with PLHIV youth leaders supported under CVC/COIN's activities aimed at fostering leadership, governance and strategic strengthening of emerging youth and transgender regional networks (YurWorld and Trans in Action). The CYA program will provide access to high-level regional representatives of the education, health and social security sectors, and will facilitate the inclusion of PLHIV youth leaders in advocacy for a more coherent and holistic approach to issues affecting key population youth across the region, and for strengthened inclusion of youth in the regional and national responses. Advocacy tools and materials will be informed by information generation from CVC/COIN's work with young people living with HIV in addition to a review of policies, practices and laws that impact on young people's vulnerabilities to HIV, including age of consent laws. **Implementer:** PCU **Countries:** All **Funding request:** \$379,700

1.1.5. Strengthen the relationship between PANCAP and the broader CARICOM health frameworks and entities to promote political, structural and financial sustainability of the regional HIV response. The PCU and PANCAP governance bodies will proactively seek to advance the integration of HIV into wider regional health and development agendas as a critical component of promoting broader political leadership and buy-in not only for increasing domestic resourcing but also to ensure that HIV remains on the regional policy agenda and is maintained as part of the Sustainable Development Goals 2030; to build cross-sectoral alliances to address structural drivers of the epidemic (such as poverty and GBV); and to forge consensus on key steps towards a long-term approach to mainstreaming HIV into sectors and programs. Activities, including the development of policy briefs and presentations to high-level bodies will be undertaken in collaboration with the CARICOM Secretariat with PCU staff time, at no additional cost to the grant program. It is anticipated that this work will also result in recommendations and guidelines for countries to undertake sustainability planning within a broader framework that addresses not only financial imperatives but ensures the maintenance of rights-based KP-inclusive programming. **Implementer:** PCU **Countries:** All **Funding request:** \$0

Strategy 1.2: Engage regional faith-based, professional, academic and private sector leadership to affirm human rights and gender equality, and to advocate for reforming policies and laws and changing societal norms, beliefs, attitudes and practices in support of the 2015 Rio Call to Action⁶⁴ towards UNAIDS goals of achieving Zero Discrimination by 2030. **Funding request:** \$351,200

Major actions:

1.2.1. Strengthen constructive engagement with faith based leaders through a series of regional dialogues that will bring together faith leaders from across the region. An initial meeting will bring together representatives from diverse countries and faith communities to discuss and agree on 'what faith leaders can do to end AIDS' and will establish the basis for sustained and strengthened involvement of regional faith leaders in the HIV response and human rights. The regional approach will build on already on-going face-to-face advocacy at the national spearheaded by the UNSGSE following the backlash from a faith-based anti-reform movement to the Bain case in Jamaica. The UNSESE's careful engagement has helped to identify faith leaders who are supportive of the regional HIV response and receptive to moving forward discussions on the role of the church in promoting human rights and principles of love and tolerance. These supportive leaders will spearhead the regional dialogue which will aim to broaden engagement with the wider faith community, bring on board additional supporters and set the stage for on-going consensus building work. A second regional meeting will bring faith leaders and representatives of key populations to the same table to increase understanding of (i) the effects of stigma and discrimination on health outcomes, (ii) the public health rationale for work to improve the enabling environment, including law and policy reform, and (iii) PANCAP's efforts in this area, including the Justice For All program. This event will be the first at a regional level to bring together key populations and faith leaders. It is expected to open the door for further dialogue at both the regional and national levels, and increase support for efforts to reduce stigma and discrimination, including law and policy advocacy efforts. **Implementer:** PCU **Countries:** Regional **Funding request:** \$202,100

⁶⁴ Call to Action Second Latin American and Caribbean Forum on the Continuum of HIV Care: "Enhancing Combination HIV Prevention to Strengthen the Continuum of Prevention and Care" Rio de Janeiro, Brazil, 18-20 August 2015.

1.2.2. Engage mainstream organizations and regional influential personalities as Champions for Change, to advocate on behalf of changing attitudes and reforming policies and laws, and to publically challenge discrimination in the community, professional associations and workplaces. While overt manifestations of stigma and discrimination have eased considerably since the early days of the epidemic, it is clear that most people in the Caribbean continue to harbour deep reservations to legal reform on moral and aesthetic or cultural grounds, and are deeply suspicious of policy and law reform. Cognizant that legislative reform will not automatically change societal norms, PANCAP proposes to continue careful, consistent dialogue, interaction and education with influential mainstream organizations in order to win their support for specific policy steps and to find common ground to create the space for a shift in attitudes to occur. Building on previous successful regional campaigns to reduce HIV-related stigma and discrimination, Champions for Change will be identified to advocate, including at high-level for a such as the Conference of Heads and with regional mainstream organizations, on behalf of changing attitudes and challenge discrimination in the community, professional associations and workplaces. **Implementer:** PCU **Countries:** Regional **Funding request:** \$134,400

1.2.3. Participate in two yearly regional trainings hosted for judicial officers from around the Caribbean to inform and sensitize successive groups on KP issues and challenges, the impact of stigma, discrimination and rights violations on the HIV epidemic, the latest regional and international developments in human rights law. PANCAP and CVC/COIN will coordinate their programs in the judicial area. CVC/COIN will target hand-picked, often mid-level key judicial officers (both high court and magistrate level) for two-day in-depth sessions. PANCAP will support crafting the agendas, convening and promoting these events, delivering presentations and using participant lists for follow-up in the context of other activities. This collaboration will also provide an opportunity for cross-fertilization of ideas related to strengthening and sustaining strategic engagement of the judiciary – a difficult to access constituency - at both the regional and national levels. **Implementer:** PCU **Countries:** Regional **Funding request:** \$14,700

Strategy 1.3: Improve the harmonization and coordination of strategic regional advocacy efforts, including by facilitating coordinated technical support and action planning on law and policy reform.
Funding request: \$1,264,300

Major actions:

1.3.1 Finalize PANCAP's regional advocacy strategy and 5-year plan of action to guide the work of partners, to improve coordination, avoid duplication and guide sustainability efforts in the following areas: high-level engagement and policy dialogue with regional and national leaders; appropriate messaging and development of advocacy tools and materials; and monitoring the implementation and effectiveness of approaches. As the 5-year plan will extend beyond the life of the Global Fund grant, PANCAP will utilize the strategy in efforts to diversify resource mobilization to sustain its advocacy work. CVC/COIN and PANCAP will work together to craft interlocking regional advocacy plans that support each other, avoid duplication, and create synergy to accelerate the reduction of stigma. A two-pronged approach with high level targets and messages alongside those by and for the grassroots level, will provide a stronger, more effective overall advocacy program that capitalizes on PANCAP's ability to work closely with all stakeholders. **Implementer:** PCU **Countries:** Regional **Funding request:** \$107,700

1.3.2. Strengthen PANCAP's Policy and Strategy Working Group on Stigma Discrimination to advance concepts of human rights and address stigma and discrimination. This high-level knowledge network will bring to bear cross-cutting regional expertise, including perspectives from marginalized groups, on legislative and policy challenges. The working group, which will include CVC/COIN representatives, will provide coherent technical support and guidance to SRs and SSRs for the implementation of this grant program, functioning as a mechanism to facilitate coordinated and effective action planning to make the best use of available resources. Annual meetings will allow for monitoring progress of advocacy and policy and law reform activities beyond the grant program, in addition to progress towards the CRSF 2014-2018 S&D indicators and the LAC regional zero discrimination targets. **Implementer:** PCU **Countries:** Regional **Funding request:** \$43,200

1.3.3. Strengthen the visibility, voice and impact of the Caribbean Regional Network of people living with HIV (CRN+), a founding member of the PANCAP partnership and a critical voice in regional advocacy. Support will be provided for organizational and policy development, and programmatic guidance for CRN+ to strengthen engagement in the regional advocacy agenda. This will take into account any support

provided to CRN+ by the PEPFAR LCI project and CVC/COIN to avoid duplication, maximize synergies and promote sustainability. **Implementer:** PCU **Countries:** Regional **Funding request:** \$134,800

1.3.4. Develop a regional rights-based framework to increase the access of migrants and mobile populations to HIV prevention, care, support and treatment. A two-day meeting on migrant and mobile population rights and health will bring together government, private sector, civil society, migrant leaders and other partners and stakeholders for a regional stock-taking of information generated by LEA processes, including under those implemented by CVC/COIN, as well as learning from previous work in support of migrant rights completed under Round 9 and the PANCAP/GIZ migrants project. Key outputs will lead to the development of a regional framework for strengthening the inclusion of migrant populations in the regional and national responses, and agreement on partnership approaches to support regional and national-level implementation of these. Meeting outputs will be used to inform high-level advocacy efforts conducted under activities 1.2.1 and 1.2.3. **Implementer:** PCU **Countries:** Regional **Funding request:** \$148,600

1.3.5. Engage key national leaders for action planning to support advocacy efforts and the formulation and implementation of policies and plans consistent with international human rights instruments. The annual NAP managers' meeting will be expanded to include other national leaders such as Permanent Secretaries (the administrative head of a government ministry under the direction of the Minister), Chief Medical Officers (chief technical director providing technical advice to the Minister and PS, providing leadership in policy development and alignment with international standards), civil society and key population leaders. PANCAP's experience coordinating annual NAP managers' meetings under the Round 9 grant points to the need for better information sharing and planning between these national leaders and NAP managers, to allow for the institutionalization of new approaches into policies and programs. The meeting will continue to provide a space for targeted capacity building and peer learning based on country experiences with innovative approaches and best practices. PANCAP will collaborate with CVC/COIN and CRN+ to ensure that KP representatives participate in the planning and implementing of this meeting, including delivering relevant presentations. **Implementer:** PCU **Countries:** Regional **Funding request:** \$361,300

1.3.6. Support the development and implementation start-up of costed, time-bound Justice for All (JFA) action plans in three countries, building on the momentum and consensus achieved through national and regional consultations under the Round 9 grant program. The JFA program promotes regional and national-level activities aimed at eliminating stigma and discrimination by 2015 and upholding the human rights and dignity of all. National consultations have been informed by country-specific reviews of the legal issues that perpetuate stigma and discrimination and available solutions, including PANCAP's Model Anti-discrimination Policy and Legislation. They provide a basis for countries to devise country-specific plans for implementation with support from PANCAP, including the following four priority areas identified in the JFA Caribbean Roadmap: increasing access to treatment including affordable medicines for all those in need; reducing gender inequality, including violence against women; promoting sexual and reproductive health and rights; and achieving legislative reforms for modifying and repealing punitive laws.

High-level advocacy targeting the CARICOM bodies (listed in activity 1.2.1) and national authorities will build support for the expected follow up actions to the Justice For All consultations. National stakeholders, including CCMs, key population, civil society and government partners, will be engaged to develop plans in three countries - St. Kitts and Nevis, Grenada and Saint Lucia. These countries are selected because of their clear and strong commitment to PANCAP and the Justice For All program, including through high levels of political participation in the Round 9 JFA national consultations, with a view to increasing the likelihood of moving forward with implementation. Prime Minister Timothy Harris of St Kitts and Nevis is the current chairman of PANCAP; Minister of Health Alvina Reynolds of Saint Lucia is the current chair of PANCAP RCM; and Minister of Health Nicholas Steele of Grenada is the new LAC representative to the Global Fund Board. Their selection also removes the possibility of duplication and maximizing regional reach, as they are not direct beneficiaries of the CVC/COIN grant and JFA implementation is not included in the OECS grant.

Country plans will be implemented in a phased approach consistent with the recommendation of the 19th Special COHSOD – Ministers of Health, while maintaining the objective of eliminating HIV related stigma and discrimination. PANCAP support in the short term will allow for early successes to be achieved and for implemented to be integrated into national programs. Targeted financial support will start the ball rolling in these countries by funding short-term national coordinators and select

activities to address common priorities, and catalyse further efforts. For sustainability beyond this initial support, coordinators will work to integrate JFA national activities into the work of NAPs and other government agencies, and will advocate for domestic resources to support full implementation of national plans. A review of Justice for All consultation reports suggests that common priority areas include: adapting and promoting public awareness of the PANCAP model legislation; engaging faith communities; and revising curricula aimed at youth. This will be confirmed following the development of national action plans. National-level work will be linked to regional technical support and approaches in other countries, and will involve all relevant stakeholders, including civil society and key populations. A key outcome is expected to be effective and technically sound approaches and models that can be adapted by other countries. **Implementer:** PCU **Countries:** St. Kitts and Nevis, Grenada and Saint Lucia **Funding request:** \$187,300

1.3.7. Strengthen harmonization and coordination of advocacy and policy and law reform efforts by utilizing existing PANCAP governance mechanisms (RCM, Executive Board and PACC). PANCAP governance meetings are conducted at no cost to this grant program but an additional day is proposed for the Chair of the RCM and representatives of the PR and SRs to meet with CVC/COIN in order to discuss implementation progress, and share information to avoid duplication, identify areas of collaboration and maximize synergies. **Implementer:** PCU **Funding request** for coordination of the partnership's advocacy and law reform efforts and for additional one day for PANCAP RCM and CVC to meet: **\$281,400**

Objective 2: To increase access to HIV and health services for key populations and improve their retention on the continuum of care.

Activities under this objective will focus on the development of regional policies and agreements that support increased access to and retention in care and quality services; adaptation and implementation of policies for laboratory services; and strengthening strategic information systems to facilitate improved services for key populations. The proposed activities build on previous initiatives and actions which were recommended by governments in the region. Over the years, several steps have been taken to strengthen access to services for persons living with HIV and key populations, including health sector assessments which were conducted in the region from 2011-2013. These assessments were analyzed and articulated clear recommendations to support the integration of HIV prevention, care and treatment services so as to strengthen and expand access to services and support the continuum of care.

To this end, PANCAP proposes to address common health system challenges to create a supportive environment for the implementation of regional policies, including integration of services to support access for KPs and linkages along the continuum; availability of high-quality client-centered laboratory services; and regional strategic information to support the monitoring of the CRSF and to guide evidence-based planning. The regional approach to strengthening national programs will maximize the potential for sustainability by utilizing existing regional technical capacity, including that developed under Round 9, to build institutional capacity. Advocacy efforts will be directed to policymakers to increase understanding of the importance of accessible health services for key populations and to encourage political support for policies and national program implementation efforts. Major activities will emphasize “treat all” approaches and the most up-to-date globally recommended guidelines. Learning from the Round 9 grant, PANCAP has built into the grant program activities designed to address sustainability challenges for national programs, as well as the regional response, through high-level advocacy and diversifying resource mobilization efforts.

Strategy 2.1: Strengthen regional approaches (guidelines, adaptation of model approaches and policies, and training of trainers) for effective evidence-based interventions that address common barriers to HIV and health services for key populations. Funding request: \$2,196,300

The purpose of the regional interventions in this module is **not** to undertake the task of building workforce capacities in each country per se but to use regional leverage to draw attention to standards of service that address barriers to effective access by KPs to HIV diagnosis, treatment and care and to foster conformity of policy and procedural frameworks for effective, sustainable programs to facilitate integration of KPs into the continuum of HIV care. Activities will collectively strengthen the understanding and the linkages between health, social determinants and human rights, including a comprehensive understanding of how human rights principles can be integrated and implemented in national programs to improve coverage.

The limited HIV prevention capacity within the region will be specifically addressed by building skills to conduct interventions which extend beyond information, education and communication, to include social and behavior change strategies that are critical pillars of an effective HIV prevention program. Generic regional policies, models, frameworks and strategies will be developed to provide an enabling laboratory environment that will reduce the stigma and discrimination encountered by KPs and allow for easier access to testing. Proposed interventions will build on the successful advocacy and capacity building strategy used in the GFR9 project to influence quality standards development and implementation and national laboratory policy development. Gaps in regional approaches and systems will be addressed to facilitate more accurate and comprehensive reporting of care and treatment services to key populations. The existing procedures for data collection, including data collection forms, are not currently designed to capture key population data thereby challenging the region's ability to assess key population care and treatment outcomes along the cascade.

Major actions:

2.1.1 Build capacity of national authorities (NAP managers, chief medical officers (CMOs) and permanent secretaries) to operationalize effective programs to meet with new global targets, and to effectively integrate HIV services into SRH services. Guidance will be provided to countries on comprehensive care and treatment for key populations based on the 2015 WHO guidelines for the provision of services for key populations to improve access to essential services for key populations in an environment of stigma and discrimination. A regional workshop will bring together state actors, technical partners, civil society organizations, people living with HIV and the community to discuss and agree on new service delivery models for HIV to improve access, linkage, retention and quality of care for key populations. This activity will incorporate CVC/COIN input and evaluations of innovative pilot approaches.

A cost analysis (including cost benefit analysis) of the provision of expanding programs to provide treatment at CD4 of 500 or to implement a test and treat approach will be conducted in order to support countries to make informed decisions regarding care and treatment programs. Country EMTCT validation reports on the progress towards achieving targets will be reviewed to identify common barriers and challenges that impede the implementation of comprehensive (and integrated) strategies and services. Based on the synthesis document, recommendations and guidelines will be provided to countries for the development and implementation of comprehensive EMTCT services integrated into maternal and child health (MCH), and aligned to SRH and other key services. A meeting will be convened with Permanent Secretaries, CMOs, NAPs and key partners to review recommendations on the integration of HIV in primary care services and guidelines to facilitate the integration process. **Implementer:** PAHO **Countries:** Regional **Funding request:** **\$307,100**

2.1.2. Sensitize senior government, health authorities and providers, policy makers, legislators, magistrates and other authorities regarding universal access to health and universal health coverage, including the crucial role of human rights, and approaches to improve access to services for key populations in order to reduce health inequities. This activity will accelerate and focus on-going work to guide country-level action and follow-up on agreements achieved through PANCAP's high-level advocacy and interventions at regional governance meetings. PANCAP will utilize information generated by CVC/COIN LEAs, research and documentation to develop policy briefs on the negative public health outcomes of stigma, discrimination and hostility towards key populations, such as late diagnosis and initiation of treatment, low rates of retention and viral suppression. These will be used at a regional meeting to educate a wide range of national authorities on the policy approaches that are required to reduce health inequities. Recommendations to reform and update policies that will expand and increase access to health and social services in order to reduce inequities will be based on learning from country experiences with innovative programming, including that supported by partners such as PEPFAR and CVC/COIN. The outcomes of the regional meeting will facilitate and inform on-going work to sensitize and advocate with senior government, health authorities and providers, policy makers, legislators, magistrates and other authorities, in an approach that recognizes the need to reinforce the new ideas and approaches, including during country visits by the UNSGSE and PANCAP leadership. **Implementer:** PAHO **Countries:** **Funding request:** **\$110,100**

2.1.3. Strengthen NAPs and civil society capacity to develop prevention strategies and BCC interventions, including sharpening skills in geo-targeting and conducting site-based interventions identify hot spots where risk of HIV transmission is greatest. NAPs and civil society organizations will be trained to conduct surveys of key populations, and to utilize the Priority for Local AIDS Control Efforts (PLACE) methodology and PLACE site-based interventions for MSM, sex workers and their clients; and in Social and Behavior

Change Communication (SBCC) interventions for MSM, transgender, female sex workers and their clients. Regional public health leaders will be exposed to implementation of related best practices in selected grant program countries, in order to deepen understanding of effective, evidence-based prevention approaches. Regional technical support meetings will strengthen HIV prevention programs linkages to continuum of care for key populations.

The Priority for Local AIDS Control Efforts (PLACE) survey methodology has provided the framework for the development of comprehensive site based HIV prevention programs,⁶⁵ including in Jamaica, where and adapted PLACE framework has been used to develop Social and Behaviour Change Communication (SBCC) interventions to reach MSM, MSM sex workers, female sex workers and their clients. While other Caribbean countries such as Trinidad and Tobago conducted PLACE surveys over a decade ago, there is need to update these given the changing dynamics of the epidemic in the region. Further, while most countries already have outreach or peer educators, what they do in the field reaches a minority of the persons at risk and has limited impact. PANCAP's approach will train national program representatives to reach a significantly higher proportion of persons at risk and give them the skills to intervene in a more meaningful way, thereby optimizing the value and impact of outreach educators who are already in the field. Because of the strong focus on preventing HIV while promoting rights and combating stigma and discrimination, in Jamaica, PLACE has contributed to a reduction of HIV incidence of 50% in the past decade. An additional advantage is that the PLACE methodology has already been adapted for the region with innovative approaches developed to match our realities and limited resources. Whereas the 2004-2006 studies were conducted by external consultants, contributing to high implementation costs, we are now able to implement our programs at an economical cost.

This regional best practice will inform efforts to reduce HIV transmission in vulnerable populations by strengthening capacity to develop prevention strategies and BCC interventions, including sharpening skills in geo-targeting and conducting site-based interventions to identify hot spots where risk of HIV transmission is greatest. NAP managers who have been exposed to what is being done in the field have recognised the value of PLACE as well as the need to employ and support the outreach educators, and are requesting this methodology. This increases the likelihood that countries will invest in utilizing and sustaining this approach. The Jamaican government, for example, has integrated many of the outreach educators who were employed by HIV project funds into the regional health authority budgets. The countries identified for the implementation of the PLACE methodology—Antigua and Barbuda, The Bahamas and Trinidad and Tobago—have been experiencing challenges in reaching the population of sex workers and MSM. The challenges include: limited or no data on HIV prevalence in the population; inadequate knowledge of risk behaviors specific to the population; the population is difficult to identify and therefore hard to reach with specific interventions; previous interventions with key populations were not conducted by the Ministry of Health and were not sustained. While these challenges are not unique, the selected countries have requested support from UWI/CARTTA to implement the PLACE methodology to address the above-listed gaps. UWI/CARTTA will train the Ministry of Health team to conduct all phases of the PLACE survey and the interventions. Therefore the country teams will have the skills to implement the methodology on a periodic basis, collect and analyze important data on the population as a basis for developing prevention interventions, monitoring impact and ensuring linkages to treatment, care and support. **Implementer:** University of the West Indies/CARTTA **PLACE Focus Countries:** Antigua & Barbuda, The Bahamas, Trinidad and Tobago **Countries:** Regional **Funding request: \$943,300**

2.1.4. Strengthen the legal and policy environment for laboratory operations through influencing reform of laboratory policies and laws to address needs of key populations. Under the GF R9, PANCAP made major advances in the creation of a policy framework and national policies to address regulation and legislation, mechanisms and structures to support laboratory networks, and lab information and surveillance reporting for all populations. This activity will build on and carry forward these achievements to support countries to implement national lab policies that are fully evidence-based, address their needs and will effectively guide the transition from a vertical to a decentralised and integrated service delivery model that improves access to laboratory services for key populations. PANCAP will support CVC/COIN's efforts to strengthen laboratory services at CSOs by advocating for the inclusion of CSO labs under national laboratory systems and by shaping regional and national policies, models, frameworks, guidelines, and protocols to facilitate this.

⁶⁵ Boerma, J., Weir, S. JID 2005:191 (Suppl 1) *Integrating Demographic and Epidemiological Approaches to Research on HIV/AIDS: The Proximate-Determinants Framework.*

Two regional consultations will be undertaken to (1) develop targeted strategies for adoption and/or adaptation of model regional legislation developed under the Round 9 grant, to support implementation of national laboratory policies that meet the unique needs of key populations, and (2) to consult with key populations on the appropriateness and completeness of the current regional generic framework for national laboratory policy development. CMLF will develop a generic strategy and approach to guide country implementation of national laboratory policies and build on the successful advocacy and capacity building strategy used in the GFATM R9 project to influence uptake by countries. Regional training will facilitate cadres of trained staff to train others and build regional and national capacity for more effective and efficient laboratory service delivery and operations, quality standards implementation and data management. Project implementation strategies, interventions and approaches will enable a culture of collaboration and networking among stakeholders and between the public, private and NGO sectors so that sustainable strategic alliances can be forged. This will be influenced by encouraging regional stakeholders to plan together and to create generic policies, models and frameworks that can be adopted or adopted at national levels and will result in more consistent and harmonized laboratory practices and operations across the region. Training of trainers will support the implementation of the PEPFAR-supported Laboratory Quality Management Information Systems – Stepwise Improvement Process (LQMS-SIP) model endorsed by Ministries of Health in 2012, and will facilitate effective networking for strengthening of the regional laboratory network. **Implementer:** Caribbean Med Labs Foundation **Countries:** Regional **Funding request:** \$322,800

2.1.5. Strengthen laboratory services required for improving adherence and retention of key populations in HIV/AIDS care and treatment programs through policies and strategies for implementing national laboratory data management systems in alignment with national case-based surveillance and compliant with the WHO and/or regional and national treatment guidelines. Currently, laboratory data, even when collected within computerized information systems, are not analyzed to support current WHO and regional and national patient treatment guidelines. Under Global Fund Round 9 grant, laboratories were provided with guidance for improving the management of laboratory data through monitoring of turnaround time and reporting of surveillance data. Through a regional working group consultation, a generic regional framework will be developed for re-orientation of laboratory services and integrated service delivery including laboratory data management to meet the needs of key populations. Common regional gaps and limitations in providing laboratory support for tracking of treatment compliance will be identified and addressed through development of regional policies and strategies to guide regional-level tracking of laboratory compliance. This will require development, dissemination and building of capacity for implementation of a regional lab data management policy. In building capacity, the skills of key laboratory personnel will be upgraded to address the needs of key populations, not only for laboratory data management, but also for quality of service to meet the needs of these key populations. In this way, regional laboratories will be better able to support HIV client adherence to and retention in treatment and care programs and support case-based surveillance. **Implementer:** Caribbean Med Labs Foundation **Countries:** Regional **Funding request:** \$513,000

For the above two laboratory-related activities, PANCAP will collaborate with Caribbean Med Labs Foundation (CMLF), the lead regional NGO representing laboratory issues in the Caribbean laboratory reference group and the public health laboratory network. CMLF is uniquely placed to address the specific laboratory access and testing issues faced by marginalized communities and to reach out and provide the bridge for CSO laboratories and testing services to be linked into the regional HIV laboratory network which was strengthened by CMLF under GFATM Round 9 grant. CMLF is an active and key member of the regional HIV laboratory reference group and the public health laboratory network, and recently signed a memorandum of understanding to work collaboratively on issues related to laboratory strengthening within the region for the next 5 years including, inter alia, training for quality improvement, promoting policy and legislative reform, and sharing of data and information on laboratory services. Implementation strategies, interventions and approaches will enable a culture of collaboration and networking among stakeholders and between the public, private and NGO sectors so that sustainable strategic alliances can be forged. This will be influenced by encouraging regional stakeholders to plan together for more consistent and harmonized practices and operations across the region.

Strategy 2.2: Strengthen information systems, reporting, data analysis and information sharing to ensure that effective evidence-based interventions reach key populations. Funding request: \$620,600

Efforts to improve KP access to services continue to be hamstrung by data limitations, and a lack of attention to monitoring progress in addressing KP needs and reducing stigma and discrimination. While

M&E capacity has been strengthened in selected countries, many continue to be unable to report on KP indicators as Ministries of Health do not currently collect data disaggregated by key population profile, and traditional data collection forms are not designed to collect such information. Regional (CARPHA) and international (GARPR) databases have too many gaps, and there is currently no mechanism in place for recording and verifying reporting on S&D indicators across the region. To strengthen KP strategic information, PANCAP will expand on the progress made by the region to establish core regional Stigma and Discrimination (S&D) and KP indicators aligned to the Caribbean Regional Strategic Framework (CRSF) on HIV and AIDS 2014-2018, and the UNAIDS 90-90-90 and S&D targets. PANCAP will continue to advance strategic information capacity within national programs, including revision of data collection forms, focusing on critical gaps in the analysis and use of data for evidence-based strategies to achieve the new global targets.

Major Actions:

2.2.1. Strengthen regional reporting and monitoring of the CRSF and KP indicators, and improve the availability of quality data related to KPs, including quality data on the HIV treatment and prevention cascade to provide evidence of what may deter or enhance KPs being recruited and retained along the continuum. PANCAP will standardize regional data collection and reporting, and will complement actions to strengthen M&E capacity at the national level, supported by PEPFAR, the GFATM and other donors, to report on KP indicators. Regional reporting forms will be revised to ensure the capture of essential data for key populations and technical assistance, including the development of recommendations and guidelines, will strengthen strategic information systems (M&E and surveillance) in countries to capture, analyze and report on key population data and CRSF, S&D indicators. **Implementer:** CARPHA **Countries:** Regional **Funding request:** \$40,600

2.2.2. Strengthen mechanisms for regional information sharing, including the regional data repository at CARPHA, to facilitate sharing and uptake of strategic information for greater accountability and to create synergies for greater efficiency. This activity will build on and strengthen existing mechanisms to improve access to regional data for evidence-based planning and accountability, as well as to ensure that NAPs across the region have access to the latest regional best practice models. The functionalities of the regional data repository at CARPHA will be expanded to inform the regional S&D and health policy agenda, including through links to other institutional data sources such as UWI-HARP (HIV/AIDS Response Programme). The procedures established will be in keeping with CARPHA's Data Management Policy, existing systems and will be designed to ensure the streamlining of reporting and confidentiality at all levels. It is expected that the hub will facilitate the measuring of country progress and country comparisons, to identify and learn from stronger performers. This system will also set a precedent for monitoring the 'non-health' social determinants of health issues which may be leveraged for other diseases in the future. In addition, existing CARICOM and PANCAP accountability structures - COHSOD, PANCAP RCM and Executive Board, PACC - will be leveraged, at no cost to the grant - to improve reporting and information sharing, particularly from national programs on issues related to KPs access and the enabling environment. **Implementer:** CARPHA/PCU **Countries:** Regional **Funding request:** \$69,500

2.2.3. Strengthen data analysis to support regional evidence based planning by building the capacity of NAPs to analyze and use data to inform evidence-based, policies, strategies and programming to achieve the new global targets. Identifying, documenting and disseminate replicable best practice and model Interventions throughout the region will leverage national level work, including pilot programs and new service delivery models, to develop the evidence base for effective high-impact programming to achieve global targets and to stimulate action in all countries included in the concept note. Training will be provided in data analysis, dissemination and use as well as in evidence-based policy developed for decision makers, NAPs, KP groups and first-line collectors in select priority countries. Based on evaluations conducted by CVC/COIN, identify and disseminate best practices from notable evidence based high impact and innovative KP interventions. **Implementer:** CARPHA **Countries:** Regional **Funding request:** \$510,500

Strategy 2.3: Promote sustainability by building capacity for resource mobilization to address gaps, including through better leveraging of regional and national resources. Funding request: \$104,100

Major actions:

2.3.1. Convene quarterly meetings of the PANCAP Advisory Group on Resource Mobilisation as proposed on PANCAP's Resource Mobilisation (RM) Strategy to provide guidance on resource mobilisation strategies and implementation (Terms of Reference attached as Annex 6). At the 24th Meeting of the PANCAP

Executive Board held on 16 September 2015 in Suriname, members of the Advisory Group were identified and have since accepted their nominations. The PANCAP Advisory Group on Resource Mobilization comprises members drawn from PANCAP governance bodies; the private sector in the Caribbean; Director, PANCAP Coordinating Unit; a representative from CARICOM Resource Mobilization and Technical Assistance Unit; prominent persons who can advance the resource mobilization agenda. Developed in 2014, the strategy aims to ensure that PANCAP is effective in facilitating the provision of regional public goods as articulated in the CRSF 2014-2018 and in support of the stated public health goals in the CARICOM Strategic Framework, 2015-2019, and to position the Partnership for sustainability beyond the terms of those two strategies. In order to attain that goal, this RM strategy guides PANCAP to achieve the objectives of securing adequate funding levels to meet the needs of PANCAP as a whole, and its Secretariat, the PCU; diversifying funding to mitigate risk and promote financial sustainability; identifying synergies between partners' programs and projects; and suggesting a mechanism of funding through the contributions to PANCAP by CARICOM countries.

The 24th Meeting of the PANCAP Executive Board also approved resource mobilisation strategies on which the Advisory will provide guidance:

- establishment of a Resource Mobilization Unit to ensure accountability, affordability and transparency;
- implementation of the resource mobilization strategy;
- public-private partnerships;
- encouraging private sector investment in health issues;
- development of a communication strategy;
- replication of cost effective best practices/models geared toward sustainability;
- identification of new funding sources and opportunities, including regional corporations and entrepreneurs;
- establishment of a trust fund for mobilizing resources from within and outside of the Caribbean; advancing the discussion on of a tax levy; This recommendation, emanated from the PANCAP Migrant project suggests, for example, USD1.00 tourism health tax.
- expenditure and impact analyses to demonstrate value for money;
- lobbying governments to fund the civil society response to HIV;
- integrating administrative and operational costs of the PCU in the budget of the CARICOM Secretariat;
- linking with CARICOM structures such as the Resource Mobilization and Technical Assistance (RMTA) Unit.

Implementer: PCU **Countries:** Regional **Funding request:** \$9,900

2.3.2. Conduct economic analysis, including on returns on investment, to build the case for governments and the private sector to increase investments in HIV in order to sustain national programs and expand national prevention and treatment programs per WHO Guidelines. **Implementer:** UWI-Health Economics Unit (via PUC) **Countries:** Regional **Funding request:** \$75,700

2.3.3. Advocate with Ministers of Finance for increased HIV investment at national level, with greater proportions of resources targeted to KP and expanding treatment programs. Analyses conducted in 2.3.2 will be utilized to inform the presentation of briefs to established meetings of Ministers of Finance and face-to-face meetings to be conducted by UNSG Special Envoy for HIV in the Caribbean and Director of the PCU. The PCU will also engage the Heads of Diplomatic Missions, CARICOM Ambassadorial Corps, and the Organisation of American States to solicit support from the Caribbean diaspora and to advocate with development partners for continued funding support for regional and national responses. Engagement on the sustainability of national programs, becomes all the more critical as countries like Belize move towards transitioning out of eligibility for Global Fund funding. **Implementer:** PCU/UWI- Health Economics Unit **Countries:** Regional **Funding request:** \$18,500

Sub-total grant programme: \$5,251,100

3. Program management

Principal Recipient – CARICOM	\$1,117,355
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Includes human resource, planning and administration, monitoring and evaluation and management fee	
PANCAP Coordinating Unit – PCU	\$226,080
Includes human resource, monitoring and evaluation and operational costs	
PAHO	0
CARPHA	0
CARTTA (includes human resource, operational and infrastructure costs)	\$128,000
CMLF (includes human resource, operational and infrastructure costs)	\$172,132
CRN+ (human resource cost)	\$106,560
Sub-total: Programme Management	\$1,750,127
Sub-total: Grant programme	\$5,251,100
Total Budget:	\$7,001,227

BUDGET BY YEAR

Year 1: 2,757,985

Year 2: 2,247,566

Year 3: 1,995,676

Total Budget: \$7,001,227

3.3 Modular Template

Complete the modular template (Table 2) based on the funding request outlined in section 3.2. To accompany the modular template, briefly:

- a. Explain the rationale for the selection and prioritization of modules and interventions.
- b. Clearly describe the expected and measurable goals and outcomes that address gaps and encourage accelerated impact, referring to evidence of effectiveness of the interventions being proposed.

The contextual framework for the preparation of this Concept Note program is based on the strategy of combining top down and bottom up approaches to creating a more enabling environment for key population (KP) access to the HIV continuum of care. The top down focus pertains to this concept note submitted by PANCAP, while CVC/COIN will work from the bottom-up with regional key population networks and CSOs.

In line with the recommendations of the TRP for concept note iteration, this complementarity is informed by PANCAP's membership and mandate. Target audiences comprise political leadership, heads of ministries, regional and international organizations and agencies. PANCAP's mandate includes resource mobilization, capacity building, in addition to a specific and unique regional role for coordination, convening stakeholders, monitoring results, and reducing duplicative efforts. With its broad based membership, including CVC and COIN, and its demonstrated success in coordinating the regional response across languages, large distances and country contexts. PANCAP is well placed to function as a bridge and build consensus between partners working at in both government and civil society, whether at the regional, national or community levels.

The selection and prioritization of interventions under two modules - **Removing Legal Barriers to Access and Health Systems Strengthening** also takes into account, the TRP feedback and guidance to strengthen the strategic focus of the concept note, and to prioritize and focus on interventions with potential for impact at regional level. Based on this, and on the focus on the CVC/COIN grant, PANCAP has removed from the revised

grant program community systems strengthening activities, including engagement of networks of members and key populations at the country level in the implementation of proposed activities. As suggested, community systems strengthening activities have been replaced with a stronger approach to influence national governments to support interventions for key populations. Also omitted are research activities; instead, PANCAP will utilize (and compile in some instances) existing studies, including the LEA processes and data collection to be conducted under the CVC/COIN grant, to inform policy advocacy. The following activities which the TRP suggests are better conducted at the national level are **not proposed** in this revised concept note: Develop, produce and disseminate communications and advocacy materials, including via KAP regional networks; Implement on-going training programs for all ranks of the police, criminal justice officials and prosecutors in five countries using manuals developed in GFATM Round 9 grant on sexuality, HIV and vulnerability; Implement training of trainers (TOT) programs for all ranks of the police, criminal justice officials and prosecutors in seven countries using manuals developed in GFATM Round 9 grant on sexuality, HIV and vulnerability; Deliver sensitization and capacity building to health care workers and other service providers on the rights based approach to the delivery of health care services in seven countries.

This concept note leverages PANCAP's leadership in setting the direction of the regional HIV response and relative strategic advantages of:

- High-level access to national governments and the ability to leverage the strengths of the Caribbean Community (CARICOM) structure, networks and regional institutions to support the proposed advocacy agenda.
- Unique role in supporting the UNSG Special Envoy on HIV in the Caribbean and ability to leverage his access to high-level political and faith-based leaders.
- The expertise of the leading regional technical agencies, including the University of the West Indies, PAHO, CARPHA, CMLF, CRN+.
- Existing regional multisectoral coordination and oversight capacity and mechanisms which bring together government, civil society, technical and community representatives.
- The experience and outcomes of existing regional programs implemented by PANCAP, including under Round 9, the GIZ-supported migrants project, and the current LCI which is building regional civil society capacity to sustain effective policy advocacy and which will facilitate linking advocacy efforts at the community, national and regional levels.

The robust regional dialogue process, conducted over 16 months and building on a lengthy consultative process to develop the 2014-2018 CRSF, has provided numerous opportunities for stakeholders, including KPs, at the community, national and regional levels to participate as full partners in identifying priority issues and gaps common to countries in the region, and in developing effective interventions to address these. The selection and prioritization of modules and interventions is therefore strategic and guided by the on-the-ground experience of national programs, key population and technical partners, in order to ensure that the regional public goods provided under the grant make a tangible difference in quality of life and health outcomes for KPs. Involving Ministers of Health, parliamentarians, faith based organizations, academics and other civil society stakeholders in this dialogue has provided an opportunity to ensure that PANCAP adds value with ambitious but achievable targets that will enable political leaders to address sensitive issues that are difficult for countries to tackle in isolation.

Under the **Removing Legal Barriers to Access** module, this concept note prioritizes interventions towards **legal and policy assessment and law reform; policy advocacy and social accountability; and legal aid services and legal literacy**. A human rights framework is an essential strategy to enable countries to provide effective health service coverage for all residents, including KPs. As the region has adopted the new "90-90-90" targets, it is clear that their achievement is contingent on a significant reduction in human rights violations, stigma and discrimination that affect certain key populations. As is noted in Section 1.X and on pg 32, the legislation and policy continue create barriers to access to services for key populations, including by legitimizing harmful societal norms that fuel stigma and discrimination, and there is limited capacity to address these barriers in national programs. While the initial program articulated in the EOI was ambitious in proposing legal reform and population-level attitudinal changes within two years, the concept note takes into account the TRP feedback in the prioritization of interventions within this module: while legislative reform continues to be a priority, it is unlikely to be achieved within the grant period. Because we understand that progress towards legal and policy reform will be slow and uneven, we propose activities which can (i) improve the enabling environment for service access and uptake by KPs through concrete changes achievable in the short term, (ii) galvanize political commitment and public support to strategically position the region to progress towards achieving the desired legislative and policy reform in the long term, and (iii) support national programs to

incorporate efforts to promote human-rights, including universal access to health, and with the intention of stimulating further action in target countries and beyond.

Efforts to strengthen the enabling environment, while critical, are insufficient for realizing the overall goal of this grant program. We therefore propose a two-pronged approach in which the above measures are coupled with health systems strengthening actions, in order to address the full range of priority challenges and gaps articulated in sections 1.1 and 3.1. Improving access to HIV and sexual and reproductive health services for key populations can only be achieved through the synergy between efforts to remove structural barriers and to improve national program capacity to implement evidence-based technical programming.

Under the Health Systems Strengthening module, regional capacity building to strengthen the provision of high quality and more effective services for KPs focuses on interventions in three priority areas: **(1) Health Management Information Systems – routine reporting and analysis, review and transparency; (2) Policy and governance; and (3) Healthcare financing – financial sustainability.** Sections 1.1 D and 3.1 of this concept note describe health system weaknesses common to participating countries, which provide the rationale for the core capacity building activities: limited scope for innovative, evidence-based, high impact services; inadequate strategic information and laboratory services; and insufficient sustainability planning and financing. PANCAP has prioritized interventions to address common health system weaknesses because this kind of institution building is critical to prepare national programs to fully absorb the national HIV response, as countries transition out of eligibility for funding from key partners including the Global Fund and PEPFAR. HSS is therefore included as a key and deliberate strategy for sustainability of the regional response.

Targeted strengthening of national programs will prioritize interventions best implemented through a regional approach; interventions which can have a rapid and significant impact in propelling the regional response forward; interventions which provide a framework for accelerating national level progress and which national programs can build on in a cascading approach to capacity building – from the regional to national to organizational to individual levels. The regional approach will utilize regional workshops and training of high-level national program staff (primarily program managers) who can go on to conduct further national level training; technical assistance for planning, developing and implementing effective prevention methodologies; development of policies, strategies and protocols compliant with international guidelines to increase access to services, including user-friendly and high-quality laboratories; and establishment of a regional data repository. Learning from the Round 9 grant experience, attention to sustainability and resource mobilization will include high-level advocacy and coordinated efforts to support better leveraging of national resources and diversification of funding sources.

Expected and measurable goals and outcomes that address gaps and encourage accelerated impact, referring to evidence of effectiveness of the interventions being proposed.

Grant program activities are expected to accelerate progress towards national level policy and law reform, and to improve countries' capacity to provide and sustain high-impact evidence-based programming that reaches key populations.

A baseline evaluation to be conducted in the first six months of implementation will focus on compiling information from existing assessments of the enabling environment and health systems capacity in grant program countries. A baseline of the existing evidence-base for programming will be established through a desk review and in collaboration with CVC/COIN LEA processes. In order to be able to gauge the effectiveness and reach of advocacy efforts, a desk review will seek to identify state actions, discussions, statements, decisions in pertinent areas. This will also seek to establish a mapping of existing levels of engagement, prevention services and linkages for early diagnosis. Some of the baseline data may be gathered through existing S&D/Human Rights surveys or assessments (such as the UWI S&D Health Sector Surveys) as well as existing MSM and sex worker seroprevalence studies in some countries. A survey will be conducted through online poll and telephone interviews with national authorities, civil society and key population organizations to gather information on and perceptions of existing high-level engagement and political support for the proposed improvement of the enabling environment. In addition to desk review, this will allow for mapping of selected population groups (FBOs, professional and other associations) knowledge of HIV, human rights and key populations. The survey will also seek to ascertain the reach of existing and previous advocacy efforts. The TOR for the survey will be developed during grant making.

A final evaluation has been budgeted for the last semester of the grant program, and will include measures to assess the impact of activities in both modules. The TOR will be developed, building on experiences with the independent evaluation of the Round 9 grant program. The TOR of the Round 9 grant program is attached to provide an indication of the scope of the proposed final evaluation.⁶⁶ The TOR proposed the following objectives for the final evaluation:

- To assess the extent to which the project has contributed to the CRSF/grant objectives;
- To explore the strengths and weaknesses of the regional approach to addressing HIV and AIDS in terms of value for money and health outcomes;
- To identify and document lessons learnt from project implementation that can be used to inform future strategies, projects and practices (locally, nationally, regionally and internationally) ; and,
- To identify and document the best practices cultivated by the SRs and SSRs under the project which can be utilized or built on at a local, national or regional level to sustain gains made under the Project and strengthen HIV responses world-wide.
- To identify gaps, needs and opportunities for sustaining the regional response to the HIV epidemic.

Examples of general evaluation questions, based on the Round 9 TOR are:

- To what extent has the project contributed to achieving the goals and objectives of the CRSF?
- Has the project been of added value to the region in delivering efficiently and effectively on the health outcomes for the targeted populations and countries?
- What lessons can be derived from the implementation of this project to strengthen future regional and country-level strategies and projects in tackling HIV and AIDS?
- What promising practices fostered under the project can be replicated or sustained and how?
- What are the priorities for follow-up after the end of the project?

Evaluation questions specific to each grant program strategy are detailed in the modular template.

The baseline and final evaluations will take into account the following changes expected to result from grant implementation:

- Evidence of high-level political commitment for protecting and promoting the human rights of key populations is increased.
- Understanding among high-level leaders (political, faith-based, professional) of the link between HIV and the need to protect and promote the human rights of KPs are increased.
- Countries are implementing concrete steps towards improving the enabling environment, including through legislative and policy reform.
- Regional advocacy efforts are coordinated and strategic, with leadership and participation of Key populations. Measures are in place to sustain these beyond the grant program.

- The number of effective interventions implemented to reach key populations which result in improved access to HIV prevention, testing and counselling and improved linkage to treatment and care will be increased.
- HIV prevention capacity to reach key populations will be strengthened through institutionalizing PLACE interventions in national programs.
- Regional laboratory systems are more client-oriented and accommodating for key populations.
- Regional laboratory systems are better able to support client adherence to, and retention in, treatment and care through more structured and relevant data management systems for compliance tracking.
- The quality and availability of strategic information on KPs is strengthened.
- Strategic Information is used to plan and execute evidence-based and innovative high impact interventions.
- National programs have increased access to model programs and best practices that can be adopted or adapted.
- Sustainability planning is improved through the provision of models and regional technical support,
- Resource mobilization efforts are diversified with new funding sources identified and commitments to increase domestic financing for national HIV programs.
- Coordination, transparency and accountability of the regional response is strengthened.

PANCAP's high level advocacy, coordinate and collaboration will directly contribute to achieving the proposed outcomes of CVC/COIN's grant through joint activities, and by facilitating access at the regional level and political support for national and community level activities.

The grant is expected, by focusing on activities that are not one-offs but part of a long-term strategy, to contribute to the achievement of the following subset of indicators from the CRSF 2014-2018 Monitoring Framework:

- Number of countries achieving legislative reform for modifying and repealing discriminatory laws that infringe on human rights
- Number of countries that have a monitoring system to address discrimination
- Percentage of PLHIV and key populations that report discrimination in the health sector
- Number of countries with national HIV responses that are gender transformative
- Number of countries with established minimum package of SRH services for key populations
- Number of countries that have reduced the rate of violent acts/hate crimes against PLHIV and other key populations (including LGBTI, Sex Workers)
- Percentage of young people aged 15-24 reached with HIV prevention programs
- Percentage of sex workers reached with HIV prevention programs
- Percentage of men who have sex with men reached with HIV prevention programs
- Number of national programs implementing interventions to address the social determinants of HIV with at least one non-health partner
- Number of national programs undertaking mid/end-of-term national evaluations
- Number of countries with adequately financed NSPs
- Domestic and International AIDS spending by category and funding sources

⁶⁶ CARICOM Secretariat. *Terms of Reference – End of Project Evaluation: PANCAP Global Fund Round 9 Project*

3.4 Focus on Key Populations and/or Highest-impact Interventions

This question is **not** applicable if **all** countries included in this concept note are low-income countries.

Describe how the requested funding focuses on underserved and key populations and/or highest-impact interventions, as per the Global Fund's Eligibility and Counterpart Financing Policy requirement.

- a. For the lower-middle-income countries included in the request, describe how the funding requested for those countries focuses at least 50 percent of the budget on underserved and key populations and/or highest-impact interventions.
- b. For the upper-middle-income countries and any non-eligible countries included in the request, describe how the funding request focuses 100 percent of the budget on underserved and key populations and/or highest-impact interventions.

The resources of this proposed program are 100 percent focused on key populations. Activities are geared principally towards addressing stigma and discrimination against key populations, mitigating the impact of unfavourable laws and policies, and strengthening health systems to support working with key populations. The vast majority of countries included in the request, with the exception of Guyana and Haiti, are classified as upper-middle-income. For these countries, the entire funding request will target underserved and key populations, with the principal focus being objective 1: conduct high-level advocacy for an enabling legal and policy environment in order to reduce HIV-related stigma and discrimination and promote human rights. This will include removing legal barriers through legal environment assessment and law reform, policy and social advocacy, and legal aid services and literacy. Advocacy, building awareness and technical support under this module will be delivered at the regional level, with a focus on issues common to countries that require strategic regional action in order to enable and support progress at the national level. All countries will benefit from a regional approach to strengthening health systems in common priority areas critical to improving reach of key populations. These high impact activities will contribute to the achievement of objective 2 of the grant program: To increase access to HIV and health services for key populations and improve their retention on the continuum of care.

SECTION 4: IMPLEMENTATION ARRANGEMENTS AND RISK ASSESSMENT

4.1 Overview of Implementation Arrangements

Provide an overview of the proposed implementation arrangements for the funding request. In the response, describe:

- a. How do the proposed implementation arrangements take into account the regional nature of the investment?
- b. If applicable, the reason why the proposed implementation arrangement does not reflect a dual-track financing arrangement (i.e. both government and non-government sector Principal Recipient(s)).
- c. If more than one Principal Recipient is nominated, how coordination will occur between Principal Recipients.
- d. If applicable, the type of sub-recipient management arrangements likely to be put into place and whether sub-recipients have been identified.
- e. If applicable, how coordination will occur between each nominated Principal Recipient and its respective sub-recipients.
- f. How representatives of women's organizations, people living with the three diseases, and other key populations will actively participate in the implementation of this funding request.

A. Proposed Implementation Arrangements

The PANCAP RCM proposes to retain the CARICOM Secretariat as the Principal Recipient, based on the strong performance of the Round 9 grant. CARICOM, as the secretariat of the regional governance mechanism, is well-experienced and well-positioned to manage a regional program. CARICOM manages a number of regional political fora providing PANCAP with unparalleled access to high-level political leadership across sectors. CARICOM has reach across all countries included in the grant program. The CARICOM Secretariat, with a longstanding role in canvassing regional leaders in the key areas of health, social development, trade and economic development, provides an important mechanism for aligning the regional HIV response with other strategies, including those in the areas of youth, adolescent pregnancy and SRH.

During the development of the concept note, the RCM worked closely with representatives of the key populations to manage an open and transparent process to identify trusted networks, organizations, CSOs and CBOs to be proposed as sub-recipients (SRs) and sub-sub recipients (SSRs). An open call for proposals has resulted in the selection of two SRs (the PANCAP Coordinating Unit and the University of the West Indies) and five sub Sub-Recipients (PAHO, CARPHA, CMLF, CRN+, UWI-HEU).

B. The reason why the proposed implementation arrangement does not reflect a dual-track financing arrangement

Dual-track financing is not proposed for this regional funding request. The CARICOM Secretariat, as the Principal Recipient and the secretariat of the Caribbean regional inter-governmental mechanism, has developed robust capacity to undertake financial and administrative management of the grant and in addition, has a strong track record of partnership with civil society at both the regional and national levels.

Further, PANCAP itself is a multisectoral partnership that includes a wide range of non-governmental and civil society partners active in the regional and national response to HIV, and the PCU, as the secretariat of PANCAP, has worked with and provided support to both regional and national NGOs and networks. PANCAP governance mechanisms promote inclusivity and equal representation from civil society and communities, and civil society plays a critical role at every step of the development and execution of the proposed grant program. Over the years, PANCAP has supported civil society partners to develop the capacity to function as SRs, with one former civil society SR – CVC/COIN – submitting its own regional concept note. For PANCAP’s concept note, one proposed SR is an academic institution (UWI/CARTAA), one SSR is a regional NGO (CMLF), one an academic institution (UWI-HEU) and one a regional network of people living with HIV (CRN+) are collaborating partners.

C. If more than one Principal Recipient is nominated, how coordination will occur between Principal Recipients.

Not applicable, only one PR is proposed.

D. If applicable, the type of sub-recipient management arrangements likely to be put into place and whether sub-recipients have been identified.

The PR has developed effective management arrangements for Sub-Recipients. These are expected to be maintained under the new grant program. The CARICOM Secretariat’s Grant Management Manual for the Round 9 grant is attached as Annex 7 to the Concept Note.

Sub-recipients were identified through a call for proposals and selection process. The two selected SRs, the PANCAP Coordinating Unit (PCU) and the University of the West Indies (UWI/CARTTA) have a strong history of as SRs under the Round 9 grant, and as key technical contributors to the development of the CRSF 2014-2018, from which this grant program is derived. Further, some key technical partners such as CMLF, CARPHA, and PAHO have been selected as sub Sub-Recipients. Again, these agencies are well-experienced; two of them having worked as SRs under the Round 9 grant (CARPAH and CMLF). CRN+ and the UWI-Health Economics Unit (UWI-HEU) have also been identified as collaborating partners for grant activities. CRN+ was an SSR under the PCU for Round 9, and both PAHO and UWI-HEU have supported several PANCAP projects, including Round 9.

It is expected that the streamlined implementation arrangements (2 SRs compared to 6 in Round 9), experience and strong workings relationships between the PR, SRs and SSRs will minimize grant start-up challenges, and contribute to effective implementation and information sharing that maximizes collaboration and synergies. The PR and SRs are committed to partnering with KP organizations and communities, including through CRN+, in the planning and implementation of grant activities.

Sub-Recipients

PANCAP Coordinating Unit (PCU) serves as Secretariat for PANCAP, the organs and any other subsidiary bodies. The PCU advocates across the Pan Caribbean region for the promotion of a multisectoral approach to respond to the HIV and AIDS epidemic. A key role is to build on functional cooperation as a regional approach to deal with the sensitive societal, policy and legislative challenges which may otherwise be difficult for individual national governments to address. The PCU undertakes strategic regional interventions such as maintaining a repository of information on national and regional activities to enable sharing of information and best practices; mobilizing resources; and receiving and collating regional intervention indicators into a bi-annual regional program performance report to the Board and Conference of Partners and develops the Operational Plan for the CRSF. The PCU has significant experience, including with multiple Global Fund grants, managing re-granting to a range of technical and civil society partners, including CRN+.

University of the West Indies/ Caribbean Regional Training and Technical Assistance Programme (UWI/CARTTA) operates from the Department of Community Health and Psychiatry, Faculty of Medical Sciences, UWI. CARTTA is mandated to build technical capacity of public health programs in general and HIV programs in particular in the Caribbean region in the areas of leadership, management and HIV prevention. The program implements activities targeted to the expressed needs of countries and capacity building activities are conducted with senior directors and managers of ministries of health, national HIV programs and civil society partners. CARTTA's capacity building strategies have included training in Social and Behavior Change communication, HIV Prevention, the Priority for Local AIDS Control Efforts, (PLACE) methodology and Change Management.

Sub Sub-Recipients

Caribbean Med Labs Foundation (CMLF) is a non-governmental, not-for-profit organization working to improve health outcomes for all Caribbean people by strengthening the capacity of regional health systems, with a particular focus on improving access to high quality medical and public health laboratory services. Based in Trinidad and Tobago, CMLF was established in June 2007 in response to a request from CARICOM Ministers of Health to continue the regional effort to build and sustain the highest quality medical laboratory services through an independent self-sustaining mechanism.

Caribbean Public Health Agency (CARPHA) is the new single regional public health agency for the Caribbean. It was legally established in July 2011 by an Inter-Governmental Agreement signed by CARICOM Member States and began operation in January 2013. The agency rationalizes public health arrangements in the Region by combining the functions of five Caribbean Regional Health Institutes into a single agency. CARPHA brings these RHIs together as one strong force under a public health umbrella under which issues requiring a regional response can be addressed.

Pan American Health Organization (PAHO) is a member of the United Nation Systems and is the world's oldest international public health agency. It provides technical cooperation, mobilizes partnerships and utilizes the principles of human rights as key tools to promote and protect public health as it strives to improve health and quality of life in the countries of the Americas. PAHO is the specialized health agency of the Inter-American System and serves as the Regional Office for the Americas of the World Health Organization (WHO).

Collaborating Partners

Caribbean Regional Network of People Living with HIV (CRN+) is the authentic voice of Caribbean people living with HIV and AIDS. CRN+ is committed to empowering and supporting persons infected and affected by HIV and AIDS through advocacy, research, partnership, capacity building and resource mobilization. CRN+, the only regional persons living with HIV coalition, comprises 27 national affiliates in the English, Spanish, French and Dutch Caribbean.

University of the West Indies – Health Economics Unit (UWI-HEU) was established in 1995, as one of the research clusters in the Department of Economics at the University of the West Indies, St. Augustine, Trinidad and Tobago. The HEU is responsible for research, training and project-related activities in health economics and related areas, including social insurance, poverty, health and sustainable development,

equity, health policy and management. The HEU has assumed the responsibility of filling a perceived regional need for continuity of research efforts in a number of areas that have a direct bearing on policy formulation and implementation.

SR Management Arrangements

Since there will be only one PR, coordination issues will on communication with SRs, SSRs and collaborating partners. Coordination will follow the procedures established in the Operations Manual developed for the current Round 9 grant and which will be updated to reflect current Global Fund requirements and to incorporate lessons learned. The Operations Manual clearly articulates the procedures that will be followed for grant management including reporting formats.

E. If applicable, how coordination will occur between each nominated Principal Recipient and its respective sub-recipients.

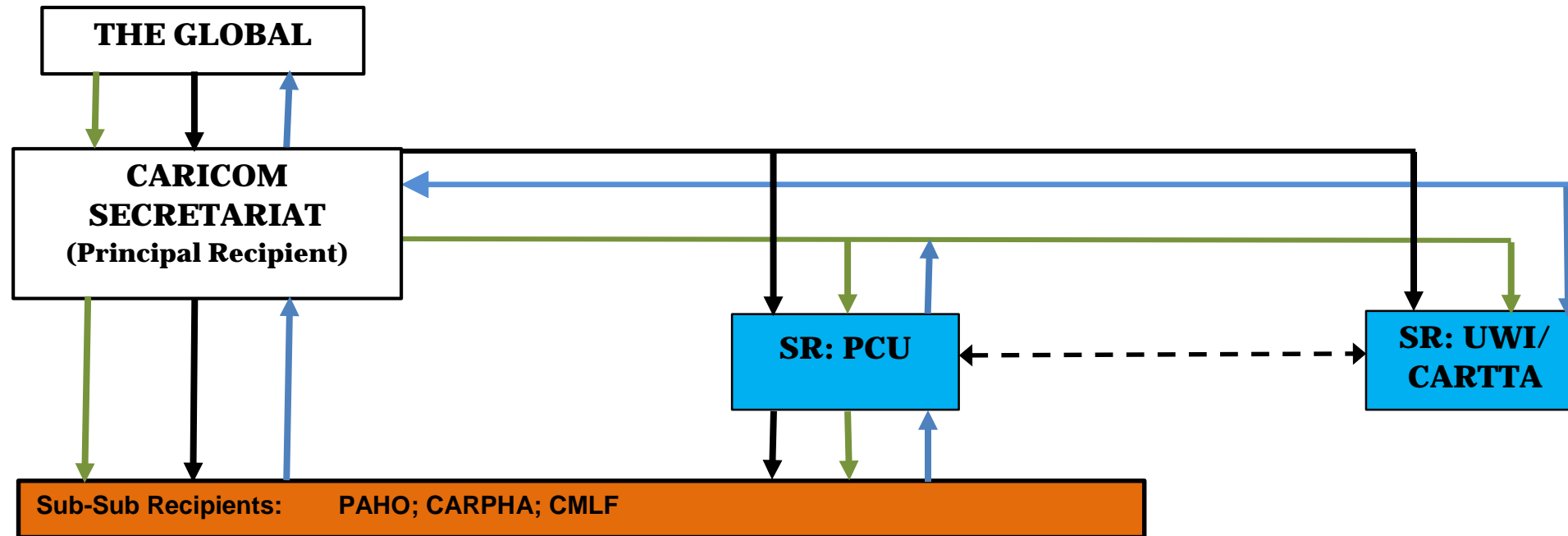
The CARICOM Secretariat, as PR, has developed effective arrangements for coordinating sub-recipients and these will be maintained under the new grant program (please see **Annex 7** for the CARICOM Secretariat's Grant Management Manual for the Round 9 grant). SRs will be sensitized to these operating procedures at the beginning of project implementation, including financial controls, monitoring and evaluation of technical progress, and reporting of both financial and technical results. Each SR will submit a quarterly report in the prescribed format to the PR and the PR will conduct quarterly monitoring and verification visits to each SR. Verified reports and data will be available for review on the PANCAP website. At the end of each semester, the PR will convene a project progress meeting where each SR will present to the PR and the other SRs their project achievements, the challenges faced and the mitigating actions that will be undertaken. The SRs will carry out a similar process with their sub Sub-Recipients.

F. The active participation of representatives of women's organizations, PLHIV and other key populations in the implementation of the proposed program.

As previously noted, the development of the EOI and concept note builds on a number of inclusive and consultative processes that have included a wide range of stakeholders, including representatives of key populations. Regional KP networks are also members of the PANCAP RCM -- specifically CVC, the Caribbean Regional Network of People Living with HIV (CRN+), Caribbean Forum for Liberation and Acceptance of Genders and Sexualities (CariFLAGS), and the Caribbean Sex Work Coalition. These partners have played an important role in shaping the content of the proposed grant program. The membership of the Priority Areas Coordinating Committee (PACC) – PANCAP's technical oversight committee – has also been expanded to include CVC as a representative of key populations. This ensures active involvement in decision-making with regard to the design and development of the concept note, and oversight of the implementation of the regional program. It is the intention of the RCM to directly engage key population networks in the implementation of the regional program as SRs, SSRs, and collaborating partners. Technical support and information sharing between key populations organizations and networks, national programs and technical support agencies will also ensure meaningful involvement.



PANCAP CONCEPT NOTE TO THE GLOBAL FUND - IMPLEMENTATION ARRANGEMENT MAP



Collaborating Partners include: UWI-HEU; CRN+; others to be determined

Target Groups (TG):
Key Target Population(s): Policy makers including Heads of Government, Ministers of Government, Parliamentarians, Faith leaders, CARICOM Youth Ambassadors and other regional youth leaders from among KPs, Chief Medical Officers, Permanent Secretaries, National AIDS Programme Managers.

Key Populations in the Region: 1. MSM 2. Transgender 3. Sex Workers 4. PLH 5. Migrants 6. Youth belonging to these key populations



4.2 Ensuring Implementation Efficiencies
Complete this question only if the Regional Coordinating Mechanism (RCM) / Regional Organization (RO) is overseeing other Global Fund grants.
Describe how the requested funding links to existing or planned Global Fund grants. In particular, from a program management perspective, explain how this request complements (and not duplicates) any human resources, training, monitoring and evaluation, and supervision activities.
Not applicable given proposed start date of October 2016. The retention of the CARICOM Secretariat as PR will capitalize on capacity and systems developed for the management of the current Round 9 grant, and build on this expertise to streamline the human resources required for grant implementation.

4.3 Minimum Standards for Principal Recipients and Program Delivery			
Complete this table for each nominated Principal Recipient. For more information on minimum standards, please refer to the concept note instructions.			
PR 1 Name	CARICOM Secretariat	Sector	Government
Does this Principal Recipient currently manage a Global Fund grant(s) for this disease component or a cross-cutting health system strengthening grant(s)?	X Yes		
Minimum Standards	Applicant assessment		
1. The Principal Recipient demonstrates effective management structures and planning	<p>The PR has established a Program Management Unit (PMU), Program Management Team and a Program Management Advisory within the Office of the Deputy Secretary-General to provide oversight of SRs and internal oversight of grant implementation. Systems are detailed in the Operational Manual for the Global Fund Round 9 grant which is periodically revised to ensure compliance with Global Fund requirements.</p> <p>The RCM has noted delays affecting implementation by the PCU resulting from the procurement process and has requested that the PR take action to resolve these. Other SRs have not been affected by this.</p>		
2. The Principal Recipient has the capacity and systems for effective management and oversight of sub-recipients (and relevant sub-sub-recipients)	<p>The Operations Manual details the operational procedures to be followed by SRs and SSRs of the Grant in the implementation of the Grant Agreement. Specifically, the Manual details the procedures for the following processes: Work Plan and Budget Review, Procurement, Staff Recruitment, Financial Management, Auditing, Data Quality Assurance, M&E, and Reporting. These procedures have been incorporated into all Agreements signed between the PR and SRs and SSRs and are monitored by the PR to ensure compliance.</p> <p>Over the course of the Round 9 grant, the PR has developed sound capacity for the effective management and oversight of SRs. Due to the strong PMU presence on the ground and in its support of SRs, the PR has been able to assess both the SRs' technical and absorptive capacity. The PR has demonstrated transparency and accountability of flow of funds to SRs, contractors and sub-contractors by its financial statements which reflect monies received from GF, amounts disbursed and expenditures.</p> <p>The RCM noted a significant improvement in the quality of the PR reports during Phase 2 of the Rd 9 grant.</p>		
3. The internal control system of the Principal Recipient is effective to prevent and detect misuse or fraud	<p>The PR benefits from a robust internal control environment which is based on the principles of segregation of duties and good governance. The PR, CARICOM Secretariat, follows standard procedures that assure transparency and</p>		

	accountability through use of competitive bidding and other mechanisms.
4. The financial management system of the Principal Recipient is effective and accurate	The PR has been providing statements of expenditures to the RCM and has ensured that its SRs and SSRs are compliant in facilitating internal and external audits.
5. If applicable, central warehousing and regional warehouse have capacity, and are aligned with good storage practices to ensure adequate condition, integrity and security of health products	Not applicable
6. If applicable, the distribution systems and transportation arrangements are efficient to ensure continued and secured supply of health products to end users to avoid treatment/program disruptions	Not applicable
7. Data-collection capacity and tools are in place to monitor program performance	<p>The PR has strong M&E capacity and presence on the ground. Reporting requirements are detailed in the Operations Manual and data collection tools appropriate to each SR and indicator have been developed and are in use. Data validation by the PR M&E Officer takes place on a quarterly basis to ensure the quality and integrity of the data collected by the SRs.</p> <p>Program and process evaluation are conducted most effectively when utilizing a mixed methods approach. Although the PR's M&E procedures are strong, the data collected to assess issues such as provision of human rights, policy development and implementation, community engagement and social movements can be significantly enhanced with the addition of qualitative data collection and analyses. Qualitative data collection is, generally, more time consuming. Thus, the PR would need to ensure that the SRs have access to adequate training and human resources and/or identify external sources to assist in the data collection process.</p>
8. A functional routine reporting system with reasonable coverage is in place to report program performance timely and accurately	The PR performs well in this area. Reports to the Global Fund are provided on time as are reports to the RCM. An M&E work plan details reporting deadlines and is tracked through process indicators.
9. If applicable, implementers have capacity to comply with quality requirements and to monitor product quality throughout the in-region supply chain	Not applicable

4.4 Current or Anticipated Risks to Program Delivery and Principal Recipient(s) Performance
<p>a. Describe any major risks in the region and implementation environment that might negatively affect the performance of the proposed interventions including external risks, Principal Recipient and key implementers' capacity, and past and current performance issues.</p> <p>b. Describe the proposed risk-mitigation measures (including technical assistance) included in the funding request.</p>
<p>Below are external and internal factors in the region that can negatively affect the performance of the proposed interventions and by extension, the result of the project.</p> <p>Risk: The perception that key populations and community organizations are not equal partners in decision-making, leadership and implementation of interventions.</p> <p>Mitigation:</p> <ul style="list-style-type: none"> The grant is built on the principles of inclusivity and consultation, particularly regarding key populations. Input provided by key populations, and partners in a wide range of fora, including written submissions and face-to-face meetings, have shaped the development of objectives, strategies and activities. Approaches and interventions included have been proposed by key populations themselves in response to their

identification of priority actions. Implementation will engage key stakeholders to address their own prioritized needs in ways they themselves have recommended and to be full partners in the grant program.

- The grant includes measures for strengthening mutual accountability of partners, including CARICOM. The PANCAP RCM has included seats for representatives of MSM (CariFLAGS) and SW (CSWC) in addition to an existing seat for CRN+ and a seat for the representative of key populations (this seat is held by CVC). The Executive Director of CVC participates in the Priority Areas Action Committee (PACC), PANCAP’s highest technical decision-making body.
- Close collaboration and information sharing will characterize all aspects of grant implementation, including through strengthened partnership mechanisms to improve coordination and harmonization.

Risk: Implementation partners are unable to perform their roles because of resource or capacity limitations. Disbursement delays may affect project targets. The monitoring and verification of implementation may be compromised by confidentiality concerns.

Mitigation:

- The CARICOM Secretariat, PCU and PANCAP partners, including national programs, have strong experience in implementing Global Fund grants and in working with key populations. This experience includes risk mitigation responses which are documented in the CARICOM Secretariat’s Grant Management Manual, the report of the Office of the Inspector General, proposal for the Phase 2 renewal of the Round 9 grant. Timely reporting and constant communication with PR as well as knowledge sharing between implementation partners are key elements in the risk mitigation strategy. Effective approaches to mitigate grant management risks are being further explored, documented and disseminated through the evaluation of the Round 9 grant.
- Existing PANCAP governance structures, partner mechanisms and meetings included in this proposal, such as annual NAP manager and key partners meetings and regular meetings of sub-recipients, all provide fora for sharing implementation progress, identifying risks and bottlenecks, and receiving technical guidance on mitigation measures.
- The PR will make every effort to advocate for the streamlining of the interventions into the overall mandate and program of work for the implementers, and to balance sound grant management with administrative requirements that are not unduly burdensome to SRs.
- The PR will consult with key population groups on acceptable verification mechanisms to be utilized. Reporting on activities targeting PLHIV, migrants and other key population groups under the Round 9 grant, provides models for this.

Risk: High levels of exposure to frequent and devastating natural disasters which often have disproportionate and long-lasting economic, social and environmental consequences because of the small land mass, high population density and limited resources for disaster preparation and recovery. Both new and emerging health conditions continue to affect the region, and can shift health priorities. In the last year, countries faced regional and global public health threats such as Dengue, Chikungunya and Ebola.

Mitigation:

- The project allows flexibility in timeframes allotted for the implementation of interventions particularly during the hurricane season or public health threats. In the event of travel restrictions due to emerging public health threats the flexibility would extend to using innovation and technology (such as virtual meeting spaces and social media), where possible, to continue the implementation of interventions. Further, a regional project allows flexibility to shift focus to another strategic country for planned implementation.
- The multi-sectoral and regional nature of project activities make it less likely that the grant program will be sidetracked by public health and environmental threats.

CORE TABLES, ELIGIBILITY AND ENDORSEMENT OF THE CONCEPT NOTE

Before submitting the concept note, ensure that all the core tables, eligibility requirements and endorsement of the concept note forms listed below have been filled in using the online grant management platform or, in exceptional cases, attached to the application using the offline templates provided. These documents can only be submitted by email if the applicant receives Secretariat permission to do so.

Endorsement of the concept note

The Global Fund requires evidence of endorsement of the final concept note by all RCM members (or their designated alternates) / RO representative.

A representative of each PR must sign off on the funding request by:

- RCMs: at the bottom of the endorsement sheet confirming that they endorse the concept note and are ready to begin grant-making and implementation.
- ROs: submitting a letter confirming they endorse the Concept Note and are ready to begin grant-making and implementation. A template of this letter is not provided.

Endorsement of the concept note by CCMs

<p>(a) For each country included in the concept note, attach a signed letter from the national CCM Chair or Vice-Chair, confirming endorsement of this regional funding request. If available, attach the minutes of the CCM meetings, at which the CCM agreed to endorse the funding request submitted. List these documents in the RCM endorsement form or in the Concept Note Development and PR Selection Processes form for ROs.</p>	
<p>(b) List any countries included in the concept note where there is a CCM, but for which there is no CCM endorsement and explain the reasons for the lack of such endorsement. For these countries, describe how the RCM / RO will obtain support from in-country partners to implement the proposed interventions and address any operational and legal challenges to program implementation.</p>	
Country	Description
<p>Dominican Republic</p> <p>Trinidad and Tobago</p>	<p>PANCAP has made every effort to secure the endorsement of the CCM of the Dominican Republic (DR) and Trinidad and Tobago through several emails and follow up telephone calls but has not received them.</p> <p>In relation to the DR efforts were made to contact the Vice Minister of Health, who is the chair of the CCM. Additionally, PANCAP also sought assistance from regional partners who are based in the DR but to date there has been no response. The major challenge has been the language barrier to facilitate communication and PANCAP has been dependent on its national partners in the DR to assist.</p> <p>As it relates to Trinidad and Tobago, the responsibility for HIV has now been placed within the Office of the Prime Minister. There have been several meetings of officials to determine who has the authority to endorse the concept note and up to the time of revising the concept note PANCAP was advised that the Office of the Prime Minister will provide the endorsement by Friday, 12th February.</p> <p>None of two countries are targeted for country level activities, however they will benefit from high level advocacy, regional trainings, meetings and public goods. There are no operational or legal challenges. It must also be noted that none of the countries indicated that they will not endorse the concept note.</p> <p>PANCAP will continue to engage with the countries to receive their endorsements. Should the endorsements not be provided by 15th March, PANCAP will use the PAHO-PEPFAR/CDC funded NAP Managers and Key Partners meeting, scheduled for 15-17 March 2016, to discuss and agree with countries how they will be engaged during the implementation of the grant.</p>
<p>(c) If any of the countries included in the funding request have no CCM, please attach a signed letter of endorsement from an existing national mechanism. If no endorsement has been provided, explain the reasons for the lack of such endorsement. For these countries, describe how the RCM / RO will obtain support from in-country partners to implement the proposed interventions and address any operational and legal challenges to program implementation.</p>	
Country	Description
	<p>1 PAGE SUGGESTED</p>
<p>RCM Member</p> <p>Caribbean Development Bank (CDB)</p>	<p>The Caribbean Development Bank (CDB) remains a member of the RCM, however the bank has not participated in any of the PANCAP's governance meetings, including the RCM, since 2009. There has been no response to invitations or correspondence sent by PANCAP to CDB. The issue of CDB's continued absence and non-communication will be tabled at the Eleventh Meeting of the RCM scheduled for 15 April 2016 and members will be asked to discuss and decide whether to terminate the Bank's membership.</p>

Core Tables / Documents

X	Table 1: Programmatic Gap Table(s)
X	Table 2: Modular Template
X	Table 3: List of Abbreviations and Annexes
X	RCM Eligibility requirements Form / RO Concept Note Development and PR Selection Processes form
X	Endorsement of Concept Note Form, including endorsement letters from CCM of each country that forms a part of the regional application