

CARIBBEAN REGIONAL STRATEGIC FRAMEWORK ON HIV AND AIDS (CRSF)

2026 - 2030

Prepared By :
**Pan Caribbean Partnership
against HIV and AIDS
(PANCAP)**

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The Pan Caribbean Partnership Against HIV is a multi-sectoral partnership that brings together governments, national HIV programmes, civil society, communities, regional agencies and international organisations. PANCAP's mandate is to provide a structured and unified approach to the Caribbean HIV response through coordination, resource mobilisation, high level advocacy, capacity building and the integration of services. An internationally recognised model for regional multi-sectoral engagement, PANCAP has achieved notable successes since its inception in 2001. Regional public goods and services have lowered costs and reduced inefficiencies through more affordable access to medicines, resource mobilisation, technical capacity, knowledge sharing and peer learning.

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Acronyms

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CRSF	Caribbean Regional Strategic Framework
CSO	Civil society organisation
EMTCT	Elimination of mother-to-child transmission
HIV	Human immuno-deficiency virus
HPV	Human papillomavirus
MCH	Maternal and child health
MSM	Men who have sex with men
NAP	National AIDS Programme
NCD	Noncommunicable disease
NHP	National health plan
NSP	National strategic plan
PACC	Priority Areas Coordinating Committee
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV and AIDS
PLHIV	People living with HIV
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
SPA	Strategic priority area
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
WHO	World Health Organization

Preface

It is with great pride and renewed optimism that I acknowledge the 2026-2030 Caribbean Regional Strategic Framework--an ambitious and timely roadmap that builds on the remarkable legacy of the Pan Caribbean Partnership Against HIV, which continues to be globally recognised as a model of regional cooperation and leadership.

The previous iteration of the Caribbean Regional Strategic Framework, covering 2019 to 2025, represented a significant milestone in PANCAP's evolution, articulating a bold vision of a Caribbean free of AIDS and new HIV infections where all people are healthy, empowered, and treated with dignity and respect. That vision remains fully relevant today, as we transition to a new phase of the response, while reaffirming the region's commitment to equity, resilience, and collective responsibility.

As Chair of PANCAP, I am proud of advancements in reducing AIDS-related deaths and increasing treatment coverage; extending protections to underserved groups; achieving mother-to-child elimination of HIV and syphilis; and strengthening national capacity and ownership, including through integration of HIV with primary health care services. All this has been achieved through a tried and tested partnership in which national governments, civil society, communities, international partners work in harmony towards the shared goal of ending the epidemic.

The 2026–2030 Caribbean Regional Strategic Framework reflects this hard-earned progress and confronts unfinished business and shifting realities of persistent stigma, legal and policy barriers, and funding volatility. It recognises that ending the epidemic requires integrating other sexually transmitted infections, with similar modes of transmission and affected populations, and tuberculosis co-infection, aligning regional action with global targets such as the Global Health Sector Strategies on HIV, Viral Hepatitis, and Sexually Transmitted Infections for 2022-2030 and the UNAIDS 95–95–95 benchmarks.

The framework lays out key recommended actions for regional efforts within seven Strategic Priority Areas. It positions the Caribbean not only to end the epidemic, but to lead globally in rights-based, people-centred and equitable public health. We embark on this next phase having secured the pivotal commitment of Ministers of Finance and Health to support HIV financing through national budgets, a crucial step toward long-term sustainability. And with a deep understanding that access to health innovations is not a luxury but a necessity for our region's survival and dignity. Long-acting prevention tools, simplified testing, and community-led delivery models can transform lives, especially for those most at risk. We will build on the region's proud legacy of solidarity and advocacy to ensure our people are not left behind--we are committed to removing barriers, mobilising resources, and demanding fair access.

With bold regional leadership, country ownership, and shared resolve, I am confident that this CRSF will bring us closer to our collective vision: a Caribbean free of HIV and AIDS, where health and inclusive development are driven by universal coverage, regional solidarity, sustained investment, coordinated action across sectors, and community-led solutions.

Dr. The Honourable Terrance Drew

**Prime Minister, Saint Kitts and Nevis, Lead Head for Human Resources, Health and HIV, and Chair
of Pan Caribbean Partnership against HIV and AIDS**

Executive summary

The Caribbean has made remarkable progress in its HIV response over the past decade, leading the world in reducing deaths from AIDS by 62% between 2010 and 2024. New infections have declined by 21% and treatment coverage has expanded, with 85% of people living with HIV aware of their status, 74% of those on treatment, and 66% achieving viral suppression as of 2023.

While impressive, these gains are fragile. New HIV infections remain high, especially in Haiti (38% of new infections), Dominican Republic, Jamaica and Suriname, and among young people aged 15–24 (25% of new infections). The rapid decline in donor funding has exposed the fragility of service delivery across the region. A rapid assessment in 2025 found that four in five HIV service organisations experienced severe disruptions, with prevention and testing efforts universally affected. Community-based organisations--long regarded as trusted, frontline partners--face imminent closure due to the withdrawal of external support. Securing the future of the HIV response will require a bold shift toward resilient resourcing models to rapidly scale access to game-changing treatment and prevention innovations and strengthen community-led efforts that are the backbone of equitable service delivery.

The renewed 2026-2030 Caribbean Regional Strategic Framework (CRSF) provides high-level guidance to ensure that resources are directed towards effective interventions that maximise the impact of regional efforts and provide good value for money. Recommended actions represent regional consensus, bearing in mind differences in country contexts and health system capacity, across the following seven Strategic Priority Areas (SPAs):

1. Resourcing for impact and sustainability
2. Critical programme and societal enablers
3. Integration of HIV into primary health care and linkages with other priority services
4. Sustainable health and community systems
5. Equitable access to evidence-based prevention services
6. High-impact interventions to improve treatment outcomes
7. Data, knowledge management, and learning

Through implementation of the 2026-2030 CRSF, the Caribbean region will, by 2030:

1. **End AIDS as a public health threat, with 95% of people living with HIV knowing their status; 95% of people who know their status receiving antiretroviral therapy; 95% of those on antiretroviral therapy achieving viral suppression**
2. **Reduce new HIV infections by 75% from 2010**
3. **Reduce AIDS-related deaths by 90% from 2010**
4. **Eliminate all forms of HIV-related stigma and discrimination and barriers to access to health services and innovations**
5. **Reduce chronic Hepatitis B and C infections by 90% from 2010**
6. **Reduce sexually transmitted infection (syphilis, gonorrhea, and chlamydia) incidence by 90% from 2010**

Introduction

Twenty-five years after the establishment of PANCAP, the 2026-2030 CRSF reflects the collective recommitment of member states to the fight against HIV, sexually transmitted infections (STIs), and related diseases, including tuberculosis (TB) co-infection, which share the same mode of transmission, determinants and affected populations. Caribbean states remain resolute in a shared goal to build on steady improvements in treatment coverage, with UNAIDS estimates pointing to a 21% decline in new HIV infections since 2010, a 62% reduction in AIDS-related deaths, and the elimination of vertical transmission of HIV and Syphilis in 11 countries.¹

A regional coalition uniting government, technical agencies, civil society, and international partners, PANCAP provides political and technical leadership, ensuring that member countries can leverage shared expertise, technology, and resources to sustain effective HIV responses. The partnership emphasises national ownership of inclusive, multi-sectoral responses, and solidarity in

For interconnected small island states facing common vulnerabilities related to high levels of poverty and debt, unfavorable trade, climate change, and increasing migration, accelerating progress requires solidarity across governments, technical agencies, and communities. Advocacy and bold leadership are essential to ensure that HIV remains a priority across regional and national health frameworks, in the face of uncertain donor financing, competing health priorities, and restrictive legal frameworks.

HIV elimination, defined as the reduction of HIV incidence and mortality, is possible through a significant expansion of HIV testing, prevention opportunities with pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), rapid initiation of effective antiretroviral treatment (ART) among HIV positive people, and appropriate follow up and management of those with advanced HIV disease. Primary health care, free of stigma and discrimination, provided with a neutral approach and close to the people can achieve this goal.

The next phase of PANCAP's response must, therefore, include a deliberate strategy to remove barriers to rapidly accelerate equitable access to life-saving prevention and treatment services, integrate and link services at the primary care level, and build resilient health and community systems with sustainable resourcing to support effective outcomes. The region's success in increasing longevity of people with HIV creates an increased burden of non-communicable diseases (NCDs). Therefore, linkages between HIV, TB, and NCD programmes can create synergies for improved quality of life among HIV positive individuals and earlier identification of HIV among individuals with NCDs.

Developed through a consultative process, the 2026-2030 CRSF combines global guidance, regional expertise, and an evidence-based understanding of epidemic dynamics to ensure an integrated response to HIV in the Caribbean, one that is resilient, effective, and sustained. It represents an unwavering commitment to PANCAP's partnership model that focuses regional effort where it is most

¹ www.unaids.org

beneficial, allowing flexibility for countries to tailor implementation to their own needs. SPAs and recommended actions constitute a consensus-driven roadmap for ending HIV and AIDS and advancing health and inclusive development across the region.

Situational Analysis

The Caribbean region comprises over 44 million people across 15 CARICOM member states and 6 associate members.² A diverse and ageing population is growing slowly (averaging 0.7% annually) and unevenly distributed--with the largest populations in Haiti (11.7 million), Dominican Republic (11.5 million), Cuba (10.9 million) and Jamaica (2.8 million).³ Urbanisation is increasing, with over 70% of residents living in urban areas, while rural communities often face limited access to services. Migration continues to shape demographics, with significant outflows to North America and Europe and rising inflows from Venezuela and other crisis-affected countries. These trends have direct implications for health systems and outcomes across the Caribbean.

Poverty remains a pressing concern across the region, with rates ranging from 8% in Saint Lucia (2015) to 18% in Suriname (2022), based on the upper-middle-income threshold of US\$6.85/day (2017 PPP). Child poverty is notably higher, reaching 26% in Suriname and 23% in Grenada.⁴ The 2025 Human Development Index ranges from 0.851 (Antigua and Barbuda) to 0.554 (Haiti), reflecting persistent disparities in education, income, and health access. Disparities in access to health, education, transportation, and health infrastructure, are shaped by poverty and intersecting factors of race and disability, and also fuel gendered vulnerabilities such as early and transactional sex.

Regional health frameworks

The CRSF 2026-2030 aligns with regional priorities for health articulated in key regional strategies.

The *Caribbean Cooperation in Health (CCH IV)* advances the CARICOM objective of enhanced functional cooperation to achieve more efficient operation of common services and activities; to promote greater understanding among its peoples and the advancement of their development; and to intensify joint activities in areas such as health. It addresses complex health and related economic challenges facing the region: population ageing, urbanisation, climate change, violence, changing lifestyles, inadequate public health infrastructure and unsustainable costs of treating communicable diseases and the epidemic of non-communicable diseases. The region will soon transition to the next iteration of the CCH.

Caribbean countries have signed on to the Pan American Health Organisation's (PAHO) *Elimination Initiative* that focuses on 30 diseases, including HIV, and promotes an integrated approach to disease prevention and treatment within primary care and other relevant health services. A core objective is to ensure equitable access to healthcare services, including prevention, diagnosis, and treatment, to address social and environmental determinants of health.

The *PAHO-CARICOM Joint Subregional Cooperation Strategy (2025-2029)* outlines five strategic priorities to guide regional action:

- Enhance resilience of primary health care-based health systems

² www.paho.org

³ [Caribbean Overview: Development news, research, data | World Bank](#)

⁴ World Bank reference

- Advance climate adaptation, mitigation, disaster preparedness and response to enhance environmental sustainability, and health security
- Strengthen multisectoral action toward the surveillance, prevention, and control of NCDs, violence, injuries, mental health conditions, and their risk factors
- Advance the prevention, control, and elimination of priority communicable diseases through subregional coordination with the One Health approach
- Enhance technical cooperation through partnership, resource mobilisation, and advocacy

The Strategy places primary health care at the heart of its vision for resilient, equitable, and people-centred health systems, as the most effective path to universal health coverage in small island states facing climate, migration, and economic pressures. Goals under Strategic Priority #1: “Enhancing resilience of primary health care–based health systems” are to:

- Strengthen first-level care to serve as the backbone of health systems
- Expand access to essential services, especially in underserved and remote areas
- Promote intersectoral collaboration to address social determinants of health
- Integrate digital health tools and community-based surveillance to improve responsiveness
- Build human resource capacity through training, retention, and equitable distribution

The *CARPHA Strategic Plan 2025–2030* outlines a regionally coordinated approach to strengthening public health across the Caribbean through six strategic priorities:

- Health system strengthening
- Safe and healthy environments
- Healthy living and disease prevention
- Strategic information for evidence-based decision-making
- Partnership and resource mobilisation
- Institutional capacity to support service delivery

The plan emphasises collaboration, innovation, and sustainable action, drawing lessons from the COVID-19 response to reinforce cross-border coordination.

Primary health care and digital health

Caribbean health systems face structural constraints that limit equitable access to care and undermine resilience. Lower-middle-income states, in particular, report significant levels of unmet health needs driven by geographic, financial, and organisational barriers, with rural and underserved populations most affected. High out-of-pocket costs remain a major obstacle to access. Many Caribbean households face financial hardship due to direct payments for services, medications, and diagnostics. Primary health care remains underfunded and unevenly distributed, with persistent shortages in trained personnel, essential medicines, diagnostic capacity, and limited integration of digital health and community-based models. Fragmented health information systems impede evidence-based planning and monitoring. Climate-related shocks and migration pressures further strain service delivery and expose gaps in emergency preparedness and continuity of care.⁵

⁵ PAHO. 20240. [Progress in universal health in the Americas: addressing unmet healthcare needs, gaps in coverage, and lack of financial protection through primary health care](#)

To address these challenges, several countries are reforming their primary health care systems, with a focus on integrated service delivery to address high NCD burdens and to build resiliency to withstand future shocks. For example, Jamaica's Primary Health Care Reform 2021-2030 aims to strengthen facilities by better integrating services. In Dominican Republic, policy reform focuses on strengthening primary care services, improving digital information systems, and investing in climate-resilient health infrastructure. Saint Lucia has piloted, and is expected to scale, a performance-based financing mechanism. Guyana is organising health networks that link regional hospitals with primary care services to support new infrastructure investments. The Bahamas, Barbados, Belize, Grenada, and St. Vincent and the Grenadines have participated in a joint initiative with the Inter-American Development Bank, World Bank, and PAHO to develop comprehensive health financing strategies based on a primary health care approach.

Digital health and telemedicine are also expanding across the Caribbean. In 2025, regional partners launched a coordinated roadmap to modernise civil registration and vital statistics systems, supporting data-driven health planning. Driven by geographic barriers, cost efficiency, and the legacy of COVID-19, countries like Barbados, Jamaica, Saint Kitts and Nevis, and Trinidad and Tobago are integrating telehealth into mainstream services. Guyana is actively piloting the use of drones to deliver medical supplies and blood to remote hinterland communities, as part of a larger digital transformation of healthcare. Innovations such as AI diagnostics and wearable technologies are emerging. However, to truly capitalise on the potential of digital and AI, countries must resolve persistent data inadequacies that limit appropriate solutions, address interoperability and privacy concerns, and strengthen the capacity of the health workforce to harness and exploit new technology.

Global health security

The Caribbean is advancing a coordinated approach to health security through regional frameworks and country-level initiatives that address transboundary threats and systemic vulnerabilities. Key priorities include strengthening surveillance and laboratory systems, integrating One Health strategies, digitising health information platforms, and building climate-resilient health systems. CARPHA's Regional Health Security Pathway and the PAHO-CARICOM Joint Subregional Cooperation Strategy (2025–2029) serve as guiding frameworks, emphasising multisectoral collaboration, workforce development, and resource mobilisation. Priorities include strengthening early warning systems, laboratory networks, and workforce development. Six Eastern Caribbean countries—Antigua and Barbuda, Dominica, Grenada, St Kitts and Nevis, Saint Lucia, and St Vincent and the Grenadines—have secured funding to enhance surveillance, lab capacity, and health workforce readiness. Countries like Jamaica, Guyana, and Barbados are investing in emergency preparedness and digital transformation.

Climate change and health

Climate change is directly undermining Caribbean health systems and the HIV response. In 2023 alone, over 70% of countries in the region reported climate-related health service interruptions.⁶ These disruptions disproportionately affect people living with HIV, especially in rural and coastal areas, where access to treatment and viral load monitoring is already limited. Governments are increasingly

⁶ [PAHO Collaborates with Stakeholders to Develop New Caribbean Action Plan on Health and Climate Change - PAHO/WHO | Pan American Health Organization](#)

integrating climate resilience into health planning and the region is developing a new *Caribbean Action Plan on Health and Climate Change (2025–2029)*.⁷ Regional efforts also include establishing national climate-health committees and improving climate-informed surveillance. These initiatives are critical to protect HIV service continuity, especially in disaster-prone areas. However, financing remains limited, and health is still peripheral in many national climate strategies.

Migration and health

Migration in the Caribbean is shaped by complex social, economic, and environmental factors, with significant implications for health systems and the HIV response. Migrants often face fragmented health coverage, legal barriers, and heightened vulnerability to HIV due to disrupted care and social exclusion. Health systems struggle to track and respond to mobile populations, especially in border areas and informal settlements. Across the region, over 5.1 million Venezuelans have received residence permits or regular stay arrangements, but 1.36 million asylum claims remain pending, and 370,000 individuals have been formally recognised as refugees. These figures highlight both the scale of displacement and the gaps in legal protection and service access. Trinidad and Tobago (approximately 36,000 Venezuelans), Aruba and Curaçao (over 30,000 Venezuelan migrants), and Guyana are among the most affected countries.⁸ As of early 2025, the Dominican Republic hosts an estimated 500,000 to 700,000 Haitian migrants,⁹ many of whom live in informal settlements or bateyes and face significant barriers to service access. Recent disruptions in USAID and PEPFAR funding have further strained service delivery. Civil society organisations (CSOs) warn that without renewed international support and targeted national policies, HIV prevalence among Haitian migrants may rise due to interrupted care and reduced testing access.¹⁰

The HIV response

A detailed description of progress, gaps and challenges, organised by strategic priority areas of the 2019-2025 CRSF can be found in Annex A. Highlights are presented below.

Political and technical leadership for bold and innovative action

- Vertical transmission of HIV and Syphilis has been validated in 11 states, six have decriminalised same-sex intercourse, and 10 are integrating HIV into primary health systems.
- Limited progress has been made in scaling community-led service delivery, strengthening civil society capacity, and securing sustainable domestic financing for HIV.
- Health systems remain underprepared for shocks—including pandemics, climate events, and migration--due to limited resources and fragmented cross-sector coordination.

Critical programme and social enablers

- Deeply rooted gender norms, early sexual coercion, transactional sex, and widespread gender-based violence heighten vulnerability and limit access to services.
- Minimal domestic funding for stigma reduction, human rights protections, and legal reform

⁷ [Consultations Towards a New Caribbean Action Plan on Health and Climate Change Begin - PAHO/WHO | Pan American Health Organization](#)

⁸ [Home | R4V](#)

⁹ Dominican Republic General Directorate of Migration

¹⁰ [DR: Concerns grow over Haitian patients abandoning HIV programs following USAID shutdown](#)

undermines equitable access to HIV services.

- Stigma, lack of disaggregated data, and fragmented youth services marked by lack of privacy and provider bias continue to deter uptake and compromise quality of care.

Accessible, equitable, high-quality laboratory and testing services

- Significantly improved laboratory capacity is evident in international accreditation, expanded quality assurance, electronic reporting systems, and over 5,000 trained lab professionals supporting elimination-of-mother-to-child-transmission (EMTCT), viral load monitoring, and disease surveillance.
- Despite increased HIV testing in several countries, most still lack reliable data on STIs and hepatitis, and face fragmented lab regulation with outdated or inconsistent national policies.
- Sustaining laboratory gains requires stronger domestic investment and coordinated regional action to stabilise services and protect quality standards.

Comprehensive combination prevention programming

- High costs are limiting regional access to breakthrough prevention tools like lenacapavir and cabotegravir, with consistently low PrEP uptake across countries.
- Prevention programmes are falling short in reaching youth, migrants, Indigenous peoples, and rural communities due to weak targeting and outreach.
- Countries lack disaggregated financial and programmatic data for underserved populations, hindering strategic planning and scale-up of PrEP and HIV self-testing services.

Innovative and high-impact interventions to improve treatment outcomes

- Limited funding and weak health system capacity across the Caribbean delay the introduction and scale-up of new approaches tailored to underserved populations.
- Telemedicine and digital tools remain underutilised due to inequitable access to technology, poor connectivity in remote areas, high costs, and inadequate regulatory frameworks.
- Eight countries have begun implementing differentiated service delivery models, signaling progress toward more responsive and client-centred HIV care.

Evidence-informed decision making

- Countries have made strides in health data systems and digital innovation, but outdated infrastructure, limited connectivity, and uneven governance hinder widespread adoption of tools like electronic health records and telehealth.
- CSOs in several countries face challenges in data use and analysis, while integration of private sector and CSO data remains weak across the region.
- Regional initiatives are advancing data governance, research, and digital transformation, aiming to strengthen health information systems and improve care at the primary level.

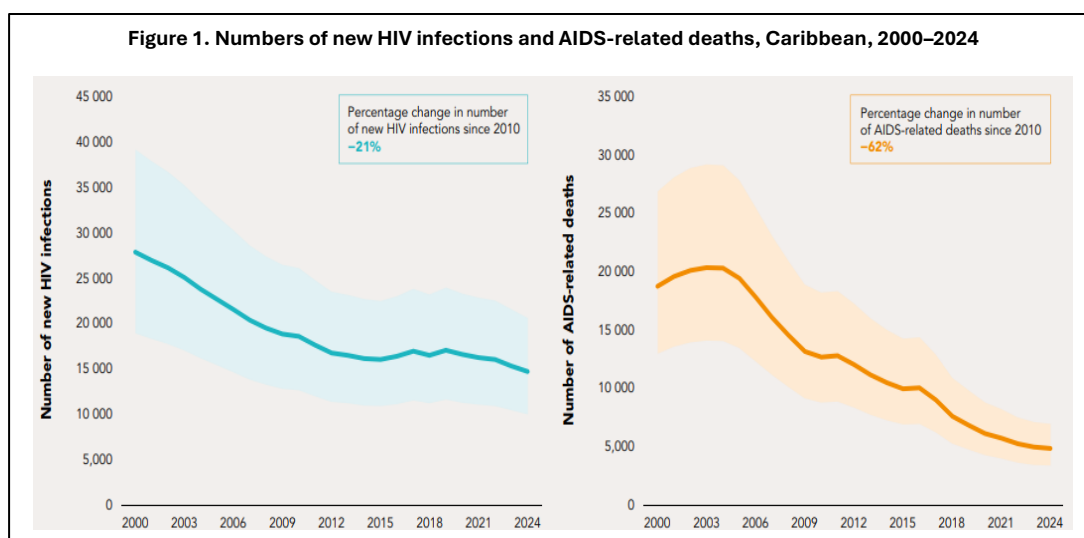
Resourcing for sustainability

- Over 66% of HIV resources in the Caribbean come from international donors, with wide country disparities and a regional financing gap of US\$ 354 million threatening sustainability.
- Despite accounting for nearly half of new infections, only 3% of the 2022 HIV prevention budget was directed toward key populations, far below global benchmarks.
- Many national strategic plans remain underfunded, and while some countries have adopted social contracting and tracking systems, progress on integrating CSO-led service delivery and diversifying funding remains slow.

Epidemiology

The HIV response continues to contend with persistent data limitations—incomplete surveillance, inconsistent reporting, and limited disaggregation—and weak regional consolidation mechanisms that make it difficult to comprehensively profile health status and trends in the region. UNAIDS Spectrum estimates remain the primary source for regional modeling but are constrained by assumptions and data that do not fully reflect local realities. Strengthening surveillance systems and harmonising data collection are critical to ensuring that epidemiological insights drive equitable, evidence-based programming and resource allocation.

There are 340,000 people living with HIV in the Caribbean, and Haiti, Dominican Republic, Cuba, Jamaica, and Guyana account for 89% of these. The expansion of treatment across the Caribbean is a landmark public health achievement driving a 62% decline in AIDS-related deaths to 4,800 since 2010. New infections declined by 21% from 19,000 in 2010 to 15,000 in 2024 (Figure 1).



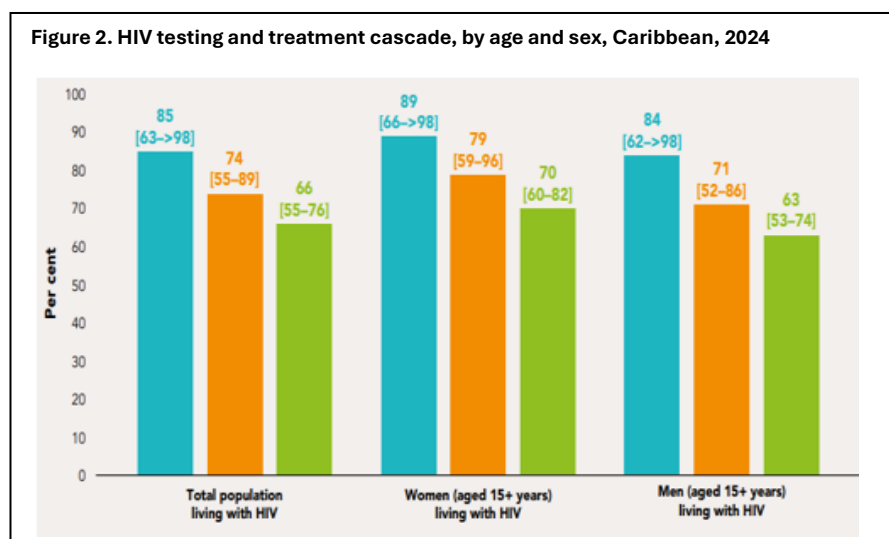
Haiti, Jamaica, the Dominican Republic, and Cuba account for nearly 90% of new infections, with Haiti alone accounting for 38% of total new infection. High incidence rates persist in Barbados, Guyana, and Suriname.

Young people aged 15–24 years accounted for 25% of new infections in the region in 2024, in part due to limited access to youth-friendly prevention services. Adolescent girls and young women are more at risk of HIV transmission than adolescent boys or young men.

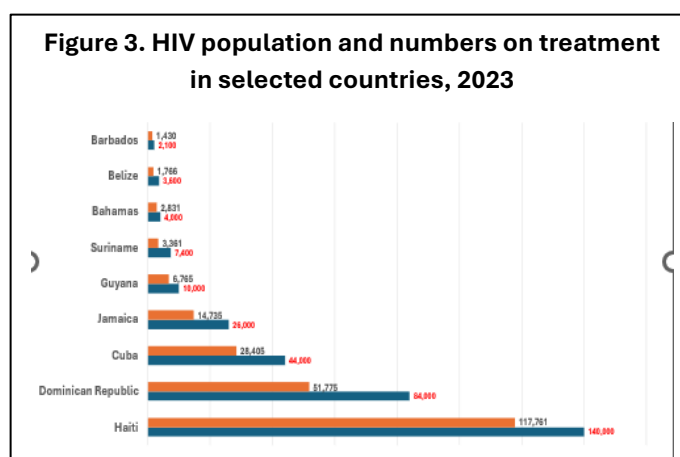
Compared with adults in the general population among whom prevalence is approximately 1.2%, HIV prevalence was: 3.6% among sex workers; 11.3% among gay men and other MSM; 34.8% among transgender people; 2.3% among people in prisons and other closed settings. HIV prevalence among gay men and other MSM exceeds 10% in four countries and is more than 25% in two of these countries

(Cuba and Jamaica). Transgender people face HIV prevalence rates as high as 60%. In 2022, prevalence among men who have sex with men, sex workers and transgender women was 20%, 9% and 2.8% respectively, collectively accounting for 47% of new infections in adults aged 15 to 49. This represents a small decline of 4% from 51% in 2010.

The regional testing and treatment cascade shows improvement with 85% of people living with HIV aware of their status, 74% on treatment, and 66% achieving viral suppression in 2024 (Figure 2). However, gains remain fragile—particularly in Haiti, Dominican Republic, Cuba, and Jamaica.

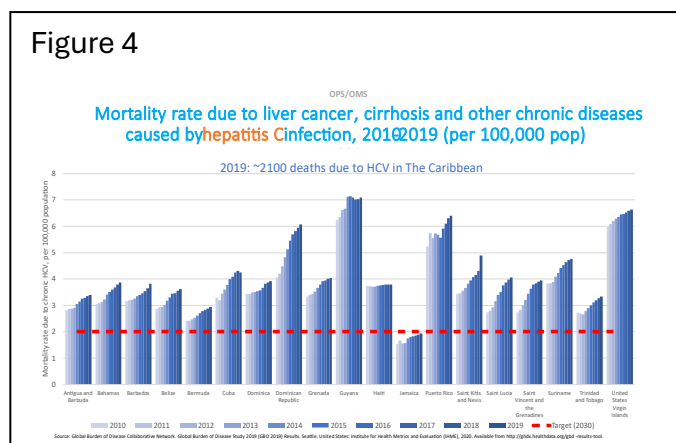


Gaps in the cascade are driven by inequality, with significant gender and age disparities evident in treatment outcomes. Figure 2 shows that women continue to experience better treatment outcomes than men, with higher rates across all pillars of the cascade (89-79-70 for women and 84-71-63 for men).

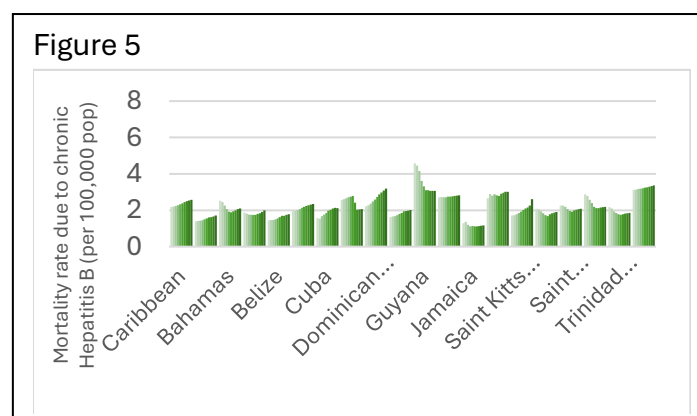


Caribbean countries with the largest PLHIV populations on treatment have not achieved the goal of 95% of diagnosed PLHIV on treatment. As illustrated in Figure 3, the deficit is largest in Suriname where only

45% are on treatment, Belize has achieved 49%, Jamaica 57%, Dominican Republic 62%, Cuba 65%, Guyana 68%, and Haiti is significantly higher, at 85%.

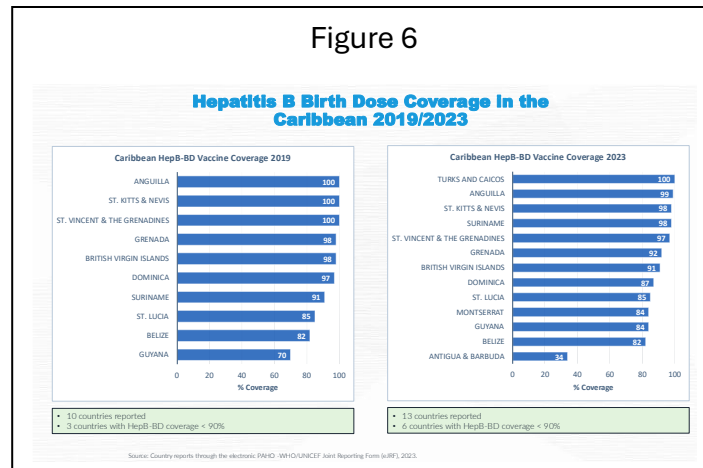


Data on STIs is limited. Figure 4 shows that mortality rates from chronic diseases caused by hepatitis C infection are above targets in all countries but Jamaica and are highest in Guyana and the Dominican Republic.



Mortality rates due to diseases caused by hepatitis B infection are significantly lower across the region and are highest in Guyana (Figure 5).

Figure 6



Hepatitis vaccine coverage at birth is high but showed signs of slipping between 2019 and 2023 (Figure 6), a decline which reflects the decrease in routine childhood vaccination during the COVID-19 pandemic, caused by factors such as the strain on public health resources, supply-chain disruptions, and stay-at-home orders. Other barriers to vaccination include lack of education and awareness, misinformation, and vaccine hesitancy.

Caribbean Regional Strategic Framework 2026-2030

The updated CRSF for 2026-2030 builds on progress and lessons from implementation of previous iterations with transformative approaches to resolve intractable challenges that have prevented achievement of the 2025 goals and to halt emerging challenges that threaten progress. It provides a regional roadmap for continuing the coordinated response to HIV, the inclusion of other priority STIs, viral hepatitis as well as TB as a co-infection, which will better position the Caribbean on the path to end the HIV epidemic by 2030. The CRSF is guided by vision, mission and shared values of the PANCAP partnership.

Vision

A Caribbean free of HIV and AIDS, where health and inclusive development are driven by universal coverage, regional solidarity, sustained investment, coordinated action across sectors, and community-led solutions.

Mission

The 2026-2030 CRSF guides technical agencies, civil society, private sector and community partners in achieving resilient, equitable, and person-centred health and community systems that anchor HIV and STI services in robust primary health care and ensure timely and equitable access to life-saving innovations.

Goals

Through implementation of the 2026-2030 CRSF, the Caribbean region will, by 2030

1. End AIDS as a public health threat, with
 - 95% of people living with HIV knowing their status
 - 95% of people who know their status receiving antiretroviral therapy (ART)
 - 95% of those on ART achieving viral suppression
2. Reduce new HIV infections by 90% from 2010
3. Reduce AIDS-related deaths by 90% from 2010
4. Eliminate all forms of HIV-related stigma and discrimination and barriers to access to health services and innovations, with
 - less than 10% of the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence
 - less than 10% of countries have restrictive legal and policy environments that lead to the denial or limitation of access to HIV services

- less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination
5. Reduce chronic Hepatitis B and C infections by 90% from 2010
 6. Reduce STI (syphilis, gonorrhea, and chlamydia) incidence by 90% from 2010

Guiding principles

Country ownership: aligning with and supporting national health and development priorities, reflecting the local determinants of HIV and health risks of underserved groups, young people and women

Political commitment: bold country-led actions emphasising integrated service delivery to achieve high-quality, rights-based prevention, testing, treatment of HIV, STIs and TB co-infection

Health in all policies: systematically taking into account the health implications of decisions, seeking synergies, and avoiding harmful health impacts of public policies across sectors in order to improve population health and health equity

Person-centred: organised around the needs of the individual so as to enhance the delivery of quality health care and advance universal access and coverage

Efficient: maximising the benefits of available resources and minimising waste, aiming for the most economical way to achieve desired health outcomes

Human-rights based: advancing human rights standards for more equitable health and development

Inclusion and equity: adopting a broad range of strategies to reduce vulnerability and barriers to access in order to achieve optimal and equitable health outcomes

Gender justice: strengthening agency of women and gender minorities as an essential precursor to sustainable and equitable health and development

Strategic Priority Areas and Actions

Seven strategic priority areas, each with actions, provide clear guidance and represent the best regional thinking on what needs to be prioritised, over the next five years, in order to achieve the shared vision and goals of the regional response:

1. Resourcing for impact and sustainability
2. Critical programme and societal enablers
3. Integration of HIV into primary health care and linkages with other priority services
4. Sustainable health and community systems
5. Equitable access to evidence-based prevention services
6. High-impact interventions to improve treatment outcomes
7. Data, knowledge management, and learning

SPA 1. Resourcing for impact and sustainability

Caribbean governments must urgently increase domestic financing for HIV, STIs and viral hepatitis services to achieve regional and national targets, and ensure sustainability, equity, and national ownership. All countries, including those facing limited fiscal space, can take steps to use existing resources more effectively by leveraging resources through integration, pursuing more effective options for private sector engagement, and directing funds to the most impactful services. In countries facing acute structural challenges, including Haiti and Cuba, where domestic fiscal space remains constrained, targeted donor support remains essential to safeguard lives and uphold regional solidarity. Across the region, concerted efforts are needed to increase national and regional spending on prevention.

Actions

- 1.1 Increase domestic resources, including financing, for HIV, STI and viral hepatitis services by integrating HIV into primary health care budgets, health insurance and social protection schemes, and essential benefit packages, and leveraging cross-sectoral (non-health) resources.
- 1.2 Implement a regional solidarity approach to ending HIV, STIs, viral hepatitis B and TB as a co-infection with high-level advocacy by CARICOM, PANCAP, and Caribbean leaders for sustainable pricing, access to generic medications and other products, and the use of pooled procurement mechanisms for life-saving prevention and treatment innovations, including lenacapavir and cabotegravir.
- 1.3 Explore, and where possible strengthen, mechanisms to engage private sector resources and competencies such as co-financing, publicly financed care from private providers, capacity building, shared infrastructure, and market-based approaches to provide HIV, STI and viral hepatitis products and services in commercial settings.
- 1.4 Improve health financing and public financial management capacity and systems within ministries of health, including at sub-national levels, to strengthen priority setting, budget execution, accountability and reporting.
- 1.5 Facilitate greater involvement of civil society and communities in national health priority setting, accountability and reporting, to improve alignment with local priorities and advance national targets.
- 1.6 Conduct tracking and assessments to improve understanding of resource requirements and expenditure flows for HIV, STI and viral hepatitis services and use data to direct resources to scale high-impact innovations, expand service delivery, and address gaps in access.

SPA 2. Critical programme and societal enablers

Achieving regional health and HIV targets requires both the urgent removal of laws, policies, and practices that perpetuate stigma and vulnerability, and the proactive strengthening of legal, institutional, and community safeguards that ensure equitable access to health. This means not only dismantling structural barriers but also investing in inclusive service delivery, rights-based financing, and community-led accountability mechanisms that uphold dignity, agency, and justice for all. Civil society and community-based organisations have a key role to play in ensuring actions to improve programme and societal enablers are appropriate, responsive, and effectively address community priorities.

Actions

- 2.1 Develop and enact legal and regulatory reform, policies and programmes to remove barriers to services, stigma and discrimination for underserved groups. This should include harmonising age-of-consent policies with adolescent health needs to enable access to essential services and information.
- 2.2 Engage professional (legal, medical, teacher) training programmes and organisations to institutionalise approaches that affirm non-discrimination and stigma-free delivery of health services, education, and information, including to underserved groups.
- 2.3 Establish accessible, safe, confidential, and survivor-centred systems to report and address human rights violations within health, legal, and social institutions with intersectoral coordination, clear accountability pathways, and community-led oversight.
- 2.4 Integrate HIV, STIs and viral hepatitis into national development, health, climate-related preparedness and response, gender equity and gender-based violence prevention and social protection policies and strategies to address social determinants and ensure equitable access to comprehensive prevention, treatment, and support services.
- 2.5 Invest in community-led anti-stigma programmes, including education, peer support, and advocacy, to address the programmatic, societal and cultural barriers that contribute to HIV-related stigma.

SPA 3. Integration of HIV into primary health care and linkages with other priority services

Caribbean countries have made important strides in integrating stand-alone HIV services into primary care and in strengthening links with other essential services. To fully realise this commitment and the region's health for all agenda, the Elimination Initiative, and Joint PAHO/CARICOM Cooperation Strategy, more strategic and systemic integration is urgently needed. HIV integration and inter-programmatic coordination and collaboration must deliver universal coverage of holistic, person-centred care that reflects the lived realities of communities, addressing sexual and reproductive health (SRH), adolescent health, NCD management, maternal and child health (MCH), TB prevention and treatment, mental health support, domestic violence services, and substance use treatment through inclusive, rights-affirming approaches. Integration must also safeguard the gains of community-led HIV responses by ensuring that underserved groups are not further marginalised in generalised systems.

Actions

- 3.1 Engage health professionals, civil society and communities in co-designing and implementing integration strategies that reflect lived realities and align enabling policies, financing mechanisms, workforce development approaches and service delivery models across the health system.
- 3.2 Equip facility-based and community health providers with the skills, tools, and protocols to deliver integrated, stigma-free HIV, STI, viral hepatitis and primary care services, and strengthen client-provider communication to support informed decision-making and self-managed care.
- 3.3 Integrate pediatric HIV treatment and follow-up of syphilis and hepatitis B exposed infants with appropriate and standardised services and effective referral to routine child health services; embed early infant diagnosis PCR monitoring based on national protocols, and the birth dose immunisation and nutrition platforms to ensure timely detection and continuity of care.
- 3.4 Integrate a package of care for advanced HIV disease in primary healthcare centres, including rapid tests for CD4 counts and the most relevant opportunistic infections (TB, histoplasmosis and cryptococcosis), referral flows and strategies to ensure prompt treatment.
- 3.5 Leverage primary health care networks to connect people living with HIV and underserved groups to essential non-health services, such as social protection, housing, education, and legal aid, to support holistic wellbeing.

SPA 4. Sustainable health and community systems

Strategic investments in health and community systems are non-negotiable for delivering high-quality, integrated services that strengthen primary health care, advance universal health coverage, and meet broader health and development goals. These investments must prioritise resilient infrastructure, a well-supported health workforce, inclusive governance, and sustainable financing. Laboratory and testing services that underpin diagnosis, treatment and public health must be strengthened and monitored to ensure quality, accessibility and sustainability at all levels through urgent implementation of appropriate regional and national policies. Community-led organisations, particularly those representing underserved groups, are essential actors in Caribbean health ecosystems. Their leadership in tailored service delivery, peer outreach, human rights advocacy, and accountability must be formally integrated and sustainably financed.

Actions

- 4.1 Strengthen regional oversight and national quality management systems, policies, regulations, guidelines and processes for monitoring, supervision, validation, and confidentiality to ensure the delivery of high-quality testing and laboratory services.
- 4.2 Invest in training, policy reform and improvements to regulatory, registration, quality assurance, and monitoring and evaluation processes to prepare health systems to guarantee timely, equitable access to prevention and treatment innovations and new approaches, including for underserved groups.
- 4.3 Ensure uninterrupted access to life-saving commodities for HIV, STIs, viral hepatitis, TB co-infection through coordinated regional stockpiling and supply chain resilience mechanisms to buffer against supply disruptions, natural disasters, and procurement delays.
- 4.4 Strengthen health governance to provide clear and prioritised guidance to individuals, organisations, and networks across sectors, to align policies and priorities and facilitate joint action and participation.
- 4.5 Integrate civil society and community engagement and leadership into national health strategies to ensure services are responsive and acceptable to underserved groups, including adolescents and youth.
- 4.6 Institutionalise sustained, inclusive, and strategic support, including financing, for the development and strengthening of civil society and community-led organisations as integral partners in the HIV and other public health responses.

SPA 5. Equitable access to high-impact, evidence-based prevention services

Expanding access to high-impact, evidence-based HIV prevention is an urgent regional priority. Proven interventions such as condoms, daily oral PrEP, event-driven PrEP, dual testing for HIV and syphilis, HIV self-testing, and youth-led sexual health education have demonstrated effectiveness, yet coverage remains uneven and quality inconsistent. Despite clear evidence of PrEP's potential, scale-up has stalled due to persistent barriers: unaffordable pricing, limited domestic investment, regulatory and procurement processes that delay access to transformative advancements such as lenacapavir. Caribbean governments must act decisively to expand coverage to at least 90% of people who need it, with immediate focus on Haiti, the Dominican Republic, Jamaica, and Cuba—countries that account for nearly 90% of new HIV infections.

Actions

- 5.1 Expand and strengthen equitable access to stigma-free combination prevention services, including risk reduction messaging, behaviour change communication and demand generation for condoms and lubricant, PrEP that integrates testing and appropriate interventions for hepatitis B and C, and priority STIs based on national epidemiology.
- 5.2 Ensure timely and equitable access to lenacapavir and other innovations through coordinated advocacy, strategic domestic investment, pooled procurement mechanisms, and international partnerships, and by preparing health systems to deliver and monitor access across all populations.
- 5.3 Strengthen and expand community-led stigma-free services by resourcing community organisations and peer networks to lead delivery and uptake of services and commodities, including PrEP, through peer education, demand generation and behaviour change communication.
- 5.4 Integrate HIV prevention into holistic youth health strategies that also address mental health, SRH, and violence prevention and include school-based and mobile outreach, distribution of self-tests, routine HIV testing in emergency room, adolescent health, and other services.
- 5.5 Accelerate efforts to achieve and sustain the WHO certification of dual EMTCT of HIV and syphilis, or single EMTCT (includes hepatitis B), through the leadership of MCH programmes and strong inter-programmatic coordination that emphasises equity and universal access to high-quality, stigma-free services.
- 5.6 Modernise national diagnostic algorithms to expand use of Xpert as a multi-disease diagnostic platform for TB, HIV viral load testing, early infant diagnosis, human papillomavirus (HPV) screening, and hepatitis detection and to fully integrate AI and digital technologies into multi-disease platforms, prioritising cost-efficiency, rapid turnaround, and equitable access.

SPA 6. High-impact interventions to improve treatment outcomes

Investing in investment in long-acting therapies, differentiated service delivery, and community-led models is essential to close these gaps, reduce AIDS-related deaths, and strengthen health system resilience. Without decisive action, these countries risk reversing hard-won gains and widening inequality. Across the region, countries must ensure that services for children and young people, and other underserved groups are sustained and expanded to provide holistic care that addresses the unique needs of these groups.

Actions

- 6.1 Accelerate equitable access and uptake of technological innovations—including long-acting injectable and updated first line ARV regimens and digital health innovations for adherence and counseling by engaging underserved groups in the design, implementation and monitoring of services.
- 6.2 Enhance comorbidity management within primary healthcare settings, shifting from a "single-disease" approach to a holistic and patient-centred model that addresses the complex interplay between health conditions.
- 6.3 Improve quality, analysis, and use of disaggregated data for tailoring of differentiated service delivery to local needs and identifying predictors of treatment interruption to inform effective strategies of retention in care.
- 6.4 Allocate adequate resources for HIV literacy, behaviour change communication and “Undetectable=Untransmissible” (U=U) campaigns to improve service uptake and to operationalise retention strategies, including removing health system barriers to staying in care
- 6.5 Expand community-based approaches to adherence and counselling that are linked to health facilities to ensure service integration and clear referral pathways and community feedback mechanisms to track service quality.

SPA 7. Data, knowledge management, and learning

Caribbean countries must urgently strengthen national and regional surveillance systems to close gaps in data quality, timeliness, and coverage that make it difficult to track progress, allocate resources, and respond to emerging risks. Without reliable disaggregated data, countries cannot measure treatment outcomes, identify service gaps, or ensure accountability. Strengthening surveillance means investing in better data collection, community reporting, and regional coordination so that every country can act on what evidence to deliver more effective, equitable services. Knowledge management and learning are critical functions of the regional response that help countries move faster and smarter by turning experience into strategy, data into action, and collaboration into impact.

Actions

- 7.1 Operationalise a robust regional mechanism to consolidate country data for centralised tracking of HIV, STIs, hepatitis, and TB co-infections, enable real-time data sharing, and support cross-country analysis. It must be interoperable with national systems and governed by clear data quality protocols to inform coordinated policy responses and resource allocation across the region.
- 7.2 Enhance the accuracy, timeliness, and completeness of surveillance data, including routine monitoring of HIV, STI viral hepatitis and TB con-infection incidence, prevalence, treatment outcomes, including by investing in training and improving data systems.
- 7.3 Establish, support and engage community-led monitoring and feedback mechanisms to improve service quality, investing in tools and capacity to expand these approaches across HIV, pandemic preparedness, and climate-related health risks.
- 7.4 Use AI and big data to strengthen real-time monitoring and predictive modeling by integrating clinical, behavioral, geospatial, and social media data. Countries must build technical capacity and ensure governance frameworks support responsible use, data privacy, community consent and non-discrimination.
- 7.5 Prioritise implementation research and programme evaluations to generate practical evidence on what works, for whom, and under what conditions and share findings across the region to adapt successful models and guide scale-up of effective HIV prevention and treatment approaches.

Implementation approach

The CRSF 2026-2030 will be operationalised through an implementation plan, which will complement national strategies by focusing on regional actions and the delivery of regional public goods and services. Operational plans will be developed by key regional technical agencies and PANCAP partners, to detail how strategies will be implemented, defined roles and responsibilities, and established timeframes, lines of accountability and process monitoring indicators. Oversight of the implementation of operational plans will be the responsibility of the PACC with support from the PANCAP Coordinating Unit. Regular meetings of lead agencies and an annual meeting of National AIDS Programme managers will facilitate tracking of implementation progress. Countries will align national strategies with the 2026-2030 CRSF, providing for country-specific approaches. Results will be measured and reported through existing mechanisms, including the CARPHA data repository and Global AIDS Monitoring Reporting.

Annex 1. Progress, gaps, and challenges by Strategic Priority Area

Political and technical leadership for bold and innovative action

Most Caribbean countries continue to advance a multi-sectoral, integrated health and HIV response under the leadership of National AIDS Programmes and, although seriously challenged by the financial and health impacts of the COVID-19 pandemic, have achieved the following key improvements:

- Eleven Caribbean countries have eliminated vertical transmission of HIV and syphilis.¹¹
- Six countries have decriminalised same-sex intercourse;¹² several have introduced protective laws, including against discrimination based on HIV status,¹³ sexual orientation,¹⁴ and gender identity.¹⁵
- Ten countries report integration of HIV clinical care and treatment with primary health care services.¹⁶
- PANCAP, through its Knowledge for Health platform, and technical partners such as CARPHA and PAHO maintain capacity building efforts in HIV and related areas.
- The University of the West Indies Doctor of Public Health programme has enrolled a total of 83 Caribbean health professionals, with 32 graduates to date.

Although several countries—including those with the largest populations and HIV burdens—have relatively well-developed HIV response capabilities, many continue to face gaps and challenges worsened by the long-lasting effects of the pandemic.¹⁷ These gaps and challenges are evident in the following:

- Slow uptake of social contracting of CSOs to help expand differentiated service delivery.
- Persistent CSO capacity limitations, including human resources and income-generating and sustainability initiatives.
- Health system preparedness and response to diverse shocks such as pandemics, hurricanes and other climate events, high levels of migration, social and political unrest.
- Inadequate domestic resources for HIV, linked to a lack of inclusive dialogue and decision-making that engages ministries of health finance, private sector, and affected communities.

Critical programme and social enablers

¹¹ Anguilla, Antigua and Barbuda, Belize, Bermuda, Cayman Islands, Cuba, Dominica, Jamaica, Montserrat, Saint Vincent and the Grenadines, Saint Kitts and Nevis.

¹² Antigua and Barbuda, Barbados, Belize, Dominica, Saint Kitts and Nevis, and Saint Lucia

¹³ Bahamas, Barbados, Belize, Cuba, Dominican Republic, Guyana, Saint Lucia, Suriname

¹⁴ Barbados, Cuba, Saint Lucia

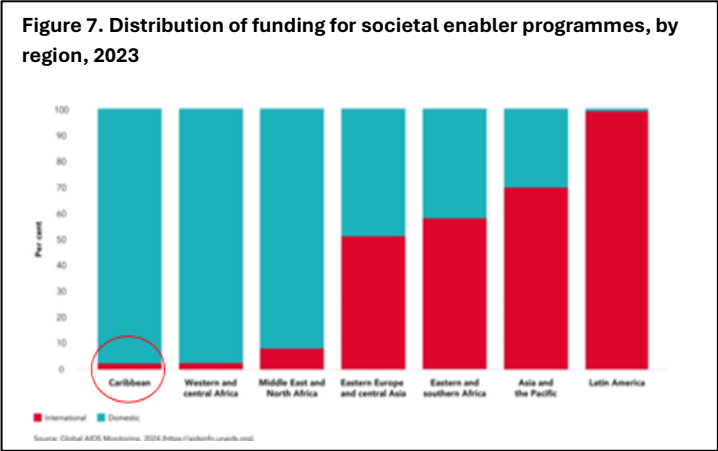
¹⁵ Saint Lucia

¹⁶ CARPHA presentation

¹⁷ 2023 PAHO/WHO report

Higher prevalence in underserved groups is linked to deeply ingrained social and cultural norms and beliefs, particularly concerning gender roles, which increase vulnerability and create barriers to service access. 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 partners; high prevalence of intimate partner violence and gender-based violence experienced by young women and LGBTQ+ persons.

Inadequate investment in social enablers--including efforts to address stigma, gender inequality, human rights violations, violence, and punitive legal frameworks--further constrains access and uptake of HIV services. Figure 7 shows that the Caribbean ranks lowest in the proportion of domestic funding allocated for societal enabler programmes, a major barrier to further progress in increasing equitable access to HIV services.



While legal barriers vary significantly across countries (see Box 1), stigma and discrimination are consistently reported as primary barriers to accessing community and facility-based services by underserved groups across all countries. As much as 48% of people aged 15 to 49 years reported discriminatory attitudes towards people living with HIV. An assessment of services highlighted limited availability of data on key populations due to stigma.¹⁸ Adolescents and young people face services that are often fragmented, poorly coordinated, and of inconsistent quality. Young people frequently find them unwelcoming due to a perceived lack of privacy, confidentiality, and respect; and the imposition of personal moral values by care providers.

Box 1. Status of legal and regulatory reform

Most progress has been achieved: - No country has laws criminalising transgender people - Decriminalisation of same-sex sexual acts in private - Laws or policies restricting the entry, stay, and residence of PLHIV 6 countries require mandatory HIV testing for marriage, work or residence permits or for certain groups	Least progress has been made: 14 countries have laws criminalising sex work 14 countries require parental/guardian consent for adolescents to access HIV testing 8 countries have laws criminalising transmission, non-disclosure or exposure to HIV transmission - Criminalisation of possession of small amounts of drugs
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¹⁸ An Assessment on the Scale-Up of Services for KPs and PLHIV and its impact at the National and Regional Level

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Accessible, equitable, high-quality laboratory and testing services

HIV laboratory and testing services in the Caribbean are facing a dual reality—significant technical progress on one hand, and acute service disruptions, on the other, due to funding instability. Over the past decade, the region has made notable strides in laboratory capacity:

- Ten government-owned clinical labs including in Jamaica, Barbados, and Suriname have achieved international accreditation. These labs now operate under standardised quality management systems and more than 20 have participated in the Strengthening Laboratory Management Toward Accreditation programme. This has led to:
 - A 100% expansion in quality assurance programmes for HIV testing
 - Rejection rates of patient samples dropping below 5%
 - A 75% reduction in paper-based reporting through electronic lab information systems
- More than 5,000 lab professionals have been trained, and quality assurance programmes have expanded significantly. This technical backbone has been crucial for EMTCT certification, viral load monitoring, and integrated disease surveillance.
- Over the past five years, the HIV testing volume has increased for Jamaica, Belize, Dominican Republic, Saint Kitts and Nevis, and Saint Lucia. Guyana and Trinidad and Tobago saw a decline in HIV testing volume in 2022, likely linked to the COVID-19 pandemic. While most countries were able to report on numbers tested for HIV, most are unable to report on testing for key STIs and viral hepatitis.

Despite these gains, laboratory regulation remains fragmented. National policies vary widely in terms of lab registration, personnel standards, and biosafety protocols. Some countries have updated national lab policies (e.g., Trinidad and Tobago), but others still operate under outdated or draft frameworks. The region's lab infrastructure has been strengthened—but maintaining the systems built over years requires sustained financing and political commitment. The current moment calls for bridging funds to sustain testing and outreach; domestic investment in lab and diagnostic services; and regional coordination to protect gains in accreditation and quality assurance.

Comprehensive combination prevention programming

High costs continue to limit the region's ability to meaningfully scale access and tap into the transformative potential of lenacapavir and cabotegravir. Numbers on PrEP remain low, e.g., 9117 in Haiti, 3658 in Dominican Republic, 1541 in Cuba, 692 in Guyana, 284 in Jamaica, and only 68 in Belize. Without urgent action, the region risks falling further behind in prevention innovation.

The current availability of prevention services (Box 2) suggests that there are many opportunities for improvement, including scaling PrEP and HIV self-testing. Prevention services do not adequately integrate the needs of youth, migrant populations, indigenous populations, and rural (hard-to-reach) populations. Youth access is a particular issue in Jamaica and Suriname, while Suriname, Haiti, and Guyana note problems with reaching

Box 2. Status of prevention services

PrEP policy and implementation:

Belize, Cuba, Dominican Republic, Guyana, Haiti, Suriname

Community services policy:

Dominican Republic, Guyana

HIV self-testing policy and implementation: Belize, Cuba, Guyana, Haiti, Jamaica, Suriname

Self-test policy and availability:

Belize, Cuba, Guyana

Telehealth: Guyana and Belize have

remote areas. Countries need disaggregated HIV programme financial and programmatic data to better understand benefits of expanding services and to better plan to address the critical gaps.

Innovative and high-impact interventions to improve treatment outcomes

Across the region, innovations often require long lead time to be introduced and/or scaled up due to limited funding and the lack of capacity within health systems to integrate new approaches and adapt to the specific needs of underserved groups, including addressing socio-structural barriers to accessing services. Limited adoption of telemedicine and digital innovations due to inequitable access to technology and internet connectivity in remote areas, inadequate regulatory frameworks, and high costs to access telemedicine services. Eight countries (Suriname, Barbados, Saint Vincent and the Grenadines, Trinidad and Tobago, Jamaica, Saint Kitts and Nevis, Dominica and Guyana) reported implementing differentiated models of care.

Box 3. Differentiated service delivery models being implemented

• AHD and children to be monitored by IDS/ pediatricians • Multi-month dispensing • Fast-track medication refills at a nearby clinic (client calls ahead) • Delivery of ARV refills to physicians' offices for private sector clients	• Pick up of refills for clients at CSOs • Distribution via weekly pill boxes for those clients with intellectual challenges • Extended clinic hours • Adherence support • Specialised clinics to improve viral suppression	• Adolescent clinic • High viral load clinic • Men's clinic • Optional care providers • Decentralised drug sites • Nutrition treatment and care
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Evidence-informed decision making

Countries have made notable strides in building health data and analysis capacity, but the landscape remains uneven, marked by innovation in some areas and persistent structural gaps in others. Substantial infrastructure gaps, including outdated information technology systems, limited connectivity, and inconsistent governance, remain obstacles to progress in the adoption of digital tools such as electronic health records and telehealth platforms.¹⁹ In addition, many CSOs have limited capacity for data use and analysis, particularly in Cuba, Suriname, and the Dominican Republic.

Belize has significantly strengthened its national health information system but challenges remain in integrating private sector and CSO data, and in capacity for data analysis and use. Countries including Jamaica and Trinidad and Tobago have begun digitising health records and integrating electronic health information systems, but many facilities still rely on paper-based records, limiting real-time analysis and interoperability. Trinidad and Tobago, Guyana, Haiti, Jamaica, Saint Vincent and the Grenadines and Suriname reported conducting an annual multi-stakeholder stakeholder review of the NSP/NHP. Jamaica, Guyana, and Suriname reported having a national research agenda for HIV that includes STIs and viral hepatitis and have been conducting research on HIV and the social determinants of health over the past five years.

PANCAP, as the regional knowledge hub, is committed to fostering an enabling environment where data-driven decision-making, collaborative learning, and strategic knowledge exchange drive improvements

¹⁹ <https://iris.paho.org/bitstream/handle/10665.2/62243/v48e1372024.pdf?sequence=5&isAllowed=y>

in HIV outcomes across the Caribbean. Other regional initiatives like ECHORN and CaribData are working to improve data sharing, longitudinal research, and open data practices, but uptake varies across countries. The Strategic Alliance for Digital Health, supported by PAHO and partners, is helping countries modernise Civil Registration and Vital Statistics systems and adopt ICD-11 standards, laying the groundwork for better data governance and analytics. The regional Plan of Action for Strengthening Information Systems for Health 2024–2030 aims to expand and strengthen information systems for health at national and subnational levels. It focuses on implementing strategies for effective data management and evidence-based decision-making, adopting cost-effective emerging digital health solutions, and improving standards, legislation, and human competencies for the digital transformation of the health sector. This plan is expected to significantly improve the effectiveness, comprehensiveness, and responsiveness of health systems, prioritising the first level of care, which is crucial for efficient patient care and disease prevention.

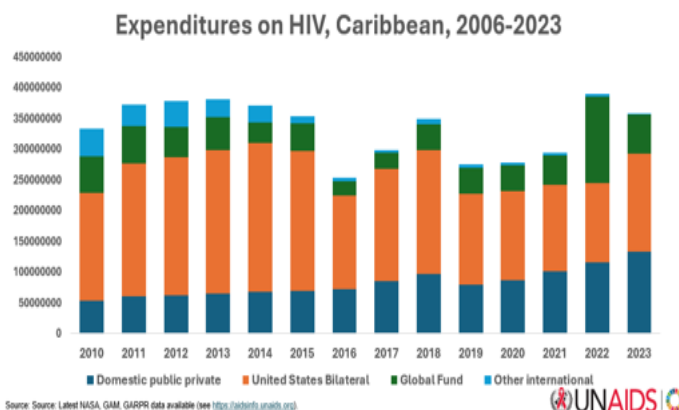
Resourcing for sustainability

The Caribbean region proportionally relies most heavily on external financing, with more than 66% of HIV-related resources originate from international donors—an approach that, while improving, is increasingly untenable in the current fiscal environment. There are significant differences between countries, for example, nearly 100% of the HIV response in Haiti is donor-funded but 60% of HIV resources in Dominican Republic is funded through domestic resources.²⁰

As of 2024, the Caribbean HIV response faces a financing gap of approximately US\$ 354 million, with US\$ 134.4 million from domestic sources and US\$ 224 million from international donors.²¹

Although primarily financed with domestic resources, prevention services remain chronically underfunded. While these groups account for 47% of new HIV infections in the region, only 3% of the 2022 HIV prevention budget was allocated to tailored services for key populations, lower than the UNAIDS 2024 estimate of 20% of global HIV prevention funding directed toward these groups.²²

Figure 8. HIV Financing landscape in the Caribbean, 2023



Eleven countries reported having a National Strategic Plan/National Health Plan (NSP/NHP) that incorporates the HIV response. Of these, 5 (Suriname, Trinidad and Tobago, Saint Vincent and the Grenadines, Saint Lucia, and Dominica) indicated that the plan was not adequately resourced (60% or more of the required budget). Nine countries have a functional system for tracking and reporting on funding flows.

²⁰ UNAIDS 2024

²¹ <https://caribbean.un.org/sites/default/files/2025-07/global-aids-update-2025-caribbean-profile.pdf>

²² [2024 global AIDS report — The Urgency of Now: AIDS at a Crossroads | UNAIDS](#)

The region's inability to diversify funding streams has also limited progress on critical enablers. Sixty-nine percent of countries that reported having an NSP/NHP reported that the plan supports the integration of service delivery by CSOs. Seven countries reported using social contracting as a mechanism to support the delivery of HIV services, namely Anguilla, Barbados, Saint Vincent and the Grenadines, Saint Kitts and Nevis, Saint Lucia, Trinidad and Tobago and Haiti.

Annex 2. Implementation Plan



CARIBBEAN REGIONAL STRATEGIC FRAMEWORK ON HIV AND AIDS (CRSF)

IMPLEMENTATION PLAN

2026 - 2030

Prepared By :
**Pan Caribbean Partnership
against HIV and AIDS
(PANCAP)**

PANCAP Coordinating Unit
CARICOM Secretariat
Turkeyen | Georgetown | Guyana



Purpose of the Implementation Plan

The purpose of this Implementation Plan is to operationalize the CRSF 2026–2030 by converting strategic commitments into measurable and coordinated actions. Specifically, the Plan aims to:

1. Provide a clear sequence of priority actions across the seven Strategic Priority Areas.
2. Clarify the roles and responsibilities of regional and national stakeholders.
3. Improve coordination and reduce duplication among partners.
4. Facilitate resource mobilization, budgeting, and efficient use of available financing.
5. Establish milestones to track progress and enable timely course correction.
6. Promote accountability for achieving regional HIV targets by 2030.

The Plan is designed as a living document and may be updated periodically to reflect new evidence, technological innovations, funding realities, and lessons learned during implementation.

This Implementation Plan is organized around the seven Strategic Priority Areas of the CRSF:

1. Resourcing for Impact and Sustainability
2. Critical Programme and Societal Enablers
3. Integration of HIV into Primary Health Care
4. Sustainable Health and Community Systems
5. Increased Access to High-Impact Prevention Services
6. Equitable and Sustained Access to Treatment to Improve Outcomes
7. Data, Knowledge Management, and Learning

For each Strategic Priority Area, the Plan identifies recommended actions, lead agencies and timelines, to guide coordinated implementation through 2030.

Overall stewardship of implementation will be supported through the regional partnership architecture of PANCAP, working in collaboration with CARICOM institutions, Member States, technical agencies, civil society, and development partners. Oversight, review, and policy guidance will be facilitated through established governance bodies and regular regional consultations.

SPA 1	Resourcing for impact and sustainability		Lead Agency: PANCAP																		
		Recommended actions and tasks	Implementing Partners	Period																	
				Q3-26	Q4-26	Q1-27	Q2-27	Q3-27	Q4-27	Q1-28	Q2-28	Q3-28	Q4-28	Q1-29	Q2-29	Q3-29	Q4-29	Q1-30	Q2-30	Q3-30	Q4-30
1.1		Increase domestic resources, including financing, for HIV, STI and viral hepatitis services by integrating HIV into primary health care budgets, health insurance and social protection schemes, and essential benefit packages, and leveraging cross-sectoral (non-health) resources.	PANCAP, UWI, UNAIDS																		
	1.1.1	Conduct a landscape analysis of country experiences with integrating HIV into primary health care budgets, health insurance and social protection schemes, and essential benefits packages to build understanding of how these mechanisms can support increased and better use of domestic resources.		x																	
	1.1.2	Develop a technical brief highlighting relevant lessons and practical steps countries can take to integrate HIV/PLHIV into health insurance schemes for integrating HIV into primary health care budgets, health insurance and social protection scheme, and which can be adapted for national contexts and priorities.				x															
	1.1.3	Support peer learning through online and in-person meetings to build understanding of how to implement steps/actions coming out of 1.1.1 and 1.1.2						x													
	1.1.4	Conduct a landscape analysis to identify, document and disseminate regional (and global) experiences in leveraging non-health resources							x												

		(including but not limited to financing) for PHC services.																			
	1.1.5	Draft regional guidance for developing or updating national health financing strategies to include leveraging of non-health resources and private sector engagement mechanisms that include but are not limited to financing (e.g., tax incentives, matching grants, pooled procurement). Use outputs from activity 1.6.										x									
	1.1.6	Draft regional non-health partnership guidelines to leverage shared resources for health service delivery, infrastructure, and innovation, ensuring transparency and accountability.											x								
1.2		Implement a regional solidarity approach to ending HIV, STIs, viral hepatitis B and TB co-infection through high-level advocacy by CARICOM, PANCAP, and Caribbean leaders for sustainable pricing, access to generic medications and other products, and the use of pooled procurement mechanisms for life-saving prevention and treatment innovations, including lenacapavir and cabotegravir.	CARICOM, OECS, PANCAP, UNAIDS																		
	1.2.1	Establish a regional multi-sectoral, multi-agency technical advisory group to lead design and implementation of a regional advocacy campaign targeting global suppliers and donors.		x																	
	1.2.2	Conduct analysis of the current access situation and global landscaping of effective approaches and country experiences to inform regional advocacy. This should include a				x															

		regional impact evaluation of pricing, access, and disease burden reduction to guide messaging and focus of the advocacy campaign.																			
	1.2.3	Develop a regional innovation access strategy that includes pooled procurement, regulatory fast-tracking, and shared implementation protocols.					x														
	1.2.4	With technical advisory group and other stakeholder input, develop a regional advocacy campaign strategy, with implementation approach and tracking metrics. This should include analysis of the shared burden, shared solutions, benefits of collective action and talking points for heads of government.						x													
	1.2.5	Advocate with ministers of health, including through the COHSOD, to endorse the solidarity agenda and advocacy campaign strategy and issue a joint communiqué.								x											
	1.2.6	Develop and disseminate solidarity advocacy toolkit (adapting existing materials) for Caribbean regional action on HIV, STIs, viral hepatitis B, and TB co-infection to equip governments, civil society, and technical partners with the tools to mobilize political will, negotiate access, and coordinate pooled action, especially around sustainable pricing and life-saving innovations like lenacapavir and cabotegravir.									x										
1.3		Explore, and where possible strengthen, mechanisms to engage private sector resources and competencies such as co-financing, publicly financed care from private providers.	UWI, PANCAP, CVC																		

	1.3.1	Develop a framework for conducting national private sector landscape analysis, including guidance to: i) map private sector assets and providers, labs, pharmacies, insurers, and logistics firms involved in HIV/STI/hepatitis service delivery;ii) identify existing contracting arrangements, co-financing models, and public-private partnerships in PANCAP countries; and iii) assess gaps in regulation, quality assurance, and equity safeguards				x														
	1.3.2	Identify successful health PPP initiatives in the region to develop promising practices/lessons learned briefs and disseminate to both ministries of health and private sector.						x												
	1.3.3	Develop a Caribbean Private Sector Engagement Framework for Health that includes modalities for publicly financed care from private providers (e.g., voucher schemes, capitation contracts); co-financing of diagnostics, commodities, and infrastructure; innovation partnerships (e.g., digital health, supply chain optimization); sharing of resources such as infrastructure/space and training/technical assistance from the private sector; standard operating procedures (SOPs) for PPP partner selection, risk sharing, and dispute resolution.								x										
	1.3.4	Conduct regional advocacy to secure endorsement of the Framework, and high-level political buy-in to designate PPPs as a strategic priority in national health and development plans.									x									
	1.3.5	Build capacity for regulation and stewardship of PPPs by training ministries of health in contract management, quality assurance,											x							

		and financial oversight, and putting in place needed regulations for licensing, monitoring, and grievance redress.																			
1.4		Improve health financing and public financial management capacity and systems within ministries of health, including at sub-national levels, to strengthen priority setting, budget execution, accountability and reporting.	PAHO, UWI																		
	1.4.1	Support interested member states to conduct PFM capacity assessments using PAHO's Health Financing Diagnostic Tool to assess budgeting, execution, and reporting capacity in member state. Where relevant, assessment should include sub-national entities (e.g., regional health authorities, district hospitals). Identify capacity gaps in budget formulation, cash flow management, and expenditure tracking.				x															
	1.4.2	Build on previous CARICOM-led PFM strengthening initiatives, CARICOM's Public Expenditure Management principles and PAHO's UHC financing guidance to develop a regional PFM strengthening framework with standardized benchmarks for priority setting, budget execution, and reporting, including provisions for multi-sectoral budgeting (e.g., HIV + social protection + education).						x													
	1.4.3	Build technical capacity in Ministries of Health through regional training programs for health planners and finance officers to adapt and use the framework. As necessary, training should cover PFM fundamentals, costing, and budget advocacy and								x											

		integrating HIV/STI/hepatitis costing into PHC budgets.																			
	1.4.4	Develop training materials to build capacity of Ministries of Health and Finance to implement performance-based budgeting tools, including integrating performance indicators into national health budgets and MTEFs									x										
1.5		Facilitate greater involvement of civil society and communities in national health priority setting, accountability and reporting, to improve alignment with local priorities and advance national targets.	CVC																		
	1.5.1	Create standard operating procedures (SOPs), using guidance from PAHO/WHO and other international agencies, that countries can adapt to strengthen civil society engagement in national health planning, monitoring, and reporting.		x																	
	1.5.2	Build on national pilot programs supported by Global Fund to scale community-led monitoring (CLM) using UNAIDS' CLM toolkit and PANCAP's regional framework, including training CSOs in data collection, analysis, and policy translation to inform national reporting							x												
	1.5.3	In countries successfully completing pilots, provide technical support to institutionalize community scorecards as inputs into M&E and reporting.									x										
	1.5.6	Support peer learning exchanges across member states to share tools, tactics, and lessons									x										

1.6		Conduct tracking and assessments to improve understanding of resource requirements and expenditure flows for HIV, STI and viral hepatitis services and use data to direct resources to scale high-impact innovations, expand service delivery, and address gaps in access.	UNAIDS, PAHO, UWI																		
	1.6.1	Establish a multi-sectoral, multi-agency Regional Resource Tracking Technical Advisory Group to coordinate resource tracking across member states. Ensure representation from Ministries of Health, Finance, CSOs, and key population networks.			x																
	1.6.2	Based on previous work in countries in the region, provide technical assistance/consultancys to support countries to conduct WHO SHA exercises in a manner that builds local capacity to conduct future SHA exercises.						x													
	1.6.3	Adapt the UNAIDS HIV Services Tracking Tool to provide a regionally-relevant option for countries								x											
	1.6.4	Use tracking and assessments to identify high-impact, underfunded interventions (e.g. long-acting PrEP, community-led testing, hepatitis C treatment), in order to inform donor proposals and domestic budget advocacy using real-time expenditure data								x											

SPA 2	Critical programme and societal enablers		Lead Agency: PANCAP																		
		Recommended actions and tasks	Implementing Partners																		
2.1		Develop and enact legal and regulatory reform, policies and programmes to remove barriers to services, stigma and discrimination for underserved groups; include harmonising age-of-consent policies with adolescent health needs to enable access to essential services and information	PANCAP, CARICOM, PAHO, CVC, UNFPA, UNAIDS	Q3-26	Q4-26	Q1-27	Q2-27	Q3-27	Q4-27	Q1-28	Q2-28	Q3-28	Q4-28	Q1-29	Q2-29	Q3-29	Q4-29	Q1-30	Q2-30	Q3-30	Q4-30
	2.1.1	Develop regional guidance for embedding explicit anti-stigma and anti-discrimination provisions and rights, and equity promoting approaches, including harmonising age-of-consent policies with adolescent health needs, in national strategies that cover adolescent health, HIV/STIs/TB, SRH, and mental health services.			x																
	2.1.2	Develop a regional checklist/framework for strengthening policy coherence across health, education, justice, and social protection sectors to meet the holistic needs of youth and underserved populations by removing barriers to service access. Build on existing legal and policy assessments and recommendations.				x															
	2.1.3	Develop regional standards/protocols to engage youth, including particularly marginalised populations, in developing, monitoring and assessing progress of national adolescent health policies. Build on regional processes such as Commonwealth–CARICOM Youth Mainstreaming Partnership and Caribbean Youth Dialogues.					x														

	2.1.4	Expand efforts to train health workers, educators, and law enforcement in rights-based approaches and non-discriminatory service delivery building on initiatives such as PAHO/WHO's QualityRights Workshop, CTECH regional training programs, Healthy Caribbean Coalition's NCD Policy Brief, and JASL Integrating Human Rights into HIV Services workshop.		x	on-going															
	2.1.5	Adapt existing legal literacy resources and toolkits to be relevant for adolescents, migrants, Indigenous communities, and other underserved populations across the Caribbean. Sensitize government and civil society partners to promote training in Member States.		x	x															
	2.1.6	Share best practices and develop harmonized regional advocacy approaches through mechanisms such as regional roundtables and regional online document repositories.					x	on-going												
2.2		Engage professional (legal, medical, teacher) training programmes and organisations to institutionalise approaches that affirm non-discrimination and stigma-free delivery of health services, education, and information, including to underserved groups (adolescents, migrants)	PANCAP, CARICOM, PAHO, CVC, UWI, UNFPA																	
	2.2.1	Consult with regional and national training institutions, accreditation bodies, professional bodies, and CSOs to develop up-to-date standards and a framework for institutionalizing non-discrimination and stigma-free approaches in health and education training, aligned with WHO and UNESCO guidance.				x														
	2.2.2	Advocate for Member States and regional training bodies to adopt the standards and framework.						x												
	2.2.3	Develop professional development materials/templates to support integration into existing regional training curricula.							x											

	2.2.4	Support cross-sectoral (health/education/justice) learning and exchange on non-discrimination and stigma-free service deliver to adolescents and other underserved groups, through regional and national professional development platforms.						x												
2.3		Establish accessible, safe, confidential, and survivor-centred systems to report and address human rights violations within health, legal, and social institutions with intersectoral coordination, clear accountability pathways, and community-led oversight	CARICOM, OECS, CVC, PANCAP, UWI, CARPHA																	
	2.3.1	Create a country-readiness checklist for Caribbean countries to assess their preparedness to establish accessible, safe, confidential, survivor-centred reporting systems for human-rights violations across health, legal, and social institutions. Ensure that the checklist is feasible, actionable, and aligned with Caribbean institutional realities.					x													
	2.3.2	Use the baseline findings to define practical minimum standards for accessibility, safety, confidentiality, trauma-informed practice, and intersectoral coordination that countries can adapt to national contexts while maintaining core principles.							x											
	2.3.3	Build regional training and capacity-strengthening programs by establishing shared training modules for frontline workers focused on survivor-centred care, confidentiality, and referral pathways. Use regional institutions and civil-society coalitions to deliver training and create a pool of certified trainers.										x								
	2.3.4	Establish a (or build on an existing) regional multi-stakeholder coordination platform to facilitate cross-country learning exchanges and joint problem-solving on common issues, and track progress.							x											

2.4		Integrate HIV, STIs and viral hepatitis into national development, health, climate-related preparedness and response, gender equity and gender-based violence prevention and social protection policies and strategies to address social determinants and ensure equitable access to comprehensive prevention, treatment, and support services	CARPHA, CARICOM, UN agencies																	
	2.4.1	Advocate for inclusion of HIV, STI, and hepatitis indicators in medium-term development strategies and national development delivery frameworks.		x	on-going															
	2.4.2	Develop regional policy briefs and model strategies showing how integration strengthens equity, resilience, and cost-effectiveness.			x															
	2.4.3	Develop regional guidance for countries to revise national plans: • Health sector: Embed HIV/STI/hepatitis in UHC, PHC, and emergency preparedness • Climate: Include health vulnerabilities and treatment continuity in adaptation plans • Gender/GBV: Link HIV/STI risks to GBV prevention and survivor support • Social protection: Ensure coverage for affected populations, including migrants and underserved communities				x														
	2.4.4	Develop regional toolkits and model protocols for integrated service delivery and emergency response.						x												
	2.4.5	Facilitate regional peer learning to share tools, lessons, and innovations.						x	on-going											
2.5		Invest in community-led anti-stigma programmes, including education, peer support, and advocacy, to address the programmatic, societal and cultural barriers that contribute to HIV-related stigma	CVC, UNAIDS, PANCAP																	

	2.5.1	Map anti-stigma programmes to understand what works and where gaps remain.				x															
	2.5.2	Update the existing PANCAP anti-stigma toolkits to develop a shared regional anti-stigma toolkit and curriculum with Caribbean-specific materials adapted and harmonized into a unified package for education, peer support, and advocacy.					x														
	2.5.3	Invest in community leadership and peer-led programming by providing small grants and technical support to community groups to design and deliver their own anti-stigma activities, including peer support groups, storytelling, and rights-based education.							x												
	2.5.4	Expand existing initiatives to integrate anti-stigma approaches into health, education, and social-service systems by training frontline workers using community-led modules.							x												
	2.5.5	Establish regional monitoring, learning, and accountability mechanisms to track progress using community-generated indicators, publish regional scorecards, and hold annual learning exchanges to share innovations and drive continuous improvement.							x												

SPA 3	Integration of HIV into primary health care and linkages with other priority services		Lead Agency: PAHO																		
		Recommended actions and tasks	Implementing partners																		
				Q3-26	Q4-26	Q1-27	Q2-27	Q3-27	Q4-27	Q1-28	Q2-28	Q3-28	Q4-28	Q1-29	Q2-29	Q3-29	Q4-29	Q1-30	Q2-30	Q3-30	Q4-30
3.1		Engage health professionals, civil society and communities in co-designing and implementing integration strategies that reflect lived realities and align enabling policies, financing mechanisms, workforce development approaches and service delivery models across the health system.	PAHO, UNAIDS, PANCAP																		
	3.1.1	Use regional fora, such as the NAP Mangers meeting, and civil society networks to generate cross-sectoral analysis of barriers, service gaps, and integration priorities for underserved groups, resolve shared challenges and share learning.					x														
	3.1.2	Conduct a landscape analysis of integration strategies in Caribbean countries to identify good practices and develop a framework a for integration of HIV, SRH, mental health, and chronic disease services into PHC.			x																
	3.1.3	Develop a standardized Caribbean methodology/framework, based on regional epidemiology and WHO guidance, to help countries identify priority populations and clarify the scope and purpose of integrated health service packages, ensuring alignment with the Caribbean Cooperation in Health agenda.						x													
	3.1.4	Compile a regional catalogue of high-value services for countries to adapt drawing from global best practice and regional burden-of-disease profiles, enabling countries to map existing services, identify gaps, and select evidence-based interventions suited to their context.							x												
	3.1.5	Strengthen national teams through regional training in cost-effectiveness, equity analysis, and budget impact assessment, and provide shared tools and peer-learning platforms so countries can prioritize services using consistent, transparent criteria.								x											
	3.1.6	Develop competency frameworks for integrated care (e.g., HIV + mental health + GBV response) to guide training of national health professionals in integrated care protocols, task-sharing, and community engagement.									x										

3.2		Equip facility-based and community health providers with the skills, tools, and protocols to deliver integrated, stigma-free HIV, STI, viral hepatitis and primary care services, and strengthen client-provider communication to support informed decision-making and self-managed care.	PAHO, UNAIDS, PANCAP, CVC																		
	3.2.1	Create model clinical guidelines for integrated HIV/STI/hepatitis and primary care services and stigma-free service delivery protocols covering confidentiality, informed consent, and non-discrimination.			X																
	3.2.2	Produce regional toolkits (job aids, referral directories, communication scripts) for facility and community providers.				X															
	3.2.3	Support communication skills training for providers, focusing on empathy, active listening, and shared decision-making.					X														
	3.2.4	Leverage regional e-learning platforms for continuous professional development across countries.							X												
	3.2.5	Support countries/ provide TA to integrate communication quality indicators into national monitoring frameworks. Track indicators such as: • Client understanding of care options • Satisfaction with provider interactions • Uptake of self-care practices (e.g., home testing, medication adherence)						X													
3.3		Integrate paediatric HIV treatment and follow-up of syphilis and hepatitis B exposed infants with appropriate and standardised services and effective referral to routine child health services; embed early infant diagnosis PCR monitoring based on national protocols, and the birth dose immunisation and nutrition platforms to ensure timely detection and continuity of care.	PAHO, UNAIDS, PANCAP, CMLF																		
	3.3.1	Provide regional templates for unified national protocols that harmonize EID PCR monitoring, HBV birth-dose within 24 hours, and syphilis exposed-infant management with standardized timing, documentation, and referral steps.			X																
	3.3.3	Develop regional training packages for midwives, nurses, pediatricians, lab staff, and CHWs in integrated newborn packages, EID workflows, HBV birth-dose, and syphilis exposed-infant management. Include job aids and scripts such as checklists, decision trees, consent/confidentiality templates, and care calendars for mother–infant pairs.					X														

	3.3.4	Use regional fora, such as the NAP Mangers meetings, to include other relevant health specialists share country experiences and lessons and address shared challenges related to integrated routine health services, to ensure timely detection and continuity of care.					x													
	3.3.5	Build awareness of the importance of and steps that countries can take to advance integration, and promote peer learning and exchange visits to countries more advanced in integration.		x																
3.4		Integrate a package of care for advanced HIV disease (AHD) in primary healthcare centres, including rapid tests for CD4 counts and the most relevant opportunistic infections (TB, histoplasmosis and cryptococcosis), referral flows and strategies to ensure prompt treatment.	PAHO																	
	3.4.1	Develop/consolidate regional guidance establishing: minimum AHD package for PHC (CD4, TB, histoplasmosis, cryptococcal testing; referral and treatment pathways); regional AHD screening and triage algorithms (e.g., TB, histoplasmosis, and cryptococcal risk); regional benchmarks for CD4 testing and opportunistic infection (OI) screening among newly diagnosed and returning-to-care clients.		x																
	3.4.2	Support countries to define clear, time-bound pathways from PHC to diagnostic confirmation and treatment initiation at hospitals (including infectious disease, pulmonology, and internal medicine).			x															
	3.4.3	Develop regional templates for referral and counter-referral between primary care, laboratories, and hospitals. Countries can adapt these to their health-system structure, ensuring: same-day referral for severe AHD cases fast-track access to antifungals, TB treatment, and supportive care communication loops so primary-care teams stay informed about patient outcomes.				x														
	3.4.4	Use quarterly regional learning sessions to troubleshoot bottlenecks, share innovations, and continuously improve AHD integration.					x													
3.5		Leverage primary health care networks to connect people living with HIV and underserved groups to essential non-health services, such as social protection, housing, education, and legal aid, to support holistic wellbeing.	PAHO, CVC, PANCAP, UNAIDS																	

	3.5.1	Develop regional guidance/framework for working with non-health service agencies to embed and operationalize feasible pathways for cross-sectoral linkages in national HIV, UHC, and PHC strategies.				x														
	3.5.2	Develop standard operating procedures (SOPs)/ a standardized referral framework for countries to adapt to support referrals from PHC to social protection; housing; education; and legal aid.						x												
	3.5.3	Support networks of community-based organizations to build capacity of peer navigators to create a low-cost, culturally grounded workforce that bridges PHC and non-health services across the region, including navigating social protection and legal systems; accompaniment and case follow-up; confidentiality and rights-based approaches								x										
	3.5.4	Support countries to establish formal agreements between Ministries of Health and agencies responsible for social protection, housing, education, and justice. These agreements may such mechanisms as: quarterly cross-sector coordination meetings; co-located “service days” at PHC centres (e.g., social protection officers on-site once a month); shared monitoring indicators to track referrals and outcomes										x								
	3.5.5	Share lessons through regional peer learning platforms																		

SPA 4	Sustainable health and community systems		Lead Agencies: PAHO, CMLF, CVC																		
		Recommended actions and tasks	Implementing partners																		
				Q3-26	Q4-26	Q1-27	Q2-27	Q3-27	Q4-27	Q1-28	Q2-28	Q3-28	Q4-28	Q1-29	Q2-29	Q3-29	Q4-29	Q1-30	Q2-30	Q3-30	Q4-30
4.1		Strengthen regional oversight and national quality management systems, policies, regulations, guidelines and processes for monitoring, supervision, validation, and confidentiality to ensure the delivery of high-quality testing and laboratory services.	CMLF, PAHO, CARPHA																		
	4.1.1	Develop a repository of models, tools and templates for adaptation, and provide technical assistance to countries to revise or develop national policies, SOPs, and confidentiality protocols to harmonize QMS across disease areas (HIV, TB, HPV, hepatitis, AMR).			x																
	4.1.2	Bring together national lab authorities and quality officers to provide QMS coaching.					x														
	4.1.3	Support countries to review and update laboratory licensing and inspection regulations.				x															
	4.1.4	Develop a regional policy brief on legal protections for patient data and lab confidentiality.		x																	
	4.1.5	Promote integration of lab quality metrics into regional EMTCT Plus, AMR, and UHC monitoring frameworks.			x																
4.2		Invest in training, policy reform and improvements to regulatory, registration, quality assurance, and monitoring and evaluation processes to prepare health systems to guarantee timely, equitable access to prevention and treatment innovations and new approaches, including for underserved groups.	CMLF, PAHO, CARPHA, CVC																		

	4.2.1	Conduct a regional policy review to identify gaps in regulatory pathways and develop fast-track registration protocols for WHO-prequalified products, and support alignment of national formularies and treatment guidelines with WHO's 2025 lenacapavir recommendation.		x																
	4.2.2	Engage regional CSO networks (PLHIV, NCD alliances, youth, migrant, LGBTQ+) to co-create access criteria, clinic workflows, and feedback channels.			x															
	4.2.3	Develop regional training modules on new technologies, long-acting formulations, differentiated service delivery, stigma-free care, and shared decision-making.			x															
	4.2.4	Develop regional guidance to standardize quality assurance for diagnostics, medicines, and devices (validation panels, proficiency testing, post-market surveillance) and harmonize specifications across countries.				x														
	4.2.5	Coordinate multi-country implementation studies/experience sharing to inform scale-up, adjust eligibility criteria, and validate cost-effectiveness.					x													
4.3		Ensure uninterrupted access to life-saving commodities for HIV, STIs, viral hepatitis, TB co-infection through coordinated regional stockpiling and supply chain resilience mechanisms to buffer against supply disruptions, natural disasters, and procurement delays.	CARICOM, PAHO, PANCAP																	
	4.3.1	Develop a Regional Essential Commodities Framework for HIV, STIs, hepatitis, and TB		x																
	4.3.2	Ensure pooled procurement agreements to include long-acting PrEP, diagnostics, and pediatric formulations			x															

	4.3.3	Advocated for establishing sub-regional buffer stocks in agreed disaster-resilient hubs (e.g., Barbados, Trinidad, Belize)				x														
	4.3.4	Define regional minimum stock thresholds and replenishment triggers for priority commodities.					x													
	4.3.5	Advocate for and provide technical assistance to strengthen capacity for real-time tracking of stock levels, and to enable and respond to early warning systems for procurement delays and climate events.				x														
4.4		Strengthen health governance to provide clear and prioritised guidance to individuals, organisations, and networks across sectors, to align policies and priorities, and facilitate joint action and participation.	PAHO, CARICOM, PANCAP																	
	4.4.1	Develop model policies and MOUs enabling cross-sector coordination (data sharing, joint planning, pooled funding, community participation) for countries to adapt.				x														
	4.4.2	Develop protocols/TORs for regional and national intersectoral technical working groups with time-bound mandates to drive joint action (e.g., integrated comorbidity care, AHD packages, stigma reduction).				x														
	4.4.3	Develop regional guidance/frameworks to support harmonized strategic plans across health, education, and social protection to reduce fragmentation.		x																
	4.4.4	Engage regional CSO networks to develop health governance scorecards to track transparency, responsiveness, and cross-sector alignment.					x													
4.5		Integrate civil society and community engagement and leadership into national health strategies to ensure services are responsive and acceptable to underserved groups, including adolescents and youth.	CVC, PANCAP, UWI, PAHO																	

	4.5.1	Establish Regional Community Engagement Standards for health programs, aligned with WHO's Framework on People-Centred Health Services.			x															
	4.5.2	Publish model clauses for national health acts, strategies, and MOUs to include formal CSO representation, voting rights, and co-authorship in policy and planning.				x														
	4.5.3	Provide templates for engagement TORs and participatory MEL with civil society and communities.					x													
	4.5.4	Launch a regional training and mentorship programme for youth health advocates.						x												
	4.5.5	Create a Regional Repository of Community Engagement Practices		x																
4.6		Institutionalise sustained, inclusive, and strategic support, including financing, for the development and strengthening of civil society and community-led organisations as integral partners in the HIV and other public health responses.	CVC, PANCAP, UWI, PAHO																	
	4.6.1	Develop regional capabilities standards for CSO/CLO leadership, governance, financial management, safeguarding, stigma-free care, and participatory MEL in the health responses. Advocate for regional capacity building programmes to integrate these capabilities standards in their training programmes.				x														
	4.6.2	Support multi-country implementation studies led by CSOs/CLOs to document impact, cost-effectiveness, and scale-up lessons on the impact of CSOs/CLOs in health responses, and effective ways to provide sustained, inclusive and strategic support.					x													
	4.6.3	Use regional fora, including the NAP Managers meeting, to highlight the impact of CSOs/CLOs, to share best practices on working with CSOs/CLOs at the national, and to facilitate					x													

		partnerships that provide support, including financing to CSO/CLO partners.																			
	4.6.4	Create a Regional Civil Society Support Index to monitor and help support financing, inclusion, and capacity across Member States.						x													

SPA 5	Equitable access to high-impact, evidence-based prevention services		Lead Agency: PANCAP, PAHO, UNAIDS																		
		Recommended actions and tasks	Implementing partners																		
				Q3-26	Q4-26	Q1-27	Q2-27	Q3-27	Q4-27	Q1-28	Q2-28	Q3-28	Q4-28	Q1-29	Q2-29	Q3-29	Q4-29	Q1-30	Q2-30	Q3-30	Q4-30
5.1		Expand and strengthen equitable access to stigma-free combination prevention services, including risk reduction messaging, behaviour change communication and demand generation for condoms and lubricant, PrEP that integrates testing and appropriate interventions for hepatitis B and C, and priority STIs based on national epidemiology.	PAHO, UNAIDS, CVC																		
	5.1.1	Develop an integrated prevention framework that countries can use to align HIV, STI, hepatitis B/C, and PrEP services, and prioritize populations, geographies, and co-infection risks based on epidemiology, under a unified prevention strategy.			x																
	5.1.2	Establish regional service delivery standards on gender-responsive, youth-friendly, and key-population-competent care, including confidentiality and non-discrimination for countries to use in health worker training and supervision systems.					x														
	5.1.3	Co-create risk reduction and behavior change messaging, for countries to adapt, with input from key populations, youth, and underserved groups to promote condoms, lubricants, and PrEP using culturally relevant, sex-positive language and address stigma, misinformation, and fear through trusted messengers and multi-platform outreach (e.g. radio, social media, peer educators).				x															
	5.1.4	Develop protocols/guidance/training to ensure PrEP programs include routine screening and linkage for hepatitis B/C and priority STIs.			x																
	5.1.5	Compile a regional repository of good practices and tools that countries can adapt.					x														
5.2		Ensure timely and equitable access to lenacapavir and other innovations through coordinated advocacy, strategic domestic investment, pooled procurement mechanisms, and international partnerships, and by preparing health systems to deliver and monitor access across all populations.	CARICOM, PANCAP, UNAIDS																		
	5.2.1	Issue a CARICOM/PANCAP position that prioritizes timely, equitable access to long-acting antiretrovirals (e.g., lenacapavir) and other innovations, anchored in human rights and UHC, as fundamental for achieving regional elimination goals for HIV/STIs/TB.		x																	
	5.2.2	Define regionally consistent access criteria (clinical indications, vulnerability factors) to guide equitable access, with provisions for adolescents, migrants, LGBTQ+ people, and rural communities.		x																	

	5.2.3	Establish regional task force, including political, public health, civil society and private sector leaders, to engage manufacturers, global health initiatives, and donors for price reductions, early access pilots, and evidence generation tailored to Caribbean contexts.			x															
	5.2.4	Establish a standing regional support team (PAHO/PANCAP/UWI and partners) for rapid deployment, mentorship, and troubleshooting (regulatory, clinical, supply chain).				x														
	5.2.5	Conduct regional/sub-national community consultations to understand preferences, concerns, and barriers to injectable PrEP and co-create demand generation campaigns that emphasize choice, privacy, and stigma reduction.				x														
	5.2.6	Set up and maintain regional access and equity dashboards to track who is receiving innovations across age, gender, geography, and key populations; monitor wait times and missed opportunities.					x													
	5.2.7	Host regional learning forums and publish implementation briefs (pricing, uptake, outcomes, equity impacts) to accelerate scale-up across countries.		x																
5.3		Strengthen and expand community-led stigma-free services by resourcing community organisations and peer networks to lead delivery and uptake of services and commodities, including PrEP, through peer education, demand generation and behaviour change communication.	CVC, UNAIDS																	
	5.3.1	Build on successful experiences to develop and disseminate regional guidelines for community-led service delivery, including PrEP, peer education, and demand generation.			x															
	5.3.2	Advocate with governments to fund community-led services through social contracting and pooled regional mechanisms. Provide template contracts, costing tools, and procurement guidance to help countries channel resources to CSOs.				x														
	5.3.3	Develop regional training programs for CSOs, peer networks, and health providers on PrEP delivery, behavior change communication, and participatory monitoring.					x													
	5.3.4	Facilitate south-south exchanges and mentorship between high-performing community-led initiatives across the region.			x															
	5.3.5	Provide technical assistance for CSOs in developing grant management, data systems, and service quality protocols.						x												
	5.3.6	Include community-led indicators, equity metrics, and client-reported outcomes in regional MEL frameworks.						x												
5.4		Integrate HIV prevention into holistic youth health strategies that also address mental health, SRH, and violence prevention and include school-based and mobile outreach, distribution of self-tests, routine HIV testing in emergency room, adolescent health, and other services.	UNFPA, UNAIDS, PAHO																	

	5.4.1	Create a regional blueprint for integrated youth health services that includes HIV prevention, mental health, sexual and reproductive health (SRH), and violence prevention.				x														
	5.4.2	Provide technical standards for school-based outreach, mobile clinics, adolescent-friendly services, and emergency room testing. Ensure alignment with global best practices (e.g. WHO's AA-HA! framework) and regional priorities (e.g. CRSF, PAHO adolescent health strategies).						x												
	5.4.3	Convene regional youth advisory groups to shape priorities, messaging, and service design., and to advocate for/connect youth-led organizations to pilot peer education, self-test distribution, and digital outreach.			x															
	5.4.4	Provide technical assistance to Ministries of Health, Education, and Youth to co-design integrated service models. develop joint implementation plans and shared accountability frameworks.							x											
	5.4.5	Provide costing tools and investment cases to help countries justify and sustain integrated models. Advocate for dedicated funding for integrated youth health services in national budgets and donor proposals.									x									
5.5		Accelerate efforts to achieve and sustain the WHO certification of dual EMTCT of HIV and syphilis, or single EMTCT (includes hepatitis B), through the leadership of MCH programmes and strong inter-programmatic coordination that emphasises equity and universal access to high-quality, stigma-free services.	PAHO, CMLF																	
	5.5.1	Support countries to develop national EMTCT roadmaps aligned with WHO's Triple Elimination Framework including integration of EMTCT Plus into broader MCH frameworks to ensure continuity of care and equity.		x																
	5.5.2	Define minimum packages for HIV, syphilis, and hepatitis B (HBV) screening, treatment, and follow-up in antenatal, delivery, and postnatal care.				x														
	5.5.3	Facilitate knowledge exchange among CARICOM countries, especially those that have achieved EMTCT certification. Promote peer-to-peer support and a regional community of practice to share lessons, innovations, and challenges.			x															
	5.5.4	Establish a regional peer learning mechanism to mentor countries through pre-validation, validation, and post-validation maintenance.				x														
	5.5.5	Support lab quality assurance by providing region-wide external quality assessment panels, proficiency testing, and standardized algorithms for discordant results					x													

5.6		Modernise national diagnostic algorithms to expand use of Xpert as a multi-disease diagnostic platform for TB, HIV viral load testing, early infant diagnosis, human papillomavirus (HPV) screening, and hepatitis detection and to fully integrate AI and digital technologies into multi-disease platforms, prioritising cost-efficiency, rapid turnaround, and equitable access.	PAHO, CMLF																		
	5.6.1	Convene a regional diagnostic modernization technical working group that includes representatives of PAHO, CMLF, CARPHA, and ministries of health				x															
	5.6.2	Develop regional diagnostic guidelines and protocols to reflect WHO-endorsed multi-disease use of Xpert (e.g., TB, HIV VL, EID, HPV, hepatitis B/C) and ensure algorithm harmonization across disease programs to enable shared platforms and workflows.					x														
	5.6.3	Map existing GeneXpert deployment, disease burden, and diagnostic gaps across countries				x															
	5.6.4	Conduct cost-benefit analysis of expanding Xpert and integrating AI tools in selected countries						x													
	5.6.5	Develop standard operating procedures (SOPs) for multi-disease testing workflows							x												
	5.6.7	Design and advocate for multi-disease diagnostic pilots using Xpert and AI tools in priority regions								x											

SPA 6	High-impact interventions to improve treatment outcomes		Lead agency: PAHO																		
		Recommended actions and tasks	Implementing Partners																		
				Q3-26	Q4-26	Q1-27	Q2-27	Q3-27	Q4-27	Q1-28	Q2-28	Q3-28	Q4-28	Q1-29	Q2-29	Q3-29	Q4-29	Q1-30	Q2-30	Q3-30	Q4-30
6.1		Accelerate equitable access and uptake of technological innovations—including long-acting injectable and updated first line ARV regimens and digital health innovations for adherence and counseling by engaging underserved groups in the design, implementation and monitoring of services.	PAHO, CARPHA, PANCAP																		
	6.1.1	Develop a regional framework to support countries in updating national HIV guidelines and essential medicines lists, in alignment with WHO-recommended long-acting injectables and updated first-line ARVs.		x																	
	6.1.2	Work with NAPS and national authorities to assess and map country-level readiness for rollout of specific, prioritized technological innovations (e.g. cold chain, provider training, digital infrastructure) and identify underserved groups and the structural barriers they face.				x															
	6.1.3	Develop, with regional civil society networks and community-led groups, demand generation campaigns with culturally relevant, stigma-free materials that explain new technologies and address fears or misconceptions and trusted messengers and preferred channels (e.g. WhatsApp, radio, peer educators).						x													
	6.1.4	Develop country-adaptable training materials for multidisciplinary teams of providers, peer navigators, and community health workers with skills to deliver and support new technologies. Include modules on digital literacy, stigma reduction, and differentiated care.								x											
	6.1.5	Design pilot projects and approaches to scale long-acting injectables in high-burden or underserved areas and incorporate into regional proposals/advocate for financing, including domestic. Ensure pilots and approaches monitor uptake, adherence, and client satisfaction.										x									

6.2		Enhance comorbidity management within primary healthcare settings, shifting from a "single-disease" approach to a holistic and patient-centred model that addresses the complex interplay between health conditions.	PAHO, CARPHA, PANCAP																		
	6.2.1	Develop a framework that defines regional minimum standards for integrated comorbidity care in PHC; draft clinical guidelines for integrated care for managing common comorbidities (e.g. HIV + diabetes, TB + mental health, hypertension + depression) and regional targets that can be adapted by countries (e.g., % of PLHIV screened for hypertension/diabetes at PHC visits).			x																
	6.2.2	Create a Caribbean community of practice for PHC providers to share tools, case studies, and innovations.				x															
	6.2.3	Engage ministries of health, social protection, education, and civil society in regional for a/meetings to address upstream drivers of comorbidity (e.g. poverty, food insecurity, trauma).				x															
	6.2.4	Facilitate regional dialogues/learning events to normalize integrated care.				x															
	6.2.6	Track service integration, patient satisfaction, and health outcomes across population groups and document successful approaches to share lessons and scale regionally.					x														
6.3		Improve quality, analysis, and use of disaggregated data for tailoring of differentiated service delivery to local needs and identifying predictors of treatment interruption to inform effective strategies of retention in care.	CARPHA, PAHO																		
	6.3.1	Provide technical assistance and guidance for countries to create user-friendly platforms for visualizing disaggregated data and identifying service gaps such as dashboards develop and decision-support tools including real-time alerts for treatment interruption and retention risks.				x															
	6.3.2	Build capacity to use data to identify local needs, population-specific barriers to care and predictors of treatment interruption to inform differentiated service delivery and adapt service models (e.g. mobile clinics, peer navigation, multi-month dispensing) based on data insights.							x												

	6.5. 2	Develop regional guidelines for linking community-based services with health facilities, including referral forms, feedback loops, and follow-up protocols and the use of digital tools (e.g. WhatsApp, SMS, electronic registers) to track referrals and follow-up. Use participatory design approaches to reflect lived experiences and community priorities.				x															
	6.5. 3	Deliver regional training of trainers programs on adherence counselling, psychosocial support, and referral management for community health workers and peer navigators. Support follow-on training on counties that includes joint sessions with facility-based providers to foster collaboration and shared accountability.						x													
	6.5. 4	Provide training and support for countries to embed community-based models in national plans and budgets, benefit packages, and HIV financing strategies.							x												
	6.5. 5	Conduct implementation research to refine models and document successful models across countries to guide scale-up and adaptation for other countries.								x											

SPA 7	Data, knowledge management, and learning		Lead Agency: CARPHA																		
		Recommended actions and tasks	Implementing partners																		
				Q3-26	Q4-26	Q1-27	Q2-27	Q3-27	Q4-27	Q1-28	Q2-28	Q3-28	Q4-28	Q1-29	Q2-29	Q3-29	Q4-29	Q1-30	Q2-30	Q3-30	Q4-30
7.1		Operationalise a robust regional mechanism to consolidate country data for centralised tracking of HIV, STIs, hepatitis, and TB co-infections, enable real-time data sharing, and support cross-country analysis. It must be interoperable with national systems and governed by clear data quality protocols to inform coordinated policy responses and resource allocation across the region.	CARPHA																		
7.1.1		Assess current regional data consolidation mechanisms to identify gaps (including data completeness, interoperability and data quality protocols). Review and agree on the regional indicator set. generate a roadmap for strengthening the mechanism to collect and consolidate required regional data on HIV, STI’s, Hepatitis and TB co-infection.		x																	
7.1.2		Based on 7.1.1, identify challenges in generating, collecting and consolidating country data. Establish agreed processes and agree with countries on the technical assistance they need to enable timely submission of agreed data to the regional mechanism.			x																
7.1.3		Validate the regional mechanism strengthening roadmap with country authorities, including through the NAP Managers Meeting				x															
7.1.4		Implement and track the roadmap to strengthen a robust regional mechanism					x														
7.1.5		Provide technical assistance to priority countries to improve the completeness and quality of reporting to the regional mechanism					x														
7.1.6		Generate annual reports of regional progress against agreed indicator set			x				x				x				x				
7.2		Enhance the accuracy, timeliness, and completeness of surveillance data, including routine monitoring of HIV, STI, viral hepatitis and TB co-infection incidence, prevalence, treatment outcomes, including by investing in training and improving data systems.	CARPHA, PAHO, PANCAP																		
	7.2.1	Use existing assessments to develop a technical assistance roadmap for priority actions to address shared needs for improving surveillance and data systems.		x																	
	7.2.1	Use the roadmap to advocate for updating national surveillance frameworks to explicitly include co-infections and treatment outcomes, aligned with regional and global standards.				x															

	7.2. 2	Develop guidelines for multi-sectoral data coordination bodies that include Ministries of Health, CSOs, academic institutions, and regional partners to guide data priorities and ensure accountability.					x													
	7.2. 3	Develop regional training curricula to train national authorities, health workers and CSOs in surveillance protocols, data quality assurance, and ethical data use.						x												
	7.2. 4	Establish/support mentorship and peer learning networks, through regional data hubs (e.g., CARPHA, CaribData, PANCAP's Knowledge for Health), to build sustainable in-country expertise.			x															
7.3		Establish, support and engage community-led monitoring and feedback mechanisms to improve service quality, investing in tools and capacity to expand these approaches across HIV, pandemic preparedness, and climate-related health risks.	CARPHA, CVC, UNAIDS																	
	7.3. 1	Develop a technical brief to guide understanding of what “community-led” monitoring means for Caribbean countries in each context (e.g., HIV, pandemic preparedness, climate), and how it aligns with national priorities, regional frameworks, and community demands.		x																
	7.3. 2	Conduct a mapping and assessment of current community-led monitoring efforts (e.g., HIV scorecards, climate vulnerability assessments) to generate lessons and assess the potential for scaling.			x															
	7.3. 3	Build on 7.3.2 to compile regional guidance for co-developing monitoring frameworks with communities, using participatory methods to define indicators, feedback loops, and escalation pathways. Ensure tools capture stigma, discrimination, service quality, and climate-health vulnerabilities.					x													
	7.3. 4	Develop regional training materials/technical guidance/framework for peer-led models to build capacity in data collection, analysis, and advocacy among community groups.							x											
	7.3. 6	Advocate for inclusion of community-led monitoring in national health strategies, climate adaptation plans, and donor frameworks and dedicated funding lines.								x										
	7.3. 7	Use CARICOM, PAHO, and climate-health networks to share tools, build solidarity, and influence regional norms.								x										
	7.3. 8	Publish case studies, dashboards, and policy briefs showing how community-led monitoring improves equity and resilience.					x					x								

7.4		Use AI and big data to strengthen real-time monitoring and predictive modeling by integrating clinical, behavioral, geospatial, and social media data. Countries must build technical capacity and ensure governance frameworks support responsible use, data privacy, community consent and non-discrimination.	CARPHA, UWI, CARICOM, PAHO																		
	7.4.1	Convene a regional roundtable with country representation to clarify and agree on objectives: What are the priority problems that AI and big data can help solve (for example, early outbreak detection, service quality monitoring, climate-health forecasting). Agree on what "real-time monitoring and predictive modelling" should deliver within the Caribbean context. Identify high-impact, feasible pilots (e.g., dengue prediction, HIV service gaps, heatwave alerts).				x															
	7.4.2	Inventory existing data (Clinical (EMRs, DHIS2), behavioral (surveys, call centers), geospatial (GIS, satellite), social media (Twitter, Facebook, WhatsApp)), and assess data quality and interoperability, identifying gaps, biases, and duplication.					x														
	7.4.4	Advocate for countries to strengthen data infrastructure and interoperability to link clinical, behavioral, geospatial, and social media data and use standardized data formats and APIs to enable cross-platform integration and real-time analytics.																			
	7.4.5	Develop training programs (building on existing materials) for public health professionals, data scientists, and CSOs in AI tools, data engineering, and ethical data use; partner with regional AI and data science hubs, including private sector firms to share tools and expertise.					x														
	7.4.6	Develop regional guidelines on ethical use of AI use in public health and community consultation and participatory governance in data initiatives.			x																
	7.4.7	Monitor AI performance in countries piloting applications, through feedback loops and regular audits, and share lessons learned across countries via regional platforms						x													
7.5		Prioritise implementation research and programme evaluations to generate practical evidence on what works, for whom, and under what conditions. Share findings across the region to adapt successful models and guide scale-up of effective HIV prevention and treatment approaches.	CARPHA, PAHO, PANCAP, UNAIDS, UWI																		
	7.5.1	Establish a regional research coordination mechanism/TWG, with clear governance, roles and decision-making protocols, to include PANCAP, CARPHA, UWI, CSOs, ministries of health. Build on/align with plans for coordinating and overseeing implementation research under the current Global Fund grant.		x																	

	7.5.2	Develop a regional implementation research agenda aligned with the CRSF, and other regional health and national strategic plans. Prioritize equity-focused questions--what works, for whom, and under what conditions.			x															
	7.5.3	Launch regional training and mentorship programs for government and CSO-led organizations and networks focused on technical capacity in implementation science, participatory evaluation, and data use. Build on actions under the Global Fund grant.				x														
	7.5.4	Develop regional guidance for incorporating evaluations into the design and funding of pilot studies on introduction of innovations, differentiated service delivery, stigma reduction, private-public partnerships and digital health modalities.				x														
	7.5.5	Use annual regional learning fora to share results, lessons learned, and promising practices and facilitate cross-country adaptation and scale-up of successful models.					x													
	7.5.6	Advocate for dedicated implementation research funding in national budgets, regional donor-funded programs and donor/international partner strategies.			x															