CARIBBEAN REGIONAL STRATEGIC FRAMEWORK ON HIV AND AIDS (CRSF)

2019-2025

PAN CARIBBEAN PARTNERSHIP AGAINST HIV AND AIDS (PANCAP)

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ACRONYMS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CCH	Caribbean Cooperation in Health
COHSOD	Council for Human and Social Development
CRSF	Caribbean Regional Strategic Framework on HIV and AIDS
CSO	Civil society organisation
CVC	Caribbean Vulnerable Communities Coalition
EMTCT	Elimination of mother-to-child transmission
FBO	Faith-based organisation
FSW	Female sex worker
GAM	Global AIDS Monitoring
GDP	Gross domestic product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI	Human development index
HIV	Human immuno-deficiency virus
HSS	Health systems strengthening
KP	Key population
M&E	Monitoring and evaluation
MSM	Men who have sex with men
MTCT	Mother to child transmission
NAP	National AIDS Programme
NCDs	Noncommunicable diseases
OECS	Organisation of Eastern Caribbean States
OI	Opportunistic infection
PACC	Priority Areas Coordinating Committee
PAHO	Pan American Health Organisation
PANCAP	Pan Caribbean Partnership against HIV and AIDS
PBOP	PANCAP Biennial Operational Plan
PCU	PANCAP Coordinating Unit
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHCO	PAHO HIV Caribbean Office
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-Exposure Prophylaxis
PSM	Procurement and supply management
RPG	Regional public good
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SW	Sex worker
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
WHO	World Health Organisation

PREFACE

It is with pleasure that I acknowledge the Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) 2019-2025 as an important landmark in the history of PANCAP. The CRSF provides essential guidelines that build on the already illustrious achievements of a Partnership deemed by UNAIDS to be an international best practice. Most appropriate is its vision of a Caribbean free of AIDS and new HIV infections, in which all people are happier, healthier, productive, safe and respected, complemented by a mission to stimulate the critical role of country programmes that empower Caribbean people to fulfill their potential and live happy, healthy, peaceful lives.

The CRSF highlights policies and programmes to accelerate progress for achieving the UNAIDS scientific 90-90-90 targets to Test, Treat and Defeat AIDS, to which the region has committed. These are aligned to strategies for reviving the momentum with prevention, refocusing resources towards differentiated, comprehensive combination prevention interventions; and rekindling the zeal for public education to drive new infections downwards in the general population.

I am pleased that the major elements of this framework recognize that while HIV must be situated within the broader integrated health agenda consistent with Sustainable Development Goal #3, there are specific considerations for improved understanding of the epidemic and knowledge sharing. It promotes better integration of civil society partners in the regional and national responses; improved reach into key populations of sex workers and men who have sex with men; and incorporation of the underserved and marginalized, such as migrants, the differently abled and transgender people.

PANCAP's unique multi-sectoral leadership is more important than ever to confront areas where action has been too slow. It provides bold, clear policy direction on issues that are of critical importance to the public health response and which infringe on the rights of Caribbean people. By focusing on the unfinished agenda from PANCAP's Justice for All Roadmap, the CRSF makes provision for continued engagements with faith leaders, parliamentarians, youth, the private sector and key populations. Among the major mechanisms identified are political and technical leadership for bold and innovative action, critical programme and social enablers; accessible, equitable, high-quality laboratory and testing services, comprehensive combination prevention programming; effective, high-impact interventions to improve treatment outcomes; evidence-informed decision-making to improve impact; and resourcing for sustainability. It is to be noted that as a result of the high-level advocacy and engagement, which I had the honour to chair, PANCAP secured a commitment from CARICOM Ministers of Finance, at the 18th Meeting of the Council of Finance and Planning held on 4th July 2018 in Jamaica, to provide the budgetary support required to fill the financing gaps for HIV.

It is reassuring that CRSF 2019-2025 will be operationalized through two-year timelines with reconcilable national and regional action plans. In this way, it establishes clearly defined priority actions, roles and responsibilities, timeframes and lines of accountability. Equally important are the provisions made for monitoring and evaluation designed to minimize the reporting burden on countries, yet offering the assurance of scrupulous oversight of the process.

I offer my congratulations to PANCAP Leadership - the Priority Areas Coordinating Committee (PACC), and the PANCAP Executive Board for masterminding the consultative process involving a wide cross-section of stakeholders that has resulted in these profound guidelines for action over the next six years. What guarantees the viability and prospects for success is that the CRSF is rooted in several regional and international mandates. Among them are the UN 2030 SDGs, the PAHO Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections (2016-2021), The Caribbean Community (CARICOM) Strategic Plan 2014-2019, The Caribbean Cooperation in Health (CCH IV) and The Call for Action of the Third Latin America and Caribbean Forum "Road to Ending AIDS in LAC-Towards Sustainable Regional Fast Track Targets".

I have high expectations that with bold leadership, shared responsibility and country ownership, this CRSF will pave the way for achieving ambitious prevention and treatment targets, addressing the social determinants of health, reducing vulnerability and barriers, increasing access to equitable health outcomes and realizing gender justice. These are all enablers for ending the AIDS epidemic.

Dr. The Honourable Timothy Harris

Prime Minister, St Kitts and Nevis, Lead Head for Human Resources, Health and HIV and Chair of PANCAP

EXECUTIVE SUMMARY

The Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) 2019-2025 articulates the vision and collective priorities of Caribbean states and their partners through their membership in the Pan Caribbean Partnership Against HIV and AIDS (PANCAP). For almost two decades, PANCAP has provided leadership and regional public goods to advance member states' efforts against HIV. The Caribbean regional response has rallied the diverse expertise and resources of partners, across sectors and at all levels, to establish effective ways of working to complement and augment national programmes. Progress towards ending the HIV epidemic in the region has been steady but slowing in recent years.

Strengthened national programmes have delivered clear gains in increasing treatment coverage rates, especially for HIV positive pregnant women to prevent mother-to-child-transmission and congenital syphilis, and seven Caribbean countries have eliminated vertical transmission of both HIV and syphilis. These achievements have been enabled by such regional public goods as pooled procurement to provide more affordable access to medicines, shared capacity, and technical assistance from regional agencies. Even so, many countries continue to be challenged to link people testing positive to treatment programmes and to retain them in care, and the region is far from achieving desired viral suppression outcomes. In countries such as Haiti, the challenge of people lost to follow-up has reached crisis level.

Improved understanding of the epidemic and knowledge sharing, along with better integration of civil society partners in the regional and national responses, has improved reach into key populations of sex workers and men who have sex with men (MSM), while others, such as migrants and transgender people, remain underserved. Although new infections have decreased, the rate of decline is too slow, and the Caribbean is far from achieving the 90-90-90 targets[1] to which the region has committed. The Caribbean lost its momentum with prevention and major gaps are common across countries, suggesting the need to focus resources on differentiated, comprehensive combination prevention interventions to reach not only key populations, but also the low-risk segments of the general population that are driving new infections.

Caribbean countries continue to face complex cultural, social and economic issues that drive the epidemic and function as barriers to services and good health-seeking behaviours. PANCAP has long acted on the recognition that resolutions to entrenched, sensitive cultural issues such as stigma and discrimination, punitive legal frameworks, disparities in legal age of consent and the implementation of comprehensive sexuality education, lend themselves to regional approaches to engage political leaders and the faith community to stimulate national level change. Over the years, the regional response has redoubled efforts to address these issues through advocacy and dialogue, and by strengthening inclusion of diverse civil society networks and supporting capacity building to improve their effectiveness. PANCAP's efforts have contributed to increased recognition, across the region, of the importance of a rights-based and holistic approach to health that prioritizes equitable access and the dignity and well-being of all Caribbean people. While this is not to be diminished, progress towards legislative and policy reform has been less forthcoming. Against this backdrop, the persistent challenge of new infections necessitates a hard look at efforts to address the social, cultural and economic drivers of the epidemic. The fourth iteration of the CRSF stands on the firm commitment of the partnership to learn from successes and failures in order to jumpstart the political action needed to get on track for the 90-90-90 targets and achieve the vision of a **Caribbean free of AIDS and new HIV infections, in which all people are happier, healthier, productive, safe and respected.**

[1] The UNAIDS Fast Track targets include: Identify and test 90% of key populations by 2020; Treat 90% of people diagnosed with HIV by 2020; Retain 90% of people diagnosed with HIV on antiretroviral therapy by 2020.

PANCAP's unique multi-sectoral leadership is more important than ever to confront areas where action has been too slow in coming and to provide bold, clear policy direction on issues that are of critical importance to the public health response and which infringe on the rights of Caribbean people. In light of a strengthening movement to challenge punitive laws through strategic litigation, PANCAP's support is needed to help mitigate conservative backlash to successful outcomes of such legal action. Strategic cross-sectoral engagement, at both the regional and national levels, is critical to ensure that our young people can benefit from advances in HIV and sexual and reproductive health services, and to promote and protect their right to health. In particular, the region must resolve discrepancies around the age of consent and prohibitions on access to health services for minors; criminalization of consensual sexual exploration between young people of similar age; and the inability to adequately implement comprehensive sexuality education programming in a context in which the age of sexual debut is typically lower than the age of consent and rates of sexual and gender-based violence continue to be among the highest in the world.

As donor funding declines and following a devastating 2017 hurricane season, the substantial investment of member countries in sustaining HIV programming and scaling up treatment is no small achievement. PANCAP will continue to bolster regional resource mobilization efforts through implementation of its updated resource mobilization strategy and support for the implementation of national sustainability plans. Regional assessments and evaluations present the opportunity to better target focused investments to where new infections are most widespread and to leverage global progress in the development of new and effective tools and approaches. National programme managers are leading the way and support from political leaders and other sectors is crucial to scale and sustain initiatives, such as pre-exposure prophylaxis (PrEP), that are being piloted in some countries.

To this end, the CRSF 2019-2025 provides high-level guidance to ensure that resources are directed towards effective interventions that maximize the impact of regional efforts and provide good value for money. Developed through a consultative process, the CRSF 2019-2025 articulates the mission, vision and collective objectives of Caribbean member states and regional partners, as well as consensus on the strategies that are needed to achieve these, in the following seven priority areas:

1. Political and technical leadership for bold and innovative action
2. Critical programme and social enablers
3. Accessible, equitable, high-quality laboratory and testing services
4. Comprehensive combination prevention programming
5. Effective, high-impact interventions to improve treatment outcomes
6. Evidence-informed decision-making to improve impact
7. Resourcing for sustainability

Strategies within each area provide clear guidance and represent the best regional thinking on what needs to be prioritized and achieved over the next six years, bearing in mind variations in levels of country capacity and development. The CRSF 2019-2025 will be operationalised through two-year plans which will complement national strategies by focusing on regional actions and regional public goods and services. Operational plans will define priority actions, roles and responsibilities, timeframes and lines of accountability. A monitoring and evaluation framework, designed to minimise the reporting burden on countries, will ensure the region is progressing towards the achievement of expected results. Oversight of the implementation of operational plans will be the responsibility of the Priority Areas Coordinating Committee (PACC), which reports to the PANCAP Executive Board.

1.0 INTRODUCTION

The Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) articulates the vision and collective priorities of Caribbean states and their partners, through their membership in the Pan Caribbean Partnership Against HIV and AIDS (PANCAP). The PANCAP regional response provides political and technical leadership for member countries to access the additional expertise, technology, and resources they need for a comprehensive HIV response. A core premise is the centrality of national ownership of an inclusive multi-sectoral response articulated through national strategies, while the regional agenda prioritizes regional public goods to address shared needs and common priorities.

The CRSF 2019-2025 is a framework for policy development and implementation that brings together international guidance, regional technical expertise and a sound understanding of regional epidemic dynamics to enable a harmonized approach by PANCAP members and partners – countries, regional technical agencies, civil society organisations and networks, and international donors. It represents consensus among partners to guide regional and national efforts for sustainable health and development. In addition to establishing guiding principles for the regional response, the CRSF identifies strategies for achieving better health outcomes and the end of the HIV epidemic in the Caribbean.

HIV remains a priority public health challenge for the Caribbean. The region has fallen short of the global 90-90-90 targets as countries continue to grapple with unsustainable economic and social costs of undiagnosed and untreated HIV. Ending the HIV epidemic requires ensuring that all people receive high-quality health and social protection services without experiencing financial hardship. Both new tools and proven models must be aggressively employed to target new infections and close prevention, treatment and viral suppression gaps. To this end, the CRSF 2019-2025 promotes a people-centred, human rights-based and holistic approach through integrated health systems and multi-sectoral partnerships to meet the needs of the Caribbean people.

This document describes the Caribbean Regional Strategic Framework on HIV and AIDS 2019-2025. **Chapter one** summarizes the global and regional context for the new CRSF. **Chapter two** presents a situational analysis with updated epidemiological profile and a discussion of critical political, social and economic factors. **Chapter three** describes the PANCAP regional response to date, highlighting key achievements, challenges and gaps. **Chapter four** describes the mission, vision and objectives of the CRSF 2019-2025 and recommended strategies in seven priority areas. **Chapter five** presents an overview of implementation arrangements and implementation will be monitored and evaluated.

Responding to the evolving Caribbean context

- The **CRSF 2002-2006** focused on institutional strengthening of core PANCAP partners to provide technical assistance to countries and develop regional capacity.
- The **CRSF 2008-2012** emphasized regional public goods and services to meet the needs articulated by countries in their national strategic plans.
- The **CRSF 2014-2018** identified concrete expected outcomes in six priority areas: enabling environment; shared responsibility; prevention of HIV transmission; care, treatment and support; integration; and sustainability.

PANCAP 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 mobilization, high level advocacy and capacity building. An internationally recognized 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 mobilization, technical capacity, knowledge sharing and peer learning.

1.1 International and Regional Commitments

The CRSF 2019-2025 is framed by global and regional development and health agendas.

The **Sustainable Development Goals (SDGs)** provide a mandate for integrated and holistic development efforts, including Target 3.3 among the health goals under SDG 3, to end the AIDS epidemic by 2030. The Caribbean recognizes that people affected by HIV face multiple vulnerabilities and the epidemic cannot be ended without addressing social determinants and the holistic health and development needs of our people. By advancing a multi-sectoral, multi-stakeholder approach to address human rights and to strengthen sustainable health and community systems, the regional response is committed to leveraging strategic intersections across the SDG agenda.

The **UNAIDS Fast Track strategy** provides guidance on far-reaching, people-centred goals and targets for achieving the 2030 ambition of ending the AIDS epidemic. The strategy recognizes the need for locally tailored responses within a framework that fosters regional and local leadership and accountability. The global Fast Track targets include:

- Reduce new infections by 75% by 2020 and 90% by 2030
- Identify and test 95% of key populations by 2030 (90% by 2020)
- Treat 95% of people diagnosed with HIV (90% by 2020)
- Retain 95% of people diagnosed with HIV on antiretroviral therapy by 2030 (90% by 2020)
- Achieve zero discrimination by 2020
- Eliminate new infections among children by 2020.

The **PAHO Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections (2016-2021)** sets out strategic interventions and actions to be implemented to strengthen and expand the prevention and control of HIV and STIs in order to eliminate these infections as public health threats by 2030. The Plan of Action directly supports the achievement of the UNAIDS prevention, care and treatment targets, as well as the global target for the dual elimination of HIV and syphilis, which now includes the elimination of viral hepatitis[2] and is linked to HIV prevention services.

The **Caribbean Community (CARICOM) Strategic Plan 2014-2019** envisions a Caribbean Community that is integrated, inclusive and resilient; driven by knowledge, excellence, innovation and productivity; in which every citizen is secure and has the opportunity to realize his or her potential with guaranteed human rights and social justice; and contributes to, and shares in, its economic, social and cultural prosperity. As the strategy seeks to ensure economic, social, environmental and technological resilience within the region, HIV and other critical health issues are addressed under the priority area of Building Social Resilience.

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. While the overall health situation has improved over the last two decades, the region faces complex health challenges: population ageing, urbanization, climate change, violence, and changing lifestyles. Economic challenges facing states include inadequate public health infrastructure and unsustainable costs of treating communicable diseases and the epidemic of non-communicable diseases.

The **Call for Action of the Third Latin America and Caribbean Forum "Road to ending AIDS in LAC-Towards Sustainable Regional Fast Track Targets,"** endorsed by Caribbean countries, reiterates the need for increasing public expenditure on health to sustain responses and achieve epidemic control. Through its high-level advocacy and engagement, PANCAP secured a commitment from CARICOM

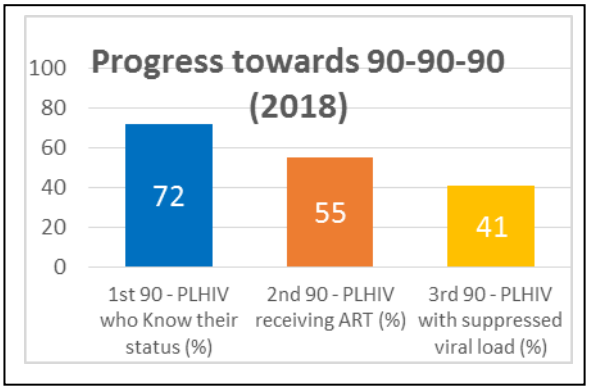
[2] Plan of Action for the Prevention and control of Viral Hepatitis approved by PAHO Member States in 2016.

Ministers of Finance, at the 18th Meeting of the Council of Finance and Planning held on 4th July 2018 in Jamaica, to provide the budgetary support required to fill the financing gaps for HIV.

2.0 SITUATIONAL ANALYSIS

2.1 Epidemiology

The Caribbean has made significant progress over the last decade. Despite overall gains, however, the pace of progress has not been sustained. As a result, countries continue to contend with the unfinished agenda of ending HIV transmission and achieving the **90-90-90 targets**. The estimated number of people living with HIV has increased from 310 000 [260 000–420 000] at the end of 2017 to 337 438 in 2018. Among these, **72% [60-86%] knew their status in 2018, 55% [41-67%] were on treatment, and 41% [28-52%] were virally suppressed (UNAIDS, 2019).**



Progress has been slow and large gaps persist across the HIV testing and treatment cascade. The number of people living with HIV who require diagnosis and care has increased and currently stands at 59 800, with a gap of 86 500 people to reach the first and second 90s, and 109 000 to reach all three 90s. In many countries, men lag behind women, particularly in knowledge of their status.

Notable successes

Guyana has achieved the first 90.

Cuba, Haiti and Surname have achieved the second 90

Barbados and Suriname have achieved the third 90

Prevention

Most Caribbean countries have policies for the delivery of at least five of the nine WHO-recommended prevention services to gay men and other men who have sex with men, transgender women and female sex workers. Only one country had public policies to deliver all nine services to female sex workers, and none had policies for gay men and other men who have sex with men or transgender women.

Figure 1. Percentage of countries providing a minimum combination prevention package

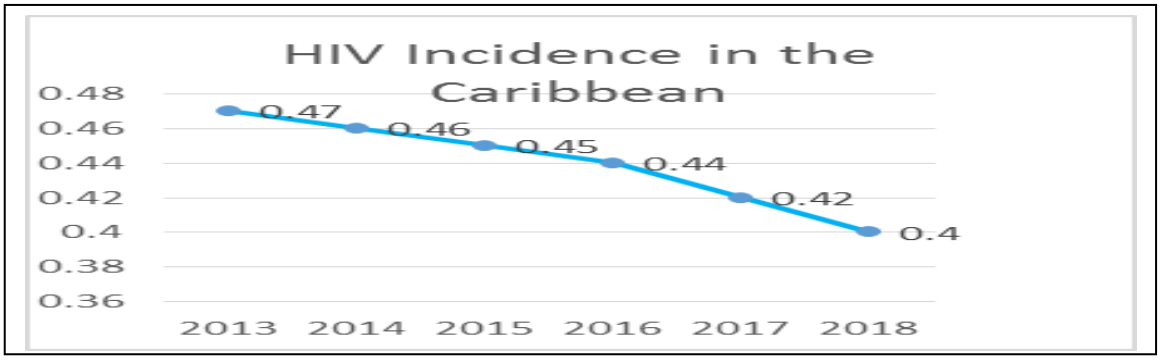
Caribbean (n=14)	MSM	Female SWs	TG Women
HIV Testing and Counselling	100%	93%	85%
STI diagnosis and treatment	79%	80%	69%
PrEP	8%	19%	19%
PEP	46%	22%	33%
Condoms	100%	100%	77%
Lubricants	100%	92%	91%
ART for all	93%	86%	93%
Peer-led community outreach activities	100%	85%	82%
Sexual Health Information and Education	100%	100%	90%
Number of countries with public policies for delivery of all 9 services	0	1	0
Number of countries with public policies for delivery of 5 to eight services	12	10	10
Number of countries with public policies for four services or less	4	5	6
Percentage of countries with public policies for delivery of all 9 services	0%	6%	0%
Percentage of countries with public policies for delivery of 5 to eight services	75%	63%	63%
Percentage of countries with public policies for four services or less	25%	31%	38%

Available data point to implementation challenges:

- Levels of condom use at last sex with a non-regular partner among young men (aged 15–24 years) ranged from 67% (Belize) to 79% (Jamaica);
- Among young women (aged 15–24 years), the range was 49% (Dominican Republic) to 57% (Jamaica).
- Data on adolescents suggest that they are highly vulnerable because of early and forced initiation of sex;[3] high pregnancy rates;[4] low level of knowledge about HIV prevention.[5]
- The Bahamas and Barbados were the only countries providing pre-exposure prophylaxis (PrEP) through the public health system in 2018, although PrEP is available through private providers in Dominican Republic, Jamaica, Haiti and Suriname.

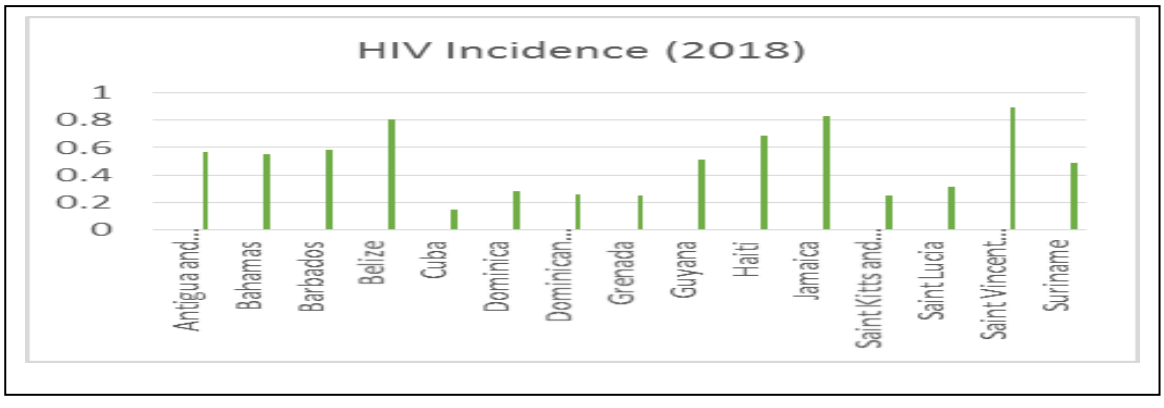
Incidence

Incidence in the Caribbean has been relatively stable, declining too slowly over the past 5 years. There is evidence of increasing new infections in Belize, Suriname and Guyana, and among the male population.[6]



There is no data available for hepatitis B or C incidence, except that the prevalence of HBV among 5-year-old children is between <1% in all Caribbean countries as estimated in 2019 by WHO.

Countries with highest incidence and above regional average are Saint Vincent, Belize, Jamaica and Haiti.



[3] CARICOM Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean, 2014

[4] Ibid.

[5] UNAIDS 2014

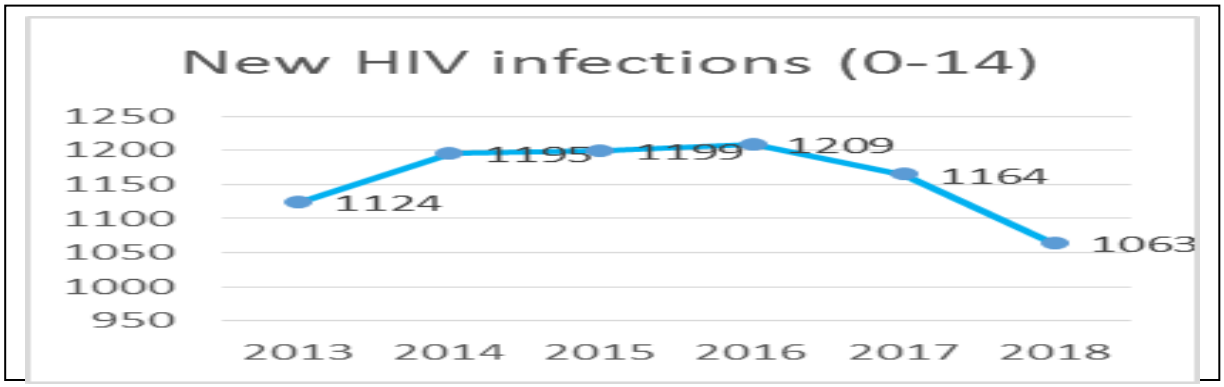
[6] http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf

New infections

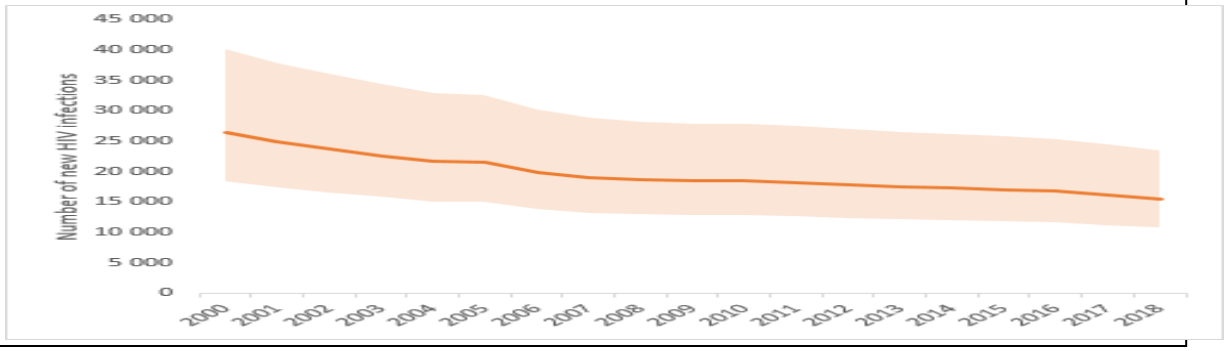
New HIV infections among adults in the Caribbean declined by about 16% between 2010 and 2018, from 19 000 [14 000–31 000] to 16 000 [11 000 – 24 000]. The rate of decrease is slowing, from an 18% reduction in 2017.

Beginning in 2016, **the region successfully reversed the trend of increasing new infections in children aged 0-14 years,** and the rate of decrease has improved over the two-year period.

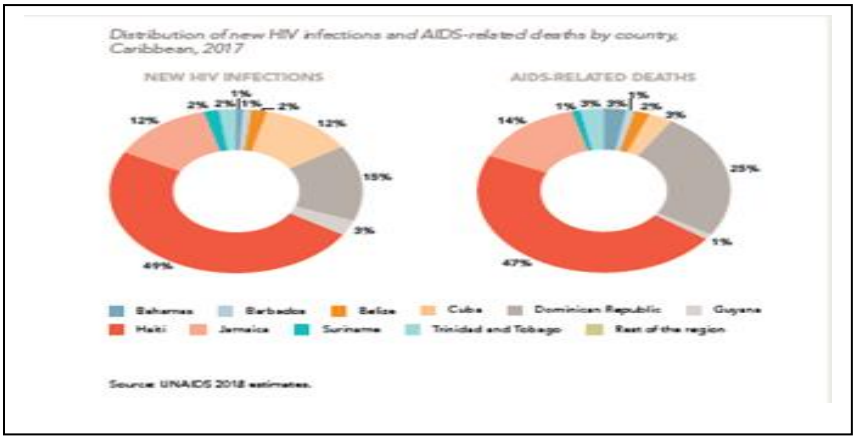
New infections among children under 14 are disproportionately high in Haiti, about 850 compared to under 100 in the Dominican Republic, with the next highest number.



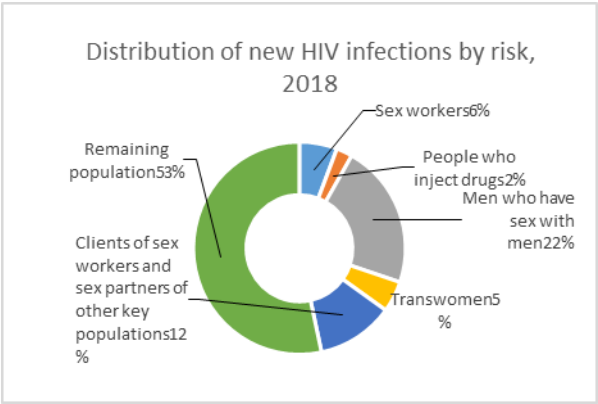
Number of new HIV infections, 2000–2018



Nearly 90% of new infections in the Caribbean in 2017 occurred in four countries—Cuba, Dominican Republic, Haiti and Jamaica. Haiti and Jamaica are among the 30 countries identified by UNAIDS as contributing to 89% of new infections globally.[7]



[7] https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf



Source: UNAIDS special analysis, 2019

The proportion of new infections occurring among members of key populations and their sexual partners has decreased markedly from 68% in 2017 to 47% in 2018. Nevertheless, nearly a quarter (22%) of new infections occur among gay men and other men who have sex with men, and the proportion of new infections among transgender people has risen from 1% to 5%.

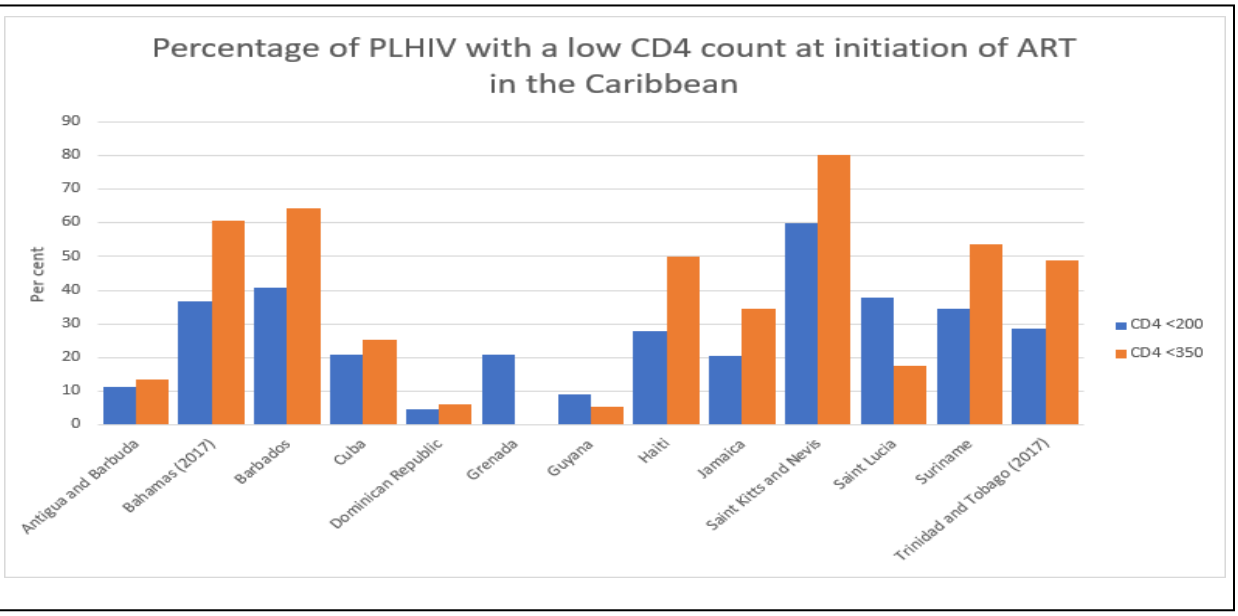
While KPs and their sexual partners represented two thirds of new infections in the region in 2017, **more than half of new infections in 2018 (53%) occurred among the general population, considered to be at low risk**.

Diagnosis

The Caribbean is not doing well with early diagnosis. In 5 countries, 50% or above of those newly diagnosed had a CD4 count of under 350 cells per mm.[3] This was highest in Grenada, where 80% presented with CD4 count of under 350 cells per mm[3] and 60% had advanced HIV disease (CD4 < 200 cells). In 10 countries, over 20% of people living with HIV had advanced HIV disease at diagnosis. Late diagnosis for HIV is more common in men than in women.

Early infant diagnosis also varies considerably between countries: Antigua and Barbuda (validated as having eliminated mother- to-child transmission of HIV) achieved 100% of infants receiving HIV testing in the first 4 to 6 weeks of life, along with Dominica and Grenada. Elsewhere, rates vary between 46% and 71%.

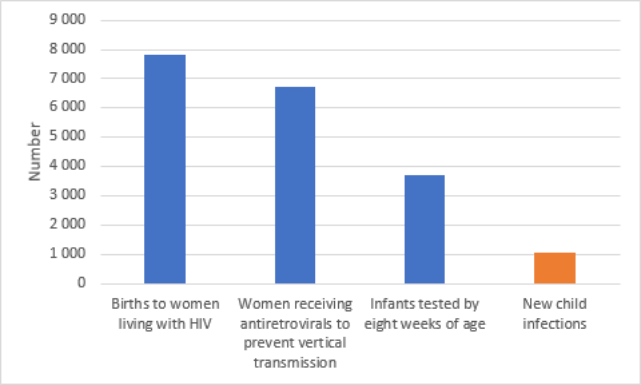
Knowledge of status ranged from 44.3% to 97.5% among gay men and other men who have sex with men and from 51% to 92.8% among sex workers.



Elimination of mother-to-child transmission

By 2017, **seven countries and island states in the Caribbean had been validated as having achieved dual elimination of mother-to-child transmission of HIV and syphilis**: Anguilla, Antigua and Barbuda, Bermuda, the Cayman Islands, Cuba, Montserrat and Saint Kitts and Nevis. In 2018, the rate of mother-to-child transmission increased slightly to 14% [10–16%] from 13.3% in 2017, alongside a decline in coverage of early infant diagnosis from 48% in 2017 to 47% [40–59%]. **The number of pregnant women living with HIV in 2018 receiving antiretroviral prophylaxis increased significantly to 86% [68–>95%] (effective regimen 2010-2018) from 75% in 2017.**

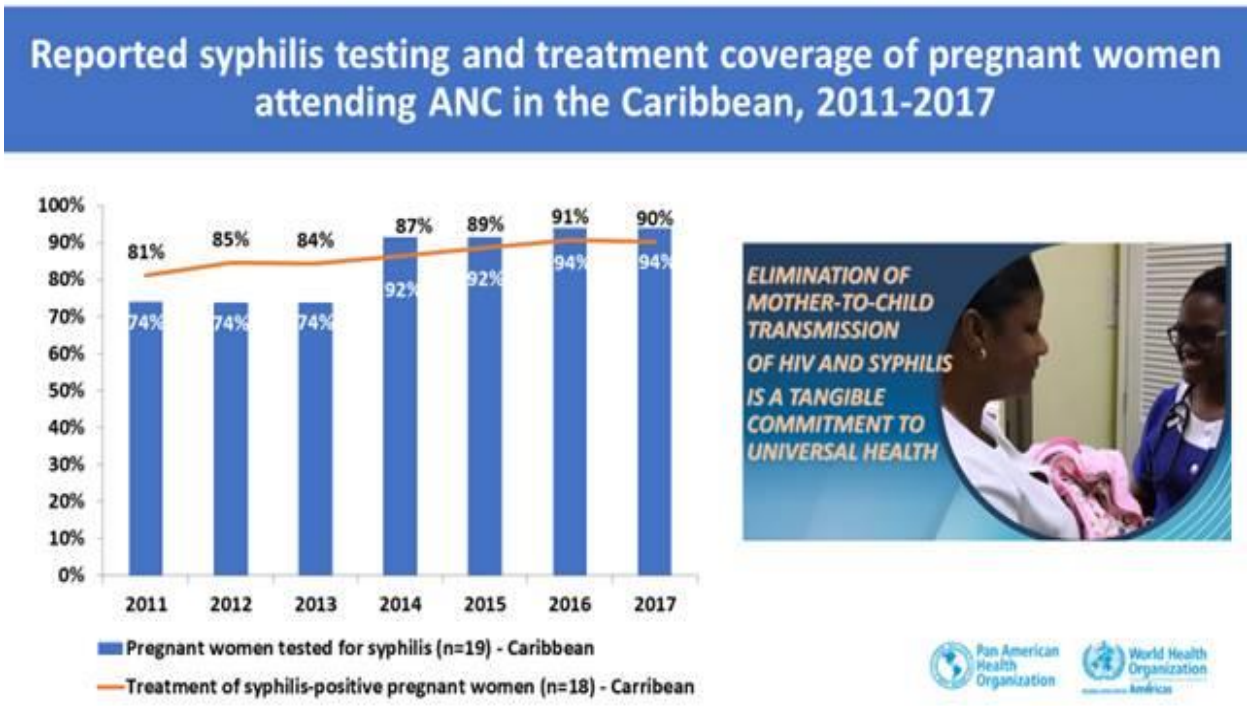
Cascade for preventing vertical transmission and transmission rate, 2018



Source: UNAIDS 2019 estimates; 2019 Global AIDS Monitoring.

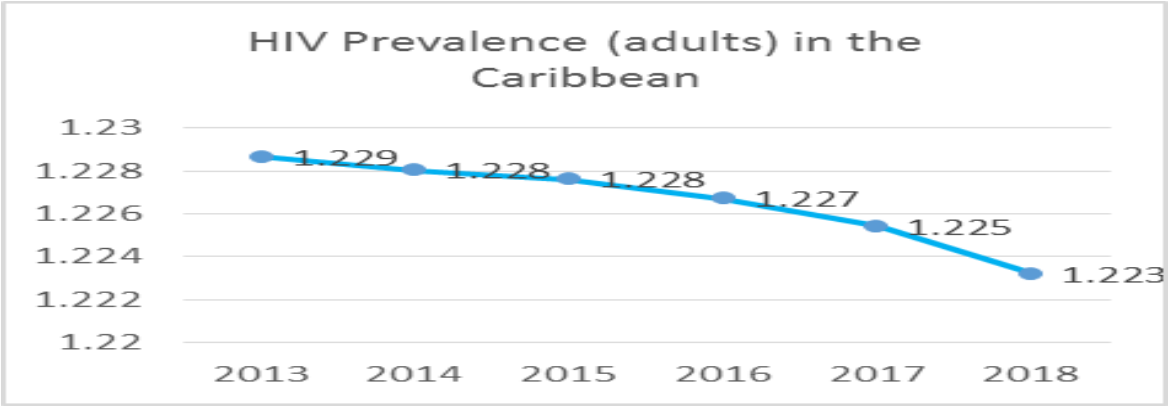
While the prevalence of HBV is lower among 5-year-old children, indicating a low rate of maternal-child transmission of HBV, Caribbean countries prevalence is estimated between 0.08% and 0.58%. In 2019, **only one country was estimated to have reached the 0.1% elimination of maternal child hepatitis B transmissio**n, indicating ongoing transmission in the vast majority of Caribbean countries.

Rates of testing of pregnant women for syphilis in the Caribbean are high, with the region achieving 90% coverage by 2017. Treatment coverage of syphilis positive women has reached 94%, increasing significantly from 81% in 2011.



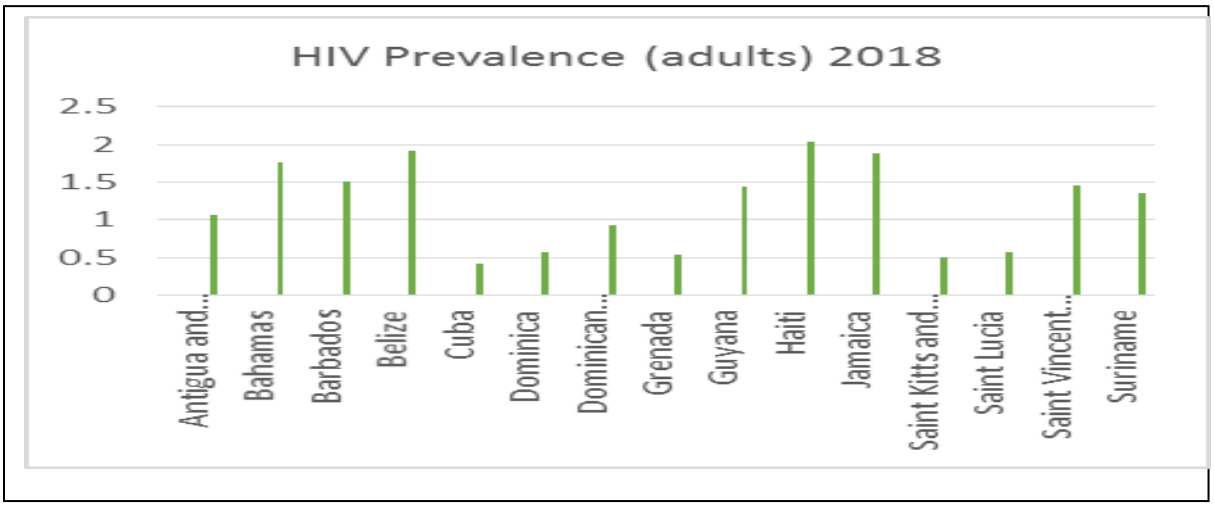
Prevalence

HIV prevalence has remained at 1.2%, with very small annual declines recorded from 2014-2018.



* Does not include Trinidad and Tobago

In 2018, prevalence among adults was highest in Haiti, Belize, Jamaica and The Bahamas.

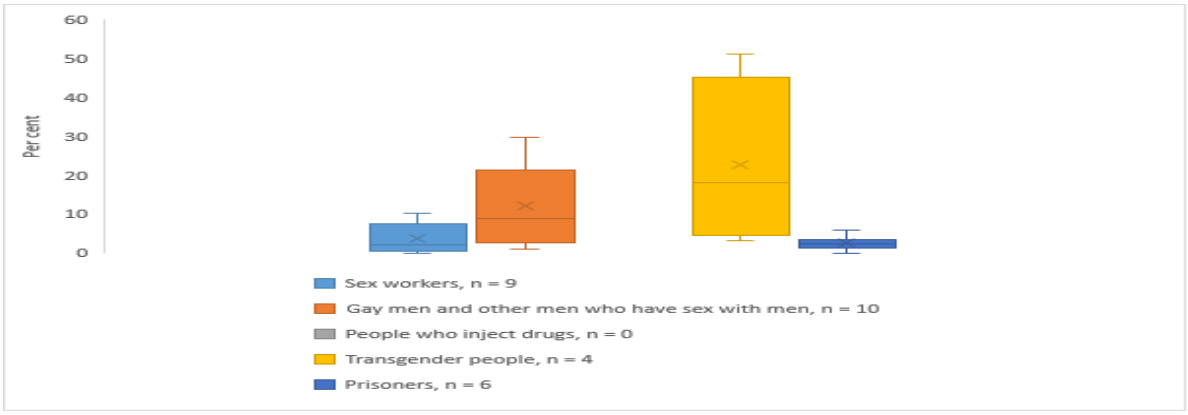


Prevalence is significantly higher among transgender people (51%), and among gay men and other men who have sex with men. It exceeded 12% in half of 10 reporting countries, with **three** reporting prevalence over 20%. High HIV levels appear among persons who use drugs (PWUD) populations, but data are scarce. Drug use is frequently associated with sex work, particularly among transgender persons.[8] Initial evidence finds HIV prevalence of 7.5% in crack cocaine users engaged in transactional sex in Saint Lucia;[9] and high prevalence was found among PWUD in the Dominican

[8] CVC/COIN. 2014. Analysis of the HIV Response for Gay Men, Transgender Persons and other Men who have Sex with Men (GTM) and Persons Who Use Drugs (PWUD). Haiti, Guyana and Suriname, p. 67.

[9] L. Norman and M. Day. *Non-Injecting Crack-Cocaine Use and HIV Risk in Castries, Saint Lucia, National Institute on Drug Abuse,* Abstract. p. 1. Available at: http://www.drugabuse.gov/international/abstracts/non-injecting-crack-cocaine-use-hiv-risk-in-castries-saint-lucia.

Republic.[10,11] Young key populations remain at particularly high risk with reports of estimated HIV prevalence among gay and bisexual adolescent boys as high as 14%, and in transgender adolescents is estimated to be 27%.[12]

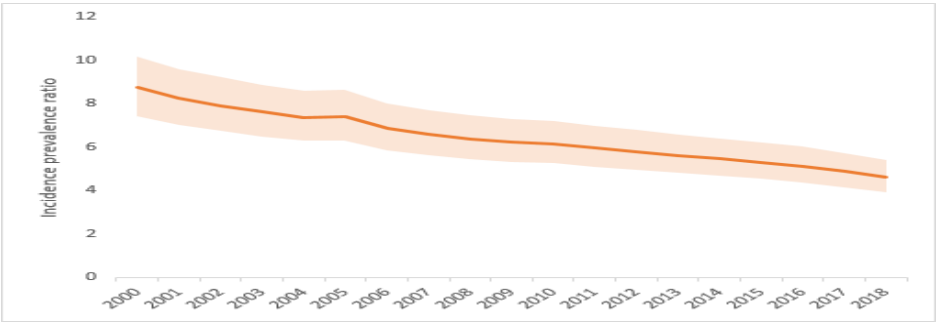


Source: UNAIDS Global AIDS Monitoring, 2014–2018.

PAHO estimated there were **280 000 people living with hepatitis B and 48 000 living with hepatitis C in the Caribbean in 2016**, excluding Hispaniola and Cuba. The prevalence of HIV among individuals with hepatitis B or C is likely higher than in the general population. In addition, given similar routes of transmission, the prevalence of hepatitis B and C is higher in HIV key populations, although little empirical data is available from Caribbean countries.

Incidence: prevalence ratio

The **region's incidence: prevalence ratio continues to decrease, but very slowly,** reaching 4.6% [4.0–5.4%] in 2018, and still well above the target value of 3.0% for epidemic control.



Incidence: prevalence ratio 1990–2018

[10] ONUSIDA (2012) Vulnerabilidad e Invisibilidad de las personas usuarias de drogas ante el VIH y Sida: Estudio Cualitativo sobre uso de drogas y riesgo de contagion de VIH, Instituto Dermatologico Dominicano de Cirugia de Piel, y Programa Conjunto de las Naciones Unidas sobre VIH/SIDA, p. 8.

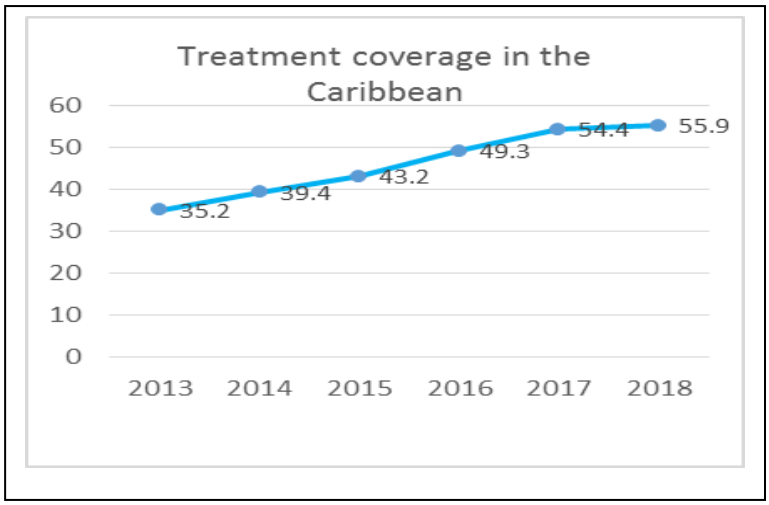
[11] CONAVIHSIDA (2012) 2ª Encuesta de Vigilancia de Comportamiento con Vinculación Serológica en Poblaciones Claves: Gais, Trans y Hombres que tienen sexo con hombres (GTH), Trabajadoras Sexuales (TRSX), Usuarios de drogas (UD). p. 76.

[12] Jamaica National HIV/STI Programme, 2014

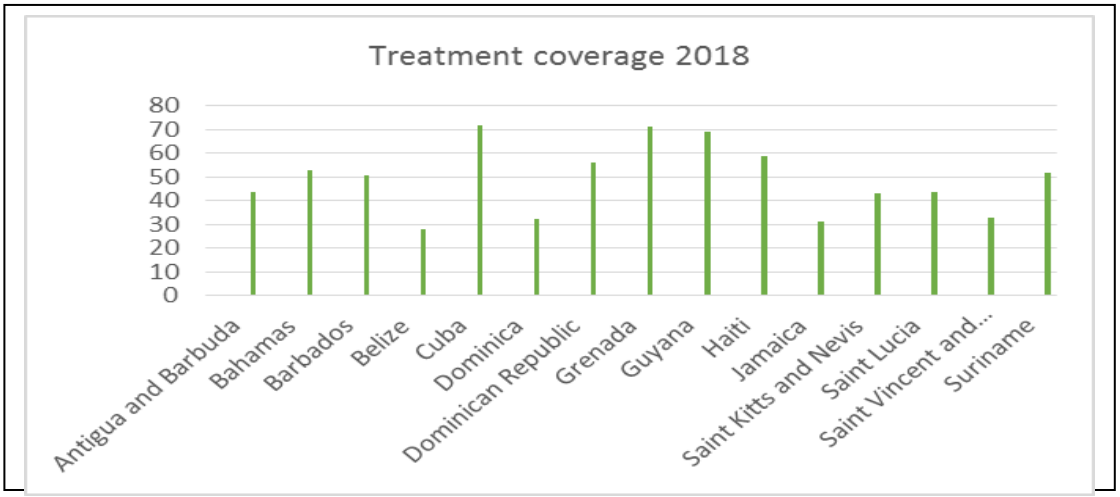
Treatment coverage

Treatment coverage has dramatically improved in the region, with 70% of eligible people living with HIV receiving ARVs. In 2018, about 55% of all people living with HIV were accessing treatment, up from 35% in 2013.

In 2018 there was virtually no hepatitis B treatment available, despite Tenofovir being already available for hepatitis B. New direct acting antivirals for hepatitis C were registered through the Caribbean Regulatory System in late 2018 and may become available in selected Caribbean countries beginning in 2019.



Countries achieving the highest treatment coverage are Cuba, Grenada, Guyana, Haiti and Dominican Republic.

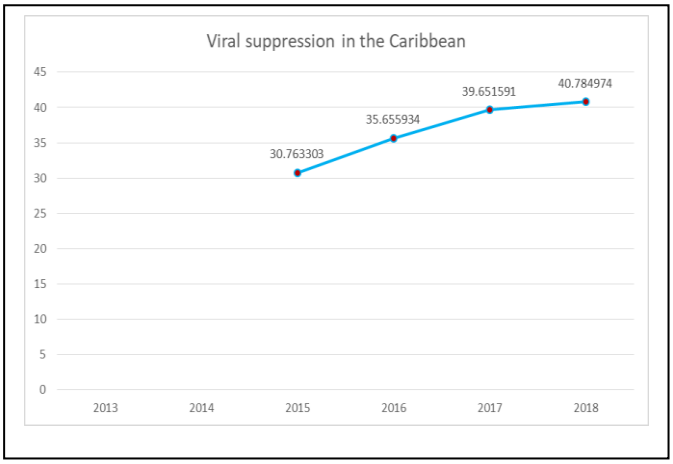


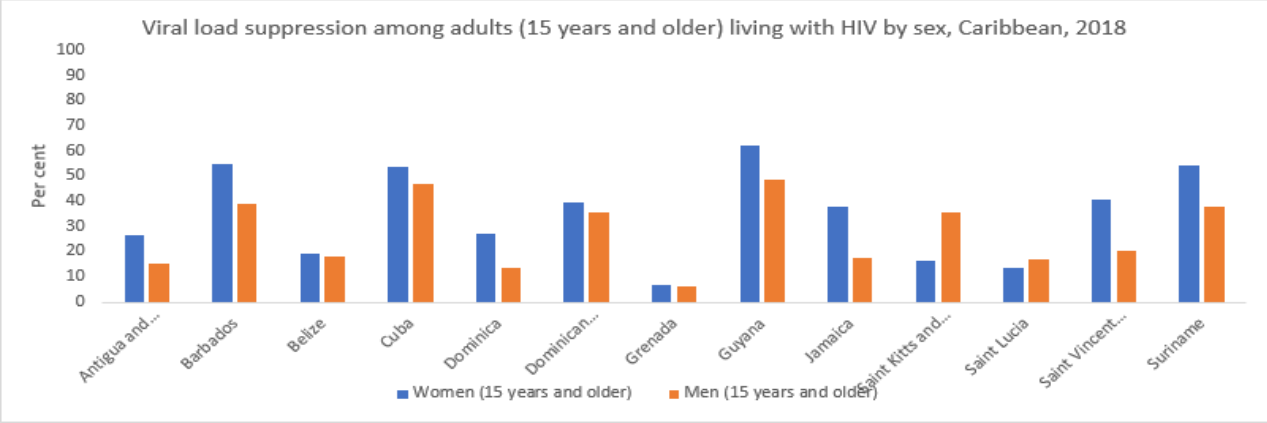
Viral suppression

Although treatment coverage has expanded in most countries, low adherence rates continue to drive poor treatment outcomes and are a major obstacle to achieving epidemic control.

The regional average viral suppression rate has been slowly rising, but is still way too low, at about 41%.

Rates remain well under 50% in much of the region, and viral suppression is considerably higher among women over the age of 15 living with HIV than among men. Countries achieving higher than 50% viral suppression include Guyana, Cuba, Barbados and Suriname.

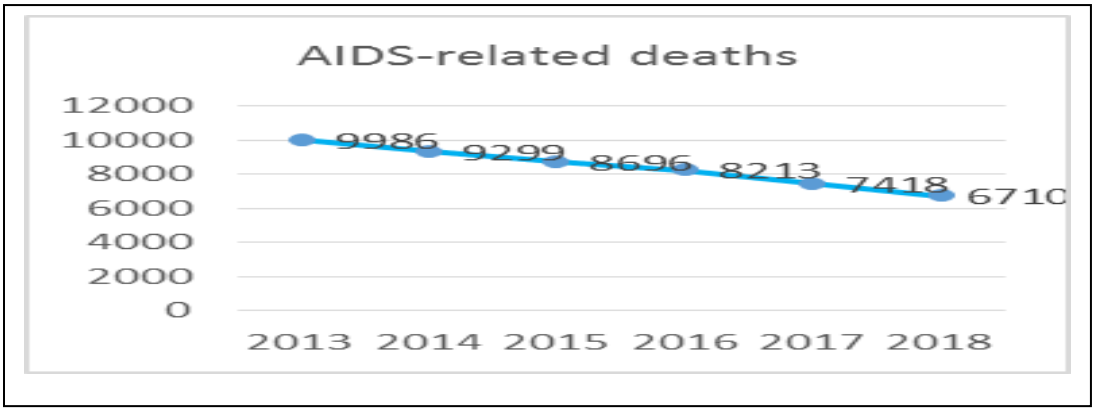




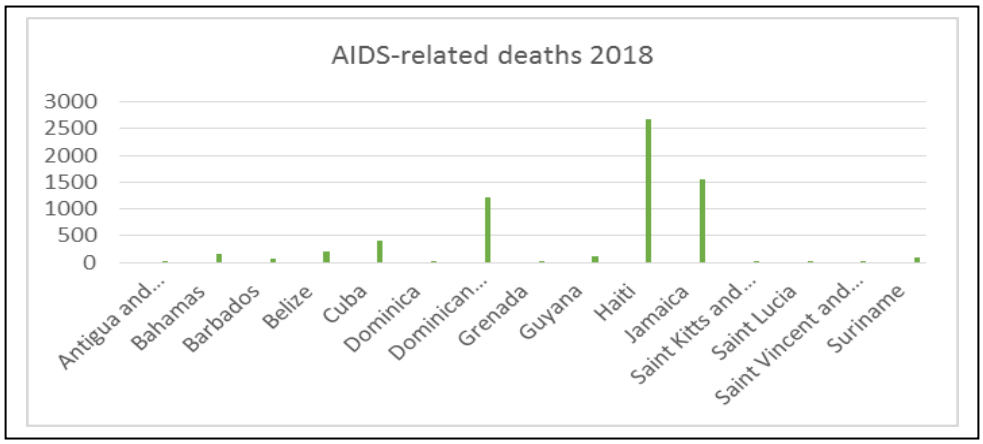
Source: UNAIDS special analyses, 2019

AIDS-related death

The **region has achieved a steady decline in AIDS-related deaths,** which have decreased by about a third over the period 2013-2018.



Haiti continues to suffer from the highest numbers of AIDS-related deaths, **followed by Jamaica, and the Dominican Republic.** About 87% of deaths from AIDS-related illness occur in these three countries.



Source: UNAIDS 2019 estimates

2.2 Political and Social Context

Deeply ingrained social and cultural norms and beliefs, particularly around gender roles, drive the epidemic in the Caribbean by increasing vulnerability and creating barriers to services for key populations at higher risk. These include:

- Early initiation of sex**,** typically before the age of 15 in most Caribbean countries.
- High rates of unprotected sex, casual sex, multiple partners, transactional and commercial sex and sex tourism.
- Punitive legislative frameworks that legitimize stigma and discrimination directed at key populations.
- High levels of poverty, inequality and unemployment.
- Insufficient availability of harm reduction interventions.
- High rates of NCDs are both a challenge and opportunity as countries have limited health budgets to address competing health needs and people who are HIV positive live longer lives with increased risk of NCDs. Integrating HIV services provides an opportunity to leverage the infrastructure and systems that have been set up to prevent, screen, and treat HIV and to deliver high-impact interventions for NCDs at the primary health care level.
- Gender-based and intimate partner violence are pervasive across the region: 16% of adult women in Dominican Republic and 14% in Haiti report physical and/or sexual violence by an intimate partner.[13] The 2017 Trinidad and Tobago Women's Health Survey (WHS) finds that 30 percent of ever-partnered women experienced physical and/or sexual violence by an intimate partner in their lifetime; and 7percent of all respondents reported having been forced into sexual intercourse by a non-partner in their lifetime.[14] In Jamaica, 25.2 percent of all women have experienced physical violence by a male partner; 27.8 percent have experienced intimate partner physical and/ or sexual violence; 28.8 percent have suffered emotional abuse; and 8.5 report having experienced economic abuse.[15]

Critical contextual factors continue to influence the regional HIV response. These include: linguistic and cultural diversity; conservative social attitudes and norms; different levels of social and economic development, including health system and HIV response capacity; geographic and population size differences and widely dispersed populations; migration and population movement; dissonance between the age of consent (16 years) and the age at which adolescents can access services (18 years) in most territories.

2.3 Economic Context

Caribbean vulnerabilities, many typical of small island developing states (SIDs), are well documented and persistent. These include:

- High dependence of commodity exporters or service-based economies on a narrow range of resources in the agriculture and tourism sectors for economic growth;
- High levels of vulnerability to external shocks resulting from the lack of economic diversity and heavy reliance on international trade and tourism;
- High levels of exposure to frequent and devastating natural disasters that have disproportionate and long-lasting consequences because of the small land mass, high population density and limited resources;

[13] UNAIDS, 2019

[14] Trinidad and Tobago WHS, 2017

[15] Women's Health Survey Jamaica, 2016

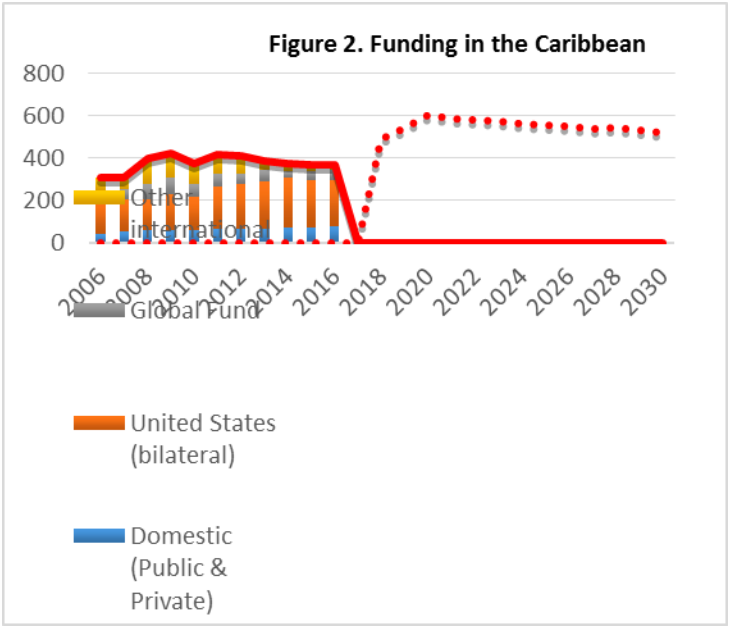
- Vulnerability to climate change and sea-level rise across the islands and low-lying continental entities is a critical factor in the region's development and resilience;
- High rates of migration of educated professionals and skilled workers led to depleted human resource reserves, particularly in the areas of education and health.

As the region continues to recover from the unprecedented 2017 hurricane season, economic prospects are generally improving with global economic growth driving increased tourism and rising commodity prices. Some tourism-dependent economies are seeing debt ratios start to come down. Guyana is also set to benefit from the oil sector, with production expected to start in 2020. On the other hand, economic projections take place within a changing and unpredictable international context in which protectionist measures put in place by the United States may affect trade flows and global production dynamics.[16]

Against this backdrop, growing poverty and worsening inequality threaten human development gains in the Caribbean. Most CARICOM countries have had a negative evolution in the Human Development Index (HDI) ranking over the last five years, with Jamaica and Dominica falling 23 and 10 positions respectively. Poverty and unemployment rates, especially among youth, are high, and social protection efforts lag, with expenditures, except for Barbados and Trinidad and Tobago, lower than the worldwide average of 8.6 percent. As economic growth is insufficient for resolving poverty and inequality, cross-sectoral policy measures to tackle vulnerability and exclusion—including on the basis of HIV-status, sexual orientation, gender, age, disability, migrant status or nationality--are required to provide social protection across the life cycle, empower all persons and protect their rights.

2.4 Financial landscape for HIV

Total HIV funding for the Caribbean has declined over the past five years, although governments have increased domestic funding for the HIV response by about 4% each year since 2012.[17] The proportion of domestic funding has increased from 16% to 27%, while that of all international donor resources has decreased from 73% to 55%. From 2010 to 2018, domestic resources increased by 69% and bilateral United States of America (US) government funds by 13%. Resources from the Global Fund to fight AIDS, TB and Malaria (GFATM) and all other international sources decreased by 32% and 91% respectively.[18] Governments will have to further increase domestic spending to offset an additional imminent decrease in funding from the GFATM and the United States Government President's Emergency Plan for AIDS Relief



Source: PANCAP Resource Mobilization Plan

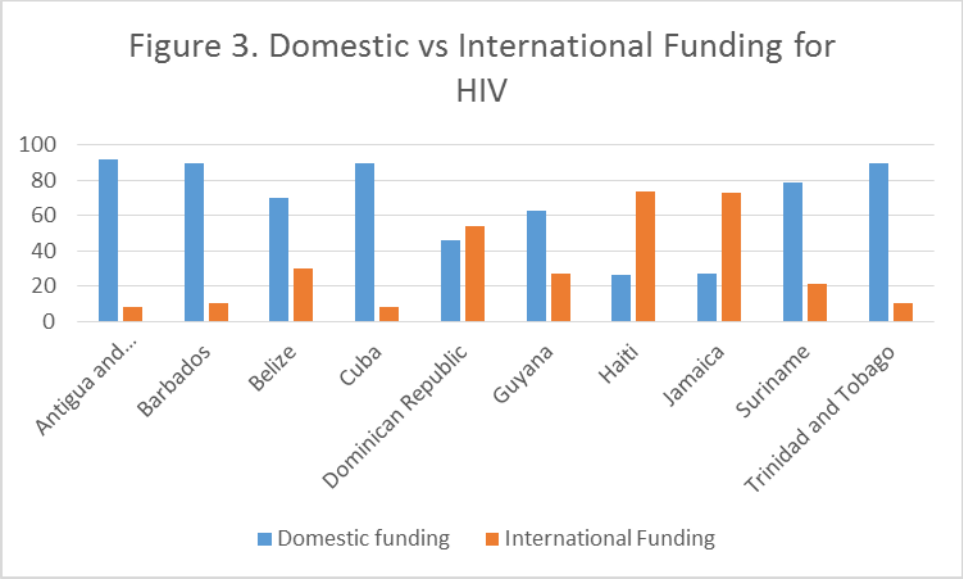
[16] CEPAL: https://repositorio.cepal.org/bitstream/handle/11362/43965/131/S1800836_en.pdf
Economic Survey of Latin America and the Caribbean Evolution of investment in Latin America and the Caribbean: stylized facts, determinants and policy challenges

[17] HYPERLINK "http://www.aidsinfo.unaids.org/" http://www.aidsinfo.unaids.org/

[18] UNAIDS, 2019

(PEPFAR). Achieving HIV targets will require further financing the expansion of treatment services and the Caribbean's commitment to Treat All, even in the context of declining external financing, recognizes that increased financial investment in the short-term will yield long-term economic benefits from reductions in transmission. State resources are limited and increasing financing for HIV will require greater attention to ensuring that resources are used effectively and to diversifying resource mobilization approaches.

Most Caribbean countries now report domestic funding at higher levels than international funding, with the **notable exceptions of Haiti, Suriname and Jamaica** (Figure 3). Over 90% of the HIV response in Haiti, with the largest epidemic in the region, is financed by international donors and UNAIDS analysis shows that Haiti would be unable to absorb even a moderate cut in donor financing.



Source: PANCAP Financial Gap Analysis, 2019

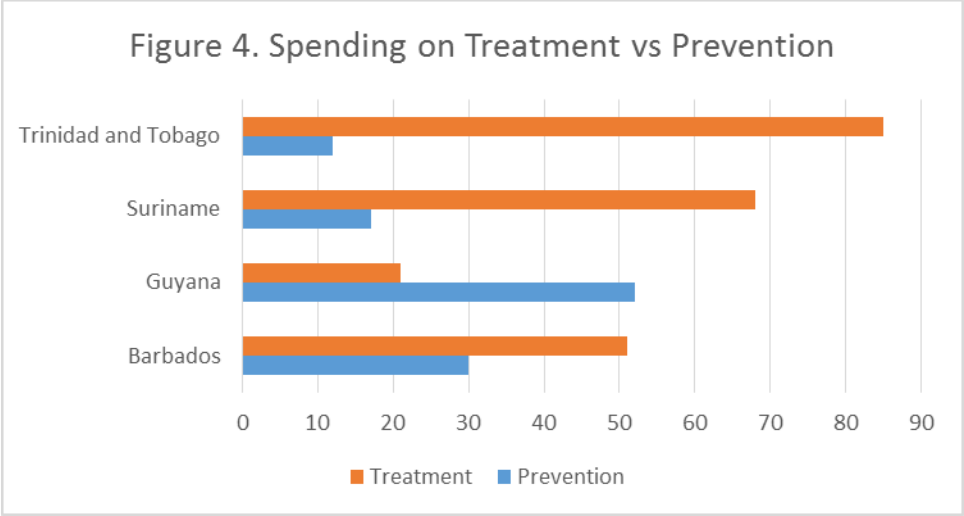
In many countries, the majority of HIV spending goes towards treatment, primarily antiretroviral therapy (ART), while critical areas of the national response that remain largely or solely financed by donors include civil society organisation (CSO) service provision for key populations and hard-to-reach communities, and advocacy efforts for legislative reform to protest the human rights of key populations.[19] To date, few Caribbean countries have included hepatitis B and C medicines in national health programming.

Insufficient HIV spending is directed towards activities to achieve prevention, such as counselling and testing, distribution of condoms, and information, education and communication, with the region falling short of UNAIDS recommendation for 25% of HIV spending for prevention.[20] This shortfall has implications for sustaining the work of CSOs that deliver prevention services to key populations primarily with funding from donor partners. Even as donor support declines, the share of domestic prevention spending is likely to further decrease as resources are channelled to expand the treatment programme. This is likely to be detrimental for providing the high-impact combination prevention services for key populations that are critical for controlling the HIV epidemic. Although several countries have made inroads in better understanding funding flows, further investigation of the efficiency and impact of

[19] Guyana Ministry of Health. Draft Sustainability Plan for the National HIV Response.

[20] http://www.unaids.org/en/resources/presscentre/featurestories/2016/november/20161128_closingHIVpreventioninvestmentgap

prevention spending is recommended to inform efforts to ensure continued availability of a range of effective prevention interventions.



Source: PANCAP Financial Gap Analysis, 2019.

The recently developed PANCAP Resource Mobilization (RM) Strategy seeks to position Caribbean countries to sustain the regional and national HIV response by focusing on the following areas:

- Capacity building for resource mobilization by all partners across sectors;
- Capacity for domestic resource mobilization through mechanisms such as national health insurance schemes, earmarked taxes, social contracting, grants and subventions, and public-private partnerships;
- Partnerships and resource sharing;
- Systematic engagement of the private sector for corporate citizenship and responsible business practices, and of high net worth individuals, trusts and foundations, faith-based organisations, private sector champions or advocates, grass roots donors and the Caribbean diaspora.

3. THE PANCAP REGIONAL RESPONSE

Over three iterations of the CRSF, PANCAP has successfully demonstrated the added value of a strategic regional approach with evidence documented in series of independent evaluations.

A 2017 assessment found that PANCAP has made clear contributions to efforts against HIV, by strengthening response capacity and expanding the scope of the response. The achievements of the partnership are grounded in a unique collaborative approach that enables diverse groups to participate as equal partners. PANCAP has sustained and engaged leadership at all levels of the partnership, with strong buy-in and political commitment. The PANCAP Coordinating Unit and governance mechanisms have provided an effective infrastructure for coordination and mutual accountability, and its links to the CARICOM secretariat have facilitated cross-sectoral political engagement and contributed to sustainability. Based on the findings of the assessment, Caribbean health ministers affirmed the central importance of PANCAP in efforts against HIV, at the 2017 meeting of the Council on Social and Human Development (COHSOD).

The assessment found that members most valued PANCAP efforts in the areas of:

- Setting and coordinating the regional HIV agenda;
- Resource mobilization;
- Capacity building for regional key population networks, and inclusion of these networks in regional governance mechanisms;
- Well-functioning coordination mechanisms and practices for mutual accountability;
- High-level political advocacy and knowledge

The successful implementation of the CRSF 2014–2018 provides a strong foundation for moving forward with a more effective and focused response that builds on high-impact and well-performing interventions and learns from those that have not worked as well. A summary of key findings from the evaluation of the CRSF 2014-2018 is presented below in Box 1.

Box 1. Key findings from the evaluation of the CRSF 2014-2018

Enabling environment

- Strategic litigation has established precedents to advance social justice and constitutional rights.
- Country polls show progress in reducing stigmatizing attitudes and discriminatory behaviours towards PLHIV.
- Respectful dialogue and collaboration have advanced between faith leaders, parliamentarians, key population leaders, young people and NAP managers.
- More information is available about key populations, and the legal and policy environment.

Shared responsibility

- Regional mechanisms are effective at facilitating harmonization of international partner support.
- Strengthened country ownership is demonstrated through systems to measure, track and report on funding flows such as the National AIDS Spending Assessments (NASAs) and National Health Accounts (NHAs).
- Civil society and key populations are engaged in the regional response at the highest level of governance and policy, but there is need to strengthen inclusion at the national level.
- National strategic plans reflect a multi-sectoral process and response, but private sector engagement is a gap.

Prevention of HIV transmission

- High-impact HIV prevention interventions are limited in scope in the Caribbean.
- There is growing interest in high-quality, evidence-based interventions targeting key populations such as PrEP. However, several prevention services that are recommended as part of a combination package for key populations such as PEP, HIV self-testing, STI and

hepatitis B diagnosis and treatment, and condom distribution, are not being implemented.

- Beginning in 2013, countries scaled-up primary prevention and treatment (including by adopting Option B+) to reduce the vertical transmission of HIV and syphilis. In 2013, 89% of all pregnant women tested for HIV received treatment based on national guidelines but this declined to 75% by 2017%.
- HIV prevention is delivered with limited linkages to SRH services (including family planning) and mental health. There are no clear linkages between HIV and STI programming, and STI services are not implemented as part of the HIV combination prevention package.

Care, treatment and support

- HIV care and treatment has strengthened and expanded, and by the end of 2017, 11 countries had adopted the WHO treat all policy. However, implementation is advancing slowly as countries are stymied by shrinking national budgets coupled and issues of adherence.
- ARVs are readily available in most countries, although some countries continue to pay high prices and stock-outs are still being experienced.
- HIV services have been expanding to include co-morbidities.

Integrate HIV into health and socioeconomic development

- Although national capabilities have been strengthened, efforts to integrate HIV within primary care have been limited. Six countries report some levels of integration of ART into general outpatient care.
- Coordination and collaboration in the management of HIV and TB programmes are still relatively weak. At the level of services, data show routine HIV testing is done for all persons with TB in The Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Lucia, St. Vincent and Grenadines, Suriname and Trinidad and Tobago. TB testing for people with HIV is not routine.

Sustainability

- Although the region has the capacity to address sustainability, implementation of sustainability plans is lagging.
- Several countries have conducted assessments of the health system's ability to deliver effective, safe, quality health services to those in need with as much efficiency as possible.
- Supply chain management continues to be a challenge in the region. There have been significant efforts by some countries to engage in pool procurement, either through the PAHO or Global Fund mechanisms, to achieve price reductions for ARVS and other HIV and health pharmaceuticals, medical supplies and consumables. Eastern Caribbean countries continue to receive good prices for ARVs through the OECS Pharmaceutical Procurement Service (PPS) that now includes laboratory reagents.

Strategic information

- Throughout the region, surveillance systems to capture essential data on HIV and STIs need to be strengthened. Country reports to the UNAIDS GAM data base are often missing critical data essential for profiling the epidemic at country level and by extension, the region's progress towards the 90-90-90 and prevention targets. The same issue is experienced with the data for EMTCT, as underreporting makes it difficult to analyze if there has been a decrease in HIV and syphilis testing in pregnant women or whether testing is under-reported.
- HIV cascade data (including for key populations) at the national levels are often incomplete, and drug resistance studies and surveillance are limited.

Strengthened multi-sectoral partnerships: PANCAP is unique in its ability to pull together the region's best technical experts, national authorities and international partners alongside representatives of key populations for inclusive governance of the regional response that leverages the interests and strengths of partners for joint planning, implementation and oversight.[21] Through regional dialogues, the annual Meeting of National AIDS Programme Managers and Key Partners, the PANCAP Executive Board, PACC and regional working groups, PANCAP coordinates government, international partners, regional technical agencies and civil society networks with a broad range of expertise and capacity for strong and cohesive

[21] Assessment of PANCAP

regional leadership. The partnership has maintained the interest and active involvement of partners from a wide range of sectors, in large part because diverse groups feel valued and respected. Member states have been supporting the coordination function of PANCAP through salary and management costs covered by the CARICOM Secretariat.

At the national level, many countries continue to have limited capacity to optimize collaboration between health and non-health sectors, and between the public sector, the private sector, civil society and communities. Although national programmes recognize that civil society and community systems are critical for reaching KPs with high-quality, stigma-free services, partnerships are largely donor funded. In some countries where CSOs have been the principal providers of services for KPs, national programmes are exploring mechanisms to integrate CSOs through formal financing and partnership arrangements. In other, mostly smaller, countries, the CSO sector is still quite limited and needs technical strengthening to engage in service delivery.

Guyana has initiated social contracting for CSOs to reach key populations with HIV/STI testing and prevention services using national budget funds.

Strengthened community systems: PANCAP has supported mobilization and capacity building for civil society at the regional level. The Caribbean Vulnerable Communities Coalition's (CVC's) regional civil society forum and community capacity development toolkit, along with inclusion of civil society representation at the NAP Managers and Key Partners Meeting, are examples of regional initiatives to build capacity and promote integration of civil society and KP stakeholders into the regional and national response. There are functioning regional networks for key populations, including for the LGBTQ community, youth and most recently, a regional transgender coalition has been established to coordinate advocacy around issues relating to human rights, social justice and HIV.

Even as countries recognize that civil society and community engagement and efforts are essential for strong and effective national programmes, the vulnerability of financing for CSOs, due to donor funding cuts, underscores the need for continued attention to strengthening networks and promoting national-level engagement.

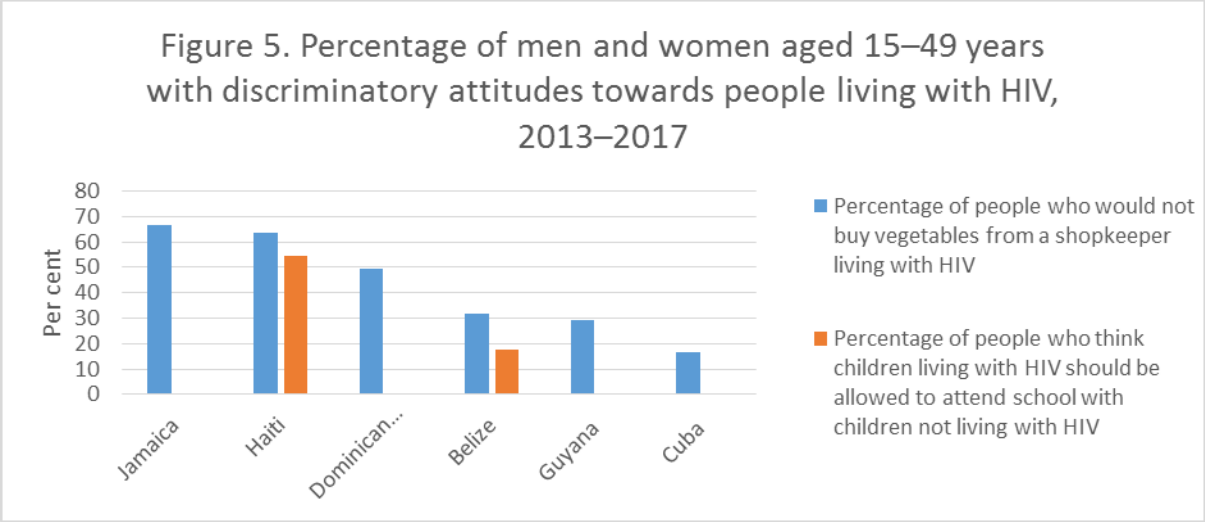
Persistent punitive frameworks, policy conservatism, and stigma and discrimination: PANCAP's Justice for All Programme has directed regional advocacy efforts towards high-level political and faith-based leaders. Based on a series of consultations, workshops and fora, twelve of the fifteen actionable recommendations have been generally accepted by a wide cross-section of stakeholders, but three major barriers remain: agreement on the implementation of SRH services for minors; finding an acceptable formula for age- appropriate comprehensive sexuality education (CSE); and eliminating HIV-related stigma and discrimination. Important achievements relate to establishing the regional and national faith leader networks; advancing engagement with parliamentarians, the regional youth advocacy network; and strengthening Caribbean representation and voice on global commissions and fora.

In spite of these, the Justice for All programme has not yielded the desired outcomes. Most Caribbean countries are yet to remove discriminatory legislative or policy barriers that prevent vulnerable populations from accessing services, including punitive legal frameworks attached to homosexuality and sex work. Belize is the only country that is advancing the adoption of the PANCAP Model Anti-discrimination Legislation (2012), and people who experience discrimination on the grounds of race, gender, disability and sexual orientation and sexual harassment continue to endure lack of legal redress. While strategic litigation, advanced by national activists, holds promise to stimulate legislative change, backlash from conservative churches and sectors of society can result in great personal cost to litigants and may mobilize support for strengthening the punitive legislative framework through calls for the criminalization of wilful transmission of HIV, for example. These trends require close monitoring and proactive, strategic approaches at all levels of the partnership.

Legal challenges to discriminatory laws have been successful in Belize, Guyana, and Trinidad and Tobago, and challenges have recently been launched in Dominica and St Vincent and the Grenadines. The judgment of the Caribbean Court of Justice in the Guyana (McEwan vs AG) case on the criminalization of cross dressing holds promise for other litigation efforts in the region.

The tangible effects of conservatism on a rights-based public health response to HIV are seen across the region as persons who most need services are unable to access them. Despite sustained advocacy efforts directed to the faith-based and education sectors, very little movement has been made towards resolving the persistent challenges faced by young people that infringe on their sexual and reproductive rights, including the gap between the age of sexual consent (16 years) and the age (18 years) at which they can independently access health services. Bold policy action is overdue to protect young people and promote their rights, including those from key populations and those who are sexually active, in a context where the age of sexual debut is, on average, lower than the age of consent. The urgency to engage more strategically with influential segments of society to act to protect human rights and reduce stigma and discrimination is underscored by declining donor funding that jeopardizes CSO advocacy efforts.

Although national polls suggest improved societal attitudes towards key populations, regional data show that stigma and discrimination persist in the health care setting, particularly for MSM, sex workers, transgender clients and people who use drugs (PWUD).[22] Alarmingly, data show little progress in reducing misconceptions about HIV: UNAIDS reports show that stigmatizing attitudes remain high at around 64% in Haiti, 49% in Dominican Republic, and 30% in Belize and Guyana. Only 18% of people surveyed in Belize, and 54% of those in Haiti, believed children living with HIV should be allowed to attend school with children not living with HIV.



Improved capacity of national programmes: PANCAP has generated several regional public goods (RPGs) to enhance national capacity:

- Resources mobilized through multi-country grants
- Pooled procurement for access to more affordable medicines
- Knowledge sharing and peer learning
- Coordination and collaboration for multi-sectoral approaches
- Regional guidelines and strategies for resource mobilization, advocacy, youth, migrants and mobile populations
- Regional mobilization efforts for youth

[22] Health Policy Project, 2014

- Regional pro-bono paralegal network and Shared Incident Database (SID) to document experiences of discrimination.

In spite of a stronger focus on actions to enable countries to benefit from RPGs, including by developing national plans for implementation of regional frameworks and mechanisms, there is no mechanism for tracking national actions stemming from the regional frameworks and RPGs do not always produce the desired results at the country level. National programs continue to face capacity challenges in some areas where significant regional resources have been directed such as laboratory services and monitoring and evaluation.

Prevention: Through CSO and community engagement in planning, service delivery, monitoring and capacity building, countries have made some progress in improving the reach and effectiveness of key population programming. Progress is not uniform and significant gaps remain in prevention, testing and laboratory capacity. Countries have lapsed in the implementation of combination prevention approaches, and particularly those that have broader reach to segments of the general population among which the largest proportion of new infections can be found. As a result, levels of HIV knowledge, condom use, and early diagnosis are stagnating or declining. The failure to progress on the implementation of comprehensive sexuality education, in spite of the existence of Health and Family Life Education (HFLE) curricula, is a major gap.

Several national programmes are piloting innovative approaches to reduce new infections, including pre-exposure prophylaxis (PrEP) for key populations in The Bahamas, Barbados and Dominican Republic, and enhanced peer outreach approaches (EPOA). Although these experiences and expertise are shared through regional meetings and webinars, other countries have found it challenging to make the case for increasing or re-allocating funding to introduce new approaches. While globally, PrEP has been implemented to prevent infection for individuals at high risk, reducing the risk of acquiring HIV by up to 97 percent,[23] the Caribbean needs to systematically review country experiences to understand and address challenges to scale-up and roll out throughout the region

Laboratory services: Laboratory services underpin HIV services - from detection of persons infected, to monitoring of persons on treatment, identifying those who need treatment for opportunistic infections like tuberculosis (TB) or other STIs, and ensuring viral suppression - critical to reducing transmission rates. Global advances in laboratory and epidemiological techniques enable accuracy in identifying and responding where HIV infections are spreading most rapidly, but in the Caribbean laboratories have been, in the main, incapable of meeting the objectives of equity, affordability, accessibility and high quality. Despite introduction of new technology, including rapid tests and molecular techniques, in large and small countries, access to services continues to be a roller coaster experience in many countries with services available intermittently and limited in accessibility because of poor management, inconsistent availability of reagents and supplies, dysfunctional equipment and insufficient human resources. At the root of this dysfunction is a lack of policy direction and support, regulation, planning, implementation and monitoring, and sustained financing.

Treatment: Although most Caribbean countries have made efforts to expand treatment coverage, not all have adopted the WHO Guidelines to Treat All. Addressing the region-wide challenge of loss to follow-up will require focused approaches and increased investment to implement Treat All, by scaling up and integrating treatment programs, optimizing treatment regimes, and strengthening high-quality laboratory and other essential services.

Eleven countries --Antigua and Barbuda, The Bahamas, Barbados, Dominica, Grenada, Jamaica, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines, Suriname and Trinidad and Tobago--have formally begun to implement Treat All, while the Dominican Republic has adopted test and start for key populations.

In many countries, KPs and PLHIV lack differentiated models of care, potentially jeopardizing already low uptake and coverage of prevention, diagnostic, care and treatment services. Implementing these will

[23] WHO reference

require building technical competencies, achieving buy-in from policy makers, health professionals and other stakeholders, as well as community service and support systems. Where countries have piloted differentiated approaches, there is need for better information sharing and planning between national leaders and NAP managers, for the institutionalization of new approaches into national policies and programmes. Furthermore, quality criteria are not standardized or clear across the region. PANCAP can make a difference with a clearly defined conceptual framework that measures quality under the following areas: physical access; availability of human resources; availability of material resources such ARVs, reagents, condoms; organisation of service delivery; relevance of the services; timing and continuity of services; technical quality; and social accountability.

Improved availability and use of strategic information: Important strides have been made in developing regional capacity to generate and use strategic information. The regional HIV response generates lessons through activity-specific assessments as well as more comprehensive evaluations. This function of continuous evaluation to generate learning to improve the quality and relevance of regional activities has been significantly enhanced through the PANCAP Knowledge for Health project. The Caribbean Public Health Agency (CARPHA) has expanded a regional data repository to facilitate reporting on the CRSF indicators, providing an opportunity to simplify reporting by enabling country reporting to be streamlined and shared with other organisations as needed. Data gaps persist---data were available for only 13 of the 28 CRSF indicators, largely because of poor site level data management and slow reporting to national levels. While KP size estimates have improved, data collection from CSOs remains a gap. CARPHA is working with countries to develop strategic information action plans to improve reporting but the utility of these action plans is perceived differently by countries.

Although more data than ever is available to tell where infections are occurring and to guide an effective response, not everyone is benefiting equally from these advances in HIV prevention and treatment. Insufficient data-driven programming limits efforts to efficiently target activities to the geographic locations and populations in greatest need. The region needs to do better in translating lessons learned into action, including from initiatives that were not efficient or effective.

While the Caribbean has contributed to the body of knowledge in all areas of HIV prevention, treatment and care through peer-reviewed publications and participation in international conferences, research is a major weak spot in the regional response. There is an urgent need to define a regional HIV research agenda that aligns with the priorities defined in the CRSF, and which is anchored in the established academic institutions of the region. The University of the West Indies has been a leader in training and along with institutions such as the University Rights Action Project (URAP), is the repository of a vast resource base that should shore up and fill in gaps by providing research leadership.

Sustainability planning: Regional efforts have focused on sustainability of the regional response and supporting national sustainability strategies. Inroads have been made with financing for PANCAP through CARICOM Secretariat commitment and the development of the PANCAP Resource Mobilization Strategy.

Guyana is introducing social contracting of CSOs with national budget funding. Suriname and Trinidad and Tobago are developing sustainability plans that will pay explicit attention to mechanisms to sustaining CSO programmes.

At the national level, there is better understanding of funding flows. Civil society efforts in providing prevention services, in linkage and retention in care, in delivering medical and social support services, and in advocacy to address legislative and policy barriers, are still largely funded by donors. Sustainability planning, underway in several countries, has highlighted the challenges associated with financing parallel civil society structures, pointing to the need to integrate and institutionalize the work of civil society and communities including PLHIV within national programmes to ensure continued funding. Several countries have national sustainability plans that feature initiatives such as social contracting and private sector engagement.

Caribbean governments have increased their investments in HIV, but increased financing has largely been confined to treatment programmes. While further increasing self-financing is likely to be difficult for most countries, maintaining existing allocations may be feasible, bringing in to focus the importance of achieving efficiencies and of leveraging resources from partners across sectors and mandates.

4.0 THE CARIBBEAN REGIONAL STRATEGIC FRAMEWORK 2019-2025

The CRSF 2019-2025 is a strategic investment approach that represents consensus among PANCAP partners to guide regional efforts for sustainable health and development. Priority areas and recommended strategies focus on critical issues that must be addressed if regional goals and targets are to be achieved. Broad strategies are proposed to enable countries to align focus interventions that reflect national targets and country capacity and promote national ownership.

Vision

A Caribbean free of AIDS and new HIV infections, in which all people are happier, healthier, productive, safe and respected.

Mission

The CRSF supports the critical role of country programmes in promoting health and controlling HIV, through regional public goods and effective multi-sectoral partnerships that empower our people to fulfil their potential and live happy, healthy, peaceful lives.

Goal

To reduce new HIV infections, address health disparities and social inequities, and contribute to the achievement of sustainable health and development.

Guiding principles

Country ownership:	Aligning with and supporting national health and development priorities.
Bold leadership:	Building political commitment for bold action to achieve ambitious prevention, testing, treatment and human rights targets.
HIV as a development issue:	Leveraging capacities and competencies from non-health sectors to address complex social determinants.
Shared responsibility:	Strengthening mutually accountable multi-sectoral partnerships involving government, communities, civil society, and the private sector, to improve effectiveness.
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.

Objectives

1. To create a sustainable multi-sectoral response that empowers persons to practice safe, healthy lifestyles free of violence.

2. To increase access to high-quality health and social protection services delivered to all with dignity and respect.

3. To reduce new HIV infections by 50% in 2025 through effective combination approaches to achieve prevention.

4. To achieve by 2025, 90% of PLHIV aware of their status, 90% of those diagnosed retained on treatment and 90% of these persons are virally suppressed.

Strategic Priority Areas (SPAs) and Strategies

1. Political and technical leadership for bold and innovative action

1.1 Strengthen national capacity to resource, manage and coordinate integrated, rights-based multi-sectoral programmes that leverage resources, capacity and mandates of all partners across sectors to deliver needed services.

1.2 Engage professional organisations, such as legal, medical and teachers' associations, for decisive and clear policy guidance that affirms non-discrimination, including to promote access to health services by minors and for comprehensive sexuality education in schools.

1.3 Strengthen regional quality oversight and control systems for the delivery of high-quality combination prevention, treatment and laboratory services by CSOs, private providers and the public health system.

1.4 Integration of viral hepatitis with existing services/programmes (Laboratories, HIV/STIs services, ANC)

1.5 Conduct joint annual reviews of national programmes for quality assurance and improvement, and to promote cross-country peer learning through regional NAP managers meetings and other mechanisms.

1.6 Pursue public-private partnerships to resource the national HIV and hepatitis response, and to expand options for service delivery to bridge gaps in prevention and treatment through task-sharing.

2. Critical programme and social enablers

2.1 Mobilize and support human rights and legal experts and civil society to strategically advance national litigation efforts, and to implement advocacy approaches to mitigate conservative backlash and maximize beneficial impact of successful litigation.

2.2 Design and implement focused strategies to target identified loci of stigma and discrimination directed towards key populations, PLHIV and youth.

2.3 Design, resource, evaluate and scale-up cross-sectoral approaches to pilot comprehensive sexuality education programmes in schools.

2.4 Intensify and institutionalize cross-sectoral collaboration to implement social protection programmes to address socio-economic drivers of HIV, with emphasis on gender-based violence and vulnerability associated with migration and population movement.

2.5 Advocate for sustained domestic resourcing for HIV, health and social protection programmes that deliver comprehensive, differentiated, non-discriminatory services that reach key populations, including the increasing number of migrants in the region.

3. Accessible, equitable, high-quality laboratory and testing services

3.1 Strengthen regional quality oversight and support implementation of quality management systems, including guidelines and processes for supervision, validation and confidentiality to ensure the delivery of high-quality testing and laboratory services.

3.2 Include CSO testing sites as part of the regional HIV/STI and hepatitis testing network ensuring the required support and oversight to assure quality.

3.3 Facilitate adoption and implementation of national laboratory policy and legislation for regulation of laboratory services within countries.

3.4 Strengthen laboratory networks and arrangements for support by referral centres for HIV/STIs, viral hepatitis and TB.

3.5 Advocate for adequate resourcing of public sector laboratory services to ensure consistent and reliable services.

4. Comprehensive combination prevention programming

4.1 Develop and implement regional training curricula for health workers and CSOs, to improve delivery of evidence-based, quality combination prevention services.

4.2 Invest in improving technical capacities and competence of community systems to implement, resource and sustain rights-based prevention services that reach KPs, and are integrated into national programmes.

4.3 Implement targeted policies and strategies to deliver high impact interventions such as PEP, PrEP, HIV self-testing, index testing, STI and viral hepatitis prevention and diagnosis within a HIV combination prevention approach.

4.4 Provide a continuum of HIV/STI services for prevention and care for key populations.

4.5 Offer viral hepatitis test as part of integrated services using HIV/STI clinics, antenatal care (HBV) and civil society sites for key populations as part of the continuum of HIV/STI prevention service.

4.6 Improve health seeking behaviours by designing and implementing multi-disease prevention campaigns that harness the potential of information and communication technologies.

4.7 Strengthen services for the elimination of mother to child transmission of HIV, syphilis and Hepatitis B; ensuring linkage with the immunization programme in support of EMTCT Plus.

5. Innovative and high-impact interventions to improve treatment outcomes

5.1 Expand and optimize treatment for HIV/STIs and viral hepatitis; this should include the transitioning to DTG-based regimens.

5.2 Support the implementation and documentation of pilot initiatives to expand differentiated models of care to effectively reach KPs by providing seed funding and technical assistance to share experiences and build capacity for more countries to adopt these approaches.

5.3 Normalize management of HIV as a chronic disease through integration of services that address the needs of people living with HIV in a holistic way, including the integration of innovative hepatitis services into HIV and STI services.

5.4 Accelerate scale up, coverage and quality of treatment and drug resistance monitoring, including guidelines for expansion and appropriate use of lab technology.

5.5 Expand options and opportunities for pooled procurement and joint negotiation for medicines, including for co-infections, and laboratory equipment and supplies to improve access reliability of services.

6. Evidence-informed decision-making to improve impact

6.1 Foster partnerships with research and training institutions to better understand drivers and social barriers to the response and to advance critical thinking and practices, especially emerging from biomedical and behavioural methodologies.

6.2 Advocate for adequate domestic financial resources for HIV surveillance and research studies and improve capacity to institutionalize robust methodologies for surveillance studies to improve the validity and reliability of epidemiological data.

6.3 Regularly assess regional initiatives to understand and improve national-level impact, including by publishing an annual PANCAP report to improve accountability.

6.4 Deepen cross-country learning and exchange to enhance policy and practice in the roll out of innovative and differentiated delivery models for KPs.

6.5 Improve analytical skills of decision makers, National AIDS Programmes and KP networks to interpret data to generate critical evidence to inform policies, strategies, and programming.

7. Resourcing for sustainability

7.1 Strengthen the capacity of national programmes, regional technical agencies and CSO partners to mobilize and leverage private sector and civil society resources and competencies, and to diversify health financing mechanisms that pool risk across the population.

7.2 Improve understanding of resource requirements for universal health coverage that integrates and scales up HIV and hepatitis services to address gaps along national treatment cascades.

7.3 Strengthen collaborative approaches by ministries of health and finance to identify and exploit synergies for cross-sectoral financing and to direct domestic resources to institutionalize CSO efforts under national programmes.

7.4 Improve spending patterns to direct funding to effective HIV programming and innovative strategies and interventions, including combination prevention, and to achieve externalities though co-management of NCDs and co-morbidities.

5.0 IMPLEMENTATION APPROACH

The CRSF 2019-2025 will be operationalized through two-year plans, 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. In addition to the PANCAP governance mechanisms described in Section Five, 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 CRSF 2019-2025, while 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: Monitoring and Evaluation Framework					
Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
1. Political and technical leadership for bold and innovative action	1. A. Strengthen national capacity to resource, manage and coordinate integrated, rights-based multi-sectoral programs that leverage resources, capacity and mandates of all partners across sectors to deliver needed services	1.1.1.NAP Managers and CSOs trained in resource mobilization, programme management, rights-based programming partnerships and networks and project management	1.1.1. Strengthened National capacity to manage and coordinate integrated, right-based multi-sectoral programmes	1.1. Increased access to universal health care Services	1.Reduced incidence of HIV
		1.1.2.1. South to south peer learning exchanges/ technical cooperation conducted in the areas of resource mobilization, coordination, rights-based programming, partnerships and networking	1.1.2. Increased resource allocation to deliver comprehensive health care services		
		1.1.2.2. Best practices documented and shared on resource mobilization, coordination of national responses, rights based programming, partners and networking			
	1. B. Engage professional organisations, such as legal, medical and teachers' associations, for decisive and clear policy guidance that affirms non-discrimination, including to promote access to health services by minors and for comprehensive sexuality education	1.2.1.1. Advocacy initiatives conducted with legal, medical and teacher professional organisations to promote access to health services by minors and comprehensive sexuality education in schools	1.2.1. Increased health seeking behaviors of minors	1.2. Increased adoption of safe sex practices among young persons	
		1.2.1.2. Curriculum of professional institutions (health, legal and teachers) reviewed to address the delivery of non-discriminatory services to minors			

	in schools.	**1.2.1.3. Initiatives undertaken to build the capacity of Medical Associations capacity to monitor and address discriminatory practices among health care workers towards minors**			
	1. C. Strengthen regional quality oversight and control systems for the delivery of high-quality combination prevention, treatment and laboratory services by CSOs, private providers and the public health system.	**1.3.1.1. Guidelines, SOPS, QA manuals developed and used to ensure the delivery of high-quality prevention, treatment and Laboratory services**	**1.3.1. Improved accessibility to high quality prevention, treatment and laboratory services delivered**	**1.3. Increase in safe sex practices, Increase in access to treatment and laboratory services**	
		1.3.1.2. Systems developed to monitor the delivery of prevention, treatment and laboratory services			
		1.3.1.3. Regular supportive supervision conducted to enhance the quality of prevention, treatment and laboratory services			
		1.3.1.4.CQI initiatives developed and implemented to enhance quality of prevention, Rx and laboratory services			
	1. D. Integration of viral hepatitis with existing services/programmes (laboratories, HIV/STIs services, ANC)	**1. B.1.1.1. Assessment conducted to establish approach/ methodology from integrating viral hepatitis with existing HIV and other services**	**1. B.1.1. Enhanced prevention, diagnosis and management of viral hepatitis**	**1.B.1.Increased access to prevention and care services for viral hepatitis**	**1.B. Reduced incidence of viral hepatitis**
		1. B.1.1.1.2. Guidelines on the management of viral hepatitis adopted			
		1. B.1.1. 3. Capacity building initiatives undertaken to train Health care workers and CSOs to diagnose, treat and monitor persons with viral hepatitis			

		1. B.1.1. 4. Laboratory systems built to adequately diagnose viral hepatitis including the use of POC diagnostics			
		1. B.1.1. 5. Monitoring systems for reporting on viral hepatitis developed			
	1. E. Conduct joint annual reviews of national programs for quality assurance and improvement, and to promote cross-country peer learning through regional NAP managers meetings and other mechanisms.	**1. C.1.1.1. NAP Managers trained in national program QA and CQI**	**1. C.1.1. Increased transparency and accountability of the national response**	**1. C.1. Improved efficiency and coordination**	**1.C. Sustained national response**
		1. C.1.1.1QA/QI programmes implemented			
	1. F. Pursue public-private partnerships to resource the national HIV and hepatitis response, and to expand options for service delivery to bridge gaps in prevention and treatment through task-sharing.	**1. C.2.1.1. Public-private partnerships established to mobilize resources for the national HIV and hepatitis response, and to expand options for service delivery**	**1. C.2.1. Increased National capacity to address critical gaps in health service delivery.**	**1. C.2. Increased access to critical service**	
		1. C.2.1.2. MoU established for engagement of social contractors.			
		1. C.2.1.3. Protocols and guidelines approved for implementing social contracting programme			
		Capacity building initiatives undertaken to implement Social Contracting Programme			

Strategic Priority Area	**Strategies**	**Expected Outputs**	**Immediate Outcome**	**Intermediate Outcome**	**Ultimate Outcome**
2. Critical Programmes and Social Enablers	**2.A. Mobilize and support human rights and legal experts and civil society to strategically**	**2.1.1.1. Legal experts and civil society engaged to advance national litigation efforts**	**2.1.1.** Increased access to redress for Human Rights Violation	**2.1.** Reduced criminalization and violence of Key populations	2. Reduced incidence of HIV among key populations

Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
	advance national litigation efforts, and to implement advocacy approaches to mitigate conservative backlash and maximize beneficial impact of successful litigation	**2.2.1.1. Court rulings and decisions on strategic litigation**	**2.2.1**. Increased Repeal of discriminatory laws including criminalization of willful transmission of HIV and the buggery law	**2.2**. Increased access to prevention, treatment and care services by key populations	
	2. B. Design and implement focused strategies to target identified loci of stigma and discrimination directed towards key populations, PLHIV and youth.	**2.3.1.1. CARICOM Model Anti-discrimination Legislation implemented**	**2.3.1**. Increased access to redress for PLHIV and key populations	**2.3**. Improved environment for PLHIV and key populations to engage with healthcare and social support systems	
		2.3.2.1. Strategies for addressing stigma and discrimination designed and implemented to target individual level manifestations and drivers of stigma across various groups	**2.3.2.** Improved community attitudes towards Key populations, PLHIV and youth		
	2.C. Design, resource, evaluate and scale-up cross-sectoral approaches to pilot comprehensive sexuality education programmes in schools	**2.4.1.1. CSE curriculum implemented**	**2.4.1.** Increased empowerment of adolescents and young people to make informed decisions and protect their physical and emotional well-being.	**2.4.** Reduced risk and vulnerability to HIV and STIs and pregnancies	
		2.4.1.2. Advocacy initiatives to demystify and obtain buy-in for delivery of CSE in schools implemented			
	Intensify and institutionalize cross-sectoral collaboration to implement social protection programmes to address socio-economic drivers of HIV, with emphasis on gender-based violence and vulnerability associated with	**2.5.1.1. Updated National GBV Policies adopted**	**2.5.1**. Increased implementation of programmes for addressing GBV	**2.5.** Reduced health and social inequities for migrants	
		2.6.1.1. Advocacy strategies implemented with State Actors (Ministries of Finance and Social Protection) to include allocations within national budgets to	**2.6.1**. Increased budgetary allocations for social protection programmes to address socio-economic drivers	**2.6.** Increased access to social protection programmes for PLHIV	

Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
	migration and population movement.	**address socio-economic drivers of HIV**	for HIV		
	Advocate for sustained domestic resourcing for HIV, health and social protection programmes that deliver comprehensive, differentiated, non-discriminatory services that reach key populations, including the increasing number of migrants in the region.	**2.6.1.2. Initiatives undertaken to review and develop national sustainability plans**			
		2.7.1.1. Advocacy initiatives undertaken to implement the differentiated models of care for key populations including migrants	**2.7.1.** Increased access to differentiated care services for key populations including migrants	**2.7.** Improved quality of life for key populations including migrants	
Strategic Priority Area	**Strategies**	**Expected Outputs**	**Immediate Outcome**	**Intermediate Outcome**	**Ultimate Outcome**
3. Accessible, equitable laboratory and testing services	**3.A**. Strengthen regional quality oversight and support implementation of quality management systems, including guidelines and processes for supervision, validation and confidentiality to ensure the delivery of high-quality testing and laboratory services **3.B.** Strengthen laboratory networks and arrangements for support by referral centres for HIV/STIs, viral hepatitis and TB	**3.1.1.1 Regional guidelines and processes for supervision, validation and confidentiality in laboratory and testing services developed**	**3.1.1.** Strengthened regional quality oversight of lab and testing services	**3.1**. Increased access to equitable, high-quality laboratory and testing services	**3**. Reduced incidence of HIV infection
		3.1.2.1 Laboratory network and referral services established	**3.1.2**. Improved access to laboratory network and referral services		
		3.1.3.1 Quality management systems and guidelines for lab and testing services implemented	**3.1.3.** Enhanced quality management systems and guidelines for lab and testing services		
	3.C. Include CSO	**3.2.1.1 Capacity building**	**3.2.1**. Increased	**3.2**. Increased	

Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
	testing sites as part of the regional HIV/STI and hepatitis testing network ensuring the required support and oversight to assure quality	**for public and private entities, including CSOs, to implement full scope of HIV/STI/Viral hepatitis testing services conducted**	capacity for public and private entities, including CSOs, to implement full scope of HIV/STI/Viral hepatitis testing services	access to HIV/STI/Viral hepatitis testing services	
		3.2.1. 2 CSO testing sites included as part of the regional HIV/STI/Viral hepatitis testing network and quality management systems			
	3.D. Facilitate adoption and implementation of national laboratory policy and legislation for regulation of laboratory services within countries	**3.2.2.1. National laboratory policy and legislation for regulation of laboratory services adopted and implemented**	**3.2.2**. Improved compliance of all laboratories with international standard		
	3.E. Advocate for adequate resourcing of public sector laboratory services to ensure consistent and reliable services	**3.2.3.1 Regional advocacy strategies for adequate planning and resourcing of public sector laboratory services implemented**	**3.2.3.** Improved planning and resourcing of public sector laboratory services		
Strategic Priority Area	**Strategies**	**Expected Outputs**	**Immediate Outcome**	**Intermediate Outcome**	**Ultimate Outcome**
4. Comprehensive combination prevention programming	**Improve health seeking behaviors by designing and implementing multi-disease prevention campaigns that harness the potential of information and communication technologies**	**4.1.1.1. Combination Prevention Policies developed**	**4.1.1. Expanded availability of services within the continuum of care to reduce HIV/STI, viral hepatitis**	**4.1. Increased access to high impact services for HIV prevention**	**4. Reduced incidence of HIV infection**
		4.1.1. 2. Guidelines for the implementation of innovative technologies (self-testing, PrEP, etc.) adopted			
		4.1.1. 3. Regional Communication Strategy on IEC/BCC implemented			
	Invest in improving technical capacities and competence of community systems to implement, resource and sustain rights-based	**4.1.1.4. Updated norms and standards Personnel trained in service delivery**			
		4.1.1.5. Comprehensive package of services for SRH and STIs within an			

Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
	prevention services that reach KPs, and are integrated into national programmes	**HIV combination prevention approach available at country level**			
	Develop and implement regional training curricula for health workers and CSOs, to improve delivery of evidence-based, quality combination prevention services.	**4.1.1.6. Healthcare providers trained in the provision of combination prevention services,**			
	Strengthen services for the elimination of mother to child transmission of HIV, syphilis and Hepatitis B; ensuring linkage with the immunization programme in support of EMTCT Plus.	**4.A.1.1.1. Adequate surveillance data within MCH available to demonstrate the achievements of the EMTCT plus targets/indicators**	**4.A.1.1. Additional countries validated for EMTCT Plus**	**4.A.1.Decrease perinatal transmission of HIV, syphilis and hep B**	**4.A. Sustained gains of the EMTCT Plus programming**
Strategic Priority Area	**Strategies**	**Expected Outputs**	**Immediate Outcome**	**Intermediate Outcome**	**Ultimate Outcome**
5. Innovative and high impact interventions to improve treatment outcomes	**5. A**. Expand and optimize treatment for HIV/STIs and viral hepatitis; this should include the transitioning to DTG-based regimens.	**5.1.1.1. DTG-based regimen transition plan implemented**	**5.1.1**. Increased number of PLHIV on ART transitioned to DTG-based regimen	**5.1.** Improved treatment outcomes by the provision of innovative and high-impact interventions	5. Reduced incidence of HIV infection
		5.1.2.1. Action plan for the HIV/STI and Viral Hepatitis developed	**5.1.2.** Treatment for HIV/STI/Viral hepatitis integrated, expanded and optimized into tiered health care services		
	5.B. Support the implementation and documentation of pilot initiatives to expand differentiated models of care to effectively reach KPs by providing seed funding and technical assistance to share experiences and build	**5.2.1.1. KP prevention and treatment strategies that include documentation of current KP-related practices developed**	**5.2.1**. Improved capacity of national programmes to provide prevention and treatment services to KPs	**5.2.** Increased access to prevention and care services for KPs	

Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
	capacity for more countries to adopt these approaches				
	5. C. Normalize management of HIV as a chronic disease through integration of services that address the needs of people living with HIV in a holistic way, including the integration of innovative hepatitis services into HIV and STI services.	**5.2.2.1. System requirements to support the chronic management of HIV using a holistic approach established**	**5.2.2**. Enhanced management of PLHIV using a holistic approach		
	5. D. Accelerate scale up, coverage and quality of treatment and drug resistance monitoring, including guidelines for expansion and appropriate use of lab technology.	**5.2.3.1. Quality framework for HIV/STI services established**	**5.2.3**. Improved delivery of quality HIV/STI/Viral hepatitis services		
	5.E. Expand options and opportunities for pooled procurement and joint negotiation for medicines, including for co-infections, and laboratory equipment and supplies to improve access reliability of services.	**5.2.4.1. Collective agreement on market access established**	**5.2.4**. Reduced cost and improved access to medicines, laboratory equipment and supplies		
Strategic Priority Area	**Strategies**	**Expected Outputs**	**Immediate Outcome**	**Intermediate Outcome**	**Ultimate Outcome**
6. Evidence-informed decision-making to improve impact	**Foster partnerships with research and training institutions to better understand drivers and social barriers to the response and to advance critical thinking and**	**6.1.1. 1.Database of research and training institutions conducting research in the area of HIV/AIDS and the Social Determinants of Health.**	**6.1.1. Increased understanding among partners of the drivers and social barriers of HIV/AIDS and the Social Determinants**	**6.1. Enhanced Partnership among Traditional and non-traditional partnerships on the drivers**	**6. Sustained HIV Response**
		6.1.1. 2. Database of funding agencies supporting research in the area of HIV/AIDS and the Social Determinants of Health.			

Strategic Priority Area	Strategies	Expected Outputs		Immediate Outcome	Intermediate Outcome	Ultimate Outcome
	practices, especially emerging from biomedical and behavioral methodologies.	6.1.1. 3.Partnership Framework developed		of Health	and social barriers of HIV/AIDS and the Social Determinants of Health.	
		6.1.1. 4. Memorandum of understanding exist between HIV/AIDS stakeholders and training and research institutions and funding agencies that ensure the sustainability of the partnership to support community research in HIV/AIDS and the Social Determinants of Health.				
		6.1.1. 5. Joint Research Agenda on HIV/AIDS and the Social Determinants of Health developed and disseminated.				
		6.1.1.6. Resource Mobilization Plan for research developed				
		6.1.1.7. Research on HIV/AIDS and the Social Determinants of Health conducted in collaboration with training and research institutions.				
		6.1.1.8. Scientific papers and publications developed and submitted for publication in scientific journals.				
		6.2.1.1. Annual research symposium and conference convened in collaboration with training and research institutions		6.2.1. Enhanced monitoring and evaluation of the regional response to HIV	6.2. Improved effectiveness and efficiency of regional initiatives and interventions	
	Advocate for adequate domestic financial resources for HIV surveillance and research studies and improve capacity to institutionalize robust methodologies for surveillance studies to improve the validity and reliability of epidemiological data.		6.2.1.2. Report on research agenda and required data for the response			
			6.2.1.3. Detailed budget for the research agenda surveillance studies			
			6.2.1.4. Report on the benefits of improved			

Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
		surveillance systems and a research agenda to the response			
		6.2.1.5. Report on the outcome of the meeting including commitments to support the research agenda and surveillance systems development			
		6.2.1.6. Report on the research institutions and universities who were exposed to surveillance methodologies			
	Regularly assess regional initiatives to understand and improve national-level impact, including by publishing an annual PANCAP report to improve accountability.	6.2.1.7. M&E frameworks for measuring the impact of initiative and interventions developed			
		6.2.1.8. Mechanism established to generate Annual PANCAP Report on impact of initiatives and interventions			
		6.2.1.9. Regional initiatives and interventions annually revised			
	Deepen cross-country learning and exchange to enhance policy and practice in the roll out of innovative	6.3.1.1. Cross country learning	6.3.1. Increased capacity of Programmes to	6.3. Increased access to innovative	

Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
	and differentiated delivery models for KPs	**conducted with NAP Managers, KP Organisations, CSO and relevant stakeholders**	**implement innovative and differentiated models of care for KPs**	**models of care by Key populations**	
		6.3.1.2. Case studies and Best practices developed and disseminated			
	Improve analytical skills of decision makers, National AIDS Programmes and KP networks to interpret data to generate critical evidence to inform policies, strategies, and programming	**6.3.1.3. Research agenda completed, disseminated and implemented**	**Increase use of evidence for the development and implementation of policies, strategies and programmes**	**Enhanced national and regional responses to HIV**	
		6.3.1.4. Costed Strategic information capacity development plan completed, disseminated and implemented			
		6.3.1.5. Decision makers, NAPS Managers and KP Networks trained and certified in the collection, application and use of strategic information			
Priority Area	**Strategies**	**Expected Outputs**	**Immediate Outcome**	**Intermediate Outcome**	**Ultimate Outcome**
7. Resourcing for Sustainability	Strengthen the capacity of national programmes, regional technical agencies and CSO partners to mobilize and leverage private sector and civil society resources and competencies, and to diversify health	**7.1.1.1. Governance structure for effective management and**	**7.1.1**. Improved effective management and coordination of National	**7.1**. Increased domestic allocation for the HIV response	7. Reduced incidence of HIV among key populations

Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
	financing mechanisms that pool risk across the population.	**coordination of national programmes established**	Programmes and CSOs		
		7.1.2.1. Private sector and civil society resources and competencies leveraged	**7.1.2.** Improved Public-Private Partnerships		
	Improve understanding of resource requirements for universal health coverage that integrates and scale up HIV and hepatitis services to address gaps along national treatment cascades	**7.2.1.1. Universal Health Coverage implemented among countries**	**7.2.1**. Increased access to integrated Health Care Services	**7.2.** Improved continuum of care of the diagnosis and treatment of HIV and Hepatitis	
		7.2.1.2. Initiatives undertaken to Integrate HIV and Hepatitis in health services			
	Strengthen collaborative approaches by ministries of health and finance to identify and exploit synergies for cross-sectoral financing and to direct domestic resources to institutionalize CSO efforts under national programmes	**7.2.1.3. Social Contracting Mechanism and Strategies implemented**			
		7.2.1.4. Initiatives undertaken to advocate for the implementation of Social Contracting			
	Improve spending patterns to direct funding to effective HIV programming and innovative strategies and interventions, including combination prevention, and to achieve externalities through co-management of NCDs and co-morbidities	**7.3.1.1**. Initiatives undertaken to assess the effectiveness of priority programmes	**7.3.1**. Increased efficiency in spending and interventions of priority combination prevention programmes	**7.3.** Increased access to combination prevention programmes	
		7.4.1.1. Initiatives to advocate for the co-management of NCDs and	**7.4.1.** Improved co-management of NCDs and comorbidities	**7.4.** Improved health outcomes of PLHIVs	

Strategic Priority Area	Strategies	Expected Outputs	Immediate Outcome	Intermediate Outcome	Ultimate Outcome
		com-morbidities undertaken			

Annex II. Developing the Caribbean Regional Strategic Framework (CRSF) 2019-2025

The CRSF 2019-2025 was developed through widespread consultations with stakeholders. These included:

- A presentation at the Seventh Meeting of National AIDS Programme Managers and Key Partners (Trinidad and Tobago, 11-13 March 2019) where 142 participants from National AIDS Programmes, regional technical agencies, civil society and international partners participated in the consultation and a real time survey delivered through Poll Everywhere.
- A virtual meeting of the PACC to discuss and agree on 8 March 2019).
- Key informant interviews conducted virtually (April 2019).
- Presentation to the Annual Meeting of CMOs on the proposed scope, priority areas and strategies of the CRSF 2019-2025 (June 2019).
- A two-day PACC meeting that included other key stakeholders, in which 29 participants reviewed and discussed a draft version of the CRSF 2019-2025 (Trinidad and Tobago, 27-28 June 2019).

The CRSF 2019-2025 also benefits from an extensive document review that particularly takes into consideration other PANCAP regional strategies and proposals developed through consultative processes, as well as existing evaluations of regional initiatives. These include:

- PANCAP and CVC Regional Global Fund grant proposals
- PANCAP Regional Advocacy Strategy
- PANCAP Resource Mobilization Strategy
- PANCAP Framework for Migrants and Mobile Populations
- Evaluation of the CRSF 2014-2018
- Assessment of PANCAP (2017)
- Baseline Assessment of the PANCAP and CVC Regional Global Fund grant
- Mid-term evaluation of the PANCAP and CVC Regional Global Fund grant.

Annex III. Governance structures and responsibilities

The Executive Board

Since its inception, PANCAP's Executive Board has functioned to provide policy guidance; to oversee the implementation of the CRSF and related regional initiatives; to monitor adherence of partners to the strategic priorities of PANCAP; and to direct all projects executed under the aegis of PANCAP. As the recognized regional governance body for HIV, the PANCAP Executive Board benefits from a high level of engagement and support from national governments, civil society and donor partners. It can bring together diverse regional and national perspectives to improve harmonization of efforts and reduce the potential for duplication.

The Priority Areas Coordinating Committee (PACC) is chaired by the Deputy Chairman of the Executive Board and comprises both EB members and non-members. The overarching function of the PACC is that of strategic management and technical oversight in the planning, monitoring and evaluation of projects and programs in support of the CRS. The PACC is charged with leading development of operational plans for implementation of the CRSF; facilitating communication and collaboration within each priority area; **a**dvising on and monitor the implementation of the CRSF; resourcing implementation of the CRSF and ensuring evaluation of the impact of the CRSF.

The Technical Advisory Group is a high-level multi-sectoral committee to provide oversight for the Caribbean regional grant programmes. It will undertake function previously under the aegis of the Regional Coordinating Mechanism (RCM) but will reduce duplication and provide a more cost-effective approach.

The PANCAP Coordinating Unit (PCU) is responsible for managing and coordinating all PANCAP related activities through implementation of the following core functions:

- Coordinate the strategic and operational planning, implementation, monitoring and evaluation of programmes within the context of the CRSF;
- Identify technical and financial resource gaps in the implementation of the various components of the CRSF and provide leadership in mobilizing the necessary resources;
- Coordinate the timely revision and expansion of the CRSF;
- Collect, collate and disseminate HIV/AIDS information emanating from program implementation and research for the benefit of all partners;
- Support the efforts of national authorities in capacity building and resource mobilization in the implementation of National Strategic Plans;
- Stimulate operational research at the national and regional levels, including the documentation of best practices.

The Regional Monitoring and Evaluation Technical Working Group for Health to support the development of guidance documents to assess the effectiveness and efficiency of service delivery models for documentation as best practices, conduct technical reviews of strategic information and make recommendations. Document and disseminate best practices and lessons learned from service delivery models that address the needs of key populations.

The PANCAP Advisory Group on Resource Mobilization oversees the implementation of activities designed to leverage additional funding for the regional response, including through use of innovative approaches, implementation of the PANCAP resource mobilization strategy, replication of cost-effective best practices/models geared toward sustainability; and identification of new funding sources and opportunities, including the private sector.

The PANCAP Knowledge Management Working Group (PKMWG) serves as a regional mechanism to enable PANCAP Members and Partners to receive the right knowledge at the right time, so that they can use information to inform programming for achieving the 90-90-90 targets, implementing Test and Start and the regions priorities. The PKMWG encourages and supports a culture of collaboration and knowledge sharing across the region.

The Policy and Strategy Working Group (PSWG) on Stigma and Discrimination is a thematic forum for the discussion, coordination, and monitoring of initiatives among local and regional key partners; and for providing advice and recommendations on HIV related human rights actions in the Caribbean. The Working Group focuses on activities related to the achievement of Zero Discrimination Targets for the sub-region to achieve its o**verarching goal** is of advancing human rights in the context of HIV and eliminating stigma and discrimination in the Caribbean. The PSWG analyses the results of and make recommendations to PANCAP regarding documentation and mapping, monitoring, and analysis of the progress towards achieving the Zero Discrimination Targets.