



South-to-South Learning Exchange to Address 90-90-90 and Treat All in the Caribbean

CASE STUDY

Background

The Pan Caribbean Partnership Against HIV and AIDS (PANCAP), established in 2001, has the mandate of responding to the HIV epidemic in the Caribbean. The response is aligned to achieving the global targets of 90-90-90 by 2020 including, Treat All and ending AIDS by 2030.

By 2020, 90% of people living with HIV will know their HIV status, 90% of all people diagnosed with HIV Infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.

UNAIDS

Recognizing the wealth of HIV-related knowledge within individual Caribbean countries that could benefit other countries in the region, PANCAP and the Knowledge for Health (K4Health) Project formed a partnership in 2016 to facilitate the development and sharing of this knowledge. The partnership uses a sharing and learning approach to systematically bring together national AIDS program managers and civil society organizations (CSO), both virtually and in-person, to share experiences and collaborate on country and regional programs and goals.

The Challenge

While the Caribbean region has signed on to 90-90-90, evidence showed that many countries had significant gaps along the continuum. There were challenges in scaling up HIV testing – testing the right persons, particularly the key populations of men who have sex with men, transgender persons and commercial sex workers; decentralizing HIV testing, including the roll out of rapid HIV testing; and engaging CSOs in HIV testing. Further, many persons testing positive were not seeking HIV treatment services and for those linked to treatment, poor compliance to antiretrovirals (ARV) was a significant issue.

In relation to Treat All, many countries understood its importance in delivering AIDS-Free generations, but have not adapted Treat All policies. The magnitude of scaling up antiretroviral treatment (ART) in the Treat All context was daunting and countries were challenged in understanding how to manage financial resources, particularly in the context of reduced donor funding. In addition, issues related to scaling up with limited human resources and strengthening the supply chain systems to ensure uninterrupted and high quality ARVs for patients, had to be considered. Countries also recognized the importance of collaboration for the successful implementation of Treat All and requested assistance in understanding how to deepen relationships with CSOs so they can expand their services beyond their current prevention package of services, to include ART delivery.

The Solution

To address the challenges in achieving 90-90-90 and Treat All, the PANCAP-K4Health partnership facilitated a south-to-south learning exchange to Jamaica. The learning exchange was designed for participants to experience first-hand how a CSO, Jamaica AIDS Support for Life (JASL), has coordinated and collaborated with the Ministry of Health in delivering comprehensive HIV services in the community. Country teams participating in the learning exchange event were from The Bahamas, Barbados, and Guyana and comprised of the National AIDS Programme Manager and a CSO representative. The three countries selected were

having a variety of challenges along the 90-90-90 continuum. Additionally, while Guyana had not adopted Treat All and was interested in understanding different ART models to support this, The Bahamas and Barbados were keen on understanding how to strengthen collaboration with civil society organizations to support their Treat All programs.

The learning exchange was conducted utilizing a blended approach of didactic presentations and group activities such as peer assist, fishbowl, and site visits. Participants were exposed to different knowledge management approaches as these were integrated into the learning exchange. The team interacted with key officials of the Ministry of Health, JASL staff and executives, and representatives of other partner agencies to understand the interagency collaboration and the support provided to JASL in implementing their response. Site visits were conducted to JASL's community clinics where participants interacted with key clinic staff in the areas of HIV testing, treatment, and community outreach. This allowed participants to understand how the services are organized and delivered, the quantity of and skill set of the clinical team, and other resources available for support service delivery. Participants interacted with the beneficiaries of the clinics, particularly key populations, and used a fish bowl methodology to better understand their satisfaction with service delivery. Participants also accompanied the JASL team to community outreaches in the evening aimed at increasing access to services to the key populations.



I had never experienced a fishbowl exercise...it was a closed fishbowl...so we couldn't interject as it was happening...I thought that that allowed the clients to share in a way that they might not have shared otherwise...That was powerful. I had never seen anything like that before." Dr. Dale Babb, Barbados

Participants also shared best practices from their programmes, thereby facilitating sharing beyond Jamaica's experience. Country teams also presented specific challenges through peer assist sessions and received feedback and advice from fellow colleagues. This enhanced connectivity and trust among all participants, and importantly between the country NAP manager and their CSO counterpart. Pause and reflect sessions were conducted at the end of every day to review the day's key learnings and a comprehensive after action review was conducted at the end of the event. Participants expressed appreciation for the highly participatory approaches to knowledge sharing that were implemented, the professional networking, the strategic alliances formed, and the trust built between NAP managers and CSOs. Participants felt that the learning exchange was very intensive, resulting in limited time for in-depth reflection and articulated the need for a balanced mix of activities with more site visits and hands-on activities and less didactic presentation-type sessions.

Results

At the end of the knowledge exchange, participants expressed that they have gained new knowledge on implementation strategies for HIV testing, linkage to and retention in care. They articulated the value of MoH-CSO collaboration in scaling up of HIV services and expressed greater confidence in their ability to work as country teams. Participants also recognized the importance of knowledge sharing across countries and committed to the continued sharing of experiences so as to advance 90-90-90 and Treat All implementation in the Caribbean.

At three months follow up, several participants reported that they have applied the knowledge management approaches to enhance their work. Guyana applied the fish bowl and Barbados performed a site visit and a visioning board exercise.

Fish bowl was applied with two of the implementing partners in discussing challenges that are being faced with outreach to key populations. It was helpful and useful – from the participants' discussions it was evident that the exercise allowed them to think outside of the box. Discussions surrounded how they are linking persons to care and how do to retain those persons. Participants liked the methodology because it led to out of the box thinking and offered ideas and solutions to real issues persons faced.

Dr. Ruth Jacobs, Guyana

There was enhanced connectivity as participants documented their experience through blogs. These were shared with the PANCAP partnership through its website and on social media, with the potential of benefitting other national programs and CSOs in the region. Participants also shared their experiences with supervisors, colleagues, and staff members in-country as well as at regional meetings.

I shared with members of the staff and the two implementing partners- AIDS and GTU. I shared on the overall experience but emphasized the quality of JASL staff, talked about the ART delivery programme.

Dr. Ruth Jacobs, Guyana

I shared the entire experience with our two clinical officers. We looked in-depth at JASL's organizational model and discussed the need for CSOs in Barbados to legally register as this will help them to better engage donors.

Dr. Dale Babb, Barbados

Participants were motivated to advance 90-90-90 and Treat All in their programs and developed work plans with actionable items that allowed them to apply the knowledge gained in their context. Action items were defined with clear roles, responsibilities, time-lines, and critical assumptions. At the end of three months, participants made progress in implementation. The Barbados team worked collaboratively and advanced the development of their shared care protocol and the men health's support group. The Barbados government representative successfully advocated with the Ministry of Health for the inclusion of CSO on the HIV testing committee.

I met with Dr. Babb. We worked on the shared care protocol and have made some good progress. We are aiming to have it completed by the end of the year. I am happy with the progress.

Dr. Shanae Gill, Barbados Family Planning Association

For additional information, visit the PANCAP website: www.pancap.org

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